

# **Assessment Study of Functioning of Health and Wellness Centres in District Jammu, UT of J&K**

By

Dr. Neha Lakshman

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**At**

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**Assessment study of functioning of Health and Wellness Centres in district  
Jammu, UT of J&K**

**BY**

**DR. NEHA LAKSHMAN**

**PG/19/051**

Under the guidance of

**Dr. Vinay Tripathi**

**PGDM (Hospital & Health Management)**

**2019-21**



**International Institute of Health Management Research  
New Delhi**

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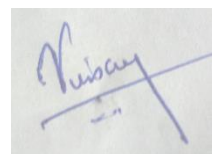
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IIHMR, New Delhi

Dr. Vinay Tripathi,  
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IIHMR, New Delhi



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**Comprehensive Primary Health Care**

and has successfully completed his/her Project on

**Assessment study of functioning of Health and Wellness Centres in district Jammu, UT of J&K**

**Date: March 2021-June 2021**

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He/she comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish him/her all the best for future endeavours.

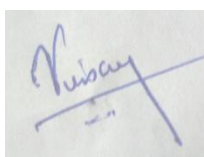


**Dr. Om Kumar Bhagat,**  
**Program Manager,**  
**National Health Mission, JK**

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Dr. Vinay Tripathi,  
Associate Professor,  
IIHMR Delhi



Dr. Om Kumar Bhagat,  
Program Manager,  
NHM, JK

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled **Assessment study of functioning of Health and Wellness Centres in District Jammu, Ut of J&K** and submitted by **Dr. Neha Lakshman**

Enrolment No **PGDHM/19/051**

under the supervision of **Dr. Vinay Tripathi**

for award of PGDM (Hospital & Health Management) of the Institute carried out during  
the period from **March 2021** to **June 2021**

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## ABSTRACT

### **Assessment study of functioning of Health and wellness centres in district Jammu, UT of J&K.**

**Background:** Various efforts to strengthen the primary healthcare services have been initiated in India. The National Health Policy of 2017 suggested establishment of Health and Wellness centres to provide comprehensive primary healthcare for attainment of universal health coverage. Launch of Ayushman Bharat in 2018, with an aim of establishment of 1,50,000 HWCs by December 2022 by upgradation of all Sub Centers, Primary Health Centres, and Urban Primary Health Centers as Health and Wellness Centres shifted focus from routine services to provide twelve extended range of services at all centers thereby reducing the Out-of-Pocket Expenditure, acting as gatekeeper and reducing the work load in tertiary care level. The aim of the study is to ensure that the Health and Wellness Centres in Jammu district of J&K follow the guidelines, that would further help in improving primary health care service coverage and health outcomes.

**Methods:** A total of 54 out of 158 Operational HWCs that includes all the three types of health facilities- Subcentres, Primary Health Centres and Urban Primary Health Centres among all those proposed HWCs were assessed for a period of three months (March to May 2021). Probability Sampling - Stratified Random Sampling was used to reach a Sample Size of 54. Secondary data was collected from govt records for Human resource and Primary data was collected from the health facilities by interviewing the available staff at the UPHC-HWCs through structured Checklist and Questionnaires. After collection, data compilation and analysis were carried out using MS Excel using tabulation and figures.

**Results:** At the UPHC-HWCs, the branding was done for facility buildings, Electricity and Functional Toilets were available but there was no provision for separate toilets for Males and females at any facility. There was lack of patient waiting area and number of rooms at one of the two facilities. As per the Guidelines for UPHCs only 51 percent of equipment were available at both facilities, 26 percent of the instruments - not available at any of the health centre and 23 percent available at either of the 2 centers. The Human Resource as per the IPHS guidelines was adequate for Medical Officers and Pharmacists and MPHW-F but not for Staff Nurse, Data Entry Operator, Lab Technician and Group D Workers. Additional staff including Health Assistant-Male, Health Assistant Female/LSV, Cold Chain & Vaccine Logistic Assistant and Sanitary worker cum watchman was not there at any of the facility. Dual shift OPD services, Basic Lab Diagnosis, Immunization, drugs and contraceptives services were provided at both centres. Anti-Rabies Vaccination was not available at any of the facility. At outreach sessions, Counselling for health promotion and prevention has been started. For screening of NCDs – Hypertension and Diabetes started but screening of common cancers-breast, cervical and oral cancers have not yet started. Training of the staff

was provided. There was lack of Labor facilities. At PHC-HWCS, Medical Officers and Health Worker Females were adequate for all centers but there was lack of Staff Nurses -just 27.77 % of essential criteria and Health worker males only 44.44%, for Safai Karmchhari data was not available on the HWC portal records and 153 ASHAs were there.

At SC-HWCs MLHPs and MPHWH-Female are adequate i.e., one at every centre but Health worker Males are in adequate.

**Conclusion:** The study highlights that majority of the UPHC Health and Wellness centres in district Jammu are functioning as per the laid guidelines with satisfactory service delivery, equipment barring some Human resource and infrastructure criteria. For, PHC and SC HWCs also, human resource remains a major deficiency for the service delivery at these Facilities. Hence, there is a need to recruit and train more staff and upgrade the facility buildings where even the essential criteria are unmet.



## **ACKNOWLEDGEMENT**

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Dr. Neha Lakshman

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## **LIST OF ABBREVIATIONS**

AB: Ayushman Bharat  
ANC: Anti- Natal Care  
APM: Assistant Program Manager  
CHO: Community Health Officer  
CMO: Chief Medical Officer  
CPHC: Comprehensive Primary Health Care  
DHS: District Health Society  
GOI: Government of India  
HWC: Health and Wellness Centre  
JK: Jammu and Kashmir  
MD: Mission Director  
MO: Medical Officer  
MPHW: Multi-Purpose Health Worker  
MTP: Medical termination of Pregnancy  
NCD: Non-Communicable Diseases  
NHM: National Health Mission  
NUHM: National Urban Health Mission  
NRHM: National Rural Health Mission  
OPD: Out Patient Department  
PHC: Primary Health Centre  
PM: Program Manager  
SC: Sub Centre  
SHS: State Health Society  
UHC: Universal Health Care  
UPHC: Urban Primary Health Centre

## **ORGANIZATION PROFILE**

The National Health Mission or NHM is a flagship program in the health sector of India, launched by government of India on the 1<sup>st</sup> of May, 2013. There are two-sub missions to it, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). Earlier, the NRHM was the only comprehensive program which was there since 12<sup>th</sup> of April 2005. But later, NUHM was launched and added as a sub-mission to NHM with NRHM being the other sub-mission.

The funds provided to NHM are to be utilized through societies-SHS and DHS

Funding is done mainly for:

1. Infrastructure
2. Human Resource
3. Upgradation of facilities by providing equipment

For all states there is a division of budget in the ratio of 60-40 percent by the Centre and the state. But for JK and some of the northeast states/ UTs 90 percent of the budget is provided by the by GOI and just 10 percent is the state share. At the state level, the head of the entire State Health Society (SHS) is the *Mission Director* (MD), currently Chaudhary Mohammad Yasin (IAS), who has the responsibility of the planning, implementation and monitoring of all the activities along with the administrative affairs.

**The State Health Society** comprises of various sections which operate for the functioning of various programs running by the organization. These are:

1. **Planning Section:** Headed by the Assistant Director(P&S), has other officers like Statistical Officers and Junior Assistants
2. **Finance Section:** It has an Assistant Accounts Officer and accountant who allocate and release funds as per the approval of the Indian Govt. There are State Finance Manager, State Accounts Manager, Ledger Keepers and Law Officers for both divisions i.e., Jammu and Kashmir.
3. **Establishment Section**
4. **Personal Section** of the Mission Director consisting of Senior E-record Assistant and a computer assistant who maintain and look after the records of this section.

Also, there are Program Management Units for different ongoing programs. At the state level there is SPMU and at the district level, there is DPMU. These Units have Program Managers, Associate Program Managers, Assistant Program Managers, Program Officers. Junior Assistants and Data Entry operators.

## **PROGRAMS AND SERVICES**

There are various programs and schemes that have been initiated under NHM. The main area of focus is on the services in the three major areas - Reproductive Maternal Neonatal Child and Adolescent Health, Communicable and Non-Communicable diseases through the following:

### *MATERNAL AND CHILD HEALTH*

Janani Suraksha Yojana (JSY)

Janani Shishu Suraksha Karyakram (JSSK)

### **ADOLESCENT & REPRODUCTIVE HEALTH**

Adolescent Reproductive and Sexual Health (ARSH)

Rashtriya Kishore Swasthya Karyakram (RKSK)

Weekly Iron Folic Acid Supplementation (WIFS)

Menstrual Hygiene Scheme (MHS)

### *NEWBORN AND CHILD HEALTH*

New born and Child Health are two main pillars of the RMNCH+A programs. The aim of these programs is to reduce the burden and current trend of Child mortality. Thus, to bring down these Health indicators- NMR IMR, and Under 5 child mortality rate.

The three major areas in the child health are – Neonatal Health, Nutrition and Management of common childhood illnesses and are managed by the following:

- FBNC - Through newborn stabilization units (NSUs), Special Newborn care units (SNCUs), and Newborn care corners (NCCs)
- JSSK
- IMNCI
- F-IMNCI (Facility based IMNCI): It covers Diarrheal diseases, Respiratory Infections, Measles, Japanese Encephalitis Immunization, and others.
- HBNC (Home based Newborn care)
- NSSK
- IYCF

- Nutritional rehabilitation centers (NRC)

## **COMMUNICABLE DISEASE CONTROL PROGRAMS**

These encompass the following-

- ❖ NVBDCP - National vector borne disease control program
- ❖ RNCTP - Revised national tuberculosis control program
- ❖ NLEP - National leprosy eradication program
- ❖ IDSP - Integrated disease surveillance program

## **NON - COMMUNICABLE DISEASE CONTROL PROGRAMS**

These encompass the following:

- ❖ NPCDCS – National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
- ❖ NTCP - National Tobacco Control Program
- ❖ NMHP - National Mental Health Program
- ❖ NOHP - National Oral Health Program
- ❖ NPHCE - National Program for Health of Elderly
- ❖ NPCB - National Program for Control of Blindness
- ❖ NPPC -National Program for Palliative Care

## **HUMAN RESOURCE POLICIES AND PRACTICES**

### **RECRUITMENT PROCESS**

The recruitment process of the human resource of any category of post at state and district level is carried out as per the laid guidelines of the mission. The process is as follows:

1. Advertisement of the post in the print media
2. Receipt of the applications
3. Scrutiny of the application forms
4. Conduct of written test (if the applications received are more than five times of the number of advertised posts)



5. Interviews for final selection
6. Finalizing the list of selected candidates (as per the basic merit + written test + Interview scores)
7. Issuing of selection list through print media.

## **TRAINING**

After the selection, Induction training of the selected candidates is conducted followed by their subsequent placement on the particular post.

## **OTHER TRAININGS**

For updating and upgrading the knowledge and skills of the workers of the organization and to create awareness among different stakeholders, trainings and workshops are conducted time to time on priority basis in different areas like Child Health, Maternal Health, Immunization, Intersectoral Convergence at levels i.e., District, divisional and state.

The NIHFWS serves as the apex body for training in the country and it strengthens SIHFWS.

The technical support is provided by the NHSRC or the National Health System Resource Centre.

## **COMMUNICATION CHANNELS & STRATEGIES**

The communication may be divided into three channels- Within the Organization, with other departments or sectors and with the public.

The communication within the organization and with other departments is almost the same i.e. –

Between two persons (face to face), Official Letters, Official Mails, Meetings, Trainings and Workshops.

With the public - the IEC or Information Education and Communication Approach is used to reinforce specific behavior changes by targeting specific audience and addressing specific problems. For example, use of Sanitary napkins during menstruation. Through Posters/ banners/ stickers/counselling/ wall paintings in the health centers, and newspapers/Radio/ TV broadcast, it is an important and effective source of awareness generation in the public and behavior modification in individuals and society.

## **MONITORING AND EVALUATION**

Monitoring and evaluation are as important as planning and implementing or even more. Keeping a track of the delivery of services and the trends of various health indicators help to assess the efficacy of all the programs and schemes which further help in policy formulation and achievements of the goals.

The data is collected, compiled and uploaded at block and district levels.

There are two major monitoring applications in National Health Mission. These are:

- 1) Health Management Information System
- 2) Mother and Child Tracking system

HMIS or Health Management Information System is a web-based Management Information System can be used in online and offline capturing. The information of all the ongoing programs is integrated in the HMIS. Its reports are available for public in the public domain.

It helps in better monitoring of data, thus better evaluation improved quality of data reporting and analysis with ease of accessibility to information.

MCTS or Mother and Child Tracking System is used to ensure timely delivery of services to mothers and children up to age five. The tracking done is name-based of the beneficiary, the healthcare provider, the details of the services and is web-based. It captures data at all three levels i.e., block, district & state levels and ensures full ante natal and postnatal services delivery at due time.

NHM, through various programs and services, in different age groups and sections of the society, is making all possible efforts to bring about change in improving the health of the individuals and population, especially in rural, poor and underserved population, thereby achieving the set goals in the National Health Policy.

## **INTERNSHIP REPORT**

**Introduction:** Internship after completion of second year is an important part of our PGDHM program where we are required to understand, observe and learn the working of the organization. Being an intern at the National Health Mission, JK gave me the opportunity to get to understand and experience of administration and managerial roles at a government organization.

### **Objectives of Internship**

- To understand the working of the organization
- To understand the departments (programs) of the organization
- To understand the staffing of the organization
- To understand the documentation procedures at the organization
- To understand the mannerism of existing employees
- To learn the culture of the organization
- To do the dissertation project with the organization

### **Tasks Performed**

- Assisting the Program Manager in routine work at the office (PM)
- Assisting the APM-CPHC in conducting counselling session for posting of the MLHP new batch at the NHM office.
- Compliance to documentation of MLHPs placement data.

**TITLE: Assessment study of functioning of Health and wellness centres in district Jammu, UT of J&K**

**INTRODUCTION:**

Primary Health Care is the core of the three tier Healthcare delivery system In India. The Out-of-pocket expenditure out of percentage of current health expenditure in India was recorded to be 62.67 as per world bank data. Various efforts to strengthen the primary healthcare services have been there since the development of Primary Health Centres (PHCs) in 1952. One major initiative, in the year 2005, was the launch of National Rural Health Mission (NRMH), later renamed as National Health Mission (NHM), with addition of another component-National Urban Health mission (NUHM) to it in 2013. The National Health Policy of 2017 suggested the establishment of Health and Wellness Centres (HWCs) as a platform for providing Comprehensive Primary Health Care, which would aid in the attainment of universal health coverage. In the year 2018, the Government of India then launched Ayushman Bharat program with HWCs being its one component and Pradhan Mantri-Jan Arogya Yojana being another which covers 40% of the poorest and most vulnerable population of the country for secondary and tertiary care. The HWCs component targets to upgrade all Sub Centers, Primary Health Centres, and Urban Primary Health Centers as Health and Wellness Centres and establish a total of 1,50,000 HWCs by December 2022 that would offer a twelve-service extended range at all of the centres, lowering out-of-pocket expenses, functioning as a gatekeeper, and reducing work load in tertiary care.

**Rationale:** No formal assessment of the Health and Wellness Centres has been carried out till date in the UT of Jammu and Kashmir

**Aim of the study:** The main aim of the study is to ensure that the Health and Wellness Centres in Jammu district of J&K follow the guidelines, that would further help in improving primary health care service coverage and health outcomes

**Objectives**

**General Objective:**

The main objective is to assess the functioning of Health and wellness centres in all blocks of district Jammu.

**Specific Objectives:**

1. To assess the status of infrastructure facilities, equipment and manpower of the Health and Wellness Centres as per the guidelines
2. To examine the range of services provided at the Health and Wellness Centres
3. To review the knowledge and practice of the service providers at HWCs.

## **REVIEW OF LITERATURE**

There has been improvement in the health indicators of India in the past few decades but the disease burden has increased with the increasing Non communicable diseases. Therefore, strengthening of the primary health care system is needed and focus needs to be on preventive and promotive health rather than curing diseases and tertiary care. The focus should be shifted from Diseases to Health.

The Goal of the National Health Policy 2017 of Universal Health Coverage suggested a platform of HWCs and Ayushman Bharat was launched in 2018 to provide accessible, and affordable healthcare in India. This program with both of its components- AB-PMJAY and AB-HWCs work on strengthening healthcare delivery at all levels and can lead to improved health outcomes if implemented as planned. It aims on equity and quality care to all but especially the most vulnerable in the society.

To upgrade all of the existing PHCs and SCs to HWCS is a very ambitious goal and requires additional infrastructure as well as Human Resource. Including of a new health cadre of MLHPs for HWCs has given a new hope and strength to the existing primary healthcare system. The country lacks medical professionals which are in a greater ratio in urban than rural areas of country but NHM has increased the vacancies in various categories. Public Health Cadre posts are need of the hour for every state.

The comprehensive Primary Care approach of Health and Wellness Centres would increase the facility utilization with availability of twelve extended range of services by the government at the HWCs that would cover the screening of the common Non- Communicable Diseases like Hypertension, diabetes and common cancers which and other services like mother and child, adolescent health, geriatric care will help achieve Health for all.

A study was conducted in one of the districts of western Gujrat which showed satisfactory performance of the HWCs in the district. More such studies need to be carried out to assess the functioning of these HWCs for finding out the gaps and challenges which are there.

## METHODOLOGY

This cross-sectional study was carried out to assess Infrastructure, service delivery, equipment and Human resource of Health and Wellness Centres in District Jammu of the Union Territory of Jammu and Kashmir for a period of three months.

Out of the total proposed Health and Wellness Centres in the district 158 were found to be operational by 31<sup>st</sup> of March 2021. The 158 operational HWCs facilities were then stratified into 3 strata- UPHC-HWCs, PHC-HWC and SC-HWCs which came out to be 3, 29 and 126 respectively. Using the Formula ' $n = \{[(z^2 * p * q) + ME^2] / z^2 * p * q / N\}$ ' with CI at 95% (1.96) and Margin of error 15% for each of the strata, a sample size of 3, 18 and 33 (a total of 54 HWCs) was calculated.

All the centres were named alphabetically in three lists respectively and the facilities were randomly selected using Random Number Generator in Microsoft Excel 2016. A Mixed Method approach was used for Data Collection where Secondary data was collected from Govt records of the AB-HWC portal for the available Human Resource at these HWCs and the Primary Data was collected from UPHC-HWCs using structured Questionnaires & Checklists for Infrastructure, Service delivery and equipment assessment, which were filled by the available healthcare staff at the facilities.

A small interview was also carried out to assess the knowledge and practice of the available healthcare workers. Data was collected, entered and analyzed in MS Excel, version 2016.

## RESULTS

### UPHC-HWCs

**Table 1: Assessment of status of Infrastructure facilities at the UPHC-HWC**

FACILITY	Facility 1	Facility 2
Building- Govt/Rented	Yes	Yes
If Govt, Branding done	Yes	Yes
No of Rooms (As per guidelines-min 4)	Yes	No
Electricity Availability	Yes	Yes
If yes, power back up?	Yes	Yes
Toilet Facility Availability	Yes	Yes
If yes, separate M/F?	No	No
IF yes, Functional?	Yes	Yes
Water Availability?	Yes	Yes
If yes, all time?	Yes	No
Waiting Area	Yes	No
If yes, With seating capacity?	Yes	No

Both the UPHC-HWCs buildings are Government with complete branding, Electricity availability is there with additional power back up availability and functional toilets. However, there is no provision for separate toilets for males and females as per IPHS guidelines at any of the two facilities. Also, water availability is there in both HWCs but only one has twenty-four-hour water availability. The number of rooms are adequate in one centre

and inadequate in the other (has only one room i.e., one fourth of the minimum number of rooms for required. The waiting area with seating capacity is available in one facility only and the other had no patient waiting area at all.

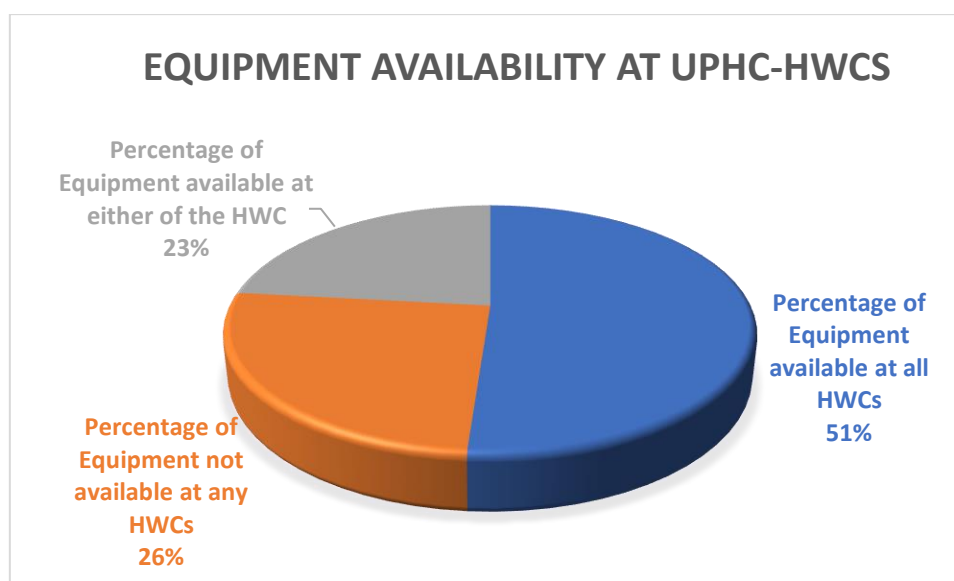
**Table 2: Assessment of status of Equipment at the UPHC-HWCs**

	Facility 1	Facility 2
Adult weighing scale	Yes	Yes
Anterior wall retractor	No	No
Artery forceps (large & small)	Yes	No
Autoclave/boiler	Yes	Yes
B.P. (Digital) apparatus	Yes	Yes
baby weighing scale	No	No
bowl for antiseptic solution for soaking cotton swabs	Yes	Yes
bowls stainless steel	Yes	No
Clinical Digital thermometers	Yes	Yes
Cold boxes (Large and small)	Yes	Yes
Computer with internet facility	Yes	No
Cusco speculum	No	No
Dressing Drum	Yes	Yes
Deep freezer (small with Voltage stabilizer)	Yes	Yes
Dressing trolley	Yes	Yes
Ear specula	No	No
Ear syringe	No	No
ECG machine	Yes	Yes
Emergency tray and equipment	Yes	Yes



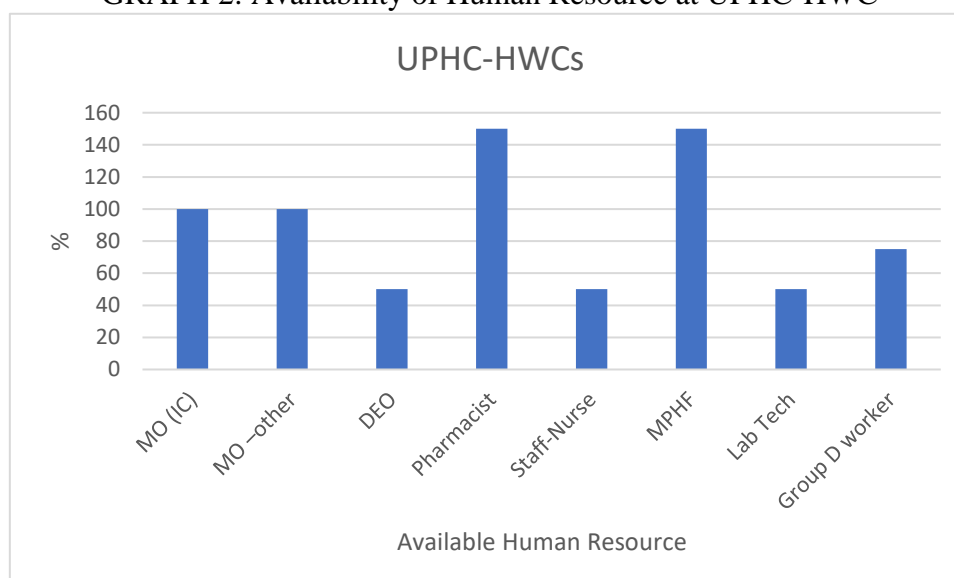
fetoscope	No	No
forceps cheatle 9 “	Yes	No
forceps plain 6 “	Yes	No
forceps toothed 6 “	No	No
Head light	No	Yes
Height measuring scale	No	No
ice box	Yes	Yes
ice Lined refrigerator (small)	Yes	Yes
ice packs	Yes	Yes
Infantometer	No	No
instrument trolley	No	Yes
IuCD kit	No	No
IV giving sets with intracaths	No	No
IV stand	Yes	No
Kidney tray for emptying contents of MVA syringe	Yes	No
Kidney trays	Yes	Yes
needle destroyer	Yes	Yes
needle Holder	Yes	Yes
normal forceps	Yes	Yes
sterilizer	Yes	Yes
stethoscope	Yes	Yes
syringes of different sizes	Yes	Yes
Adult weighing scale	Yes	Yes
Anterior wall retractor	No	No

GRAPH 1: Availability of Equipment at UPHC-HWC



As per quality standards by NHSRC, the UPHCs should have the above-mentioned list of Instruments but it was observed that only 51 percent of those Equipment are available at both HWCs. 26 percent of the instruments were not available at any of the health centres at all and 23 percent were available at either one or the other centre.

GRAPH 2: Availability of Human Resource at UPHC-HWC



The Medical Officers meet the essential criteria of the IPHS guidelines for the centres. Pharmacist and MPH-W-F are available more than desired numbers as per the guidelines. Staff Nurse, Data Entry Operator, Lab Technician and Group D Workers are available but do not

meet the essential criteria for the UPHC-Health and Wellness centres. Other Posts which include Health Assistant-Male, Health Assistant Female/LSV, Cold Chain & Vaccine Logistic Assistant and Sanitary worker cum watchman are not filled at any of the centre.

**TABLE 3: ASSESSMENT OF RANGE OF SERVICE DELIVERY**

AT THE FACILITY	Facility 1	Facility 2
OPD services available six days a week	Yes	Yes
services available 8 hours a day	Yes	Yes
services available in dual shifts?	Yes	Yes
If yes, additional staff employed	No	No
OPD services accessible with convenient timings of the population	Yes	Yes
Basic Lab diagnosis available	Yes	Yes
Free Drugs dispensed	Yes	Yes
free Contraceptives dispensed	Yes	Yes
Immunization Services available	Yes	Yes
Centre is working in association with various National Health programs	Yes	Yes
Referral services provided in required cases	Yes	Yes
Anti-Rabies Vaccination provided	No	Yes
<b>OUTREACH SERVICES</b>		
household level regular visits and outreach sessions are carried out by ANM	Yes	Yes

Is Monthly routine outreach session carried out?	Yes	Yes
Weekly Special outreach sessions (ANM with other staff)	No	Yes
screening Of NCDs is done	Yes	Yes
screening for Hypertension is done	Yes	Yes
screening for Diabetes is done	Yes	Yes
screening for suspected Oral cancers is done	No	No
screening for Breast cancers is done	No	No
screening for Cervical cancers is done	No	No
basic lab investigations using potable/disposable kits done	Yes	Yes
free drugs dispensed at the outreach sessions	Yes	Yes
counselling provided at the outreach sessions	Yes	Yes
follow up of the cases at the outreach is done	Yes	Yes

Basic OPD service, in two shifts, is available at 100 percent of centres. However, there is no additional staff employed for dual shifts. Basic Lab Diagnosis, Immunization, drugs and contraceptives services are provided at 100 percent of centres. But Anti-Rabies Vaccination, a must at UPHCs, is not given at any of the centre. With the upgradation of the UPHC to Health and wellness centres, the facilities are required to provide additional set of activities at the facility as well as outreach sessions, but it was found out that services like screening of cancers-breast, cervical and oral cancers have not been started at any of the HWC. Screening of Diabetes and Hypertension for 30 years and above is done in the outreach sessions, free drugs and contraceptives are also dispensed and counselling for health promotion and prevention is also carried out at these sessions.

## ASSESSMENT OF UTILIZATION OF SERVICES AT UPHC-HWCS

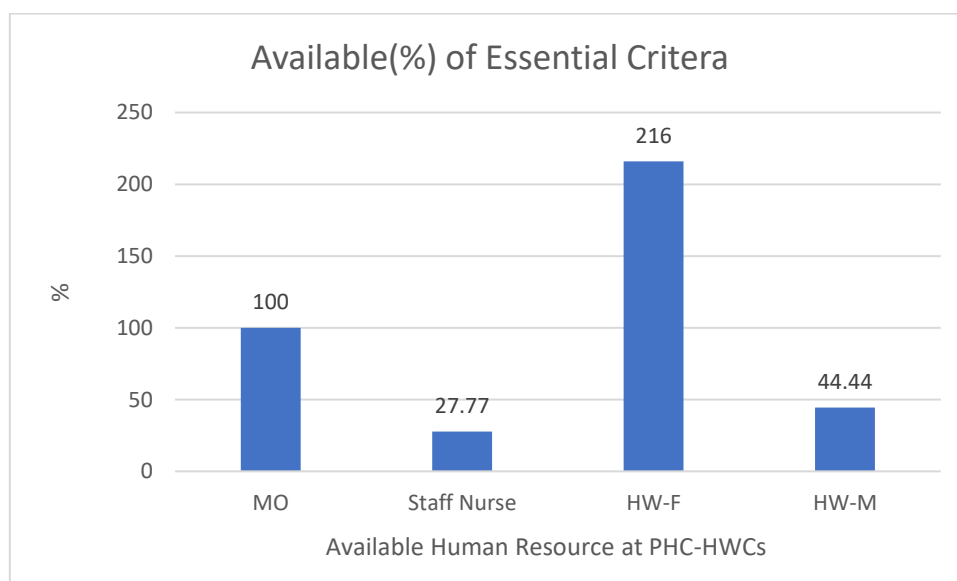
It was found out that at facility 1, number of immunization and ANC per month showed a little increase from per month before to per month after upgradation of the facility to HWC and there was no change was observed at facility 2. But, for utilization of the services at the UPHC-HWCs, the OPD per month and Lab tests per month decreases instead of increasing, the reason being Covid-19, for both facilities. As soon as these UPHCs were operationalized as Health and wellness centres, wave of pandemic emerged and the people and the healthcare delivery system were badly affected.

## ASSESSMENT OF KNOWLEDGE AND PRACTICE OF HEALTHCARE PROVIDERS

The medical officers of the UPHC-HWCs were questioned after taking informed consent. It was found out that both the Medical Officers In charge have received training on National Health Programs, both have attended 5 days training in population based screening, prevention and management of NCDs; both are maintaining the records for various programs, for Biomedical Equipment Maintenance and both are going for routine monitoring reports for population based analytics; and program specific completed reports are submitted to the Block level on a monthly basis at both the facilities. However, none of the medical officers received training on Safe Abortion/MTP or the 10 days BEmONC Basic Emergency obstetric care training as these centres do not have the facilities for Labour. Also, only one of the MOs had completed IT training.

### PHC-HWCs

**Graph 3: Assessment of HR at PHC-HWCs**

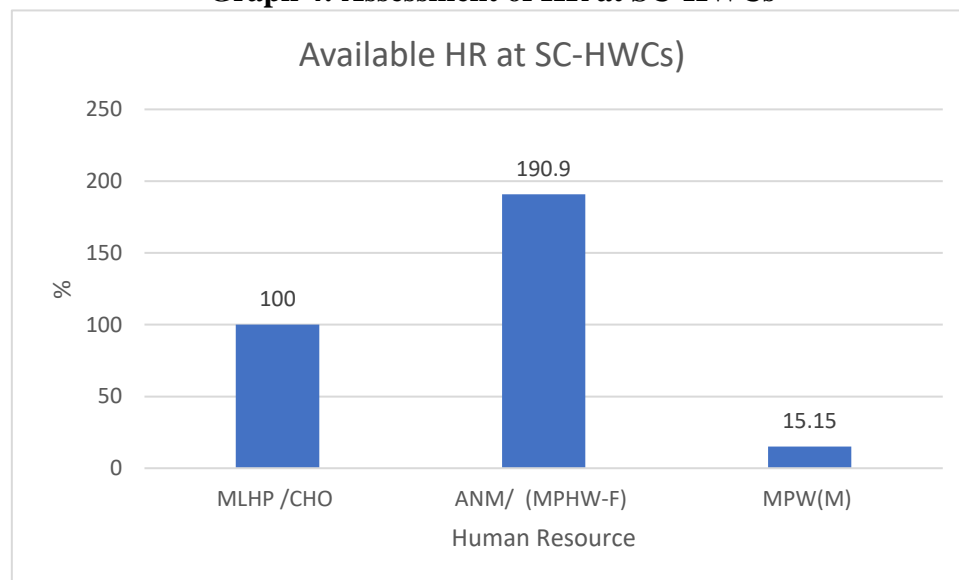


It was found that Medical Officers are adequate as per the IPHS guidelines at 100 of PHC-HWCs. The number Health workers females exceed the limit as 216 percent of the guidelines

are available as per available data. There is a severe lack of Staff Nurses at the PHC-HWCs with just 27.77 of essential criteria and Health worker males are also only 44.44 percent at the facilities. There is no information available regarding the Safai Karmchari on the HWC portal records. A total number of 153 ASHAs were also found in the records for these facilities.

### **SC-HWCs**

**Graph 4: Assessment of HR at SC-HWCs**



It was found that Community Health Officers, also known as the Mid-Level Health Providers (MLHPs) are adequate as per guidelines - at all the SC-HWCs. MPHWFemale again exceed the recommended numbers as per available data. It was found that there is a lack of Health worker -male at the SC-HWCs with just 15.15 percent of recommended number. There is no information available regarding the Safai Karmchari. A total number of 127 ASHAs were also found in the records for the SC-HWCs.

### Recommendations

- For better service delivery, new rooms should be constructed at facilities which lack the adequate space for better performance of these centres.
- Basic Labour facilities at the centres should be made available along with training of the staff regarding the same.
- Incorporation of all the services would increase the utilization of facilities.
- To strengthen the existing HWCs service delivery, focus on the Human Resource should be done which was a major challenge observed from the findings, especially the recruitment of more staff nurses at the facilities, along with recruitment of more Group D workers would enable the Health Worker Females to focus on their own work.

### Limitations of the Study

- Due to constraints of time and current circumstances (pandemic), Primary data collection was possible only for UPHC-HWCs.
- For UPHC-HWCs, there was limitation of Sample size which was three, However, the data was provided at two of the facilities and was denied for one of the facilities by the staff which could have led to different results.
- The results are limited to one district only and thus cannot be generalised.

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## APPENDICES

### Questionnaire for Infrastructure

1	Is facility building Govt/Rented?	Govt	Rented	
2	If Govt, is branding done?	Yes	No	
3	No of rooms Adequate	Yes	No	Count
4	Electricity Availability	Yes	No	
5	If yes, is there power back?	Yes	No	
6	Toilet Facility Availability	Yes	No	
7	If yes, separate M/F?	Yes	No	
8	Is it Functional?	Yes	No	
9	Is Water Available?	Yes, 24*7	Not all time	No
10	Waiting area available?	No	Yes, With seating capacity	Yes, Without Seating capacity

### Checklist for assessment of Service Delivery

			Y	N	If not, why?
1a	Services at the Facility	Are OPD services available six days a week at the facility?	Yes	Few days a week	
b		Are the services available 8 hours a day?			
c		Are the services available in dual shifts?			
d		If yes, is additional staff employed?			
2		Are OPD services accessible with convenient timings of the population?			
3		Are Basic Lab diagnosis provided at the facility?	Yes	No	
4		Are Free Drugs dispensed at the facility?	Yes	No	
5		Are free Contraceptives dispensed at the facility?	Yes	No	
6		Are Immunization Services available?	Yes	No	
7		Is the centre working in association with various National Health programs?	Yes	Some of them	
8		Are Referral services provided in required cases?	Yes	No	
9		Is Anti-Rabies Vaccination provided?	yes	No	

10	OUTREACH SERVICES	Whether household level regular visits and outreach sessions are carried out by ANM?	Yes	No	
11		Is Monthly routine outreach session carried out?	Yes	No	
12		Weekly Special outreach sessions by the ANMs covering slum/vulnerable sections of population along with other health professionals (doctors/pharmacist/technicians/nurse government or private)?	Yes	No	
13		Are screening Of NCDs carried out in Outreach sessions?	Yes	No	
14		Whether screening for Hypertension of those who are 30 years and above is done?	Yes	No	
15		Whether screening for Diabetes of those who are 30 years and above is done?	Yes	No	
16		Whether screening for suspected Oral cancers is done?	Yes	No	
17		Whether screening for Breast cancers is done?	Yes	No	
18		Whether screening for Cervical cancers is done?	Yes	No	
19		Are basic lab investigations using potable/disposable kits done?	Yes	No	
20		Are free drugs dispensed at the outreach sessions	Yes	No	
		Is counselling provided at the outreach sessions?	Yes	No	
21		Are follow up of the cases at the outreach services done?	Yes	No	

		At the UPHC-HWC	Before Upgradation of Facility to HWC	Change observed (Yes/No)
1	No of OPD per month			
2	No of Lab Tests done per month			
3	No of ANC conducted per month			
4	Total no of Vulnerable patients attended per month (Beggars, Slum Dwellers, Rage pickers etc)			
5	No of Children Immunized per month			

### Checklist for assessment of Equipment

S. No.	List of Equipment's & Instruments for UPHC
1	Adult weighing scale
2	Anterior wall retractor
3	Artery forceps (large & small)
4	Autoclave/boiler
5	B.P. (Digital) apparatus
6	baby weighing scale
7	bowl for antiseptic solution for soaking cotton swabs
8	bowls stainless steel
9	Clinical Digital thermometers
10	Cold boxes (Large and small)
11	Computer with internet facility
12	Cusco speculum
13	Dressing Drum
14	Deep freezer (small with Voltage stabilizer)
15	Dressing trolley
16	Ear specula
17	Ear syringe
18	ECG machine
19	Emergency tray and equipment
20	fetoscope
21	forceps cheatle 9 “
22	forceps plain 6 “
23	forceps toothed 6 “
24	Head light
25	Height measuring scale
26	ice box
27	ice Lined refrigerator (small)
28	ice packs
29	infantometer
30	instrument trolley
31	iuCD kit
32	IV giving sets with intracaths
33	IV stand
34	Kidney tray for emptying contents of MVA syringe
35	needle Holder
36	normal forceps
37	sterilizer
38	stethoscope
39	syringes of different sizes
40	Adult weighing scale
41	Anterior wall retractor

### Checklist for Knowledge and Practice of Healthcare Providers

	Posted at UPHC-HWC as		
1	Have you received trainings on National Health Programs as per program guidelines for respective cadre?	Yes	No
2	Have you received Induction training of three to six months for outreach services (only for ANM)?	Yes	No
3	Have you received 5 days training in population-based screening, prevention and management of NCDs?	Yes	No
4	Have you been given the 10 days BEmONC Basic Emergency obstetric care	Yes	No
5	Have you been given the training for Safe Abortion/ Medical Termination for Pregnancy (MTP)?	Yes	No
6	Are Record registers for all programs maintained?	Yes	No
7	Is Maintaining of Database for Biomedical equipment maintenance is done?	Yes	No
8	Is IT training completed?		
9	Are population-based analytics reports generated (for routine monitoring)	Yes	No
10	Are program specific completed reports submitted to the Block level on a monthly basis?	Yes	No
11	Are those submitted using IT tools?	Yes	No
12	Are IT based tools used for periodic monitoring?	Yes	No

**Availability of Human Resource at PHC-HWC & UPHC-HWC**

<b>POST</b>	<b>Available at facility</b>
MO I/C	
MO	
Staff Nurse	
Pharmacist	
Ayush Doctor (desirable)	
Ayush Paramedic staff (desirable)	
Lab Technician	
Data Entry Operator	
ANMs	
Multipurpose Health Worker (Female)	
Multipurpose Health Worker (Male)	
Lady Health Visitor	
Public Health Manager/ Mobilization Officer	
Support Staff / Multi skilled Group D worker	
Sanitary worker cum watchman	

**Availability of Human Resource at SC-HWC**

<b>POST</b>	<b>Available at facility</b>
MLHP	
ANM/ Multipurpose Health Worker (Female)	
Multipurpose Health Worker (Male)	
Safai Karmchari (outsourced)	