Assessment of Operationalized Ayushman Bharat Health and Wellness Centres in Chandauli District, UP

By

Sudeep Sarkar

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Sudeep Sarkar**, student of MBA Hospital and Health Management from the The IIHMR University, Jaipur dissertation training at **_Jhpiego, UP** from**_19th March 2020_**to **18th June 2020**.

The student has successfully carried out the study designated to him during the internship /dissertation and his approach to the study has been sincere, scientific and analytical.

The Internship/ Dissertation is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

Dean Academics and Student Affairs
the IIHMR University, Jaipur

Professor
The IIHMR University,
Jaipur

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **" Assessment of Operationalized Ayushman Bharat Health and wellness Canters in Chandauli District, UP"** submitted by **Dr. Sudeep Sarkar** Enrolment no. 0846 under the supervision of **Seema Mehta** for award of MBA Hospital and Health Management of the University carried out during the period from **_19th March 2020** to **18th June 2020** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

ABSTRACT

Title: Assessment of Operationalized Ayushman Bharat Health and wellness Canters in Chandauli District, UP

Introduction:

Universal Health coverage implies that all people and communities have access to promotive, preventive, curative, rehabilitative and palliative quality health care services while ensuring that the use of these services does not expose the user to any financial hardship.

Launched in 2018, the 'Ayushman Bharat' programme, which translates into 'Long Live India's is a roadmap towards achieving UHC in India, the first component of this scheme is to roll out Comprehensive Health Care (CPHC) through the 1.5 lakh HWC by December 2022, by transforming the existing SHCs and PHCs in rural and urban areas- essentially by upgradation of the existing infrastructure and providing additional human resources- for provision of an expanded range of healthcare services.

Rationale:

In April 2018, the GOI propelled the Ayushman Bharat-Health and Wellness Centres (AB-HWC), for the conveyance of Comprehensive Primary Health Care. In May 2018, the Operational Guidelines for the states were propelled. HWC operationalization for CPHC involves the change of existing Sub Health Centres and Primary Health Centres prepared to convey network and essential human services administrations for Reproductive, Maternal, New-conceived, Child Health and Adolescents (RMNCHA), and for chose transmittable ailments.

The aim of this study is to assess the operationalised HWC in varying contexts so as to make future operationalisation of HWC manageable.

Research Questions:
To identify gap areas in the Operationalized Ayushman Bharat Health and wellness Centres in Chandauli District, UP?

Objectives:

- To identify the progress in operationalized HWCs
- To identify the gaps in operationalized HWCs along with challenges that led to it.

Ethical Consideration:
Informed consent was taken prior to administration of any data collected and confirmed that this study is not for any official purpose but only for academic purpose. Confidentiality of data is maintained.

Methodology:

1. Study Area:
The study area is Chandauli District, UP

2. Study Design:
This is a **Descriptive Retrospective** because it describes the situation of Operationalized HWC in Chandauli district and retrospective because previous 3 months data is used which was from January to March 2020

3. Study type:

It is a Quantitative research, and for doing this research secondary data is used of previous 3 months which was from January to March 2020 and the platform of the data is Ayushman Bharat HWC Portal

4. Data:

Secondary data was taken from the Ayushmann Bharat HWC portal for previous 3 months which were January, February, April 2020
Then, Qualitative Research is carried out by using a checklist by interviewing 51 CHOs, DCPM and then parameters on Functionality criteria's, the challenges which were present in HWC was explored.

Conclusion:

Health and wellness centres, the first pillar of Ayushmann Bharat and it is planned to achieve transformation of 1.5 lakh primary health facilities as Ayushman Bharat - Health and Wellness Centres by 2022 in a phased manner. So, this study assess the operationalised HWCs to identify the gaps in operationalized HWCs along with challenges that led to it, Therefore, Secondary data was taken from the Ayushmann Bharat HWC portal for previous 3 months which were January, February, April 2020
Then, Qualitative Research is carried out by using a checklist by interviewing 51 CHOs, DCPM and then parameters on Functionality criteria's, the challenges which were present in HWC was explored. Results in the study depicts that Challenges were present and then suggestions were given so that in future operationalisation of HWC become manageable.

Keywords :

Health and wellness centre, Ayushman Bharat, rural, Uttar Pradesh, Gaps

ACKNOWLEDGEMENT

I am grateful to almighty for giving me the strength to successfully finish my work and for sustaining my efforts which many a time did oscillate.

I am deeply indebted to **Seema Mehta**, a true guide and mentor, without whose constructive feedback and constant support this project would not have been a success. The valuable advice and suggestions for the corrections, modifications, and improvement did enhance the perfection in performing my job well.

I also acknowledge with deep sense of reverence, the gratitude I feel towards my parents for standing by me and keeping in faith in all my decisions. Can never thank them enough for the constant strength and support.

I extend my gratitude towards **The IIHMR University, Jaipur** for giving me the opportunity to embark on this project.

Contents:

List of Abbreviations:

- RMNCH+A - Reproductive Maternal New-born Child and Adolescent Health
- NHM - National Health Mission
- AB-HWCs- Ayushman Bharat-Health and Wellness centres
- CPHC- Comprehensive primary health care
- UHC- Universal Health Coverage
- PHCs- Primary Health centres
- UPHCs- Urban Primary Health centres
- PMJAY- Pradhan Mantri Jan Arogya Yojana
- SDG- Sustainable developmental goal
- CHO- Community Health Officer
- ASHA- Accredited Social Health Activists
- NCDs- Non-Communicable Diseases
- MHLP- Mid-level Healthcare Provider
- SHC- Sub Health centres
- MPW- Multipurpose Worker
- MO- Medical officer
- MNREGA- Mahatma Gandhi National Rural Employment Guarantee Act
- MPLAD- Members of Parliament Local Area Development

1. Background

“The National Health Mission (NHM), previously, has basically centred around giving Reproductive Maternal New-born Child and Adolescent Health (RMNCH+A) administrations and decreasing the weight of transferable illnesses. These particular endeavours, which were the need of great importance, have empowered us to address the problems that need to be addressed during the beginning of NHM and helped us to take gigantic walks in lessening maternal and youngster mortality, combatting HIV/AIDS and other transmittable infections, for example, intestinal sickness and tuberculosis and so forth.

As we push forward, the segment and epidemiological change requires a change in perspective – from specific to far reaching care. The new worldview of Ayushman Bharat-Health and Wellness centres intends to address the rising weight of ailments including Non-Communicable Diseases (NCDs) like hypertension, diabetes and malignancies alongside the administrations which target giving early stage and essential avoidance. It is visualized that social insurance administrations at AB-HWCs will be steadily extended to give fundamental human services to oral, mental, geriatric, palliative, ophthalmic, ENT and different administrations as well. India has just quickened its endeavours towards fortifying CPHC and accomplishing UHC by submitting assets and endeavours through the Prime Minister's leader Ayushman Bharat program which converts into "Long Live India". The program endeavours towards UHC through two interrelated parts – change of existing 150,000 Sub-Health-centres (SHCs), Primary Health centres (PHCs) and Urban Primary Health centres (UPHCs) to AB-HWCs by 2022 and Pradhan Mantri Jan Arogya Yojana (PMJAY), a medical coverage spread to more than 107.4 million poor and powerless families.

These endeavours are additionally lined up with the SDGs, most eminently SDG-3 (great wellbeing and prosperity) and SDG-5 (sexual orientation correspondence). As we grow the essential consideration administrations, it is expected to embrace an actual existence cycle-based methodology. We keep on expanding on our current administrations of giving aware maternity care (Surakshit Matrutva Aashwasan - SUMAN), fortifying the inoculation administrations (Mission Indra Dhanush and Routine Immunization) by guaranteeing that the antibodies are being made accessible all around, turning out populace based screening for populace over 30 for NCDs, TB, Leprosy and destructive fixation like tobacco and liquor and gradually give geriatric and palliative consideration at the essential level. The extended administrations will be given nearer to individuals' homes, making free basic medications and diagnostics administrations accessible at the AB-HWCs, gratis, with a point of arriving at the last mile and the most defenceless. The AB-HWCs will likewise guarantee continuum of care approach with settled referral and back-referral linkages, likewise through teleconsultation with the auxiliary/tertiary general wellbeing offices. Teleconsultation administrations at AB-HWCs will associate clinical officials and additionally masters for giving essential hand-holding support, guaranteeing quiet commitment with the human services suppliers, improving nature of care with eye to eye interviews.

The AB-HWCs likewise get the idea of 'solid' living, where we centre around restoring diseases, yet in addition accentuate on counteraction by advancing wellbeing and appropriation of a sound way of life. A portion of the instances of advancing wellbeing are:

- The 'Wellbeing' related exercises and different wellbeing days to be praised at these AB-HWCs are a piece of the yearly schedule which is an indispensable piece of their locale outreach exercises.
- Health battles concentrated on different social determinants of wellbeing, for example, nourishment is focused on making the move towards sound living, a Jan Andolan.
- Health advancement through 'Ayushman Bharat-Health and Wellness Ambassadors' at schools for Eat Right and dynamic solid ways of life, is a basic piece of the wellbeing segment under the AB-HWCs.
- Campaigns like 'Eat Right, Eat Safe' and 'Fit India' will be fundamental parts to advance wellbeing and prosperity for connecting with the networks.

The endeavours of the essential social insurance group will be encouraged by putting a Community Health Officer (CHO) at SHC level ABHWCs. The CHO will lead the group containing forefront laborers (MPWs and ASHAs). The CHO is a certified Ayurveda specialist or a BSc. /GNM Nurse, also prepared for a half year in a Certificate in Community Health (CCH). To guarantee that the endeavours of the Primary Health Care group at SHC level AB-HWCs, as far as administration conveyance, giving effort administrations and populace-based screening focusing on improved wellbeing results, Performance Linked Payments (PLPs) have been presented. In view of our involvement in the World's biggest wellbeing chipping in workforce – ASHAs (Accredited Social Health Activists), PLPs have been worked for the essential human services group for compensating the difficult work and to inspire the group including ASHAs to perform better".

The concept of HWCs detailed below:

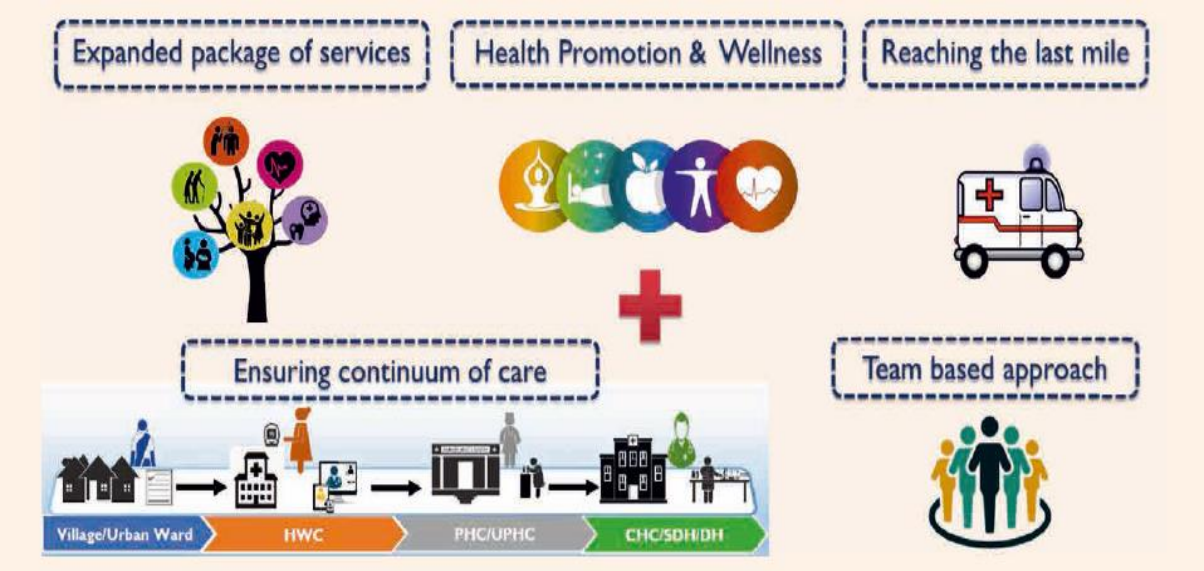

Fig.1 Concept of HWC,
Source: Ministry of Health and family welfare (Mohfw)

2. Functionality Criteria's of AB – HWCs

So, after knowing about the details and concept of Ayushman Bharat HWCs from the above - mentioned background, it is very pivotal to know about Functionality criteria's, and these are 8 in number and when all of the criteria's are met successfully then a subsequent Health

Functionality	Parameters	PHC/UPHC	SC
Human Resource	MO- MBBS for PHC/UPHC	**Y**	**NA**
	MLHP for HSC	**NA**	**Y**
Training	Training of Human Resource (MOs/Staff Nurses) on NCDs as per training strategy	**Y**	**NA**
	Training of Human Resource (MPW - F and ASHAs on NCDs as per training strategy	**NA**	**Y**
Community Outreach	Population enumeration started	**Y**	**Y**
Service Delivery	Universal Screening of NCD Started for Hypertension	**Y**	**Y**
	Universal Screening of NCD Started for Diabetes	**Y**	**Y**
	Universal Screening of NCD Started for Oral Cancer	**Y**	**Y**
	Universal Screening of NCD Started for Breast Cancer	**Y**	**Y**
	Universal Screening of NCD Started for Cervical cancer	**NM**	**NA**
Medicines	Medicines available as per the guidelines	**Y**	**Y**
Diagnostics	Diagnostics available as per the guidelines	**Y**	**Y**
IT System	Functional IT equipment – Tablet	**NM**	**Y**
	Functional IT equipment - Desktop/ laptop	**Y**	**NA**
	Internet Connectivity	**Y**	**Y**
	CPHC- NCD application being used	**Y**	**Y**
Infrastructure	Repair / Renovation completed	**NM**	**NM**
	Branding completed	**Y**	**Y**

facilities is said to be Ayushmann Bharat HWC. When all these criteria's are met except for HR it is known as **progressive centre**. Following are the functionality criteria's:

*__NA- Not applicable NM- Not mandatory__

Fig:2.A Functional Criteria of AB-HWCs

Source: Ministry of Health and Family welfare (Mohfw)

3. About District

"The District Chandauli is located in 24Â° 56′ to 25Â° 35′ to north and 81Â° 14′ to84Â° 24′ east at a distance of about 30 kms east-south-east of Varanasi. Chandauli is bounded on east by Bihar State, on the north-north-east of Ghazipur District, South of Sonebhadra District, South-east of Bihar and South-West Mirzapur. Karmanasa river is the dividing line from Bihar State. Ganga, Karmanasa and Chandraprabha rivers form the geographical and economic strategy of the district"

Population Census – 2011

- Total – 1952756
- Male – 1017905
- Female – 934851
- Density – 769/Square Km
- Sex Ratio(F/M) – 918/1000
- Literacy Rate – 60.2%
- Scheduled Castes – 446786
- Scheduled Tribes – 41725
- 9 Blocks

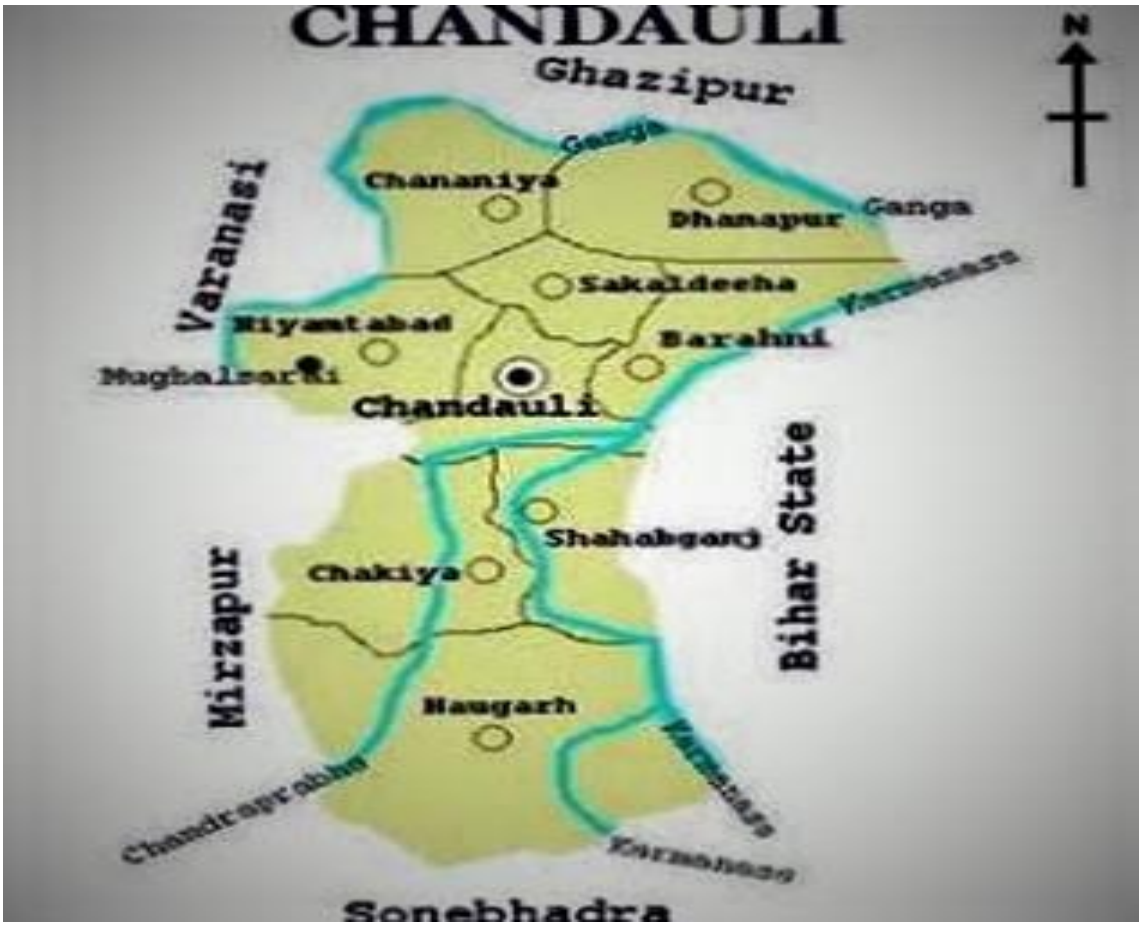

Fig 3.A: Chandauli District

4. Literature review:

Keshri, Vikash & Gupta, Subodh. (2019) address Health and Wellness centres: Opportunities and Challenges in their study The goal of HWC is exceptionally aggressive and apparently hard to be accomplished. The guide for HWC is excessively oversimplified and without gaining from the recorded pathway of wellbeing frameworks improvement and its current complexities.

Not at all like all other national-level activities, it additionally overlooks the heterogeneity of the improvement level of states and its wellbeing frameworks. The proposals of the Bhore Committee with respect to the circulation and inclusion of essential health-care offices couldn't be fulfilled by numerous states even today.
The difficulties to guarantee essential human services have just expanded over the timeframe. How the HWC activity will address and defeat these difficulties isn't expressly stated. In end, the goals of Ayushman Bharat are goal-oriented and the execution is by all accounts hurried.

PMJAY conspire likewise presents dangers of occupying restricted assets accessible for wellbeing in bothersome ways: (1) from open area to private division, (2) from preventive and promotive wellbeing administrations to overwhelmingly remedial administrations, (3) from essential medicinal services to optional and tertiary consideration administrations, and (4) in all probability from poor-performing states to better-performing states.
It must be understood that a straightforward arrangement, through moving obligations of the general human services framework to the private part, does not exist for the burdens of the wellbeing framework in the nation.

For a plan of the idea of Ayushman Bharat, the duties of the administration further extend to remember putting for place complex administrative structure for the private part, setting up ombudsman to ensure the privileges of the individuals vis-à-vis the medical coverage suppliers, and the readiness of the framework to manage difficulties as they emerge. Without an away from to address the current difficulties of wellbeing frameworks in the conditions of India, the result of change of such extent is difficult to figure right now

Harsh Mahajan (**2019),** "address the health and wellness centres (HWCs) under the Ayushman Bharat scheme have the potential to help achieve the Universal Health Coverage goal, but inadequate infrastructure and an insufficiently skilled workforce remain major roadblocks. A new model needs to be developed to manage population health efficiently through both the Ayushman Bharat components, the HWCs and Pradhan Mantri Jan Arogya Yojana (PMJAY)

The vision for a pain free and thorough wellbeing framework was changed over enthusiastically on a strategic a year ago. Near 20,000 HWCs are conveying extensive essential medicinal services liberated from cost, and giving all inclusive counteraction, advancement, and mobile consideration at the network level. Their number is anticipated to reach at any rate 1.5 lakh by 2022.

Diagnostics assumes a basic job in the anticipation and treatment of sicknesses. From a demonstrative perspective, pathology and basic X-beams are the foundation of social insurance conveyance frameworks at well-prepared focuses, run via prepared human services experts. In a perfect world, all HWCs ought to have pathology, radiology, and ultrasound offices. Be that as it may, there is a gigantic hole as far as HR in medicinal services. This should be spanned with skilling, advancements and developments.

The open private association (PPP) model has been embraced in various states, with differing results. It is clear that the "center point and-talked" model can be effective in obsessive administrations, where just the natural examples, for example, blood and pee, must be shipped. This model would not work for X-beam and ultrasound as the outputs must be done at the HWC itself."

5. Rationale of study:

In April 2018, the GOI propelled the Ayushman Bharat-Health and Wellness Centres (AB-HWC), for the conveyance of Comprehensive Primary Health Care. In May 2018, the Operational Guidelines for the states were propelled. HWC operationalization for CPHC involves the change of existing Sub Health Centres and Primary Health Centres prepared to convey network and essential human services administrations for Reproductive, Maternal, New-conceived, Child Health and Adolescents (RMNCHA), and for chose transmittable ailments.

A few perspective changes are conceived in the operationalisation of HWC. They range administration conveyance, (outstandingly including screening and the executives for ceaseless ailments, and care for intense basic ailments, expansion of an essential social insurance specialist at the degree of the HWC-SHC, guaranteeing that an extended rundown of prescriptions and diagnostics are accessible at the most reduced degrees of care-the HWC-SHC and HWC-PHC, presenting an advanced account and detailing framework from the ASHA upwards, and creating improved financing frameworks, for example, execution connected instalments.

The objective is to change 1,50,000 SHC and PHC (in country and urban zones) to Health and Wellness Centres by 2022. Until this point, more than 28,000 are functional.

Most HWC have been operational for around 12-15 months. In any case an appraisal at this stage would empower a comprehension of execution forms at the ground and propose plan adjustments, to educate fast scale up. This is another activity has a few vulnerabilities that should be better comprehended to accomplish its maximum capacity.

The aim of this study is to assess the operationalised HWC in varying contexts so as to make future operationalisation of HWC manageable.

6.Research Questions:

To identify gap areas in the Operationalized Ayushman Bharat Health and wellness Centres in Chandauli District, UP?

7. Objectives:

- To identify the progress in operationalized HWCs
- To identify the gaps in operationalized HWCs along with challenges that led to it.

8. Ethical Consideration:

Informed consent was taken prior to administration of any data collected and confirmed that this study is not for any official purpose but only for academic purpose. Confidentiality of data is maintained.

9. Methodology:

9.1 Study Area:

The study area is Chandauli District, UP

9.2 Study Design:

This is a **Descriptive Retrospective** because it describes the situation of HWC in Chandauli district and retrospective because previous 3 months data is used which was from January to March 2020

9.3 Study type:

It is a Quantitative research, and for doing this research secondary data is used of previous 3 months which was from January to March 2020 and the platform of the data was Ayushman Bharat HWC Portal

9.4 Data:

Secondary data was taken from the Ayushmann Bharat HWC portal for previous 3 months which were January, February, April 2020
Then, Qualitative Research is carried out by using a checklist by interviewing 51 CHOs, DCPM and then parameters on Functionality criteria's, the challenges which were present in HWC was explored.

9.5 Study Period:

19th March 2020 – 19th June 2020

10. Analysis of Present Health Facilities in Chandauli District:

In Chandauli District, there are 9 Blocks, namely Chandauli, Niyamtabad, Berahani, Chakiya, Sahabganj, Naugarh, Sakaldiya, Chahaniya and Dhanapur, and each block consists of different number of Subcentres, Primary Health Centres, and Urban Health Centres. Moreover, population count of each block is also present in the table 10.A

Number of Health Facilities present						
Sno.	**Block name**	**Population**	**Total no. of SC**	**Total no. of PHC**	**Total no. of UPHC**	**Total no. of centres**
1	Chandauli	2,24,198	26	4	0	30
2	Niyamtabad	2,72,009	34	2	2	38
3	Berahani	2,07,083	35	3	0	38
4	Chakiya	2,02,174	29	2	0	31
5	Sahabganj	1,71,194	21	2	0	23
6	Naugarh	93,268	14	1	0	15
7	Sakaldiya	2,87,197	32	3	0	35
8	Chahaniya	2,40,141	31	3	0	34
9	Dhanapur	2,52,368	25	3	0	28
	TOTAL	**19,49,632**	**247**	**23**	**2**	**353**

Table:10. A Present Health Facilities in Chandauli District
Data taken from different sources and then incorporated in the table
Source: Census 2011, NHSRC (National Health Systems Resource Centre)

So, after knowing the present number of health facilities in Chandauli District, table 10.B shows block wise Number of Health Facilities present VS Operationalized HWC and from the data it seems that many Subcentres were not converted in Operationalized HWC and scope of work is maximum in Sahabganj, Naugarh and Dhanapur block whereas every PHCs and UPHCs were converted into Operationalized HWC,

Block name	Total no. of SC	No. of Operational SC	Total no. of PHC	No. of Operational PHC	Total no. of UPHC	No. of Operational UPHC	Total centers	Total no. of Operational centers	Percentage(%)
Chandauli	26	10	4	4	0	0	30	14	46.6
Niyamtabad	34	15	2	2	2	2	38	19	50.0
Berahani	35	8	3	3	0	0	38	11	28.9
Chakiya	29	14	2	2	0	0	31	16	51.6
Sahabganj	21	7	2	2	0	0	23	9	39.1
Naugarh	14	6	1	1	0	0	15	7	46.6
Sakaldiya	32	13	3	3	0	0	35	16	45.7
Chahaniya	31	11	3	3	0	0	34	14	41.1
Dhanapur	25	6	3	3	0	0	28	9	32.4
TOTAL	**247**	90	23	23	2	2	353	**115**	32.5%

Table 10.B Block wise Number of Health Facilities present VS Operationalized HWC

Source: NHRC (National Health Systems Resource Centre)

11. Challenges and recommendations for various criteria

To identify the gaps in operationalized HWCs, challenges were identified by interviewing CHOs and the checklist is given below in annexure.

11.1 Infrastructure:

Ensuring adequate infrastructure and human resources as per IPHS norms is essential for providing CPHC services through AB-HWCs. On the infrastructure front, States/UTs are being supported for infrastructure strengthening as well as branding of AB-HWCs.

Essential requirements for strengthening a SHC to serve as a Health and Wellness Centre are:

- Well-ventilated OPD room with examination and office space for Community Health Officer
- Storage space for storing medicines, equipment, documents, health cards and registers
- Designated space for lab/diagnostics
- Separate male and female toilets
- Deep burial pit for Bio Medical Waste Management
- Proper system for drainage
- Assured water supply that can be drawn and stored locally
- Electricity supply linked to main lines or adequate solar source, inverter or back-up generator as appropriate.
- Repairs of roofs and walls, plastering, painting and tiling of floors to be undertaken as per requirement.
- Adequate residential facilities for the service providers.

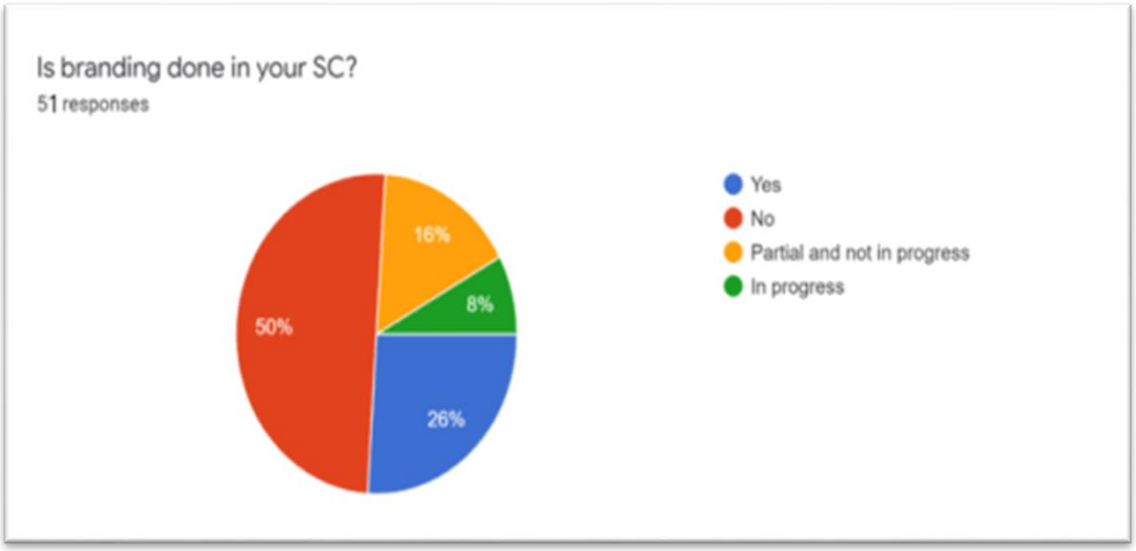

Fig:11.1.A The figure shows that in 50% of facilities branding is not completed and in majority of HWCs branding is partially or in progress

Question no.	Question	Yes	No
2	Does your SC have an electric connection	46	5
3	Does your SC have an water connection	49	2

Table :11.1.B shows that in 90% of centers does'nt have electricity connection and about 96% HWCs doesn't have water connection

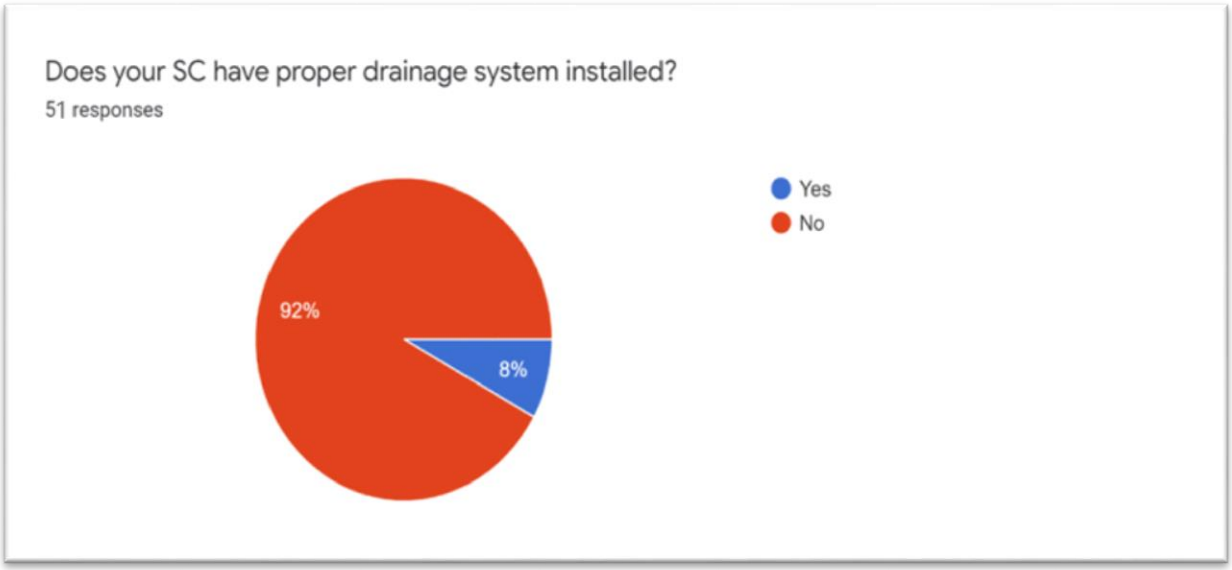

Fig:11.1.C shows that about 92% HWCs does not have proper drainage system

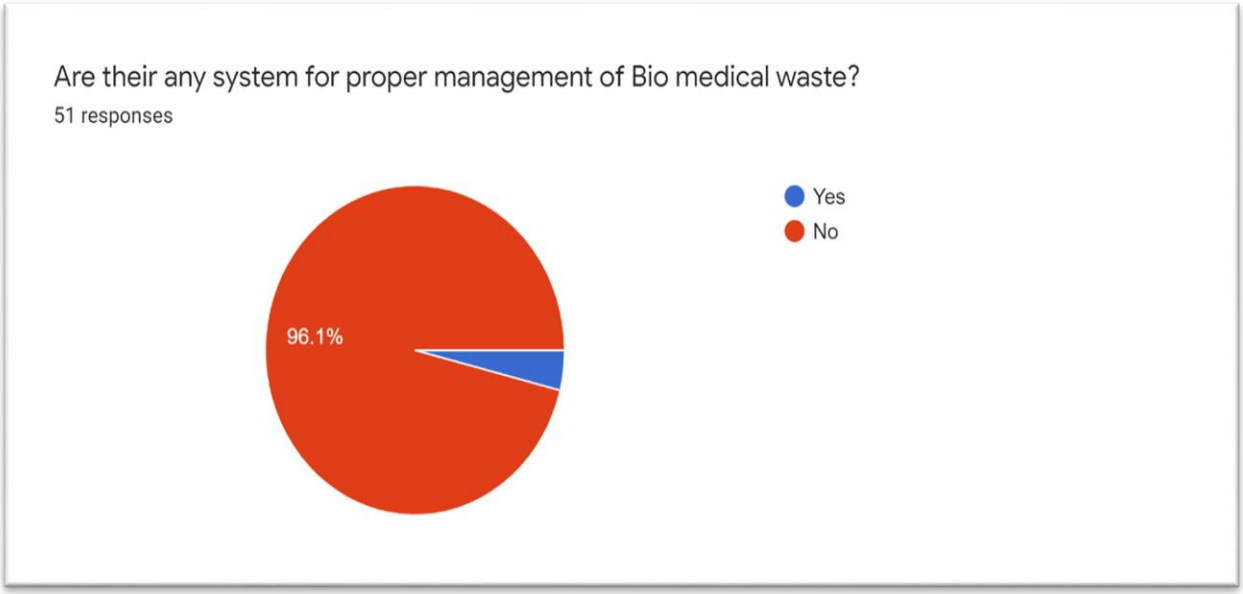

Fig:11.1.D Shows that about 96% HWCs does not have proper system of Bio medical Waste Management

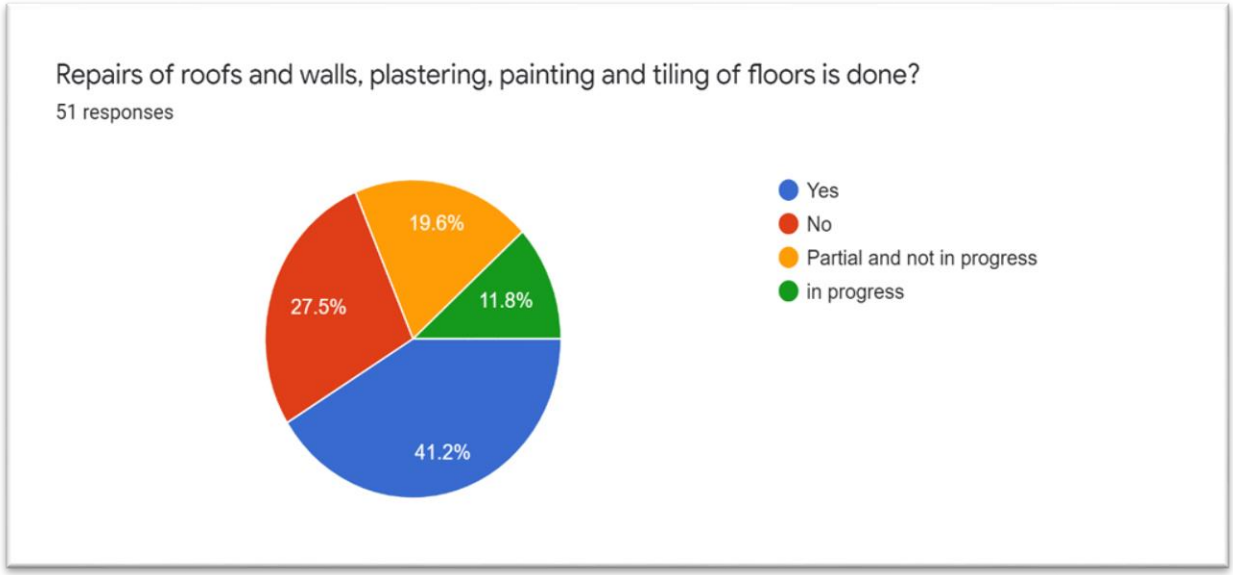

Fig:11.1.E Shows that in 27.5% SC repairing and renovation work is not completed and in 19.6% SC the work is partial and not in progress

Challenges:

- In 50% of facilities branding is not completed and in majority of HWCs branding is partially or in progress.
- The district have been able to address the gaps in ensuring availability of basic amenities such as electricity and water supply, however, few requirements as per the operational guidelines.
- Absence of bio-medical waste management system at SHC AB-HWCs is a concern.
- Unavailability of comprehensive plan for transformation of existing SHCs and PHCs

Recommendations:

- Proper planning while selecting the facilities to be upgraded to AB-HWCs through a detailed gap assessment on various parameters of functionality.
- District can leverage funds from alternate sources such as DMF, MPLAD, MLA Development Funds, MNREGA, CSR, ULBs, Gram Panchayats, etc. for repair and new construction work. Old dilapidated buildings should be considered for renovation only after careful review of available resources.
- Training on bio medical waste management of CHOs.

11.2 ESSENTIAL MEDICINES AND DIAGNOSTICS:

Provision of CPHC services through AB-HWCs rests on the availability of essential medicines and diagnostics for a range of healthcare needs of the population. This is one of the essential components of these transformed AB-HWCs as it will reduce the out of pocket expenditure and increase the footfalls in the public healthcare facilities duly enhancing the health seeking behavior of the population.

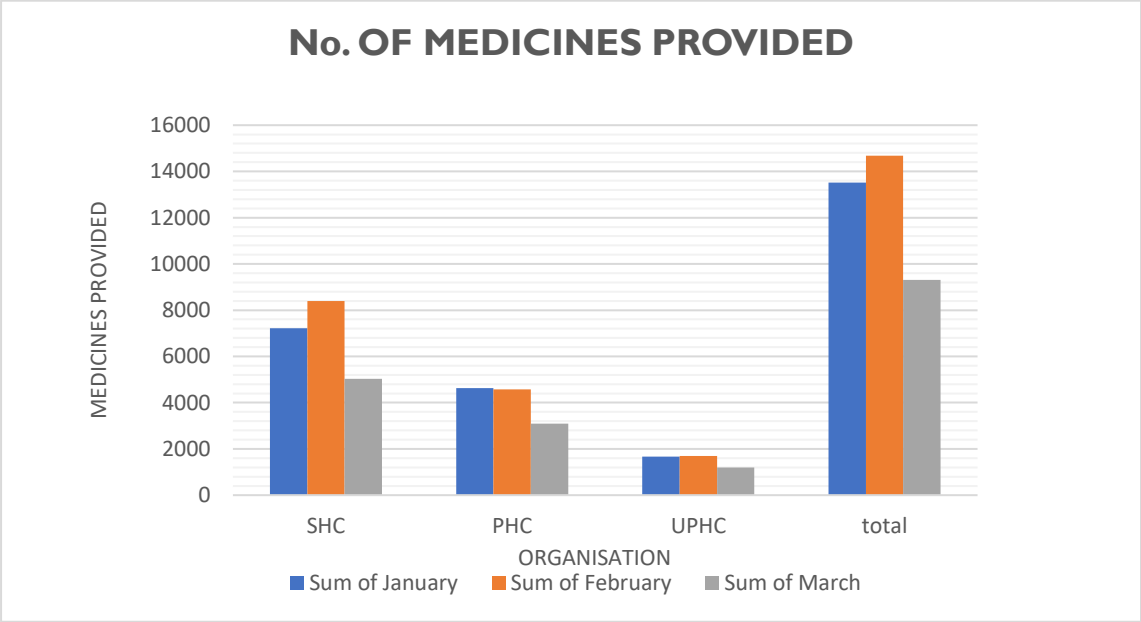

Fig 11.2.A Number of Medicines provided by different centres

Source: NHSRC **(**National Health Systems Resource Centre)

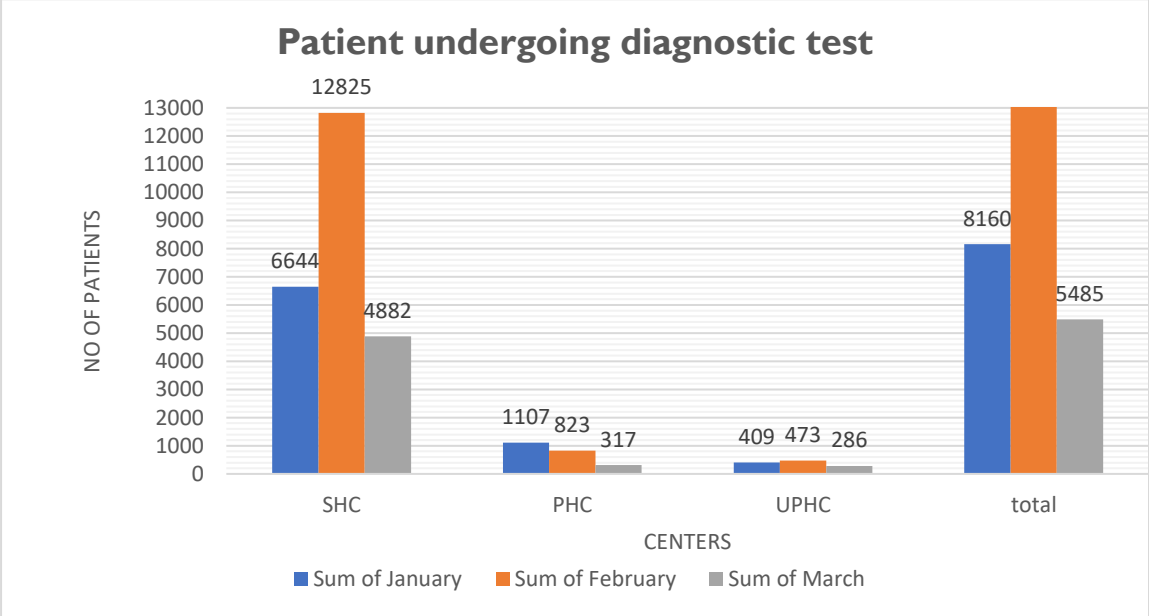

Fig:11.2.B Patient undergoing diagnostic test in 3 months

Source: NHSRC **(**National Health Systems Resource Centre)

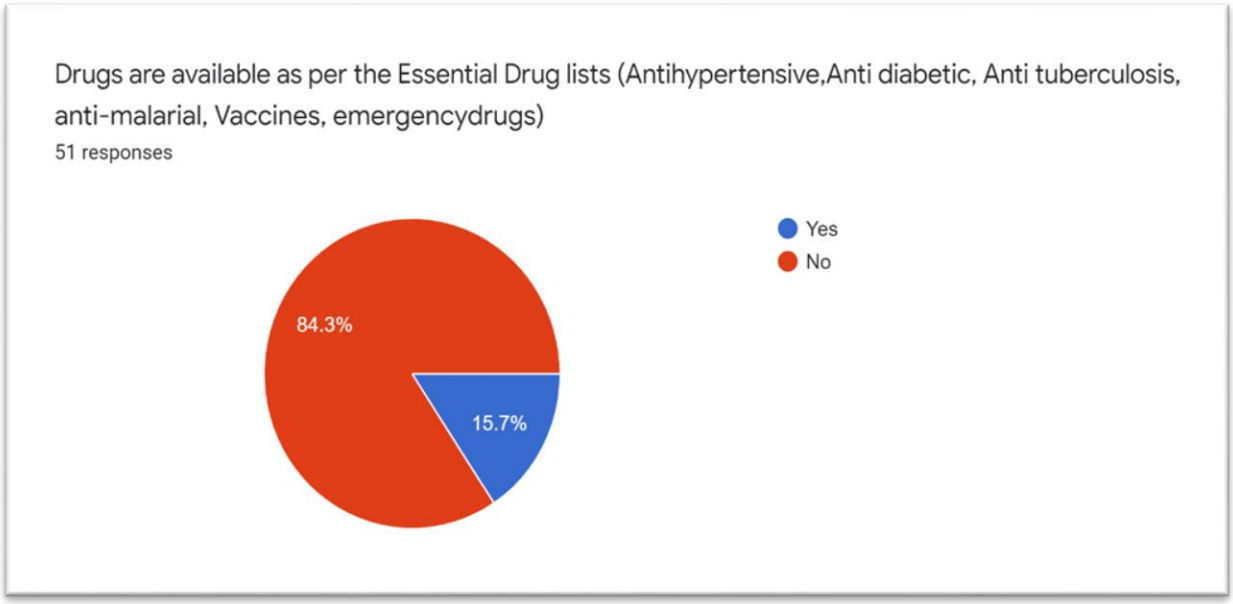

Fig:11.2.C shows that in 84.3% AB HWCs all the essential drugs are not available

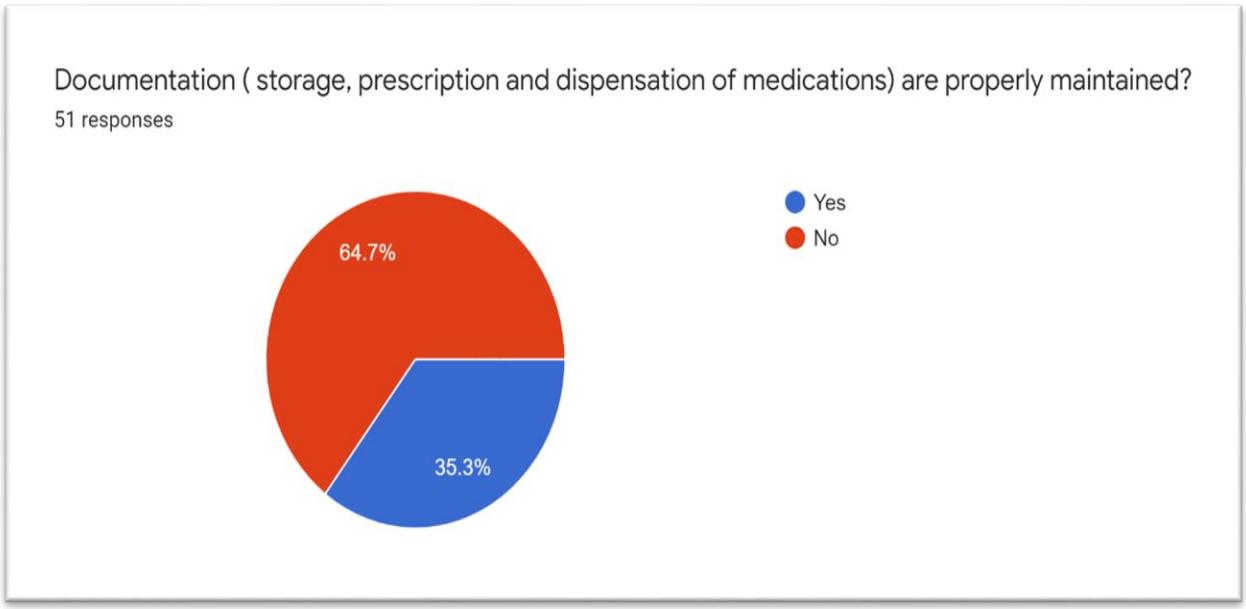

Fig:11.2.D Shows that in 64.7% AB HWCs documentation are not properly maintained

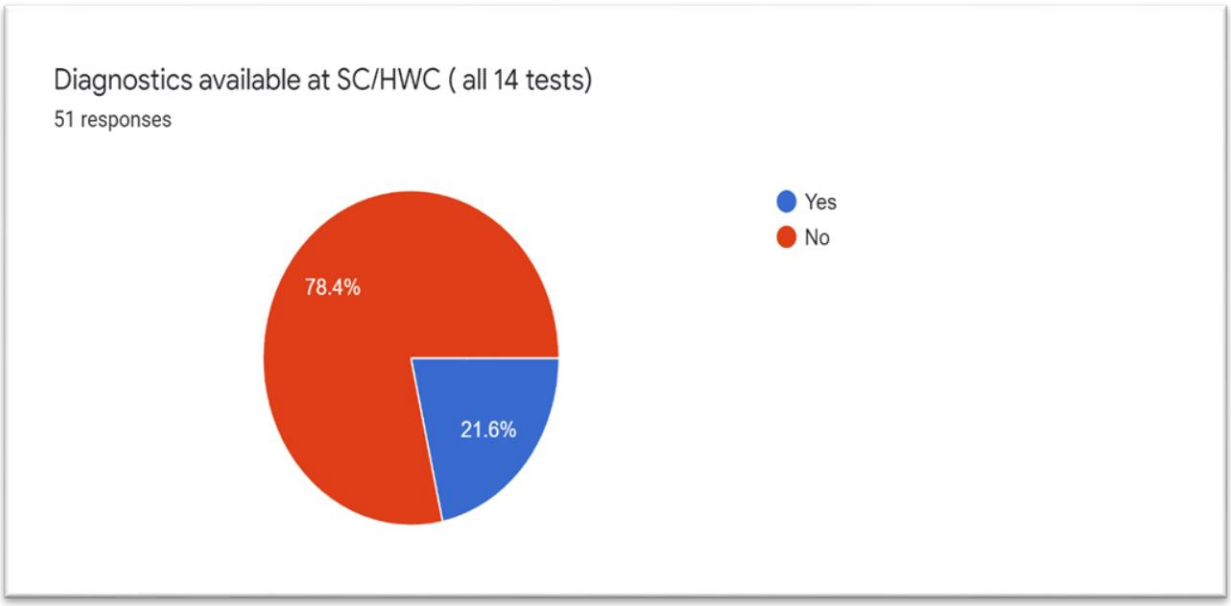

Fig: 11.2.E Shows that in 78.4% centers all the 14 diagnostics tests were not available

Challenges:

Medicines:

- Irregular supply of essential medicines at SHC AB-HWCs and shortage of medicines was a common feature.
- Medicine stock register not maintained properly in most of the AB- HWCs

Diagnostics:

- unable to deliver expanded range of diagnostics due to lack of HR, infrastructure and non-availability of logistics.
- There is limited availability of refrigerator at SHC AB-HWCs, which affects stocking of rapid diagnostic kits.
- No structured policy existed for procurement of reagents for diagnostics.
- No screening is being done for common cancers due to lack of capacities and logistics at AB-HWCs.

Recommendations

Medicines:

- Planning and designing of strategy for implementation IT enabled drug inventory management (DVDMS) at all transformed PHC AB-HWCs and subsequently, extending till SHC AB-HWCs.

- Finalization of Essential drug list for transformed PHC and SHC AB-HWCs as per the recommendations of the Operational Guidelines for AB-HWCs.
- Ensuring availability of essential medicines including medicines for Hypertension, Diabetes and Mental illness at SHC AB-HWCs for top-up required by the chronic patients and increasing the list of essential medicines as and when new services are introduced incrementally.
- Maintaining buffer stock of at least three months for fast moving and NCD drugs at SHC AB-HWCs.
- Training of CHOs on drug management and reporting duly having appropriate registers to be maintained at SHC AB-HWCs.

Diagnostics:

- Training of Lab Technicians on expanded diagnostics test
- Plan for initiation of cancer screening and diagnosis at AB-HWCs through capacity building of staff and availability of consumable
- There is need to focus on periodic calibration of laboratory instruments, procurement and supply of reagents on regular basis and strengthening recording and reporting mechanism.

11.3 HUMAN RESOURCES FOR HEALTH

GoI decided to have a key addition to the primary healthcare team at the SHC AB-HWCs, in the form of Community Health Officers (CHOs) who are trained for six-months on a Certificate Program in Community Health. The CHO will lead the team of existing multipurpose workers and ASHAs to provide the expanded range of services including screening, early detection and address issues of changing lifestyles and treatment.

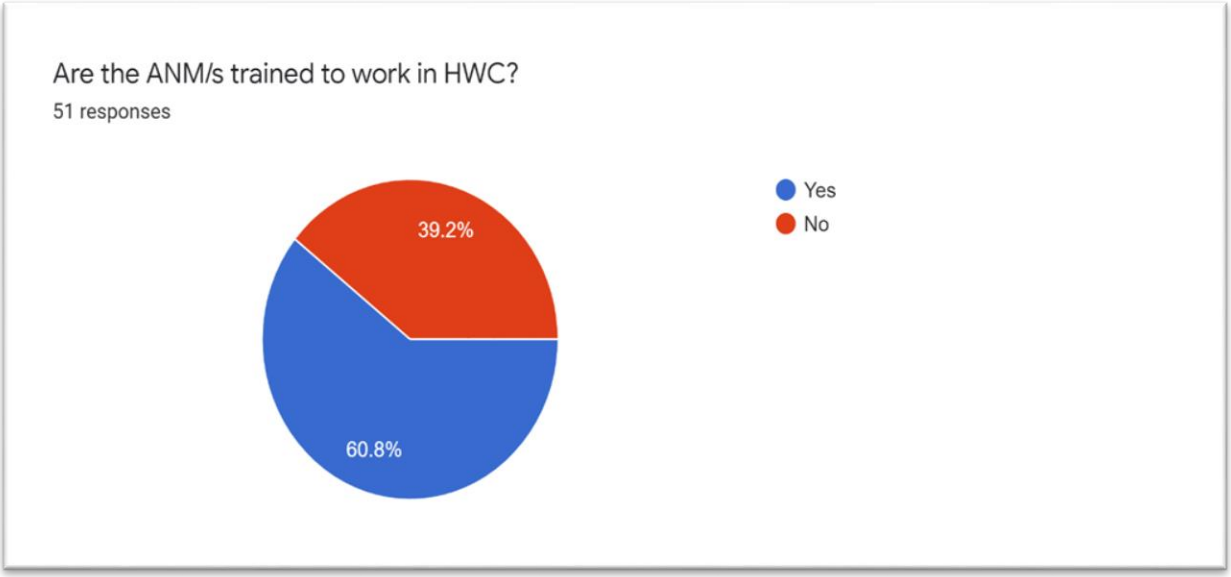

Fig:11.3.A shows that about 39.2% ANMs were not trained to work in HWCs

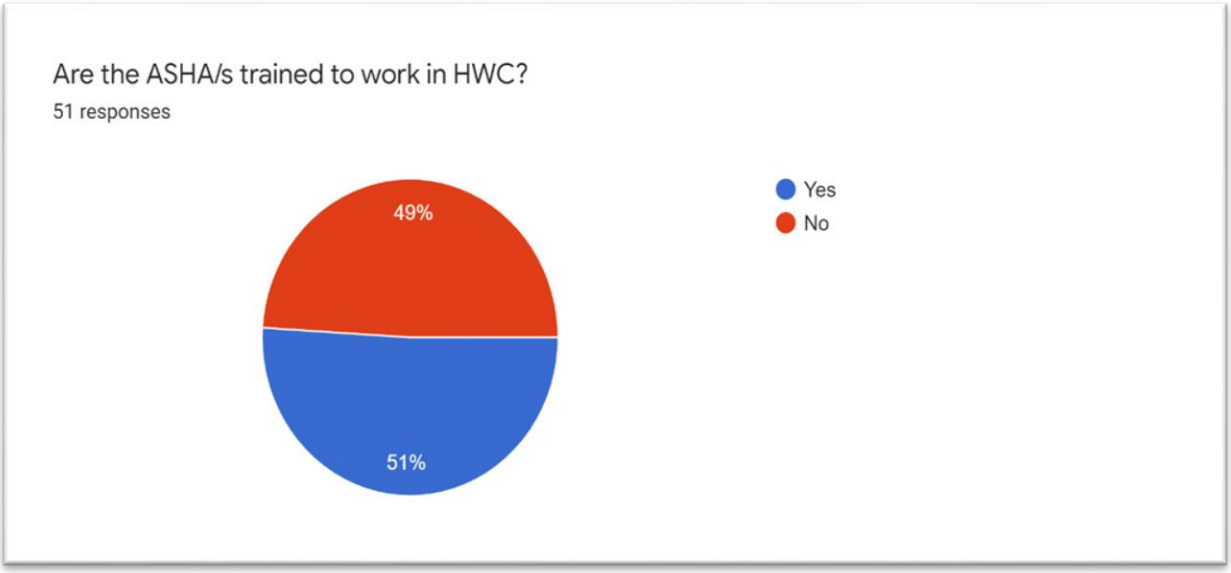

Fig:11.3.B Shows that about 49% ASHAs were not trained to work in HWCs

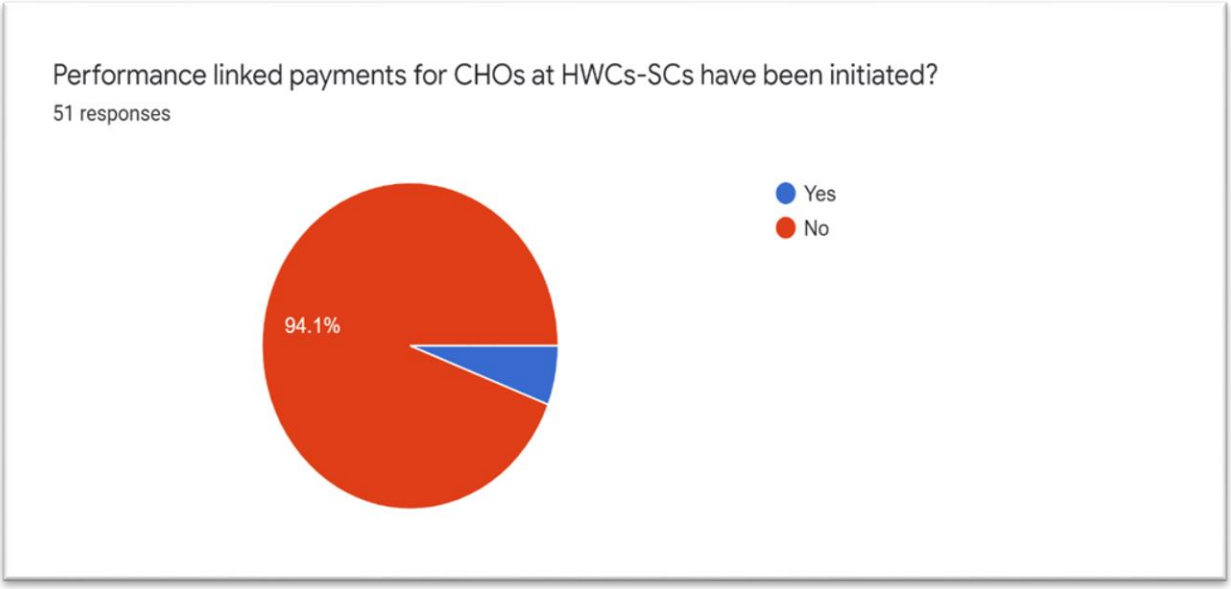

Fig:11.3.C shows that in 94.1% CHOs PBI has not been initiated

Challenges

- Performance Linked Payments to primary healthcare team especially CHOs, are yet to be streamlined
- ASHAs and ANMs were not trained.

Recommendation:

- aim at conducting proper gap assessments at the targeted AB-HWCs understand HR availability and requirement.
- Training of ASHAs and ANMs

11.4 EXPANDED RANGE OF SERVICES

There are 12 services

Source: NHSRC **(**National Health Systems Resource Centre)

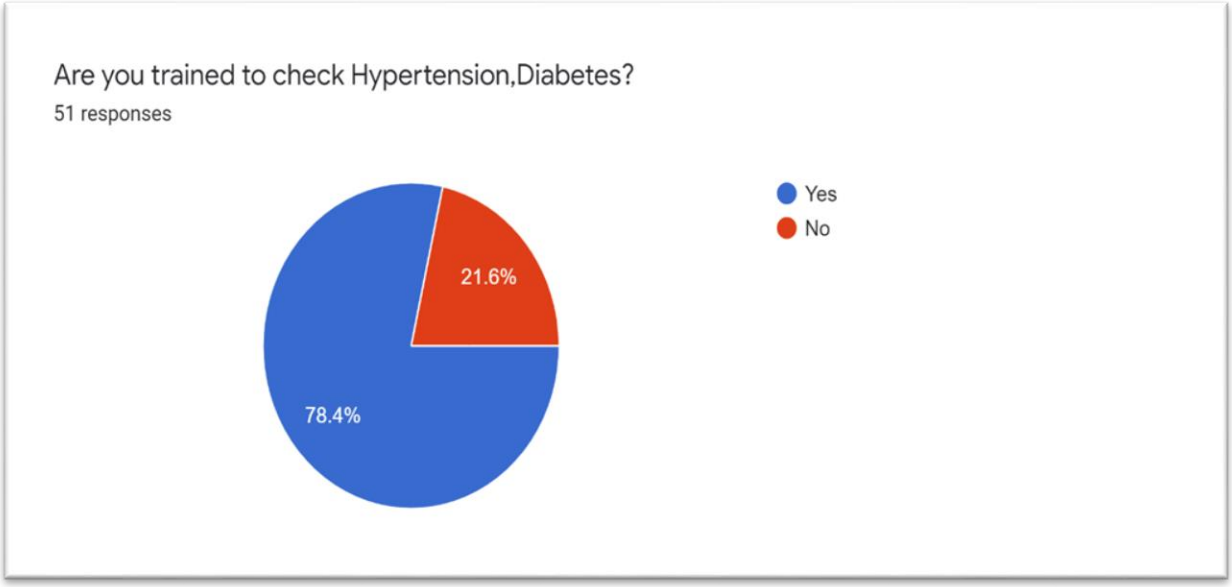

Fig:11.4.A shows that about 21.6% CHOs were not trained to check Hypertension and diabetes

Challenges:

- All RMNCHA+N services are not being provided.
- Due to lack of adequate number of CHOs, the district is not unable to transform all the SHCs under a functional PHC AB-HWC into AB-HWCs.

Recommendations:

- delivery of RMNCH+A services, screening and management of common communicable diseases and common NCDs, at all their functional AB-HWCs. Additional services from the package of 12 recommended services can be introduced incrementally, based on the need and capacity of providers, after providing required resources and skill upgradation.
- Roll out of Telemedicine services at all PHC AB-HWCs for initiating specialist consultations

11.5 HEALTH PROMOTION AND WELLNESS

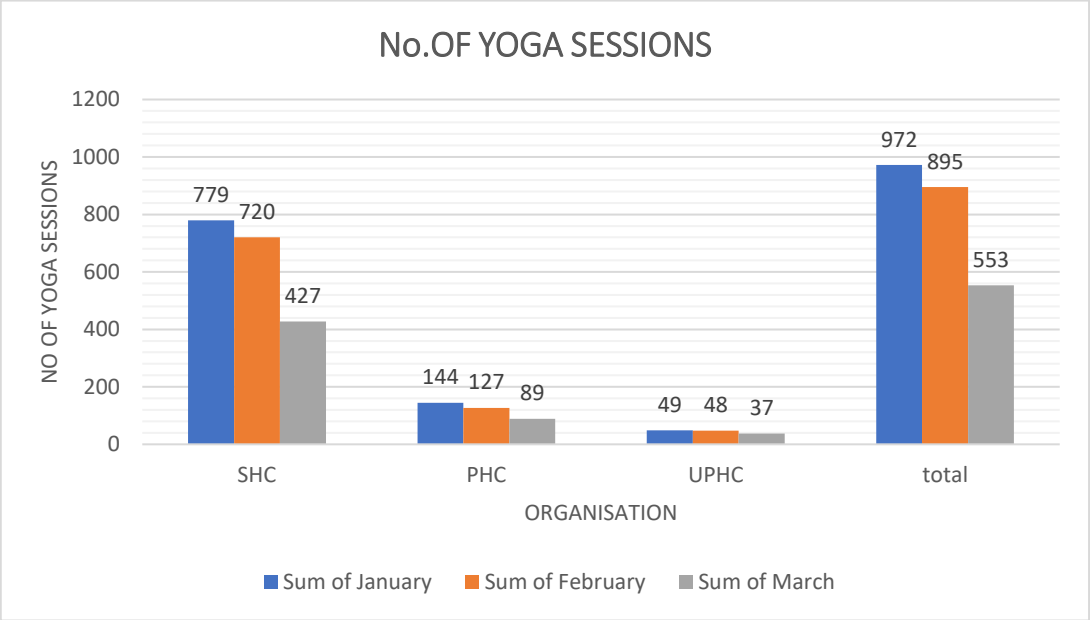

Fig:11.5.A Number of yoga sessions

Source: : NHSRC **(**National Health Systems Resource Centre)

CENTERS	January	February	March
SHC	779	720	427
PHC	144	127	89
UPHC	49	48	37
total	972	895	553

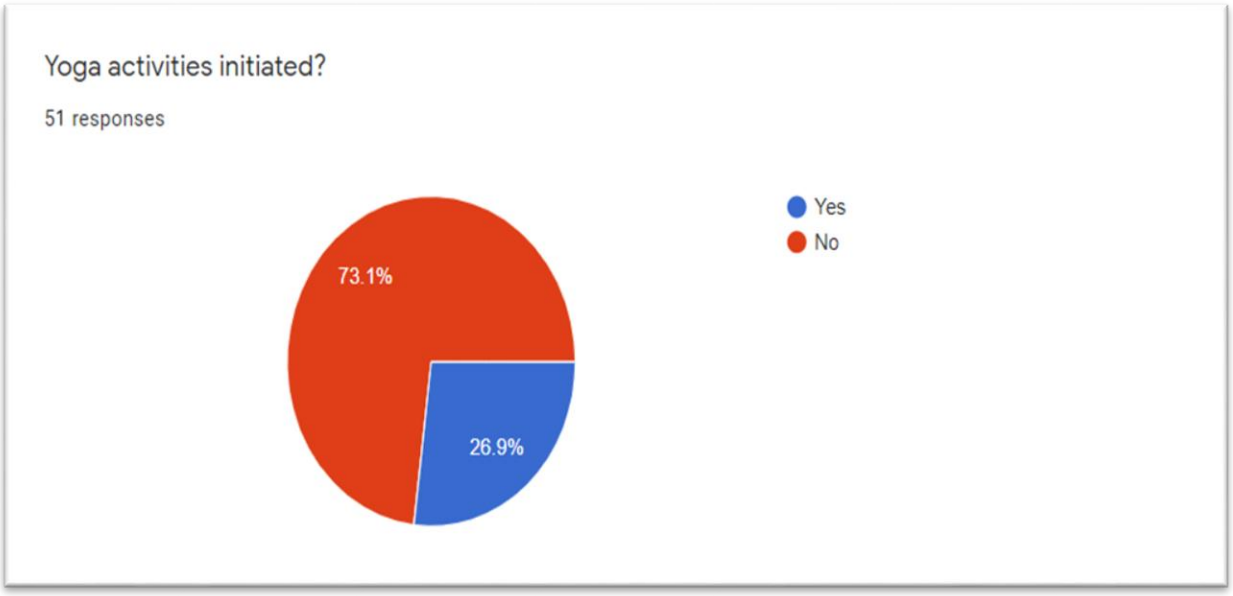

Fig:11.5.B shows that in 73.1% centres yoga instructors were not identified

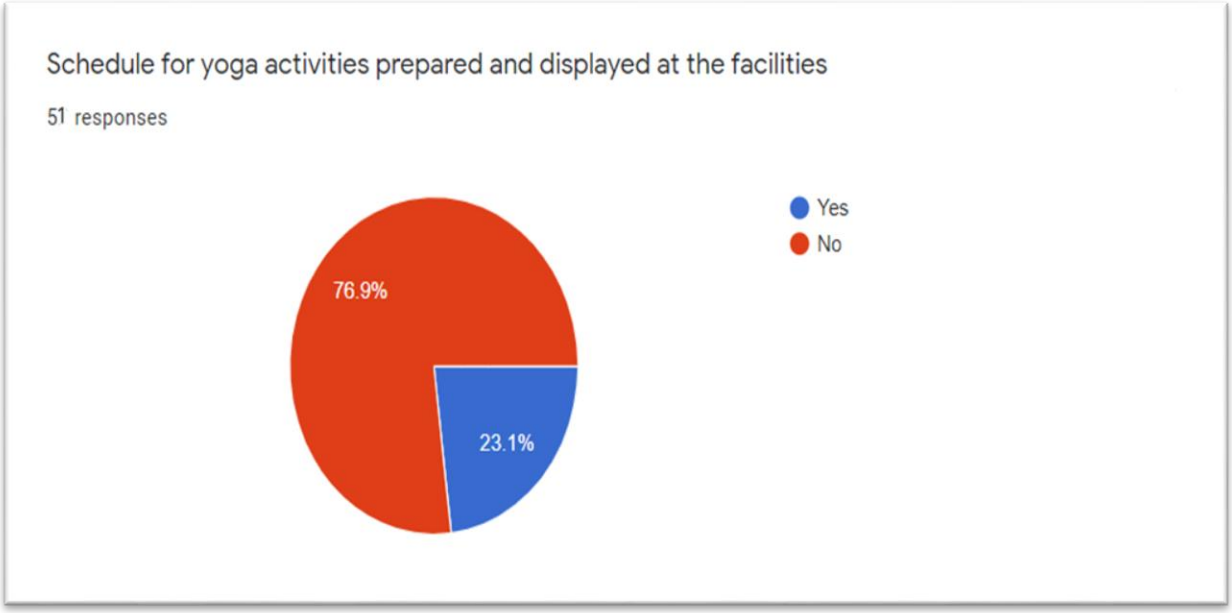

Fig:11.5.C Shows that in 76.9% centres yoga activities were not prepared and not displayed

Challenges

- Unable to plan and design their wellness strategy for expanding scope of wellness under AB-HWCs.
- Lack of clearly laid out Wellness Plan at AB-HWCs by the states.
- Unable to streamline Yoga services due to limited availability of certified yoga trainers and limited space at facility level.
- Failure to rope-in strong Self-Help Group (SHG) system.

Recommendations:

- Identify local people in the community for their training and capacity building on yoga. After the training, they can be utilized as yoga instructor in AB-HWCs on rotational basis and to create behavioural change in the community.
- **Planning in advance for celebration of health days** to create awareness across the community.
- **Capacity building** of frontline health workers on soft skills to improve community engagement

11.6 COMMUNITY MOBILIZATION

Community Mobilization is the cornerstone and absolutely essential for universalization of Comprehensive Primary Health Care (CPHC) at all levels. Community Action for Health has shown concrete improvement in health indicators in some states with intensive processes under the NHM.

Challenges:

- Limited capacity and lack of a clear strategy for community mobilization at district levels
- Preventive and promotive services involving community are yet to gain momentum the SHC AB-HWCs are still perceived as centres for maternal and child healthcare services
- Limited ownership and poor health seeking behaviour of the community
- NCD screening limited to Hypertension and Diabetes and screening for common cancers is yet to start due to limited capacities and infrastructure
- Limited supply of hardware and software at the field level is affecting the digitization of population enumeration and NCD screening data into the designated applications/ portals
- Lack of follow up at the community level.

Recommendations:

- Active engagement of community in ensuring accountability of healthcare providers and quality of care at AB-HWCs through existing community platforms like VHSNCs, panchayats, MAS, Rogi Kalyan Samitis etc
- Leverage technology for generating community awareness on the additional services at AB-HWCs.
- Planning for training load and training calendars for capacity building activities for service providers and frontline staff on population enumeration and population-based screening.
- Assured availability of hardware, software and capacity building support for digitization of population enumeration and NCD screening data.

11.7 INFORMATION TECHNOLOGY:

Use of Information Technology (IT) to its full potential can bring radical changes in the delivery of healthcare in both urban and rural areas.

Essential components of IT System:

- Functional laptop/desktop at PHC/UPHC level AB-HWCs
- Functional tablet with CHO and MPW at SHC AB-HWCs
- Functional smartphone for ASHAs
- Internet connectivity
- Use of NCD application and MO portal
- Daily entry of service statistics in AB-HWC portal
- Teleconsultation services

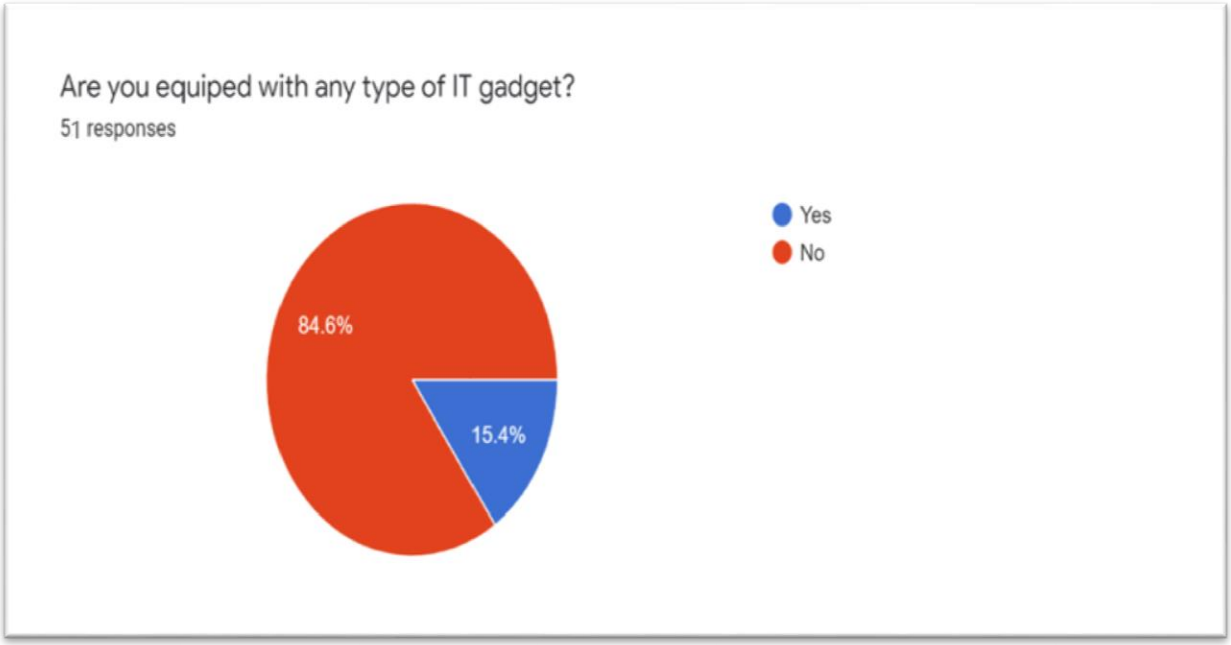

Fig:11.7.A shows that 84.6% CHOs were not equipped with IT gadgets

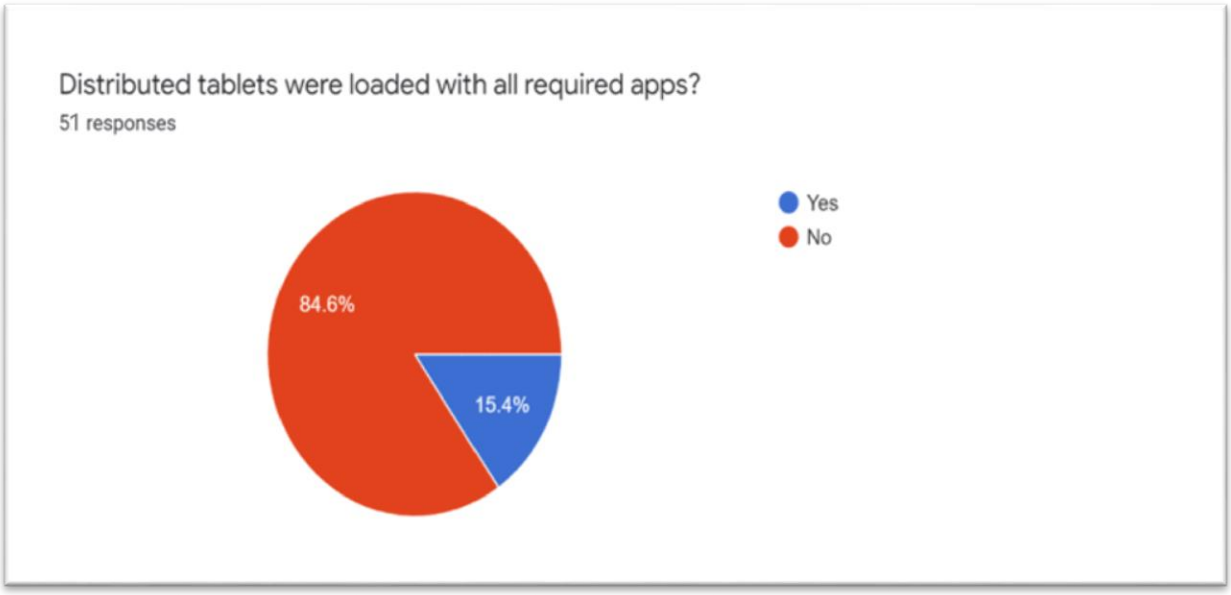

Fig:11.7.B Shows that 84.6% tablets were not loaded with required apps

Challenges:

- Issues such as poor availability of internet, user ID and password related issues, non-availability of tablets and lack of training or orientation of the service providers.
- Non-availability/partial availability of IT system
- Distribution of tablets without loading required apps leading to delay in initiation of IT application-based services.

Recommendations:

- Procurement and timely distribution of all necessary IT equipment to AB-HWCs.
- Institutionalizing review mechanisms for IT systems during the state and district level review meeting. The performance indicators derived from the IT applications need to be used in these meetings which can in-turn improve the quality of information entered by service providers.
- Incentives to speed up digitalization of all data and records.
- Development and dissemination of standard protocols for maintenance of IT equipment.

12.Conclusion:

Health and wellness centres, the first pillar of Ayushmann Bharat and it is planned to achieve transformation of 1.5 lakh primary health facilities as Ayushman Bharat - Health and Wellness Centres by 2022 in a phased manner. So, this study assess the operationalised HWCs to identify the gaps in operationalized HWCs along with challenges that led to it, Therefore, Secondary data was taken from the Ayushmann Bharat HWC portal for previous 3 months which were January, February, April 2020

Then, Qualitative Research is carried out by using a checklist by interviewing 51 CHOs, DCPM and then parameters on Functionality criteria's, the challenges which were present in HWC was explored. Results in the study depicts that Challenges were present and then suggestions were given so that in future operationalisation of HWC become manageable

13.Annexure:

Interviews with Community Health Officers Working at AB-HWCs to Understand the Challenges they face in the HWC

Through this in-depth discussion, I would like to ask some questions regarding your experience working as a Community Health Officers, day to day challenges and your understanding on some topics like reporting mechanism, essential health services, Infrastructure, IT etc.

District Name: ----------

Challenges related to Infrastructure

- Is branding done in your SC?
  1) Yes 2) No
  3) Partial and not in progress 4) In progress

- Does your SC have an electric connection?
  1)Yes 2) No

- Does your SC have an water connection?
  1) Yes 2) No

- Does your SC have proper drainage system installed?
  1) Yes 2) No

- Is there any system for proper management of Bio medical waste?
  1) Yes 2) No

- Repairs of roofs and walls, plastering, painting and tiling of floors is done?
  1) Yes 2) No
  3) Partial and not in progress 4) In progress

Challenges related to Medicine and Diagnostics

- Drugs are available as per the Essential Drug lists (Antihypertensive, Anti diabetic, Anti tuberculosis, anti-malarial, Vaccines, emergency drugs)?
  1) Yes 2) No

- Documentation (storage, prescription and dispensation of medications) are properly maintained?
  1) Yes 2) No

- Diagnostics available at SC/HWC (all 14 tests)
  1) Yes 2) No

- If No, then why? Explain

Challenges related to HR

- Does your SC have an allotted ANM?
  1) Yes 2) No

- Does your SC have an allotted ASHA?
  1) Yes 2) No

- Are the ANM/s and ASHAs trained to work in HWC?
  1) Yes 2) No

- Performance linked payments for CHOs at HWCs-SCs have been initiated?
  1) Yes 2) No

Challenges related to service delivery

- Are you trained to check Hypertension, Diabetes?
  1) Yes 2) No

- Are you trained to check Oral Cancer, Breast Cancer?
  1) Yes 2) No

- What are the Diseases which are being screened at your SC?
  1) Hypertension 2) Diabetes
  3) Oral Cancer 4) all the services

Challenges related to IT

- Are you equipped with any type of IT gadget?
  1) Yes 2) No

- If yes, what?
  1) laptop 2) Desktop
  3) tablets 4) Mobile phones

- Is the IT equipment having involvement in the working?
  1) Minimal 2) sometimes
  3) half of work 4) Completely

- Distributed tablets were loaded with all required apps?
  1) Yes 2) No

Challenges related to Health and wellness activities

- Yoga instructor identified
  1) Yes 2) No

- Schedule for yoga activities prepared and displayed at the facilities
  1) Yes 2) No

- Yoga activities initiated.
  1) Yes 2) No

- If no, Reason for non-initiation of yoga activities?

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14. REFERENCES

- World Health Organization. Health Financing for Universal Health Coverage. Geneva: World Health Organization; c2019. Available from: https://www.who.int/health_financing/universal_coverage_definition/ end/.
- United Nations. Sustainable Development Goal – 3. New York: United Nations; c2019. Available from: https://www.un.org/ sustainable development/health
- Government of India. Press Information Bureau. Ayushman Bharat for New India – 2022. New Delhi: Government of India; c2019. Available from: http://pib.nic.in/newsite/PrintRelease.aspx?relid=176049.
- Government of India. Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana. New Delhi: Government of India; c2019. Available from: https://www.pmjay.gov.in/.
- National Health Systems Resource Centre. National Health Accounts Estimates for India (2015-2016). New Delhi: Ministry of Health and Family Welfare, Government of India2018.Availablefrom:http://nhsrcindia.org/updates/national-health-accounts-estimates-india-2015-16.
- Ravi S, Ahluwalia R, Bergkvist S. Health and Morbidity in India (2004-2014). Brookings India Research Paper No 092016; 2016. Available from: https://www.brookings.edu/wp-content/uploads/2016/12/201612_health-and-morbidity.pdf.
- Keshri VR, Gosh S. Health Insurance for Universal Health Coverage in India: A Critical Examination. Working Paper 02/2019. Patna, Bihar, India: The Centre for Health Policy; 2019. Available form: https://www.adriindia.org/centre/working_paper_details/health-insurance-for-universal-health-coverage-in-india-a-critical-examination.
- Choudhury M, Datta P. Private Hospitals in Health Insurance Network in India: A Reflection for Implementation of Ayushman Bharat. NIPFP Working Paper Series, No 254. National Institute for Public Finance and Policy; 2019. Available from: https://www.nipfp.org.in/media/ media library/2019/02/WP_254_2019.pdf.
- Shukla S, Kumar K. Ayushman Bharat: A Critical Perspective. Live Mint; 7 November 2018. Available from: https://www.livemint.com/Opinion/m8C6St66ulRHEgZ2ZBkcnN/Opinion – Ayushman-Bharat-a-critical-perspective.html. [Last accessed on 2019 Jul 21].
- Keshri VR. Government Stewardship for Health Care: A Scoping Review of Regulatory Frameworks for Health Care Providers. Working Paper 3/2018. Patna, Bihar, India: The Centre for Health Policy; 2018. Available from: https://www.adriindia.org/images/paper/1557397184GovernmentStewardshipForHealthCare.pdf.
- RamanSC.WhyAyushmanBharatwillnotWork? The New Indian Express; 6 October,2018.Availablefrom:http://www.newindianexpress.com/opinions/2018/oct/06/why-ayushman-bharat-will-not-work-1881816. html.
- Government of India. New Delhi: Ayushman Bharat Health and Wellness Canter; c2019. Available from: https://ab-hwc.nhp.gov.in/ home/about us.