

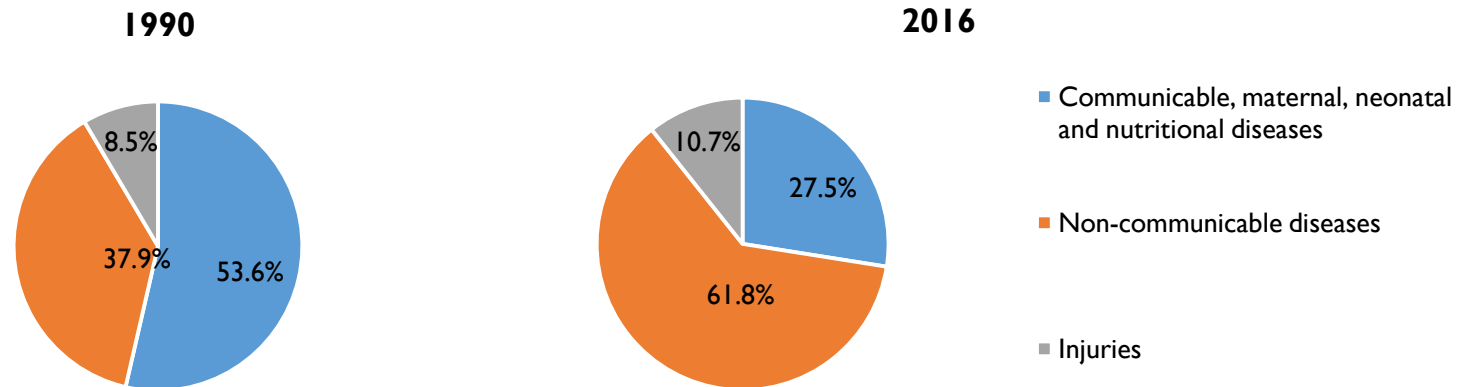


# **Overview of Comprehensive Primary Health Care and Health & Wellness Centres (HWCs)**

# Context

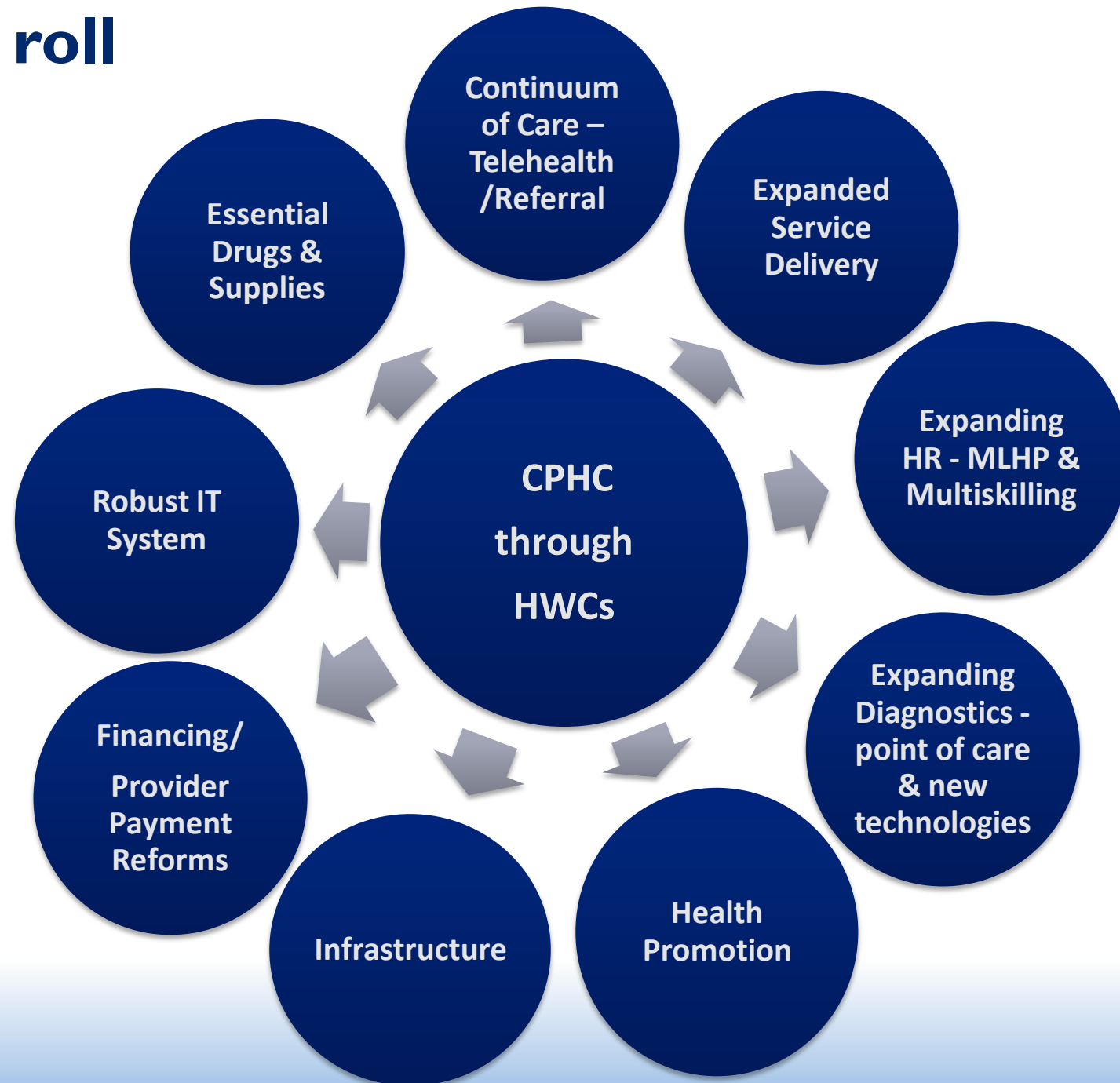
- Currently Primary Health Care in India is selective: limited to RCH and Communicable Diseases- addresses about 20% of health care needs
- Low utilization of public health facilities – NSSO data (71<sup>st</sup> round): 28% in rural areas and 21% in urban areas
- Epidemiologic Transition: Four major NCDs (Cancer, CVD, Diabetes, and Respiratory Diseases) account for nearly 62% of all deaths in India

Trend of deaths due to major disease groups 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



# HWCs – The Concept

Expanded package of services



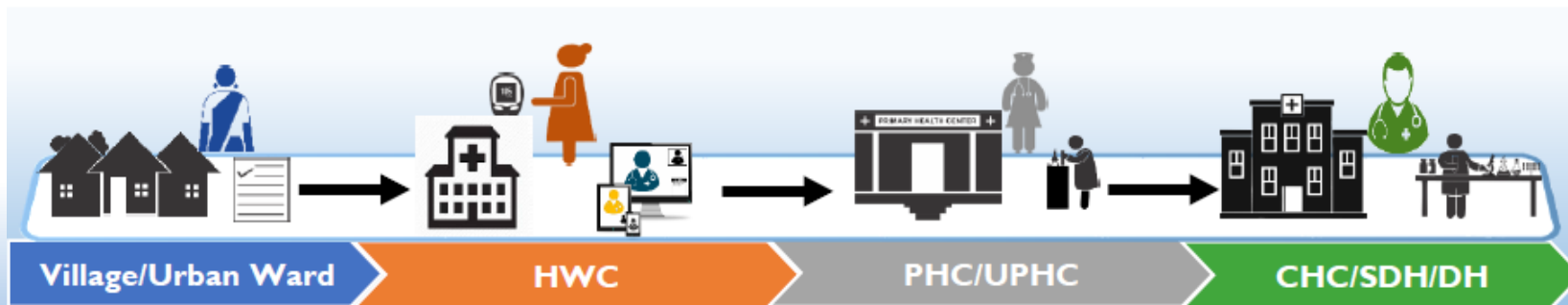
Health Promotion & Wellness



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

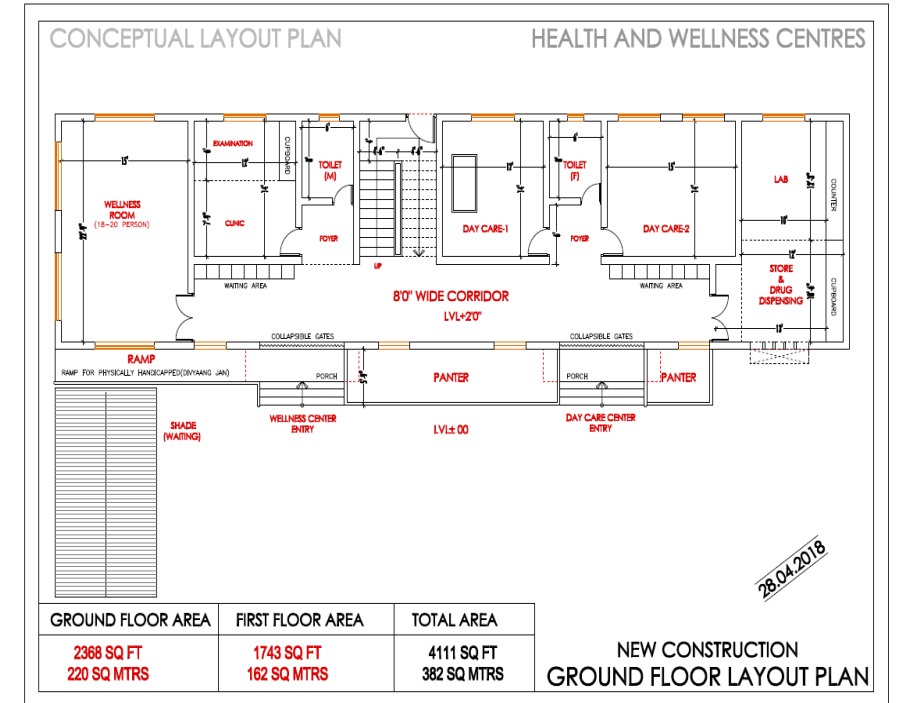
- **Branding**
  - ✓ As per facility branding instructions of Gol
  - ✓ Citizen Charter
- **Space for**
  - ✓ Examination room with adequate privacy & Telehealth
  - ✓ Diagnostics
  - ✓ Medicine dispensation
  - ✓ Storage of documents, health cards and registers
  - ✓ Wellness: Yoga, Physiotherapy, Group 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



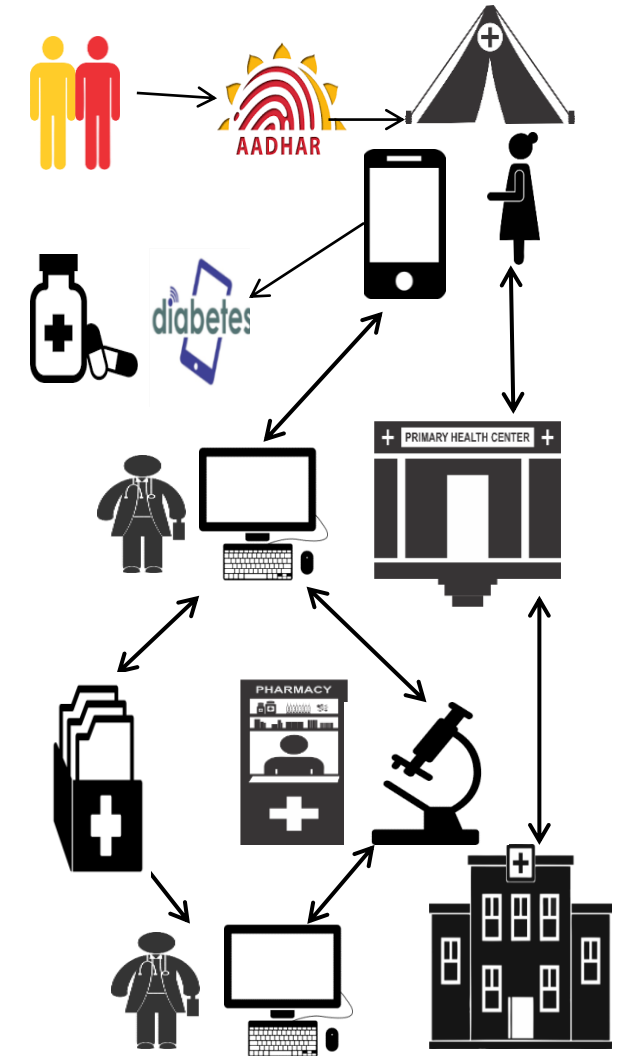
## Diagnostics

- 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

## HWCs – Frontline Health Workers

- **ASHAs** – 5 day in NCD training package in first phase + refresher and newer packages annually (15 days)
- **MPWs (F & M)** – 3 days for NCD package and new packages for additional services
- Joint training of MPWs with ASHAs wherever possible
- Reporting and Recording information using digital applications – Additional 3 days

## PHCs – Medical Officers & Staff Nurses

- 5 days for NCD screening and management
- 21 days for screening for Cancer - VIA for Ca Cervix
- Online Training through Massive Open Online Courses (MOOC) and ECHO
- Certificate courses in NCD management/ MCH Care/ Elderly Care/ Mental Health
- Partnerships with AIIMS/ Regional Cancer Centres/ Knowledge networks to act as training resource centres

# 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

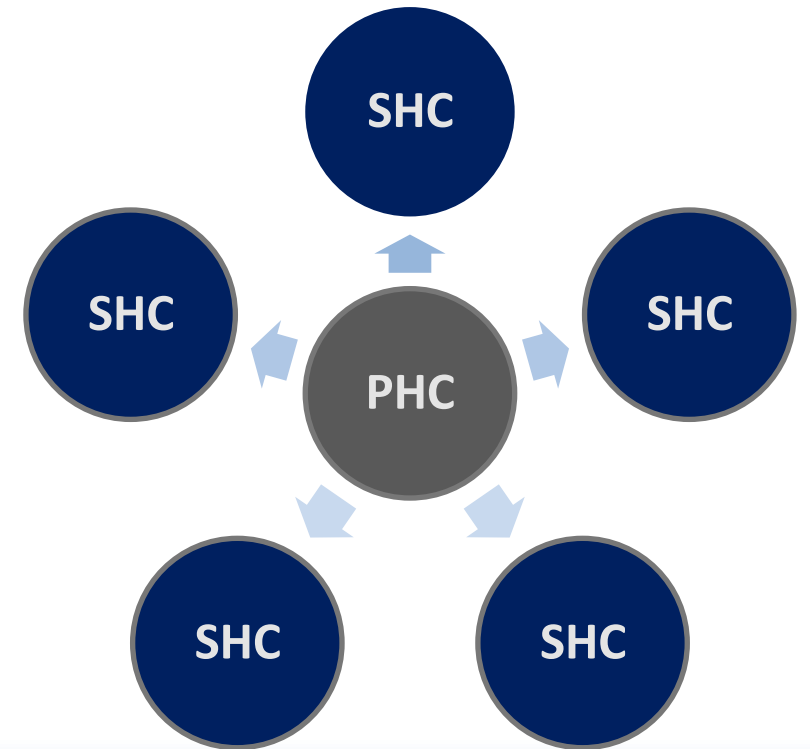
	Indicative Cost- (In Rs.)		Remarks	
	Non- Recurring	Recurring		
One Mid- level Service provider		480,000	For contractual MLHP: Rs.25000/- PM and Rs.15000/-PM	
Team based incentives		1,00,000	Rs. 75,000 as per team-based guidelines and Rs. 25,000 for additional packages	
ASHA incentives		60,000	Rs. 1000 pm (ceiling amount) ASHA for delivery of new service packages to be paid as per guidelines	
Training				
Bridge Course/Training on the Standard Treatment Protocol	103,400		IGNOU bridge course	
Refresher training of MLHP		10,000		
Multi-skilling of ANMs,ASHAs and MPW		20,000		
IEC		25,000	Rs.5 per capita	
Cost of tablet; software for center & ANM/ MPW	70,000	5,000	Two tablets and one laptop for teleconsultation	
Lab	100,000	30,000		
Infrastructure Strengthening of SC to HWC	700,000			
Sub-Total	973,400	730,000		Increase in untied funds for HWC –SHC to Rs. 50,000
Total	17,03,400			
Independent monitoring costs for performance assessment at 3%		51,102		
GRAND TOTAL		17,54,502	*As per latest version of CBHC OG	

17

\*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

	Indicative Cost- (In Rs.)		Remarks
	Non-Recurring	Recurring	
Training			
Medical Officers (two)		20,000	10,000 per MO
Staff nurses (two)		15,000	7,500 per SN
Multi-skilling of ANMs, ASHAs and MPW -M		20,000	ASHAs and MPWs-M at co-located SHC
ASHA Incentive		60,000	<i>1000/month/ASHA for additional packages (linked with activities) at collated SHC</i>
Team based incentive		2,00,000	<i>1 lakh for PHC team and 1 lakh for collated SHC team</i>
IEC		50,000	
IT support	60,000	5,000	One laptop for PHC MO and one tablet for collated SHC
Lab	1,00,000	30,000	
Infrastructure Strengthening of PHC to HWVC	4,00,000		
Sub-Total	5,60,000	4,00,000	
Independent Monitoring Cost		28,800	
<b>GRAND TOTAL</b>		<b>9,88,800</b>	<i>*As per latest version of CPHC OG</i>

# 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

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

# 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
- Annual plans for FY 2019-20, 2020-21, 2021-22, 2022-23
- 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 30<sup>th</sup> 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**