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भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110011

D.O.No Z-15015/11/2017-NHM-I

Dated the 30<sup>th</sup> May, 2018

*Dear colleague,*

You are aware that this Ministry has already accorded in-principle approvals for transforming Sub Centres/Primary Health Centres/Urban Primary Health Centres based on proposals received for States/UTs. The Ministry is targeting 1500 HWCs to be operationalised by July, 2018 and 2500 by 15<sup>th</sup> August, 2018 of which Aspirational Districts are to be prioritised. 2. An action plan to operationalise the Health and Wellness Centre along with timeline is enclosed. The indicative costing for Health and Wellness Centres has already been shared earlier. The indicative costing for transforming Primary Health Centres and Urban Health Centres as Health and Wellness Centres is also enclosed. It may be noted that this is an indicative costing and activities should be costed based on the gaps in the facility.

3. It may be recalled that the Design Manual for branding the façade of HWC were shared earlier. May I reiterate that uniform façade branding for the Health and Wellness Centres as per the design manual is to be ensured. (Copy enclosed for ready reference)

4. HWCs provide us a great opportunity to render comprehensive primary care close to the community and improve health status while reducing OOPE dramatically.

5. To create greater visibility to HWCs under Ayushman Bharat, these need to be rolled out through formal inauguration by local Ministers/public representatives.

I look forward to accelerated operationalisation with your active support.

*With regards,*

Yours sincerely

(Manoj Jhalani)

**Encl: as above**

Additional Chief Secretary/Principle Secretaries /Secretaries (Health & FW) – All States/UTs

स्वच्छ भारत—स्वस्थ भारत

Copy to:

1. Mission Directors, NHM – All States/UTs
2. Director of Health Services - All States/UTs
3. Executive Director, NHSRC
4. PPS to JS (P)

Yours sincerely,



(Manoj Jhalani)



**Suggested time table for states for launch of HWCs**

	11 <sup>th</sup> June-16 <sup>th</sup> June	18 <sup>th</sup> June-23 <sup>th</sup> June	25 <sup>th</sup> June-30 <sup>th</sup> June	2 <sup>nd</sup> July-7 <sup>th</sup> July	9 <sup>th</sup> July-14 <sup>th</sup> July	16 <sup>th</sup> July-21 <sup>st</sup> July	23 <sup>rd</sup> July-15 <sup>th</sup> August
Infrastructure	Gap assessment in terms of building repairs, water and electricity availability	Carrying out repairs, ensuring regular water availability and electricity back up	Painting SC building and branding				
Furniture and fixtures, equipment, medicines and consumables	Conducting gap assessment in selected block as per IPHS and NCD screening guideline.	<ol style="list-style-type: none"> <li>1. Supply of equipment and consumables in required quantity at identified SCs and PHCs</li> <li>2. Ensuring availability of medicines as per essential list of medicines at SC/PHC level.</li> <li>3. Ensuring availability of medicines for hypertension and diabetes for 3 months as per number of identified patients in SC area</li> </ol>					
IT infrastructure	Conducting gap assessment at SCs, PHCs and teleconsultation hub site- CHCs/DH or Medical College in terms of internet connectivity, availability of IT equipment	<ol style="list-style-type: none"> <li>1. Ensuring tablet availability- 2 per HWC- SC</li> <li>2. Ensuring smartphones for ASHAs in selected HWCs.</li> <li>3. Ensuring required IT infrastructure at HWC-PHCs- computer and internet connectivity</li> </ol>					
HR- training	Training of district trainers for ASHA, MPW, Staff nurse and MO training for Universal screening, Management of common NCDs	Training of ASHAs in selected SCs in Universal screening, Management and control of	Training of MPWs at SCs for NCD and ANMOL app.		Training of MOS in package 8-12		

		NCDs- 5 days					
		Training of MPWs at HWC-SCs in Universal screening, Management and control of NCDs- 3 days- joint last day training of ASHA and MPW					
		Training of MOs/Staff nurse in in Universal screening, Management and control of NCDs – 3 days theory and (at least one service provider in PHC) in practical- cervical screening using VIA- 21 days					
School- health component	Training of trainers in AyushmanAmbassadors training	Training of trainers in Ayushman Monitors training	Training of Ayushman Ambassadors- identifies school health teachers	Training of Ayushman Monitors- identified students			
Service delivery	Planning for wellness component in coordination with AYUSH department- planning for YOGA sessions		Population enrolment and CBAC form filling by ASHAs	<ol style="list-style-type: none"> <li>1. Data entry from family folders and CBAC form in tablets</li> <li>2. Planning for village wise screening</li> <li>3. Plan for schedule of</li> </ol>	<ol style="list-style-type: none"> <li>1. Conducting village wise screening at SC for common NCDs along with data entry in tablets</li> <li>2. Teleconsultation services to be provided in coordination with the referral centre.</li> <li>3. Service delivery to continue</li> </ol>	Target of covering at least 50% population for screening	



## Indicative Costing for PHC and UPHC – HWCs

Rural PHC	Non Recurring	Recurring	Remarks
Training			
Medical officers (two)		20,000	10,000 per MO
Staff nurses (two)		15,000	7500 per SN
Multi-skilling of ANMs, ASHAs and MPW		20,000	ASHAs and MPWs at collocated SHC
ASHA incentives		60,000	1000 pm per ASHA for additional packages (linked with activities) at collocated SHC
Team based incentive		2,00,000	1 Lakh for PHC team and 1 Lakh for collocated SHC team
IEC		50,000	
IT support	60,000	5,000	One laptop for PHC MO and one tablet for collocated SHC
Lab	1,00,000	30,000	
Infrastructure Strengthening of PHC to HWC	4,00,000		
<b>Sub-Total</b>	<b>5,60,000</b>	<b>4,00,000</b>	
<b>Independent Monitoring Cost</b>		<b>28,800</b>	
<b>Total</b>	<b>9,88,000</b>		

Urban PHC	Non Recurring	Recurring	Remarks
Training			
Medical officers (two)		20,000	10,000 per MO
Staff nurses (two)		15,000	7500 per SN
Multi-skilling of MPWs (F) - 5		25,000	5000 per MPW (F)
Multiskilling of ASHAs - 25		75,000	3000 per ASHA
Team Based Incentives		6,00,000	Assuming 50% population would need services of UPHC. @Rs. 1 L per 5000 population for Frontline worker team and Rs. 1 Lakh for UPHC team
ASHA incentives		3,00,000	1000 pm per ASHA for additional packages (linked with activities)
IEC		1,00,000	
IT support	1,00,000	10,000	One laptop for UPHC MO and five tablets for MPW (F)
Lab	1,00,000	50,000	
Infrastructure Strengthening of PHC to HWC	1,00,000		For wellness room
<b>Sub-Total</b>	<b>3,00,000</b>	<b>11,95,000</b>	
<b>Independent monitoring costs for performance assessment at 3%</b>		<b>44850</b>	
<b>Total</b>	<b>15,39,850</b>		