Overview of Comprehensive Primary Health Care and Health & Wellness Centres (HWCs)
Currently Primary Health Care in India is selective: limited to RCH and Communicable Diseases- addresses about 20% of health care needs

Low utilization of public health facilities – NSSO data (71st round): 28% in rural areas and 21% in urban areas

Epidemiologic Transition: Four major NCDs (Cancer, CVD, Diabetes, and Respiratory Diseases) account for nearly 62% of all deaths in India

MoHFW envisages upgradation of all 1.5 lakh SCs to Health and Wellness Centres (HWCs) for provision of comprehensive primary healthcare by December 2022

One of the key principles of CPHC is ‘time to care’ - to be no more than 30 minutes

Transformation of SCs to HWCs through incremental addition of Mid-Level Providers (Nurses/ Ayurveda/ B.Sc. in Community Health), who will undergo a 6 month Bridge course
Key Elements to roll out CPHC

- Continuum of Care – Telehealth/Referral
- Expanded Service Delivery
- Expanding HR - MLHP & Multiskilling
- Expanding Diagnostics - point of care & new technologies
- Essential Drugs & Supplies
- Robust IT System
- Financing/Provider Payment Reforms
- Infrastructure
- Health Promotion
HWCs – The Concept

- Expanded package of services
- Health Promotion & Wellness
- Reaching the last mile

Ensuring continuum of care

Team based approach
Essential Package of Services

1. Care in Pregnancy and Child-birth
2. Neonatal and Infant Health Care Services
3. Childhood and Adolescent Health Care Services
4. Family Planning, Contraceptive Services and other Reproductive Health Care Services
5. Management of Communicable Diseases: National Health Programmes
6. General Out-patient Care for Acute Simple Illnesses and Minor Ailments
7. Screening, Prevention, Control and Management of Non-communicable Diseases
8. Care for Common Ophthalmic and ENT Problems
9. Basic Oral Health Care
10. Elderly and Palliative Health Care Services
11. Emergency Medical Services including Burns and Trauma
12. Screening and Basic Management of Mental Health Ailments
Inputs for HWCs
The Team

HWCs – SHC

• One mid-level provider: B.Sc./GNM or Ayurveda Practitioner trained in 6 months Certificate in Community Health
• 2 Multi-Purpose Workers – Male/Female
• 5 ASHAs for outreach

HWCs – PHC / UPHC

• PHC team as per IPHS norms – (At least – 1 MBBS Doctor, 1 Staff nurse, 1 Pharmacist, 1 Lab Technician and LHV) + MPW + ASHAs
• At PHCs, where cervical cancer screening is being planned an additional staff nurse can be posted
Infrastructure

• Branding
  ✓ As per facility branding instructions of GoI
  ✓ Citizen Charter

• Space for
  ✓ Examination room with adequate privacy & Telehealth
  ✓ Diagnostics
  ✓ Medicine dispensation
  ✓ Storage of documents, health cards and registers
  ✓ Wellness: Yoga, Physiotherapy, Group meetings
  ✓ Waiting area - covered to accommodate at least 20-25 chairs
  ✓ IEC display
  ✓ Labour room at delivery points
  ✓ Separate male and female toilets
Infrastructure

• Other requirements
  ✓ Assured water & electricity supply
  ✓ Proper system for drainage
  ✓ Deep burial pit for Biomedical Waste Management
  ✓ Internet connectivity

• Display boards
  ✓ Contact Details of Team
  ✓ Details of referral centres
  ✓ Jurisdiction of Gram Panchayat/ Urban Local body

• Standardized layouts being developed
Drugs and Diagnostics

**Drugs**

- Essential Drug Lists (with expanded drugs for NCDs)
- MLPs to dispense medicines for chronic diseases on prescription of Medical Officer
- Uninterrupted availability of medicines to ensure adherence and continuation of care
- DVDMS expansion to level of HWCs – PHCs, UPHCs and SCs

**Diagnostics**

- Point of care diagnostics
- 7 investigations at SHC HWC (Hb, BP apparatus, Glucometer, Nischay Kit, RDT for Malaria, Urine Protein & Urine Sugar) & 19 at PHC HWC
- Blood Collection point for Hub & Spoke Model at different levels
IT Systems

- **Patient centric**
  - Unique Individual ID & Individual health record
  - Family health folder - SECC data/ mapping PMRSSM
  - Facilitates continuum of care through alerts

- **Service Providers**
  - Decision Support System for service providers at various levels
  - Generates work plans/ serves as job aids
  - Facilitates use of platforms like ECHO
  - Facilitates follow up and compliance to treatment

- **Program Managers**
  - Dashboards
  - Provide monitoring reports to assess performance for payments

Integration of existing IT systems – RCH portal /NCD app /NIKSHAY (T.B.)/ IDSP/ HMIS
Teleconsultation

• Phased introduction of teleconsultation – as a mechanism for improved referral services and ensuring continuum of care
• HWC staff to be equipped for tablets/ smart phones/ laptops for teleconsultation
• Capture and transmit images, prescriptions and diagnostic reports
• Use of platforms like Skype/ Zoom for connecting with hubs identified for teleconsultation
• Use of teleconsultation for:
  ✓ Emergency consultation- at appropriate levels
  ✓ Dedicated time for specialist consultation
  ✓ Capacity building
  ✓ Standing orders for prescription
## Capacity Building & Multi Skilling

<table>
<thead>
<tr>
<th>HWCs – Frontline Health Workers</th>
<th>PHCs – Medical Officers &amp; Staff Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASHAs</strong> – 5 day in NCD training package in first phase + refresher and newer packages annually (15 days)</td>
<td><strong>5 days for NCD screening and management</strong></td>
</tr>
<tr>
<td><strong>MPWs (F &amp; M)</strong> – 3 days for NCD package and new packages for additional services</td>
<td><strong>21 days for screening for Cancer - VIA for Ca Cervix</strong></td>
</tr>
<tr>
<td>Joint training of MPWs with ASHAs wherever possible</td>
<td>Online Training through Massive Open Online Courses (MOOC) and ECHO</td>
</tr>
<tr>
<td>Reporting and Recording information using digital applications – Additional 3 days</td>
<td>Certificate courses in NCD management/ MCH Care/ Elderly Care/ Mental Health</td>
</tr>
<tr>
<td></td>
<td>Partnerships with AIIMS/ Regional Cancer Centres/ Knowledge networks to act as training resource centres</td>
</tr>
</tbody>
</table>
Community mobilization and Intersectoral convergence

“Health in All” approaches (NHP 2017)

• School Health Program- 2 teachers as Health & Wellness Ambassadors in each school, All Tuesdays- Health & Wellness Day in schools
• Swachh Bharat Abhiyan
• Balanced, healthy diet and regular exercise
• Addressing tobacco, alcohol and substance abuse
• Yatri Suraksha – preventing deaths due to rail and road traffic accidents
• Nirbhaya Nari – action against gender violence
• Reduced stress and improved safety in the work place
• Reducing indoor and outdoor air pollution

Intersectoral convergence to create- “Swasth Nagrik Abhiyan” – a social movement for health
Promoting Wellness through Yoga

• Close coordination with Ministry of AYUSH/ Department of AYUSH at the state and district level

• Training and certification of local yoga teachers to be steered by Department of AYUSH

• Pool of local yoga instructors at HWC level to be identified

• Weekly/monthly sessions for Community yoga training at HWCs

• Provision for additional remuneration to in house yoga teacher or in sourced yoga instructor
Quality of Care

• Quality of care at HWCs may be ensured through:
  ✓ Provision of Patient Centred Care
  ✓ Adherence to standard treatment guidelines and clinical protocols
  ✓ Achievement of IPHS (Indian Public Health Standards) with regards to HR, infrastructure, equipment, service delivery and supplies
  ✓ National Quality Assurance Standards for HWCs to be developed
## Indicative Costing for HWCs

<table>
<thead>
<tr>
<th>Description</th>
<th>Non-Recurring</th>
<th>Recurring</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Mid-level Service provider</td>
<td></td>
<td>480,000</td>
<td>For contractual MLHP: Rs.25000/- PM and Rs.15000/-PM</td>
</tr>
<tr>
<td>Team based incentives</td>
<td></td>
<td>1,00,000</td>
<td>Rs. 75,000 as per team-based guidelines and Rs. 25,000 for additional packages</td>
</tr>
<tr>
<td>ASHA incentives</td>
<td></td>
<td>60,000</td>
<td>Rs. 1000 pm (ceiling amount) ASHA for delivery of new service packages to be paid as per guidelines</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridge Course/Training on the Standard Treatment Protocol</td>
<td></td>
<td>103,400</td>
<td>IGNOU bridge course</td>
</tr>
<tr>
<td>Refresher training of MLHP</td>
<td></td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Multi-skilling of ANMs, ASHAs and MPW</td>
<td></td>
<td>20,000</td>
<td></td>
</tr>
<tr>
<td>IEC</td>
<td></td>
<td>25,000</td>
<td>Rs.5 per capita</td>
</tr>
<tr>
<td>Cost of tablet; software for center &amp; ANM/ MPW</td>
<td></td>
<td>70,000</td>
<td>Two tablets and one laptop for teleconsultation</td>
</tr>
<tr>
<td>Lab</td>
<td></td>
<td>100,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Infrastructure Strengthening of SC to HWC</td>
<td></td>
<td>700,000</td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td></td>
<td>973,400</td>
<td>730,000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>17,03,400</td>
<td></td>
</tr>
<tr>
<td>Independent monitoring costs for performance assessment at 3%</td>
<td></td>
<td></td>
<td>51,102</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
<td>17,54,502</td>
<td></td>
</tr>
</tbody>
</table>

*As per latest version of CPHC OG*
PHCs as Health & Wellness Centres

• PHCs to serve as first point of referral for a cluster of HWCs
• PHCs to deliver an expanded range of services – also serve as HWCs
• Infrastructural upgradation may include:
  ✓ Use of patient reception and registration centers
  ✓ Citizen charters and electronic display boards for services
  ✓ Waiting area
  ✓ Pharmacy
  ✓ Separate toilets for males and females
• Upgradation of PHCs into HWCs would encompass:
  ✓ Capacity building of staff
  ✓ Equipment for Wellness Room
  ✓ Building IT infrastructure
  ✓ Upgrading laboratory and diagnostic support
## Indicative Costing for PHC strengthening

<table>
<thead>
<tr>
<th></th>
<th>Indicative Cost- (In Rs.)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Recurring</td>
<td>Recurring</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Officers (two)</td>
<td></td>
<td>20,000</td>
</tr>
<tr>
<td>Staff nurses (two)</td>
<td></td>
<td>15,000</td>
</tr>
<tr>
<td>Multi-skilling of ANMs, ASHAs and MPW -M</td>
<td>20,000</td>
<td>ASHAs and MPWs-M at co-located SHC</td>
</tr>
<tr>
<td>ASHA Incentive</td>
<td></td>
<td>60,000</td>
</tr>
<tr>
<td>Team based incentive</td>
<td></td>
<td>2,00,000</td>
</tr>
<tr>
<td>IEC</td>
<td></td>
<td>50,000</td>
</tr>
<tr>
<td>IT support</td>
<td>60,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Lab</td>
<td>1,00,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Infrastructure Strengthening of PHC to HWC</td>
<td>4,00,000</td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td>5,60,000</td>
<td>4,00,000</td>
</tr>
<tr>
<td>Independent Monitoring Cost</td>
<td>28,800</td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>9,88,800</strong></td>
<td></td>
</tr>
</tbody>
</table>
HWCs in Urban Areas

• All existing UPHCs (roughly 4000) to be strengthened to HWCs by March 2020
• MLPs not required, as MO MBBS is already approved for UPHCs
• Frontline workers- 4-5 ASHAs and 1 ANM for 10,000 population - trained to deliver preventive and promotive services through outreach
• Explore partnerships with not for profit and private sector to provide primary health care, where UPHCs do not exist
## Indicative Costing for UPHC strengthening

<table>
<thead>
<tr>
<th>Services</th>
<th>Indicative Cost- (In Rs.)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical officers (two)</td>
<td>20,000</td>
<td>10,000 per MO</td>
</tr>
<tr>
<td>Staff nurses (two)</td>
<td>15,000</td>
<td>7,500 per SN</td>
</tr>
<tr>
<td>Multi-skilling of MPWs (F) - 5</td>
<td>25,000</td>
<td>5000 per MPW (F)</td>
</tr>
<tr>
<td>Multiskilling of ASHAs - 25</td>
<td>75,000</td>
<td>3000 per ASHA</td>
</tr>
<tr>
<td>Team Based Incentives</td>
<td>6,00,000</td>
<td>Assuming 50% population would need services of UPHC. @1 lakh per 5000 population for frontline worker team and Rs. 1 lakh for UPHC team</td>
</tr>
<tr>
<td>ASHA incentives</td>
<td>3,00,000</td>
<td>1000 per month per ASHA for additional packages</td>
</tr>
<tr>
<td>IEC</td>
<td>1,00,000</td>
<td></td>
</tr>
<tr>
<td>IT support</td>
<td>1,00,000</td>
<td>One laptop and five tablets</td>
</tr>
<tr>
<td>Lab</td>
<td>1,00,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Infrastructure Strengthening of PHC to HWC</td>
<td>1,00,000</td>
<td>For wellness room</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>3,00,000</td>
<td>11,95,000</td>
</tr>
<tr>
<td>Independent monitoring costs for performance assessment at 3%</td>
<td>44,850</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15,39,850</strong></td>
<td>*As per latest version of CPHC OG</td>
</tr>
</tbody>
</table>
Resource Mobilization

- Resource mobilization for new construction could also be explored from various non-health sources
  - Members of Parliament Local Area Development Scheme (MP-LAD)
  - Members of Legislative Assembly Local Area Development Scheme (MLA-LAD)
  - Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA)
  - Untied funds available with Local Self Governments in urban and rural areas (ULBs/ PRIs)
  - State Development Programs
  - District Mineral Funds
  - District Innovation Funds
  - CSR
## Way forward - Key areas of action

### At State level
- Development of a Roadmap for converting all SHCs to HWCs by December 2022
- Prioritizing Aspirational & NPCDCS Districts
- Forecasting total number of PSCs required, in line with HWC targets
- HR policy & Career progression pathways for MLHPs
- Strengthen Program Management Units at State and District level

### At PSC level
- Identification and establishment of PSCs
- Coordination with IGNOU Regional Centre to expedite notification of PSCs
- Entrance Examination and selection of candidates to be completed by 30th May, 2018
- Payment of registration fees and enrolment of candidates for Bridge Program to be completed by 30th June, 2018

### At HWCs level
- Identification of SHCs & PHCs to be upgraded
- Gap analysis in terms of infrastructure, HR, drugs, supplies and equipment
- Prioritize implementation of NCD services along with RMNCH+A services
- NCD trainings of ASHAs, MPWs (M&F) and PHC Staff
- Roll out of IT systems
- Referral and Community linkages
Thank You