Summer Internship Report

At

Haryana State Health Resource Centre (HSHRC), NHM Haryana

(April 18th to June 17th, 2022)

A Report

By

Ambhi Singh (PG/21/011)

PGDM (Hospital and Health Management)

2021-2023

International Institute of Health Management Research, New Delhi

Certificate of Approval

The Summer Internship Project of titled **"BASELINE ASSESSMENT OF HEALTH & WELLNESS CENTRES OF 9 DISTRICTS OF HARYANA"** at "Haryana State Health Resource Centre, Panchkula" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.

Dr. Rupsa Banerjee

Assistant Professor
IIHMR, Delhi

ACKNOWLEDGEMENT

The completion of our Research on the Evaluation of Nutrition Rehabilitation Centre could not have been possible without the participation, guidance and assistance of our mentors and many other people whose names may not have been enumerated.

We would like to express our immense gratitude to our internship coordinator Mrs. Anju who encouraged us to take summer internship at Haryana State Health Resource Centre(HSHRC), Panchkula,Haryana.

We are very thankful to Dr. Suresh Dalpath, Deputy Director for his valuable guidance, keen interest and encouragement at all stages of our internship period. Without his thorough and highly valuable discussions, training, guidance, inspiration and support, the completion of this research would not have been possible.

We would also convey our sincere thanks to Dr. Hema and Dr. Nidhi at HSHRC whose guidance, encouragement and suggestions have contributed to expand the horizon of our ideas in the project.

Mentors in IIHMR

We are very grateful to Dr. Sutapa B. Neogi, (Director-IIHMR Delhi) for her encouragement and giving us this learning opportunity and Dr. Rupsa Banerjee (Assistant Professor-IIHMR Delhi) for her constant support throughout to strengthen our knowledge and skills. Without their guidance and cooperation, it would not have been possible to conduct this research and complete this training successfully.

TABLE OF CONTENTS

ACRONYMS/ ABBREVIATIONS

ABP- Ayushman Bharat Program

AB-HWC- Ayushman Bharat- Health and Wellness Centre

ANC- Antenatal Care

ANM- Auxiliary Nurse Midwife

ASHA- Accredited Social Health Activist

CDs- Communicable Diseases

CHO- Community Health Care

CPHC- Comprehensive Primary Health care

DOTS- Directly Observed Treatment

ENT- Ear Nose Throat

HIV- Human Immunodeficiency Virus

HR- Human Resources

HWC- Health and Wellness Centre

ICT- Information and Communication Technology

IDSP- Integrated Disease Surveillance Programme

IFA- Iron Folic Acid

IUCD- Intrauterine Contraceptive Device

JAS- Jan Aarogya Samiti

MCP- Mother and Child Protection Card

MO- Medical Officer

MPW- Multi-purpose Worker

NACP- National AIDS Control Programme

NAFLD- Nonalcoholic Fatty Liver Disease

NCDs- Non-communicable Diseases

NLEP- National Leprosy Elimination Programme

NTEP- National Tuberculosis Elimination Programme

NVBDCP- National Vector Borne Disease Control Programme

NQAS- National Quality Assurance Standards

OCP- Oral Contraceptives Pills

OPD- Out-patient Departmentss

PHC- Primary Health Care

PMJAY- Pradhan Mantri Jan Aarogya Yojana

PSG- Patient Support Group

RBSK- Rashtriya Bal Swasthya Karyakram

RDKs- Rapid Diagnostic Kits

RMNCH +A- Reproductive, Maternal, Newborn, Child and Adolescent Health

SHC- Sub-centre Health Care

OBSERVATIONAL LEARNING

INTRODUCTION:

HARYANA STATE HEALTH RESOURCE CENTRE

On May 22, 2012, the Haryana State Health Resource Centre (HSHRC) was established. The HSHRC serves as an autonomous and independent body that advises the Haryana government on strategic planning and development of health and family welfare services in the state, including health planning, implementation, monitoring, and evaluation of policies and programmes. For this goal, it improves organisational capacities in the State and districts through generating knowledge and information.

The organisation's mission is to contribute and strengthen all activities aimed at achieving universal access to health care, as stated in the HSHRC's Vision and Mission.

OBJECTIVES:

- The purpose of the study was to assess how efficiently the Health & Wellness Centres of nine districts in Haryana were performing under the Ayushman Bharat Programme.
- To review the HWCs' level of performance in regard to 8 areas of concern in line with the NQAS checklist for HWC-SC
- To evaluate the viability of the entire health care service packages offered throughout the nine districts of Haryana by HWC-SC.

MODE OF DATA COLLECTION:

The NQAS checklist was created by observing and evaluating the facility based on eight areas of concern: service provision, patient rights, input, support services, clinical services, infection control, Quality management system, and output.
The data gathering methods were divided into four categories: observational, client interview, staff interview, and records review.
On an observational basis, the infrastructure was recorded, including parameters such as maintenance, compliance in various areas, and quality management. Client and staff interviews were used to collect data on other characteristics such as services given, patient safety, and understanding of screening, prevention, and treatment of various diseases. Cross-checking of records in the facility was used to keep track of data.

GENERAL FINDINGS:

While working on the following parameters of HWCs i.e., functioning according to comprehensive health care packages that consisted of 12 different themes under which HWCs were functional, overall functioning of the HWCs, and their operations in accordance to different areas of concern for providing primary health care at community level, through the observations it was evident that amongst the 9 districts we surveyed the overall theme wise compliance score, the emergency medical services scored the lowest of 35% whereas the highest was scored by Care in pregnancy and childbirth with 72%, looking at the overall functioning Ambala

and Karnal scored the highest NQAS compliance score with 62% each while Mewat scored the lowest with a compliance of 31%, whereas for area of concern among all the HWCs, the quality management system scored a lowest of 36.73%, and output scored the highest with 59.06%. The subsequent areas such as inputs, infection control, support services, service provision, patient rights and clinical services scored 40.91%, 47.46%, 51.92%,53.40%, 54.79%, 55.53% respectively. Considering the elements that influenced the services are absence of infrastructure and human resources, limited government financing for health wellness centres (HWCs), and a restricted variety of skills and services at lower-level healthcare institutions.

CONCLUSIVE LEARNING, LIMITATIONS & SUGGESTIONS:

Ayushman Bharat - Health and Wellness Centres (AB-HWCs) should focus on delivering full primary health care, including noncommunicable disease components, ophthalmology, ENT, dental health, palliative, and geriatric care, in addition to the current RMNCH+A services. The design of an AB-HWC requires extensive use of information technology, infrastructure improvement, multi-skilling of healthcare providers and field functionaries, guaranteed availability of drugs and diagnostic services, and strengthening of referral mechanisms and community links to ensure continuity of care. While we consider that the newly designed HWCs programme offers some original characteristics that have the potential to considerably help rural populations, hence to make the HWCs succeed on a big scale, the following basic considerations must be kept in mind, such as substantially increased public health spending, with an emphasis on HWCs, along with that the HWC management structure should be effective and efficient. In order to maintain proper health care based on different kinds of clinical and non- clinical activities it is important to focus on making Human Resource Management efficient, by carrying out their competent recruitment drives, extensive training, and effective control and oversight in providing a comprehensive healthcare service. Also, we need to commensurate physical infrastructure and human resources in the sub-centres and Primary Health Centres converted into HWCs with the growing needs of the regions, so that Patients should have access to better health care facilities.

PROJECT REPORT

TITLE- BASELINE ASSESSMENT OF HEALTH & WELLNESS CENTRES OF 9 DISTRICTS OF HARYANA

INTRODUCTION:

From July through December 2013, India's first conversation on Health and Wellness Centres (HWCs) began. In 2017, the Union Budget announced the establishment of HWCs in India. The Indian government announced the Ayushman Bharat Program (ABP) in February 2018, which includes two components. The first component is Health and Wellness Centres (HWCs), which will provide comprehensive primary health care (PHC) services to the entire population. The second component is Pradhan Mantri Jan Arogya Yojana (PMJAY), which will improve access to hospitalisation services at secondary and tertiary level health facilities for the bottom 40% of the population.[1] The first AB-HWC in India was inaugurated in Jangla, Bijapur, Chhattisgarh on April 14, 2018.[2] By December 2022, the HWC component of ABP seeks to modernise and make operational 150,000 existing Government Primary Health Care Facilities. The HWCs are envisaged to be the first point of contact for comprehensive primary healthcare (CPHC), delivering an expanded range of services spanning preventive, promotive, curative, rehabilitative and palliative care.[3] As on 30th June 2021, 76,588 AB-HWCs are functional all over India among which 887 AB-HWCs (427-SHC) have been functional in Haryana with total screenings of 37,33,475.[4]

In Financial Year 2020-21 Haryana ranked 20th among 28 states based on the functionality criteria and other parameters which includes availability of HR, training, availability of essential drugs and diagnosis, screening of four NCDs, tele-consultation services, wellness activities, reporting on HWCs portal of the AB-HWCs. Over 68 lakh tele-consultations across the country and more than 31 lakhs of these conducted at the AB-HWCs. The web-based National Teleconsultation Services ensure access to teleconsultation services with the doctors and specialists closer to the community. Comprehensive primary health care through AB-HWCs includes infrastructure strengthening, expanding human resource -Mid level health provider and CHO, setting up two-way functional referral mechanisms, expanded health services to be delivered closer to the community, robust IT system & strengthening health information system, continuum of care through Tele-health/referral, partnership for knowledge and implementation, community mobilization. [4]

AB-HWCs holds the promise of strengthening and delivering comprehensive primary health care through system strengthening for better health by addressing identified challenges, approaches to delivering new types of preventive and promotional health needs, and so on. Shifting service delivery from 'doctor-centric' to 'team-based', with a focus on mid-level healthcare providers, 'I' of 'Illness' is proposed to be replaced with 'We' creating a 'Wellness' care system. [1]

General outpatient care for acute simple and minor ailments, family planning and other reproductive health services, neonatal and infant health care services, care during pregnancy and childbirth, childhood and adolescent health care services, and communicable disease services are all provided through existing government primary health care facilities. Services added as part of AB-HWCs include non-communicable disease screening and management, mental health issues, ophthalmic and ENT care, basic dental health care, geriatric and palliative health care services, basic trauma care, and emergency medical services. [4]

The purpose of this study is to assess the quality of services provided at sub-centres integrated with the services of AB-HWCs in 9 districts of Haryana, with 5 HWCs in each district. The NQAS checklist was used to conduct the assessments, which cover 8 areas of concern: service provision, patient rights, inputs, support services, clinical services, infection control, quality management system, and output. In terms of theme-based scoring, it includes 12 services offered at HWCs.

RATIONALE:

There is no previous quality and management assessment of HWC-SCs in districts of Haryana (except Ambala and Panchkula). The system is made for delivering Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people covering 12 package services.

The assessment was conducted to check the baseline ground level working of HWCs, to check whether all the HWCs have the availability of services according to the Citizen's Charter.

RESEARCH QUESTION:

What is the level of service provision of 12 comprehensive primary care packages in HWC-SCs of 9 districts of Haryana during a two-month period?

OBJECTIVES:

Primary objective

1) To assess the functioning of selected Health & Wellness centres in nine districts of Haryana.

Secondary objective-

1) To verify the level of functioning of HWCs with respect to different areas of concerns in accordance with the NQAS checklist for HWC-SC.

2) To evaluate the efficacy of HWC-SC provided comprehensive health care service packages across Haryana's nine districts.

MODE OF DATA COLLECTION:

The NQAS checklist was based on observation and assessing the facility based on 8 areas of concern that were Service provision, Patient rights, Input, Support Services, Clinical Services, Infection control, Quality Management System, Output.

The method of data collection was divided into 4 methods i.e; observational basis, Client interview, staff interview and records review.

The infrastructure which included parameters like its maintenance, compliance of its various areas and quality management was recorded on observational basis. Data of other parameters like services being provided, patient safety, knowledge of screening, prevention, treatment of various diseases was recorded via client and staff interview. Maintenance of records data was done by cross checking of various records in the facility.

DATA COMPILATION:

The NQAS checklist for HWC was utilised for our study and the data collection was done through four modes: direct observation, Client interview, staff interview and records review.

The infrastructure which included parameters like its maintenance, compliance of its various areas and quality management was recorded on observational basis. Data of other parameters like services being provided, patient safety, knowledge of screening, prevention, treatment of various diseases was recorded via client and staff interview. Maintenance of records and data were cross checked through various record registers maintained by the facility, and compliance was given for each checkpoint verified.

DATA ANALYSIS:

The data collected in the NQAS checklist for HWCs was digitalized. The checklist consisted of various parameters covering 12 service packages. These parameters were divided into 8 areas of concerns.

A comparative descriptive analysis was done to compare various areas of concern, 12 themes and the standards recorded in each health and wellness centre. Then we conducted a comparative analysis of the area of concerns as well as the associated parameters among all the HWCs within the districts.

The compliance data which was in the numerical form : 0,1,2 was converted into percentage-based data. After converting the compliant data into percentage-based data, a cumulative quantified HWCs (district wise) data was produced.

Post obtaining the data, descriptive statistics were used to present the HWCs overall scores with respect to Haryana as well as amongst various districts. The obtained graphs thus were quantitatively summarised and presented.

INTERPRETATION:

To check the compliance of 12 services that are to be provided in the Health and Wellness Centre (HWC), National Quality Assurance Standards (NQAS) checklists for the HWCs were run. The checklist covered a total of 43 HWCs in 9 districts. These HWCs were analysed and assessed on the basis of 8 areas of concern namely: Services Provision, Patient Rights, Inputs, Support Services, Clinical Care Services, Quality Management System, Infection Control, Output.

While considering the area of concern as service provision, it was observed that the compliance score generated in HWCs of 9 districts of Haryana is 53.4%. The area of concern includes two parameters: Primary Health Services and Drug and Diagnostic services. The majority of HWCs provided effective services in pregnancy, infant and adolescent health. Most HWCs that have been established to date have included and made functional, an additional package of services which includes NCDs (Non-Communicable Diseases). However, many HWC-SCs did not offer services for hypertension or epilepsy. Emergency services such as traumas, burns, and animal bites are referred to the nearest facility, PHC/ District hospital. Records on medication refills and diagnostic services being provided were maintained. As part of the scope, a few HWCs that did not previously have laboratory diagnostic facilities were linked with the central diagnostic units.

Amongst all the areas of concern, the Patient's Right shows a compliance of 54.79%. The observational characteristics involve the spreading of awareness amongst the care-seekers, as well as the community about their rights, making the services accessible to the community, efficiently dealing with delicate issues like gender bias and being sensitive in handling social issues with respect to religion and culture. Taking measures to maintain privacy, confidentiality & dignity of the patients and also ensuring free of cost services to economically weaker sections. When compared with individual districts it was found that Karnal was leading with the highest compliance of 64.2% followed by Panchkula at 63.6%. The facilities were working efficiently for the benefit of their patients and almost all of the observational parameters were satisfied. Looking at Mewat, it was at the lowest with 37.4%. When assessed further, it was found that the HWCs lacked accessibility as the facility was not under the community reach. Gender, cultural and religion related issues were found to be a matter of concern in few areas.

Looking at the parameters under the inputs section, which comprises providing optimal care and comfort to consumers, it was discovered that 41.91% is the overall average for the 9 districts under this area. It was discovered that the Area of Concern: Input area ranges from 28.2% to 50.4% with Ambala scoring 50.4% and Mewat scoring 28.2%. Given this, it is critical for HWC to have functional instruments and equipment, as well as to provide drugs and consumables for the services being provided. It is also critical to provide an adequate and safe infrastructure with trained and qualified personnel, as well as to define and establish a procedure for

effective utilisation, evaluation and augmentation of competence and performance of staff for the services provided by the HWCs. Given these realities, it is evident that all of the HWCs in the nine districts, particularly those in Mewat have suitable infrastructure, including safe areas and facilities appropriate to the patient or workload. It is just as necessary to have a Yoga space and separate functional toilets for men and women as it is to provide physical safety, including electrical and fire safety, for the infrastructure. HWC, equipped with suitable ICT (Information and Communication Technology) software and hardware, assists the employees in offering effective service delivery.

Looking at other elements, it is also vital to have a balanced health workforce that is appropriately trained according to their key skills in HWCs, which includes CHO, ANM, MPW, ASHA and ASHA facilitator.

One of the major problems amongst all the HWCs in the nine districts is the lack of appropriate medications and consumables to meet the mandated requirements. The availability of pharmaceuticals and consumables also aids in meeting the requirements for VHNDs or camps, as well as emergency management. In order to provide effective examination and monitoring for patients at the centre about various services such as ENT, dental, or other emergency services, it is critical for the facilities to provide functional equipment and instruments. Keeping these criteria adequate will result in enhancement of service provision in the facilities.

The subsequent area of concern was support services. Parameters such as ensuring health promotion and disease prevention activities through community mobilisation, having a defined inventory management, procedure for drug dispensing, clinical records and data management through the use of digital technology are essential. Establishing a programme for the facility's maintenance and upkeep becomes the backbone in providing the HWC's assured services. It was observed that compliance for support services ranged from 26.2% in Mewat to 63.4% in Karnal, yielding an overall average of 51.92% for the nine districts.

To increase the HWCs performance, it is critical to have an established infrastructure maintenance system that includes periodic building maintenance, including patient amenities as well as facility sanitation and hygiene. Along with medicine availability, it is critical to have adequate drug storage. Looking at the other aspect of employing digital technology or an IT platform for the management and clinical records of ambulatory care, public health, and other managerial functions, one of the main parameters that requires attention is the managerial function. Support services will improve if HWCs delivers proper functioning and management of JAS (Jan Arogya Samiti), as well as community-based monitoring of service. This can be done through social audits, ensuring planning and implementation of health promotion. Disease prevention activities through community level interventions and multisectoral convergence for health promotion and primary prevention, as well as the availability of Patient Support Groups [PSG].

Clinical Services followed as the next area of concern. This involves the registration, consultation, clinical assessments and re-assessment of the patients coming to the health and wellness centre. The clinical care services included a coverage of communicable diseases, non-communicable diseases, emergency, elderly/ palliative and new born & adolescent care. Safe drug administration, procedures for nursing care required for

the patients and postnatal care provision are also covered in this area of concern. The HWCs of Haryana show a cumulative compliance score of 55.53%. From the set minimum standards, the clinical area service shows acceptable compliance. Majority of the HWCs were aware of their catering population and their beneficiaries. However, a unique identification number was not provided in many of the HWCs during the OPD. RMNCH+A programme was found to be the most actively implemented programme. Maternal and child protection cards were given to mothers, but tickler bag maintenance was rarely found. Education and counselling for the adolescents were usually conducted by organising interactive sessions in the nearby schools. Treatment being provided was monitored by the appointed CHOs. Emergency services like first aid for minor burns and ambulance services were available, when required. The ANMs were found to be active in their roles and duties which included ANC check-ups, child immunizations, and counselling of mothers. Treatment and follow-ups for communicable diseases like TB via DOTS was provided. Common communicable diseases included Hypertension and diabetes, for which treatment and follow-up was being provided. Other common ailments like diarrhoea, cough, cold, skin rashes, scabies, back pain and gastrointestinal issues were treated with medications. Records maintenance was lacking in many HWCs across districts.

Out of all the 8 areas of concern involving the HWCs, the Quality Management system showed the lowest compliance. The cumulative compliance of all HWCs across the 9 districts was 36.73%. Quality maintenance and the associated system to maintain them were lagging in the HWCs. No set organisational framework for quality improvement was functional, or was partially functional in the HWCs across the districts. A Quality team, which is responsible for the quality management was absent in the HWCs. If present, no performance reports or minutes of meetings records were maintained. System for patients and the employee feedback system was absent. Although many HWCs had grievances redressal boxes in their premises, no survey for patient satisfaction was conducted. The standard operating procedures for various treatment areas were absent. Instructions for using RDKs (Rapid Diagnostic Kits) were absent in the majority of the HWCs. Work instructions for management of emergency medical services and elderly/ palliative care were absent. Periodic assessments using the Kayakalp checklists were done in some HWCs. Periodic visits by the PHC MO in-charge were conducted and the gaps and issues were discussed with them. Jind district showed the lowest compliance of 18.2%, followed by Palwal at 25.8%. Absence of a quality team in place, no monthly performance reports, no available work instructions on immunisation, communicable, non-communicable diseases and lack of monitoring towards the performance and quality objectives contributed to the low compliance in these districts.

Coming to the next area of concern i.e, Infection control. The average cumulative compliance came out to be 47.48%, when compared amongst the 9 districts of Haryana, which stated that if we assess the functioning of HWCs into this particular area of concern according to the NQAS checklist, the HWCs weren’t even partially efficient. Mewat being 24.4% was found to be at the lowest, followed by Narnaul and Palwal at 31.4% and 36.3% respectively, reason being where majority of the HWCs had certain standard procedures and set protocols for disinfection, sterilisation, hand hygiene and personal protection practices, Mewat was lacking in

all. When further questions were put to the respective CHOs of the facility, certain gaps regarding unavailability of adequate staff, and shortage of untied funds were identified. Even the primary management for the basic services like segregation, treatment and disposal of biomedical & Hazardous waste had no defined and established procedures. As a solution for this, the CHOs managed carrying the BMW to the PHCs after their OPD hours and this was being practiced on a daily basis.

Amongst all the areas of concern according to the NQAS checklist for the assessment of HWCs, the parameters involving the output were found to be with maximum compliance of 59.06% which stated that this area was working with highest level of acceptance when compared with the compliance levels of rest of the areas of concern. In accordance with the checklist, the output is based on various characteristics such as measurement of productivity, efficiency, clinical care and service quality indicators.

When compared amongst all the districts, Panipat was ranked at the top with highest compliance of 77.5%, followed by Ambala at 77.2%,whereas Mewat had the lowest compliance of 33.6% further digging on the reasons it was found that amongst the 4 indicators which altogether contributed for the efficient Output, the productivity, efficiency, as well as clinical care were found to be in ideal numbers. The HWC's were targeting a fair share of the population which had a good community reach and were catering almost all the essential services, but on observing the service quality indicator, a push was needed for the same.

HWC services will include early identification, basic management, counselling, ensuring treatment adherence, follow-up care, preserving continuity of care through appropriate referrals, optimal home and community follow-up, and health promotion and prevention for the whole range of therapies. When each theme is played, each service comes in useful. Taking the first theme into consideration, 'Pregnancy & childbirth services', Garnala (Ambala) and Barthal (Karnal) scored 94% as there were proper maintenance of ANC register, updated RCH portal, adequate quantity of kits was available for lab investigation along with identification and management of danger sign during labour and post-delivery. Ample referral services were also provided for obstetrics emergencies. On the other hand, Leherwadi (Mewat) scored 31%, as there were no ANC visits, weight was not being measured and there was a shortage of IFA tablets.

The second theme is 'neonatal & infant health services, Jatwas (Narnaul) scored 94% as regular weight monitoring of new-borns and infants was being done. A complete immunisation schedule was maintained through MCP card and postnatal new born care services were available through regular home visits of ANM. The sub-centres of Leharwadi (Mewat) scored 20%, as the growth chart of the MCP card was not maintained. The supply of medicine for neonates and infants was inadequate as per the demand. The subcentre Sikrawa (Mewat) scored 20%, as the ANC visits were not completed as per schedule, MCP card was not available as per requirement. Also, essential medications were not adequate for neonates and infants.

The third theme is ‘childhood & adolescent health services’, HWCs Garnala (Ambala), Pundrak (Karnal), Merkan (Hisar), Khaspur (Narnaul), Naseebpur (Narnaul) scored 96%. All the above-mentioned sub centres had a linkage with RBSK (Rashtriya Bal Swasthya Karyakram) team for creating awareness amongst school children on menstrual hygiene, harmful effects of tobacco/substance abuse and sex education along with counselling on lifestyle modification. The sub-centre Asawata (Palwal) scored 21%, as there was no provision of education, counselling and services for adolescent health, no case-specific OPDs for adolescents were being carried.

The fourth theme is ’family planning services' in which Barthal (Karnal) and Garnala (Ambala) scored 85%, as both the sub centres had provision of contraceptives including ECP and OCP, injectables, condoms, IUCD. Education and counselling for family planning was being provided. The sub centre Asawata (Palwal) scored 27%, as there was no proper counselling about child spacing methods, no proper guidance about usage of contraceptives method (especially sterilisation processes)

The fifth theme is ‘management of communicable diseases in which Garnala (Ambala), Khatauli (Panchkula) scored 84%, both the sub centres had maintained separate registers for NVBDCP (National Vector Borne Disease Communicable Program), NTEP (National TB Elimination Program), NLEP (National Leprosy Elimination Program), NACP (National AIDS Control Programme), HIV, IDSP, Prevention and promotion of the diseases through community engagement programmes were being conducted as per the annual calendar. Kurthala (Mewat) scored 22%, as there was no screening procedure and unavailability of kits in the HWC, no proper maintenance of records of treatments as well as follow-ups.

The sixth theme is ‘management of non-communicable disease’ where Barthal (Karnal) scored 88% as the screening, treatment compliance and follow-up of all positive cases, referral, cases with complications and refill of drugs were adequately done for hypertension, diabetes, NAFLD, respiratory disease. The sub-centre Raghunathpura (Narnaul) scored 20% as the register was not properly maintained. The NCD portal was not updated and there was unavailability of CHO.

The seventh theme is ‘ophthalmic care and ENT services’ where Merkan (Hisar) scored 81% providing services which included screening and referral of such cases to district hospitals at regular intervals. The CHO had in-depth knowledge regarding the services provided at the Sub centre. Counselling for preventive and promotive care was also done at the facility. Asawata (Palwal) and Kanwari (Hisar) 19% as in both the HWCs there were no screening services for eye, nose, and ear complications.

The eighth theme is ‘oral health ailments’ in which Merkan (Hisar) scored 100%, as the sub centre had a linkage with the RBSK team through which dental camps were being organised along with the referral services. For prevention and promotion, awareness generation was done in the community. The sub-centres Jalouli (Panchkula), Kawari (Narnaul), and Khaspur (Narnaul) scored 20% followed by sub-centre Raghunatpura (Narnaul) scored 0% as there was unavailability of CHO and therefore no services were provided for oral health ailments.

The ninth theme is ‘Management of Elderly and palliative health care’ where Khatauli (Panchkula) scored 88%. The home visits were done for the bed-ridden patients along with dispensing of drugs by ASHAs as directed by CHO. The sub-centre Leharwadi (Mewat) scored 0% as there were no services available for elderly and palliative cases.

The tenth theme is ‘Emergency medical services’ where Jhanj Kalan (Jind) scored 64% as prompt action and measures were taken by the CHO and the staff in case of Emergency Medical services. Also, stabilisation and referral services were done for the required cases. Raghunathpura (Narnaul), Asawata (Palwal), Jatwas (Narnaul), Leherwadi (Mewat) scored 7% in providing Emergency Medical Services as referral service was not available at the facility.

The eleventh theme is ’Management of mental health ailments’. Garnala (Ambala) scored 79% as awareness generation, stigma and discrimination reduction, community engagement, counselling & referral were available. The sub-centres Leharwadi (Mewat), Jalouli (Panchkula), Khaspur (Narnaul), Raghunathpura (Narnaul) scored 14% as there was no screening and counselling of mental health ailments. Most of the cases were referred to PHC/GH.

The twelfth theme is ‘Drugs and diagnostics’ where Khatauli (Panchkula) scored 65% as RDKs were available and the staff were competent to use them for screening procedures. Medicine was adequately available as the supply was in accordance with the estimated drug list. The sub-centre Asawata (Palwal) and Salaheri (Mewat) scored 18% as both the HWCs were low on drugs storage, and no proper indexing and indenting of drugs were done.

RECOMMENDATION:

While we feel that the newly planned HWCs programme has some original characteristics that have the potential to considerably assist rural communities, the following basic considerations must be kept in mind if the HWCs are to be successful on a big scale:

1) substantially enhanced public health spending in general and steadily increasing outlays for HWCs in specific;

2)Skilled recruiting, extensive training and effective management and oversight

3) A HWC management system that is effective and efficient.

4) Equivalent infrastructure and utilities and personnel in subcentres which are transformed health and wellness centres.

Since the services at HWCs have been enhanced, patients now have access to superior health care facilities. However, a lack of untied funds was a key worry, which was perceived as a general pattern contributing to poor upkeep of the HWCs. Because there was a staff shortfall in relation to the population served, empty

personnel in the HWCs needed to be filled as soon as possible. Development of referral systems for patients, as well as training in multiple platforms of technology and increasing community engagement, might be prioritised for improved outcomes.

The sub-centre infrastructure has to be improved to accommodate laboratory and pharmaceutical services. There was also a lack of Essential Drugs as defined in the EDL. The cleanliness level of the HWCs was determined to be the lowest across all districts. The facility did not have any designated cleaners. The cleanliness was maintained by hiring a part-time cleaner for a little fee from the Untied funds. Examination rooms were not well kept and lacked privacy since screens and drapes were not provided. Because the CHO positions were recently sanctioned, it was evidently difficult to establish relationships with and obtain approval from the community. However, based on multiple theft and damage occurrences reported by CHOs, it was established that HWC security was a big issue. The operationalization of HWCs necessitates interventions at the state and local levels to strengthen current physical infrastructure, ensure a consistent supply of medicines and consumables, and timely training of manpower. Unavailability or shortage of electricity resulted in the discharge of the gadgets provided to the staff, resulting in a delay in data updating. Furthermore, it was determined that almost all HWCs had urgent issues with a scarcity of water for drinking and flushing.

CONCLUSION:

The new notion of converting already established Sub centres into Health and Wellness Centres under the Ayushman Bharat program created the door for the development of healthcare services with the addition of six services that did not previously exist at the sub centre level. Although the HWCs in the Haryana district have some limits and lack compliance in several areas of concern, given their infancy, they have genuinely enhanced healthcare service delivery at the grassroot level. Many HWCs integrated with traditional systems of medicine, i.e; AYUSH, including the promotion of Yoga as a kind of lifestyle modification to reduce and battle cases of noncommunicable illnesses such as diabetes, high blood pressure, chronic respiratory diseases, cancer, and mental illness. Be it the introduction of Teleconsultation, comprehensive health care packages, adoption of various programs like RBSK, effective functioning of RMNCH+A services, providing support to avail PMJAY-scheme. HWCs have taken a huge leap in providing healthcare at the root level. Also, the HWCs is uplifting the services with the availability of RDKs for several diseases, easy-to-use tests that provide quick results. Working towards universal health care, the role of governance and leadership becomes one of the most crucial backbones. Not only connection between the HWC-SC services and the AB-PMJAY is being established but also AB-HWCs has been receiving significant political and administrative importance at all levels. Coming to the platform, it is observed that a broad action is being made in expanded community-based monitoring for HWC(SC) and prompt referrals to higher referral centre, which is not only enhancing in building stronger communities but also highlighting civil society engagement in health care.

REFERENCES:

1.Lahariya C. Health & wellness centres to strengthen primary health care in India: Concept, progress and ways forward. Indian J Pediatr [Internet]. 2020; Available from: http://dx.doi.org/10.1007/s12098-020-03359-z

2.Press information bureau [Internet]. Gov.in. [cited 2022 Jun 18]. Available from: https://pib.gov.in/PressReleseDetailm.aspx?PRID=1816131

3.Brar S, Purohit N, Singh G, Prinja S, Kaur M, Lakshmi PVM. Health system readiness for roll out of the Ayushman Bharat Health and Wellness Centres - Early experiences from Punjab State. J Family Med Prim Care [Internet]. [cited 2022 Jun 18];Available from: http://dx.doi.org/10.4103/jfmpc.jfmpc_2560_20

4.Govt of India. Health and Wellness Centres. MoHFW Govt of India [Internet] 24 Mar 2019; Available at: https://ab-hwc.nhp.gov.in/

5. Brar S, Purohit N, Singh G, Prinja S, Kaur M, Lakshmi PVM. Health system readiness for roll out of the Ayushman Bharat Health and Wellness Centres - Early experiences from Punjab State. J Family Med Prim Care [Internet]. 2022 [cited 2022 Jun 18; Available from: http://dx.doi.org/10.4103/jfmpc.jfmpc_2560_20

ANNEXURE- Part A

S.NO	DISTRICTS	Name of department(HWCs)	Date(s) of visit	Time spent	Interacted with(Name and designation)
1.	AMBALA	BARA	21.05.22	3 hours	Dr. Geeta, CHO
		GARNALA	20.05.22	5 hours	Dr. Pushpinder,CHO
		MANDOUR	20.05.22	5 hours	Dr. Madhu Verma,CHO
		DUKHERI	21.05.22	5 hours	Dr. Priyanka,CHO
		KALHERI	20.05.22	5 hours	Pinki,CHO
2.	JIND	JHANJKALAN	18.05.22	5 hours	Renu Mor,CHO
		KALWAN	17.05.22	5 hours	Renu Rani,CHO
		SULEHRA	17.05.22	5 hours	Ganpat Ram,CHO
		THUA	17.05.22	5 hours	Deepak Kumar,CHO
		KHATKAR	18.05.22	4 hours	Pinky Devi,CHO
3.	KARNAL	BARTHAL	12.05.22	4 hours	Dr. Arum Saini
		KALAMPURA	10.05.22	4 hours	Anshu Sahgal,CHO
		PUNDRAK	10.05.22	5 hours	Ritu,CHO
		RAMBA	11.05.22	5 hours	Dr. Pooja, CHO

		SHEIKHPURA	11.05.22	5 hours	Poonam Choudhary,CHO
4.	MEWAT	KURTHALA	12.05.22	3 hours	Imtiyaz,CHO
		REWASAN	13.05.22	3 hours	pavitra,CHO
		SALAHERI	13.05.22	4 hours	Nek Raj,CHO
		LEHARWADI	12.05.22	4 hours	Banneri lal, CHO
		SIKRAWA	13.05.22	3 hours	Praveen kumar,CHO
5.	PALWAL	SILOTHI	10.05.22	3 hours	Om prakash,CHO
		RUNDHI	10.05.22	4 hours	Pradeep Garg (CHO)
		ASAWATA	09.05.22	3 hours	Anshu,CHO
		BHANGURI	09.05.22	4 hours	Dr.Hardik,CHO
6.	PANCHKULA	BHORIAN	08.06.22	3 hours	Dr. Vikram,CHO
		JALOULI	08.06.22	3.5 hours	Monika, CHO
		KHATOLI	07.06.22	3 hours	Vaishali,CHO
		RAMGARH	06.06.22	3 hours	Ankita,CHO
		NADA SAHIB	07.06.22	3 hours	Dr. Pradhdeep,CHO
7.	PANIPAT	BANDH	13.05.22	5 hours	Dr. Jagdish,CHO

		DIWANA	**14.05.22**	**5 hours**	**Suman,CHO**
		KALKHA	**13.05.22**	**5 hours**	**Sheetal,CHO**
		SIWAH	**14.05.22**	**5 hours**	**Poonam,ANM**
8.	**HISAR**	**DABRA**	**11.05.22**	**4 hours**	**Rakesh sharma,CHO**
		MERKAN	**10.05.22**	**4 hours**	**Dr.Sunita,CHO**
		MEYER	**11.05.22**	**3 hours**	**Mahesh, CHO**
		KANWARI	**10.05.22**	**4 hours**	**Priyanka,CHO**
		MUKLAN	**09.05.22**	**5 Hours**	**Dr. Charu Manjul,CHO**
9.	**NARNAUL**	**BHAKRI**	**20.05.22**	**3 hours**	**Dr. Sandeep Maan,CHO**
		KHASPUR	**19.05.22**	**2.5 hours**	**Dr. Kanwar Singh,CHO**
		NASEEBPUR	**19.05.22**	**2 hours**	**Shankar Lal,CHO**
		JATWAS	**19.05.22**	**2 hours**	**Chandra shekar yadav,CHO**
		RAGHUNATPURA	**20.05.22**	**2.5 hours**	**Ankita,ANM**

GRAPHS/CHARTS:

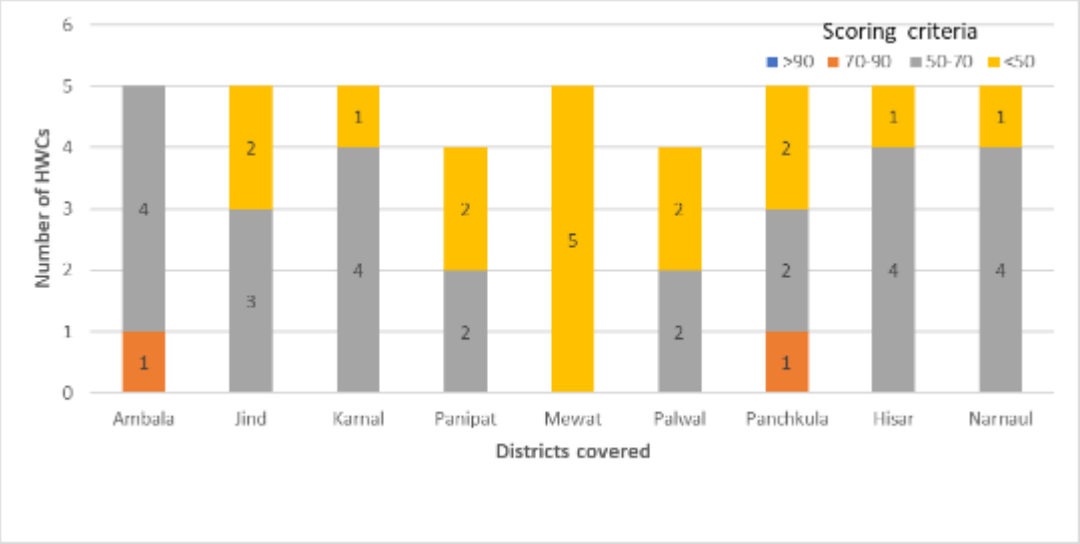

Fig. 1 Scoring criteria of HWCs in 9 districts of Haryana

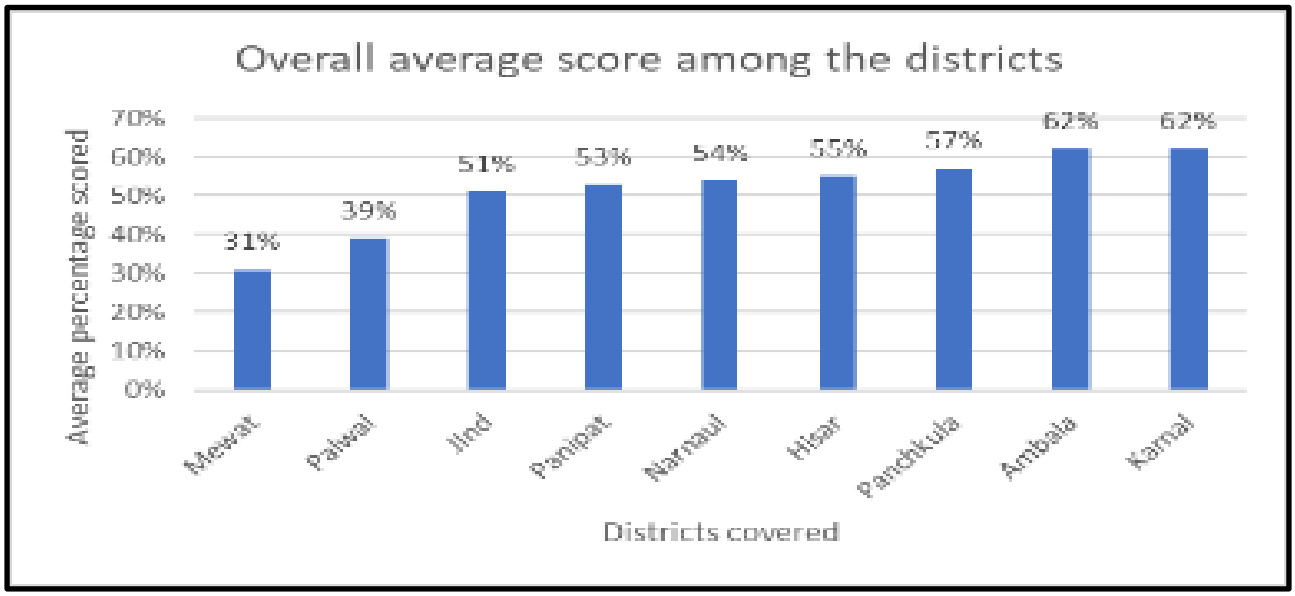

Fig2: Overall average score for HWCs in 9 districts.

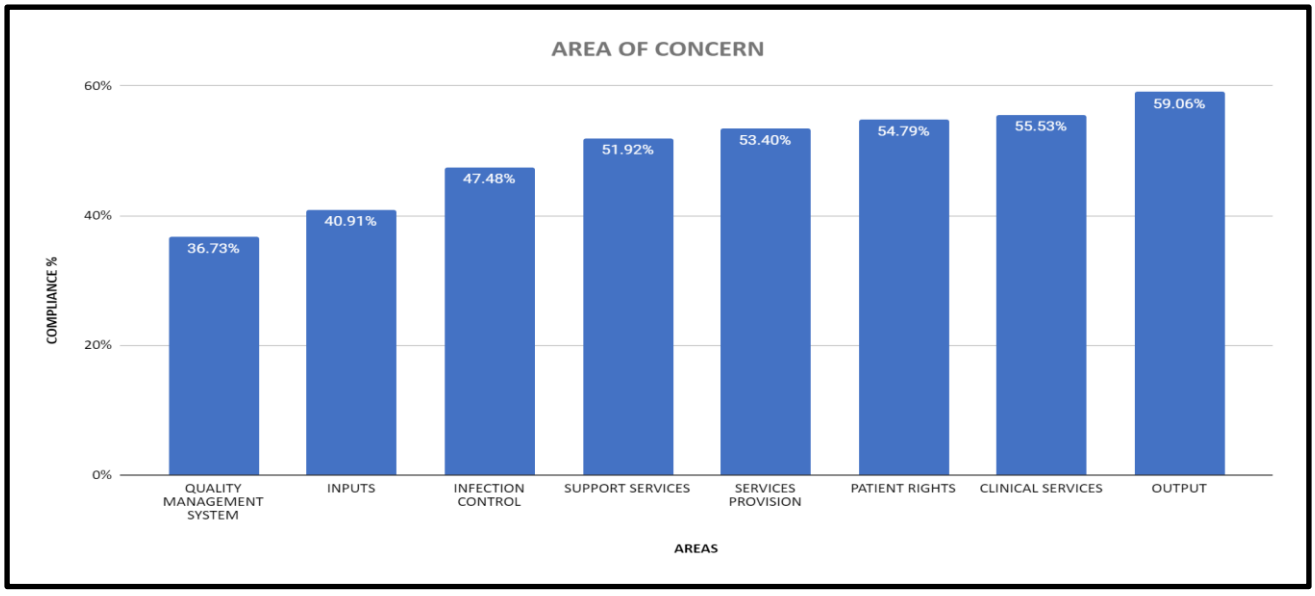

Fig3: Compliance % of concerned area of services among the 9 districts.

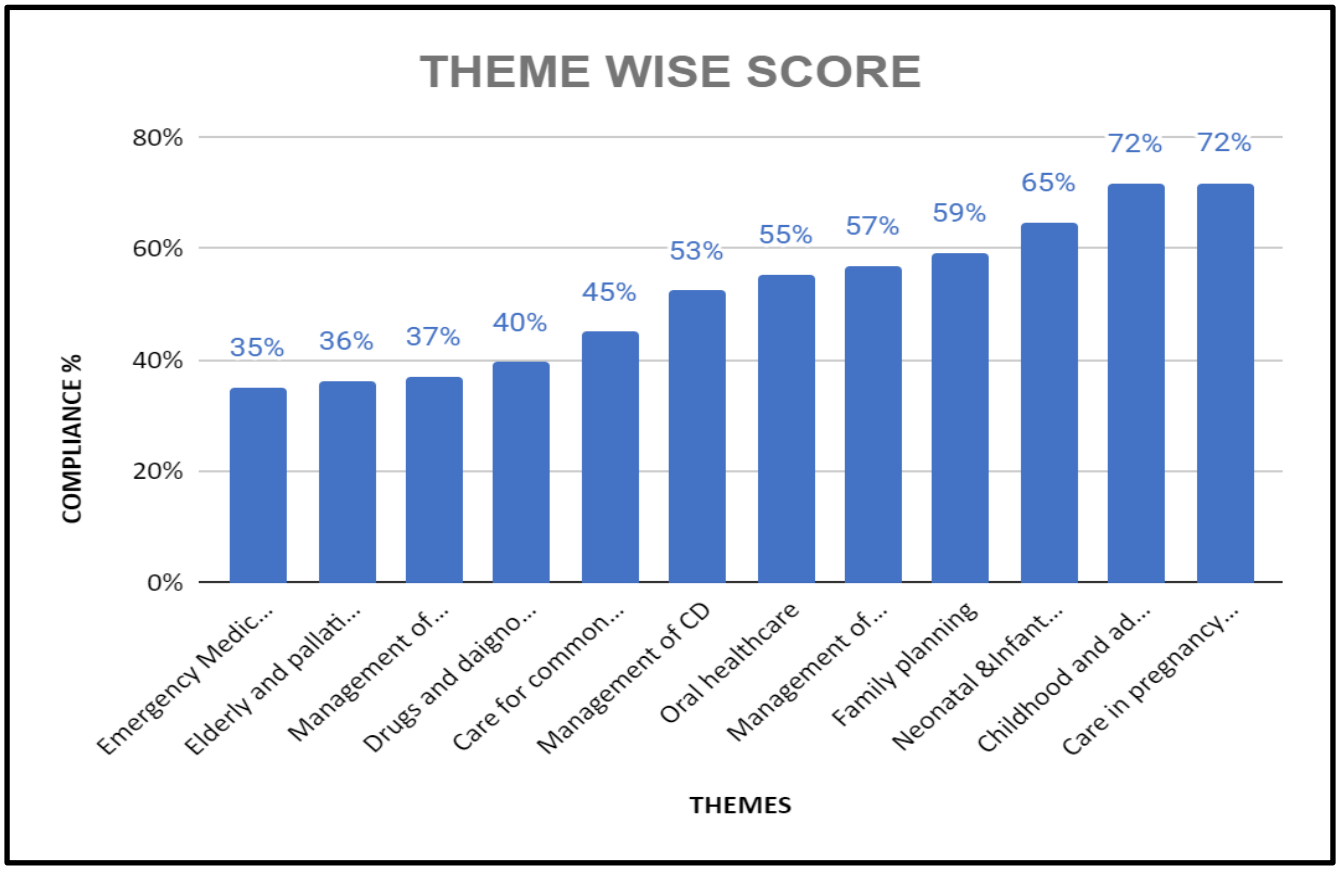

Fig 4: Compliance% in accordance to 12 service themes provided by the HWCs of 9 districts.

Table 1- Overall Scoring of HWCs in 9 Districts of Haryana

DISTRICTS	HWCs	OVERALL SCORE
AMBALA	BARA	60%
	GARNALA	78%
	MANDOUR	60%
	DUKHERI	56%
	KALHERI	55%
	AVERAGE SCORE	**62%**
JIND	JHANJKALAN	52%
	KALWAN	56%
	SULEHRA	46%
	THUA	49%
	KHATKAR	51%
	AVERAGE SCORE	**51%**
KARNAL	BARTHAL	68%
	KALAMPURA	64%
	PUNDRAK	63%
	RAMBA	49%
	SHEIKHPURA	67%

	AVERAGE SCORE	**62%**
MEWAT	KURTHALA	32%
	REWASAN	33%
	SALAHERI	32%
	LEHARWADI	24%
	SIKRAWA	32%
	AVERAGE SCORE	**31%**
PALWAL	SILOTHI	51%
	RUNDHI	52%
	ASAWATA	21%
	BHANGURI	33%
	AVERAGE SCORE	**39%**
PANCHKULA	BHORIAN	61%
	JALOULI	39%
	KHATOLI	77%
	RAMGARH	47%
	NADA SAHIB	61%
	AVERAGE SCORE	**57%**
PANIPAT	BANDH	55%
	DIWANA	50%

	KALKHA	50%
	SIWAH	55%
	AVERAGE SCORE	**53%**
HISAR	DABRA	52%
	MERKAN	67%
	MEYER	52%
	KAWARI	45%
	MUKLAN	60%
	AVERAGE SCORE	**55%**
NARNAUL	BHAKRI	56%
	KHASPUR	55%
	NASEBPUR	63%
	JATWAS	60%
	RAGHUNATPURA	35%
	AVERAGE SCORE	**54%**

Table 2- Area of concern wise scoring in 9 districts of Haryana

DISTRICTS	HWCs	SERVICES PROVISION (%)	PATIENT RIGHTS (%)	INPUTS (%)	SUPPORT SERVICES (%)	CLINICAL SERVICES (%)	QUALITY MANAGEMENT SYSTEM (%)	INFECTION CONTROL (%)	OUTPUT (%)
AMBALA	BARA	58	55	48	59	62	60	84	56
	GARNALA	83	73	56	89	79	76	90	89
	MANDOUR	60	64	56	54	61	31	82	78
	DUKHERI	54	57	51	51	60	37	63	78
	KALHERI	63	52	41	54	66	13	35	85
	AVERAGE SCORE	**63.6**	**60.2**	**50.4**	**61.2**	**65.6**	**43.4**	**70.8**	**77.2**
JIND	JHANJKALAN	69	70	44	54	53	11	47	65
	KALWAN	64	68	47	63	59	11	52	57
	SULEHRA	46	48	44	51	43	33	28	87
	THUA	57	52	45	60	52	15	31	50
	KHATKAR	48	50	40	46	59	21	60	67
	AVERAGE SCORE	**56.8**	**57.6**	**44**	**54.8**	**53.2**	**18.2**	**43.6**	**65.2**
KARNAL	BARTHAL	67	63	46	65	72	69	79	87
	KALAMPURA	76	62	53	71	66	44	53	67
	PUNDRAK	58	62	49	63	70	46	81	52
	RAMBA	51	57	41	45	64	21	39	78

	SHEIKHPURA	64	77	39	73	69	44	98	78
	AVERAGE SCORE	**63.2**	**64.2**	**45.6**	**63.4**	**66.2**	**44.8**	**70**	**72.4**
MEWAT	KURTHALA	37	32	31	29	30	36	35	41
	REWASAN	36	38	26	26	35	39	27	44
	SALAHERI	36	34	23	27	34	34	37	44
	LEHARWADI	23	39	26	17	29	14	48	17
	SIKRAWA	37	44	35	32	33	21	15	22
	AVERAGE SCORE	**33.8**	**37.4**	**28.2**	**26.2**	**32.2**	**28.8**	**24.4**	**33.6**
PALWAL	SILOTHI	43	55	41	53	58	33	48	52
	RUNDHI	46	62	42	53	58	33	48	52
	ASAWATA	27	20	20	17	26	3	9	11
	BHANGURI	36	35	26	28	34	34	40	44
	AVERAGE SCORE	**38**	**43**	**32**	**37**	**44**	**25.8**	**36.3**	**39.8**
PANCHKULA	BHORIAN	50	56	41	64	65	77	89	54
	JALOULI	36	50	37	41	42	29	37	24
	KHATOLI	80	73	59	77	82	91	60	81
	RAMGARH	57	66	44	43	48	31	31	56
	NADA SAHIB	69	73	46	44	70	43	71	74
	AVERAGE SCORE	**58.4**	**63.6**	**45.4**	**53.8**	**61.4**	**54.2**	**57.6**	**57.8**
PANIPAT	BANDH	53	59	41	62	60	29	30	88
	DIWANA	60	68	44	36	55	31	47	56

	KALKHA	51	67	39	52	47	26	69	88
	SIWAH	63	60	46	39	57	70	58	78
	AVERAGE SCORE	**56.8**	**63.5**	**42.5**	**47.3**	**54.8**	**39**	**51**	**77.5**
HISAR	DABRA	56	45	42	53	61	36	34	41
	MERKAN	76	65	39	75	79	53	48	44
	MEYER	61	57	35	51	56	43	53	56
	KANWARI	27	52	39	53	52	31	15	50
	MUKLAN	62	73	51	69	59	47	61	65
	AVERAGE SCORE	**56.4**	**58.4**	**41.2**	**60.2**	**61.4**	**42**	**42.2**	**51.2**
NARNAUL	BHAKRI	66	60	38	71	61	39	34	52
	KHASPUR	61	71	38	65	58	32	47	48
	NASEEBPUR	59	64	61	72	72	44	31	56
	JATWAS	45	43	42	66	79	37	10	69
	RAGHUNATHPURA	36	38	24	39	35	20	35	59
	AVERAGE SCORE	**53.4**	**55.2**	**38.6**	**62.6**	**61**	**34.4**	**31.4**	**56.8**

Table 3 Theme wise scoring in 9 districts of Haryana

	THEME WISE SCORE	Care in pregnancy and child birth(%)	Neonatal & Infant health services(%)	Childhood and adolescent health services(%)	Family planning(%)	Management of CD(%)	Management of NCD(%)	Care for common Ophthalmic and ENT(%)	Oral healthcare(%)	Elderly and palliative health care(%)	Emergency Medical services(%)	Management of Mental Health ailments(%)	Drugs and diagnostics(%)	AVERAGE (%)
	BARA	79	71	64	81	55	66	53	64	27	36	50	44	**57.50**
	GARNALA	94	90	96	85	84	77	58	71	38	57	79	55	**73.67**
	MANDOUR	81	79	89	81	52	68	44	71	42	50	29	46	**61.00**
	DUKHERI	77	80	64	73	41	70	53	57	27	57	50	44	**57.75**
AMBALA	KALHERI	81	73	82	58	61	71	61	79	31	50	57	48	**62.67**
	JHANJKALAN	67	56	68	46	59	66	47	71	38	64	36	37	**54.58**
	KALWAN	83	90	71	81	74	29	50	86	19	29	57	45	**59.50**
	SULEHRA	60	53	68	42	48	50	44	57	19	36	36	40	**46.08**
	THUA	71	60	61	65	44	50	39	64	31	43	43	33	**50.33**
JIND	KHATKAR	86	80	61	73	60	59	39	43	15	36	36	33	**51.75**
	BARTHAL	94	89	82	85	70	88	44	43	23	43	50	48	**63.25**
	KALAMPURA	80	66	79	50	65	72	58	79	42	50	43	61	**62.08**
	PUNDRAK	83	83	96	77	67	65	47	86	65	36	36	29	**64.17**
	RAMBA	81	63	71	46	57	59	47	50	19	43	29	42	**50.58**
KARNAL	SHEIKHPURA	89	88	86	69	67	74	36	79	4	36	64	43	**61.25**
	KURTHALA	44	36	43	46	22	37	22	36	23	36	21	27	**32.75**
	REWASAN	49	41	46	42	33	40	28	36	23	36	29	21	**35.33**
MEWAT	SALAHERI	46	36	46	35	29	35	42	36	38	21	21	18	**33.58**

	LEHARWADI	31	20	32	35	23	38	28	29	0	7	14	22	**23.25**
	SIKRAWA	40	20	39	42	39	43	25	43	12	29	29	31	**32.67**
	SILOTHI	79	59	82	54	49	54	50	71	27	36	29	43	**52.75**
	RUNDHI	79	59	82	50	49	55	50	71	31	36	43	43	**54.00**
	ASAWATA	37	22	21	27	23	32	19	21	15	7	29	18	**22.58**
PALWAL	BHANGURI	46	36	46	35	32	35	42	36	38	21	21	19	**33.92**
	BHORIAN	90	69	79	69	44	59	44	50	77	50	29	36	**58.00**
	JALOULI	49	41	57	54	28	45	42	21	23	14	14	38	**35.50**
	KHATOLI	84	91	89	73	84	75	72	71	88	50	50	65	**74.33**
	RAMGARH	63	66	68	69	46	54	42	50	35	14	21	42	**47.50**
PANCHKULA	NADA SAHIB	93	91	71	77	63	75	47	71	50	50	29	42	**63.25**
	BANDH	79	59	82	58	46	72	42	64	46	29	50	44	**55.92**
	DIWANA	64	63	57	69	56	67	67	43	27	36	21	37	**50.58**
	KALKHA	76	47	61	54	41	60	44	50	19	21	21	38	**44.33**
PANIPAT	SIWAH	77	77	68	54	72	52	36	43	38	43	36	49	**53.75**
	DABRA	73	59	79	58	54	54	56	79	46	57	50	33	**58.17**
	MERKAN	71	87	96	62	82	73	81	100	77	36	71	48	**73.67**
	MEYER	74	80	75	38	48	55	44	64	27	36	43	36	**51.67**
	KAWARI	72	67	93	46	39	48	19	21	54	21	21	54	**46.25**
HISAR	MUKLAN	70	79	75	69	59	65	61	57	42	21	50	43	**57.58**
	BHAKRI	81	53	89	54	59	61	56	79	46	50	43	42	**59.42**
	KHASPUR	79	70	96	77	62	44	33	21	69	29	14	38	**52.67**
	NASEBPUR	80	74	96	77	74	66	39	50	73	43	29	53	**62.83**
	JATWAS	90	94	86	58	66	73	58	71	77	7	57	46	**65.25**
NARNAUL	RAGHUNATPURA	69	69	89	54	33	20	31	0	15	7	14	31	**36.00**

9 DISTRICT		71.88	64.79	71.65	59.26	52.53	57.00	45.12	55.44	36.65	35.09	37.07	39.65	52.18