



Ayushman Bharat Health and Wellness Centres Operational Guidelines for Wellness Interventions





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Operational Guidelines
for
Wellness Interventions

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**Minister for Health & Family Welfare
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Government of India**



Message

India in the last two decades has witnessed transition in demography, rapid urbanization and change in dietary patterns leading to changing disease pattern. This epidemiological transition characterized by high burden of noncommunicable diseases, called for a paradigm shift in approach to health care.

Our Honorable Prime Minister Shri Narendra Modi envisioned the Atmanirbhar Swasth Bharat. His call, is for adopting a holistic approach in our healthcare system and to focus on not only health, but equally on wellness. In his own words "Our vision for wellness is as global as it is domestic. The world is looking at health and wellness seriously, especially after COVID-19. India has much to offer in this regard. Our yoga and Ayurveda can contribute to a healthy planet."

Under his visionary leadership, my ministry has worked to reform and transform the health care system. The Ayushman Bharat Health and Wellness Centres launched in 2018 is emerging as foundational to India's public health system. It is evolving as the first point of contact for all health issues, for all people. Wellness is integral to the expanded range of comprehensive primary health care services offered at these AB-HWCs. Wellness is aimed at keeping the country's youth fit, so that, they do not have to deal with lifestyle-related diseases.

Indians have always espoused wellbeing as a way of life in the form of diet, intermittent fasting, yoga, meditation and socially cohesive neighborhoods. I take pride that we are on the path to integrate the strengths of allopathy and AYUSH in the best interest of our people's health. This Operational Guidelines for Wellness, the first in the series has leveraged India's rich tradition of indigenous health system and Yoga.

Cont...

The guidelines endeavor to align itself to National Health Policy-2017's key principles of pluralism, equity, universality, decentralization and inclusive partnerships. The Ministry of Health and Family Welfare is collaborating with the other ministries especially AYUSH, Education, Woman and Child, Youth and Sports, Culture etc., to ensure that wellness continues to be ingrained in people's lives. These guidelines are envisaged to guide the collaborative action of primary health care teams at Ayushman Bharat Health and Wellness Centres and the communities, it serves.

I call upon all the States and Union Territories to nurture the Ayushman Bharat Health and Wellness Centers as enabling hubs, for people to adopt wellness lifestyle, thus, accelerating the country's journey towards 'Ayushman Bharat'.



(Dr. Mansukh Mandaviya)



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भारत सरकार

MINISTER OF STATE FOR
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MESSAGE

The launch of Ayushman Bharat and initiation of Ayushman Bharat - Health and Wellness Centres (AB-HWCs), heralded the march of India to realize the National Health Policy goal of universal health coverage. Lifestyle-induced non-communicable diseases burden called for a renewed focus on positive health and wellbeing. In the last four years, the programme has evolved and expanded to fit into its umbrella, the changing national health scenario.

The AB-HWCs have been in the forefront of providing comprehensive primary health care for all people closer to their homes. Wellness is one of the core tenets of the AB-HWCs assuring long overdue shift in approach from illness to wellness. The health promotion strategy recommended by the National Health Policy 2017, is being translated into ground reality through the AB-HWCs. Our team of doctors, community health officers, staff nurses, multi-purpose health workers and ASHAs have been working tirelessly to make wellness a people's movement.

The Government of India, under the visionary leadership of Hon'ble Prime Minister Shri Narendra Modi ji, is committed to meet the health needs of the people of India and these guidelines on wellness interventions, to be implemented through AB-HWC teams, have come at an opportune time making it plausible for wellness movement to reach every home. I am confident that States and the AB-HWC teams would find these guidelines of immense value in steering the country and its people on the road to wellness working collaboratively with other government departments and credible non-government institutions.

सर्वे भवन्तु सुखिनः। सर्वे सन्तु निरामयाः।
(अर्थात् सभी सुखी हों, सभी रोगमुक्त रहें।)

(Dr. Bharati Pravin Pawar)

“दो गज की दूरी, मास्क है जरूरी”



राजेश भूषण, आईएएस
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Message

Wellness has been an integral part of the Indian way of life since time immemorial. The contours of wellness are laid out in our daily and seasonal routine. Many facets of wellness are expounded in and derive their strength from the Indian Systems of Medicine. The socio economic scenario of our Country has been changing at a fast pace with people moving to cities in search of jobs, spending most of their time in heavy vehicular traffic and being exposed to air pollution. Stress, fast-food culture, sedentary living habits have resulted in burgeoning burden of non-communicable diseases. These lifelong diseases are not only stretching the health system but also escalating cost of health care per family per month.

The only sustainable approach to solve this lifestyle crisis is to shift the focus of health care delivery from illness to wellness. The National Health Policy 2017 calls for integrating preventive and promotive health care in all development policies. This requires amplifying the awareness about importance of physical activity, eating right and wellness lifestyle from the grassroots. The Ayushman Bharat Health and Wellness Centres are best suited to create the momentum in the movement, as they are the closest to the community and emerging as first points of contact for people. Thus, wellness is an integral part of comprehensive primary healthcare provided through these grassroots public health institutions.

The operational guidelines on wellness interventions for Ayushman Bharat Health and Wellness Centres lay out principles of wellness and practical steps to promote the wellbeing among people through a collaborative, intersectoral approach. I strongly believe that these guidelines shall aid the States to spread the wellness campaign across the districts and build a healthy and fit India.

Place : New Delhi
Date : 5th December 2022

(Rajesh Bhushan)



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MESSAGE

Promotive and preventive health is one of the thrust areas articulated in the National Health policy 2017. The policy emphasizes intersectoral coordination at national and sub-national levels to optimize the health outcomes.

Cognisant of the epidemiological transition in India with the rising burden of noncommunicable diseases, it is imperative that wellness is accorded its due priority among the people, families, communities and the health systems. This is an opportune time when the whole world has realised the importance of prevention after the wrath caused by COVID-19 across the world.

In alignment with the priorities highlighted in the national health policy 2017, the operational guidelines on wellness interventions focus on promotion of healthy diet and physical activity, addressing tobacco, alcohol and substance abuse, adolescent and sexual health and also reducing stress.

The Ayushman Bharat Health and Wellness Centres (AB-HWCs) providing comprehensive primary healthcare to all people at no cost and closer to their homes has included promotion of wellness as an integral part of its service. It is imperative that AB-HWCs function in coordination with the local government representatives, local communities, government and non-government institutions and as a collective, ensure 'wellness movement' reaches every household in the country.

The operational guidelines on wellness interventions for Ayushman Bharat Health and Wellness Centres provides pragmatic directions for the states and district health teams to take this movement forward and pave way for a healthy and happy India.


(Roli Singh)

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MESSAGE

Universal Health Coverage (UHC) is one of the targets for achieving Sustainable Development Goals. India is marching towards this goal by providing comprehensive primary healthcare through Ayushman Bharat Health and Wellness Centres (AB-HWC). Wellness is an integral part of comprehensive primary healthcare. The close community connect with which the AB-HWCs operate, position them as suitable platforms to promote adoption of wellness lifestyle among populations, especially in the context of the rising burden of lifestyle-related non-communicable diseases in India.

The operational guidelines on wellness interventions for Ayushman Bharat Health and Wellness Centres have been drafted as a collaborative effort of Ministry of Health and Family Welfare and Ministry of AYUSH. The life-course approach adopted in the guidelines ensures wellness for all. The implementation focuses on the whole of society approach led by the Ayushman Bharat Health and Wellness Centre engaging multiple government departments, communities, and civil society organizations for catalysing and sustaining the wellness behaviour and its impact.

I affirm that these guidelines will provide the impetus and the practical framework for States and Union Territories to lead the way in translation of 'wellness' into a people's movement for a strong and healthy India.


(Vishal Chauhan)



Table of Contents

List of Abbreviations	xv
Chapter 1: Introduction	1
Objectives	2
Key Principles	2
Chapter 2: Concept of Wellness	3
Three key Tenets of Wellness	3
Chapter 3: Components of Wellness	6
1) Healthy Diet	6
2) Physical Activity	10
3) Stress Management	13
4) Behaviour change for holistic healthy life style, positive parenting for adolescent health	17
5) Management of Substance use Disorders	19
Chapter 4: Service Delivery Framework	22
1) Life-course Approach to Wellness	22
2) Implementation of Wellness Interventions	22
3) Roles and Responsibilities of AB-HWC Team Members	31
4) Capacity Building Plan	32
References	33
Annexures	
Annexure 1: Yoga recommendations based on age groups	37
Annexure 2: Disease specific asanas	41
Annexure 3: Tobacco cessation	43
Annexure 4: Alcohol cessation support	45
List of Contributors	47



List of Abbreviations

AB-HWC	Ayushman Bharat Health and Wellness Centre
ACE	Adverse Childhood Experiences
AFHC	Adolescent Friendly Health Clinics
AHWD	Adolescent Health and Wellness Day
ASHA	Accredited Social Health Activist
AWW	Anganwadi workers
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy
BCC	Behaviour Change Communication
CBAC	Community Based Assessment Checklist
CBO	Community-Based Organizations
CCRAS	Central Council for Research in Ayurvedic Sciences
CHO	Community Health Officer
COPD	Chronic Obstructive Pulmonary Disease
DNA	Deoxyribonucleic acid
GI	Glycaemic Index
HBNC	Home-Based Newborn Care
IARC	International Agency for Research on Cancer
IEC	Information, Education and Communication
JAS	Jan Arogya Samiti
MAA	Mother Absolute Affection
MAS	Mahila Arogya Samitis
MNS	Mental, Neurological and Substance Use
MO	Medical Officer
MPW	Multi-Purpose Worker
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NHP	National Health Policy

OG	Operational Guidelines
PERMA	Positive Emotion, Engagement, Relationships, Meaning, Accomplishment
PHC	Primary Healthcare Centre
PRI	Panchayati Raj Institutions
RKSK	Rastriya Kishor Swasthya Karyakram
ROS	Reactive Oxygen Species
RWA	Resident Welfare Associations
SAM	Severe Acute Malnutrition
SHC	Sub-Health Centre
SHGs	Self-Help Groups
SHWC	Sub Health Wellness Centres
SOBC	Science of Behaviour Change
ULB	Urban Local Body
VHSNC	Village Health Sanitation and Nutrition Committees
WFPB (Diet)	Whole Food Plant Based (Diet)
WHO	World Health Organisation

Introduction

India is currently going through epidemiological transition characterized by a changing scenario of non-communicable diseases (NCDs) surpassing communicable diseases in contributing to the disease burden. The three major NCDs, cardiovascular diseases, respiratory disease, and diabetes account for four million deaths in 2016 in India. (1) The NCDs now account for 60% of the world's deaths and contribute to 63% of total deaths in India. (1) These major NCDs share common behavioural risk factors – unhealthy diet, lack of physical activity, tobacco and alcohol use, and stress. These NCDs are preventable to a large extent as all these behavioural risk factors can be tackled through lifestyle modifications. (2)

According to the Alma Ata declaration in 1978, primary health care is critical to achieving the ambitious goal of “Health for All” by the year 2000, the declaration of the World Health Assembly in 1977. Primary healthcare is defined as a “whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, and as close as feasible to people’s everyday environment.”

The National Health Policy, 2017 (NHP, 2017) seeks to reach everyone in a comprehensive way to move towards wellness. The policy recommended strengthening the delivery of primary health care, through the establishment of “Health and Wellness Centres” as the platform to deliver Comprehensive Primary Health Care. (3)

In February 2018, the Government of India announced the flagship programme of Ayushman Bharat that had two interrelated components. The first component is Ayushman Bharat – Health and Wellness Centres established by transforming sub-health centres and primary health centres in rural and urban areas to deliver Comprehensive Primary Health Care to all closer to the community with a motto of time take to be no more than 30 minutes. Wellness is the key component as part of comprehensive primary healthcare delivered through AB-HWCs. The continuum of wellness is inclusive of changing individual behaviours along with broader changes in social, economic, environmental, and cultural contexts.

The Operational Guidelines on Wellness Interventions for AB-HWCs serves as a framework for operationalizing wellness interventions as part of comprehensive primary health care services through Ayushman Bharat Health & Wellness Centres. These guidelines have been developed through consultation with national and state-level policymakers and practitioners. It also draws in the implementation experience of government, NGOs and the private sector in the delivery of comprehensive primary health care.

The key emphasis of these guidelines is promoting good health of individuals, family and communities. Promoting good health and providing basic health services is required for people to maintain good health.

The guidelines define wellness and its components, strategies, activities, roles and responsibilities and a monitoring and evaluation system for implementing wellness interventions through AB-HWCs.

Objectives

- Define the concept of wellness and its components
- Identify interventions and their implementation modalities to promote wellness through Ayushman Bharat Health and Wellness Centres
- Define the roles and responsibilities of the key health professionals of AB-HWCs and community representatives in implementing wellness interventions and promote them sustainably.

Key Principles

These operational guidelines for wellness interventions through AB-HWCs have been developed based on the following principles-

1. Grounded on evidence and behavioural science
2. People-centric focus to empower communities to take ownership of their health
3. Focused on ensuring equity in utilization of wellness services and sustainability of adoption of wellness behaviour by the communities.
4. Holistic integration of modern and Indian systems of medicine

Concept of Wellness

Before we understand wellness, let us understand health and well-being. WHO defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. (4) ‘Wellbeing’ refers to a positive state, framing health as a positive aspiration. (5) Wellness is an active process through which people become aware of and make choices towards a more successful existence.

Three key Tenets of Wellness

- Wellness is conscious, self-directed and evolving process of achieving one’s full potential.
- Wellness is positive and affirming
- Wellness is multidimensional fuelling the body, engaging the mind, and nurturing the spirit. (6)

Wellness encompasses eight mutually interdependent dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial & environmental. (7)

Figure 1: Wellness and its dimensions



Physical wellness is not merely the absence of illness, but about maintaining a thriving lifestyle. **Emotional wellness** encompasses optimism, self-esteem, self-acceptance, and the ability to experience and cope with feelings independently and interpersonally. **Social wellness** focuses on connecting with the community and people around and being aware of one's social and cultural background as a bridge to understanding diversity and creating safe and inclusive spaces. **Intellectual wellness** encourages participating in mentally stimulating and creative activities. **Vocational wellness** involves preparing for and participating in work that provides personal satisfaction and life enrichment that is consistent with our values, goals, and lifestyle. **Spiritual wellness** involves having a meaning and purpose in life. It is more than prayer and believing in a higher being. **Environmental wellness** encompasses a life that is respectful to our surroundings and understands the dynamic relationship between the environment and people. **Financial wellness** includes skills to manage resources, to live within our means, making informed financial decisions and investments.

Wellness can be traced to ancient civilizations from east (India, China) to the west (Greece and Rome). The holistic wellness approach under Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH), aids in understanding well-being in the context of Indian culture.

Ayurveda, is a 6000-year-old system of medicine that asserts that science, philosophy, and spirituality are necessary aspects for healthy living. It defines wellness as an integrated model of care involving physical, intellectual, emotional, social, spiritual, and environmental aspects. The balanced network of interactions within living beings and their environment has an integral role to play in the maintenance of health. Swasthya is defined as “the equilibrium of physiological functions (tridosha, vata, pitta, and kapha), metabolism (agni), body tissues (sapta dhatu), and the excretory system (malakriya). It includes equilibrium of senses (indriyas); mind (manas) and spirit (atma). (8)

Yoga, is derived from the Sanskrit word ‘yuj’, which means to unite. It symbolizes the union of the individual soul (jivatma) with the universal soul (paramatma). In other words, it enables a state of consciousness where the practitioner is in harmony with his or her surroundings. (9)

Yoga is the system of medicine to maintain the health of healthy and non-pharmacological cure of illnesses. Ayurveda describes spiritual and mental well-being as happy and healthy senses, soul and mind (Acharya Vagbhatta, Ashtang Hridayam Chapter 1). Yoga has been described as wisdom in work or skilful living amongst activities, harmony and moderation, it is an act of working balance to attain the maximum (10).

Naturopathy, defined as a distinct primary health care system that stresses upon the body's self-healing mechanism. Naturopathy uses a wide range of therapies to support human wellness. The foundation of Naturopathy is based on the greatness of exercise, sunlight, freshwater, stress management, healthy diet, and so on. Naturopathy always advocates the importance of own health, minimizing symptoms of illness, balancing the entire human mechanism, and supporting the body's own ability to heal. (11)

Unani, believes in promotion of health, prevention of diseases and cures through regimental and diet therapies. The preventive and promotive aspects of health of UNANI system of medicine are based on the principles of six pre-requisites or essential factors of life. (12)

Siddha which is one of the earliest traditional medicine systems in the world treats not only the body but also the mind and the soul also finds India as its birthplace. The Siddha philosophy is based on the belief that a healthy soul can only be developed through a healthy body. Diet and lifestyle play a major role in health. Siddha system of medicine is based on methods and medications that strengthen and individual's physical body and thereby their souls. These methods include: intense yogic practices, including years of periodic fasting and meditation. (13)

Homoeopathy is defined as a system of medicine based on individual prescription and holistic approach of treatment. It has been practised for the past centuries in India and is well accepted amongst Indian population. The principle of homoeopathy is based on “like cures like” and “law of minimum dosage”. (14)

The concept of wellness also needs to be understood considering the vulnerable groups:

Elderly: The geriatric population has specific needs and requirements which should be addressed. Younger generation also needs to be educated about these requirements of older people, especially the emotional aspects of old age. The vertical (across family) and horizontal (intra family) integration of elderly is key in improving their life experience.

People with diabetes and hypertension: The growing impact of diabetes in causing comorbidities and health concerns needs urgent mention. People with prediabetes and diabetes can have substantial relief through lifestyle modifications which need to be communicated with an all of society approach.

Obesity: Malnourishment may be over nourishment or undernourishment. The penetration of unhealthy food habits calls for separate messaging regarding over nourishment. There should be care to ensure positive and healthy behaviour regarding food intake.

Children with Adverse Childhood Experiences (ACE): Adverse childhood experiences (ACE) include various forms of physical, mental and emotional abuse, neglect, and household dysfunction (mental illness in family member, alcohol dependence, drug abuse, divorce). It has been reported that over 50% people report at least one or two ACE and is one of the leading unaddressed cause of disease in adults. ACEs have been linked to cardiovascular disease, non-allergic asthma, depression, fatty liver, premature death and suicide. The stressful ACEs affect brain development and how one responds to stress. Thus, parents need to be aware that home environment and harmony at home and among family members and secure and safe environment for children are vital for their physical, mental and emotional wellbeing.

Malnourished Children: Undernourishment during the critical growing years have long-term consequences which cannot be reversed subsequently even with the most expert medical intervention. The multiple factors that lead to undernourishment needs to be addressed in a collective manner.

Components of Wellness

This chapter describes the key components of wellness emphasizing on healthy diet, physical activity including Yoga, stress management, and behaviour change for personal hygiene, positive parenting for adolescent health and tobacco and alcohol cessation. These components are described in terms of their association with health and wellbeing in light of evidence and ways of cultivating them sustainably in our daily lives.

1) Healthy Diet

i) Diet and its Association with Health

Diet is an important determinant of health and well-being. (15) Dietary patterns are linked to the risk of developing obesity, hypertension & cardiovascular diseases, diabetes and cancer. A healthy diet is one that has balanced macronutrients and micronutrients composition to meet the physiological needs of the body. (16) Macronutrients consist of carbohydrates, proteins & fats which provide energy for daily functioning and micronutrients consisting of vitamins & minerals which are required by the body in trace amount. Micronutrients aid in growth, development and metabolic processes. (16–18)

Diet through nutritive and non-nutritive bioactive constituents modulates immunomodulatory and inflammatory processes. One of such mechanisms is oxidative stress which is defined as “an imbalance between oxidants and antioxidants in favour of the oxidants, leading to a disruption of redox signalling and control and/or molecular damage”. (19) Oxidative stress is connected with numerous chronic diseases due to its contributory effect on inflammatory processes. (20) Reactive Oxygen Species (ROS) released during oxidative stress damage the cells in the body and once inflammatory process gets activated, it causes upsurge in the production of free radicals. Type 2 diabetes and obesity have involvement of two key pathophysiological changes namely, increase in oxidative stress and chronic inflammation responsible for the derangement of metabolism. (21).

Plant-based diet comprises of antioxidant-rich items that neutralise the free radicals, thus reducing the risk of chronic diseases and cancer. (22) Plant based diet is considered to ameliorate the oxidative stress in Type 2 diabetes and obesity suggesting inclusion in its treatment. (23) Diet rich in trans-fats increase oxidative stress increasing the risk of chronic diseases like diabetes, obesity, cardiovascular diseases and cancer. Food antioxidants, hypocaloric diets with loss of adipose tissue, substitution of animal protein by vegetable, and changes in the microbiota improve antioxidant status in people with chronic disease. (24)

Fibre promotes fullness, improves blood sugar control, and feeds the beneficial bacteria in your gut. On the other hand, refined carbohydrates have a higher glycaemic index (GI) than unprocessed foods. High GI foods raise blood sugar more rapidly than low GI foods.

Simple carbohydrate present in fruits is a good source of healthy carbohydrate. The sugar in fruits, vegetables and whole grains is combined with fibre that delays rapid absorption, prevents rapid sugar and insulin spike. Therefore, has low glycaemic index and helps to improve insulin resistance. Sugar contained in fruits, vegetables and whole grains is therefore healthy.

Whole food plant based (WFPB) diet is strongly associated with better health and wellbeing. WFPB diet is minimally processed, close to nature, derived from plants. (25) Whole food plant-based diet consists of 4 key food groups namely fruits and vegetables, whole grain cereals, pulses and lentils and nuts and seeds. (26)

Numerous studies over the last few decades have clearly shown that people whose diets include a large intake of plant foods tend to have a lower risk of chronic disease. Plants have bioactive compounds that play an important role in controlling genetic and other biological factors that contribute towards the development of chronic disease. Plant-based foods are usually rich in antioxidants. Antioxidants mop up free radicals that damage cells and tissues. (27,28)

Whole-food, plant-based (WFPB) diet is associated with better glycaemic control (29,30) among individuals with Type 2 Diabetes Mellitus, reduction in body weight, better beta cell function, reduced insulin resistance in overweight individuals (31), better blood pressure control among hypertensive individuals (32) and reduced cardiovascular risk, delayed progression of chronic obstructive pulmonary disease (COPD), such as emphysema and chronic bronchitis, improving lung function (33). Overall, whole food plant-based diet is associated with decreased all-cause mortality (34) and improvement in health related quality of life. (35)

Processed meat is high in inflammatory compounds like advanced glycation end products (AGEs). Its strong association with colon cancer may partly be due to the inflammatory response. The International Agency for Research on Cancer (IARC) issued a press release on the results of the evaluation of the carcinogenicity of red and processed meat. Based on the accumulated scientific literature, the consumption of red meat was classified as 'probably carcinogenic to humans' and processed meat as 'carcinogenic to humans'. (36) Substituting red meat with legumes, nuts or soy reduces the risk of coronary heart disease risk. (37)

Whole food plant-based diet is a recommendation based on the aforementioned emerging evidence. However, people used to non-vegetarian diet may consider using egg, lean meat, lean poultry and fish in reduced quantity.

Principles of healthy diet

- Have adequate fruits and vegetables including green leafy vegetables and cruciferous vegetables and legumes especially pulses and beans; as part of cereal consumption, prefer whole grains.
- It is best to have whole foods (foods that are minimally processed) that are locally produced and seasonal
- Hydrate your body with adequate amounts of water intake daily
- Minimise consumption of highly processed foods including fruit juices & carbonated drinks
- Avoid too much fat, sugar, salt and highly spiced dishes.
- Reheated oils shall not be consumed
- People with chronic lifestyle disorders such diabetes, hypertension, heart disease should strictly follow diet advice of the physician.
- Food should be taken fresh and hot. Hot food is more palatable and easier to digest.
- One should eat in the appropriate amount which can be easily digested by the person,
- Over-eating should be avoided
- Food should be taken only when hungry. Eating between meals should be avoided.
- Choose a clean and pleasant place to eat
- Food should neither be taken too fast nor too slow. 20 minutes for a meal is reasonable.
- Practice mindful eating by being fully attentive to eating during meals to aid in better digestion.
- Specific foods known to cause allergy or any difficulty should be avoided

Recommended healthy whole food plant-based diet

Plant based diet includes:

- Fruits such as mango, papaya, apple, pomegranate, cherries, blueberries, oranges, strawberries, etc
- All vegetables such as capsicum, ladyfinger, brinjal, pumpkin, squash, raddish, beetroot and beans and green leafy vegetables such as spinach, kale and collards
- Nuts like almonds, walnuts etc.
- Indian spices like cumin (jeera), cardamom (ilaayachi), carom (ajwain), turmeric (haldi), ginger (adarak) etc.
- Oils like sunflower, groundnut, mustard, virgin coconut oil. Oils shall always be taken in minimum quantities.

Pro-inflammatory foods to avoid or minimize

- Refined carbohydrates including sugar wherein most of the fibre content is removed: these include maida, high fructose corn syrup, nan, parota, payasam, imarati, jalebi, candy, bread, pasta, cereals, sugary soft drinks, and all processed foods that contain added sugar or flour. They all contain processed sugar and processed grain without fibre and therefore promote insulin resistance.
- Artificial trans-fats in foods such as dalda, samosa, kachori, french fries and fried fast food, microwave popcorn, margarine, packaged cakes and cookies, pastries, and all processed foods that list partially hydrogenated vegetable oil on the label.
- In general, four white foods are to be minimized
 - ✓ Polished and processed foods,
 - ✓ Dairy especially milk, cheese and butter
 - ✓ Sugar and
 - ✓ Salt: High salt intake is pro-inflammatory and excessive salt consumption leads to hypertension.

ii) Age-group specific diet recommendations

The diet recommended for specific age groups is given below:

a) Age 0-5 years

- Early initiation of breastfeeding within thirty minutes of birth
- Exclusive breastfeeding for the first six months of life and continued breastfeeding till the age of two years
- Appropriately thick complementary foods of homogeneous consistency made from locally available foods and reflecting the dietary diversity (food from each food group) should be introduced at six completed months to all babies while continuing breastfeeding along with it
- Responsive feeding practice (for example, feed infants directly and assist older children. Feed slowly and patiently, encourage them to eat but do not force them, talk to the child and maintain eye contact) for early childhood development
- Practice good hygiene and proper food handling
- Frequency of feeds: 2–3 meals per day for infants, 6–8 months of age, and 3–4 meals per day for infants 9–23 months of age, with 1–2 additional snacks as required.
- Quantity must be adequate, increasing with age.
- Use fortified complementary foods or vitamin-mineral supplements as needed; Millets like ragi-halwa, rajgira halwa/laddu, idli, dosa, mixed millet, and drumstick leaves, green gram (moong), khichdi (dish made of rice and lentils), etc.

b) Age 5-9 years

- Include four-food groups namely vegetables; fruits; grains; and legumes (beans, peas, nuts, seeds) in daily diet.
- Promote staple homemade food consisting of cereal-pulse mixture
- Encourage iron-fortified foods, iodized salt, vitamin A enriched food etc.
- Practice responsive feeding
- Provide psycho-social stimulation to the child through ordinary age-appropriate play and communication activities to ensure early childhood development.
- Avoid processed foods and calorie-dense processed/packaged snacks

c) 10-19 years

- Eat three meals a day of balanced diet, with healthy snacks consisting of a bowl of vegetables/cooked pulses/roasted nuts and seeds
- Decrease use of salt
- Drink at least 3-4 litres of water
- Eat plenty of seasonal and local fruits or vegetables for a snack
- Minimize consumption of butter, cheese, meat, and heavy gravies.
- Avoid processed foods and calorie-dense processed/packaged snacks

d) 19 years and above

- **Eat sparingly:** Sugary, refined, high fat and processed foods. Consume less than 2.5 g of salt (equivalent to about half a teaspoon) per day. Salt should be iodized.
- **Eat moderately:** Meat, fish, poultry, eggs.
- **Eat liberally:** Fruits and vegetables including green leafy vegetables and berries.
- **Consume adequately:** Whole grain cereals such as rice, wheat, maize, ragi, etc. Pulses such as dried beans and peas, nuts.

Figure 2: Food pyramid (Source-FSSAI)



e) Women of reproductive age

- Women in reproductive age should consume iron-rich foods like green leafy vegetables, whole grains, jaggery and nuts, eggs, lean meat, etc as per food preference.
- Include in the diet, cumin seeds (jeera), dry/wet ginger (shunthi/adrak), garlic (lashuna), cardamom (elaichi), carom seeds (ajwain), turmeric (haldi), cinnamon (dalchini), black pepper (marich) etc. while preparing food.
- Use traditional recipes such as jaggery with roasted chickpeas/ peanut, powder of fennel seeds mixed with rock sugar and water, flour of roasted chickpeas, beetroot, green gram and fenugreek leaf chilla, mixed millet and drum-stick leaves, sorrel leaves (ambadi) and millets.
- All women of reproductive age including pregnant and postnatal women to consume whole grains, beans and legumes, nuts, seeds, fruits, cruciferous vegetables (cabbage, cauliflower, kale, radish, turnips) as well as herbs and spices.
- To add few drops of fresh lime / lemon juice to their food to increase the absorption of iron.

f) Elderly

- Take a diverse predominantly vegetarian diet including complex carbohydrates (whole grains), roots, legumes, vegetables including green leafy vegetables, cruciferous vegetables (cabbage, cauliflower, kale, radish, turnips) as well as herbs and spices. Incidence of heart disease and stroke is higher in elderly. Animal-based diet is rich in saturated fat. Those who are used to nonvegetarian diet may take lean poultry meat, fish and egg in reduced quantity.
- Intake of calcium through green vegetables, lentils, legumes, nuts and seeds should be increased.
- Single rasayana drugs have been suggested including Indian gooseberry (amla) and buttermilk (takra).

iii) Fasting and wellness

The evidence is emerging on the role of fasting in health. Some studies have shown that fasting reduces the risk of metabolic disorders and improves gut health and general wellbeing. In the light of the available emerging evidence, it is recommended that people adopt multiple ways of fasting so that they choose the method that is most sustainable to adopt. Time restricted feeding by maintaining a daily meal timing within 10 hours in a day (39–43) and daily night fasting of at least 13 hours (44–50) have shown to improve metabolic health. It is recommended to follow early dinner before 7 pm and keep at least 13 hours fasting up to breakfast the next day. Fasting is recommended to be followed only by adults aged eighteen years and above.

2) Physical Activity

WHO defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure and it improves mental health, quality of life, and well-being. (51) It has been found positively associated with functional independence, mobility, glucose homeostasis, bone health, psychological well-being, and overall quality of life. (52) Regular physical activity, while taking other precautions, has been found effective in dealing with the health outcomes of the COVID-19 pandemic. (53) Adults aged 18–64 years should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity. Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.

Figure 3: Types of exercises



i) Exercises based on their purpose are categorized into four groups

a) Endurance b) Strength c) Balance and d) Flexibility. (54). Physical activity in the form of Yoga is highly recommended as it provides comprehensive benefits in improving endurance, strength, balance, and flexibility. People who have undergone major surgeries are recommended to avoid strenuous activities/ Yoga for the first 6 months, following surgery.

a) Endurance Exercises: Exercises related to aerobic activities are called endurance exercises. Endurance Exercise keeps the heart, lungs and circulatory system healthy and improves overall health. Endurance exercises or some Indian games include playing kho-kho, kabaddi, hockey, football, track and field events, cycling, swimming, volleyball, basket-ball. These exercises contain the movement of large muscles in a rhythmic manner for a particular period and increase breathing and heart rate. Some examples of endurance exercises are given below:

- Brisk walking: Brisk walking is defined as 100 steps per minute or 5 km/hour. Brisk walking must be done quickly and energetically.
- Yogic jogging: Yogic jogging includes a set of aerobic exercises with appropriate linkages to breathing techniques. It can be substituted by brisk walking, running, cycling etc.
- Swimming
- Playing games like tennis/badminton/football
- Jumping rope
- Yoga asanas
 - ✓ Urdhwa Swanasana
 - ✓ Adho Swanasana
 - ✓ Gomukhasana
 - ✓ Lolasana
 - ✓ Padmasana
 - ✓ Vajrasana
 - ✓ Tivra Suryanamaskar

b) Strength Exercises: Strength exercises are known as physical activities that make muscles work harder than usual. The primary benefit of strength exercise is maintaining strength and muscle building. Strength exercises may require equipment but one can use the locally available equipment if the equipment is not available. Yoga involves the use of one's own body for strengthening muscles (functional weight) and can be practised without the need for any equipment. Some examples of strength exercises are -

- Lifting weight
- Arm curl
- Gripping a tennis ball
- Squat
- Yoga asanas
 - ✓ Parsvaottanasana
 - ✓ Parighasana
 - ✓ Garudasana
 - ✓ Vatayanasana
 - ✓ Shalabhasana

c) Balance Exercise: Balance exercise keeps the body active, improves balance and coordination. These exercises are related to core muscle, lower back, legs, and lower body strength. As an output, these exercises prevent falls and injuries. Some examples of balance exercises are –

- Balance walk
- Heel-toe walk
- Standing on one foot
- Yoga asanas
 - ✓ Vakrasana
 - ✓ Virbhadrasana I
 - ✓ Virbhadrasana II
 - ✓ Virbhadrasana III
 - ✓ Ardha Chandrasana
 - ✓ Utkatasana

d) Flexibility Exercise: Flexibility Exercises are activities that improve the ability to carry out the daily task and physical activity. It improves flexibility, balance, and strength. Flexibility exercise includes gently easing and stretching the muscle, yoga, etc. These exercises help a person to relax also. Some examples of balance exercises are –

- Leg stretch
- Arm stretch
- Yoga asanas
 - ✓ Uttishth Trikonasana
 - ✓ Parivritta Trikonasana
 - ✓ Uttishtha Parsvakonasana
 - ✓ Parivritta Parsvakonasana
 - ✓ Bhujangasana
 - ✓ Markatasana

ii) Cycling

Cycling is an **aerobic activity**. Cycling leads to deep breathing, perspiration and increased body temperature, which will improve your overall fitness level. It should be done at least 30-45 minutes a day.

Health Benefits of cycling

- weight loss by decreasing body fat levels
- Reduces risk of hypertension, diabetes and cancer
- Improves cardiovascular fitness and control of hypertension, diabetes, and cancer
- increases muscle strength, flexibility and improves joint mobility
- decreases stress levels and reduces anxiety and depression
- improves posture and coordination

Refer to Annexure 1 for age-appropriate yoga.

Refer to Annexure 2 for disease specific asanas.

Recommendations about physical activity based on age groups have been given in Table 1.

Table 1: Age-group specific recommendations for physical activity

Age-group	Recommendation (As per WHO Guidelines on physical activity, sedentary behaviour, and sleep) https://www.who.int/publications/i/item/9789240015128
Children and adolescents aged 5-17 years	An average of 60 minutes per day of moderate-to-vigorous intensity, mostly endurance, physical activity, across the week. Engage in games, sports, and yoga.
Adults aged 18–64 years	<ul style="list-style-type: none">• At least 150–300 minutes of moderate-intensity endurance physical activity throughout the weekor• At least 75–150 minutes of vigorous-intensity endurance physical activity or an equivalent combination of moderate- and vigorous-intensity activity throughout the week• Muscle-strengthening activities at a moderate or greater intensity that involve all major muscle groups on 2 or more days a week.• Engage in games, sports and yoga.
Adults aged 65 years and above	<ul style="list-style-type: none">• Same as for adults• As part of their weekly physical activity, older adults should do varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls.• Engage in yoga such as surya namaskar.
Pregnant and postpartum women	<ul style="list-style-type: none">• At least 150 minutes of moderate-intensity endurance physical activity throughout the week• Incorporate a variety of endurance and muscle-strengthening activities• Yoga (cat-cow pose (Marjaryasana/Bitilasana), balancing table pose (Dandayamana Bharmanasana), Goddess pose (Utkata Konasana), bound angle pose/ butterfly pose (Baddha Konasana), standing sideways and stretching one arm, triangle pose (Trikonasana) and yogic sleep

3) Stress Management

Mental health is a major concern worldwide and the National Mental Health Survey of India in 2016 found that 1 in 20 people in India suffers from depression. Stress has a major influence on well-being,

behaviour, and contributes to mental health issues. (55) Managing stress is critical for ensuring and building the well-being of the person.

The techniques to manage stress have been included in this guideline based on evidence about positive psychology, Pranayam and mindfulness meditation and Yoga.

i) Stress management through positive psychology

There are various theories of wellbeing most notable being PERMA (Seligman, 2012) which outlines the characteristics of a flourishing individual and wellbeing. It has 5 components a) Positive emotion b) Engagement c) Relationships d) Meaning e) Accomplishment. Proactively working on the components of PERMA increases wellbeing and also decreases stress. (56)

a) Positive emotion

Positive emotion means feeling good such as hope, interest, joy, love, kindness and gratitude.

Suggested activities to build positive emotion:

- Spend time with people you love and care
- Engage in activities that you love and enjoy (listening to music, dancing, swimming, gardening)
- Recall people that you are grateful for
- Reflect on things that gives you happiness

b) Engagement

According to Seligman (2012), engagement is “being one with the music.” It is in line with Csikszentmihalyi’s (1989) concept of “flow.” Flow involves complete absorption in an activity and being in the present moment with full focus on the task.

Ways to increase engagement:

- Participate in activities that you love, where you lose track of time when you do them.
- Practice living in the moment, even during daily activities or mundane tasks.
- Spend time in nature, watching, listening, and observing what happens around you.
- Identify and learn about your character strengths and do things that you excel at.

c) Relationships

Relationships involves the interactions individuals have with family members, partners, friends and colleagues and people in the community. Good quality relationships includes feeling supported, loved, and valued by others.

How to build relationships:

- Spend quality time with your family
- Spend time and engage in group activities with people you feel comfortable
- Make new friends and maintain healthy friendship
- Engage yourself with community activities in your locality

d) Meaning

Meaning involves having a sense of purpose in life and feeling of a self-worth. This includes beyond the self and contributing to greater good to the community.

Ways to build meaning:

- Get involved in a social cause or organizations that feel connected
- Think about ways of helping others

- Plan your life goals keeping in mind your family wellbeing
- Think about and engage yourself in community welfare activities

e) Accomplishment

Accomplishment involves having the self-drive to reach a goal in life and mastering the ways towards achieving the goal.

Ways to build accomplishment:

- Reflect yourself and understand your own self
- Set goals considering the wellbeing of your own self and your family
- Reflect on your path towards achieving your goals and stay motivated and put your efforts to stay on the path of achieving your goal
- Celebrate each successful step in your life

ii) Stress management through Pranayam and mindfulness meditation (“Swachh Mann - Swasth Tan”)

a) Pranayam

Anulom Vilom Pranayama: (Alternate nostril breathing) : The main characteristic feature of this prānāyāma is alternate breathing through the left and right nostrils without or with retention of breath.

Technique

- Sit in any meditative posture.
- Keep the spine and head straight with eyes closed.
- Relax the body with a few deep breaths.
- Keep the left palm on the left knee in jnana mudra
- Place the ring and small fingers on the left nostril and fold the middle and index finger. Place the right thumb on the right nostril, known as pranav mudra
- Breathe in from the left nostril; close the left nostril with the small and ring fingers and release the thumb from the right nostril; exhale through the right nostril.
- Next, inhale through the right nostril. At the end of inhalation, close the right nostril, open the left nostril and exhale through it
- Repeat five rounds

Ratio and timing

For beginners, the duration of inhalation and exhalation should be equal. Gradually increase the ratio of inhalation and exhalation to 1:2.

b) Dhyana or meditation

Dhyana or meditation is an act of continuous contemplation.

Technique

Sit in any comfortable meditative posture. Keep your spine erect. Hold Jnāna mudra as follows: Touch the tip of the thumb to the tip of the index finger, forming a circle. The other three fingers are straight and relaxed. All three fingers are side-by-side and touching. Keep your palms facing upwards upon the thighs. Arms and shoulders should be loose and relaxed. Close your eyes and sit with a slightly upturned face. You need not to concentrate. Just maintain a mild focus between the eyebrows and be conscious of your breath. Dissolve your thoughts and attain single and pure thought. Meditate.

iii) Stress management and psychological wellbeing based on Yoga

Yoga is recognized worldwide as a system of medicine, to promote health and wellbeing. (57) It is a practical method for making one's life purposeful and noble. Yoga practices help to keep a person's body & mind in tune with the soul, so all three can blend and become one.) Yoga is useful in the prevention and treatment of chronic diseases, including cardiovascular diseases, type 2 diabetes, and musculoskeletal diseases, as well as stress-related diseases such as anxiety and depression. (51)

Ashtanga yoga as described by Patanjali has eight successive stages or components to attain the ultimate well-being viz.

1. Yama (universal moral commandments), which has five components; a) **Ahimsa** - non-violence in action, speech and thoughts, b) **Satyam** - truthfulness in intention, remaining established in the higher truth, c) **Asteya** - non-stealing, d) **Brahmacharya** - divine conduct, celibate when single, faithful when married, e) **Aparigraha** - not accumulating things needlessly and not desiring things that belong to others.
2. Niyama (discipline in actions) has five components: a) **Saucha** - cleanliness of the body and mind, b) **Santosha** - contentment, remaining happy, c) **Tapas** - austerity and self-discipline, d) **Swadhyaya** - study of the self, abiding in the self, e) **Ishwarapranidhana** - surrendering to higher consciousness or Divine.
3. Asanas (postures)
4. Pranayama (breathing exercise)
5. Pratyahara (emotional regulation)
6. Dharana (determination)
7. Dhyana (concentration) and
8. Samadhi (the highest state of consciousness).

These eight stages of ashtanga yoga are to attain physical, mental and spiritual well-being, as yoga is defined as the method of regulating desires (chitta vritti). Yama & Niyama are to control the desires, passions and emotions, to imbibe harmony e.g., healthy diet, thought and cognitive regulation, communication, non-violence, contentment, chivalry and healthy lifestyle. Asanas keep the body healthy and imbibe physical and mental strength e.g. asanas in the morning, asanas after dinner and micro-exercises. Dharana is the act of determination to achieve a goal e.g., cessation of addiction, abstention from unhealthy diet, following a healthy lifestyle and dhyana is the process of meditation. Samadhi brings about equanimity on all levels of intellect of the practitioner.

Pranayama is the science of regulating and gaining control over the prana or breath or life force, which leads to control of emotions and in turn brings stability, concentration and mental poise. There are 3 components of breathing; Inhalation (Puraka), Exhalation (Rechaka), and retention and holding of breath (Kumbhaka). Maintaining Kumbhaka is the main aim of Pranayama. But it should be Kevala Kumbhaka, a natural cessation of breath without any force. Pranayamas help in getting control over the thought processes in the mind as breath acts as a mediator between body and mind. The other benefits of Pranayama along with Kumbhaka are the development of deep relaxation, lowered metabolic rate, sense of blissfulness, expansiveness, and solitary thought.

The practice also includes developing a positive attitude towards self and the society. These include the following:

- Not harming any being
- Being truthful
- Making right efforts to achieve goals

- Studying authentic resources to acquire the correct knowledge
- Engaging in mindfulness way of life for instance while eating, walking, reading etc and meditation

iv) Self-care for positive mental health

- Ensure breaks and adequate sleep
- Keep in touch with relatives/friends
- Carry out some activities and hobbies unrelated to work
- Exercise regularly and have a healthy diet
- Practice relaxation exercises like yoga, walking and meditation
- Make time for yourself and your family
- Seek peer support when needed
- Practice yoga and meditation regularly
- Connect, belong and volunteer - Connect with people making difference in the lives of people; Belong to spiritual or social organizations to serve and enhance purpose and meaning in life; Volunteer at least 2 hours per week for any activity that helps others or your community.

4) Behaviour change for holistic healthy life style, positive parenting for adolescent health

(i) Behaviour change for holistic healthy life style

Behaviour change for wellbeing involves adopting positive behaviours in our daily life and avoiding harmful behaviours and addictions such as tobacco use both smoked and smokeless forms, alcohol use, and dependence to narcotics. How to adopt positive behaviours as a way of life and how to abstain from negative behaviours are explained in this section.

Behaviours operate in a system at individual, interpersonal and societal levels. It is important to understand this systemic ecology of any behaviour. There is a plethora of behaviour change theories. But there is a paucity of frameworks that are comprehensive in terms of addressing the behaviour change at multiple levels of the system. Science of Behaviour Change (SOBC) is the most recent framework used to understand any behaviour and undertake a behaviour change intervention. The SOBC method involves identifying key mechanisms required to achieve successful change in health behaviours. Three steps 'Identify', 'Measure', and 'Influence' help us to understand why an intervention worked or did not work. The first step involves identifying the mechanisms underlying a behaviour; the second step involves measuring the underlying mechanism associated with the behaviour and the third step involves identifying suitable interventions targeted at altering the mechanism to achieve the desired behaviour change. Furthermore, research has shown three domains relevant for understanding behaviour change: self-regulation, stress reactivity & stress resilience, and interpersonal & social processes. (57)

a) Dinacharya (daily regimen)

Daily regimen (dinacharya) may include performing the following activities:

- Wake up early at least 1 hour before sunrise
- Attend nature's call - bowels, urination, etc. Never suppress nor forcefully void the natural urges – suppression may lead to harmful effects.
- For defecation, one should always use toilets and it should not be done in open grounds. After defecation, the anal area should be cleaned properly with water and hands should be washed properly with soap.

- Care of teeth – Toothbrush with toothpaste used properly in circular motions twice a day and rinsing of mouth with potable after every meal is advisable. Alternatively, fresh sticks of neem (Azadirachta Indica), khadir (Acacia Catechu) etc. can clean teeth, and prevent foul smell.
- Exercise (Vyayama)- Exercising can help remove stagnation in the body and can help recharge and rejuvenate your body and mind for a productive day. (can be practised anytime). Exercises are to be carried out on an empty stomach either in the morning or evening.
- Nails should be trimmed regularly
- Bath (Snana) - Take bath for half to one hour after exercise – Regular bathing ensures good sleep and physical hygiene.
- Expose yourself for 30- minutes to one hour of sunlight daily
- Sleep (Nidra)- Keep the environment clean and pleasant. Avoid sleeping in the day. Proper sleep provides health and longevity and gives a healthy glow; one should take proper sleep every night, which should be between 6-8 hours per night; too much sleep and too little sleep, both are not good for healthy living; generally, day sleeping is not advisable. Sleep should be minimum 7 hours per day.
- Keep a fixed time to bed every day

b) Ritucharya (Seasonal Regimen)

The environment changes with the changes in the seasons – winter, summer, rainy and autumn in the year. These seasonal changes in environment also lead to adaptations within the human body. For instance, increased pain in winters, increased thirst in summers, increased acidity in rains and increased weight in winters etc.

The regimens (charya) regarding diet and lifestyle to adapt to seasonal (ritu) changes without altering body homeostasis is known as Ritucharya. (58) According to Charak Samhita, one’s wellbeing is influenced by diet and lifestyle in congruence with seasonal changes. (59) For more details, refer to ‘Ritucharya’ recommendations of Central Council for Research in Ayurvedic Sciences (CCRAS) at the website address: <http://www.ccras.nic.in/content/ritucharya>.

c) Personal hygiene

- Personal hygiene is important for a thriving mind and body.
- Keeping hands clean
- Maintaining foot, nail, hair and scalp hygiene
- Covering mouth and nose with a tissue while coughing or sneezing
- Menstrual hygiene
 - ✓ Once wet, the napkin should be changed immediately. If not, it can irritate the inside of the thighs and can lead to infections.
 - ✓ Unused Sanitary napkins should be kept in a clean and dry place
 - ✓ It is essential to wash the body and private parts daily
 - ✓ During menstruation, the outer genitals should be washed to remove any blood that is left
 - ✓ Wash hands before eating, after defecation, and after changing the napkin.
 - ✓ If the innerwear is soiled, it must be changed. Otherwise, this makes bacteria grow and cause infection. If sanitary napkins are not available, a clean cloth pad should be used which should be properly dried under the sun.
 - ✓ Soiled sanitary napkins should be discarded by properly wrapping it and disposing it in a dust-bin. The napkins should not be buried, burnt or thrown away in the open as all of these compromise personal and environmental hygiene.

ii) Positive parenting for adolescent health and wellbeing

Research has shown that poor parent and adolescent relationship is associated with increased hostility and aggression, increased dependency, decreased self-esteem and self-adequacy, and more emotional instability among adolescents than adolescents with good parent and adolescent relationship. A loving and harmonious connection with parents could contribute to higher levels of adolescent social competence. Adolescents tend to adopt similar attitude as per their parents. They could follow the same ideology and behaviour pattern reflecting their parents. So the parents have to be motivated to demonstrate correct attitude or personality they wish their children to emulate. Positive parenting could contribute to positive effect on adolescent mental health and healthy adulthood. Parental rejection and parental over-protection causes negative effects on adolescent mental health by decreasing self-esteem but higher psychological inflexibility. (60)

Positive parenting involves a loving relationship between parents and the child; a conscious observation of child's behaviours and an empathetic and non-judgemental sensitization and nurturing of the child to develop positive behaviours; respect for child's individual freedom; parents to be conscious of their own behaviours in front of their child and show model behaviour; ensuring a safe and reassuring environment for the child to develop emphasizing on provision of healthy diet, regular physical activity, good quality education, safety and other basic needs. (61)

Paternal factors - role in infertility, spontaneous abortions and childhood disease

The importance of maternal lifestyle, diet and other environmental exposures during childhood and during gestation period on child's health is well recognised. However, the role of potential influences of the paternal environment on offspring's health is largely unknown. Paternal lifestyle, social habits impact the sperm genome and epigenome and thus impact the health trajectory of the offspring. Sperm DNA damage due to various unhealthy lifestyle factors like smoking, alcohol consumption, high fat diet, junk food intake, delayed age at parenthood, psychological stress impact sperm DNA integrity and thus increase load of genetic diseases in the offspring. This may also increase the risk of infertility, recurrent spontaneous abortions and congenital malformations. For all these causes, women are blamed. This information needs to be spread so that men realise that their lifestyle and social habits impact the sperm DNA quality which affects their offspring's health. (62–66)

5) Management of Substance use Disorders

i) ABC approach to managing substance abuse

- **A (ask):** Ask proactively about any substance abuse
- **B (brief advice):** Give a brief advice. Be clear in informing the person about how substance use is going to worsen one's condition further. Emphasize that responsibility and choice rest with the person, no one else can decide for them.
- **C (cessation support):** A patient has to be encouraged to be optimistic and to bring changes in behaviour. Discuss a variety of strategies for the patient to choose to achieve the goal such as keeping a diary, recognizing and avoiding trigger situations. Explain 5D's of non-pharmacological Management of Craving for Substances.

Non-pharmacological Management of Craving for Substances

The following practical and simple strategies using 5D approach will help an individual with an addiction to deal with craving for substances. It can be applied for any substance:

- **Delay:** Delay the use of the substance when the craving starts
- **Drink water:** Drink water when you experience a craving to curb it
- **Distract:** Engage in other activities/hobbies to take the mind away from the substance
- **Discuss:** talk about craving with family/friends/doctors/health workers to prevent relapse

- Deep breathing exercises: Practise relaxation exercises such as deep breathing to decrease anxiety and distress and the risk of relapse

Points to Remember

- Relapse is a rule in addiction treatment
- Avoid being judgemental and avoid confrontations
- Suggestions and offers of help will be more readily be accepted if it is given in the spirit of concern for health and family well-being
- Remember to follow up with the patient regularly to review the progress. 74 Training Manual on Mental, Neurological and Substance Use (MNS) Disorders Care for Medical Officer at Ayushman Bharat – Health and Wellness Centres
- When a patient is resistant to quitting, harm reduction strategies and even reducing the amount of use are good.
- Arrange for follow-ups and support by the CHO and other health workers

ii) ABC approach to managing substance abuse disorders

Recovery support for substance abuse disorders can be carried out through ABC approach. This involves health professionals in community or health facility settings proactively asking every adult individual attending the health facility about substance abuse, providing a personalized and non-judgemental brief advice and cessation support if the person gives a history of substance abuse. We focus on tobacco and alcohol in this OG. (67)

The detailed ABC approach for tobacco cessation and alcohol cessation are described in Annexure 3 and 4.

a) Tobacco cessation using ABC approach

Ask:

Ask all adult persons about tobacco and alcohol use. If the person is a smoker, ask whether the person smokes inside the home.

Brief advice:

Advise tobacco users to quit and encourage non-smokers to remain non-smokers.

Give general advice:

Tobacco use is harmful to your health. Quitting tobacco is important and it is one of the best things you can do to improve your health and for the future. Occasional tobacco use is still dangerous. We can help you to quit tobacco use.

Personalize the advice - Link the current health problem with tobacco use

You need to quit tobacco so that you can recover properly from your current health problem.

Tell about the benefits of quitting tobacco:

Quitting tobacco will reduce your risk of cancers, heart diseases and stroke, lung problems and other so on. You can set a good example for your children and you can protect your family members from exposure to smoking (if the person is a smoker). It also saves you money.

b) Alcohol cessation using ABC approach

Ask:

Ask all adult persons about alcohol use.

Brief advice:

If the person is not an alcohol user, encourage the person to refrain from alcohol forever.

Give general advice:

Alcohol use is harmful to your health. Quitting alcohol is important and it is one of the best things you can do to improve your health and for the future. Occasional alcohol use is still dangerous. We can help you to quit alcohol use.

Personalize the advice - Link the current health problem with alcohol use

You need to quit alcohol so that you can recover properly from your current health problem.

Tell about the benefits of quitting alcohol: Quitting alcohol will reduce your risk of liver cancer. You can set a good example for your children. It also saves you money.

Service Delivery Framework

This chapter describes the framework for the delivery of wellness interventions at multiple settings through AB-HWCs in rural and urban areas. The wellness interventions have been included based on a life-course approach. A life-course approach emphasizes a temporal and social perspective, looking back across an individual's or a cohort's life experiences or generations to address current patterns of health and disease. (68)

1) Life-course Approach to Wellness

Throughout an individual's life, a plethora of factors determine one's health and wellbeing. These factors can be divided into protective factors and risk factors. These determinants are shaped by experiences around social, economic and environmental factors. Behavioural patterns could go beyond an individual, to involve the family and a part or a population in their entirety.

While strategizing wellness interventions across the lifespan, the following principles are important:

- Recognizing that interpersonal and intergroup interactions shape individual and community behaviour norms.
- The action is to be initiated right from the earliest stage of one's life taking early action to ensure the best start in life especially, to protect health during the life's transition periods
- Communities act together and create healthy environments, improve conditions of daily life, and strengthen people-centered health systems.

2) Implementation of Wellness Interventions

The wellness interventions related to healthy diet, physical activity, stress management, meditation, tobacco and alcohol cessation are conducted in diverse settings as follow:

- i. Wellness interventions at the level of individual or family
- ii. Community-level wellness interventions
- iii. Wellness interventions at AB-HWCs
- iv. Wellness interventions in schools and anganwadi centers

i) Wellness interventions at the level of individual or family

a) House visits by ASHA/MPW

ASHA/MPW shall conduct wellness counselling for families during their house visits. The house visits will focus on the following-

- a. Healthy diet, physical activity and yoga and other need-based counselling based on the risk profile of family members assessed through CBAC
- b. Sensitization of family about benefits of regular cycling
- c. Tobacco, alcohol cessation and personal hygiene based on risk profile of family members assessed through CBAC

- d. Stress management and positive psychology counselling
- e. The ASHA /MPW shall sensitise parents on issues such as avoiding harsh disciplining, preventing injuries and sexual abuse or violence from close family members. Talk about how to promote early learning opportunities – by storytelling, playtime with children, taking them to visit surrounding parks or any natural spaces for sensory stimulation.

ASHA shall complete these sessions in four quarterly visits in a year and MPW in two semi-annual sessions in a year.

b) Home-based new-born care (HBNC) by ASHA

ASHA as per existing HBNC program conducts six home visits in case of institutional delivery (day 3,7,14,21,28 and 42) and seven visits in case of home delivery with an additional visit for home delivery on day 1 (day 1,3,7,14,21,28 and 42). During these visits, she shall counsel the mother on the following aspects:

- Childcare practices focusing on feeding, hygiene, caring and health seeking
- Utilising the services of AB-HWCs and Anganwadi centres

The wellness visits made by ASHAs shall be monitored by the multipurpose worker (MPW) and approved by the community health officer (CHO). These activities shall be integrated into the existing ASHA registers for regular documentation of these visits.

ii) Community-level wellness interventions

Wellness activities in communities shall include reaching out to community-based organizations (CBOs), and community platforms such as Village Health Sanitation and Nutrition Committees (VHSNC), Mahila Arogya Samitis (MAS) and mass populations through various community events and calendar health days to promote wellness.

a) Monthly meetings of community platforms

Wellness sessions shall be integrated in the monthly meetings of community platform such as VHSNCs and JAS etc. ASHA shall prepare schedule of wellness sessions delivered during the monthly meetings of VHSNCs/ Mahila Arogya Samitis (MAS) and JAS and mobilizes people for these sessions. One session every four months with a total of three wellness sessions are conducted per year per each VHSNC/MAS. These sessions are conducted by MPWs/CHOs and shall include:

1. Healthy diet, physical activity, and yoga
2. Stress management and psychological wellbeing
3. Behaviour change in term of personal hygiene, positive parenting for adolescent health, tobacco cessation and alcohol cessation

b) Group counselling for community-based organizations on wellness

MPWs shall conduct group counselling on wellness for community-based organizations such as self-help groups, youth clubs, resident welfare associations and other community associations. ASHAs shall mobilise people for these sessions. Support of Anganwadi Workers shall be proactively solicited by ASHAs and MPWs. At least two group sessions shall be conducted per village per year. The activities focus on promotion of healthy diet, physical activity, stress management, mindfulness and meditation, yoga, tobacco and alcohol cessation etc.

c) Integration of wellness in calendar-health days

- The promotion of wellness shall be integrated with appropriate calendar-health days observed by AB-HWC teams in the year. The AB-HWC teams in the rural and urban areas shall engage community platforms like VHSNC, JAS, MAS etc.

- A series of wellness activities as run-up to the relevant calendar-health days shall be organised by AB-HWC for a week. These include play, theatre, cycling rallies, zumba, quiz, running competition, active games like swimming, sudoku, cultural programs/nukkad-natak etc.
- Local champions of healthy lifestyle shall be engaged to share their experiences

The suggested wellness activities integrated in these health days are given Table 2.

Table 2: Integration of wellness in calendar health days

AB-HWC Wellness Days	Suggestive activities
12 th January National Youth Day	Film/short movie screenings on themes of mental health, menstruation, sexual and reproductive health, tuberculosis, HIV-AIDS, addiction etc. Local-level activities and school competitions on various themes of health and wellness like beauty contests, healthy babies, healthy families, folk singing, folk dancing, painting/ collage/ quiz, etc. can be organized. Social media shout-outs
4 th February World Cancer Day	Awareness lectures on healthy lifestyle and healthy eating habits. Awareness lectures on harmful effects of tobacco and alcohol Community competitions: Healthy cooking competitions, Fitness competition
10 th February National Deworming Day	Awareness sessions on the promotion of hygiene
11 th February International Epilepsy Day	Awareness sessions on epilepsy Painting competitions
8 th March International Women's Day	Walkathon, awareness among adolescent girls about personal hygiene including menstrual hygiene Promotion of breast self-examination at school and AB-HWC.
10 th March National GDM Awareness Day	Yoga sessions for pregnant women, health eating sessions
24 th March World Tuberculosis Day	Quiz competitions, community kitchens, yoga sessions
7 th April World Health Day	Health and wellness pledge
11 th April National Safe Motherhood Day	'Plant a tree' campaign Promotion of home-made recipes to prevent anaemia
14 th April Ayushman Bharat-Health and Wellness Centre Day	Demonstration of good practices related to hygiene and moral values Setting up of herbal gardens at schools and AB-HWCs, Yoga/Zumba sessions, group meditation etc
Last week of April World Immunization Week	Laughter clubs Young children centered sports competition
28 th May Menstrual Hygiene Day	Discussion and group meetings on menstrual hygiene and reproductive health Community kitchens
31 st May World No Tobacco Day	No-tobacco oath in schools and colleges
21 st June International Yoga Day	Yoga competitions Selfie competition "My favourite yogasana" etc.
1 st July Doctors Day	Sports - Cricket/football/kabaddi/kho-kho/badminton etc.
11 th July World Population Day	Awareness sessions on a choice of contraceptives

AB-HWC Wellness Days	Suggestive activities
01-07 August World Breast Feeding Day/Week	Promotion of exclusive breastfeeding, demonstration of new-born care practices Awareness of harmful practices and busting myths
07 th September National Nutrition Week	Demonstration of eat right and eat healthy-magic box for demonstrating food adulteration. Leverage AWW (Aanganwadi Worker) support to mobilize the households to participate in the above activities.
29 th September World Heart Day	Walkathons/ half-marathons/ cyclathons/ bike rides etc.
1 st October World Elderly Day	Community march for all the elderly health and wellbeing Community talks between elderly and adolescents to nurture a caring environment for elderly and experience sharing activities Camps for eating healthily and eating right, screening for NCDs, local sports etc
10 th October World Mental Health Day	Short films on awareness and dealing with the taboos Community talks Laughter clubs Yoga and meditation sessions on mental health
7 th November National Cancer Awareness Day	Awareness talks on healthy lifestyle and healthy eating, harmful effects of tobacco and alcohol, community competitions, cooking competitions, fitness competition etc
15-21 November New-born week	Demonstrations of new-born care practices
14 th November Children's Day & World Diabetes Day	"Yoga to prevent diabetes" - Learn and practice
1 st December World AIDS Day	Awareness talks on safe sex Poster competitions Slogan competitions
12 th December Universal Health Coverage Day	Yoga and wellness activities and NCD screening camps

d) Outreach Yoga camps

Outreach Yoga camps shall be arranged at least once a month in each village/urban agglomeration in underserved areas. Yoga session shall also include participatory activities such as quiz, singing, dancing etc.

e) Promotion of cycling in the community through cycling ambassadors

VHSNC/PRI and ULBs shall identify cycling ambassadors at village and ward-level respectively and organize cycling rallies quarterly. These cycling rallies are conducted in co-ordination of AB-HWC teams, community-based organisations such as self-help groups, youth clubs and local communities.

As a part of the Fit India Movement, in urban areas, Resident Welfare Associations (RWA) and ULBs may organize cyclin rallies regularly. A specific route shall be identified for cycling, skating, Yoga, dancing, Zumba, drawing, art and other wellness activities. Placards, banners, and slogans shall be used to promote wellness message during the event.

f) Wellness promotion in mothers' meetings

As an activity under Mother Absolute Affection (MAA) program, ASHA conducts mothers' meetings to promote, protect, manage, and support breastfeeding, and complementary feeding. As per MAA norms,

ASHA conducts three meetings per month in her village. Besides breast feeding and complementary feeding, ASHA shall sensitize mothers on healthy diet, exercise, yoga, stress management, positive parenting behaviours and avoiding tobacco. The empanelled yoga instructor in SHC-HWC area shall conduct yoga session at least in one mothers' meeting in the month. Collaboration with anganwadi workers (AWW) shall be sought proactively in organizing the event.

g) Community kitchen for wellness

JAS-SHC in coordination with the VHSNC and PRI in rural areas (Gram Sabhas) and urban local bodies and Mahila Arogya Samitis (MAS) in urban areas shall conduct community kitchen events biannually to create awareness about healthy diet and feeding practices. VHSNC/MAS, PRI/ULB members, AWWs and volunteers shall mobilise the households to participate in the event. Locally relevant nutritious recipes shall be promoted. Prizes shall be given for individuals/families for best recipes.

This may be followed by awareness sessions on healthy diet and wellbeing. These sessions also emphasize the notion that each family together champions the cause of health and wellbeing as the food made in their kitchen is one of the key influencing factors of health of the family. During these sessions 'Eat Right' toolkit shall be used to disseminate key messages on eating healthy and eating safe. The ASHAs and MPWs shall follow the instructions given against each activity and engage the participants in these activities.

iii) Wellness interventions at AB-HWC

The facilities include Sub Health Centre-Health Wellness Centres (SHC-HWCs) and Primary Health Centres-Health and Wellness Centres (PHC-HWCs). The wellness interventions at facility level shall be led by Community Health Officers (CHOs) at SHC-HWC and PHC-MO at the level of PHC-HWC.

a) Weekly wellness clinics at AB-HWCs

The CHO at the SHC-HWC and the PHC MO at the PHC-HWC shall maintain a schedule of these clinics throughout the year. A specific day shall be designated to conduct weekly wellness clinic for each of the key populations. The suggested schedule to run the weekly wellness clinics is as follow:

1. Wellness clinic for pregnant, postnatal mothers and children
2. Adolescent wellness clinic
3. Elderly wellness clinic to be integrated within existing elderly clinic
4. General wellness clinic for all people

The first and second wellness clinics shall also focus on children with 'adverse childhood experiences.' Such children along with their parents shall be counselled about positive parenting as described in chapter three to mitigate the negative impact of the risk factors.

b) Ensuring wellness and health promotion through yoga and mainstreaming of AYUSH

Under Ayushman Bharat, India's rich tradition of indigenous health systems and yoga will be mainstreamed into the health care delivery system by actively engaging AYUSH practitioners. Ayushman Bharat Health and Wellness Centres provide a sound platform for enabling this integration. This will require close coordination with the Ministry of AYUSH/Department of AYUSH.

To operationalize the integration of Yoga and AYUSH, states and districts will need to:

- Identify a pool of local yoga instructors at the AB-HWC level. These could be ASHA, ASHA facilitator, physical instructor from the concerned school, representatives from VHSNC or other NGO groups active in the community or trained yoga expert.
- Plan for systematic graded training and certification of these local Yoga instructors. The Department of AYUSH shall lead this activity by identifying a pool of YOGA experts/YOGA schools who can undertake this training at the state/district/sub-district level.

- Fix and widely disseminate weekly/monthly schedule of classes for community yoga sessions at the AB-HWCs. If space does not permit, these classes shall be organised in the nearby school, Panchayat Bhawan.
- Earmark and disburse incentive/honorarium for these Yoga instructors that could be provided on a per-session basis.
- Fix one day a week for conducting Ayurveda Clinics. These clinics focus on diet counselling, management of chronic aches and pains, elderly care, etc.

c) AB-HWC-based tobacco cessation and alcohol cessation

The CHO at the SHC-HWC and PHC MO at PHC-HWC in rural and urban areas respectively shall ask every adult visiting the health facility about tobacco (both smoking and smokeless) and alcohol use. Those identified with tobacco use or alcohol use shall be provided brief advice and cessation support. The content for the ABC intervention has been explained in detail in Chapter 2, Section 4.

iv) Wellness interventions in schools and Anganwadi centers

a) Wellness promotion through Health and Wellness Ambassadors in schools

The school health and wellness activities, incorporated as a part of the Health and Wellness component of the Ayushman Bharat Programme is a joint initiative of the Ministry of Health and Family Welfare and Ministry of Education.

This programme intends to ensure age-appropriate skill-oriented, theme-based sessions for school children for which “Health and Wellness Ambassadors” are being trained in graded curriculum to implement the activities at primary, middle and high school levels. The training is intended to help to transact health promotion and disease prevention information in the form of interesting activities for one hour every week. 20-hour sessions are being delivered through weekly structured interactive classroom-based activities. Every Tuesday is dedicated as Health and Wellness Day in the schools. School health and wellness ambassadors shall engage wellness activities including cycling.

The Training and Resource Material is organized in 11 modules on the theme that deal with needs and concerns of the different age groups out of which following 8 are related to health.

1. Growing up healthy
2. Emotional wellbeing and mental health
3. Nutrition, health, and sanitation
4. Prevention and management of substance misuse
5. Promotion of healthy lifestyle
6. Reproductive health and HIV prevention
7. Safety and security against violence and injuries
8. Promotion of safe use of internet and social media behaviours

These health promotion messages also have bearing on improving health practices in the country and students will act as health and wellness messengers in the society. This helps them, their parents, and the families of these students raise their standards of well-being in future. Regular reinforcement of messages/themes through IEC/BCC activities such as interactive activities/posters/classroom/assembly discussion and field level are also undertaken.

b) Integration of wellness in RKSK (Rashtriya Kishor Swasthya Karyakram)

- **Yuva Samvad:** The interventions being undertaken as part of Rastriya Kishor Swasthya Karyakram (RKSK) shall be leveraged to integrate wellness among adolescents. Adolescent Health and Wellness Day (AHWD) in each AB-HWC is being celebrated (or school) on a quarterly

basis and is branded as a 'Yuva Samwad'. The team comprises of Community Health Officer (CHO), Multi-Purpose Workers, ASHAs and Anganwadi Workers (AWWs) and representatives from departments of Rural Development, Youth Affairs and Panchayati Raj and Self-Help Groups (SHGs). It has a suggested quarter-wise themes for implementation (states may select their own). As per the RSKS guidelines, the quarterly sessions include nutrition and wellness in the first quarter, sexual and reproductive health and injuries and violence in second quarter, mental health in third quarter and substance abuse and NCDs in the fourth quarter. Nehru Yuva Kendra Sangathan, an established network of youth clubs in few villages, shall be engaged to address the mental and physical well-being of adolescents.

- **Peer educator program:** This program addresses counselling of adolescents on nutrition, sexual and reproductive health, conditions for NCDs, substance abuse, injuries and violence and mental health through peer educators also called 'Saathiya'. MOs/NGOs nominated for training over PE program train the peer educators at block level. Wellness shall be included in their existing training program. Peer educators shall further sensitize Adolescent Health Club members at school which has 15-20 boys and girls about the healthy diet and lifestyle habits. ASHA/MPW shall visit schools of their area once in month to discuss issues of PEs and to support PEs. Various activities like yoga sessions, cycling rallies, drawing competitions shall be organised by PEs in the at the day of ASHA/ MPW's visit.
- CHO shall visit school once in a quarter and shall collaborate with the kishori samooch (school going volunteers) and young volunteers to engage students in activities like speech competition, play, samvaad etc. focused on the idea of healthy food and lifestyle habits.
- Referral to Adolescent Friendly Health Clinics (AFHCs) for counselling along with their parent on healthy diet, sexual and reproductive health education, alcohol and tobacco misuse and positive parenting by adolescent health clubs or young volunteers.

c) Awareness generation during screening camps by RBSK team

The screening of children in the Anganwadi Centres is conducted twice a year and once a year in school for 4Ds - defects at birth, diseases in children, deficiency conditions and developmental delays including disabilities. CHO shall participate in these screening events and provide wellness counselling to individuals and groups.

d) Visits of CHOs to AWCs

CHO shall visit AWCs of their respective area quarterly and obtains data of growth monitoring of children of the respective AWC from the AWW. CHO shall organize area-specific camps with the help of self-help groups (SHGs), MAS shall create awareness in those areas where growth parameters are unsatisfactory. Mothers of children identified with severe acute malnutrition (SAM) shall be counselled on child caring, feeding, hygiene and health seeking practices.

The details of various activities that shall be carried out at individual/family, community, school and AB-HWC settings for each of the four age groups are outlined in the service delivery framework in Table 3 below.

Table 3: Wellness interventions across the life course at multiple settings

Age-group	Intervention	Individual /family	Community	AB-HWC	School	AWC
0-9 years	Exclusive breastfeeding	Counselling during house visits of ASHA/MPW Counselling during HBNC Visits of ASHA	Observing World breastfeeding day/week in collaboration with the AWWs		Weekly wellness clinics	

Age-group	Intervention	Individual /family	Community	AB-HWC	School	AWC
	Infant and young child feeding (IYCF)	Counselling during house visits of ASHA/MPW	Observing National nutrition week and Children's Day in collaboration with the AWWs, house visits of AWWs		Weekly wellness clinics	National nutrition week and Children's day
	Positive Parenting		Group counselling of SHGs, Observe National nutrition week and Children's Day in collaboration with the AWWs	Training of Health and wellness ambassadors on positive parenting.	Weekly wellness clinics	
10-19 years	Life skill in school children (nutrition, physical activity, personal hygiene, menstrual hygiene, mutual respect & dignity, prevention of substance abuse and emotional resilience)	Counselling during house visits of ASHA/MPW	Group counselling of SHGs Observing National Youth Day Community yoga sessions Observing Menstrual Hygiene Day Observing Adolescent health and wellness days	Health and wellness ambassadors weekly sessions	Adolescent friendly health clinics Weekly wellness clinics Adolescent health and wellness days "Yuva Samvad"	
20 to 45 years	Healthy diet in pregnant and lactating women	Counselling during house visits of ASHA/MPW	Group counselling of SHGs Observing National Safe Motherhood day in collaboration with the AWWs MAA's Meeting Community Kitchen Observing International Women's Day		Weekly wellness clinics	Breast feeding Week National Nutrition week
	Yoga and meditation in ante-natal and postnatal women	Counselling during house visits of ASHA/MPW	Group counselling of SHGs Observing National Safe Motherhood Day		Weekly wellness clinics	
	Healthy diet in adults	Orientation during house visits of ASHA/MPW	Observing World Health Day and World Cancer Day		Weekly wellness clinics	
	Regular physical activity in adults	Counselling during house visits of ASHA/MPW	Group counselling of SHGs Community yoga sessions Cycling rallies		Weekly wellness clinics	

Age-group	Intervention	Individual /family	Community	AB-HWC	School	AWC
	Yoga and meditation in adults	Educating about benefits of yoga ASHA/MPW	Observing World Mental Health Day and International Yoga Day Community yoga sessions		Weekly wellness clinics	
	Stress Management and psychological wellbeing	Counselling about stress management	Observing International Yoga Day Community yoga sessions		Weekly wellness clinics	
	Preventing tobacco, alcohol and other substance abuse and recovery support for people with substance abuse	Counselling about benefits of tobacco and alcohol cessation during house visits of ASHA/MPW	Observing World No Tobacco Day and World Cancer Day		AB-HWC-based Smoking and alcohol cessation Weekly wellness clinics	
	Social connectedness	Counselling about social connectdness during house visits of ASHA/MPW	Observing World Mental Health Day		Weekly wellness clinics	
45 years and above	Healthy ageing (healthy diet, regular physical activity, stress management and psychological wellbeing, avoiding tobacco, alcohol and other substances)	Counselling during house visits of ASHA/MPW	Observing World Health Day and World Mental Health Day		Weekly wellness clinics	
	Prevention of cognitive decline and improving memory	Counselling during house visits of ASHA/MPW	Observing World Health Day and World Mental Health Day		Weekly wellness clinics	
	Fostering positive attitude among communities and social support for older adults		Observing World Elderly Day	Health and wellness ambassadors weekly sessions focusing on caring attitude among children about elderly		

Age-group	Intervention	Individual /family	Community	AB-HWC	School	AWC
	Spiritual health (Yoga, meditation and mindfulness interventions)	Counselling about benefits of meditation during house visits of ASHA/MPW	Observing Elderly Day Community yoga sessions	Health and wellness ambassadors weekly sessions	Weekly wellness clinics	
	Fostering emotional and social support for older adults	Counselling during house visits of ASHA/MPW	Observing World Elderly Day	Health and wellness ambassadors' weekly sessions focusing on caring attitude among children about elderly	Weekly wellness clinics	

3) Roles and Responsibilities of AB-HWC Team Members

Table 4 enlists the roles and responsibilities of AB-HWC personnel in the planning and implementation of wellness interventions.

Table 4: Roles and responsibilities of AB-HWC team in implementation of wellness interventions

Service provider	Roles and responsibilities
ASHA	<ul style="list-style-type: none"> • Community mobilization • CBAC risk assessment • Awareness generation/communication • Counselling on wellness during home visits/ follow up visits • Schedule, coordinate and participate in VHSNC/MAS meeting
ANM/MPW	<ul style="list-style-type: none"> • Awareness generation/communication • Validation of CBAC assessment • Conduct wellness activities • Organize group support sessions on wellness • Counselling on wellness • Monitoring of wellness activities • Supporting ASHA and CHOs in wellness activities
CHO	<ul style="list-style-type: none"> • Awareness generation/ communication • Provide supportive supervision for ASHAs and MPWs of the SHC-HWCs for conducting wellness activities • Lead the conduct of calendar health days, community kitchen competitions and other population awareness events • Conduct weekly wellness activities • Opportunistic screening of people for wellness behaviour during the outpatient care • Counsel on healthy diet, physical activity, stress management, meditation and behaviour change for tobacco and alcohol cessation
Staff Nurse	<ul style="list-style-type: none"> • Awareness generation/ communication • Organize support group sessions at the SHC-HWC • Support in the conduct of weekly wellness clinics at the SHC-HWC • Opportunistic screening of people for wellness behaviour during the outpatient care • Counsel on healthy diet, physical activity, stress management, meditation and behaviour change for tobacco and alcohol cessation

Service provider	Roles and responsibilities
Medical Officer	<ul style="list-style-type: none"> • Awareness generation/ communication • Foster inter-sectoral coordination for wellness events in the GP area with the guidance of Taluk Health Officer and the District Health Officer • Provide supportive supervision for CHOs in the linked SHC-HWCs for conducting wellness activities • Lead the conduct of calendar health days, community kitchen competitions and other population awareness events • Conduct weekly wellness activities at the PHC-HWC • Opportunistic screening of people for wellness behaviour during the outpatient care • Counsel on healthy diet, physical activity, stress management, meditation and behaviour change for tobacco and alcohol cessation

4) Capacity Building Plan

Existing pool of State and District trainers of Primary health care team members of urban and rural would be trained to undertake training of medical officer, Community Health Officer, Multi-Purpose Worker (Male/Female) and ASHAs.

A one-day orientation of officials at the block, district and State level will be conducted to ensure role clarity and appropriate planning.

Monitoring and Supervision:

Wellness services are to be integrated and adopted in the existing monitoring system of Ayushman Bharat - Health and wellness centres.

The following indicators would be used to monitor the programme:

- Number of wellness clinics conducted in each AB-HWC
- Number of wellness sessions conducted in each AB-HWC
- Total participants in the wellness sessions
- Total number of annual health calendar days celebrated at AB-HWCs in the month (photographs to be attached)
- Total participants in the celebrations of the annual health calendar days held in the month
- Number of Community based wellness sessions conducted and number of participants thereof
- Number of people counselled for lifestyle modification
- Number of people counselled for dietary modification
- Number of individuals identified with tobacco addiction
- Number of people counselled for tobacco cessation
- Number of individuals identified with alcohol addiction
- Number of people counselled for alcohol cessation
- Number of wellness session by School Health Ambassadors in their area and total participants attended the session.



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Annexures

Annexure 1: Yoga recommendations based on age groups

1.1: Yoga protocol for people aged 18 to 35 years

Yoga practices		Rounds	Duration
1. Prayer			1 min
2. Kriya: Kapalabhati		2 Rounds of 30 strokes	2 mins
3. Suryanamaskar		2 rounds	2 mins
4. Yoga asanas		2 rounds	7 mins
Standing	Tadasana (The Palm tree pose)		
	Katichakrasana (The Half wheel pose)		
Sitting	Ushtrasana (The Camel pose)		
	Sasakasana (The Hare pose)		
	Vakrasana (The Spinal twist pose)		
Prone	Dhanurasana (The Bow pose)		
	Makarasana (The Crocodile pose)		
Supine	Viparit Karani (Leg up the wall pose)		
	Halasana (The Plough pose)		
	Saral Matsyasana (The Fish pose)		
	Shavasana (The Corpse pose)		
5. Pranayama		5 rounds	2 mins
	Anuloma-Viloma (The Alternate nostril breathing)		
6. Dhyana (Breath awareness)			1 min
TOTAL DURATION			15 mins

1.2: Yoga protocol for people aged 35 to 50 years

Yoga practices		Rounds	Duration
1. Prayer			1 min
2. Kriya : Kapalabhati		2 Rounds of 30 Strokes	2 mins
3 Loosening Practices			
	Neck Bending (forwards/backwards) Shoulder Rotation (clockwise/ anticlockwise) Trunk Twisting (left & right)	2 rounds	2 mins
4 Yogasanas			
Standing	Tadasana (The Palm tree pose)	2 rounds	7 mins
	Hastottanasana (Up stretched arms with side-bending)		
	Padahastanasana (The Hands to feet pose)		
	Ardhacakrasana (The Half wheel pose)		
Sitting	Ardhaushtasana (The Half camel pose)		
	Sasakasana (The Hare pose)		
	Uttanamandukasana (The Stretched-up frog pose)		
	Vakrasana (The Seated spinal twist pose)		
Prone	Sarala-Dhanurasana (The Simple bow pose)		
Supine	Setubandhasana (The Bridge pose)		
	Pavanamuktasana (The Wind releasing pose)		
	Shavasana (The Corpse pose)		
5 Pranayama			
	Anuloma-Viloma (The Alternate nostril breathing)	5 rounds	2 mins
6 Dhyana (Breath Awareness)			1 min
	TOTAL DURATION		15 Minutes

1.3: Yoga protocol for people aged 50 to 65 years

Yoga practices		Rounds	Duration
1. Prayer			1 min
2. Kriya: Kapalabhati		2 Rounds of 30 Strokes	2 mins
3. Loosening Practice		2 rounds	2 mins
	Neck movements		
	Forward and backward bending		
	Right and left bending		
	Right and left twisting		
	Shoulder movements		
	Rotation (clockwise-anticlockwise)		
	Trunk movement		
	Trunk twisting to left and right		
4 Yogasanas		2 rounds	7mins
Standing	Tadasana (The Palm tree pose)		
	Ardha-katicakrasana (The Lateral arch pose)		
Sitting	Dandasana (The Staff pose)		
	Sukhasana (The Easy Pose)		
	Vakrasana (The Seated spinal twist)		
Prone	SaralBhujangasana/Bhujangasana (The Cobra pose)		
	Ardha-Shalabhasana/ Shalabhasana (Single leg raise / Both leg raise)		
	Makarasana (The Crocodile pose)		
Supine	Markatasana (The Monkey pose)		
	Ekpad Pavanamuktasana/ Pavanamuktasana (The Wind releasing pose)		
	Shavasana (The Corpse pose)		
5 Pranayama		3 rounds	2 mins
	Anuloma-Viloma (Alternate nostril breathing)		
	Bhramari Pranayama (Humming)		
6 Dhyana			1 min
TOTAL DURATION			15 Minutes

Figure 4: Selected Yoga Postures



Annexure 2: Disease specific asanas

No.	Disease	To be done	Not to be done
1.	Obesity	<ul style="list-style-type: none"> • Surya namaskar • Vajarasana • Paschimottanasana • Dhanurasana • Naukasana • Halasana • Sarvangasana • Sheetali / Seetkari Pranayam • Kapalbhathi • Bhastrika pranayama 	
2.	Diabetes Mellitus	<ul style="list-style-type: none"> • Mandukasana • Ardha matsyendrasana • Surya namaskar 	
3.	Hypertension	<ul style="list-style-type: none"> • Shavasana / Yognidra • Long deep Om chanting • Sheetali / Chandrabhedi Pranayam • Bhramari Pranayam 	<ul style="list-style-type: none"> • Surya Namaskar
4.	Depression	<ul style="list-style-type: none"> • Adho mukha svanasana • Surya namaskar • Surya Bhedi • Bhastrika pranayam • Sarvangasana/Halasan/Yognidra 	<ul style="list-style-type: none"> • Chandrabhedi / Sheetali / Seetkari Pranayam
5.	Stress	<ul style="list-style-type: none"> • Long deep Om chanting • Bharamari Pranayam • Deep breathing • Supt tadasana <p>(All back bending asanas)</p> <ul style="list-style-type: none"> • Dhanurasana • Bhujangasana • Katichakrasana 	<ul style="list-style-type: none"> • Suryabhedi / Bhastrika Pranayam
6.	Infertility	<ul style="list-style-type: none"> • Supta baddha konasana • Sarvangasana • Halasana • Surya Namaskar • Kapalbhathi • Bhastrika pranayam <p><i>(Pranayam should be done with moolbandh and ashwini mudra)</i></p>	
7.	Pregnancy	<ul style="list-style-type: none"> • Nadi shodhan pranayam • Bharamari Pranayam • Vajarasana • Marjariasana • Baddha konasana/ Bhadrasana • Moolbandh / Ashwani Mudra 	<ul style="list-style-type: none"> • Kapalbhathi • Bhastrika pranayam • Pawanmuktasana • Halasana

No.	Disease	To be done	Not to be done
8.	Glaucoma	<ul style="list-style-type: none"> • Suksham vyayam • Netra vikasak suksham vyayam • Tadasana • Sinaasana • Sheetali / Seetkari Pranayam 	<ul style="list-style-type: none"> • Adhomukh savasana • Paadhastasana • Suryabhedi Pranayam • Kapalbhati • Bhastrika pranayam • Sarvangasana / Shirshasana / Halasana
9.	Hernia	<ul style="list-style-type: none"> • Mandukasana • Shashankasana • Yogmudrasana • Goumukhasana • Markatasana 	<ul style="list-style-type: none"> • Vigorous breathing: • Kapalbhati • Bhastrika pranayam • Bhujangasana • Dhanurasana
10.	Attention Deficit Hyperactivity Disorder (ADHD)	<ul style="list-style-type: none"> • Surya Namaskar • Savasana (immediate after surya namaskar) • Chandrabhedi / Sheetali/seetkari Pranayam, • Padhastasana • Vrikshasana • Tadasana 	<ul style="list-style-type: none"> • Suryabhedi Pranayam
11.	Autism	<ul style="list-style-type: none"> • Om chanting • Suksham vyayam to awaken awareness of the body • Simhasana • Bharamari • Surya namaskar • Vrikshasana • Tadasana 	<ul style="list-style-type: none"> • Chandrabhedi Pranayam

Annexure 3: Tobacco cessation

Intervention Strategy	Contextual messages
Build general rapport and explain the nature of cessation support	<p>Greet the person. Ask the person if you can assist him in quitting tobacco use through counseling.</p> <p>Explain that -</p> <ol style="list-style-type: none"> 1. The support involves counseling for about 15 minutes and that will not involve any medication treatment. 2. You will give information about the harms of smoking and the benefits of quitting. 3. You will assist the person in how to quit smoking and remain abstinent. 4. The major role to succeed in quitting is played by the person and you will assist in the process.
Assess current and past smoking behaviour, past quit attempts and current readiness to quit	<p>Ask -</p> <ol style="list-style-type: none"> 1. Whether the person smokes cigarettes or bidi or uses smokeless tobacco. 2. After how long of waking up is the first puff of cigarette/bidi smoked? 3. At what age was smoking started and how? Learn if the person started smoking because of stress or for any other reason. 4. What are the specific circumstances/times/situations in a day, the person smokes with the strong urge to smoke? <p>Ask -</p> <p>If the person is ready to quit on the same day or within a month, within six months or after six months and elicit reasons. If the person is not planning to quit in a day or within the next two weeks, find out the reason.</p> <p>Elicit person's experience of past quit attempts if any and factors that led to lapses and relapse.</p>
Provide information on the harm of smoking and the benefits of quitting	<p>Explain that tobacco causes -1. Cancer especially of lungs, stomach and bladder, heart disease and stroke, lung problems, impotence and infertility</p> <p>Explain that nicotine that is present in tobacco is highly addictive and makes you dependent on nicotine and that the person may gradually lose interest in all other activities except tobacco use and encounter harmful health problems.</p> <p>Explain the benefits of quitting tobacco with the following points: Within 20 minutes blood pressure becomes normal; within one day, the chance of a heart attack decreases; within 2 days, the ability to smell and taste become better; within one to nine months, cough and breathing will become normal; within one year, risk of heart diseases will be lower.</p> <p>Explain that he/she can start saving money which can be used for other useful purposes for the family.</p>
Identify reasons for wanting to quit or not wanting to quit and boost motivation by strengthening the 'ex-tobacco user' identity	<p>Ask the person why he/she wants to quit if he wants to quit tobacco and why does he not want to quit if he does not want to quit.</p> <p>If he does not want to quit, reemphasize on the importance of quitting tobacco given health and economic consequences.</p> <p>If he/she wants to quit, ask why he/she wants to quit. Assist to relate the positive changes in his self, his identity as a family member and as a community member. Emphasize the ex-tobacco user identity and elicit his/her beliefs about the consequences of the ex-tobacco user identity. Reiterate his positive beliefs and re-emphasize how quitting could bring about positive changes in his identity and the family.</p>
Give practical help with planning to quit tobacco use	<p>Explain to the person that it is possible to quit tobacco permanently and that it needs a strong resolve. Tell the person to inform the family members about his/her quit attempt and seek their support.</p>

Intervention Strategy	Contextual messages
	<p>Ask the person to identify the situations that may trigger him/her to use tobacco and assist the person in being prepared with a solution for each of such situations. Such situations could be a peer who are a tobacco user or walking close to a tobacco selling outlet. It could also be any stressful situation such as a fight with a spouse or other family members or anyone. Tell him/her that stressful situations may trigger him/her to use tobacco.</p> <p>Tell the person to avoid such situations or when such triggers are encountered, tell him/her to calm down and concentrate on breathing for a few minutes so that the urge may disappear.</p> <p>Tell the person to set a daily goal of remaining abstinent for the entire day and follow it each day.</p> <p>Some of the 'do/do not' to avoid triggers:</p> <p>Do:</p> <ol style="list-style-type: none"> 1. Inform your family members and friends about your quitting 2. Spend more time with your family members 3. Remove all the cigarettes/bidis/smokeless tobacco products from your pocket and in the house 4. Do meditation by concentrating on your breathing in the morning and every time you experience the urge to use tobacco 5. Identify the other useful activity/activities that keep/s you away from tobacco use and engage yourself in that activity 6. If it is possible, change your routine such that you are away from tobacco users and stressful situations. <p>Do not:</p> <ol style="list-style-type: none"> 1. Do not take the route that is close to a tobacco sales outlet. 2. Do not meet the peer tobacco users, especially during the first month when the urge is greatest.
Advice on coping with nicotine withdrawal	<p>Explain that the person may experience withdrawal symptoms such as restlessness, lack of concentration, headache, negative mood or anxiety and that they are temporary and will disappear in two to four weeks. Advise the person to inform about these withdrawal symptoms to the family members so that they support the person in his/her quit attempt and to follow the 'do and don't' tips explained previously.</p>
Advice on/facilitate social support	<p>Ask the person if he/she informed the family member of the quit plan. If the person has not been informed, re-explain that it is useful to inform the family members about his/her quit attempt and get the family support. Advise the person to seek family support to keep away from smoking triggers. Advise spending more time with the family.</p>
Summarise person decisions and provide reassurance	<p>Summarise by mentioning the salient points emphasizing the value of the ex-tobacco user identity, family support and continued contact with the counselling support. Reassure the person that quitting is possible with a strong resolve and that he can seek the support of health professionals anytime during the quit attempt.</p>

Annexure 4: Alcohol cessation support

Intervention Strategy	Contextual messages
Build general rapport and explain the nature of cessation support	<p>Greet the person. Ask the person if you can assist him in quitting alcohol use through counselling.</p> <p>Explain that -</p> <ol style="list-style-type: none"> 1. The support involves counselling for about 15 minutes and that will not involve any medication treatment. 2. You will give information about the harms of alcohol and the benefits of quitting. 3. You will assist the person in how to quit alcohol and remain abstinent. 4. The major role to succeed in quitting is played by the person and that you will assist in the process.
Assess current and past alcohol use behaviour, past quit attempts and current readiness to quit	<p>Ask -</p> <ol style="list-style-type: none"> 1. You may use the AUDIT questionnaire attached as Annexure 2. At what age did you start using alcohol and how? Learn if the person started alcohol because of stress or for any other reason. 3. What are the specific circumstances/times/situations in a day, the person drinks alcohol with a strong urge? <p>Ask -</p> <p>If the person is ready to quit on the same day or within a month, within six months or after six months and elicit reasons. If the person is not planning to quit in a day or within the next two weeks, find out the reason.</p> <p>Elicit their experience of past quit attempts if any and factors that led to lapses and relapse.</p>
Provide information on the harm of alcohol use and the benefits of quitting	<p>Explain that alcohol causes liver cancer, impotence and infertility</p> <p>Explain that alcohol is highly addictive and makes you become dependent on alcohol and that the person may gradually lose interest in all other activities except alcohol use and encounter harmful health problems.</p> <p>Explain the quitting alcohol reduces the risk of liver cancer</p> <p>Explain that he/she can start saving money which can be used for other useful purposes for the family.</p>
Identifying reasons for wanting to quit or not wanting to quit boosts motivation by strengthening the 'ex-alcohol user' identity	<p>Ask the person why he/she wants to quit if he wants to quit alcohol and why does he not want to quit if he does not want to quit.</p> <p>If he does not want to quit, reemphasize on the importance of quitting alcohol in view of health and economic consequences.</p> <p>If he/she wants to quit, ask why he/she wants to quit. Assist to relate the positive changes in himself, his identity as a family member, and as a community member. Emphasize the ex-alcohol user identity and elicit his/her beliefs about the consequences out of the ex-alcohol user identity. Reiterate his positive beliefs and re-emphasize how quitting could bring about positive changes in his identity and the family.</p>
Give practical help with planning to quit alcohol use	<p>Explain to the person that it is possible to quit alcohol permanently and that it needs a strong resolve. Tell the person to inform the family members about his/her quit attempt and seek their support.</p> <p>Ask the person to identify the situations that may trigger him/her to use alcohol and assist the person in being prepared with a solution for each of such situations. Such situations could be a peer who is an alcohol user or walking close to an alcohol selling outlet. It could also be any stressful situation such as a fight with a spouse or other family members or anyone. Tell him/her that stressful situations may trigger him/her to use alcohol.</p>

Intervention Strategy	Contextual messages
	<p>Tell the person to avoid such situations or when such triggers are encountered, tell him/her to calm down and concentrate on breathing for a few minutes so that the urge may disappear.</p> <p>Tell the person to set a daily goal of remaining abstinent for the entire day and follow it each day.</p> <p>Some of the 'do/do not' to avoid triggers:</p> <p>Do:</p> <ol style="list-style-type: none"> 1. Inform your family members and friends about your quitting 2. Spend more time with your family members 3. Remove all the alcohol/tobacco products if any from your pocket and in the house 4. Do meditation by concentrating on your breathing in the morning and every time you experience the urge to use alcohol 5. Identify the other useful activity/activities that keep/s you away from alcohol use and engage yourself in that activity 6. If it is possible, change your routine such that you are away from alcohol users and stressful situations. <p>Do not:</p> <ol style="list-style-type: none"> 1. Do not take the route that is close to an alcohol sales outlet. 2. Do not meet the peer alcohol users, especially during the first month when the urge is greatest.
Advice on coping with alcohol withdrawal	<p>Explain that the person may experience withdrawal symptoms such as restlessness, lack of concentration, headache, negative mood, or anxiety and that they are temporary and will disappear in two to four weeks. Advise the person to inform about these withdrawal symptoms to the family members so that they support the person in his/her quit attempt and to follow the 'do and don't' tips explained previously.</p>
Advice on/facilitate social support	<p>Ask the person if he/she informed the family member of the quit plan. If the person has not been informed, re-explain that it is useful to inform the family members about his/her quit attempt and get the family support. Advise the person to seek family support to keep away from alcohol triggers. Advise spending more time with the family.</p>
Summarise person decisions and provide reassurance	<p>Summarise by mentioning the salient points emphasizing the value of the ex-alcohol user identity, family support, and continued contact with the counselling support. Reassure the person that quitting alcohol is possible with a strong resolve and that he can seek the support of health professionals anytime during the quit attempt.</p>



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