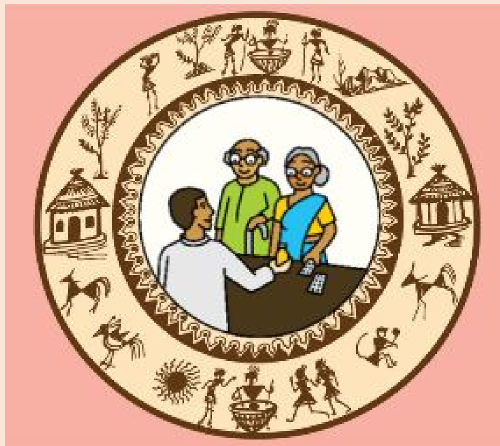
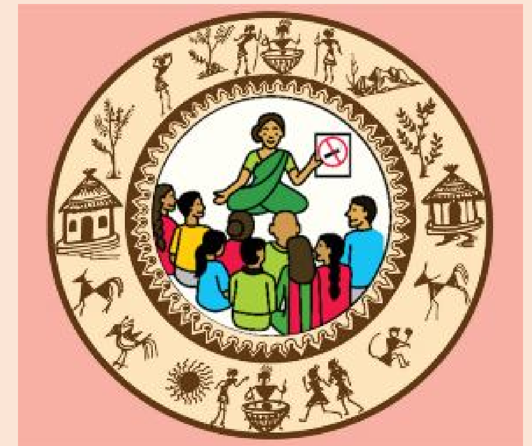
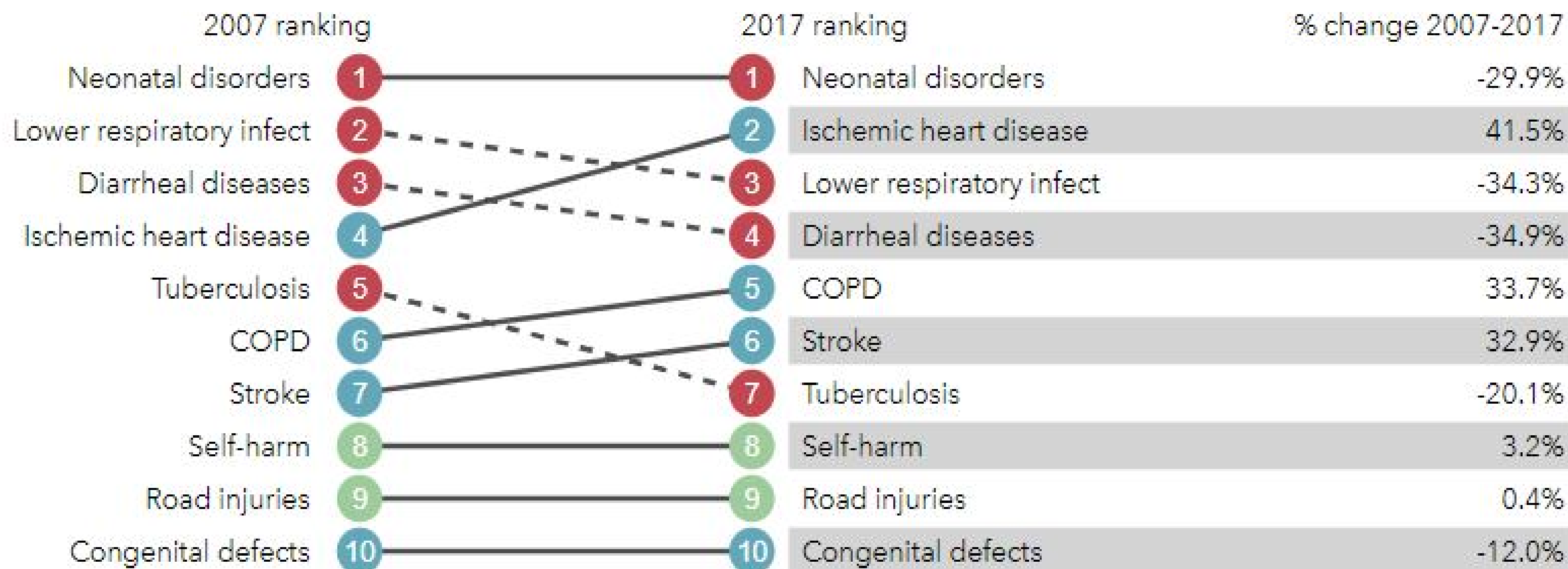
Health and Wellness Centres

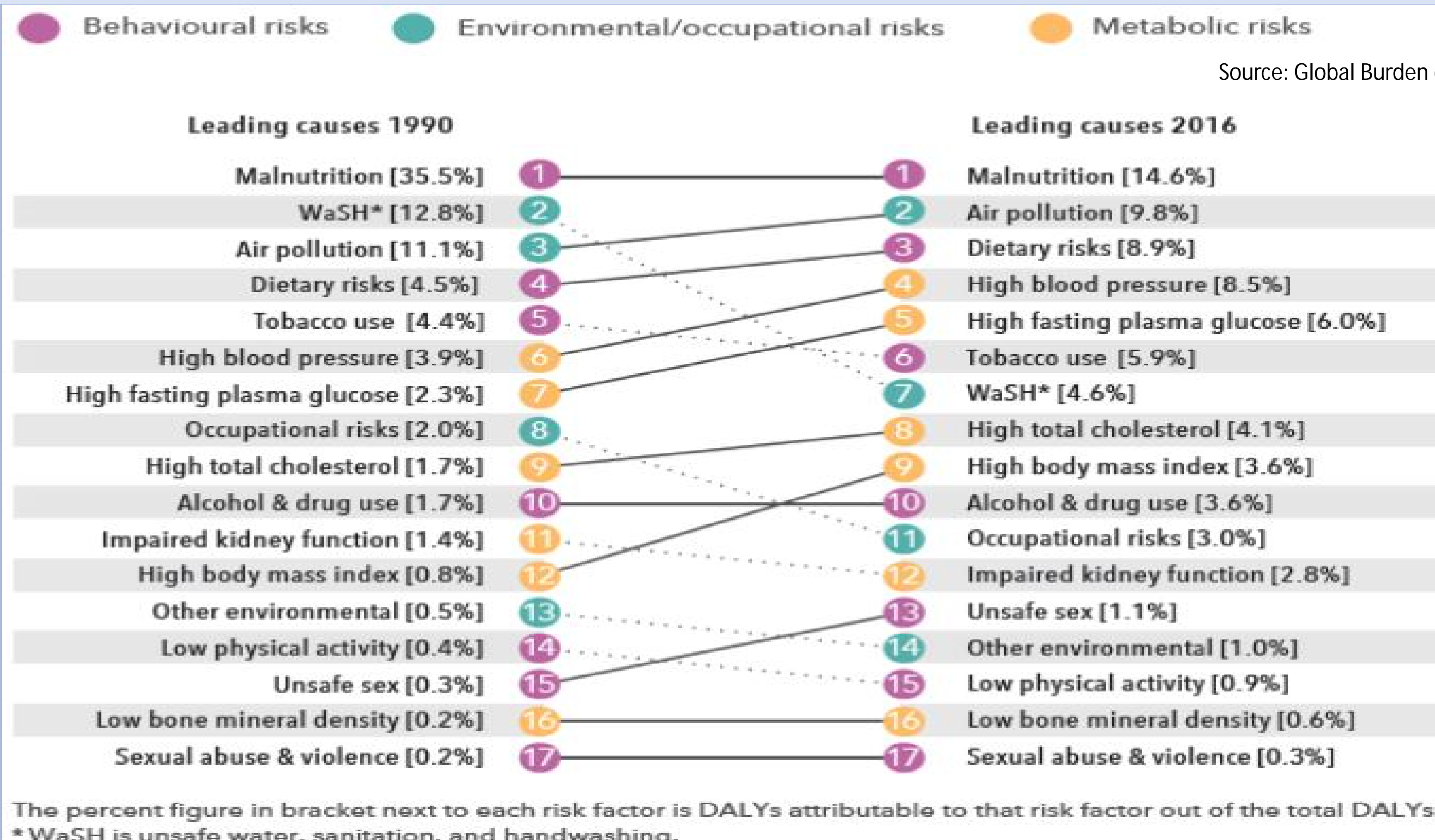
Context : Changing Disease Burden

What causes the most premature death?

Source: Global Burden of Disease Report, 2017



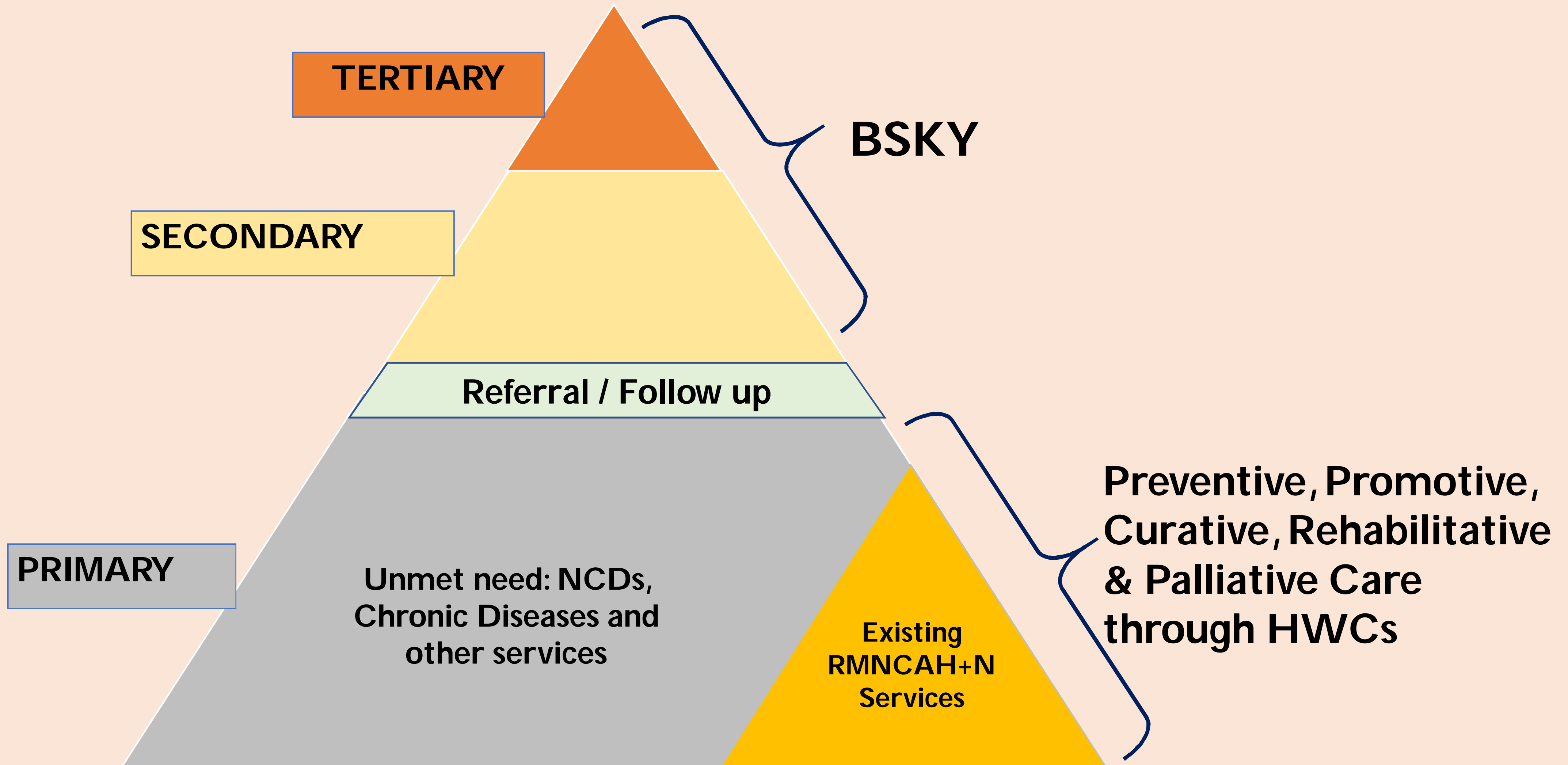
Change in DALYS Attributable to risk factors in India from 1990 to 2016



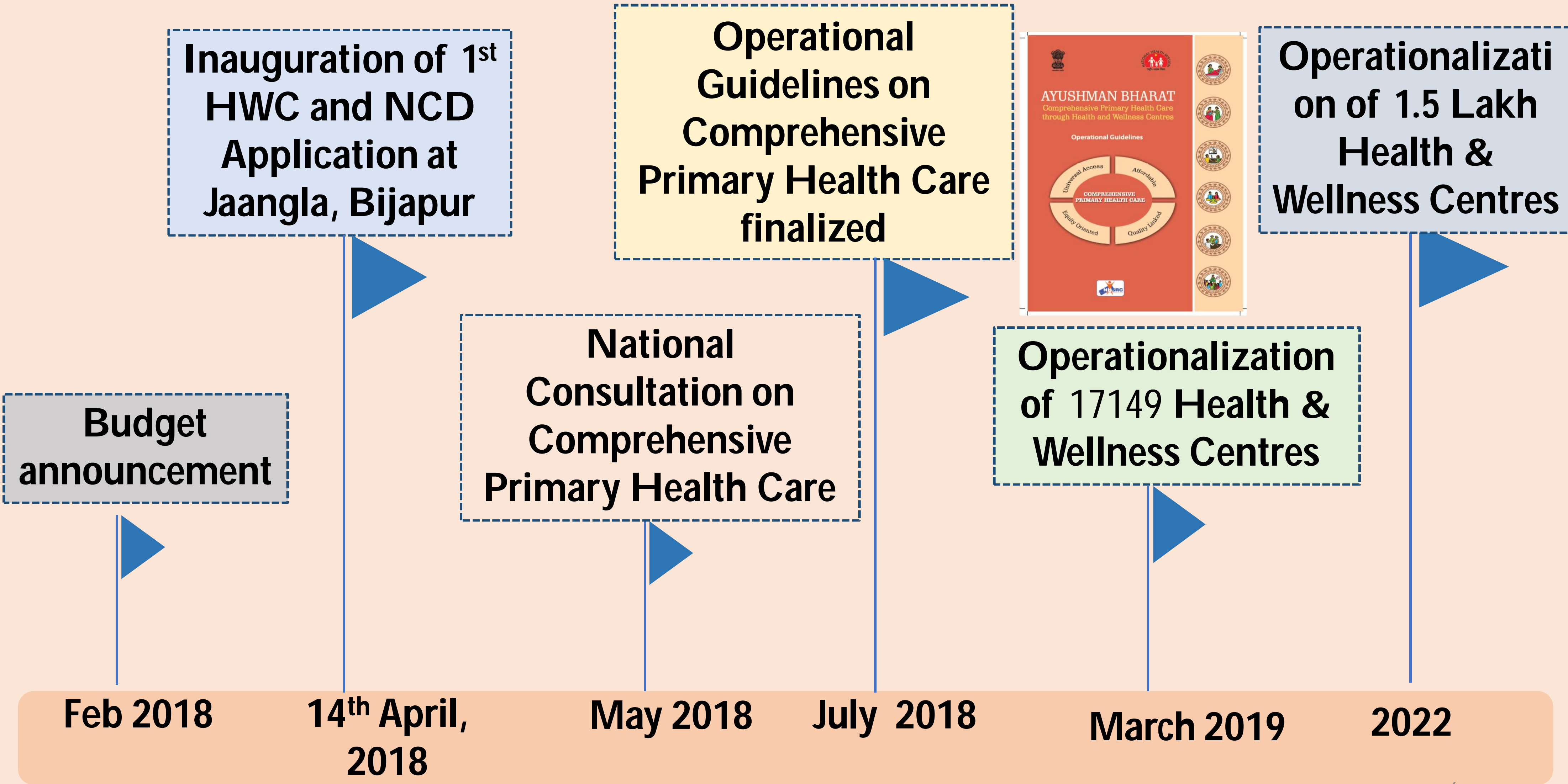
Source: Global Burden of Disease Report, 2017

Rationale

- Hitherto the Primary Health Care package was selective: limited to RCH and Communicable Diseases- addressed only about 20% of health care needs
  - ✓ Low utilization of 1.85 lakh public health facilities : only 11% in rural and 3% in urban areas respectively sought any form of care at a level below the CHC (other than child birth related services)
- Epidemiologic Transition: Death from the four major NCDs –Cancer, CVD, Diabetes, and COPD accounts for nearly 62% of all mortality among men and 52% among women *–of which 56% is premature*
- Continuum of care a challenge: impacting clinical outcomes & leading to high OOPE
- Lack of gate keeping function – raises the load on secondary and tertiary facilities, increases costs and compromises quality
- Over 70% of OOPE is on non-hospitalised care, of which 70 % on medicines
- **Unfinished Agenda of RCH and Communicable Diseases**


Healthcare Service for Universal Health Coverage
TERTIARY
SECONDARY
BSKY
Referral / Follow up
PRIMARY
Unmet need: NCDs, Chronic Diseases and other services
Existing RMNCAH+N Services
Preventive, Promotive, Curative, Rehabilitative & Palliative Care through HWCs

Key Milestones

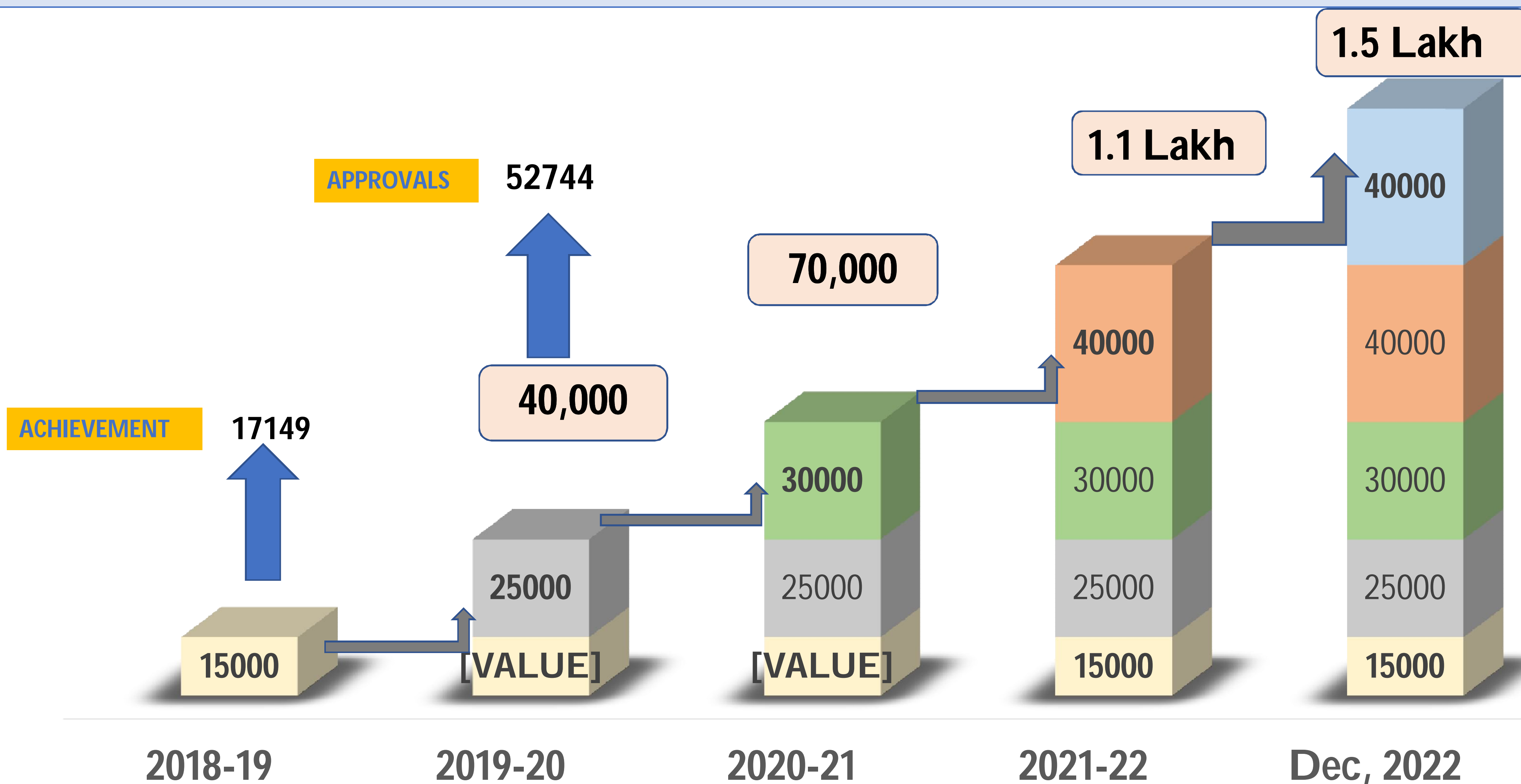


Launch of AYUSHMAN BHARAT- HWC

“**1.5 Lakh** Sub-Centres and Primary Health Centres will be developed into Health and Wellness Centres. These Health and Wellness Centres will in a way work as family doctors for the poor.”

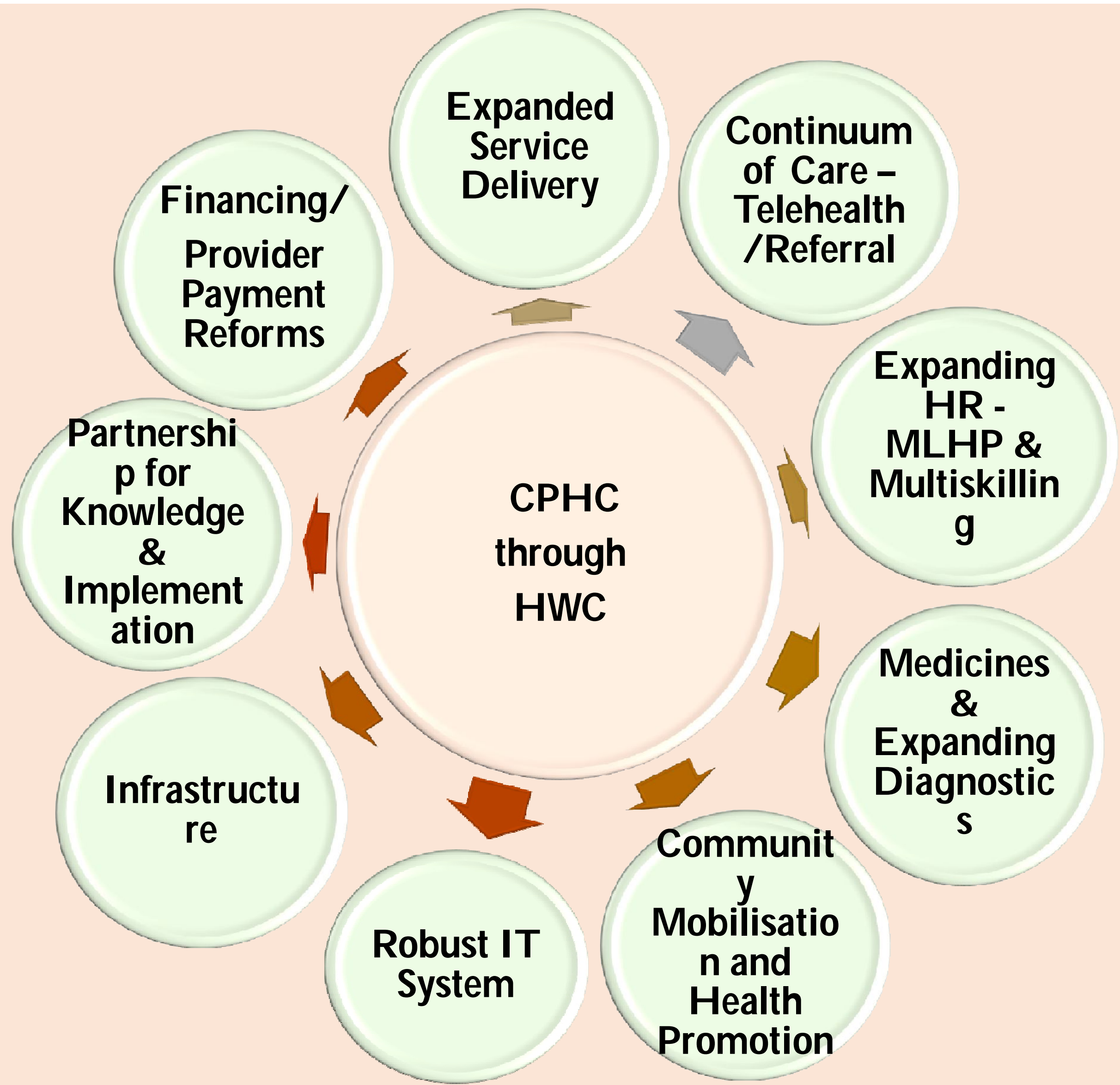
Hon'ble Prime Minister launched the first Health and Wellness Centre at Jangla, Bijapur, Chhattisgarh on 14th April 2018

Roll out Plan of Health and Wellness Centres



AYUSHMAN BHARAT-HEALTH AND WELLNESS CENTRES

Key Elements to Roll out CPHC



Service Packages

Services made available at HWC

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 and Chronic Communicable diseases like Tuberculosis and Leprosy.*

Services* being added in incremental manner

8. Basic Oral Health Care
9. Care for Common Ophthalmic and ENT Problem
10. Elderly and Palliative Health Care Services
11. Emergency Medical Services including Burns and Trauma
12. Screening and Basic Management of Mental Health Ailments

**Many states in south have started adding above services*

Population Enumeration

Key objective –

- Enable equitable coverage – address the issue of marginalization
- Listing all households/ families and all individuals in the catchment area
- Registration of all individuals at the HWC

Process –

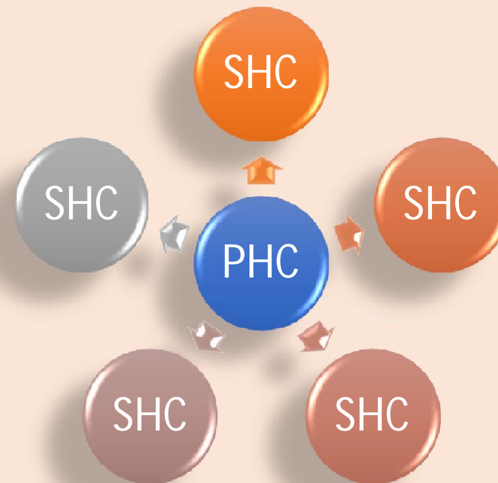
- ASHAs conduct household visits for filling family folder and Community based assessment checklists
- Filled formats are submitted to HWC for records maintenance and digitization by use of CPHC – IT application
- Unique Health ID to be issued by HWC by the IT application

Expanding HR- Comprehensive Primary Health Care Team

- ***Health & Wellness Centre – SHC (@5000 in plain areas and 3000 in hilly and tribal areas)***

SHC Team

- **Community Health Officer:** BSc/ GNM, Trained in Certificate Programme in Community Health)
- 2 MPW Females (per SHC)
- 1 MPW Male
- 5 ASHAs (@1 per 1,000 population)



- ***Health & Wellness Centre – PHC (@30,000) / UPHC (@50,000)***

PHC team as per IPHS **–**

Minimum Requirement-

- 1 MBBS Doctor
- 1 Staff nurse
- 1 Pharmacist
- 1 Lab Technician
- LHV
- Rural- 1 MPW + 5 ASHAs
- Urban- 5 MPWs (@1 per 10,000 population) and 20-25 ASHAs (@1 per 2,000-2,500 population)

Certificate Course

The course is a 3+1 months residential course by adopting the IGNOU curriculum

Program Cycle Offered in three sessions: 1. August-November 2. December-March 3. April-July	**Selection Criteria** Eligibility criteria is set by state and candidates are sponsored by the State Govt. with support of MOHFW, Govt. of India.
Eligible candidates In-service Nursing Professional with GNM or BSc Nursing or Post Basic BSc Nursing with 1 year experience	**Duration of Programme** 3+1 months **Medium of Instruction** English **Number of Seats per PSC** Maximum 60 seats
Training Site: 26 Govt. owned BSc/GNM/ANM nursing training institutions	**Examination Body:** The Odisha Nurses and Midwives Examination Board (ONMEB) which oversees examination of GNM and ANM courses in the state is engaged to certify the CHOs.

Multiskilling/Refresher trainings

- ***ASHAs***
  - Five day training on screening of NCD in first phase
  - Additionally, refresher training on new package of services.
- ***MPWs(Female and Males)-***
  - Three day training on screening and management of NCD
  - Training on remaining new package of services.
  - Joint training of MPWs with ASHAs wherever possible
  - Three day training on Information Systems.
- **CHO**
  - Induction training
  - Basic Services
  - Multiskilling training on new package of services
- **Staff Nurses**
  - Three day training on screening and management of NCD
  - 10 days training on screening for Cancer-VIA for CA Cervix
  - Additionally, refresher and new package of services
- ***PHC MO***
  - Three day training on screening and Management of NCD
  - 10 days training on screening for Cancer-VIA for CA Cervix and management
  - One day training on Information Systems.

Expanded List Medicines and Diagnostics

- ✓ Essential List of Medicines and Diagnostics (facility wise) being expanded commensurate to the services planned;
- ✓Diagnostics expanded to
  - ➢13 at SHC-HWC
  - ➢63 at PHC-HWC (24 inhouse investigations and rest to be out sourced)
- ✓ Facility wise essential medicine list under review and proposed to be expanded as per the service delivery
- ✓Strengthening Implementation of Free drugs and Free Diagnostics schemes in all states to eliminate OOPE.
- ✓ Establishment of effective Hub and Spoke models for diagnostic services at different levels to ensure continuum of care;

IT systems

IT tools to support registration, service delivery with continuum of care, performance measurement and estimation of incentives and

- ❑ CPHC – NCD IT application –

Applications across different levels -

1. ASHA Mobile App ,
2. SC Tablet App
3. PHC MO Web Portal
4. CHC Portal
5. Admin Portal
6. Health Officials Dashboard

- ❑ Extension of DVDMS application at SHC- HWC level
- ❑ ***Existing applications***

➢ ANMOL/ RCH Portal

➢ NIKSHAY

- Development of Comprehensive IT solution integrated with existing applications/ portals for all existing and new package of services is underway based on principles of National Digital Health Mission Blue print

Key Features –

❑ ***Patient centric –***

- Unique Individual ID
- Individual health record
- Family health folder
- Facilitates continuum of care through alerts to patients

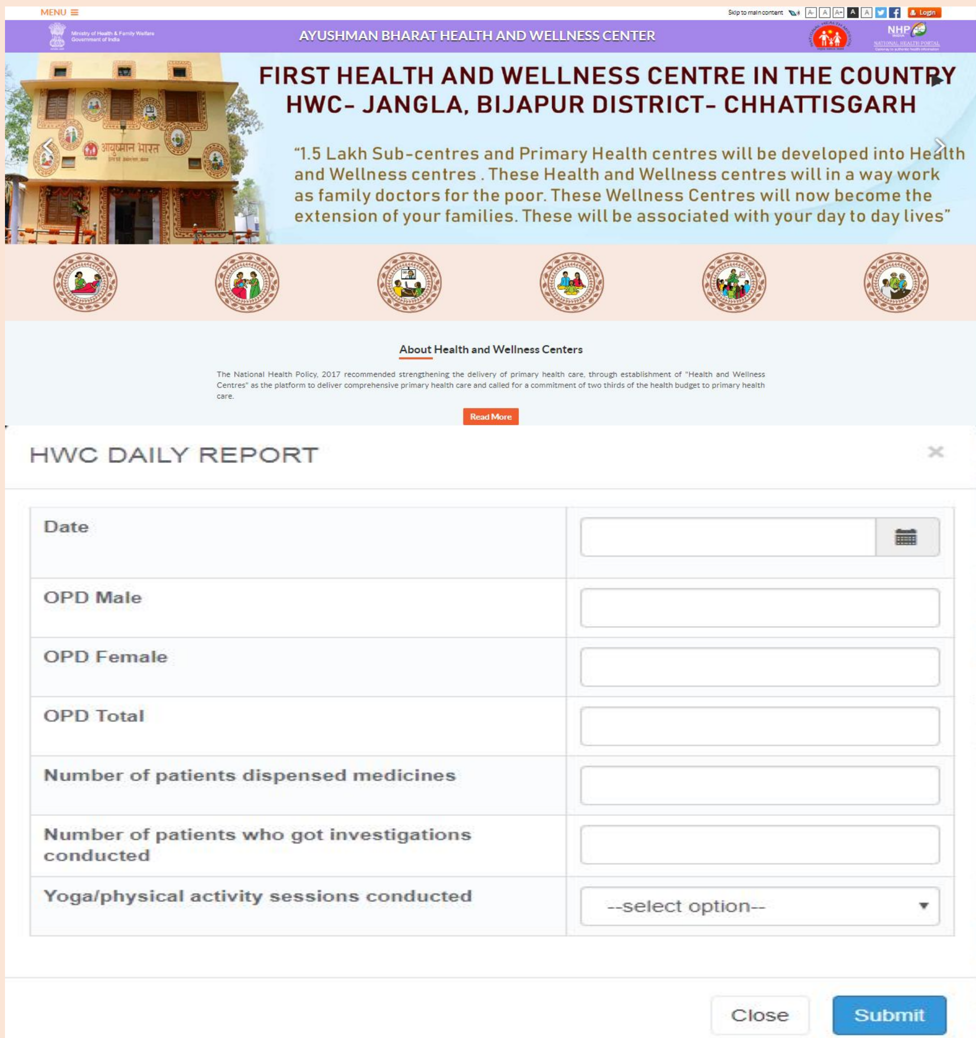
❑ ***Service Providers -***

- Enables continuity of care across levels
- Generates workplans/serves as job aids
- Facilitates follow up and compliance to treatment
- Decision Support System for service providers at various levels

❑ ***Programme Managers-***

- Dashboard for monitoring at different levels
- Provide monitoring reports to assess performance for payments
- Overarching system – integration of all existing IT systems Eg- RCH Portal/ NIKSHAY/ IDSP/ HMIS

HWC Portal (https://ab-hwc.nhp.gov.in/)

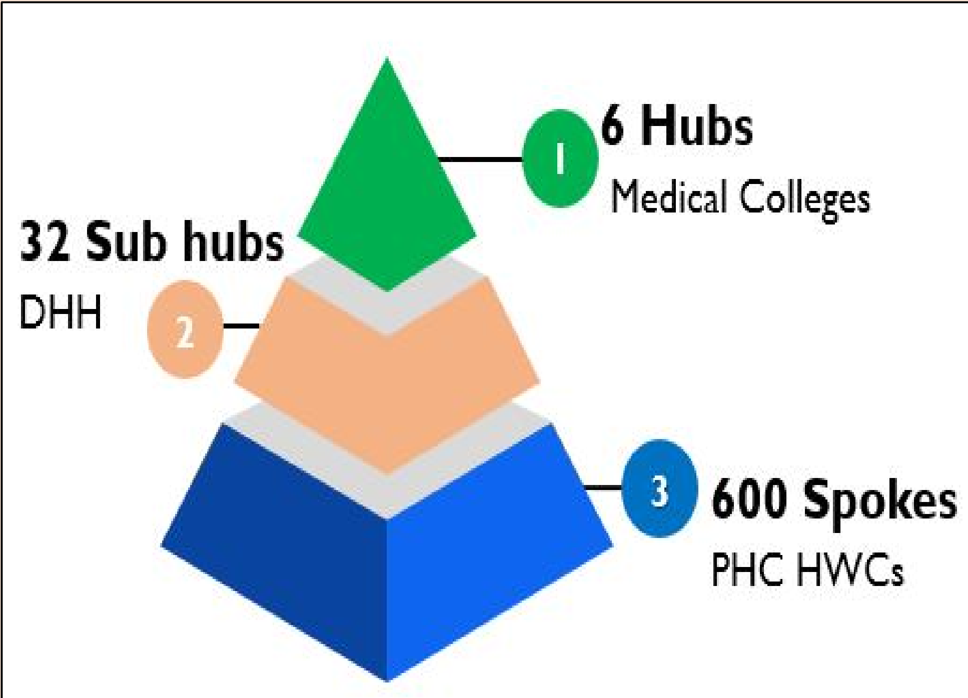


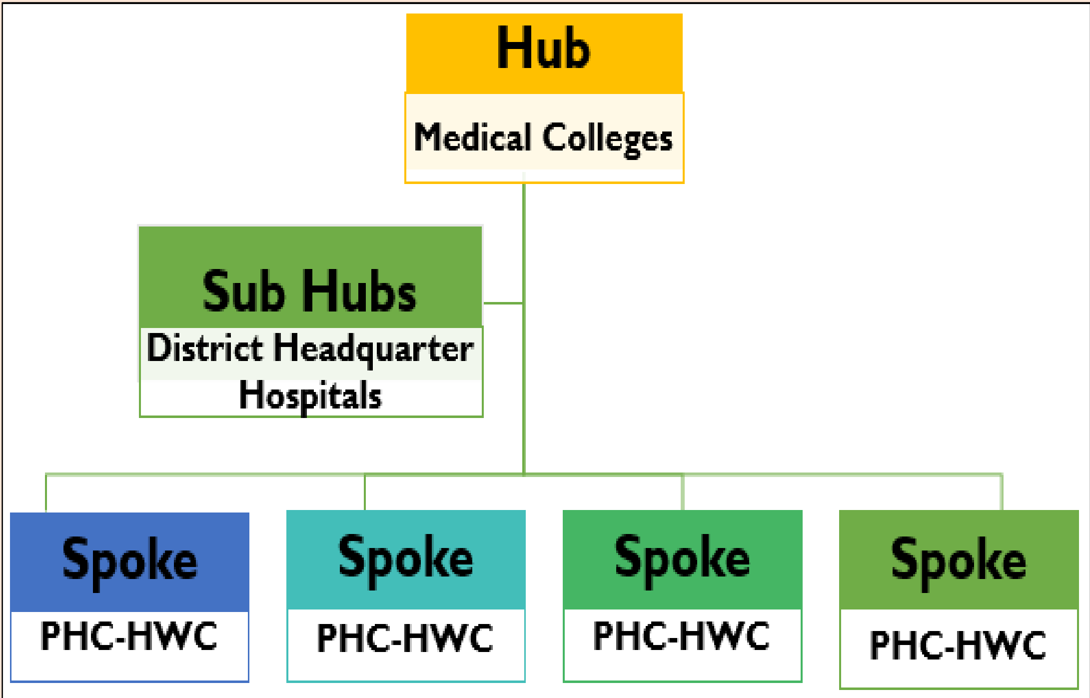
- HWC Planning – Total facilities approved and updates on Community Health Officers (Community Health Officers) and Programme Study Centers
- Based on NIN Mapping
- Facility wise information on all functionality criteria for HWCs
- Service Delivery form for daily/monthly updates on service utilization
- Gallery– Upload facility wise photos and videos

Telemedicine

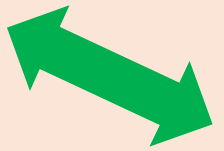
- ❑E-Sanjeevani (CDAC Mohali) being updated for rolling out Telemedicine facility in HWCs
- ❑In the first phase, it will be established using Hub, sub-hub and spoke model
- ❑Hubs will be established at 10 medical colleges in Odisha
- ❑**Sub-hubs:**
  - 32 DHH - 30 DHH, Capital Hospital Bhubaneswar and RGH Rourkela.
  - 228 CHCs & 1 SDH - empaneled and others in the process
- ❑**Spokes:** 3542 spokes (PHC – 1247, UPHC – 102, SHC HWCs- 2193) registered for eSanjeevani, of which 822 spokes are active as on 23-04-2022
- ❑Spokes (PHC/SHC-HWC) will seek super-specialist care from specialist from DHH
- ❑Sub-hubs (DHH/CHC) will seek super-specialist care from MCH

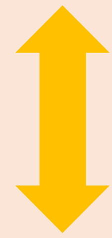
Telemedicine



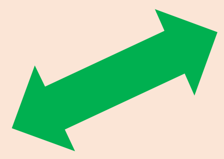


SUB HUB- DHH





SPOKE- PHC



Super-specialist & follow up services

Specialist & follow up services

HUB- MCH

LEGENDS

- Drug Dispensing
- Lab Investigations
- E-Prescription

Key Pillars of Health Promotion

BUILD HEALTHY PUBLIC POLICY, INCLUDING HEALTH IN ALL POLICIES

CREATE SUPPORTIVE ENVIRONMENTS

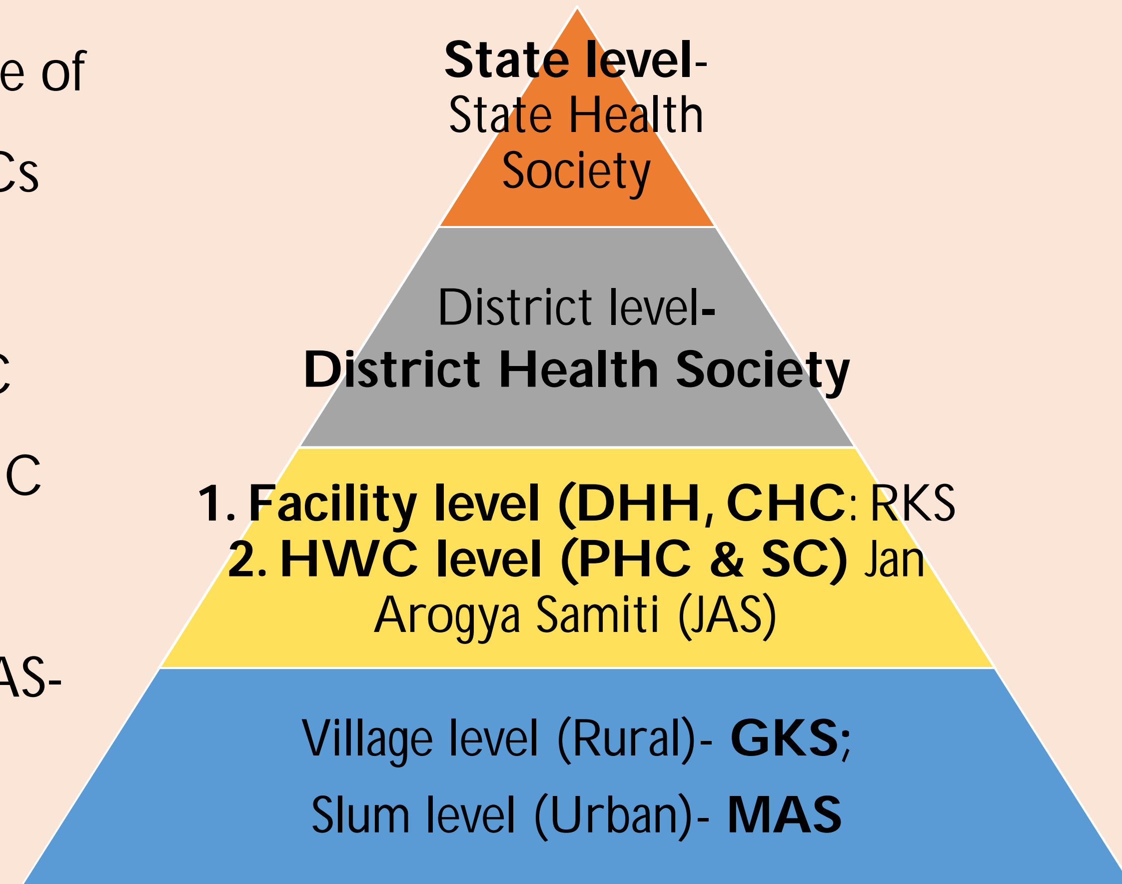
STRENGTHEN COMMUNITY ACTION

DEVELOP PERSONAL SKILLS/INDIVIDUAL BEHAVIOUR CHANGE

REORIENT HEALTH SERVICES

Jan Arogya Samiti

- With operationalisation of HWCs, the scope of services and responsibilities of PHCs and SCs have increased
- Keeping this in mind, the RKS at PHC-HWC has been reformed as Jan Arogya Samiti- PHC (JAS-PHC).
- A similar structure at SC-HWC would be JAS-SC



Objectives of Jan Arogya Samiti (JAS)

- Serve as institutional platform of SC/PHC level HWCs similar to RKS at PHC / CHC
- Support HWC team in working with VHSNCs, for Health Promotion and action on social and environmental determinants of health.
- Provide mentorship to GKS and supporting them in management of Untied Funds and coordination with the health system.
- Support GKS in community level interventions of HWCs like screening for diseases among various age-groups, promoting follow-up and treatment adherence (including support to patient support groups).
- Leverage existing organized volunteers [NSS, NCC, Red cross, Scouts and Guide, Youth groups] for patient follow up, counselling and community mobilization.

Structure and Composition of JAS PHC HWC

- **Chairperson**- Zila Panchayat Member / Janpad Panchayat member
- **Co-chair- Block Medical Officer**
- **Member Secretary** - Medical Officer In-charge of PHC-HWC
- **Members –** (Total number of members is likely to be up to 18-20)
  - Other Medical Officer / AYUSH Medical Officer of PHC
  - Senior Staff nurse / LHV / ANM of PHC
  - Chairperson of Janpad Panchayat's Health Sub-committee
  - Sector Supervisor of Dept. of Women and Child (DWCD) / ICDS of the area
  - Block level officer of Dept. of Public Health Engineering Dept. (PHED)
  - Block level officer of School Dept. / Principal / Headmaster of local School
  - Block level officer of DWS
  - Block level officer of PWD

Structure and Composition of JAS PHC HWC

- **Members** – (Total number of members is likely to be up to 18-20)
  - Chairpersons of all JAS of SHC level HWCs of PHC area (may be up to 5-6)
  - Block level representative from NYK/Youth volunteers
  - 2 Civil society representatives

Special invitees

- Tuberculosis survivor and "any male" who has undergone sterilization after one / two children"
- Chairpersons / members of VHSNCs, Women SHGs, Youth Groups on rotation basis.
- All General Members shall have a tenure of two years. This is to enable participation of more community representatives in the JAS.
- An ex-officio member of JAS, like, the President of VHSNC, will cease to be member of JAS, when she/he, ceases to be the VHSNC President.

Promoting Wellness

- ➢Convergence with -
- ❑FSSAI for "The Eat Right Movement"- built on two broad pillars - "Eat Healthy" and "Eat Safe" – Pilot of Eat Right Tool Kit complete
- ❑Launch of Fit India Movement to promote healthy lifestyle
- ❑Health Promotion –
- ➢ Regular conduct of Health promotion activities at AB-HWCs as per the flexible Health Calendar - 42 health days
- ➢ Raising people's awareness of primary health care via Community level campaigns through folk and local media/ VHSNC & MAS

- Close coordination with Ministry of AYUSH/Department of AYUSH at the state and district level.
- Pool of Local Yoga Instructors at the HWC level being identified in coordination with AYUSH Department
- Training and certification of local Yoga Teachers to be steered by Department of AYUSH
- Weekly/monthly schedule of classes for Community Yoga Training at the HWCs
- Provision for additional remuneration to in house yoga teacher or in sourced yoga instructor

Maintaining Continuum of Care – Ayushman Bharat

Village/Urban Ward

- Population Enumeration
- Outreach Services
- Community Based Risk Assessment
- Awareness Generation
- Counselling: Lifestyle changes; treatment compliance

SHC-HWC

- First Level Care
- NCD Screening
- Use of Diagnostics
- Medicine Dispensation
- Record keeping
- Tele-health
- Referral to PHC for confirmation/ complication

PHC-HWC

Diagnosis for NCDs
Prescription and Treatment Plan
Gate Keeping role for out patient and inpatient referral / PMJAY
Teleconsultation with specialists

CHC/SDH/DH

- Advanced diagnostics
- Complication assessment
- Hospitalization
- Tertiary linkage/PMJAY

Follow up post secondary and tertiary care

Continuum of Care

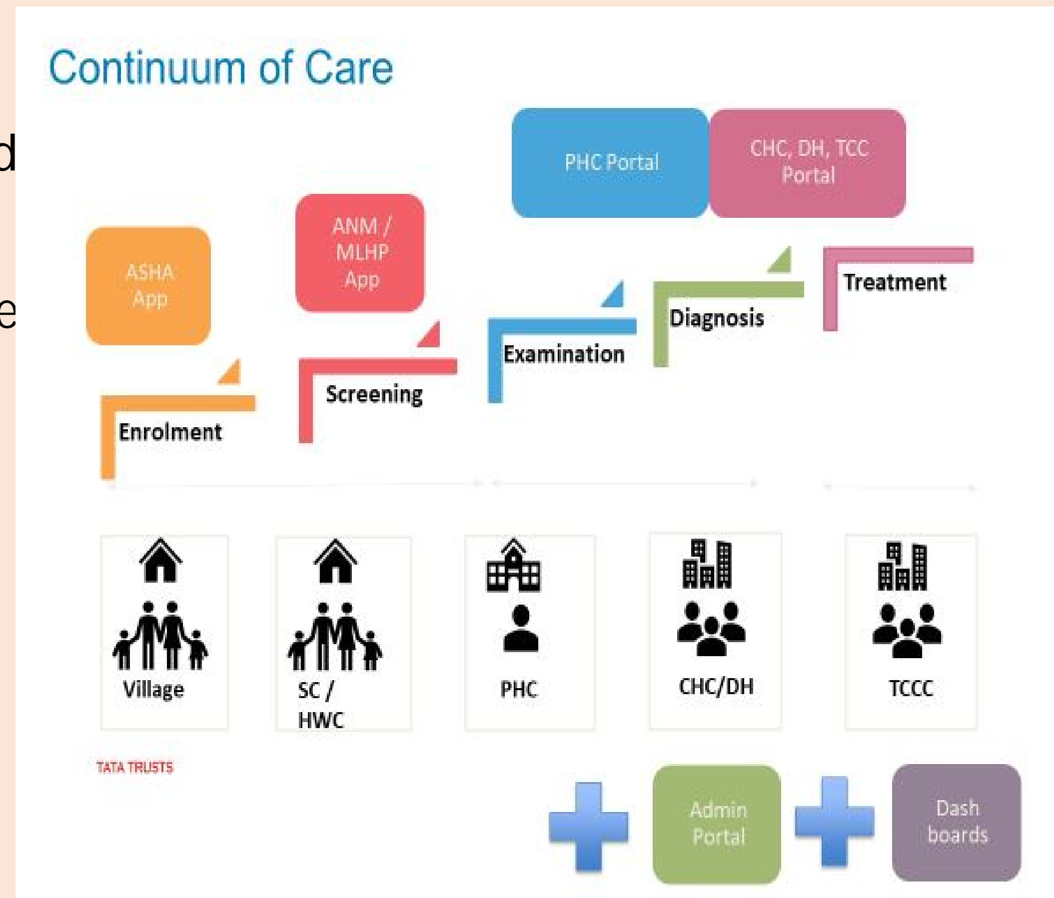
- ***Use of Teleconsultation to improve care coordination –***

➢ Guidelines and e-Sanjeevani application launched

➢ Budget approvals provided to states

➢ Hubs identified at 50 government medical college to create pan India Telemedicine Network

- CPHC – NCD application designed to promote continuum of care



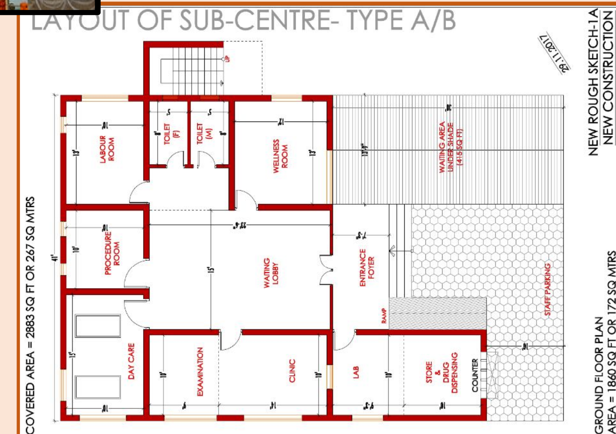
Health and Wellness Centres: Infrastructure

Equipped with:

- Consulting spaces /Ensuring Privacy
- Wellness rooms: Yoga, Physiotherapy, Group meetings
- Telemedicine Facilities
- Point of Care Diagnostics/Hub &Spoke
- Drug Dispensation
- Storage: Drugs and consumables
- Waiting area: 30 people +

BRANDING

- Colour Code, Display boards, Citizen Charter



HWC: Paradigm Shift at multiple policy and operational levels

- **Focus on curative care predominant**
- **Continuum of care only for maternal and child health**
- **HSC led by One or two Multipurpose workers, supported by ASHAs**

- **Focus on Preventive and Promotive Health care**
- **Needs multisectoral convergence at all levels**
- **HWC teams to manage majority of conditions including home and community based follow up**
- **Continuum of care for expanded range of services and linkage with PMJAY**
- **Adding Community Health Officer at HSC – HWCs and multiskilling of primary health care team**
- **Requires states to envision a career progression pathway**

HWC: Paradigm Shift at multiple policy and operational levels

- **Supply of medicines and access to diagnostics at higher level facilities**
- **Chronic Care treatment only at higher level facilities, no prevention and management**
- **Limited complexities in existing programmes**
- **Limited use of technology in consultation and capacity building**
- **Overcrowded secondary and tertiary centres / High loss to follow up/ High OOPE**
- **Underused network of 1,50,000 peripheral facilities, selective care**

- **Dispensing of medicines including chronic care** and **essential diagnostics**
- **Chronic care management at lower facilities**
- **Very Complex and Health Systems approach needed for effective implementation**
- **IT based application for continuum of care and development of electronic health record.**
- **Use of platforms such as ECHO for regular tele mentoring** and **Teleconsultation to avoid patient hardship**
- **Comprehensive care close to community, reduced OOPE, better compliance**
- **Investment in infrastructure and branding.**

Thank You