



# AYUSHMAN BHARAT HEALTH AND WELLNESS CENTRES (AB-HWC)

Success Stories from the Field

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2023







“

Ayushman Bharat scheme is for the poor, the middle class and common families.

We have adopted a holistic approach in our healthcare system. Today our focus is not only on health but equally on wellness.

—Hon'ble Prime Minister Shri Narendra Modi  
April 30, 2022

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# Ayushman Bharat Health and Wellness Centres (AB-HWC): Success Stories from the Field

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## INTRODUCTION

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Two major path-breaking initiatives were launched in the health sector as part of the Ayushman Bharat Programme for Universal Health Coverage and to address health holistically — in primary, secondary and tertiary healthcare systems — Ayushman Bharat – Health and Wellness Centres (AB-HWCs) and Pradhan Mantri Jan Arogya Yojana (PMJAY).

A positive change in the healthcare system of India has been observed since the Government of India announced the ambitious Ayushman Bharat Programme on 1st February 2018. A change in people's expectations, in the way healthcare services are being delivered, in the organization and capacity building of human resources in Health, and in the way resources are being made available at every level.

The design and resource allocation of the Ayushman Bharat Programme truly reflects India's resolution towards achieving Universal Health Coverage (UHC) and making a tangible change in the country's healthcare system. Through unique policies, commitment and institutional mechanisms, we have come quite far in this journey of UHC as there are 1,60,002 AB-HWCs in India with 1,77,40,71,781 footfalls as on 30th June 2023.

The Ayushman Bharat programme has been designed keeping in mind there is no 'one-size-fits-all' strategy as far as Health Systems are concerned. The programme covered every Indian citizen under its umbrella and its unique interventions are directed towards increasing coverage and access to healthcare services. This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlying commitment to "leave no one behind." The programme is a way to move from a sectoral and segmented approach to health service delivery to a

comprehensive need-based healthcare service. The aim is to provide essential health services across the country, through the four pillars of this programme:

- » **Ayushman Bharat - Health and Wellness Centres (AB-HWCs)**
- » **Pradhan Mantri Jan Arogya Yojana (PM-JAY)**
- » **Ayushman Bharat Digital Mission (ABDM)**
- » **Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)**

Ayushman Bharat has been a landmark event in the country's healthcare reforms through which all the vertical National Health Programmes are connected. Ayushman Bharat is a platform through which every national and state health scheme is connected, implemented and traced back. The primary healthcare teams have now found a 'way' to connect, mentor and promote each other while communities can now have ownership of healthcare facilities.

In this case series, we provide a narrative analysis of the perspectives of people connected with or who are stakeholders of Ayushman Bharat Health and Wellness Centres (AB-HWCs). These include Comprehensive Primary Health Care team members, beneficiaries, community members, etc. They all have elaborated on their experiences, implementation challenges and how did they overcome those and most importantly, the positive 'change' that they have noticed with the launch of the Ayushman Bharat Programme.

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## METHODS

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Data were collected through an unstructured discussion tool, basically developed to obtain relevant information as participants describe their experiences, implementation challenges or roadblocks they encountered during their journey with AB-HWCs.

Teams of health system researchers from NHSRC trained in key-informant interviews visited various states across the country to collect necessary information from respondents. Two independent researchers were responsible for the collation of interviews, review of information and quality control. Broad themes of the interviews were collated before the team visited the states.

The information collected was structured and analyzed around the domains of service delivery, activities carried out at AB-HWCs, care provided, accessibility and availability of health services, drugs and diagnostics available, client/patient satisfaction, and outcomes. To present a detailed and holistic view of the responses, each of the key informants gave a narrative overview of their experience with AB-HWCs, and related verbatims have also been provided.

# CHHATTISGARH

## HWCs for Tribal Health

Prior to the facility being strengthened as AB-HWC, the provision of services was limited to reproductive and child health (RCH) care and selected communicable diseases. Due to the limited service delivery, the utilization of the health facility was suboptimal with reported average weekly footfall of 8-10 users.

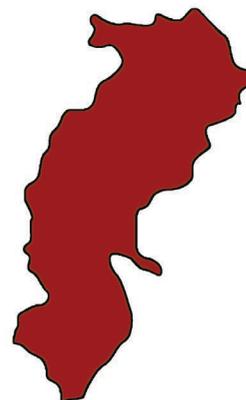


Figure 1: HWC-SHC Keshaloor, Bastar: Chhattisgarh

With the AB-HWC being functional, the available range of services was expanded with an incremental approach. Chhattisgarh has a unique model with the presence of a Rural Medical Assistant at the Primary Health Centre level who visited the HWC-SHC bi-weekly for OPD sessions. With CHO being positioned

at the facility, the service delivery was expanded to include an additional range of care as defined under CPHC. This led to a four-fold increase in service utilization from 30-40 monthly users to 140-160 monthly users. An additional 60-70 footfall reported on a monthly basis attributed to the availability of NCD care. Over a period of time, the performance of this health facility has improved, reporting an average monthly footfall of 300-400 users, which is a ten-fold increase since its upgradation to HWC-SHC. One appreciative finding is that the major proportion of users comprised of elderly and women, thereby, aligning the results with the principles of CPHC. The primary health care team generated awareness through the existing community-based activities, thus establishing AB-HWC as the first port of call for the community, resulting in improved footfall.

***“...We used the VHND (Village Health and Nutrition Day) sessions and health camps as platforms to promote and communicate about the HWC services (to the community). Eventually, they started trusting us and began visiting the facility for their illness after they got the message that we provide them completely free treatments for their illnesses.”***

**—Deepika Yadav (Community Health Officer)**

In another example, it was observed that the tribal population sought services from traditional providers referred to as the ‘Sirha or the Guniya.’ For being able to relate with the traditional providers, the tribal communities preferred them over modern and Indian medicine practitioners. Limited service provision at SHC added to this reason and also the traditional providers were able to deliver services closer to their homes. Since the operationalization of AB-HWC, not only the service provision has enhanced to promote an expanded range of care but also the access to care has improved with services delivery getting closer to the community. Several testimonials from the HWC catchment population reflect their satisfaction.

One such testimonial shared by a community member during the discussion is as follow:

***“There is a good improvement since the CHO joined here. Now we are getting more services near our homes and medicines are available at the facility. There is no need to go to a higher centre (for minor ailments).”***

**—Ms. Ramvati (HWC Beneficiary)**

An interesting experience was shared by a community member who had been availing services from the facility for the past two and a half years:

***“Earlier in the sub-health centre there was no medicine. Now they are able to give me medicines for one month...Sometimes when I don’t come to HWC, they even send my prescription medicines to my home through the Mitanins.”***

**—Ms. Sukri (HWC Beneficiary)**



**Figure 2: Focus Group Discussion with Community Members**

The account of the community member confirms that with the upgradation of the facility, the selective primary healthcare approach is being steadily replaced with the principles of Comprehensive Primary Health Care and Continuum of Care and meets our Government of India agenda of *Antyodaya - leaving no one behind*.

## GUJARAT

### AB-HWC Led Quality Healthcare



Dokelav SC-HWC, catering to a population of around 4,000 people from eight village, is the first subcentre in India to receive quality certification. The journey towards quality certification exemplifies the dedicated efforts of the SC-HWC team. Before its operationalization as an HWC, SC Dokelav was staffed by a Female Health Worker (FHW) and a Multi-Purpose Worker (MPHW). The SC team predominantly provided RCH services in the community. However, the villagers faced difficulties in accessing the facility and availing services on account of poor maintenance of the building and its surroundings.

After its operationalization as AB-HWC in 2019, efforts were initiated to improve the facility in terms of infrastructure and availability of skilled providers. The HWC was led by a Community Health Officer, Vipul Kumar M. Parmar who was a native of the neighbouring village. Motivated by the desire to lead a transformative change in healthcare service delivery at the grassroots level, the CHO initiated efforts to improve the HWC building and its surroundings. The CHO mobilised financial assistance from the Gram-Panchayat to clear the surroundings of mud and bushes, and for the installation of paver blocks in front of the building. The facility was branded to ensure its recognition in the community as a well-equipped health facility. To enhance community awareness, the meaning of each of the six logos representing different health aspects was prominently displayed on the boundary wall of the SC-HWC.

Additionally, signboards were strategically installed to guide villagers towards the SC-HWC location. Comprehensive Primary Health Care services were rolled out and NCD screening camps were organised which generated awareness about the HWC. Continued efforts and activities led to demand generation and an increase in footfalls.



**Figure 3: HWC-SHC Dokelav, Mahisagar Gujarat**

The HWC team felt good about being able to help patients closer to their homes. As one of the ASHA's mentions

*"Earlier we used to send the patients directly to the primary health centre but now after the arrival of CHO sir, the patients get treatment directly in the village and do not have to go to the PHC."*

**—Shaikh Jenuben A. (ASHA)**

According to a community member, before the operationalization of the HWC, most patients had to go to PHC for common ailments. This was time-consuming and resulted in loss of wages. After the HWC became operational, people started availing services at the HWC because its location was convenient and waiting time was less. This saved their time and daily wages. As one beneficiary shared, *"Whenever we visit the facility, we get the medicines and other services easily. We don't have to wait for a long duration to seek care."*

**—Patel Rameshbhai Motibhai (HWC Beneficiary)**

While community awareness was being raised and HWC functionality was progressing, Viraniya PHC began preparations for getting quality certification under the leadership of the Medical Officer (MO-PHC) and with the vision of the District Quality Assurance Medical Officer, Mahisagar. The Dokelav SC-HWC team was closely involved in preparing for NQAS certification of the PHC. This exposure inspired the CHO to pursue quality certification for the HWC. However, at that time, guidelines for NQAS certification of SC-HWCs had not yet been released.

As a step towards quality assurance, the CHO decided to transform the SC-HWC to meet the Kayakalp standards. He took the initiative to gather information on the Kayakalp standards and shared his vision with the PHC-MO and the District Quality Assurance Medical Officer. With support from the PHC team and district administration, the CHO engaged the SC-HWC team in this endeavour. Although there was some initial hesitation, the CHO successfully persuaded the SC-HWC team to pursue the Kayakalp standards and garnered their enthusiastic participation throughout the entire process. Eventually, the team achieved the Kayakalp standards, which boosted their confidence.

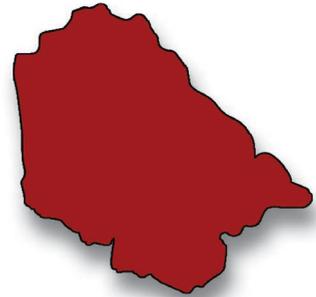
Meanwhile, the NQAS guidelines for SC-HWC were released, and the motivated Dokelav HWC team took on the challenge of becoming India's first NQAS-certified SC-HWC. This endeavour was a collaborative team effort, receiving support from the dedicated PHC team, district team, and state team. The CHO ensured that each staff member received the necessary training for NQAS certification. Subsequently, as part of this journey, he took the lead in ensuring that necessary staff training was completed, necessary equipment was procured, policy guidelines were referred to and informational materials in local language were procured and displayed.

During this process, the HWC team designed an excel sheet for scoring, which is now being used across the state, and they also conducted internal scoring activities for NQAS. Based on the results of the internal scoring activity, a gap analysis was conducted, and necessary improvement actions were planned and implemented. Throughout this process, the SC-HWC team received support from the PHC team, district administration, and guidance from the state quality cell.

Finally, the team applied for NQAS certification, and after undergoing the necessary assessment processes, the Dokelav SC-HWC became the first quality-certified SC-HWC, scoring 82% marks. Thus fulfilling the government's vision of providing accessible, affordable and quality healthcare services closer to the community.

## JAMMU & KASHMIR

### Improved Service Delivery through Team Work



Dr. Shabihat Wani, a 29-year-old young doctor with a Bachelor's Degree in Unani Medicine and Surgery (BUMS) has been working as a Community Health Officer (CHO) since 2020 in the Sub Health Centre - Health and Wellness Centre (SHC-HWC), Tethar village in Banihal block of Ramban district in Jammu & Kashmir. He is a keen and enthusiastic practitioner.

The SHC-HWC in Tether Village is co-located with AYUSH HWC and is one of the oldest centres in the block. Dr. Wani has been posted at this centre since the facility was transformed into an HWC. He reminisces that in the early days, he worked in Mobile Medical Vans for screening and testing people for COVID-19. He engages with people who visit SHC-HWC for Non-Communicable Diseases (NCDs) like Hypertension and Diabetes; he organizes screenings of NCDs and Common Cancers (Oral, Cervical and Breast) and refers patients, if required.

In some instances, he opts for teleconsultations with the Medical Officer of the linked Primary Health Centre or Specialists at Secondary Care Centres (Hub). He also organizes wellness sessions for people, undertakes home visits for elderly or bed-ridden patients, and organizes outreach camps in coordination with CRPF, Army, etc. Dr. Wani explains to people the importance of preventing, screening and regular check-ups, especially in the case of NCDs –

***“I emphasize that ‘Prevention is better than Cure’, and now AB-HWCs are not just for illness but also for wellness – now, any person of any age can walk into AB-HWCs and participate in wellness activities, like yoga, meditation, zumba.”***

**—Dr. Shabihat Wani (CHO-HWC)**

He shares that initially; he faced problems with ANMs as they had experience working in the area and were far more familiar with the community members.

However, with perseverance and his proactive engagement, these problems were resolved over time and now, he has the full support of the SHC-HWC team. Emphasizing the importance of follow-up with patients, he motivates ASHAs and ANMs to undertake timely follow-ups to ensure adherence to treatment protocols and get their feedback to improve the quality of healthcare services.

Fostering the positive team dynamics among the healthcare functionaries, Dr. Wani says:

***“a collaborative approach towards working and taking the team together is the key to achieving intended outputs and outcomes. I have always acknowledged the experience of ANMs and worked together with them and because of this only I am able to lead the team of ASHAs and ANMs effectively. We help each other in improving our performances through constructive criticism of each other”.***

**—Dr. Shabhat Wani (CHO-HWC)**

His attitude towards the team is also evident from the fact that he seeks help from District Program Officer and PHC MO for his team’s grievances; he provides an orientation to new CHOs in the block. His passion and determination to understand the needs of community members, and to deal with NHM officials - helped in mobilizing support and resources for the provision of quality healthcare services.

***“The team is excellent at this SHC-HWC - it has experienced staff members. With appropriate support from the District and State level, we can do much more than the current outputs.”***

**—Dr. Shabhat Wani (CHO-HWC)**

The three challenges that he has overcome over the last 3 years of service were: building a separate OPD room to ensure patient confidentiality; facilitating the availability of doctors on the e-Sanjeevani hub; and the most important was gaining community’s acceptance and trust. The third major achievement was the most critical one as the community members earlier relied on the Medical Officer at the Primary Health Centre (PHC) for any medical issue, even though it meant travelling long distances in cold weather.

All these efforts resulted in favourable outcomes at facility and minimization of waiting time, availability of teleconsultation in the health facility, and increase in the footfalls at the SHC-HWC. Dr. Shabhat Wani demonstrates what a self-motivated and passionate CHO can do. His journey as a CHO continues to inspire many healthcare functionaries in the block and he along with his team aspires to accomplish more in the near future.

## Improved Health Service Delivery in Tethar

Mrs. Masrat Begum, a 42-year-old woman residing in Tethar, Banihal block of Ramban district, suffered from severe pain in her knee joint and back for over a year. Her pain was so excruciating that she was unable to carry out her routine activities – and her condition was deteriorating day by day.

She decided to visit the Tethar SHC-HWC which has been transformed into AB-HWCs that provide free and comprehensive primary healthcare for all. The CHO at SHC-HWC suspected osteoarthritis based on the history, symptoms and signs; he contacted a specialist available through the e-sanjeevani teleconsultation platform. The diagnosis was confirmed by the Specialist and as per his advice, the CHO conducted additional tests to rule out differential diagnosis. It was found that her blood pressure, sugar levels and thyroid parameters – all were under control. With the specialist's approval, the CHO dispensed medicines for osteoarthritis for a week and advised certain precautionary measures such as mild exercises, walking and eating a balanced healthy diet.



Figure 4: SHC-HWC, Tethar, Banihal Block, J&K



Figure 5: Dr. Shabhat Wani (CHO of SHC-HWC, Tethar) during Patient Consultation

Mrs. Masrat felt much better after taking medicines for a week and following precautionary measures advised by the CHO. Since then, she continues to visit SHC-HWC for a check-up. Satisfied with the services, she recommends her family members and neighbours visit the SHC-HWC for any kind of health issues.



**Figure 6: Mrs. Masrat Begum**

*“I was counselled that this is a chronic problem but with few medication and precautionary measures, we can delay further worsening of the condition ... ASHA comes to my home and reminds me of my visit to SHC-HWC. My mother-in-law was diagnosed with hypertension at the facility and now she is also taking treatment at our SHC-HWC” she adds.*

**—Mrs. Masrat Begum  
(HWC Beneficiary)**

With the persistent efforts of the entire primary healthcare team at SHC-HWC, she is now able to walk without any pain. Mrs. Masrat and her entire family feel grateful to the primary healthcare team for bringing healthcare services closer to their home and supporting them in difficult times. Teleconsultation services at the AB-HWC with the availability of free drugs and diagnostics have enhanced people’s trust in the primary healthcare facilities.

## KARNATAKA

### **Healthcare Near Home: From No Health Centre to a Health and Wellness Centre**



Initially sanctioned as a co-located sub-centre at a Primary Health Centre; Health & wellness centre, Ardeshanahalli was later established within the village proximity with separate infrastructure and positioning of a full time Community Health Officer (CHO) following the recommendations of National Health Policy 2017 to establish health facilities on geographical norms in addition to existing population norms.

Access to healthcare services for the community was a challenge as there was no health facility in the village earlier with nearest facility being Primary Health Centre (PHC) which was 5 Km away. With no public transport available, people would travel by foot to reach PHC or visit Taluka Hospital/ District Hospital which was 15 km away to access healthcare services leading to Out of Pocket expenditure (OOPE) in the form of indirect cost pertaining to travel. Some people even used to visit Private practitioners and incur direct out-of-pocket expenditure too in addition to wage loss and transport expenses to seek the care.

SC was co-located in the premises of PHC Ardeshanahalli with one Primary Care Health Officer [(PHCO)- a healthcare cadre in Karnataka equivalent to Auxiliary Nurse Midwife (ANM) in other states]. Since the sub-centre had no building of its own, the PHCO used to work in the PHC only and service delivery being limited to ANC and Vaccination services once a week in the facility's catchment area.

With the launch of AB-HWC, as a first step a rented premise was identified and a community Health Officer was posted to establish HWC in the village. Required equipment, furniture, medicines and diagnostics were made available to make HWC operational. At present HWC is catering to the healthcare needs of 3, 500 people residing in 4 villages with 940 households.

Earlier people used to visit private clinics, even if people visit Public health facility to access the treatment, they would incur Out of pocket expenditures on travel. HWC has not only reduced their all Out of Pocket expenditure, but also provided quality healthcare services and developed trust among the community. An elderly woman while sharing her healthcare-seeking experience explained how her OOPE has reduced after the establishment of HWC.



Figure 7: Ms. Sunita, Beneficiary of SHC-HWC, Ardeshanahalli

***“I used to spend a lot, bus and auto charges would cost me around 200-300 Rs and medicines too were expensive. Now I don’t spend a penny on anything, and the centre is also very close to my house. Having this centre has provided a lot of comfort to me. Earlier when I had to go to other places to get health check-ups I wanted help from someone to travel, since the time this centre was started in our village, I do not need anyone to accompany me and I come alone, get myself checked, take the prescribed medicines and go back home. After taking facilities from this wellness centre, I feel that every village where this facility is not available should be made available”.***

**—Ms. Sunita (HWC Beneficiary)**

## Availability of Healthcare Services and Service Delivery

In alignment with the principles of comprehensive primary healthcare, HWC is providing an expanded range of healthcare services spanning, Maternal and child healthcare including immunization, screening and management of NCDs, oral healthcare and outreach services. HWC has achieved all the screening targets for NCDs in the catchment area of the facility which reflects the dedication, hard work and commitment of the HWC team and is a significant step towards early detection and timely management of common non-communicable diseases like hypertension, diabetes, and cancer.

**Mrs. J Nethravati**, Community Health worker expressed her thoughts:

***"I am proud to say that we are actively involved in providing a wide range of healthcare services and conducting outreach programs to create awareness and provide additional care to the community. Our health promotion activities through health outreach programs are aimed at reaching out to the population and promoting good health practices. Our innovative and digital initiatives, such as the use of ABHA, Covid vaccination, and teleconsultations, enable us to establish communication with the people and provide health services more efficiently".***

—Mrs. J. Nethravati (Community Health Worker)

Describing the role of HWC on disease prevention and health promotion Ms. Manikar, a local resident said. ***"Since the time this centre was started it has helped us a lot and we do not have to travel anywhere for treatment. Madam (CHO) also gives us information on how to provide nutritious food and take care of children and keep our house and surrounding clean, we also obtain information on various issues. I really like to thank Nethra madam and people who are responsible for the opening of this centre".***



Figure 8: Ms. Manikar, beneficiary of HWC-SHC Ardeshanahalli

—Ms. Manikar (HWC Beneficiary)

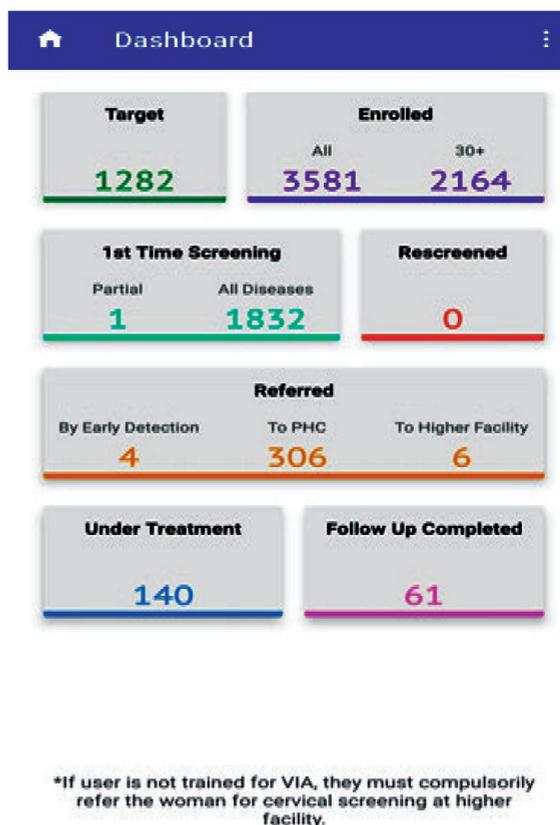
## Ensuring Continuum of Care and Leveraging IT Solutions

HWC team has not only screened all the targeted population in the catchment area of facility but those screened positive are put on treatment and are also followed up to ensure continuum of care. While the majority of primary healthcare needs of community are being met at HWC only, continuum of care is also being ensured by timely referral and follow-up, especially for NCD cases. These services are being enhanced by leveraging IT based solutions like NCD application to ensure screening treatment and follow up of the patients.

Teleconsultation has been successfully utilized by HWC to reduce referrals and improve follow-up. Patients who present with complex or severe medical conditions are referred to Primary Health Centres (PHC) or General Hospitals (GH) based on the level of care required. Follow-up is done through home visits or calls to ensure that the referrals have been attended to and provided the necessary support.

***“We conduct following up on referrals and checking whether the patient visited the PHC or not and whether the prescribed tablets were taken or not. Monthly meetings at the HWC with ASHA workers and staff are an excellent platform for planning and discussing what can be done in the following month”.***

**—Mrs. Nethravathi (Community Health Officer-HWC)**



**Figure 9: AB-HWC Portal Dashboard**

Health and wellness centres under the GoI flagship scheme 'Ayushman Bharat' were launched with the objective to provide free of cost comprehensive primary healthcare closer to the community with a citizen centric approach. While Ardeshanahalli HWC has been able to provide primary care services to the community, it has also been successful in demonstrating that a well-functioning HWC contributes to the substantial reduction in Out-of-Pocket expenditure.

An elderly patient Ms. Rukminiamma expressed how HWC has helped her in accessing healthcare close to her home.

***"I have been suffering from BP and joint pain and I visit this centre once every week or fortnightly and get myself checked and collect the prescribed medicines from madam. I visit this centre because it's very close-by to where I stay, and I do not have to travel anywhere outside. Earlier I used to visit Rajankunte and Doddaballapur hospital for treatment. Because of this centre in our village, I do not have to travel outside, it was very difficult to find auto/bus for transportation. Because of this wellness centre we have received a lot of help. In my opinion, such wellness centres should be opened in all villages for people who are poor like us as this will help a lot".***

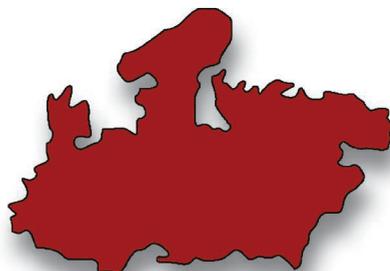


Figure 10: Ms. Rukiminiamma, Beneficiary of HWC-SHC Ardeshanahalli

**—Ms. Rukiminiamma (HWC Beneficiary)**

## MADHYA PRADESH

### Reviving Healthcare through Upgraded SHC



The subcentre in the community was established in 2011, and subsequently upgraded to Ayushman Bharat- Health and Wellness Centre (AB- HWC) in December 2019. The revival and upgradation of the subcentre (SC) to a functional HWC-SC had a significant impact on the service delivery as well as service utilisation. Reforms across the components spanning infrastructure and branding, human resources for health, medicines, and diagnostics; improved health promotion activities; and active community engagement have resulted in improved access to care. This was reflected through an increase in footfall at the facility and better health outcomes.



**Figure 11: The facility after its upgradation to Ayushman Bharat-Health & Wellness Centre (AB-HWC)**

The ANM at the centre reported the improved transition in services since the upgradation of the health facility. This has been achieved with the positioning of

a Mid-Level Healthcare Provider (MLHP) at the facility- the Community Health Officer (CHO). It was observed that the primary healthcare team demonstrated a sense of belonging and ownership within the community; where it was reported that the consistent functioning of the facility and timely provision of services were appreciated. The demand generated through the upgradation of the facility was met through an adequate supply of resources, leading to improved healthcare utilisation. This was illustrated through several positive stories shared by the community.

One such story revolves around a three-year-old child, Vimal. He was identified by the ASHA, to be suffering from Severe Acute Malnutrition (SAM), during one of her routine home visits. Vimal was seven months old at the time. On noticing the child, ASHA immediately referred him to the AB-HWC where the CHO examined him and further referred him to the Nutrition Rehabilitation Centre (NRC). However, the family was hesitant and refused to admit



**Figure 12: Three Year Old Vimal and his Family**

Vimal to the NRC. The CHO and the ASHA individually discussed with the family to understand their concerns, following which, they charted and recommended a therapeutic diet and supplementary food and care for Vimal. The CHO monitored the case closely and provided essential logistics and regular counselling. Regular follow-up visits were ensured by the AB-HWC team to monitor and track the status of Vimal. With continuous efforts, Vimal showed improvement in his health and gained adequate weight. Vimal is now a healthy child who loves to play with his sister and helps his mother in their kitchen garden. Appreciating the efforts of the healthcare team Vimal's mother says- ***"ASHA and CHO didi saved my child"***.

In another incident, a pregnant mother was not being supported by her family to seek medical care during her pregnancy. The distressed mother reached out to the ASHA for assistance. The ASHA not only counselled the family but also ensured adequate antenatal care with the support of ANM. The healthcare team also counselled the pregnant woman and her family on various family planning measures. The mother delivered a girl child and was thankful to the healthcare team for their timely intervention and for providing necessary information and counselling on antenatal care as well as family planning.

Even during the COVID-19 pandemic, the HWC-SC demonstrated the provision of exemplary services where the role of the facility was not limited to active testing but also adequate home care and distribution of necessary medicines during the isolation period for the suspected and positive cases. The facility also continued and ensured an uninterrupted supply of essential non-covid services during the pandemic.

***“We gave the medicines from the centre and not even one patient had to be hospitalised due to timely intervention. They recovered in 7-8 days and we did not have to refer anyone”.***

**—Ms. Khushbo (CHO-HWC)**

During interactions with the community, the team met 67-year-old Dayaram-ji who was a leprosy patient. Due to lack of awareness of services available at the public health facilities he was visiting a private practitioner for his treatment. This was not only leading to out-of-pocket expenditure but also treatment adherence was a challenge as he was not able to visit the private practitioner regularly. During population enumeration the case was identified by the ASHA, who then reported this at the AB-HWC. The CHO visited the household to meet the patient and his family. The CHO counselled the patient



**Figure 13: Dayaram-ji Reported Improved Health Status Attributed to Better Adherence to the Treatment**

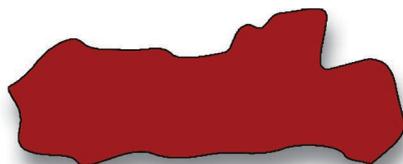
to restart the treatment and the medicines were delivered by ASHA to his house. Dayaram-ji is now on a multidrug therapy without incurring any cost and the case is closely monitored by the healthcare team. He was recovering and expressed his relief as he reported that his skin lesions were healing and was gradually gaining the sensations back on his left leg. He was grateful for the supportive care of the health care team and also for the free access of medicines which has relieved the family from the financial burden of managing the condition.

***I do not have to spend any money on the treatment, I receive good care and the necessary medicines at my doorstep.***

**—Dayaram Ji (HWC Beneficiary)**

## MEGHALAYA

### Tackling Non-communicable Diseases (NCDs) through Free Drugs and Diagnostics



Mr. Chibait Syngkon aged 75 years lives in Lummawsing village close to Mawtawar SHC-HWC in the East Khasi Hills (EKH) of Meghalaya. He is originally from Ri-bhoi district and has shifted permanently to Lummawsing village of EKH District. He was diagnosed with diabetes 14 years ago and hypertension 6 years ago at Civil Hospital, Shillong, Meghalaya. Adhering to treatment was a major challenge for Mr Syngkon as he had to travel a long way through the hilly terrain for a check-up and get medicines every three months from the Civil Hospital. Old age and dependence on children for travel to Civil Hospital, Shillong were the major challenges in treatment adherence for chronic illnesses such as hypertension and diabetes. He shared that there was delay in getting medicines at times when his children are not able to take time out of their schedule; also, he cannot afford medicines from private practitioners in the area due to high cost.

*"I could not travel alone ... and my children are working. Going to Civil Hospital in Shillong means almost the entire day will be spent in check-up and getting medicines, which led to loss of money for the family."*

**—Mr. Chibait Syngkon (HWC Beneficiary)**

However, things changed when the SHC at Mawtawar was transformed into an HWC. This centre is just one kilometre from Syngkon's home and it takes him around 10 minutes' walk from home to reach the centre. Mawtawar SHC-HWC is now providing diagnostic services and drugs for many ailments including diabetes and hypertension. Mr Syngkon now visits the centre every month for regular check-ups and to get medicines.

*"I get all medicines free of cost every month for 30 days. I am also happy that the CHO gives attention, checks my BP, sugar and other vitals .... counsels me to follow a healthy lifestyle. A lot of myths in my mind about diet and exercise have been answered by her. I also share this information with my family members and friends. "The staff at the centre are welcoming and supportive. They have a humble demeanour and guide us in every possible way."*

**—Mr. Chibait Syngkon (HWC Beneficiary)**

He expressed his gratitude to Government of India for coming up with the transformative idea of Ayushman Bharat - Health and Wellness Centres.

## **Yoga and Wellness for All**

Mrs. Prithinia Dohling is a resident of East Khasi Hills of Meghalaya. She earns her livelihood by working as a housemaid in her locality. Her work is extremely tedious, but she barely earns her bread and butter. She faces difficulty in meeting her basic life necessities. She has two sons who are married but both have abandoned her.

Mrs. Dohling was suffering from severe chronic backache which she ignored for many years as she could not afford treatment at a private facility. During the initial stages, she tried all possible home remedies to get relief from back pain, but nothing worked. When she discussed this issue with ASHA during her home visits, she suggested her to visit the nearby SHC-HWC and explained the services available at the facility.

*"When I visited Lawsohtun centre, the CHO explained to me that the pain relief medications provide temporary relief. Regular practice of Yoga would help in relieving back pain. CHO demonstrated few Yoga postures too!"*

**—Mrs. Prithinia Dohling (HWC Beneficiary)**

Mrs. Dohling followed CHO's advice and started regularly attending Yoga sessions at the facility. After practising yoga for a few days, the back pain reduced to a great extent, and she started feeling better. In a month, her condition was substantially better. *"Considering the long-term and substantial preventive and curative benefits, Yoga should be an integral part of all people's lives. Yoga has become part of my life now".*

**—Mrs. Prithinia Dohling (HWC Beneficiary)**

Mrs. Prithinia Dohling has started motivating others at home and village to practice Yoga if they have similar backache and as a preventive measure for those who do not have such pain.

## MIZORAM

### Teleconsultation a Boon for Last-mile Population



Mrs. Dengthangpuii, a 65-year-old street vendor residing in Bethlehem Vengthlang, Mizoram. Describing her experience of visiting Bethlehem Vengthlang SHC-HWC, which is just a 10-minute walk from her home, she informed that she experienced a burning sensation during urination and a high fever for three days. Worried about her health, she sought medical advice from Ms. Ludy Lalramdipuii, CHO at the Bethlehem Vengthlang SHC-HWC. After the basic medical health check-up, her BP and Sugar were found to be high, and she was referred to the ITI Urban Primary Health Centre – Health and Wellness Centre (UPHC-HWC).

After the appropriate diagnosis, the Medical Officer at UPHC prescribed medication for urinary infection and requested a follow-up visit. After a week when Mrs. Dengthangpuii visited UPHC-HWC and the diagnosis of diabetes and hypertension was confirmed. Her fear and worry became apparent as she heard that she is suffering from these ailments which require life-long treatment.

***“I got frightened and worried on hearing that I have dreadful illnesses such as diabetes and hypertension as no one in my family had those illnesses. I kept on thinking and questioning myself – What did I do wrong? Why am I diagnosed with these illnesses.”***

**—Mrs. Dengthangpuii (HWC Beneficiary)**

The Medical Officer at UPHC understood her mental status, told her to relax and counselled and reassured her that hypertension and diabetes can be under control through lifestyle measures and adherence to regular medication.

As Mrs. Dengthangpuii was recovering from her urinary problem, making another visit to UPHC-HWC was quite difficult. She approached CHO at Bethlehem SHC-



**Figure 14: Bethlehem Vengthlang Sub Centre - Health and Wellness**

HWC for advice. Being trained to provide teleconsultation services under the AB-HWC Programme, Ms. Lalramdipuii contacted the Medical Officer of ITI UPHC-HWC. Mrs. Dengthangpuii could not believe that she could contact her doctor sitting far away through teleconsultation and she was absolutely delighted to have such a channel through which Doctors and Specialists can be contacted, as and when required. This online follow-up teleconsultation session proved to be reassuring and positive as she could receive follow-up lifestyle advice for diabetes and hypertension.

***"I found this teleconsultation service extremely helpful as it saved me time and money as I don't have to travel long distances. I also attend wellness sessions and get medicines and support during emergencies from our CHO. Teleconsultation services have indeed been of great help to many people in my village. These health and wellness centres should create more awareness about teleconsultation among the public for these services to be utilized well."***

**—Mrs. Dengthangpuii (HWC Beneficiary)**

## ODISHA

### AB-HWCS for Mental Health Patients



Mental health conditions have a substantial effect on all areas of life, such as school or work performance, relationships with family and friends and ability to participate in the community.

Ms. Suruchi is a 37 years old, unlettered, unmarried woman from a poor family. She has been living with her mother in a dilapidated house. She is suffering from anxiety and depression for over 7 years and was recently diagnosed with Type 2 diabetes too.

*“A few failed attempts at marriage caused her mental problems. It has further worsened after her sister’s untimely death a few years ago”*

– Suruchi’s mother elaborates.



**Figure 15: In Photo Suruchi with her Mother during the Interview at HWC**

Suruchi availed treatment from a private healthcare provider located in Bolangir District HQ from 2015 to 2022 and spent a considerable amount of money on travel, consultation, and medicines during those years. However, there was not much improvement in her condition.



**Figure 16: AB-Health & Wellness Centre Bakti**

In Jan 2023, Suruchi stopped eating, was crying and became extremely anxious. The ASHA of the village counselled Suruchi's mother to visit SHC-HWC Bakti for consultation. Following the advice, Suruchi along with her mother and local sarpanch visited the SHC-HWC Bakti. The CHO assessed her and using teleconsultation service, she connected to a Medical Officer at CHC, Agalpur for consultation. On examination, the MO suspected schizophrenia and further referred her to the District Hospital for specialist consultation and confirmation of the diagnosis. The District Hospital at Bolangir is co-located with a Medical College. Suruchi was brought to the DH and examined by a psychiatrist and was diagnosed to be suffering from schizophrenia; subsequently, her treatment was initiated.

Going for regular follow-up visits to SHC-HWC Bakti, Suruchi has been compliant with her medications. As per Suruchi's mother, the Sarpanch, and the PHC Team, there has been a marked improvement in Suruchi's behaviour after the initiation of treatment from DH.

***"I thank God that I brought Suruchi here (SHC-HWC, Bakti) – she had not been eating food for 20-25 days and showing violent and aggressive behaviour. I spent a huge amount of money, including my elder daughter's full earnings toward Suruchi's treatment"*** —Suruchi's Mother.

***"I have noted positive changes in Suruchi only within a month of treatment initiation."***

**—Sayed Mukhtar Ali (Community Health Officer)**

The capacity building of the primary care team members to provide an expanded range of services and teleconsultations has enabled improved quality of healthcare services to people. This is especially for patients with mental illness, who need long-term treatment and are challenged by long distances and costs to access healthcare.

## UTTAR PRADESH

### Vision and Leadership to Prevent and Control Illness



Ms. Shalini Singh, a CHO at Mohanpur, SHC-HWC in Harahua Block, Varanasi, believes that teamwork and determination will help in improving the quality of healthcare services. Working in close coordination with ANMs and ASHAs, she says,

*“Things are a little easier with the help of ASHAs because they are much more familiar with the community. She helps us to mobilize the community to avail health services and the role of mediator between the HWC and the community. We have seen a great breakthrough in the past months, in getting women to self-examine themselves for breast cancer”.*

**—Ms. Shalini Singh (CHO-HWC)**

She informed that as AB-HWCs are providing an expanded package of services, she organizes awareness sessions for community members on various health issues, such as TB, NCDs, contraception, sexually transmitted diseases, menstrual hygiene, personal hygiene and sanitation. She also organizes 42 health days at SHC-HWC according to the wellness calendar and actively involves local representatives, members of VHSNC and JAS, and community members in these events.

*“I visit the villages often. When I go in the village areas for awareness drives and follow-up, I think of myself as someone doing public service and I take pride in doing that.”*

**—Ms. Shalini Singh (CHO-HWC)**

Her constant efforts have led to tangible results, such as the Gram Pradhan adopting two TB patients and taking responsibility for their treatment, counselling and nutrition needs on TB Day celebrations on 24th March 2023. Shalini's relentless efforts have resulted in increased awareness among women about breast cancer self-examination which further led to improvement in the early

detection of breast cancer in the area. The average OPD at Mohanpur, SHC-HWC has increased to 15-20 patients per day, including 4-5 teleconsultations.

Shalini fondly shares one of her delightful memories when a dignitary from Belgium visiting India as part of G20 celebrations visited the SHC-HWC recently. Moved by the passion and commitment of Ms. Shalini, he spontaneously garlanded her with his ID badge. Ms. Shalini Singh demonstrates the leadership role that is expected in a CHO to ensure reaching the unreached, the core intent of Universal Health Coverage, embraced by India.



**Figure 17. Ms. Shalini Singh, CHO, SHC-HWC Mohanpur, Harahua, Varanasi**



**Figure 18: Ms. Shalini Involved in Outpatient Care**

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## CONCLUSION

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Belonging to different parts of the country, these people shared their varied experiences of interaction with the HWCs near their place of residence. The positivity, relief and trust brought more people to AB-HWCs, not just for illness but also for general well-being. 'Prevention' and 'Wellness' are now becoming important for Indian citizens – through Ayushman Bharat Programme. The 'trust' and 'positive perception' regarding public healthcare facilities – are the most important component of delivering quality healthcare services to people. Ayushman Bharat Programme has been successful in decreasing catastrophic expenditure on health and has built an assurance that they will get quality services at public healthcare facilities. The next steps are to further improve the quality of healthcare services, availability of medicines and diagnostics, and promoting the ownership of healthcare facilities by community members.

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