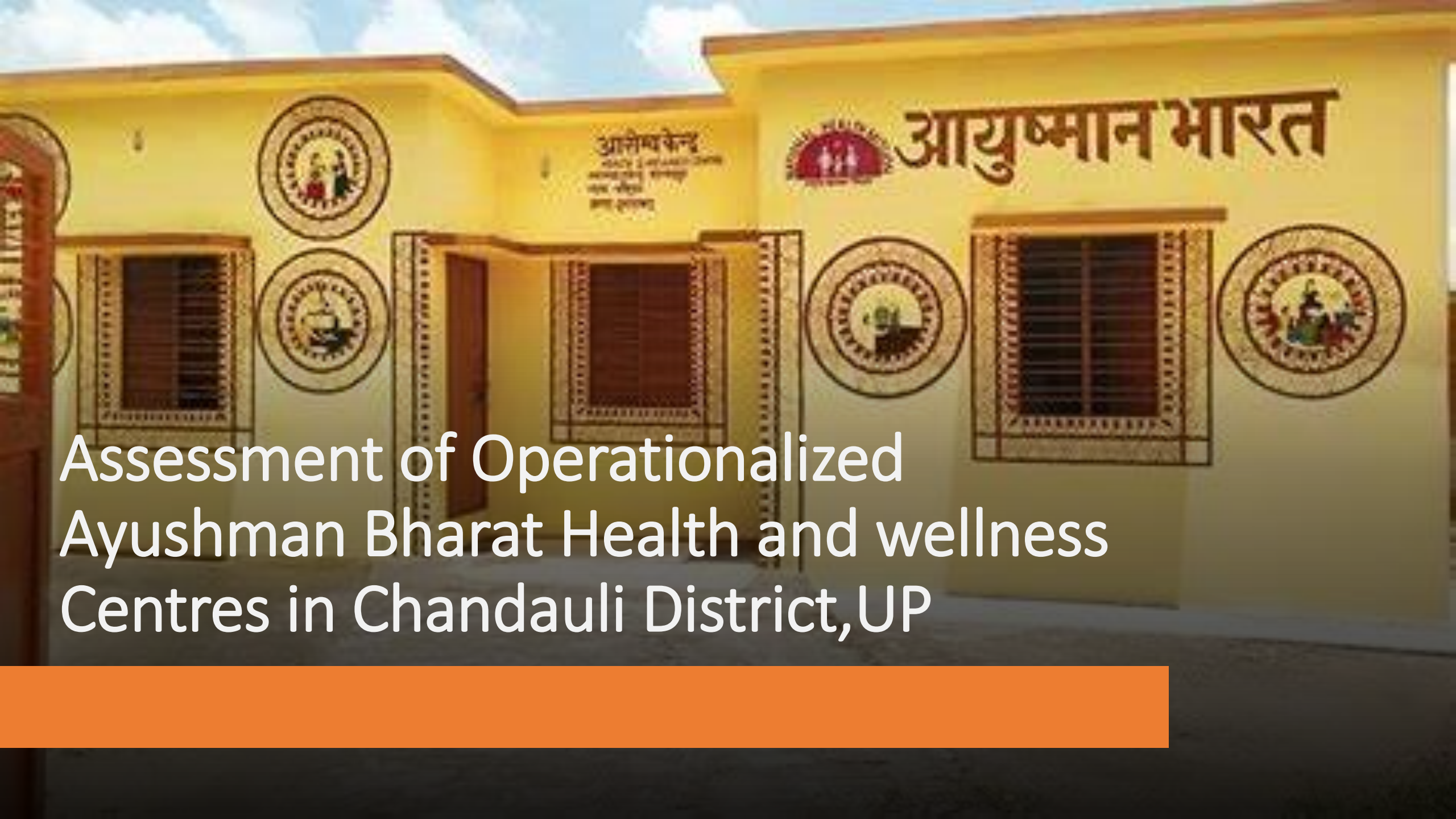


Assessment of Operationalized Ayushman Bharat Health and wellness Centres in Chandauli District,UP

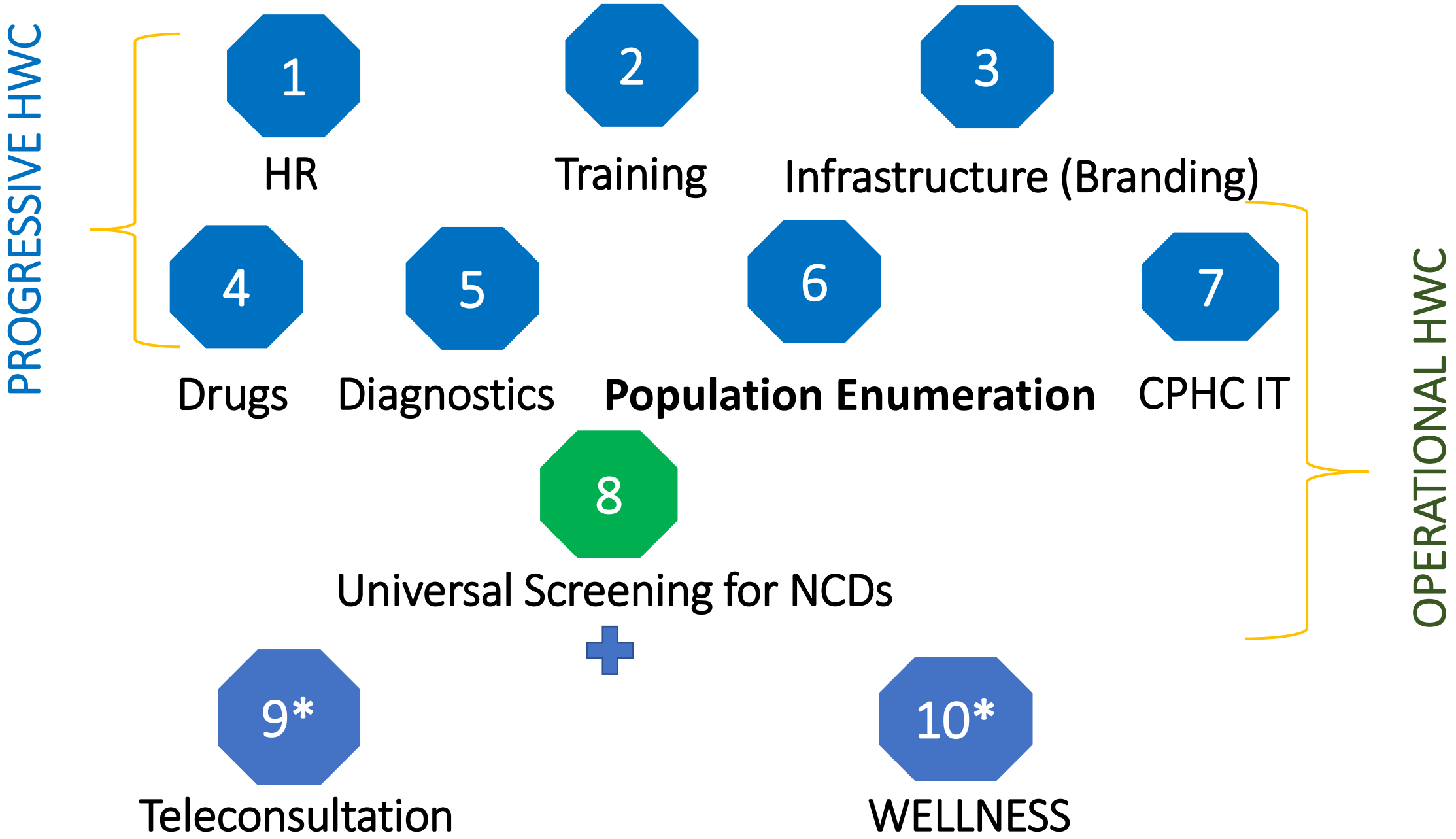
INTRODUCTION

- Universal Health Coverage (UHC) implies that all people and communities have access to promotive, preventive, curative, rehabilitative, and palliative quality healthcare services while ensuring that the use of these services does not expose the user to any financial hardship.
- Launched in 2018, the ‘Ayushman Bharat’ program, which translates into ‘Long Live India’ is a road map towards achieving UHC in India. The first component of this scheme is to roll out Comprehensive Primary Health Care (CPHC) through the 1.5 lakh Health and Wellness Centres by December 2022, by transforming the existing Sub Health Centres (SHCs) and Primary Health Centres (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.

About District

- 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

Functionality Status- Progressive and Operational



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.

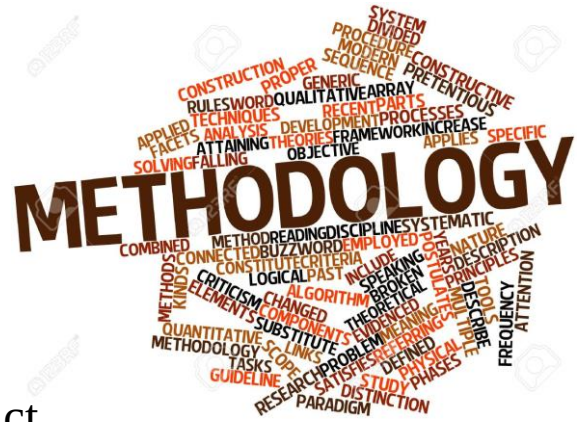
Research Questions:

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.

Methodology:



- **Study Area:**

The study area is Chandauli District, UP

- **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

- **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

- **Data:**

Secondary data was taken from the Ayushmann Bharat HWC portal for previous 3 months which were January, February, April 2020Then, 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.

- **Study Period:**

19th March 2020 – 19th June 2020

DATA ANALYSIS

Analysis of Present Health Facilities in Chandauli District

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%

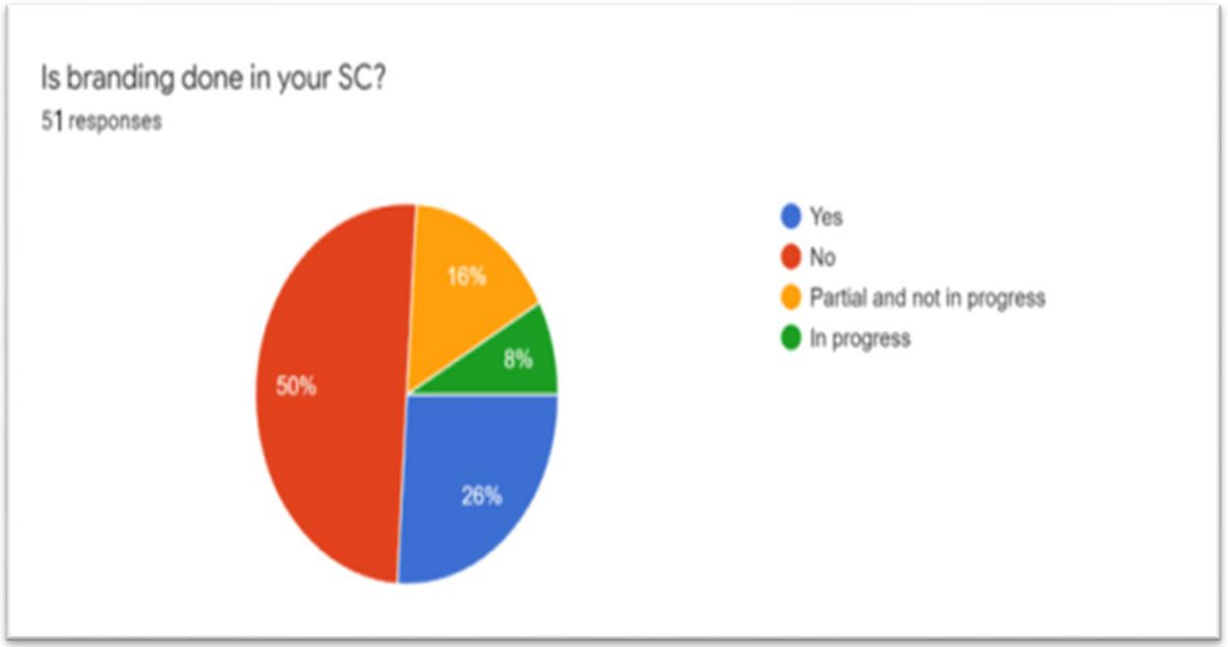
- The present number of health facilities in Chandauli District, shows block wise Number of Health Facilities present VS Operationalized HWC and from the data it seems that many Subcentres were not converted in Operationalized HWC and scope of work is maximum in Sahabganj, Naugarh and Dhanapur block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

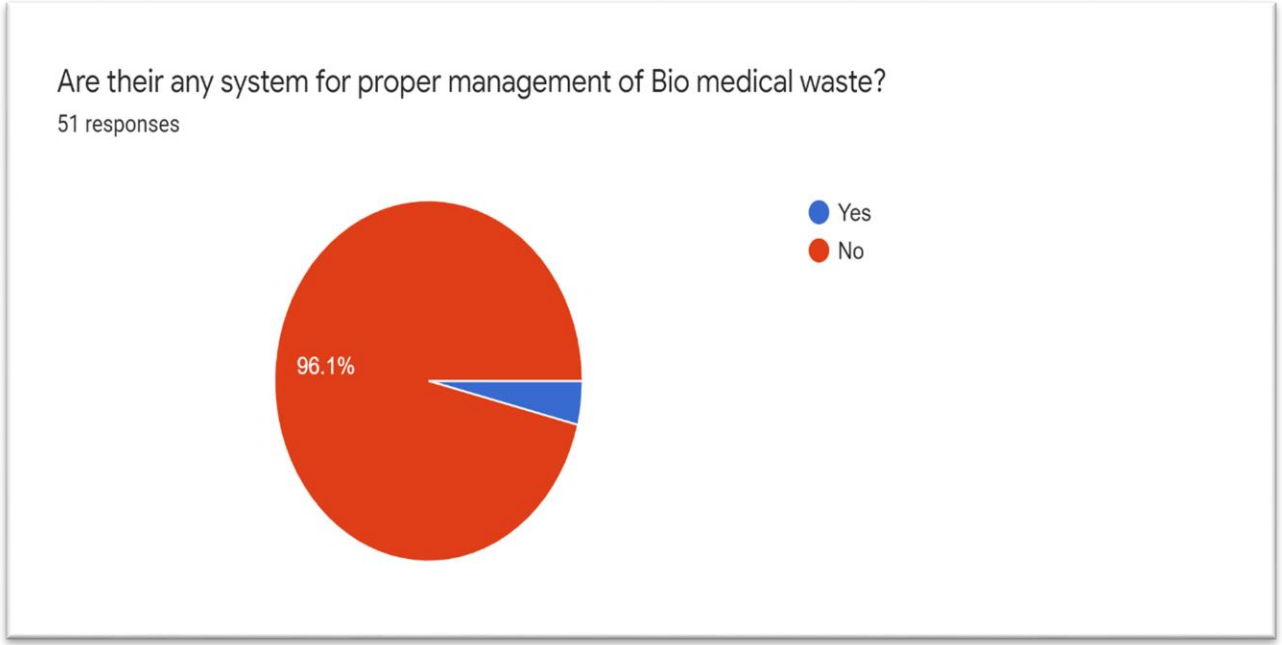
Challenges and recommendations for various criteria

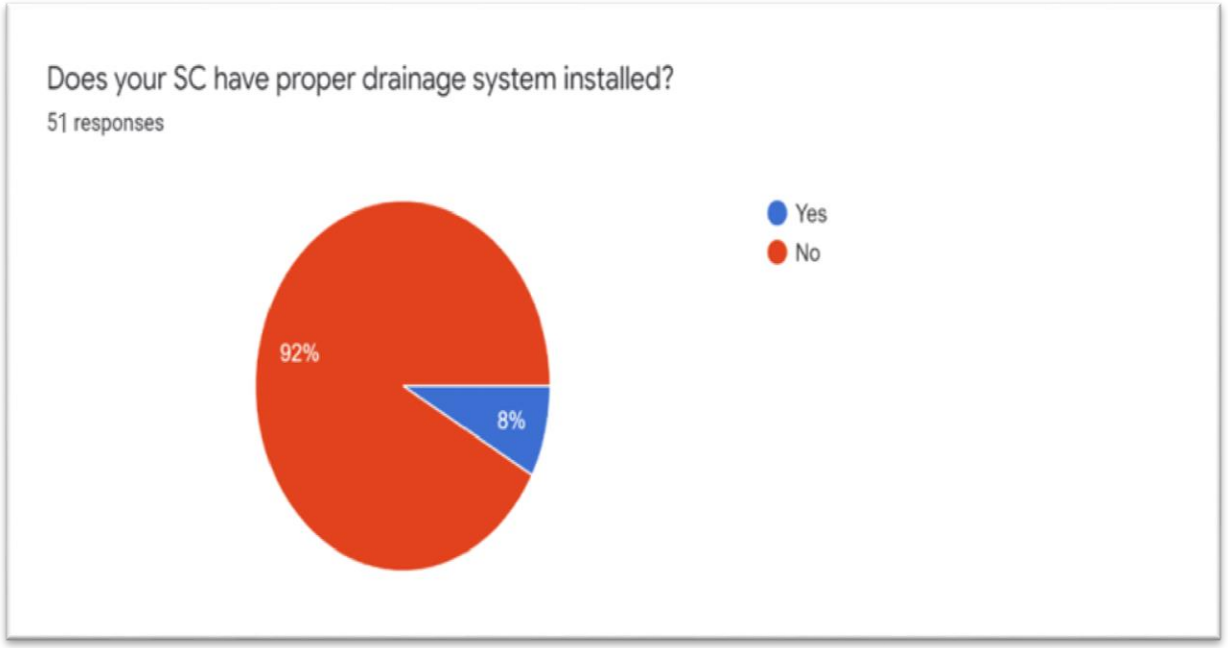
To identify the gaps in operationalized HWCs, challenges were identified by interviewing CHOs

Infrastructure:

Ensuring adequate infrastructure 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.





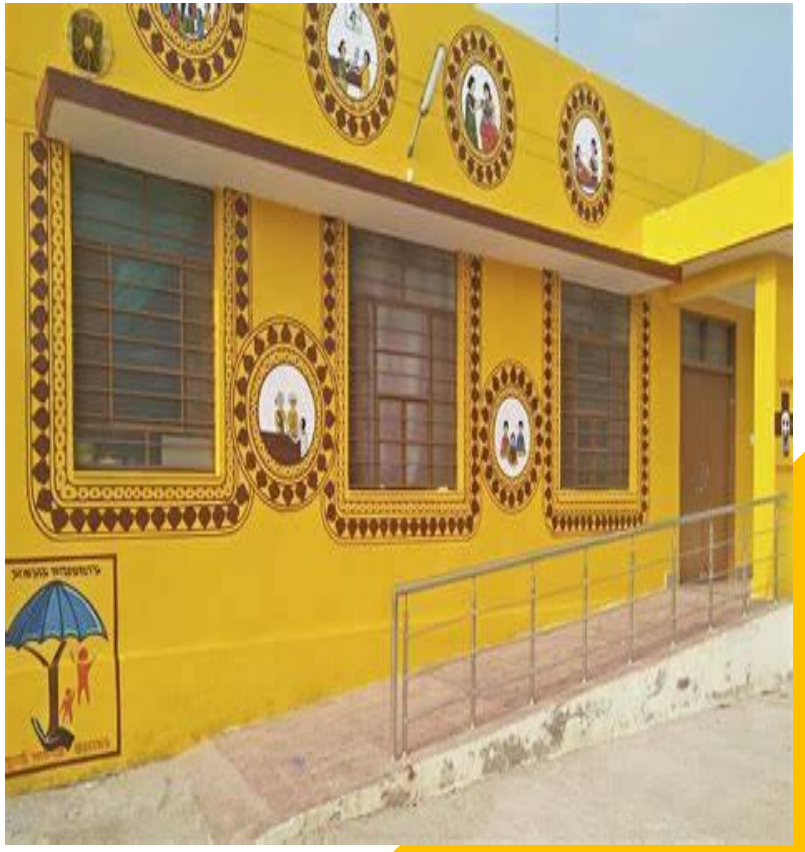


Question	Yes	No
Does your SC have an electric connection	46	5
Does your SC have an water connection	49	2

Responses from CHOs related to Infrastructural issues

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.

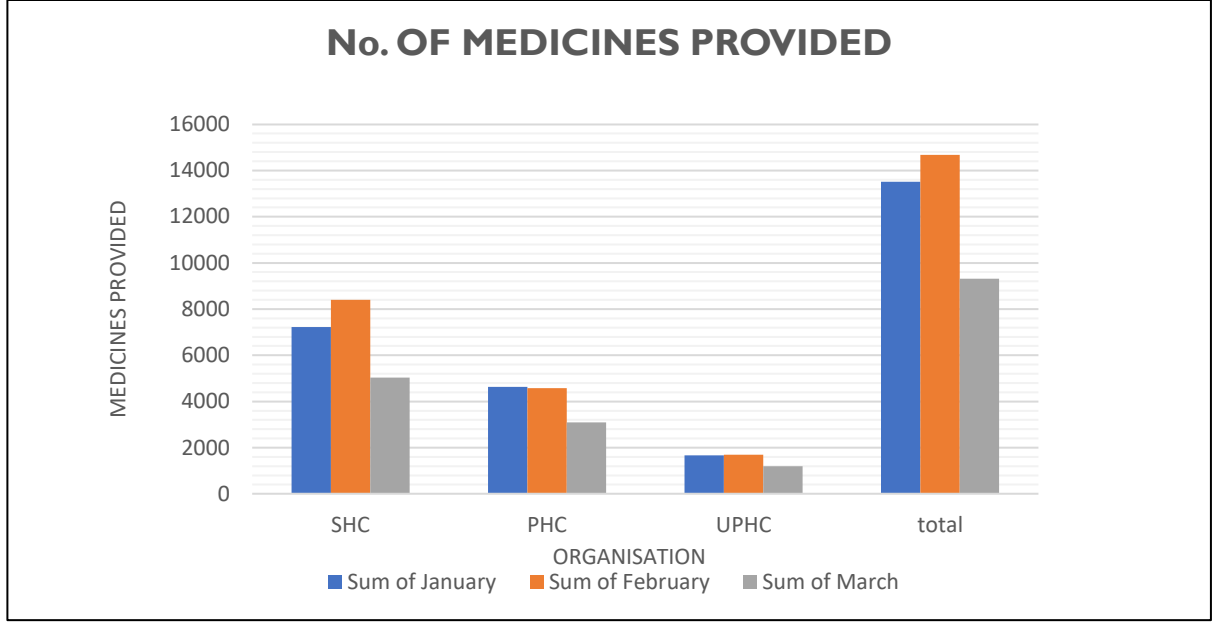


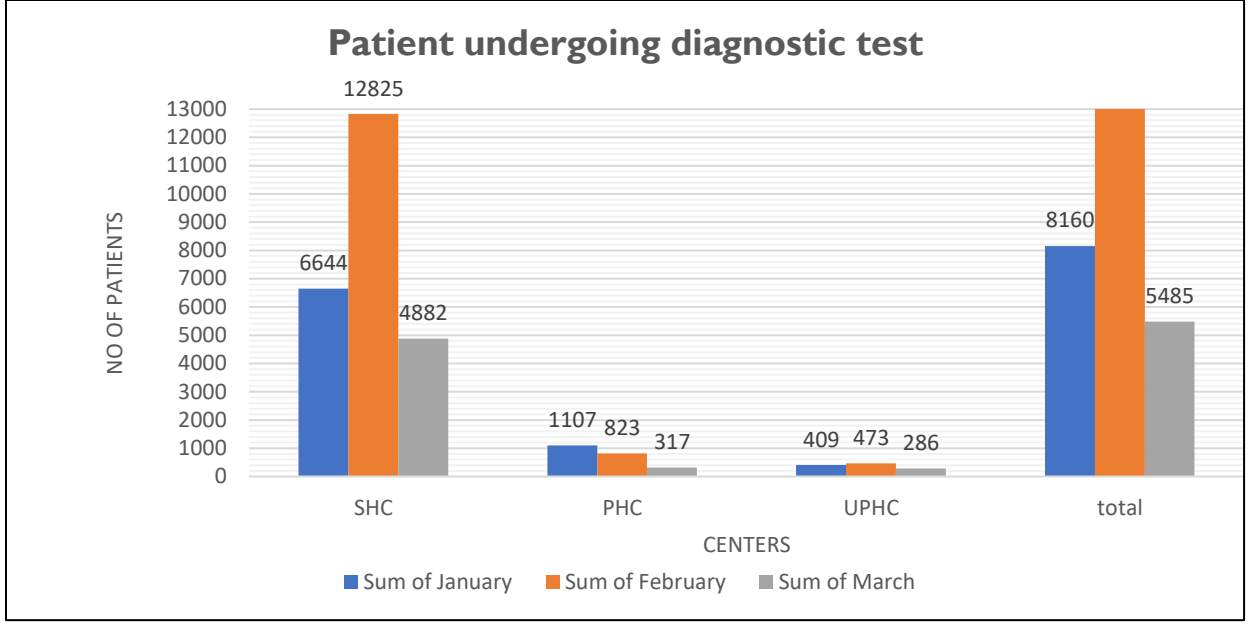
Recommendations:

- Proper planning while selecting the facilities to be upgraded to AB-HWCs through a detailed gap assessment on various 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.

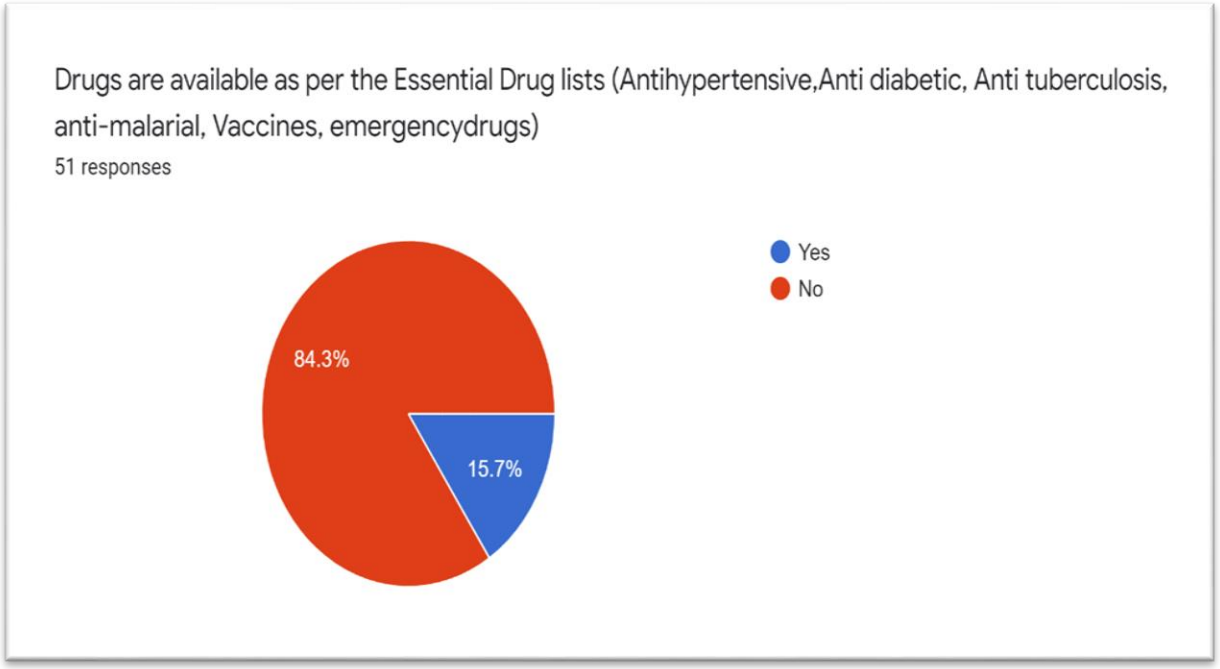
ESSENTIAL MEDICINES AND DIAGNOSTICS

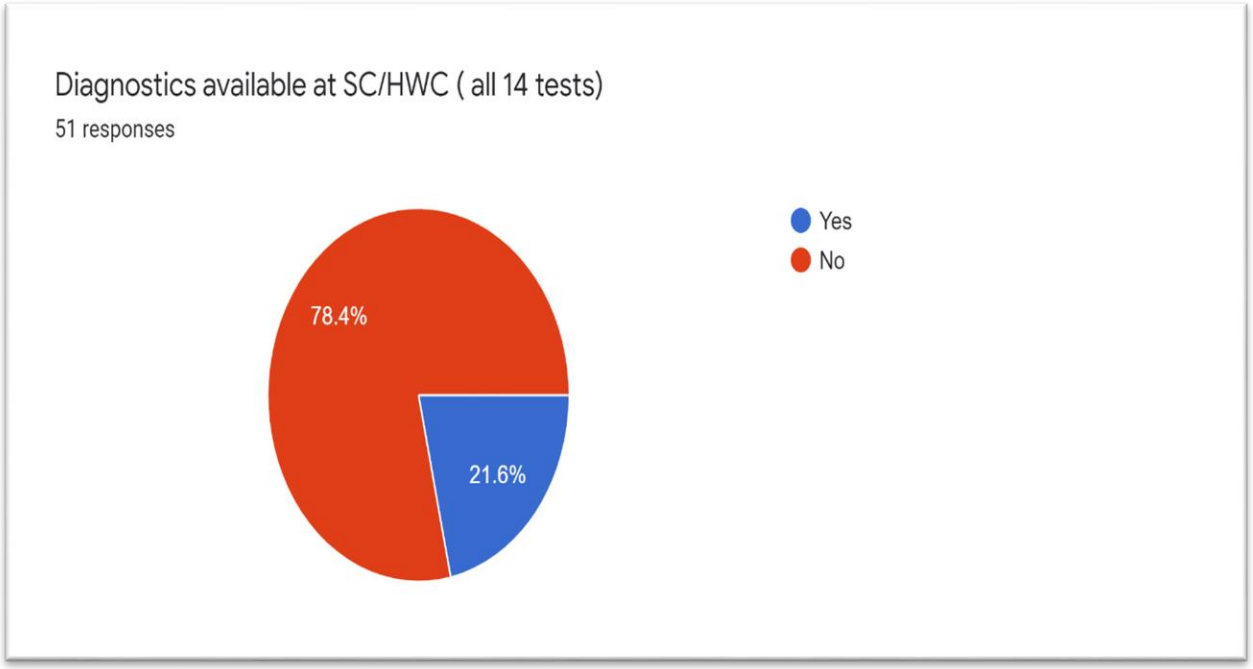
- Provision of CPHC services through AB-HWCs rests on the availability of essential medicines and diagnostics for a range of healthcare needs of the population





Data from Portal





Responses from CHOs related to Medicine and diagnostics issues

Challenges:

- 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
- 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

- 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.
- 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
- Training of CHOs on drug management and reporting duly having appropriate registers to be maintained at SHC AB-HWCs.
- 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

HUMAN RESOURCES

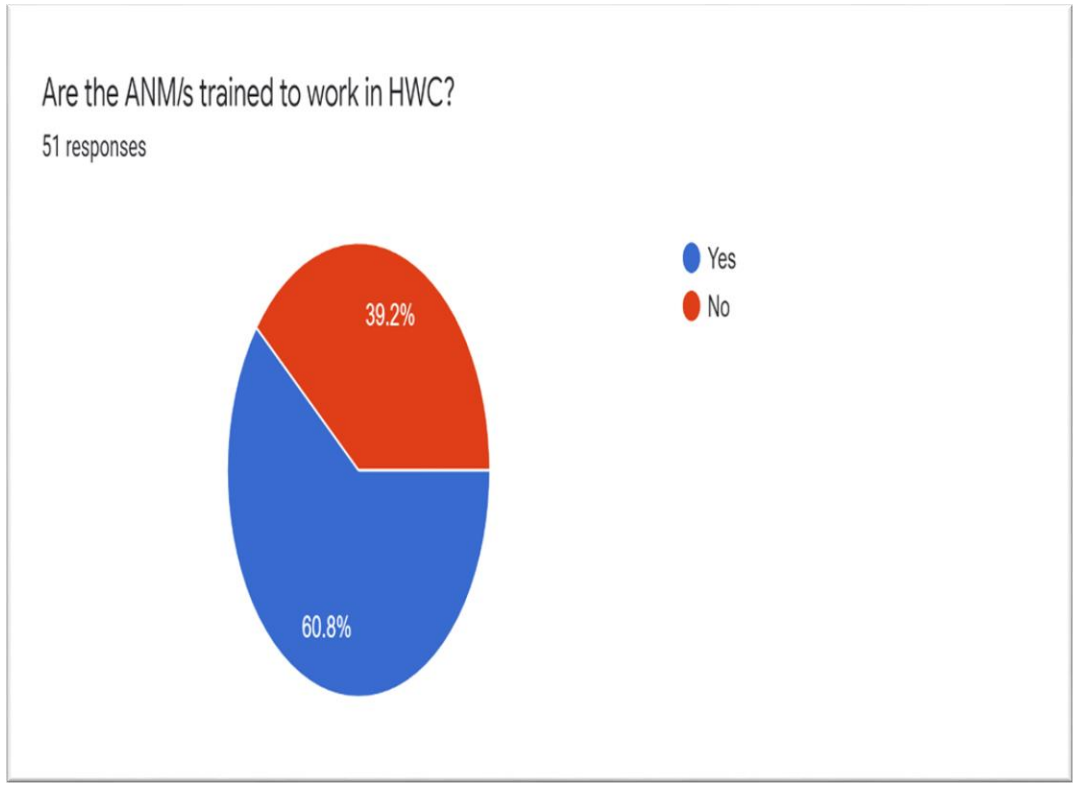
GoI decided to have a key addition to the primary healthcare team at the SHC AB-HWCs, in the form of Community Health Officers (CHOs) who are trained for six-months on a Certificate Program in Community Health.

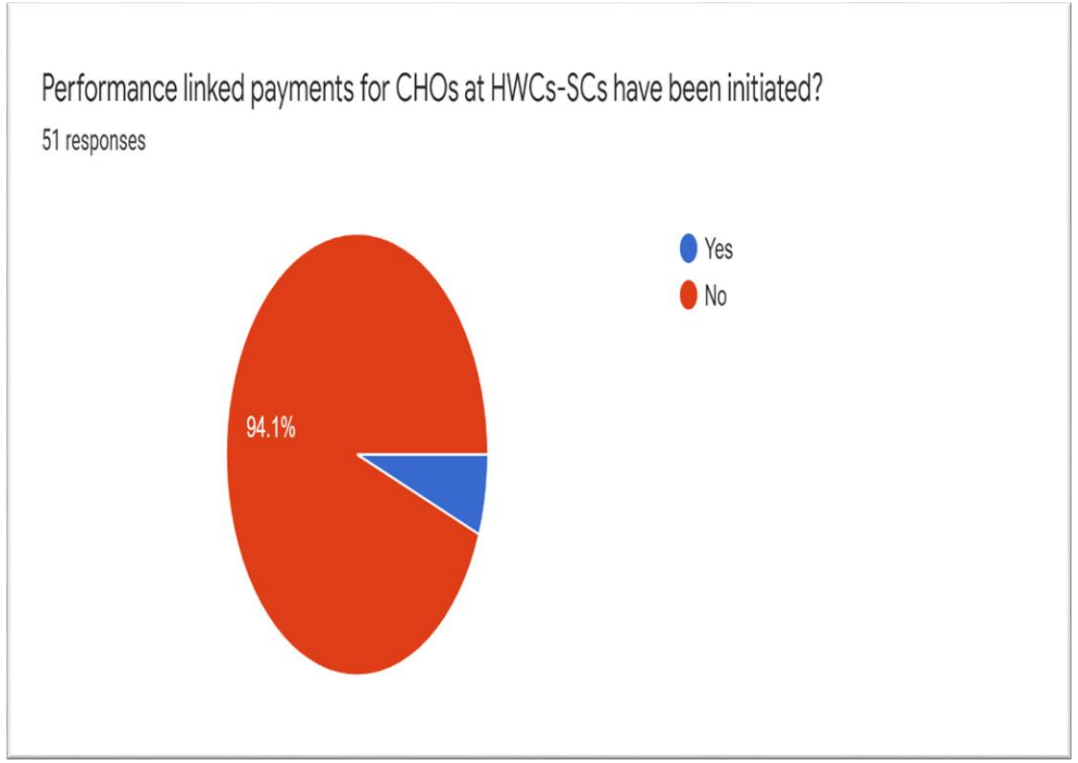
Challenges

- 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





Responses from CHOs related to HR

EXPANDED RANGE OF SERVICES

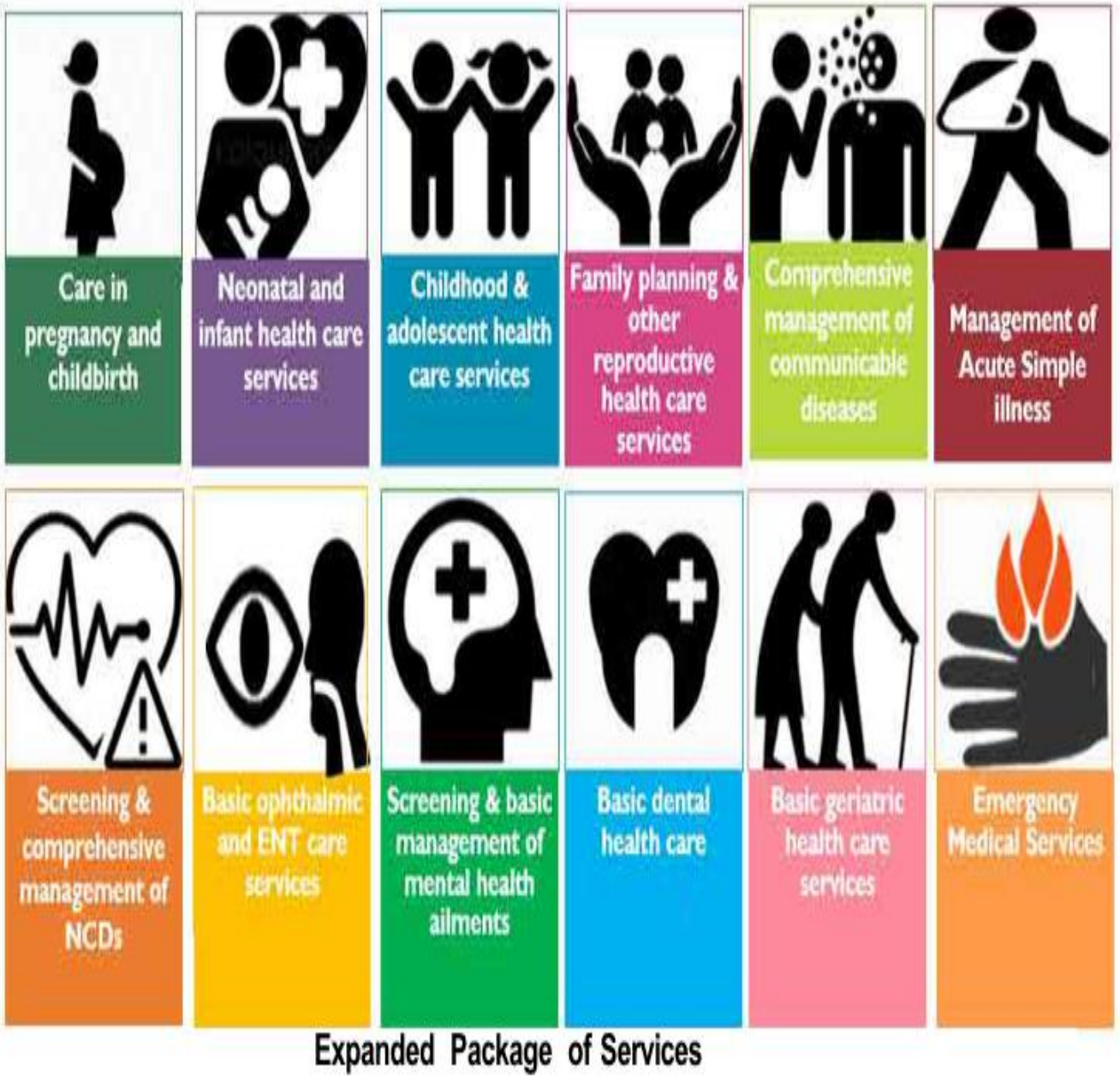
Challenges:

- 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.

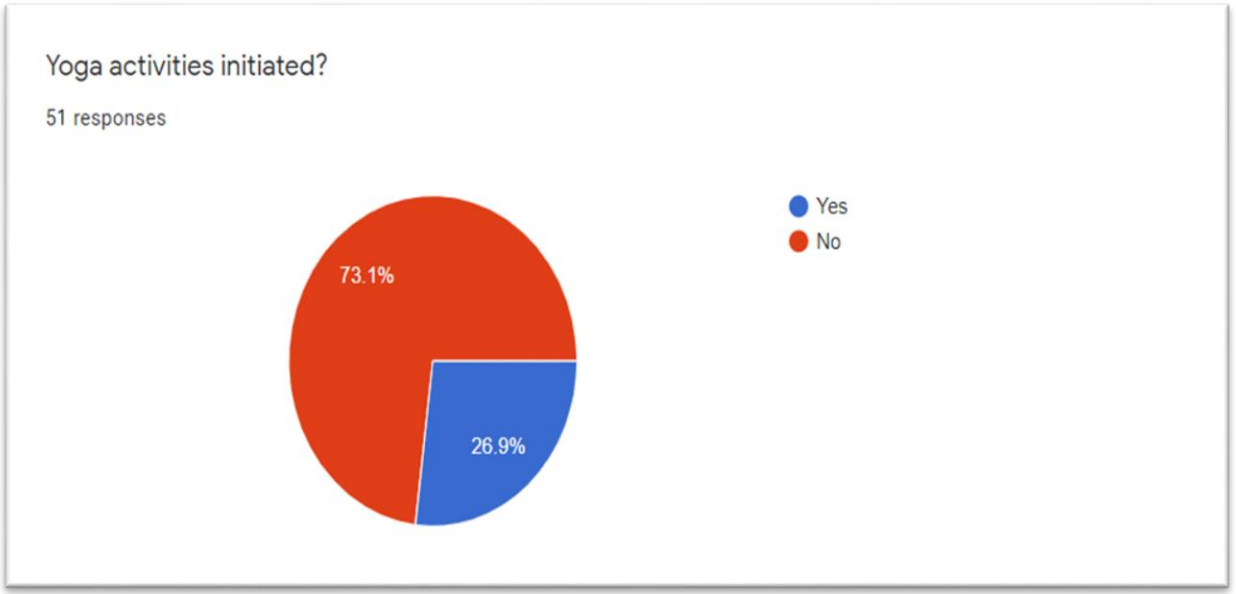
Recommendations:

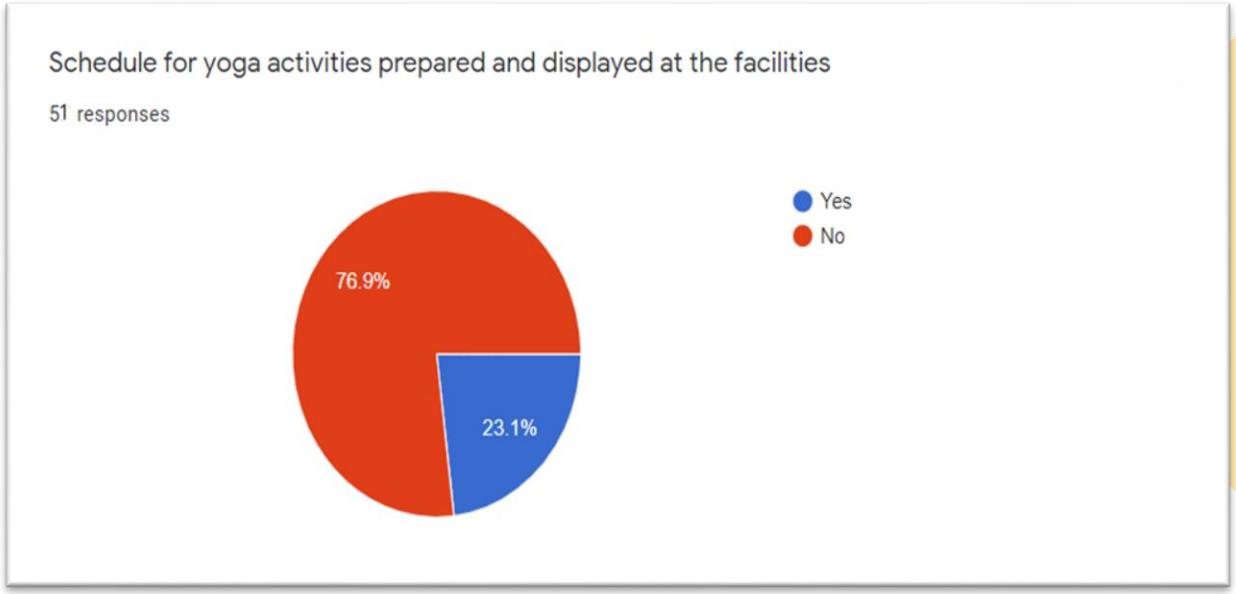
- delivery of RMNCH+A services, screening and management of common communicable diseases and common NCDs, at all their functional AB-HWCs. Additional services from the package of 12 recommended services can be introduced incrementally, based on the need and capacity of providers, after providing required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

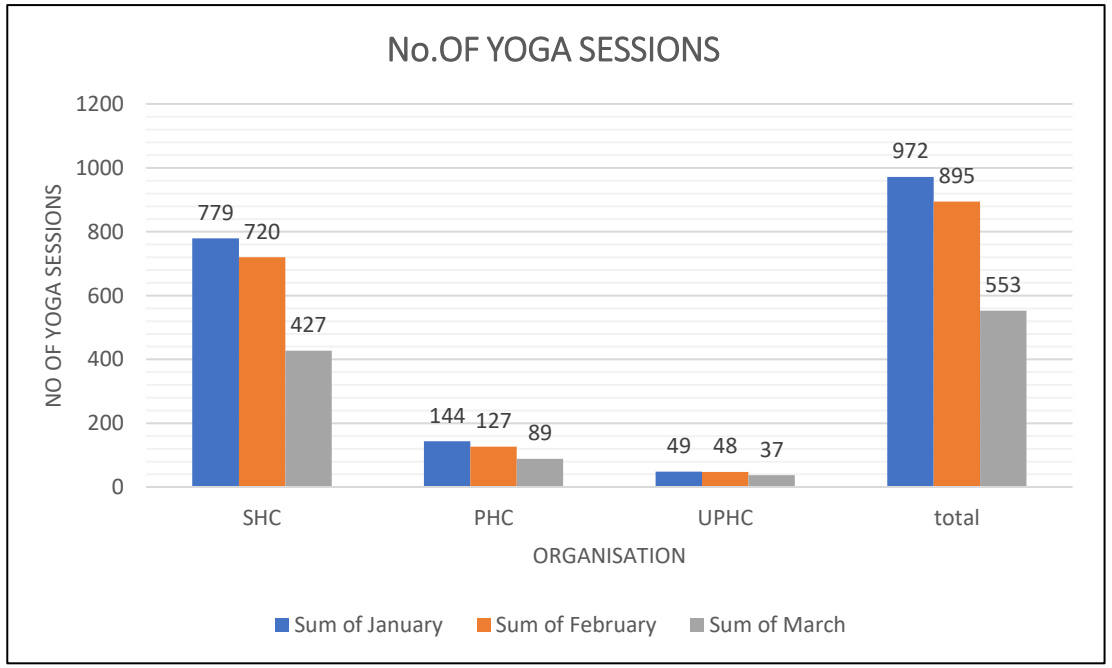
- Roll out of Telemedicine services at all PHC AB-HWCs for initiating specialist consultations



HEALTH PROMOTION AND WELLNESS







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-He l p 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 behavioral 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

COMMUNITY MOBILIZATION

Community Mobilization is the cornerstone and absolutely essential for universalization of Comprehensive Primary Health Care (CPHC) at all levels

Challenges:

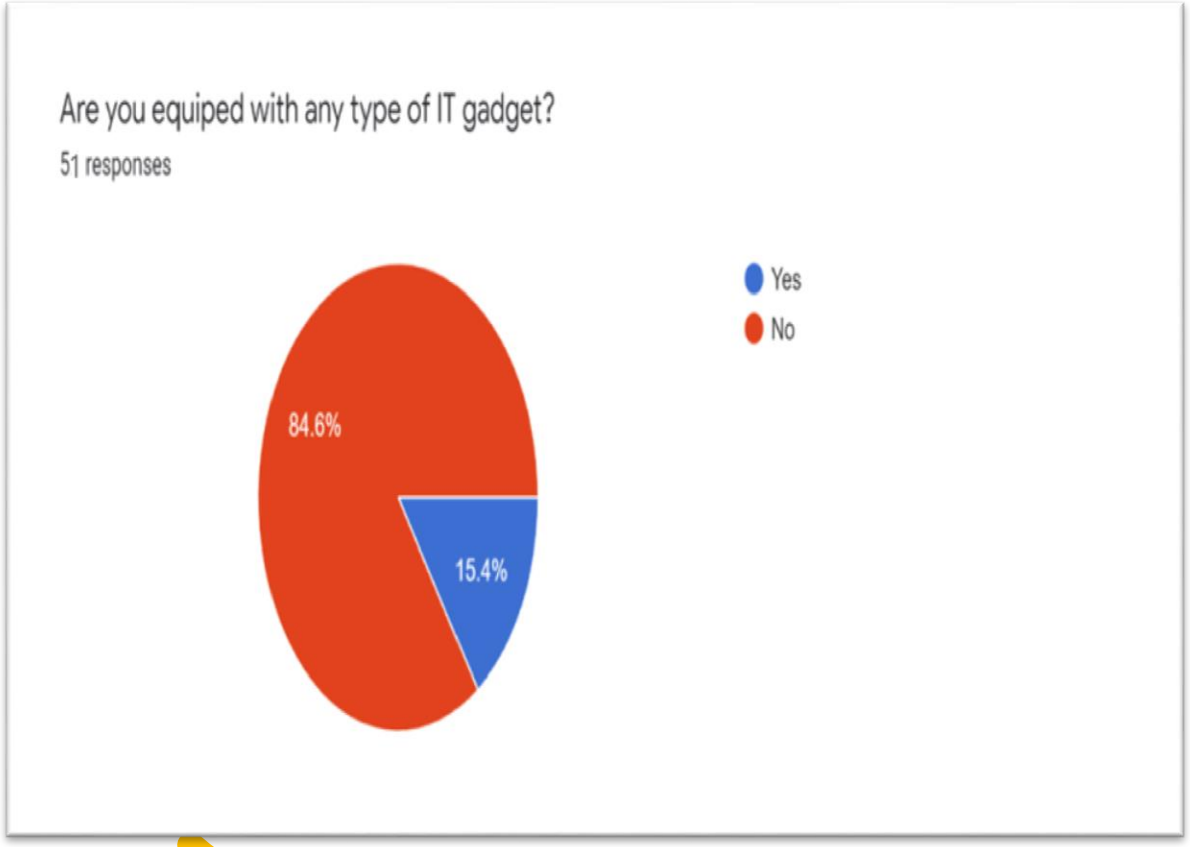
- Limited capacity and lack of a clear strategy for community mobilization at district levels
- Preventive and promotive services involving community are yet to gain momentum the SHC AB-HWCs are still perceived as centres for maternal and child healthcare services
- Limited ownership and poor health 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

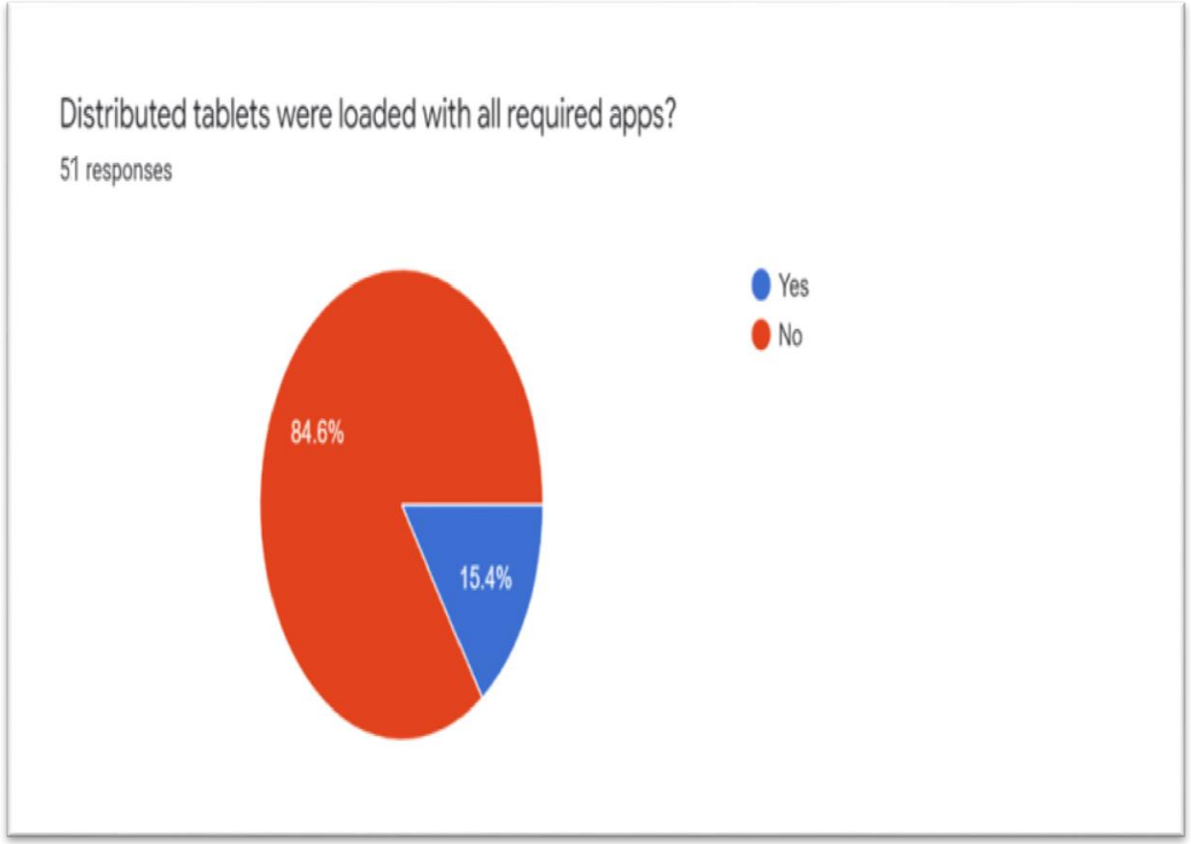
Recommendations:

- 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.

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.





. **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.

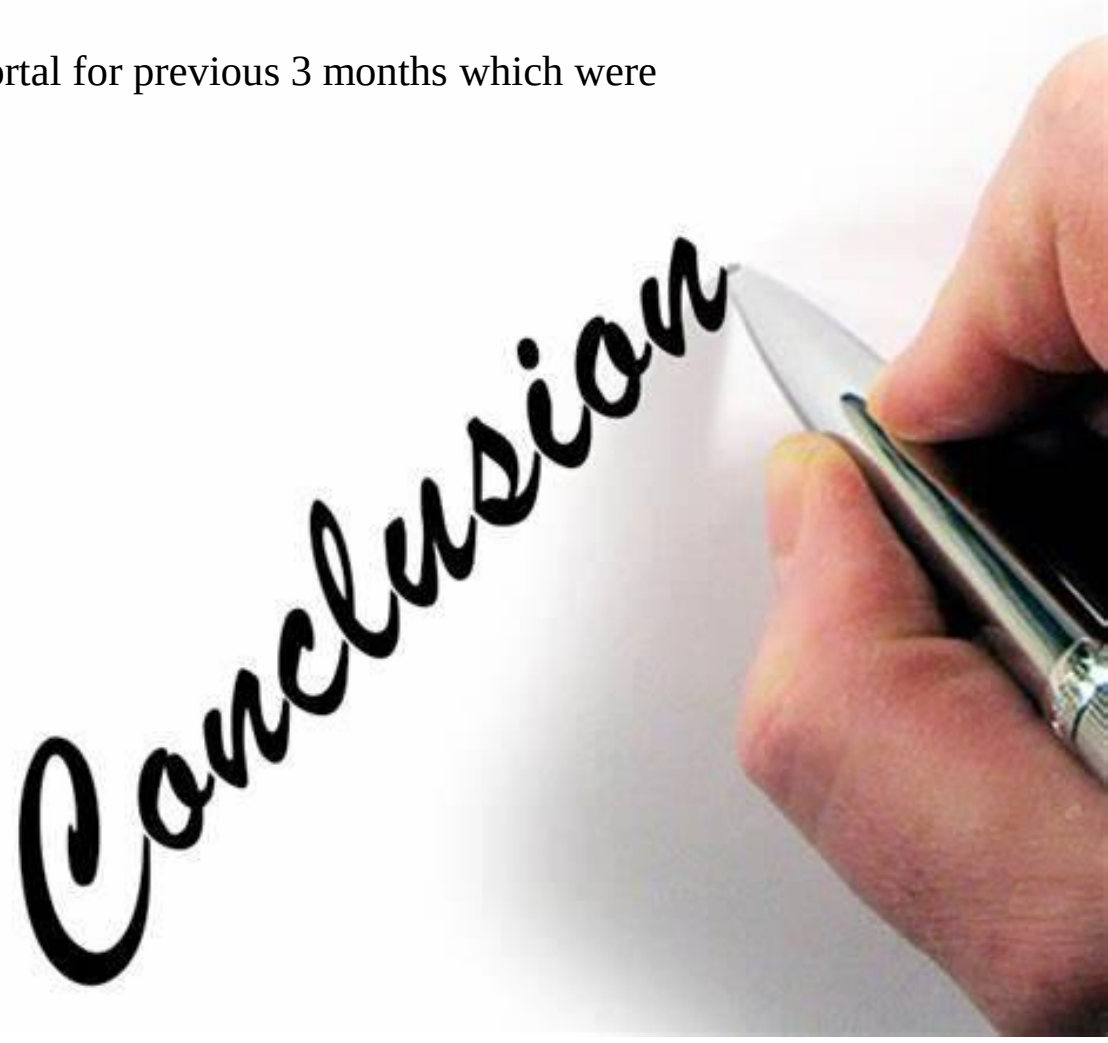
Conclusion:

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



THANKS