

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 2483
TO BE ANSWERED ON 10TH AUGUST, 2021**

STEPS TAKEN FOR THE BETTERMENT OF LOCAL PUBLIC HEALTH SYSTEM

2483: DR. V. SIVADASAN:

Will be Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether any specific steps have been taken for the betterment of local public health systems in the country, improvement of primary healthcare centres, higher availability of medicines and medical care arrangements; and
- (b) if so, the details of the steps taken for urban and rural areas separately?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) & (b) Public Health & Hospitals, being a State subject, the primary responsibility of providing better health services by improving primary healthcare, and ensuring availability of medicines and medical care arrangements, lies with the respective State Governments. However, to address the health care challenges, in urban/rural areas, National Health Mission (NHM) and its two sub missions namely National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) provide technical and financial support to supplement the efforts of the States/UT Governments in order to meet the objective of equitable, accessible and affordable health care services to all. Such support includes, free medicines/ drugs,

free diagnostics and patient transport, in order to lessen the burden of the out-of-pocket expenditure on health care.

Under **Ayushman Bharat-Health and Wellness Centres (AB-HWC)** initiative, launched by Government of India in the year 2018, 1.5 lakh Sub-Health Centres (SHCs) / Primary Health Centres, both in rural/urban areas, are being upgraded into HWCs for the betterment of local public health care. Accordingly, more than 77,406 HWCs have become functional (73,391 in rural areas & 4,015 in urban areas) and are delivering comprehensive primary health care closer to the homes of the people. Details of packages provided under AB-HWCs in rural/urban HWCs is at **Annexure**.

Also, the Fifteenth Finance Commission has recommended grants aggregating to Rs.70,051 Crores, over the period of five years (2021-2026) through local governments, for strengthening healthcare system at the primary health care level.

Packages provided under AB-HWC in rural/urban HWCs.

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.
8. Basic oral health care.
9. Screening and basic management of mental Health ailments.
10. Care for common ophthalmic and ENT problem.
11. Elderly and palliative health care services.
12. Emergency medical services including burns and trauma.

The upgradation of existing SHC and PHC into AB-HWC includes the following key components:

- **Expanded Service Delivery-** At the AB-HWCs, the package of Comprehensive Primary Health Care services is being expanded to go beyond Reproductive and Child Health to include care for non-communicable diseases, Palliative and Rehabilitative care, Oral, Eye and Ear, Nose and Throat (ENT) care, Elderly care, Mental health and first level care for Emergencies and Trauma as mentioned in the list above.
- **Continuum of care/Telehealth** –The AB-HWCs provide teleconsultation services, whereby every level of service provider from community health officer (CHO) to medical officer can access a higher level of consultation, including with specialists in secondary and tertiary centres, so that physical travel by patients can be minimized,

reducing costs and any potential hardship. Currently, 67% of the AB-HWCs have teleconsultation facilities.

- **Expanding HR-MLHP & multiskilling-** To improve the delivery mechanism, a new cadre of healthcare providers are introduced at the mid-level with educational backgrounds such as B.Sc in Community Health or a Nurse (GNM or B.SC) or an Ayurveda Practitioners with due certification in public health are added as Community Health Officer (CHO) or Mid-Level Health Care Provider. The CHO at SHC-HWC carry out public health functions, ambulatory care, and management and provide leadership at the Health and Wellness Centres.
- **Medicines & expanding diagnostics-** The AB-HWCs serve as the hub for diagnostic tests and dispensing medicines based on treatment plans initiated by the medical officer at the PHC. Number of essential medicines at PHC –AB-HWCs have been increased to 172 and number of essential diagnostic services to 63. While at the SHC-AB-HWCs, these have been increased to 105 essential medicines and 14 essential diagnostic services. This ensures the uninterrupted availability of medicines to ensure adherence and continuation of care, but also reduces any patient hardship by providing medicines closer to their homes.
- **Community mobilisation and health promotion-**
 - ✓ The AB-HWC team works closely with communities enables empowerment of individuals, families and communities with knowledge and skills to take responsibility for their own health. The AB-HWCs also focus on improving health literacy through interpersonal communication, and media including social media, for promotion of healthy lifestyles – diet, yoga, exercise, tobacco cessation, and self-care for those with chronic disease conditions. Institutional structures such as Jan Arogya Samitis (JAS), with representation from the local bodies and Panchayats, Self Help Groups and patients, have also been envisaged to enable community ownership and accountability of AB-HWC teams.
 - ✓ A Fit Health Worker Campaign was also launched at these centres to enable the screening and early detection of non-communicable diseases in the Frontline-Health Care Workers. Frontline Workers (FLWs) are not only involved in ensuring essential services at these centres but also played a crucial role in community-based surveillance and pandemic outbreak management related activities in the community.

- ✓ GOI initiated training of 'Eat Right' and 'Eat Safe' module to the primary healthcare team at these functional AB-HWCs.
- ✓ Thirty-nine health calendar days are celebrated by each AB-HWCs. These centres also conduct various wellness related activities like Yoga, Zumba, Meditation etc. which not only enable improved physical health but also mental wellbeing of the community. It is envisaged that these centres will not only be the point of delivery for healthcare services, but at the same time enable the community to take health in their own hands.
- **Community Ownership:** Jan Arogya Samiti (JAS), a facility based multi-stakeholder committee, led by the PRI member of the area, has been established at AB-HWCs to enhance ownership of the community on AB-HWCs. JAS is responsible for overall functioning of the AB-HWCs. The amount of untied funds to the SHC-HWC has also been increased from Rs.20,000 to Rs.50,000 per annum.
- **Infrastructure Augmentation** - All HWCs are provided with sufficient space for outpatient care, for dispensing medicines, diagnostic services, adequate spaces for display of communication material of health messages, including audio visual aids and appropriate community spaces for wellness activities, including the practice of Yoga and physical exercises.
- **Financing /provider payment reforms-** All HWCs have system for population empanelment and record of services, team-based incentives are provided. This facilitates accountability to outputs/outcomes and provide individual centred care.
- Government of India has launched Health and Wellness Ambassadors initiative under AB-HWCs to promote a healthy lifestyle among students. It includes school health activities; teachers are trained to serve as Health and Wellness Ambassadors and students as messengers. It is a joint initiative of the Ministry of Health and Family Welfare and the Department of School Education & Literacy, Ministry of Education enables creating healthy habits leading to early action and encouragement to adopt healthy behaviours at young age and prevent chronic diseases later in life.
- **IT enabled Reporting and Data management-** An online portal- AB-HWC portal was developed in 2018 to capture progress on AB-HWC operationalization and is being used in all the States. An App version of the AB-HWC portal has also been developed to enable geo-tagging of the AB-HWCs and entering the daily service delivery parameters by the frontline healthcare workers. The AB-HWC team are equipped with IT equipment- Tablets at SHCs and Laptop/ Desktop at PHC/UPHC level to create electronic health record of the population covered by AB-HWCs.