सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Guidelines for conducting Ayushman Arogya Shivir

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1 Executive Summary

The Ministry of Health and Family Welfare has institutionalized Ayushman Arogya Shivir as a fixed-day, monthly outreach platform to deliver comprehensive primary healthcare and specialist services closer to communities, through Ayushman Arogya Mandirs (AAMs) and Community Health Centres (CHCs)/polyclinic in both rural and urban areas. The Ayushman Arogya Shivir is envisioned to be a celebration, where the health workers, community, elected representatives and key stakeholders come together for promoting and protecting the health of the people.

The core objective of Ayushman Arogya Shivir is to ensure saturation of key health services at the Gram Panchayat and urban ward level, which include universal coverage of RMNCAH+N services, TB and NCD screening and management, communicable disease control, sickle cell screening (wherever applicable), screening for mental health and substance use disorder, screening for climate-sensitive illness, AYUSH services etc., alongside strong referral linkages to higher facilities. Special emphasis is to be placed on high-risk groups, including pregnant women, at-risk newborns and young children (through Shishu Shivirs), elderly persons, persons with disabilities and vulnerable & marginalized populations. States/UTs shall also ensure integration of ABHA creation, Ayushman card issuance, free medicines and diagnostics, assistive device distribution and teleconsultation (eSanjeevani) within Shivir activities to reduce out-of-pocket expenditure and improve continuity of care. To promote health awareness & disease prevention, adoption of healthy behaviours is promoted through IEC, BCC, counselling and wellness activities, contributing to making health a people's movement.

A graded service delivery approach is to be adopted at these monthly health camps. At AAM-SHC level, Shivirs shall focus on OPD consultations by Medical officers from PHC, preventive and promotive services, RMNCAH+N services, screening for - NCDs, TB, communicable diseases, mental health screening, visual and hearing impairment, sickle cell (in affected areas), climate health risks and wellness activities, supported by visiting Medical Officers, Dentist, AYUSH doctors from nearby higher facilities/District residency program (DRP) and teleconsultation. Shishu Shivirs must be organized to identify and manage at-risk and sick newborns/young children with clear referral pathways. At AAM-PHC/UPHC/USHC level, specialist camps to be organized with availability of multiple specialist services (e.g., physician, gynaecologist, paediatrician, surgeon, dental surgeon, psychiatrist, dermatologist, ENT specialist, ophthalmologist, orthopaedic, physiotherapist) from nearby CHC/polyclinic/DH/Medical Colleges/DRP, along with diagnostics and assured referral linkages to ensure further diagnosis and management of identified illnesses. At CHC/UCHC/Polyclinic level, specialist medical camps shall be conducted monthly, providing advanced consultations, minor and major surgeries, RMNCAH+N interventions (including C-sections where feasible), ophthalmic and ENT services, mental health care, palliative care and high-end diagnostics, with back-referral to AAMs for follow-up and continuity.

States/UTs are requested to undertake systematic micro-planning for Ayushman Arogya Shivir based on community needs assessment, disease burden profiling and social determinants of health. Every SHC/PHC/CHC/Polyclinic in rural & urban will have a fixed day every month for Ayushman Arogya Shivir at the facility. The place where the Shivir will be conducted must ensure easy accessibility, geriatric and disability-friendly access and cultural acceptability. Adequate manpower, medicines, equipment, logistics, IEC material and telemedicine connectivity to be arranged in advance to avoid service disruptions. Multi-sectoral convergence with departments such as Education, Women and Child Development, Social Welfare, Environment, Urban Local Bodies, Panchayati Raj Institutions, Disaster Management, Civil Supplies etc. shall be ensured to support mobilization, infrastructure and outreach. Strict adherence to Biomedical Waste Management Rules, 2016 is mandatory during all Shivir activities.

Active engagement of elected representatives (MPs, MLAs, Councillors, PRI members) is strongly encouraged to facilitate resource mobilization & infrastructure, enhance community mobilisation & participation, publicize camps through digital & social media campaigns, ensure multi-sectoral convergence, promote accountability and trust in public health services. States/UTs shall facilitate their participation in planning, awareness generation and Shivir events. Frontline health workers (ASHAs, ANMs, CHOs), VHSNCs, MAS, SHGs, youth clubs, RWAs and community volunteers to be mobilised for door-to-door outreach, beneficiary line-listing and follow-up. Digital and social media platforms should be leveraged for advance publicity, dissemination of service charters and promotion of digital health tools.

For effective governance and accountability, clear roles and responsibilities are defined at all levels. CHOs/MOs at SHC/USHC, MO-ICs at PHC/UPHC, BMOs at block level and CDMOs/DHS at district/state level shall be responsible for planning, coordination, implementation and timely escalation of challenges. Quarterly planning meetings at district and block levels are to be institutionalized for preparation of Shivir calendars and specialist rosters. Issues related to human resources, logistics, drugs or inter-departmental coordination must be promptly escalated and resolved through established channels.

With regard to financial planning, States/UTs may propose up to Rs. 7,500 per month per AAM-SHC/USHC, Rs.12,000 per month per AAM-PHC/UPHC & Rs.15,000 per month per CHC/UCHC/Polyclinic through the Programme Implementation Plan (PIP) for Shivir-related activities. The Shivir to be conducted at each facility once every month. These funds are strictly to be utilised for camp-specific arrangements such as temporary infrastructure, IEC/BCC, community mobilisation and specialist mobilisation and must not be used for routine facility expenses, staff remuneration, permanent asset creation or civil works. Facility In-Charges shall be personally responsible for ensuring compliance with permissible and non-permissible expenditure norms.

States/UTs are requested to ensure robust performance monitoring and reporting through the designated AAM and CHC Shivir portals. All planned and conducted Shivirs must be recorded and data on footfall, service utilisation, screenings, referrals,

surgeries, ABHA creation, Ayushman card issuance, wellness activities, beneficiary satisfaction must be regularly reviewed. Post-Shivir reviews shall be conducted to analyse gaps, beneficiary feedback and operational challenges, and these learnings must feed into subsequent micro-plans.

In conclusion, Ayushman Arogya Shivir is to be implemented by all States/UTs as a flagship monthly outreach mechanism to strengthen comprehensive primary healthcare, expand access to specialist services, improve early detection and timely management of diseases and deepen community ownership of the public health system. States/UTs are advised to accord highest priority to planning, inter-sectoral convergence, quality of service delivery and accountability mechanisms to ensure that Ayushman Arogya Shivir contributes meaningfully to improved health outcomes and progress towards Universal Health Coverage.

2 Background

Witnessing the immense success of 'Arogyam - the Overall Wellbeing Campaign', which was launched to commemorate the 'Azadi ka Amrit Mahotsav', and the achievement of Block Health Melas, the Ministry of Health and Family Welfare initiated weekly 'Health Melas' at all Ayushman Arogya Mandir in rural and urban areas in coordination with District Hospitals (DH)/ Sub- District Hospitals (SDH)/ Community Health Centres (CHC). These Melas aimed to not only amplify the reach and effectiveness of available comprehensive primary healthcare services at the Ayushman Arogya Mandir but to ensure doorstep availability of specialist services. Besides improving the accessibility of the specialist services, this initiative also intended to generate community participation, awareness generation making health a public movement.

The Ministry of Health and Family Welfare launched the umbrella initiative, **'Ayushman Bhav Campaign'**, from 17th September 2023 to 31st March 2024 with an aim to saturate key health care services in every village and town. One of the major components of the campaign was weekly Ayushman Melas at Ayushman Arogya Mandir (erstwhile Ayushman Bharat – Health and Wellness Centres AB-HWCs) & Community Health Centres (CHCs) in both rural and urban areas. All the States/ UTs made remarkable progress under the campaign. Over 25 Lakh Ayushman Melas were organized at Ayushman Arogya Mandir (AAM) & CHC level with more than 20 crore footfalls during the campaign period.

To take the momentum forward from FY 2024-25 onwards, Ayushman Bhav campaign was institutionalized through a new initiative of **Ayushman Arogya Shivir** which is held **on a pre-decided fixed day of the month. The Ayushman Arogya Shivir is envisioned to be a celebration, where the health workers, community, elected representatives and key stakeholders come together for promoting and protecting the health of the people.**

There is ample evidence from national and international sources demonstrating the effectiveness of outreach-based service delivery models in improving access, equity, and continuity of care. Internationally (WHO) and nationally endorsed primary healthcare outreach models emphasise community participation, outreach services, task-sharing and referral continuity as core elements for achieving Universal Health Coverage.[1] India's AAM and outreach models align strongly with these principles. The AAM are envisaged to deliver comprehensive primary healthcare spanning from preventive, promotive, curative, rehabilitative and palliative care closer to people's homes.

- Block Health Melas[2]: To provide health education and essential healthcare services, the MoHFW organised Block Health Melas. This was organized in every

[1] Primary health care on the road to universal health coverage (WHO. Available from: https://www.who.int/publications/i/item/primary-health-care-on-the-road-to-universal-health-coverage-2019-monitoring-report)

[2] National Guidelines for conducting Block health mela. Available from https://nhsrcindia.org/sites/default/files/2023-02/National%20Guidelines%20for%20Conducting%20Block%20Level%20Health%20Melas.pdf

block of the country from April to May 2022. In this time span, people attending the health mela had their Ayushman Bharat Health Accounts and Ayushman Bharat – Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) cards created, underwent screening for TB, common NCDs and cataract, counselling on family planning, counselling for tobacco and alcohol cessation, teleconsultation, wellness activities etc.

- Ayushman Bhav campaign as discussed previously demonstrated a fixed-day, saturation approach to service delivery, ensuring universal coverage of key health services at the village and ward level. Weekly Ayushman Melas at AAM enabled convergence of frontline workers, Medical Officers, and specialists, resulting in high footfall, improved screening coverage, and strengthened referral linkages.[3]

[3] https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1987428&reg=3&lang=2

3 Objectives of Ayushman Arogya Shivir

- To organise monthly health camps at Ayushman Arogya Mandir (AAM-SHC) and specialist medical camps at AAM USHC/ PHC/ UPHC / Community Health Centres (CHC)/ Urban Community Health Centres (UCHC)/Polyclinic with support from Medical Officers, residents and specialists from higher facilities.
- To saturate key health services in every Gram Panchayat and urban ward, including RMNCAH+N services, TB and NCD screening and treatment, sickle cell screening, and AYUSH services, services for communicable diseases including malaria, leprosy, viral hepatitis and other vector borne diseases, diagnosis, recording and treatment for climate sensitive illnesses like air pollution and heat related illnesses and locally endemic diseases so that comprehensive primary healthcare reaches all eligible beneficiaries.
- To provide timely clinical care and referral for high-risk groups such as at-risk newborns and sick newborn/ young children through Shishu Shivir and linkage to specialist consultations at PHC/ UPHC and CHC/ UCHC/polyclinic level Shivirs.
- To promote community participation, awareness, and adoption of healthy behaviours through IEC, BCC, counselling and wellness activities, contributing to making health a people's movement.
- To reduce financial hardship by facilitating ABHA (Health ID) creation, use of ABHA ID in patient registration, Ayushman card issuance, and provision of assistive devices such as spectacles and hearing aids during the Shivir.

4 Activities at Ayushman Arogya Shivir

4.1 Ayushman Arogya Shivir at AAM-SHC

- Planning may be done so that each **AAM-SHC is visited monthly by MOs** from nearby linked AAM-PHC/ AAM-USHC/ AAM-UPHC/ Community Health Centres/ UCHC/polyclinic or higher facilities.
- AYUSH services may be provided by AYUSH doctors posted at nearby linked AAM PHC/AAM UPHC/CHC/UCHC/Polyclinic/DH/AYUSH Medical Colleges/AAM AYUSH Dispensaries.
- Districts with District Residency Programme (DRP), may also send Residents to the AAM-SHC in the Shivir to strengthen their understanding of healthcare delivery in the peripheral facilities of the public health system.

4.1.1 Activities to be undertaken at Ayushman Arogya Shivir at AAM-SHC

- **OPD consultations** by **Medical Officer** and Dentist, and teleconsultation services to link to Specialists/ polyclinics (urban areas), if required.
- **RMNCAH+N services** like antenatal care provision, **high-risk pregnancy identification** (including HBsAg testing and other high-risk parameters) and monitoring, immunization services, anaemia management and counselling on menstrual hygiene.
- **A Shishu Shivir** shall be organized during the Shivir, wherein 'at-risk' newborns *(such as low birth weight or preterm babies, non-breastfed infants, SNCU-discharged newborns, those with congenital malformations, or low weight-for-age)* and sick newborn /young children discharged from hospitals/ NRC will be mobilized for medical officer (MO) consultation at the Shivir. Based on the MO's assessment, these children may be referred for further specialist consultation at the CHC/UCHC/Polyclinics or during CHC-level Shivirs, as required. The Shishu Shivir will offer **essential newborn and childcare services**—weight and growth monitoring, danger sign screening, breastfeeding support, KMC counselling, immunization verification (including Birth dose vaccination for Hepatitis B), development milestones, early childhood development guidance, and timely referral for sick or at-risk infants.
- **TB screening** with Xray and NAAT (the Handheld Xray machine of the district may be positioned there on Shivir day), follow up of "on treatment" TB cases and assessment for differentiated TB care, management of TB cases with co-morbidities and initiation of treatment for newly diagnosed cases. Spot registration of Nikshay Mitras and MY Bharat Volunteers for TB Mukt Bharat Abhiyan.
- Facilities for clinical assessment, diagnosis and management of other communicable diseases such as malaria, dengue, chikungunya, leprosy and other vector borne diseases along with locally endemic diseases, STIs etc. should be provided based on local context.
- **Population enumeration and CBAC filling by ASHAs** will be done. Any high-

risk population identified such as for NCDs, TB, mental health etc will be immediately linked for screening to the ANM/ Community Health Officer (CHO) and consultation by Medical Officer, as required.

- **Screening for mental health issues and substance use disorders**, including counselling and screening for HBsAg and Anti-HCV among persons with substance use, with appropriate referrals should be done. Linkages should be done for cessation clinics with TB screening, mental health issues, tobacco de-addiction, along with treatment facility for Hepatitis B vaccination, as required. Encourage all injecting drug users (IDUs) to use services under needle-exchange program of NACP to prevent HCV transmission.
- **Screening of visual and hearing impairment**, referral for diagnosis and distribution of hearing aids and spectacles for those diagnosed.
- **Sickle Cell screening,** with referral as required (in affected area only). Migrants from affected area in urban wards/ slum- line listing to be done by ASHA and regular follow up.
- **Preventive, promotive and curative services by AYUSH Medical Officer** for self-care, medicinal plants for self-care, and management of common ailments
- **IEC, BCC and Counselling services** which are culturally sensitive using folk media, role plays, street plays etc. A suggestive thematic calendar is annexed that can form the basis of the IEC and BCC activities. (Annexure 1). Standardised IEC material should be displayed as per the package of services.
- **Engaging and innovative games and quizzes** for the community to participate in and increase their health literacy and utilization of services.
- **Wellness activities-** focussing on a range of themes such as Yoga, respiratory exercises, personal hygiene (including menstrual hygiene), dietary diversity and nutritional counselling for population vulnerable for TB, having low BMI, & DM specially (including anaemia), relationships, physical activity, meditation, open gymnasium, walkathon etc.
- **ABHA (Health ID) creation for all beneficiaries** attending the Shivir, use of ABHA ID for patient registration and Ayushman card issuance to eligible beneficiaries who have not been enrolled yet.
- **Screening for climate health risks** like use of unclean fuel for cooking, heating and lighting, living near landfills or garbage dumps, open burning of waste, staying in a flood or cyclone prone zone, poor structure of house like roof made of tin, asphalt, rubber etc. and risk-based counselling for reduction of risk.
- Counselling of individuals on use and correct storage of iodized salt, and screening for goitre and referral of suspected cases for diagnosis.
- **Assured Referral linkages** – for any patients requiring diagnostics/ consultation or management at higher facilities, the referrals should be clearly documented, indicating the specific date and the designated hospital where the

patient is required to report for further investigations, as advised by the Specialist. A suggested referral slip is detailed out in Annexure 2.

4.2 Ayushman Arogya Shivir at AAM PHC/AAM UPHC /AAM USHC

- **A charter of specialist services may be prepared for the Shivir,** explicitly listing the Specialists participating, along with their names and respective areas of specialization.
- The specialist services at each AAM PHC/AAM UPHC/AAM USHC may be supported through monthly visits by specialists from nearby linked Medical Colleges/ District Hospitals and Sub-District Hospitals/ FRU-CHCs, private medical colleges and PM JAY empanelled hospitals.
- Districts implementing District Residency Programme (DRP), may also send Clinical Residents to the PHC/UPHC for provision of specialist services.
- Preventive, promotive and curative AYUSH services may be provided by AYUSH specialists posted at nearby linked PHC/ CHC/ DH/ AYUSH Medical Colleges/ AYUSH Dispensaries.

4.2.1 Activities to be undertaken at Ayushman Arogya Shivir at the AAM PHC/ AAM UPHC/ AAM USHC:

- **Availability of multiple specialist services** should be ensured - i.e. Physician, Gynaecologist, Paediatrician, Surgeon, Anaesthetist, Eye specialist, ENT specialist, Dermatologist, Psychiatrist, Dental surgeon, Orthopaedic, physiotherapist etc. If Specialists like Psychiatrists/ Dermatologists are unable to physically join the Shivir at PHC/UPHC, they can be engaged through teleconsultation.
- **RMNCAH+N services** like antenatal care provision, **high-risk pregnancy identification** (including HBsAg and other high-risk parameters) and monitoring, immunization services, anaemia management and counselling on menstrual hygiene.
- **Shishu Shivirs,** where ‘At Risk’ newborns and Sick newborn/ Young Children which require specialist care or are referred from AAM-SHC/AAM USHC Shivirs/ AAM will get Specialist consultation at the PHC/UPHC Shivirs. Birth dose vaccination for hepatitis B to be ensured in case the same was missed for these ‘at-risk’ newborns.
- **Assessment and treatment of all high risk or co-morbid TB patients screened at SC-AAM Shivir.** TB screening with Xray and NAAT (the Handheld Xray machine of the district may be positioned there on Shivir day), follow-up of “on treatment” TB cases and assessment for differentiated TB care, management of TB cases with co-morbidities and initiation of treatment for newly diagnosed cases, Spot registration of Nikshay Mitras and MY Bharat Volunteers for TB Mukt Bharat Abhiyan.
- Facilities for clinical assessment, diagnosis and management of **other communicable diseases** such as malaria, dengue, chikungunya, leprosy, viral

hepatitis and other vector borne diseases along with locally endemic diseases, STIs etc. should be provided based on local context.

- **Population enumeration and CBAC filling** by ASHAs, screening, follow-up and treatment of NCDs. Diagnosis and management of complications of NCDs by Specialists.
- **Sickle Cell screening** with referrals wherever required (in affected area only) etc. Migrants from affected area in urban wards/slum- line listing to be done by ASHA and regular follow up.
- Screening and diagnosis for **substance use disorders and mental health issues** including counselling and screening for HBsAg and Anti-HCV among persons with substance use, with appropriate referrals should be done. Linkages should be done for cessation clinics with TB screening, mental health issues, tobacco de-addiction, along with treatment facility for Hepatitis B vaccination, as required. Encourage all injecting drug users (IDUs) to use services under needle-exchange program of NACP to prevent HCV transmission.
- Screening and diagnosis of **visual and hearing impairment**, referral of patients requiring further investigations, and distribution of hearing aids and spectacles for those diagnosed.
- **Preventive, promotive and curative services by AYUSH Specialist** for self-care, medicinal plants for self-care, and curative services for management ailments.
- **IEC, BCC and Counselling services** which are culturally sensitive using folk media, role plays, street plays etc. A suggestive thematic calendar is annexed that can form the basis of the IEC and BCC activities. (Annexure 1). Engaging and innovative games and quizzes for the community to participate in and increase their health literacy through.
- **Wellness activities**- focussing on a range of themes such as Yoga, respiratory exercises, personal hygiene (including menstrual hygiene), dietary diversity and nutrition (including anaemia) and nutritional counselling for population vulnerable for TB, having low BMI and DM especially, relationships, physical activity, meditation, open gymnasium, walkathon etc.
- **ABHA (Health ID) creation** for all beneficiaries attending the Shivir, use of ABHA ID for registration and Ayushman card issuance to eligible beneficiaries who have not been enrolled yet.
- Screening of **climate health risks,** diagnosis, recording and treatment of climate sensitive illnesses like air pollution and heat related illnesses.
- Physiotherapy services are to be provided, including basic assessment, therapeutic exercises. These services will facilitate early intervention, improve functional ability and promote overall well-being through accessible, community-based care

- Counselling of individuals on use and correct storage of iodized salt, and screening for goitre and referral of suspected cases for diagnosis
- **Assured Referral linkages** – for any patients requiring diagnostics/ consultation or management at higher facilities, the referrals should be clearly documented, indicating the specific date and the designated hospital where the patient is required to report for further investigations, as advised by the MO. A suggested referral slip is detailed out in Annexure 2.

4.3 Ayushman Arogya Shivir at CHC/ Urban CHC/ Polyclinic

- **A charter of specialist services may be prepared for the CHC/UCHC/polyclinic Shivir, explicitly listing the Specialists participating, along with their names and respective areas of specialization**. These should include those Specializations which are not routinely available at the CHC/UCHC/polyclinic. This information should be made available in advance to ensure that patients are well-informed.
- The specialist services at each CHC/ UCHC/polyclinic may be supported through monthly visits by specialists from Medical Colleges/ District Hospitals, private medical colleges and PM JAY empanelled facilities.
- Districts implementing District Residency Programme (DRP), can also send Residents to the CHC/UCHC/polyclinic for services.
- Preventive, promotive and curative AYUSH services may be provided by AYUSH specialists posted at DH/ AYUSH Medical Colleges/ AYUSH Dispensaries.

4.3.1 Activities to be undertaken at Ayushman Arogya Shivir at the CHC/ Urban CHC/ Polyclinics:

- **Availability of specialist services** i.e. Physician, Gynaecologist, Paediatrician, Surgeon, Anaesthetist, Eye specialist, ENT specialist, Orthopaedic, Dermatologist, Psychiatrist, Dental surgeon, physiotherapist etc. If Specialists like Psychiatrists/ Dermatologists are unable to physically join the Shivir at CHC/ UCHC/ Polyclinic, they can be engaged through teleconsultation.
- **A suggestive list of activities is elaborated below:**
    - **General OPD:** Identifying and managing cardiac, neurological, GI, endocrine and other related disorders.
    - **Surgeries:** Performing major and minor surgical procedures such as hernia repair, cholecystectomy, hydrocele, appendectomy, etc., provided provision for follow-up available at the CHC/polyclinic level.
    - **RMNCAH+N services:** ANC, immunisation, USG (if machine available at CHC), counselling, MTPs, minor and major gynaecological procedures including C-sections.
    - Shishu Shivirs where ‘At Risk’ newborns and Sick Young Children which require specialist care or are referred from AAM-SHC/AAM USHC/AAM

PHC/AAM UPHC Shivirs will get Specialist consultation. Birth dose vaccination for hepatitis B to be ensured in case the same was missed for these ‘at-risk’ newborns.

- **Orthopaedic disorders:** Musculoskeletal disorders, trauma, identification of patients requiring surgery, linkage with physiotherapy, etc
- **Ophthalmology services:** Diagnosing vision-related disorders, RoP screening, screening for diabetic retinopathy, referral and appointment for surgeries at medical college, etc.
- **ENT services:** Diagnosis of hearing loss, medical management of acute and chronic otitis media, surgical correction of DNS, etc.
- **Psychiatric services:** Diagnosis, management, and counselling for common medical disorders such as dementia, depression, OCD, parkinsonism, substance abuse, erectile dysfunction, etc.
- **Dermatology services:** diagnosis and management of skin disorders such as tinea, psoriasis, STIs, vitiligo, candidiasis, etc.
- **Palliative services:** pain management of chronic illnesses such as RA, osteoarthritis, peripheral neuropathy, cancers, etc.
- **Diagnostic services:** Identifying the patient needing high-end diagnostic services and further referral to tertiary care. Sample collection from suspect Extra pulmonary TB cases (Lymph node biopsy, pleural tap, Ascitic tap etc) and paediatric cases (induced sputum, Gastric lavage)
- **Oral health services:** endodontics, prosthodontics, pedodontics, and orthodontic-related procedures.

The specialists should ensure that **while travelling to the peripheral facilities for the Shivir, a limited quantity of commonly prescribed medications designated medicines and diagnostic kits** as per the respective EDL along with themselves to the Shivir, to avoid out of pocket expenditure on medicines

- **Primary health care services pertaining to:**
  - RMNCAH+N services like antenatal care provision, immunization, anaemia management and counselling on menstrual hygiene, etc. Ensure universal screening of all pregnant women for hepatitis B, categorizing those who screen positive as ‘High risk pregnancy’ and counselling them for institutional delivery at designated facilities where HBIG (100 IU) is available, in addition to birth dose hepatitis B vaccine for the newborn
  - Assessment and treatment of all high risk or co-morbid TB patients screened at AAM SHC shivirs and AAM PHC shivirs. TB screening with X-Ray and NAAT (the Handheld Xray machine of the district may be positioned there on Shivir day), follow up of “on treatment” TB cases and assessment for differentiated TB care, management of TB cases with co-morbidities and initiation of treatment for newly diagnosed cases.

- Facilities for clinical assessment, diagnosis and management of other communicable diseases such as malaria, dengue, chikungunya, leprosy, viral hepatitis and other vector borne diseases along with locally endemic diseases, STIs etc. should be provided based on local context.
- Population enumeration and CBAC filling by ASHAs, screening and treatment of NCDs including common cancers

- Sickle Cell screening with referrals wherever required (in affected area only) etc. Migrants from affected area in urban wards/slum- line listing to be done by ASHA and regular follow up.
- Distribution of hearing aids and spectacles for those diagnosed.
- IEC, BCC and Counselling services which are culturally sensitive using folk media, role plays, street plays etc. A suggestive thematic calendar is annexed that can form the basis of the IEC & BCC activities (Annexure 1). Engaging and innovative games and quizzes for the community to participate in and increase their health literacy
- Wellness activities (where feasible)- focussing on a range of themes such as Yoga, respiratory exercises, personal hygiene (including menstrual hygiene), dietary diversity and nutrition (including anaemia), relationships, physical activity, meditation, open gymnasium, walkathon etc.
- Preventive and promotive services for self-care, medicinal plants for self-care, and curative services for management ailments by AYUSH Specialist.
- ABHA (Health ID) creation for all beneficiaries attending the Shivir, use of ABHA Id for patient registration and Ayushman card issuance to eligible beneficiaries who have not been enrolled yet.
- Screening of climate health risks, diagnosis, recording and treatment of climate sensitive illnesses like air pollution and heat related illnesses.
- Physiotherapy services are to be provided, including basic assessment, therapeutic exercises. These services will facilitate early intervention, improve functional ability and promote overall well-being through accessible, community-based care
- Assured Referral linkages – for any patients requiring diagnostics/ consultation or management at higher facilities, the referrals should be clearly documented, indicating the specific date and the designated hospital where the patient is required to report for further investigations, as advised by the Specialist. A suggested referral slip is attached as Annexure 2.
- Delivery agents / Patient Transport Vehicles (PTVs)/ Medical Units (MMUs) may be utilised for transportation and sample collection activities.

Table 1: Level-wise Charter of Services

S. No.	Service	Level of facility		
		AAM-SHC	**AAM-PHC/AAM UPHC/AAM- USHC**	**CHC/ UCHC/ Polyclinic**
1.	**OPD Services**	MO (MBBS) MO (AYUSH)	Specialist (Allopathic) Specialist (AYUSH) (NA for urban)	Specialist (Allopathic) Specialist (AYUSH) (NA for urban)
2.	**Surgical services**	-	-	Major and Minor
3.	**RMNCAH+N services**	Screening, diagnosis and management of common ailments	Screening, diagnosis and management & referral	Screening, diagnosis and management & referral
4.	**NTEP/ NLEP and other communicable diseases services**	Screening, Assessment and treatment of all high risk or co-morbid TB patients screened. TB screening with Xray and NAAT, follow up of "on treatment" TB cases and assessment for differentiated TB care, management of TB cases with co-morbidities and initiation of treatment for newly diagnosed cases, diagnosis and management	Screening, Assessment and treatment of all high risk or co-morbid TB patients screened at SC-AAM Shivir. TB screening with Xray and NAAT, follow up of "on treatment" TB cases and assessment for differentiated TB care, management of TB cases with co-morbidities and initiation of treatment for newly diagnosed cases, diagnosis and management	Screening, Assessment and treatment of all high risk or co-morbid TB patients screened at SC-AAM Shivir and PHC AAM shivirs. TB screening with Xray and NAAT, follow up of "on treatment" TB cases and assessment for differentiated TB care, management of TB cases with co-morbidities and initiation of treatment for newly diagnosed cases, diagnosis and management & referral

			& referral	
5.	**Vector borne disease services**	Screening, diagnosis and management	Screening, diagnosis and management & referral	Screening, diagnosis and management & referral
6.	**NP-NCD**	Screening, diagnosis and management	Screening, diagnosis and management of complication & referral	Screening, diagnosis and management of complication & referral
7.	**NSCAEM Services**	Screening and referral	Screening and diagnosis	Screening, diagnosis and management
8.	**Substance use disorders and mental health**	Screening, diagnosis and basic management	Screening, diagnosis and management & referral	Screening, diagnosis and management & referral
9.	**Visual and hearing impairment**	Screening and referral	Screening, diagnosis and management & referral	Screening, diagnosis and management & referral
10.	**ABHA (Health ID) creation and Ayushman Bharat Card issuance**	Yes	Yes	Yes
11.	**IEC, BCC and Counselling**	Yes	Yes	Yes
12.	**Wellness activities**	Yes	Yes	Yes
13.	**Dental services**	Basic screening for oral health issues	Basic screening for oral health issues	Screening, diagnosis and management & referral
14.	**National Programme on Climate Change and Human Health**	Screening, diagnosis, basic management and risk communication (Counselling)	Screening, diagnosis, basic management and risk communication (Counselling)	Screening, diagnosis, basic management and risk communication (Counselling)

15.	**National Viral Hepatitis Control Programme**	Screening, diagnosis and management as per availability of trained MBBS Medical officer.	Screening, diagnosis and management as per availability of trained MBBS Medical officer/ Specialist.	Screening, diagnosis and management as per availability of trained MBBS Medical officer/ Specialist.
16.	**Physiotherapy**	No	Yes	Yes

5 Planning and implementation of Ayushman Arogya Shivir

5.1 Assessing the need of the population and plan the service required

As the focus of the Ayushman Arogya Shivir is the delivery of essential healthcare services closer to the community and the reduction of out-of-pocket expenditure, it is important to identify the needs of the population in the service delivery area. To deliver healthcare services effectively, an understanding of the disease pattern and health profile of the local population, the disease burden, and the social determinant of health is imperative.

The process of community needs assessment helps in identifying the population, its vulnerable groups, their challenges regarding accessibility and acceptability of healthcare services, and the healthcare services required. These challenges are not limited to physical or geographical barriers but also include economic, social, and cultural barriers. These needs can be identified by the ASHAs and ANMs of the area and also MAS members of the areas during annual surveys and routine home visits. Once identified, services can be prioritised and planned for the area under the guidance of the MO along with health promotive and preventive activities of the Shivir. An annual thematic calendar may be prepared for the activities to be undertaken during Shivir based on seasonal diseases, community needs and various specialist services required in the area.

Community resource mapping may be undertaken to identify locally available resources which can be utilised for implementing Ayushman Arogya Shivir on monthly basis.

5.2 Identifying the location/ site for organising the Shivir

The Ayushman Arogya Shivir should be organized at a location that is easily and equally accessible to the community. Facilities with specially abled and geriatric friendly access should be utilized. The Shivir can be held at AAM-SHC/ AAM-USHC/ AAM-PHC/AAM-UPHC and CHC/UCHC/polyclinic level and also at public places such as community centres, schools, or Anganwadi centres, that are culturally acceptable to the community in coordination with ASHAs, ANMs and Jan Arogya Samiti (JAS), Village Health, Sanitation and Nutrition Committee (VHSNC) / Mahila Arogya Sabha (MAS) members and Resident Welfare Associations (RWA).

5.3 Arrangement of logistics and manpower (refer Annexure 3)

a. **Identifying and arranging manpower and logistics**
   Listing the manpower, medicines, equipment, stationery, and other logistics (such as tables and chairs) required for the planned Shivir- This is one of the most important steps as to ensure the availability of Specialists at CHC/ UCHC/polyclinic and PHC/ UPHC level Shivir. If PHC lacks basic equipment (e.g., ophthalmoscope for eye specialist, otoscope for ENT, dental chair/tools for dental surgeon), the

PHC in-charge may arrange them in advance or ensure the visiting specialist/ team brings portable alternatives to avoid service disruptions

b. Telemedicine support

To expand access to specialist services during Shivir at SHC/ USHC, PHC/ UPHC, and CHC/UCHC/polyclinic levels, facilities may leverage existing teleconsultation platform of eSanjeevani. Equipment and connectivity needs at Shivir sites should be ensured with adequate bandwidth, for seamless connection. Monthly specialist duty rosters available at the hub should be shared by the District / Block with the spokes where Shivir is being organized, and vice-versa- the Hubs should be intimated in advance regarding days of conducting Shivir so that Specialists can be stationed at the hubs in advance. Where there is a dearth of specialists, the specialists may join virtually through teleconsultation.

c. IEC material preparation

Ensuring the availability of appropriate IEC material for display and distribution in the local language. IEC should be culturally sensitive, relevant and engaging. Use of folk media, role plays, street plays etc is encouraged.

d. Community engagement and convergence

Planning community engagement in advance so that the Shivir reflects local needs and achieves good participation. The MO and facility team should work with ASHAs, ANMs, CHOs and community platforms such as Jan Arogya Samiti (JAS) or Village Health, Sanitation, and Nutrition Committee (VHSNC) / Mahila Arogya Sabha (MAS), Self-Help Group (SHG), community volunteers, youth clubs, Community-Based Organization (CBOs), RWAs, Panchayati Raj Institutions (PRIs), and Urban Local Bodies (ULBs), tribal healers, my Bharat volunteers, to support micro-planning, beneficiary line-listing, and mobilisation, with specific attention to vulnerable groups identified through routine surveys and home visits. Village Health Sanitation & Nutrition Day (VHSND)/ Urban Health and Sanitation and Nutrition Day (UHSND) may be leveraged to inform the community about the upcoming Ayushman Arogya Shivir. Sensitization programme for community stakeholders (Gram Sabha members, Traditional healers) on TB Mukt Bharat Abhiyaan. Spot registration of Nikshay Mitras, MY Bharat Volunteers for psychosocial support of TB patients.

Convergence should be ensured through coordination with relevant departments such as Medical education, Education, Women and Child Development, Forest & Environment, Pollution Control Board, Disaster Management Authority, Tribal department, Social Welfare, Revenue, Water and Sanitation, Housing & Urban, Civil Supplies etc. and by facilitating participation of NGOs, volunteers, and private sector entities to supplement outreach, logistics and service delivery, as per district guidance.

e. Biomedical waste management

Ensure adherence to the Guidelines for Management of Healthcare Waste as per the Biomedical Waste Management Rules, 2016, Chapter 4, by the Central Pollution Control Board, Ministry of Environment, Forest & Climate Change during the conduction of the Shivir.

5.4 Involving Elected Representatives

Members of Parliament (MPs), Members of Legislative Assembly (MLAs), Councillors, block pramukhs and members of Panchayati Raj Institutions (PRIs)—will bolster the success of Ayushman Arogya Shivir. In urban areas, Mayors, municipal councillors, Ward councillors, Ward cooperators and other elected representatives will support planning, awareness generation and mobilization within urban wards. Their leadership and influence are instrumental in enhancing awareness, promoting community mobilization, ensuring accountability and increasing public participation. Through sustained engagement, representatives can significantly improve the visibility, credibility and impact of the Shivir, leading to higher footfall and service uptake.

Moreover, when the elected representatives themselves come and avail the health services through the Shivir, like getting screened for NCDs, or having their ABHA ID generated, the community may also be encouraged to utilize more services and trust the public health system further. Their visible involvement reinforces that the Shivir is an important public initiative to improve access to free and affordable health services under the National Health Mission.

Key Areas of contribution by elected representatives:

5.4.1 Resource Mobilization and Infrastructure Facilitation

It is important to engage elected representatives right from the planning stage, as they may support the Shivir through:

- Identification and mobilization of local resources, including funds, transport and community assets, to support effective Shivir organization.
- Supporting availability of necessary amenities such as electricity, clean water, sanitation, and safe waste disposal are in place.
- Encouraging contributions through Corporate Social Responsibility (CSR) or public-private partnerships to strengthen facilities and service provision.
- Mobilize civil society organisations to provide Poshan kits to TB patients & their families during the Shivir.

5.4.2 Awareness Generation and Community Mobilization

Local representatives play a crucial role in mobilizing the community for greater participation and in engaging the VHSNCs more actively in the organizing the shivir, through following activities

- Utilize local communication platforms such as Gram Sabha, village meetings, religious congregations and school or market events, VHSND/UHSND, community platforms like VHSNC/ MAS to disseminate information on the Shivir's schedule, location and available services.
- Support the development and distribution of Information, Education, and Communication (IEC) materials—posters, banners, and leaflets—across community gathering points including Panchayat Bhawans, Anganwadis, Fair Price Shops and marketplaces.
- Use public address systems, traditional media and interpersonal networks to ensure timely information reaches every household.
- Mobilize local institutions, Self-Help Groups (SHGs), youth clubs, RWA and community-based organizations (CBOs) to assist in outreach and last-mile communication.
- Support mobilization of vulnerable population for TB screening & raise awareness in the community for reducing stigma, promoting Swachhta & use of masks while coughing/ sneezing. Provide bytes in local press to educate public on TB and other pressing health issues.

5.4.3 Digital and Social Media Outreach

Local representatives may support and publicise the Shivir through Digital and Social media outreach by:

- Leveraging social media platforms (e.g., WhatsApp, Facebook, X, Instagram) to publicize upcoming Shivirs and share success stories. Use of WhatsApp groups, social media platforms and SMS/phone alerts can disseminate accurate, locally appropriate information on Ayushman Arogya Shivir, enhancing access, awareness and community trust. Promoting digital health services such as telemedicine support for continuity of care, service integration and effective utilisation, thereby strengthening overall quality of service delivery.
- Posting digital content including short videos, reels and photographs showcasing on-ground initiatives, wellness activities and beneficiary feedback.
- Tagging official handles of district and state health departments to enhance reach and visibility.
- Promoting digital health tools such as ABHA ID creation, Ayushman Card registration and telemedicine services available at the Shivir.

5.4.4 Encouraging Participation and Trust Building

Local representatives may help increase trust and utilization of the health services and positively influence the footfall of the Shivir by:

- Motivating residents, especially from vulnerable, tribal and marginalized groups, to attend the Shivir and avail health services.
- Leading by example through personal attendance and engagement during the Shivir events.

- Strengthening community trust by bridging the gap between service providers and the public.
- Advocating for continuity of care by encouraging patients to return for follow-up visits.
- Promoting transparency and community ownership in service delivery.
- Serving as the community's primary channel for voicing concerns, feedback, and suggestions regarding the Shivir.

5.4.5 Multi-Sectoral Coordination

As local representatives who are engaged with multi-sectoral responsibilities and roles, they can support inter-sectoral coordination for conduct of the Shivir by:

- Coordinating with key departments- Health, Education, Women & Child Development, Social Welfare, Revenue, Water & Sanitation, Environment & Forest dept., Pollution Control Board, Disaster Management Authority, Housing & urban department and Civil Supplies—to ensure convergence of activities.
- Facilitating participation of NGOs, volunteers and private sector entities to supplement logistics, manpower and community outreach.
- Encouraging representation from women, youth and migrant population including marginalized groups in the Shivir.

5.4.6 Addressing Local Health Priorities and Shivir activities

During the Ayushman Arogya Shivir, the local representatives may be engaged in the Shivir activities by:

- Recognizing and felicitating community members, TB Champions, Wellness Ambassadors and regular participants for their contribution to public health.
- Distributing Ayushman Cards or other symbolic tokens to promote participation.
- Organizing small appreciation events during the Shivir to sustain motivation and social recognition for health workers, exemplary ASHAs, MAS members etc.
- Promoting open dialogue and transparency with the community to understand their local health issues and foster trust and accountability. Discussion on challenges faced by community in accessing health services and possible action for addressing them should also be done.
- Providing feedback and recommendations to improve outreach, service quality, and resource utilization.

5.4.7 Strengthening Governance and Accountability – RKS and JAS revitalization

- Regular engagement with elected representatives across AAM-SHC, AAM-USHC, AAM-PHC, AAM-UPHC and CHC/UCHC/ polyclinic levels will provide an opportunity to revitalize the Rogi Kalyan Samiti (RKS) and Jan Arogya Samiti (JAS) through enhanced visibility, stakeholder participation and community ownership.

- As members of the PRI are key stakeholders of RKS and JAS, their regular engagement with the Shivir will provide an opportunity to ensure alignment with current health system priorities, and facility needs to conduct Shivir. VHSNC, as a key committee stakeholder at the village level, may also be actively involved in planning, monitoring and supporting Ayushman Arogya Shivir at AAM-SHC level. This would enhance grassroots participation and strengthen community ownership alongside RKS and JAS.
- It will help strengthen governance mechanisms, including clearer delegation of responsibilities & improved financial oversight.
- Active involvement of elected representatives will help reinforce accountability, support resource mobilization and improve grievance redressal mechanisms at the Shivir.

5.5 Preparation for community awareness and mobilisation of beneficiaries

a. Using community announcement systems

Community awareness for the Ayushman Arogya Shivir can be strengthened by using existing community announcement systems such as loudspeaker announcements through panchayat or municipal bodies, public address systems at community areas, local bazars and religious places, and announcements at Anganwadi centres and schools. Messages should clearly state the date, time, venue, and key services available at the Shivir, and be delivered in the local language. Repeated announcements in the days leading up to the Shivir, especially during peak gathering times, will ensure that the beneficiaries are adequately informed.

b. Role of frontline health workers

Frontline health workers, including ASHAs, ASHA Facilitators, ANMs and CHOs at Ayushman Arogya Mandir, can conduct door-to-door visits, inform families about the upcoming Shivir, identify high-risk groups individuals and motivate and mobilise them to attend. This opportunity can also be used to also clarify doubts, address misconceptions and provide basic health education messages aligned with national programmes (RMNCAH+N, NCD control, NPCCHH etc.), thereby improving both turnout and appropriate utilisation of services.

c. Involving Community Volunteers, Self-Help Groups and Jan Arogya Samiti

Community Volunteers (such as *TB Champions* and *Wellness Ambassadors*), Village Health Sanitation and Nutrition Committee (VHSNC), Self-help groups (SHGs), Jan Arogya Samiti (JAS), and Mahila Arogya Samiti (MAS), members are important community-based platforms supporting participatory planning and community monitoring. SHGs can help disseminate information during their regular meetings, motivate women and their families to attend the Shivir, and support identification of households facing social or financial barriers to access. JAS members can assist in planning the Shivir as per local needs, monitor the

quality of services, support grievance redressal at the site, and provide feedback to the health facility team for future improvement. Their involvement enhances community ownership and accountability of the Shivir. **Organizing small appreciation events for exemplary contributors during the Shivir sustain motivation and social recognition**.

d. Involving local bodies

Local bodies institutions such as youth clubs, community-based organizations (CBOs), Ward Committee members, Residents welfare associations, and Urban Local Bodies can provide crucial support for planning and organising the Ayushman Arogya Shivir. They can help identify an accessible venue, and arrange basic amenities (water, sanitation, electricity, seating) through community coordination. Community-based organisations, coordinating with different departments (such as ICDS, Environment & Forest dept., Pollution Control Board, Disaster Management Authority, Housing & urban, Education, and Social Welfare), can also disseminate information about the Shivir to all areas within their jurisdiction and scope of the health facility. Mobilize civil society organisations to provide Poshan kits to TB patients & their families

e. Utilising Digital and Social Media for Outreach

Digital and social media platforms can be effectively used to expand the reach of information about the Ayushman Arogya Shivir, in alignment with National Health Mission communication strategies. WhatsApp groups of ASHAs, VHSNC/ JAS /MAS members, SHGs, and local community networks, as well as platforms such as Facebook, X, and Instagram, can be used to share digital posters, short messages, and voice notes in the local language mentioning the date, time, location, and services available at the Shivir. Digital content such as short videos, reels, and photographs showcasing on-ground initiatives, wellness activities, success stories, and beneficiary feedback can be posted regularly to sustain interest and build trust. Official handles of district and state health departments should be tagged to enhance visibility and reach. Where available, SMS alerts and phone calls using existing beneficiary databases and programme registers can be used to expand the outreach. These platforms can also be used to promote digital health tools such as ABHA ID creation, Ayushman Card registration, and telemedicine services available at the Shivir.

f. Learning from the Shivir for further planning

Learnings from the past Shivirs and community outreach activities can help improve planning, service mix, and mobilisation for subsequent Shivirs. After each Shivir, the facility team should review the turnout, service utilisation, referrals made, and any operational difficulties, and compare these with the local needs already identified through routine surveys and home visits. This review should also capture beneficiary experiences and community feedback shared through ASHAs,

ANMs, JAS or VHSNC/MAS members, and other community platforms, so that barriers related to access, acceptability, or service gaps are understood and addressed.

6 Stakeholder roles and responsibilities

6.1 Planning for the Shivir

- **Quarterly planning meetings can take place at the district level** to chalk-out micro-plans for the Shivir to be held at the CHCs/UCHC/polyclinic in each quarter. This would require pro-active leadership of the **CDMO/ Civil Surgeon/** equivalent authority and engagement of respective PRI/Ward members at this stage can facilitate the process of planning.
    - Involving representation of the Medical Colleges (Community Medicine Department and other Clinical Specialities) will be important to plan for availability of these specialists and create a roster for conducting Shivir at the CHCs/UCHC/polyclinic.
    - This meeting should be attended by the MOICs/ BMOs of the respective CHCs/UCHC/polyclinic, DPMs, BPMs, public health managers and community level workers of the field practice area of the CHC/ PHC in vicinity.
    - Follow-up meetings can take place even in hybrid mode, 3-4 weeks prior to the date of the Shivir to reaffirm the program and initiate logistic preparations timely.
- **Quarterly planning meetings at the Block level** would be required soon after the District Planning Meetings to create the calendar for conducting Shivir at the PHCs/UPHC so that Specialists from the CHC/UCHC/Polyclinics may be appropriately mobilized for the same.
    - The BMO would be the key organizer of this meeting and would need to balance the availability of Specialists from the DH/SDH/ CHC/UCHC/Polyclinic for visiting the PHCs for AA-Shivir at the PHC level.
    - For conducting the Shivir at the CHC/UCHC/polyclinic, the MOIC of the concerned CHC/UCHC/polyclinic would hold the primary responsibility.
- **The Medical Officer at the PHC** can conduct planning meetings once every two months for planning his/ her engagement with the AAM-SHCs/AAM USHC and providing supportive supervision to the CHOs/MO for organizing the logistics and conducting the Shivir at their respective AAM SHCs/ AAM USHC. The MO PHC /UPHC shall hold the primary responsibility for the conduct of the Shivir at the PHC, as well as with the PRI/ Ward members.
- **At the AAM SHC/AAM USHC,** the CHO/MO would hold the primary responsibility for organizing the Shivir. The CHOs would need to work in close coordination with their team of Multipurpose workers and ASHAs to appropriately mobilize the community, resources and coordinate with the MO-PHC/UPHC and PRI/Ward members for their presence at the Shivir.

6.2 Engaging with elected representatives

- The Community Health Officer (CHO) at the AAM SHC and the Medical Officer (MO) at the AAM USHC level will serve as the primary point of contact for engaging with Panchayat/Ward members and local government representatives. The CHO

will be responsible for sending invitations, providing updates, coordinating meeting schedules, and ensuring timely communication regarding Shivir at the SHC level for both rural and urban areas.

- The Medical Officer-in-Charge (MOIC) at the PHC/UPHC level will coordinate with Panchayat representatives, ward elected members and local government stakeholders to ensure their participation in Shivir. The MOIC will be responsible for sending invitations, providing updates, coordinating meeting schedules, and ensuring timely communication regarding Shivir at the PHC level for both rural and urban areas.
- The Block Medical Officer (BMO) or MOIC at the CHC/UCHC/Polyclinic will coordinate with Panchayat Samiti/Urban local bodies level to facilitate routine communication and participation in Shivir at the CHC/UCHC/Polyclinic level.
- For engagement with the Member of Legislative Assembly (MLA), the Chief District Health Officer (CDHO) or the Chief District Medical Officer designated for the block/district will take responsibility for initiating communication, sharing program-related information, and ensuring participation.
- For national-level elected representatives (MPs or equivalent), or Director of Health Services (DHS) or Managing Director- NHM (MD) will facilitate coordination, provide official communication, and oversee follow up actions.

6.3 Escalation of challenges

- Issues identified at AAM – SHC/USHC, PHC/UPHC, or CHC/UCHC/polyclinic level—such as human resource, drugs & consumables gaps, logistical support & operational barriers—may be escalated first to the Block Medical Officer (BMO) for timely review and resolution. The facility in charge will document challenges, provide supporting evidence, and maintain a log of actions taken prior to escalation.
- If issues remain unresolved at the block level, they may be forwarded to the District Health Society, led by the CDMO or equivalent authority.
- The district will conduct an assessment, mobilize resources where possible, and coordinate with relevant departments to address cross-sectoral challenges.
- Persistent or high priority challenges—especially those requiring liaising with Medical Colleges, major financial allocations, or interdepartmental convergence—may be escalated to the State Health Society.

7 Financial planning

To streamline and institutionalize these Ayushman Arogya Shivirs, States/ UTs can propose a budget of up to Rs. 7,500 per month at each Ayushman Arogya Mandir-SHC/USHC and Rs. 12,000 per month at each AAM-PHC/UPHC, Rs. 15,000 at each CHC/UCHC/Polyclinic through regular process of PIP. States which have already proposed for health camps can use the funds approved in the head for Shivirs.

The financial allocation provided for Shivir activities is strictly meant to support the planning, organization, and implementation of Shivir-related functions. These funds must be used only for camp-specific arrangements and cannot be diverted for routine facility expenditures, procurement not linked to the Shivir, or any form of staff remuneration or reimbursement. The goal is to ensure efficient service delivery, smooth Shivir operations, and enhanced beneficiary experience without overlap with routine program budgets.

The Facility In-Charge (BMO/MOIC/CHO) is responsible for ensuring that funds are used strictly as per the permissible categories. Expenditure must be pre-planned at block or district levels, as applicable, and District and state authorities should conduct financial audit of the same.

7.1 Permissible Expenditure

Funds may be used for the following categories of expenditure that are essential for conducting the camp:

A. Camp Infrastructure & Setup

- Rental of tents, shamianas, canopies, or temporary waterproof structures.
- Tables, chairs, partitions, waiting area setup, and other basic furniture needed only for the camp.
- Registration desks, signage, helpdesks, crowd control measures.
- Audio-visual systems, fans, coolers, temporary lighting, and sound systems.
- Power backup arrangements (e.g., generator rental).
- Drinking water, ORS corners, shade, patient seating, and mobile toilets (if required).
- Tokens, slips, forms, registers, and other stationeries used during the camps.
- Small tokens/ gifts/ mementos for winners of interactive games/ quizzes.

B. Community Mobilization

- Printing of IEC/BCC materials specific to the Shivir.
- Announcements through loudspeakers, auto-rickshaw messages, or community calling.

C. Specialist Mobilization

- Facilitating transport of Specialists not exceeding prevailing State TA/DA norms.
- Mobility support may be provided as per the requirement.

7.2 Non-Permissible Expenditure

The camp funds **cannot** be used for the following:

A. Routine Facility Expenses

- Procurement of medicines, cleaning supplies, or any item meant for daily facility operations.
- Purchase of durable or permanent medical equipment, diagnostic machines, or furniture.

B. Staff-Related Expenditures

- Salary, honorarium, overtime, or incentive payments to regular government staff.
- Payments to contractual staff already receiving remuneration from NHM or state budgets.

C. Civil Works or Infrastructure Improvements

- Renovation, repair, painting, or maintenance of health facilities.
- Procurement of assets intended for long-term use.

D. Unrelated or Non-Health Expenditures

- Hospitality not linked to camp needs.

8 Performance evaluation

After each Shivir, the facility team should review the expected and actual (Annexure 4)

- Footfall
- Service Utilisation
- Referrals Made
- Operational Difficulties, if any
- Beneficiary Experiences and community feedback through ASHAs, ANMs, JAS, MAS or VHSNC members, and other community platforms (Annexure 5)

Compare these with the local needs already identified through routine surveys and home visits. Barriers related to access, acceptability, or service gaps should be understood and addressed.

These findings should be documented and discussed in regular block or facility-level meetings and used to update micro-plans and the annual calendar for specialist and outreach services. A structured mechanism such as standardized scorecards on community participation can be introduced to capture insights, provide feedback and guide improvements in subsequent Shivirs.

Based on the learnings, priority groups can be identified, IEC and wellness themes can be adjusted to the local context, and logistics or manpower arrangements can be strengthened for the next Shivir.

This continuous feedback loop will strengthen accountability towards community needs, build rapport with the community and contribute to improved coverage and quality of services under the National Health Mission.

9 AAM Shivir planning and reporting

9.1 Ayushman Arogya Shivir at AAM-SHC/ USHC / PHC/UPHC/Polyclinic

9.1.1 Portal for Planning and Reporting

The AAM portal is to be used for planning and reporting of the Shivir at the level of AAM SHC, USHC, PHC, UPHC and polyclinic, using the URL: https://aam.mohfw.gov.in. A dedicated module has been developed in the AAM portal for reporting AAM-Shivir data at the AAM facility level.

The Access is at two Levels:

- Facility Level: Data entry enabled.
- District & State Level: Monitoring enabled.

The objective of this section is to guide facility-level users in planning and reporting Ayushman Arogya Shivirs through the AAM portal.

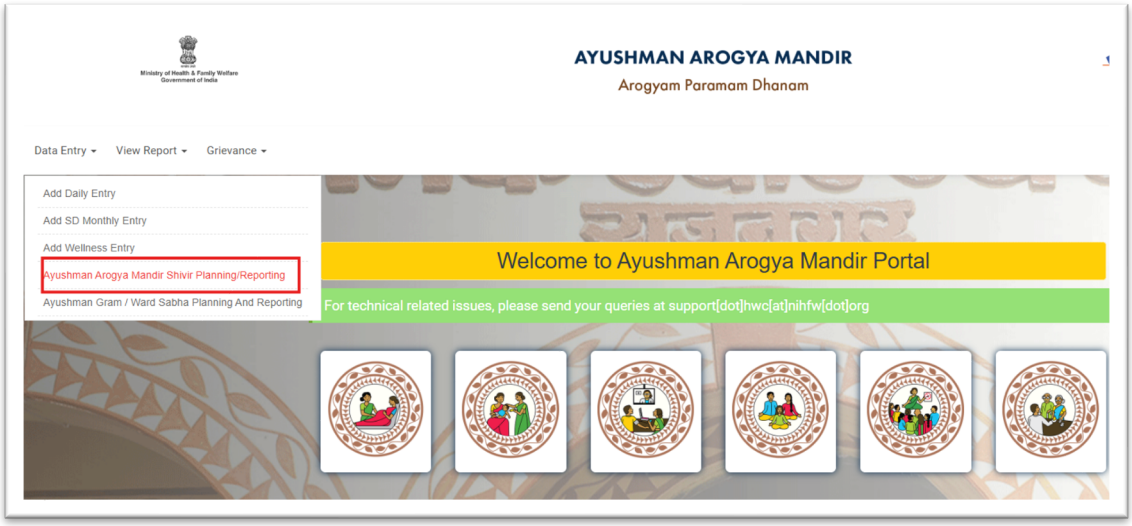
9.1.2 Steps for Facility-Level Users

9.1.2.1 Login

- Navigate to https://aam.mohfw.gov.in.
- Use your facility-level credentials to log in.

9.1.2.2 Access Planning & Reporting Module

- From the top menu, click Data Entry.
- In the dropdown, select Ayushman Arogya Mandir Shivir Planning/Reporting.

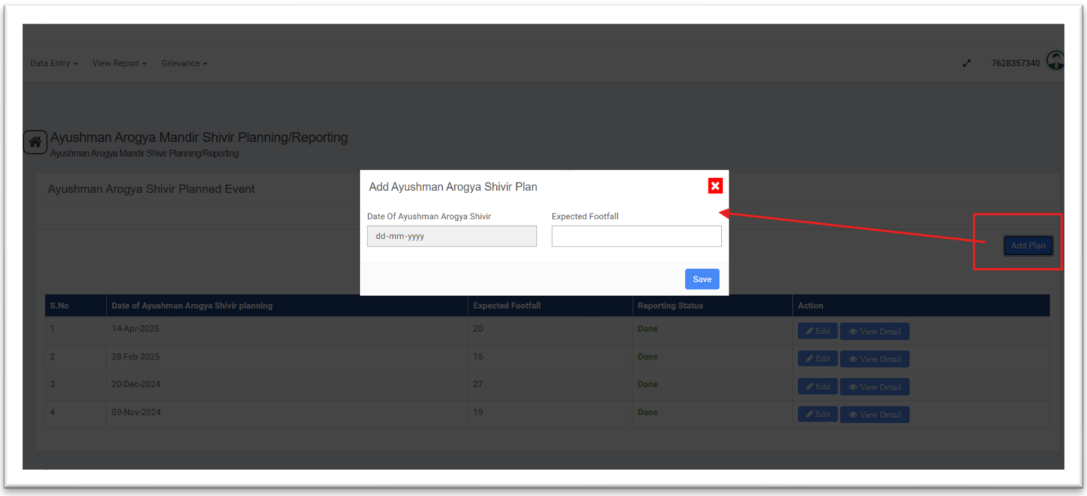


9.1.2.3 Planning a Shivir

Action:

- Click Add New Planning Entry.
- Enter details: Indicators captured during planning:

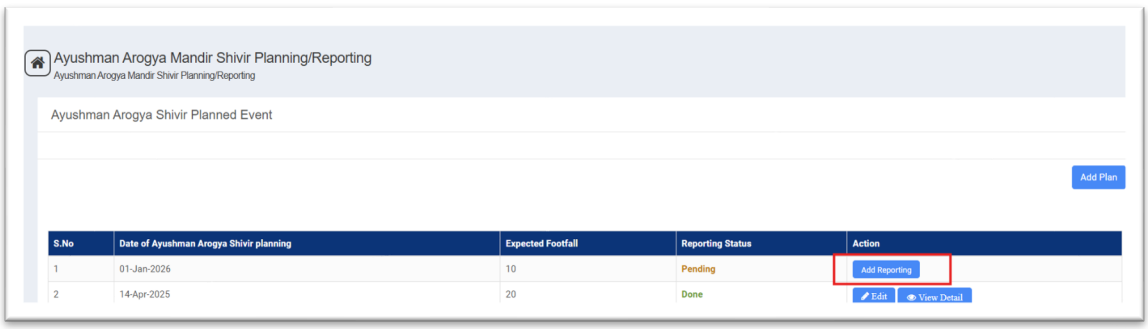
- Date of Ayushman Arogya Shivir
- Expected Footfall
- MP/ MLA/ PRI presence
- MO visiting (for AAM SHC)
- Specialist visits (for PHC/ USHC/ UPHC/ Polyclinic)



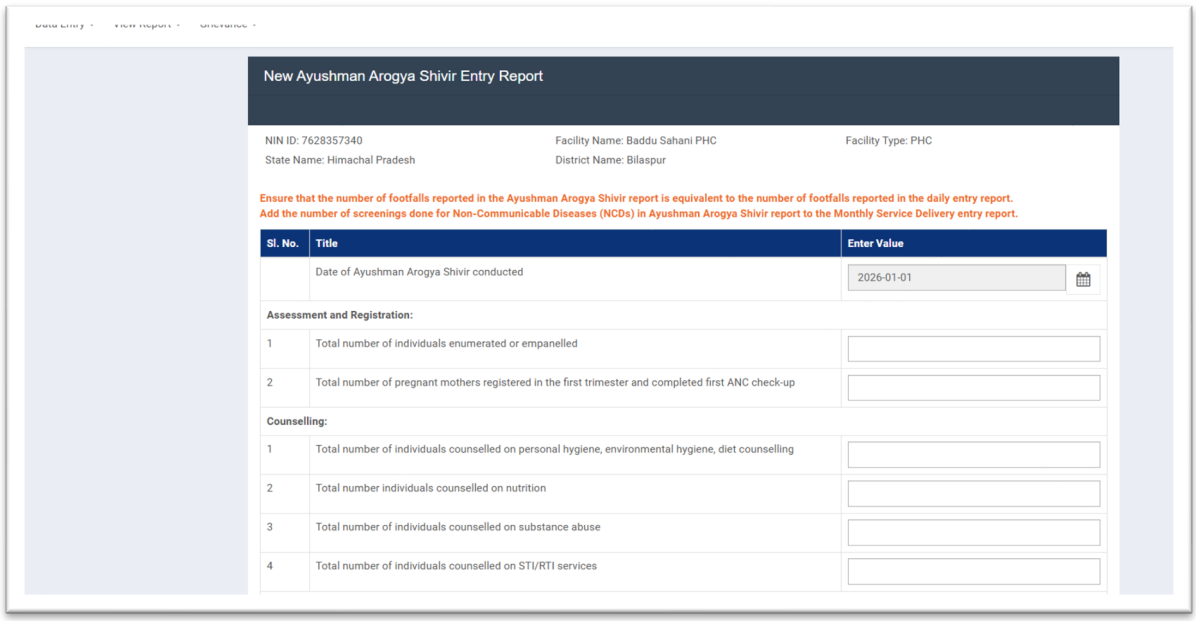
9.1.3 Reporting After Shivir

After the Shivir is conducted:

- Go to the same module and select Reporting the data.
- Enter cumulative data for indicators.



9.1.4 Indicators Captured During Reporting



The following indicators are captured at AAM- Shivir Reporting:

- Date of Ayushman Arogya Shivir conducted
- Total number of individuals enumerated or empanelled
- Total number of pregnant mothers registered in the first trimester and completed first ANC check-up
- Total number of individuals counselled on personal hygiene, environmental hygiene, diet counselling
- Total number individuals counselled on nutrition
- Total number of individuals counselled on substance abuse
- Total number of individuals counselled on STI/RTI services
- Whether Wellness/Yoga/Meditation sessions conducted
- If yes, total number of participants in Wellness/ Yoga/ Meditation sessions
- Total number of individuals screened for hypertension
- Total number of individuals screened for diabetes
- Total number of individuals screened for oral cancer
- Total number of individuals screened for breast cancer
- Total number of individuals screened for cervical cancer
- Total number of individuals screened for cataract
- Total number of individuals screened for goitre
- Total number of individuals screened for tuberculosis
- Total number of individuals screened for leprosy
- Total number of individuals screened for Anaemia
- Total number of individuals screened for Sickle Cell Disease
- Total number of children (0-3 years) screened

- Total number of “At-risk” newborn/ Child identified and referred to specialist
- Total number of SAM children identified
- Total number of children immunized as per due list
- Total number of pregnant mothers immunized as per due list
- Total number of individuals availed contraceptive services
- Total number of teleconsultations conducted through E-Sanjeevani
- Total number of patients availed free medicines
- Total number of patients availed free diagnostics
- Total number of persons with disability who attended the Shivir
- Total number of elderly persons who attended the Shivir
- Number of migrants who attended the Shivir
- Total footfall
- Total individuals availed AYUSH consultation
- Total number of individuals screened and counselled for climate health risks (Air Pollution related Illnesses & Heat related Illnesses)
- Number of testings for food adulteration using food safety magic box
- No of Minor Surgeries performed
- No. of ABHA ID created
- No. of Ayushman Card registered
- % of referrals completed
- Budget utilized
- Beneficiary satisfaction scores
- Dignitary attended
- Name of Dignitary

9.1.5 Monitoring at State and District Level

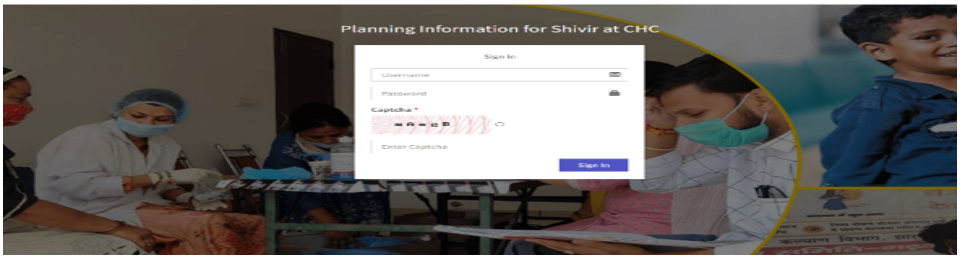
District and State users can monitor entries through their AAM portal login as under:

View Report → Ayushman Arogya Mandir Shivir Report

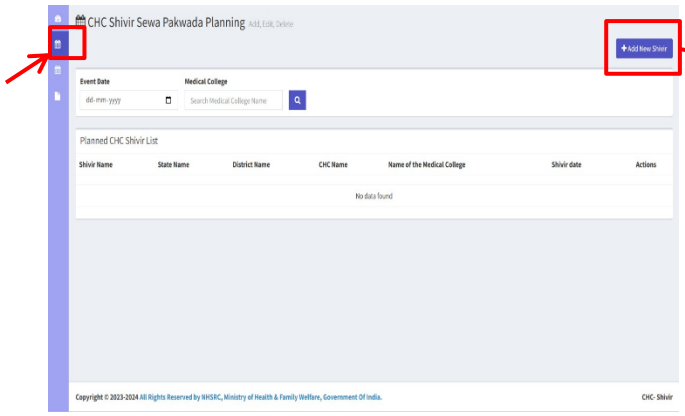
9.2 Ayushman Arogya Shivir at CHC/UCHC

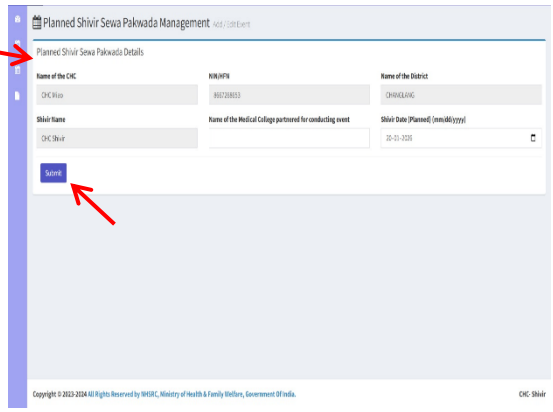
Portal for Planning and Reporting

- The CHC level user can plan the event and report the data of CHC/UCHC Shivir at https://ayushmanshivir.mohfw.gov.in/
- Steps for planning & reporting for facility-level users
  - Login - Use facility-level credentials to login

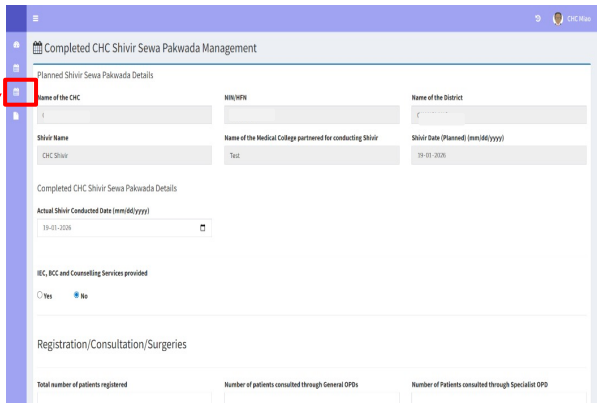


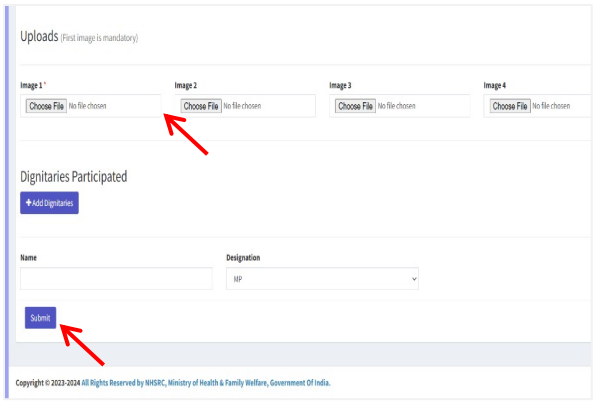
- Planning the Shivir -
  - Access tab for CHC Shivir planned
  - Click on tab Add new Shivir
  - Add details of the Shivir Planned & submit





- Reporting - After the Shivir is conducted, access Completed CHC Shivir tab and add aggregate data against the indicators. Upload pictures of Shivir & Submit.





Indicators Captured During Reporting

Following are the key activities / indicators to be captured during the Shivir

- Number of patients consulted through General OPD
- Number of Patients consulted through Specialist OPD
- Number of Major Surgeries performed
- Number of patients planned for a major surgery/procedure
- Number of Minor Surgeries performed
- Number of patients planned for a minor surgery/procedure
- Number of patients diagnosed with Hypertension
- Number of patients diagnosed with Diabetes
- Number of patients screened/diagnosed with oral cancer

- Number of patients screened/diagnosed with breast cancer
- Number of patients screened/diagnosed with cervical cancer
- Number of patients diagnosed with cataract
- Number of patients who availed RCH services (e.g., ANC, PNC, FP, immunization)
- Number of Minor Gynaecological Surgeries performed
- Number of Major Gynaecological Surgeries performed
- Number of C-sections performed
- Total number of “At-risk” newborn/child availed specialist services
- Number of Laboratory tests performed
- Number of patients referred to higher facilities
- Hearing aids distributed,
- Number of Spectacles distributed
- Number of beneficiaries covered under IEC/BCC Activities
- Total number of persons with disability who attended the Shivir
- Total number of elderly persons who attended the Shivir
- Number of migrants who attended the Shivir
- No. of ABHA ID created
- No. of Ayushman Card registered
- % of eligible beneficiaries screened
- % of referrals completed
- Budget utilized
- Beneficiary satisfaction scores
- Number of patients screened/ diagnosed with air pollution related illnesses & Heat related Illnesses

The data in both the portals is entered as aggregate or cumulative data. The corresponding line listed data is captured (Beneficiary wise) in the program portal. **Aggregator Platform** is under development and is in the process of integration with multiple disease program portals. Once the integration is completed, the data from these program portals can be directly entered on either of the portals (Program/ Aggregator) and can be utilized/ viewed by both in real time by shared APIs and reporting nos. thus would be as per line listed beneficiary rather aggregate nos.

10 Annexures

10.1 Suggested thematic calendar for IEC during Shivir – Annexure 1

AAM SPECIFIC DAYS

SNO	Date	Day	Week	Campaign
		January		
1	24th January	The National Girl Child Day		
2	26th January	Republic Day		
3	30th January	Anti-Leprosy Day		
		February		
4	10th February	National Deworming Day And National Filaria Day		Unified Annual Mass Drug Administration Campaign for LF elimination
		March		
5	3rd March	World Hearing Day		
6	12th March	World Kidney Day		
7	20th March	World Oral health Day		
8	24th March	World Tuberculosis Day		
		April		
9	11th April	National Safe Motherhood Day	World Immunization week (Last week of April from 24th)	
10	25th April	World Malaria Day		
		May		
11	16th May	National Dengue Day		
12	17th May	World Hypertension Day		
13	28th May	Menstrual Hygiene Day		
14	31st May	World No Tobacco Day		
		June		
15	19th June	World Sickle Cell Day		STOP DIARRHOEA CAMPAIGN - JUNE AND JULY
16	21st June	International Day of Yoga		
17	26th June	International Day Against Drug Abuse		

		July		
18	11th July	World Population Day	World Population Week (11th July-17th July)	STOP DIARRHOEA CAMPAIGN - JUNE AND JULY
19	28th July	World Hepatitis Day		
		August		
20	10th August	National Deworming Day	World Breastfeeding Week (1st August- 7th August)	
21	15th August	Independence Day		
		September		
22	17th September	World Patient Safety Day	National Nutrition Month (including National Nutrition Week-1st Sept-7th Sept)	
23	28th September	International Safe Abortion Day AND World Rabies Day		
24	29th September	World Heart Day		
		October		
25	1st October	World Elderly Day		
26	10th October	World Mental Health Day		
		November		
27	7th November	National Cancer Awareness Day	SAANS Campaign (from 12th November- 28/29 February) **AND** National Newborn Week (15th Nov- 21st Nov)	Vasectomy Fortnight (12th November to 4th December)
28	14th November	World Diabetes Day		

29	3rd Wednesday of November	World COPD Day		
December				
30	1st December	World AIDS Day		

Illustrative Monthly IEC Theme Calendar

Month	Proposed Theme	Key Focus Messages	Suggested Activities / Materials
January	Adolescent Health; Cervical cancer awareness, leprosy	Menstrual hygiene, mental well-being; nutrition and gender related concerns, prevention of cervical cancer	Peer IEC through schools and AFHCs
February	Cancer and Palliative Care/ Deworming Day, filaria	Early detection, comfort care, support. Anaemia and deworming	Digital reels, survivor stories
March	TB and Respiratory Health, oral health	TB-free India, early detection, adherence	Wall displays, patient champion stories
April	Immunisation and Child Health, malaria	Full immunisation, nutrition, and diarrhoea prevention	Flipcharts, banners, OPD display panels
May	Menstrual hygiene, tobacco abuse, dengue, hypertension	Early detection, maintaining menstrual hygiene	IEC corner theme rotation, health camp posters
June	Diarrhoea, sickle cell, yoga, drug abuse	ORS, Maintaining good hygiene, Dietary adjustments	Local art displays, ORS corners, clean hospital campaign
July	Vector-Borne Disease Prevention, world population week	Dengue, malaria, chikungunya, and preventive actions. Family planning	Posters, audio jingles, and wall paintings
August	Breastfeeding; Eye Donation Fortnight, Deworming day	Exclusive breastfeeding, postnatal care; importance of eye donation etc.	Demonstration corner, posters, leaflets
September	Nutrition, heart health	Mindful eating habits, manage deficiencies	QR codes linking to diet/ exercise videos
October	Mental Health and Wellbeing, Elderly care	Early signs, helpline numbers, stress management	IEC leaflets, QR codes for mental-health apps

November	SAANS campaign; Newborn week; Vasectomy fortnight	Pneumonia prevention, essential newborn care, reproductive health and family planning	Multi-language posters, community radio spots
December	HIV/AIDS Awareness	Safe practices, testing, stigma reduction	Red ribbon visuals, counselling posters

This is a suggestive list of themes for IEC/ BCC activities in the Shivir, and States/ UTs may contextualize based on local disease profiles and seasonality.

10.2 Suggested Referral Slip – Annexure 2

STANDARD REFERRAL SLIP (ONE-PAGER FORMAT)
(To be handed to every referred beneficiary; a copy to be retained at the Shivir site for tracking)

1. Beneficiary Details

- Name of Person: _____
- Age / Sex: _____
- Mobile Number: _____
- ABHA ID: _____
- Address:

2. Clinical Details

- Provisional Diagnosis / Reason for Referral:

3. Referring Facility Details (where Shivir is taking place)

- Name of Referring Facility: _____
- Date of Referral: ____ / ____ / _____

4. Details of Facility Referred to

- Name of Referred Facility: _____
- Department / Specialist: _____
- Contact Person (Name & Phone No.): _____

5. Appointment & Follow-up

- Advised Date of Reporting: ____ / ____ / _____
- Tentative Follow-up Date at AAM: ____ / ____ / _____

6. Transport / Support Instructions (if any)

- ☐ Ambulance (108/102)
- ☐ ASHA accompaniment
- ☐ Self-arranged
- ☐ Other (specify): _____

7. Referring Authority

- Name & Designation of MO / Specialist: _____
- Signature: _____

- Date: ____ / ____ / _____

***PROTOCOL FOR REFERRAL, FOLLOW-UP AND CLOSURE**

1. Upward Referral (AAM → Higher Facility)

- Every referral generated during the Shivir shall be documented using the standard referral slip.
- Details of referred patients shall be entered in the Referral Tracking Register / Portal at the Shivir site.
- Clear verbal instructions shall be provided to the beneficiary regarding the destination facility, date, department, and documents to carry.

2. Referral Facilitation & Follow-up

- ASHAs/ ANMs shall support beneficiary counselling, accompaniment (where required), and reminder follow-up.
- Priority facilitation shall be ensured for elderly, persons with disabilities, high-risk pregnancies, newborns, TB and NCD patients.

3. Downward Referral / Back-Referral

- Higher facilities shall provide a back-referral note indicating diagnosis, treatment provided, medicines prescribed, and follow-up advice.
- Beneficiaries shall be linked back to the nearest AAM for continued care, medicine refills, and monitoring.

4. Tracking & Monitoring

- Referral status (reported / not reported / back-referred) shall be reviewed during monthly Shivir review meetings.
- Key indicators to be monitored include total referrals generated, referral completion rate, and follow-up completion rate.

10.3 Pre-Camp Readiness Checklist – Annexure 3

Facility Name:
Camp Date:
Location:
Filled By:

A. Venue Readiness

- Electricity availability verified
- Drinking water, ORS arranged
- Waiting area seating arranged
- Registration, screening, telemedicine counters marked
- Signage and crowd flow plan displayed
- Cleanliness and sanitation ensured
- Dustbins/ BMW bins placed

B. Manpower Readiness

- Duty roster prepared
- All staff informed
- Elected Representative liaison done
- MO availability confirmed and travel/ logistics coordinated
- Specialist availability confirmed and travel/ logistics coordinated (if USHC/ PHC/ UPHC/ CHC/ UCHC/Polyclinic)

C. Telemedicine Readiness

- Device functionality checked
- Internet connection tested
- Backup internet ready
- Telemedicine platform login verified
- Hub specialist availability confirmed

D. Logistics & Consumables

- Screening and Diagnostics available (BP, Hb, Glucometer, strips)
- IEC materials available
- General and Emergency medicines stocked

E. Community Mobilization

- ASHA home visits completed
- Announcements made
- Posters/ banners displayed
- Sensitization by MAS

Signature: _____

10.4 Shivir Output Summary Format – Annexure 4

Total Attendance/ Footfall:

Primary care Services Summary (indicative list, to be added)

Category	Screened	Abnormal Findings	Referral
ANC			
NCD – (Disease-wise)			
TB			
Immunization			
Children (0-3 years)			
SCD			
Climate Health Risk (exposure to air pollution and extreme heat)			

Specialist Services Summary (indicative list, to be added)

Specialty	Consultations Provided	No. of Referrals	Remarks
Medicine			
Paediatrics			
Dermatology			
Surgery			
Others			

C. Referrals

- Total referrals issued: _____
- Emergency cases handled: _____

Supervisory Visit Report Format

Visited By:
Designation:
Date:

Observations

- Registration & triage: _____
- Screening quality: _____
- Telemedicine functioning: _____
- Logistics & supplies: _____
- Concerns/ gaps identified: _____

Actions Recommended

Signature: _____

10.5 Beneficiary Feedback form/ Scorecard – Annexure 5

1. How was the overall camp process? (Score 1 to 5)
   ☐ Poor (1) ☐ Fair (2) ☐ Good (3) ☐ Very Good (4) ☐ Excellent (5)

   If poor or fair, enquire about specific reasons _____

2. How was the consultation with the Specialist / Medical Officer (tick whichever applicable): (Score 1 to 5)
   ☐ Poor (1) ☐ Fair (2) ☐ Good (3) ☐ Very Good (4) ☐ Excellent (5)

   If poor or fair, enquire about specific reasons _____

3. How was the experience of telemedicine consultation (if availed teleconsultation): (Score 1 to 5)
   ☐ Poor (1) ☐ Fair (2) ☐ Good (3) ☐ Very Good (4) ☐ Excellent (5)

   If poor or fair, enquire about specific reasons _____

4. Were staff courteous? (Score 1)
   ☐ Yes (1) ☐ No (0)

5. Did you receive free medicines? (Score 2)
   ☐ Yes, all (2) ☐ Partially/ Few Free medicines (1) ☐ No (0)

6. Did you receive free tests? (Score 2)
   ☐ Yes, all (2) ☐ Partially/ Few Free tests (1) ☐ No (0)
7. **TOTAL SHIVIR SCORE OUT OF 15 (if not availed teleconsultation) / 20 (if availed teleconsultation) (Sum of Qs. 1 to 6): _____**
8. When were you informed about the Shivir? _____
9. Who/ what was your source of information? _____
10. Suggestions for improvement: _____