NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

NHSRC

"Towards a FUTURE ready HEALTHCARE Ecosystem"

COMPENDIUM OF GOOD PRACTICES
Presented During 14th CCHFW


Ministry of Health
& Family Welfare
Government of India
14th Conference of Central Council
of Health & Family Welfare (CCHFW)
SWASTHYA CHINTAN SHIVIR
05-07 May,
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Ministry of Health
& Family Welfare
Government of India
14th Conference of Central
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Ministry of Health & Family Welfare Government of India
14th Conference of Central Council of Health & Family Welfare (CCHFW)
SWASTHYA CHINTAN SHIVIR

Government of India
Nirman Bhawan, New Delhi
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Ministry of Health
& Family Welfare
Government of India

सत्यमेव जयते

Azadi Ka Amrit Mahotsav

"TOWARDS A FUTURE READY HEALTHCARE ECOSYSTEM"

14TH CONFERENCE OF CENTRAL COUNCIL OF HEALTH & FAMILY WELFARE

SWASTHYA CHINTAN SHIVIR

“For achieving good results, the approach must be holistic and inter-disciplinary”

Hon’ble Prime Minister Shri Narendra Modi
Jan 03, 2014

“Where Convention fails, Innovation helps”

Hon’ble Prime Minister Shri Narendra Modi
June 16, 2021

डॉ. मनसुख मांडविया
DR. MANSUKH MANDAVIYA

मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार
Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India

FOREWORD

It is with great pleasure and a sense of pride that the Ministry of Health and Family Welfare presents this coffee table book 'Best Practices in Health- From all States and Union Territories of India 2022'. It is my privilege to witness the tireless efforts and remarkable achievements of healthcare professionals, administrators, and policymakers across India.

Healthcare is a fundamental pillar of any thriving society, and everyday, our States/ UTs continue to play a pivotal role in shaping and advancing the field. The 14th Conference of the Central Council of Health & Family Welfare (CCHFW) – the "Swasthya Chintan Shivir" was organized in Gujarat in May 2022. This book documents best practices and innovations presented by the Honorable Ministers and representatives from the States/UTs. This book is thus a testament to their dedication, innovation, and unwavering commitment to the well-being of our citizens.

public health initiatives to cutting-edge medical breakthroughs, each State/ UT has contributed some unique, and some tried-and tested solutions to the complex health challenges we face.

The compilation of these best practices serves not only to celebrate the accomplishments of our

The compilation of these best practices serves not only to celebrate the accomplishments of our States/ UTs but also to inspire others to emulate their achievements. By sharing these experiences, we foster a spirit of healthy competition, spurring progress and igniting new ideas that will shape the future of healthcare delivery.

I extend my heartfelt gratitude to the State Governments, healthcare professionals, program managers, and all those involved in the creation of these best practices. Your dedication and pioneering spirit are inspiring, and I am confident that your efforts will continue to reform the landscape of healthcare in our nation.

May this book serve as a catalyst for greater achievements, fuelling the flames of progress and pushing the boundaries of what is possible. Together, let us build a healthier and more resilient nation, where the best practices of our states become the impetus for innovations for all, and enable us to achieve 'Health for All'.

Dated 12th July, 2023
New Delhi.

(Dr. Mansukh Mandaviya)

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प्रो. एस.पी. सिंह बघेल
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भारत सरकार
**MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA**

सत्यमेव जयते

FOREWORD

The effect of centuries of colonization on the public health infrastructure was clearly visible after the independence of the Country. Subsequent Governments at the Centre and the States tried their best to strive for a better health system. However, the last decade has seen revolutionary change in the area of public health. The evolution of country's health system, the alignment of health priorities of the States with the Centre, inception of the national health mission, adoption of Ayushman Bharat, incorporating wellness component in health service delivery, moving from health insurance to health assurance, evolving national health programs etc. are a few of the many constructive measures that have put India at the forefront in the race of achieving universal health coverage. Of these, the Ayushman Bharat Scheme is an outstanding example of the Hon'ble Prime Minister's vision to provide health coverage to the poorest of the poor there by, heading towards "Health Antyodaya".

In an ever-evolving world, with constantly updating technology, changing patterns of diseases, varied health seeking behaviors and social determinants of health, it becomes important to devise newer strategies to ensure appropriate care through best use of the available resources. The State Governments/ UTs, through their Health and Family Welfare Departments in co-ordination and support from the Centre and partnership with various organizations keep evolving best practices in healthcare.

This book is an attempt to showcase a few of these practices, appreciate the efforts taken in the right direction, and recognize the drivers of change which would enable the continuous progress in terms of strengthening the overall health system. India has been progressing by leaps and bounds in the field of healthcare innovations. The success stories demonstrated in the book are testaments of tireless efforts being put forward by our citizens working towards making India a healthier and happier nation.

I express my gratitude towards all the States for having come up with new ideas and implementing them successfully to meet the desired objectives and sincerely hope that such practices of innovative thinking are continued to be showcased for motivating the public health fraternity.

(Prof. S.P. Singh Baghel)

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Dr. Bharati Pravin Pawar

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भारत सरकार

MINISTER OF STATE FOR
HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

Forewords

I extend my heartfelt congratulations on the launch of the coffee table book, "Best Practices of the States/ UTs 2022." I am indeed inspired by the dedication and innovative approaches undertaken by our States/ UTs in advancing the health and well-being of our citizens.

This collection of best practices serves as a testimony to the incredible strides made by our States and UTs in tackling various health challenges and promoting exemplary healthcare initiatives. Each page of this book unveils a story of success, demonstrating the commitment of our states towards achieving excellence in healthcare delivery and raising the quality of life for our people.

The field of healthcare is ever-evolving, and it is crucial that we foster an environment of collaboration and knowledge sharing to address the complex health issues faced by our diverse population. This book serves as a valuable resource, offering a window into the innovative strategies, programs, and interventions employed by our states, enabling us to learn from one another and accelerate progress nationwide.

Within these pages, you will discover a multitude of remarkable initiatives covering a wide spectrum of healthcare domains. From preventive measures and disease management to primary healthcare services and technological advancements, the states have demonstrated their commitment to improving health outcomes at every level. By highlighting these best practices, we encourage a spirit of healthy competition and inspire other states to strive for excellence in their healthcare systems.

It is pertinent to emphasize that the Government of India, under the dynamic leadership of Hon'ble Prime Minister Shri Narendra Modi ji and visionary guidance of Hon'ble Cabinet Minister for Health & Family Welfare Dr. Mansukh Mandaviya ji, is taking new initiatives to meet all the health needs of the people of India and is making all efforts to strengthen public health facilities across the States/UTs.

I commend the vision and efforts of the States/ UTs, and I am confident that this compilation will not only inspire pride and confidence in our healthcare system but also encourage robust discussions, foster new ideas, and ignite a nationwide movement towards better health for all.

BPw

(Dr. Bharati Pravin Pawar)

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सचिव
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स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

FOREWORD

The efforts of States/ UTs to constantly innovate and to proactively strengthen the Health Systems are commendable. In this context, the present coffee table book, "Best Practices of the States/ UTs 2022," portrays the remarkable accomplishments achieved by various States/ UTs in the realm of healthcare. The dedication and ingenuity demonstrated by the Health Teams of States/ UTs is indeed worth appreciation and applause.

States and UTs have experimented with a range of solutions and innovations, from comprehensive primary care to specialty secondary care, from strategies addressing maternal and child health issues to the challenges of COVID-19, TB and leprosy, from working on reducing non-communicable diseases, mental health and blindness, to strengthening the health systems, diagnostics and other health care services etc.

The beauty of this book lies not only in its visual representation and well documented success stories, but also in its underlying message: that progress in healthcare is possible when we learn from one another and share our successes. By highlighting the outstanding initiatives undertaken by the States/ UTs, we hope, to inspire and empower others to replicate these efforts and make a meaningful difference in their own communities.

As the world continues to grapple with unprecedented public health challenges, the lessons gleaned from these best practices will serve as a guiding light for policymakers, healthcare professionals, and other States/ UTs. By embracing innovation and encouraging collaboration, we can forge a path towards healthier & more resilient communities.

I extend my profound appreciation to all the State/ UTs, healthcare professionals, and contributors whose remarkable stories have been reflected in this coffee table book. I would also like to express my gratitude to the team that tirelessly worked on curating and presenting these inspiring narratives.

May this book serve as a source of inspiration, motivation, and guidance to all those who strive to create a healthier, equitable and inclusive society. Let us continue our journey together, embracing the best practices showcased within these pages, as we work towards a brighter, healthier future for our nation.

(Rajesh Bhushan)

Date : 12th July, 2023
Place : New Delhi

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निर्माण भवन, नई दिल्ली -110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi-110011

Forewords

It gives me great pleasure to witness the launch of this Coffee Table book showcasing the best practices of the States/ UTs in the field of healthcare in 2022.

In our quest for better healthcare, it is crucial that we recognize and learn from the experiences of our States/ UTs. This compendium of best practices provides an invaluable opportunity to delve into the successful strategies implemented by different States, facilitating the exchange of knowledge and fostering a culture of continuous improvement in our healthcare systems.

This book serves as a testament to the collective efforts of our States/ UTs, showcasing their innovative approaches, transformative programs, and ground-breaking initiatives that have significantly contributed to the well-being of our citizens. The diversity and range of initiatives showcased in this book are truly awe-inspiring. From the use of technological advancements and evidence-based interventions to community engagement, the States/ UTs have embarked on a multitude of paths to enhance the health of their populations.

I commend the dedicated team which has worked tirelessly to bring this book to fruition. Their efforts in collating and presenting these best practices offer us deep insights into the accomplishments of our States. I am confident that this publication will foster admiration for the remarkable achievements and also stimulate dialogue and collaboration among healthcare professionals, policymakers, and stakeholders across the nation.

As we turn the pages of this book, let us remember that the journey towards excellence is ongoing. We must continue to innovate, adapt, and evolve our healthcare practices to meet the changing needs of our society. As we celebrate these achievements of our States/ UTs, let us seize this opportunity to further strengthen our healthcare systems, embrace innovation, and work collectively to ensure equitable access to quality healthcare for all.

Sudhansh Pant

(Sudhansh Pant)

Date: - 12.07.2023

L.S. CHANGSAN
Additional Secretary &
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सत्यमेव जयते

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निर्माण भवन, नई दिल्ली - 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

FOREWORD

Ministry of Health and Family Welfare, Government of India encourages continuous innovation and testing of new implementation strategies to ensure health outcomes keep improving so that the goal of universal health coverage can be achieved effectively.

With the current ecosystem that incubates innovation through various support mechanisms, the nation is at the peak of self-sufficiency and is bound to move ahead meteorically in this direction. The rapid advancements in technology, availability of skilled human resource in the information technology sector and incentivization through make in India platform are collectively escalating the utilization of technology in healthcare and encouraging fast-paced advancements in health sector.

The federal partnership of team India in health care lies in the freedom of the states to adopt newer innovation and implementation strategies of public health programs, which can be incorporated in national plan if they are found to be effective and replicable. This practice has been followed since a long time and was firmed up with the launch of National Health Innovations Portal in 2015. Continuing the legacy of documenting the best practices, the coffee table book "Best Practices of the States/ UTs 2022" is being released at the Chintan-shivir of the council of State Health Ministers.

The best practices in the year 2022 encompass a multitude of innovations undertaken by various states for addressing the issues of the pandemic like vaccination coverage, providing home-based care for patients in home isolation, tackling oxygen supply chain logistics in addition to the newer inventions for screening and diagnosis of diseases like breast cancer. Leveraging technology for effective implementation of national programs is also demonstrated by a few states.

I compliment the States and UTs for their ingenuity, determination and the hard work put forward in the direction of realizing the goals laid out in the National Health Policy, 2017 and sincerely urge that these practices are scaled up by other states facing similar public health challenges.

(L.S. Changsan)

CONTENTS

INTRODUCTION

From the first Summit held in 2013, the National Summit on Good and Replicable Practices and Innovations in Public Healthcare Systems in India, has, in a short span of time, has become an institutional mechanism for sharing of innovations supported by the National Health Mission. So far, seven Summits have been conducted, and all the reports have been published and are accessible on the National Health Systems Resource Centre (NHSRC) website (https://nhsrcindia.org/coffee-table-books). The eighth Summit was integrated with "Swasthya Chintin Shivir" event held in May 2022 in Gujarat.

"Swasthya Chintin Shivir" i.e. the 14th Conference of Central Council of Health & Family Welfare (CCHFW), an apex advisory body of Ministry of Health & Family Welfare (MoHFW), was held between 5th and 7th May, 2022 at Kevadia, Gujarat. The objective of the three-day conference was to review the implementation of policies and programmes relating to medical and public health sectors and to recommend ways and means for better implementation of these policies/programmes for benefit of the common people.

This is the eighth publication in the series that showcases the practices and innovations presented by states and Union Territories during "Swasthya Chintin Shivir" event held in 2022.

The publication highlights state and UT-specific best practices and innovations that have been developed at various levels of healthcare delivery. These initiatives are designed to address specific problems, enhance health outcomes, and improve the overall performance of the healthcare system. The innovations encompass a wide range of areas, including but not limited to service delivery, human resources for health, community processes, financing, and governance.

ANDAMAN & NICOBAR ISLANDS

PROVISION OF SUPER SPECIALITY CARE

Problem Statement

The UT is a group of islands and also far from the mainland. Given its geographical location, the health services in the Union Territory have reported lack super speciality services. People often have to travel to mainland for such health needs, which is a major challenge towards ensuring UHC goals in the UT.

Intervention Description

The Union Territory of Andaman and Nicobar has made a provision for patients from the island to avail treatment facilities from states like Tamil Nadu and West Bengal for free treatment, linking through the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM JAY) is India's largest health-assurance plan, offering a financial benefit of Rs. 5 lakh per family per year for secondary and tertiary medical treatment.

In addition to cashless care, the UT under PMJAY provides wage loss compensation of Rs. 1000/- per day and travel cost reimbursement for patients and one attender referred to mainland hospitals. The scheme's beneficiaries were introduced, highlighting the achievements of UT's health department. This is further supported by camps held on certain occasions, where free check-up and treatment for community members is provided through cardiologists from Asian Heart Institute Mumbai.

AYUSHMAN BHARAT
PRADHAN MANTRI JAN AROGYA YOJANA
IN
ANDAMAN & NICOBAR ISLANDS

सबका साथ
सबका विकास
सबका विश्वास
सबका प्रयास

India's largest Health assurance programme providing a financial assistance of Rs. 5 Lakh per family per year for secondary and tertiary hospitalization care.

BEST PRACTICE

The UT provides Wage loss compensation at Rs. 1,000/- per day and reimbursement of Travel cost for one patient and one attender referred to mainland hospitals in addition to cashless treatment.

ANDHRA PRADESH

INTEGRATION OF HOUSE-TO-HOUSE NCD-CD SCREENING & ABHA (DIGITAL HEALTH ID): PROVIDING COMPREHENSIVE QUALITY CARE SERVICES TO CITIZENS.

Problem Statement

Comprehensive quality care to citizens, which is closer to their homes, was identified as a major point to attain GoI's goal for Universal Health coverage. To manage Non Communicable Diseases and Communicable Diseases programme for availing expected outcomes there was a felt need for focussed approach.

Intervention Description

The state has developed and used IT based solutions to ensure assured quality of care to all its citizens. To reinforce the system and achieve the desired findings, the state began a house-to-house survey to encompass the entire population. While doing so, another strategy was launched to integrate NCDs survey with the generation of ABHA IDs resulting in a legitimate data base.

ANMs in the state have been provided with tabs, and a dedicated mobile application is designed for collection of health data. ANMs along with ASHAs and village/ward volunteer are visiting their catchment area, covering 4-5 households per day. During these visits, ANM also undertakes screening and awareness generation activities for several services spanning NCDs, mental health, elderly care, eye care, skin issues, leprosy etc, and also risk factors associated with NCDs. ANM uploads data collected at homes onto the NCD app with citizen approval via Aadhar identification. Key activities are related to screening community for 20 health indicators, creating of health ID and updating State's Electronic Health Records data base. The ANM has inspected and tested over 2.5 crore citizens, and their ABHA ID has been created.

All confirmed cases are monitored weekly by the ANM and monthly by the medical officer. Medicine is administered on a monthly basis. The state intended to finish NCD screening and provide ABHA IDs by the end of 2022. This will pave the way for the State's digital health eco-system to build a comprehensive electronic health records data base. Thus, establishing a platform to ensure assured quality of care.

ARUNACHAL PRADESH

AVOIDABLE BLINDNESS FREE ARUNACHAL PRADESH: A STEP AHEAD

Problem Statement

Blindness was identified and reported as a major concern in Arunachal Pradesh, where once it was highlighted as second highest blindness prevalence state. Geographic boundaries, low socioeconomic conditions, a lack of suitably educated and trained people, and a lack of intervention facilities were identified as factors attributing to the reported high prevalence of blindness. Inaccessibility for eye care services was identified as a challenge due to the lack of a critical link between the community and facilities, unavailability of defined referral linkages, as well as a lack of dedicated eye OTs was hampering the continuum of eye care services within community.

Intervention Description

The need for dedicated infrastructure, including contemporary surgical equipment, state government commitment, training of community level care providers, and community leaders' ownership of the programme were emphasized in the state action plan, developed in April 2016. While NHM supported establishment of eight eye OTs in the state, State expanded its coverage by utilizing state funds to establish four more dedicated eye OTs.

The State launched a pilot project in 2016 which included direct partnership with an international organisation and engaging ASHAs for eye care services in Changlang district. ASHAs were trained to conduct door-to-door surveys, identify cataract and common eye disorders, and refer patients to a community screening camp for validation, intervention, and referral to higher centre.. To raise the awareness and also expedite the diagnosis and intervention activities, Ophthalmic Assistants were also included to support door-to-door surveys. Referred patients were transported to the base hospital (District/ General Hospital) for free surgery and were also dropped back home by mobile van.

Outcome

As a result of this model, the state reported two-fold increase in cataract surgical rate from 1000 to 1800 in six years. State witnessed significant drop in the prevalence rate of blindness from 2.28% to 0.25%. This successful model of eye-care was also recognized by International Agency for prevention of Blindness (IAPB) in 2017. The program's community ownership was reflected in greater community mobilisation, higher demand for eye-care services, and improved community engagement. Another benefit of this intervention was its integration with the existing AB-HWC, where the primary healthcare team, including a medical officer, was trained to examine visual acuity, diagnose common eye problems, and distribute reading glasses to the elderly population.


AVOIDABLE BLINDNESS FREE
DECLARATION DAY
Date: 25th October, 2018
Villages: Nasamdhamti, Nobi Gaon & Kaba
District: Namsai, Arunachal Pradesh

ASSAM

AFFORDABLE SPECIALIST CANCER CARE

Problem Statement

Cancer cases in Assam have been observed to be increasing at a greater rate. Every year, around 50,000 cases are reported in the state. Due to inaccessibility and unavailability of cancer care facilities, it was observed that citizens were travelling long distances to avail treatment, thus incurring high out of pocket expenditure. This was leaving patients' families economically weakened and vulnerable, and also pushing them to poverty.

Intervention Description

Assam Cancer Care Foundation was established in 2018 in collaboration with Tata Trust, to make cancer treatment more accessible and inexpensive. It is one of the largest cancer care and treatment establishments in South Asia. Reflecting the highest investment in cancer hospitals in the country, 17 new cancer hospitals are being built in Assam with a budget of around 4000 crores. This effort aims to promote preventive care, early detection, and treatment of cancer, to ensure quality of life and care to the citizens. Out of 17 planned facilities, Seven hospitals are operational, and individuals are getting treatments supported through PM-JAY financial protection scheme.

These hospitals are developed with distributed cancer care model and has three levels:

Level 1 - Apex Referral Centre with modern facilities like Robotic surgery, Bone marrow transplant, Stem Cell research and PG teaching and training.

Level 2 - Comprehensive cancer care hospitals with Radiation, Surgery, Chemotherapy, Nuclear Medicine, Diagnostics and advanced imaging facilities.

Level 3 - Day-care cancer hospitals with radiation and chemotherapy facilities supported with Diagnostics and advanced imaging facilities.

Outcome

All these hospitals have world class modern equipment and amenities, centrally air-conditioned and have digital enabled services. All the hospitals are connected with Digital Nerve Centre (DiNC) set up in Guwahati. Preventive efforts are made by screening, early detection, educating youth, holding awareness campaigns in communities. This initiative is helping people with early detection, treatment and saving of expenses.


CANCER HOSPITAL
GAUHATI MEDICAL COLLEGE


Digitally Enabled Services


Implementing
Early Detection

ASSAM

BOAT CLINICS

Problem Statement

The Brahmaputra River's Islands, also known as Sapori or Chars, are among the state's most underdeveloped regions; they make up approximately 6% of Assam's geographical area and are home to 10% of the state's population, or more than 30 lakhs people. These locations are frequently destroyed by flooding, which has a negative impact on the local population's health. In these char areas, there are more than 2000 settlements, yet there are only a few health facilities, and they don't have the staff to serve the full population. Accessibility issues result in home deliveries, high teenage pregnancy, poor nutritional status, anemia, diarrhea and poor health seeking behaviours.

Intervention Description

To provide health services to the communities residing in the remote river islands (Char/ Sapori) Boat Clinic Services were started in a Public-Private-Partnership mode by the State Government and Centre for North east studies and Policy research (C-NES). Boat clinic staff trainings are also underway in order to provide continuum of care. At present 15 Boat Clinics are functioning in 13 Districts. Services provided by boat clinic include:

- Curative care, referral of complicated cases, early detection of TB, Malaria, Leprosy, Kala-Azar and other locally endemic communicable diseases and non – communicable diseases such as diabetes and cataract cases etc.
- Minor surgical procedure and suturing
- Reproductive and Child health care including ante-natal checkup and related services e.g., injection – tetanus toxoid, iron and folic acid tablets, referral for complicated pregnancies, Promotion of institutional deliveries and post – natal check up
- Immunization clinics
- Family Planning Services
- All the services under HWC are included in the Boat Clinic

Linkages: Boat Ambulances of Mritunjoy 108

Outcome

Till January 2022; 37,518 health camps have been held providing 3.9 million general health check-ups and other services. Reaching the unreached, these Boat Clinics have demonstrated great results where on an average, 18,000–20,000 people were treated each month in the districts, and these include individuals from far flung areas representing marginalized population sub groups. During COVID-19 pandemic, the boat clinics conducted awareness campaigns on the pandemic, highlighting need of COVID appropriate practices and also supported in performing community surveillance, and delivering vaccines to the last mile beneficiaries living in the islands. The Assam Community Surveillance Program examined 1,02,563 individuals, and 72,832 doses of the COVID vaccine were administered by January 2022. The Assam government's health and family welfare department awarded C-NES Boat clinics with a certificate of gratitude in recognition of their altruistic dedication to serving the most underserved, underprivileged communities living on the Brahmaputra River islands during the COVID-19 outbreak.

BIHAR

HOME ISOLATION MEDICAL KITS

Problem Statement

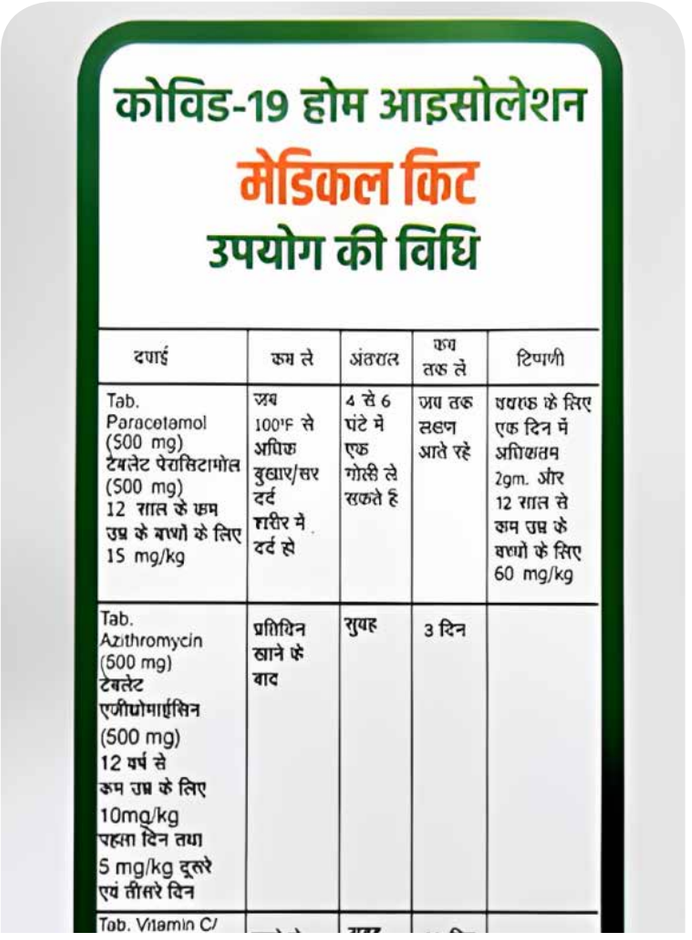
COVID-19 pandemic had such an impact that the state decided to take a more focused strategy to handling those patients who were isolated. From late December 2021, the instances were steadily increasing, with limited time to waste. As a result, the state focused on several interventions such as ensuring that infected persons are kept at a safe distance in the house and that specific Home Isolation Kits were produced and sent to patients for proper management and education.

Intervention Description

Paracetamol 500 mg, Tablet Azithromycin 500 mg, Capsule Vitamin B Complex, Tablet Vitamin C (Ascorbic Acid 500 mg), and Tablet Zinc 20 mg were included in home isolation kits. In an envelope, instructions on how to use them, what to avoid, fever treatment, oxygen concentration check, proning, and nutrition management were included. The daily record of patients was monitored on the COVID-19 portal, and if there was any missing information on the portal, the 104 helpline was utilized where call centre personnel reviewed the records and contacted individuals to get their details for adequate follow up.

Medicines for COVID positive patients were sent in two ways: the kits were shipped to districts, where they were distributed to home isolated patients, and the postal service was involved in the second strategy. The postal department was provided a soft copy of the details and addresses of COVID positive patients, as well as packets of the kits. These kits were delivered by the postal service via their network and speed post delivery system, allowing them to reach isolated patients on time. Also, the diagnosis team were provided with the kits, to be dispensed to individuals tested positive for COVID-19.

The health department staff laboured in a large open hall to pack drugs and other information into the kits, which was a difficult task. The health department assisted the community-based workers known as 'Jeevika Didi' with transportation and food. During the packing process, all COVID standards were followed, and everyone worked in two shifts. People in Bihar had a compassionate and satisfying experience while receiving medicines and care kits.

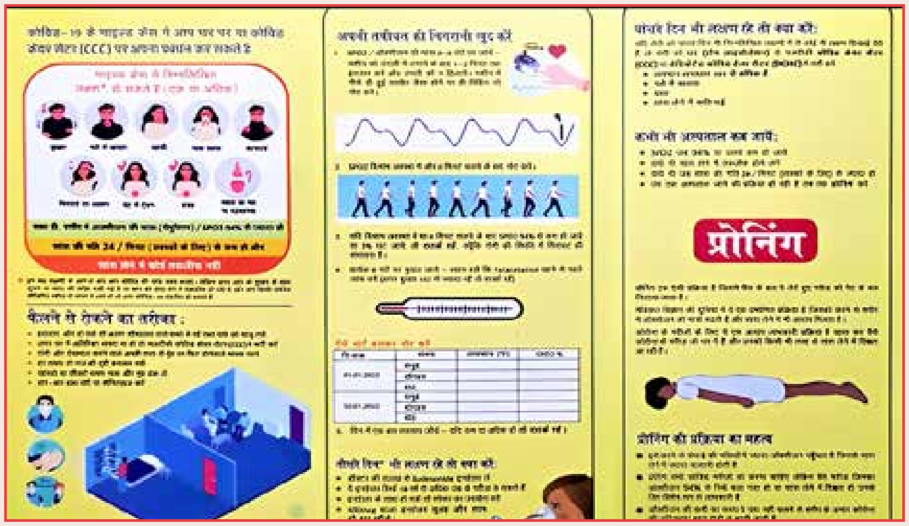


कोविड-19 होम आइसोलेशन

मेडिकल किट

उपयोग की विधि

दवाई	कब से	अंतराल	कब तक से	टिप्पणी
Tab. Paracetamol (500 mg) टैबलेट पेरासिटामोल (500 mg) 12 साल के कम उम्र के बच्चों के लिए 15 mg/kg	जब 100°F से अधिक बुखार/सर दर्द शरीर में दर्द हो	4 से 6 घंटे में एक गोली ले सकते हैं	जब तक लक्षण आते रहे	वयस्क के लिए एक दिन में अधिकतम 2gm. और 12 साल से कम उम्र के बच्चों के लिए 60 mg/kg
Tab. Azithromycin (500 mg) टैबलेट एजीथ्रोमाईसिन (500 mg) 12 वर्ष से कम उम्र के लिए 10mg/kg पहला दिन तथा 5 mg/kg दूसरे एवं तीसरे दिन	प्रतिदिन खाने के बाद	सुबह	3 दिन	
Tab. Vitamin C/				



रोना मरीजों को डाक विभाग पहुंचा रहा मेडिकल किट

सुविधा

150
मरीजों को आज पहुंचाया गया किट

मेडिकल किट में हैं ये दवाएं

7 हजार किश
किशोरियों क

CHHATTISGARH

HAMAR LAB: INTEGRATED PUBLIC HEALTH LAB AT DISTRICT AND BLOCK LEVEL

Problem Statement

Timely availability of medicines and diagnostic services has been a key to enable health care facilities to deliver desired quality services to the community, and thus aligning its action to country's goal to achieve UHC. In Chhattisgarh, the diagnostic services were identified as a challenge where there was a delay reported to get timely results for laboratory investigations, attributed to limited resources and test facilities, thus delaying timely initiation of treatment.

Intervention Description

The health department established Hamar Lab – with motto of "Sewa Pratham Kartavya", these labs have been established and equipped with ultra-modern technology capable of conducting 120 types of diagnostic tests and producing reports in an hour that are shared with the institutions from which the samples are gathered using a hub and spoke model. With all investigations available under single roof, patients no longer need to visit multiple labs to avail diagnostic services, which were earlier fragmented and not available at single faciliy. Everything is done through a single point of contact, and reports are received at village centres. The lab daily conducts 2000-2500 tests and in a year 4,26,705 tests were done. With the hub and spoke model being replicated, now the samples are also being transported to Hamar lab for investigations and timely results, thus minimizing the travel of community from far flung areas to avail diagnostic services. Now Hmar Labs are being expanded to development blocks where Block Public Health Unit will also be associated.

Country's first Block Public Health Unit was set up in Patan Community Health Centre of Durg district which has four components:

1. Hamar Lab or Integrated Lab which provides all those test facilities which are available in the district hospital
2. Data collection, collation, analysis and dissemination centre (HMIS data Cell) here the data is collected from all units
3. Surveillance which analyses the data, predicts outbreaks and take necessary actions
4. Rapid Response Team that is active for all block health units, reviews health preparedness and resources required for timely control and treatment of diseases.

Hamar Labs would be established in every district hospital following the defined IPHL norms, 2021 to provide better health care services, to all people in Chhattisgarh at no cost, leading to improved access to diagnostic services and lower out-of-pocket expenditure.


हमर लैब
Block Public Health Unit, Patan

CHANDIGARH

OXYGEN- AN INITIATIVE FOR HOPE

Problem Statement

The second wave of the COVID-19 pandemic caused a surge in demand for oxygen across all health facilities. A large number of patients required oxygen, and no institution was able to meet this increased need.

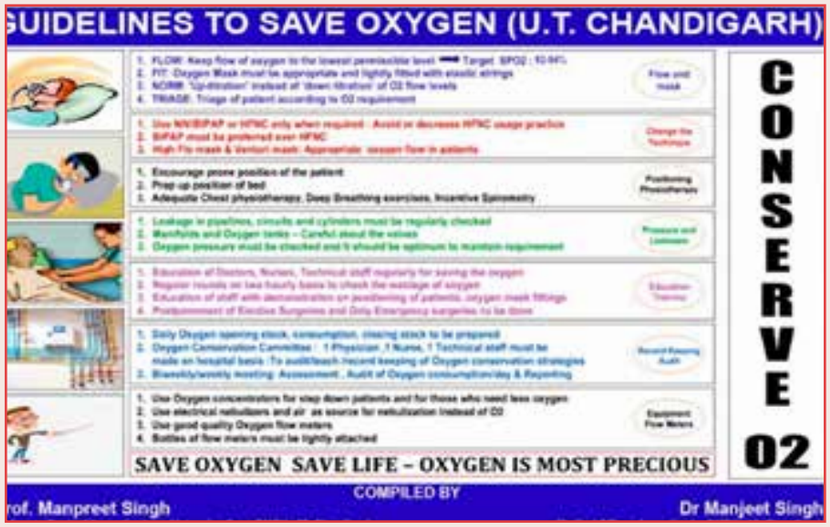
Intervention Description

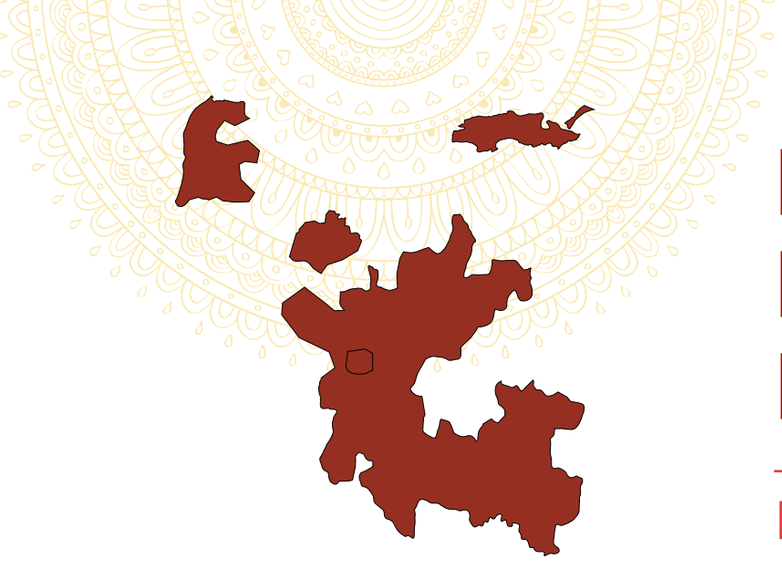
During the second wave of the COVID-19 pandemic, the peak in the demand for oxygen was 50 metric tons, the first 3 Pressure Swing Adsorption (PSA) plants at the major government hospitals in Chandigarh, and 2 PSA plants were installed in private hospitals. The objective of saving oxygen was achieved through extensive training programs, and awareness campaigns to guide the way through maximum utilization and minimum wastage of oxygen for optimum results.

The government undertook an audit of the bed occupancy and the demand for oxygen for all the private and government facilities for rational use of oxygen. A team of trained Officials and medical professionals was deployed at all major hospitals to oversee and ensure the rational use of medical oxygen. A separate team of medical officials was deployed to ensure timely delivery of turn-off liquid medical oxygen to various hospitals.

Outcome

Better management of Oxygen played a critical role in saving many lives during the second wave and moreover saving 30% of oxygen. This ensured enough backup of Oxygen cylinders, Oxygen concentrators, and Oxygen supply. Healthcare professionals including frontline workers and administration also worked as a team to respond to the pandemic.


GUIDELINES TO SAVE OXYGEN (U.T. CHANDIGARH)
CONSERVE O2
SAVE OXYGEN SAVE LIFE – OXYGEN IS MOST PRECIOUS
COMPILED BY
rof. Manpreet Singh
Dr Manjeet Singh



DADRA & NAGAR HAVELI AND DAMAN & DIU

PROGRESSING TOWARDS UHC

Problem Statement

The UT of Dadra and Nagar Haveli and Daman and Diu have been merged with effect from 26th January 2020. While this gives an opportunity to UT to integrate existing resources for optimal outcomes, there are also several challenges attributing to its topography and geographical location. While certain indicators have seen an improvement over the past years, there are several challenges which needs attention and redressal to help nation achieving its UHC goals.

Intervention Description

According to NITI Ayog assessments, DNH and DD have made substantial progress and achievements in areas such as tuberculosis and leprosy, with DNH and DD having achieved the highest percentage of decrease of grade 2 impairment in leprosy among UTs by 2018. Diu received the gold award for the top performing territory in NTEP among all states and UTs in 2021, while DNH & DD received the gold certificate in 2022.

NLEP

- Active Case Finding (ACF) in every quarter including evening hours.
- Administration of PEP to all contacts–to reduce incidence by 60%.
- HB estimation of every patient followed by IFA supplementation and split skin smear.
- Real time monitoring, intensive case detection drives in industries, GIS mapping of all patients and providing protein supplementation.
- Post Exposure Prophylaxis used mainly for better management of disease.
- Asymptomatic contacts of patient are offered PEP (single dose Rifampicin) to reduce their risk of developing leprosy by 50-60%.

Outcome

- Prevalence rate of Leprosy reduced from 6.77 in 2016 to 1.08 in 2022 (per 10,000 population)
- Reduction in grade-2 disability from 20.1 in 2016 to 0 in 2018-19 (per million population).

NTEP

- The UT has set a target to eliminate TB by 2023 as against national target of 2025.
- Latent TB Management with Rifampicin + INH prophylactic regimen after testing with IGRA.
- LTBI Testing and Management as a strategy aimed to prevent development of active TB among contacts.
- Set up Nikshay clinics and Cough and Cold centres along with Sputum spots.
- Airborne infection control kits along with Protein Supplementation provided by UT to the patients.

- Testing household contacts of active TB through IGRA based QuantiFERON TB Gold Plus Kits.

Outcome

- Incidence of TB reduced from 181.47 cases/lakh/year in 2015 to 92 cases/lakh/year in 2021.
- Success rate of treatment increased from 77% from 2015 to 95% in 2021

4-C Project: to free UT from anaemia, HIV & TB

- UT launched an initiative called 4C in February 2020, where 4-C stands for Collaborative, Community Care through Corporate Social Responsibility by roping in industries.
- Nutritional kits are provided to anaemic, TB, HIV and malnourished beneficiaries. More than 2500 kits distributed since implementation.
- HAAT Centres (Health, Advocacy, Assistance and Treatment Centres) were established.

Outcome

- Anaemia in women(15-49 yrs) decreased from 72.9 in 2015- 62.5 in 2019 in children (6-59 months) decreased from 82 in 2015 to 75.8 and in men (15-49 yrs) anaemia decreased from 27.6 in 2015 to 24.6 in 2019
- Sickle cell anaemia case admissions decreased from 17.6% in 2016 to 1.2% in 2021

CPHC-HWCs

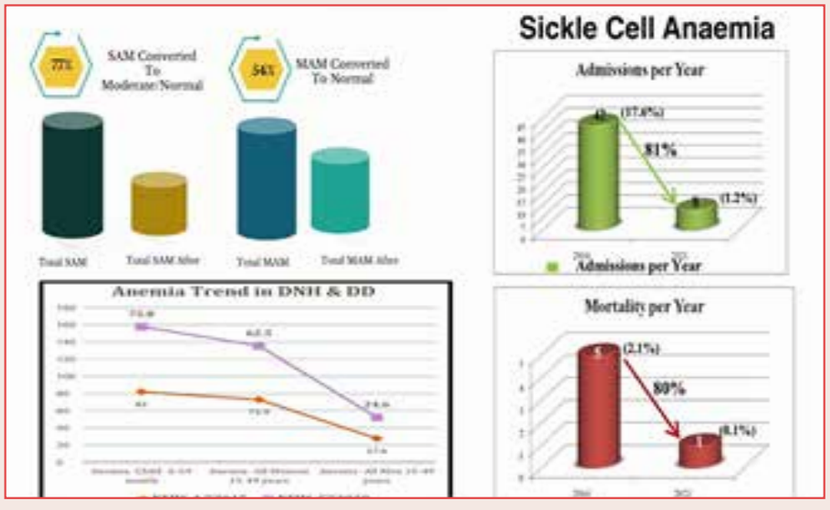
Following the national guidelines to strengthen existing primary care facilities to AB-HWCs, UT has also mobilized funds from resources like CSR funds and MPLADS to support operationalization of 17 and 7 AB-HWCs respectively.

Outcome

- Reduction of Out-of-pocket expenditure
- Continuum of care: Bi-directional referral and follow up through e-Arogya from DH to HWCs

e-Arogya

It is a cloud-based healthcare ecosystem that helps healthcare providers to utilize the technology for delivering their services effectively. This software has been installed at all 121 public health facilities which ensures paperless data at all the facilities with availability of patient records on "click of a button".



DELHI

HOME ISOLATION

Problem Statement

Crowding in hospitals during the initial wave of the COVID pandemic, including mild cases put a strain on the health resources provided in facilities which also led to unavailability of beds and services for other critical patients.

Intervention Description

The Delhi Government tried to solve these issues by introducing home isolation services during COVID pandemic, as a result of which patients with mild symptoms were isolated within their homes rather being admitted to hospitals. In this case, it was agreed that patients would be managed during home isolation according to home isolation recommendations. Patients were called and given all essential information, precautions, and medicines as soon as the results of positive reports were available on the ICMR portal. The Geo-spatial teams shared all district-level reports with all districts, and each patient was approached personally by a team that included an ANM. This information was shared with health centres by a district administrator. The team made sure the patient had a room for isolation and described all of the symptoms and when she/he should go to the hospital. Each patient was given a kit containing a pulse-oximeter, thermometer, and bleaching powder, as well as instructions on how to use them. The patient was also advised to dial 102 for an emergency and 81031 if he or she wished to contact or communicate with the doctor. Each patient was contacted every day via phone for a follow up. Following the completion of home isolation patients were relieved from home treatment.

Outcome

Patients with mild symptoms were treated at home, which reduced the pressure on hospitals. Hospitals were able to reserve beds for critical cases, resulting in a reduction in COVID cases.


दिल्ली सरकार
COVID-19
DO NOT VISIT
HOME UNDER QUARANTINE
From
To
Name
Address
No. of Persons
DISTRICT MAGISTRATE, WEST
GOVT. OF NCT DELHI


दिल्ली सरकार


दिल्ली सरकार
HOME ISOLATION KIT

GOA

SWASTH MAHILA SWASTH GOA

Problem Statement

Breast cancer is the most common cancer in India and accounts for 14% of all cancers in women. The incidence rates in India begin to rise in the early thirties and peaks at 50 – 64 years of age. In Goa, among all cancers, the incidence of breast cancer is reported high in the females aged 30 years and above. Around 40% of patients are diagnosed in late advanced stages due to lack of screening which delays the treatment process and results in poor prognosis.

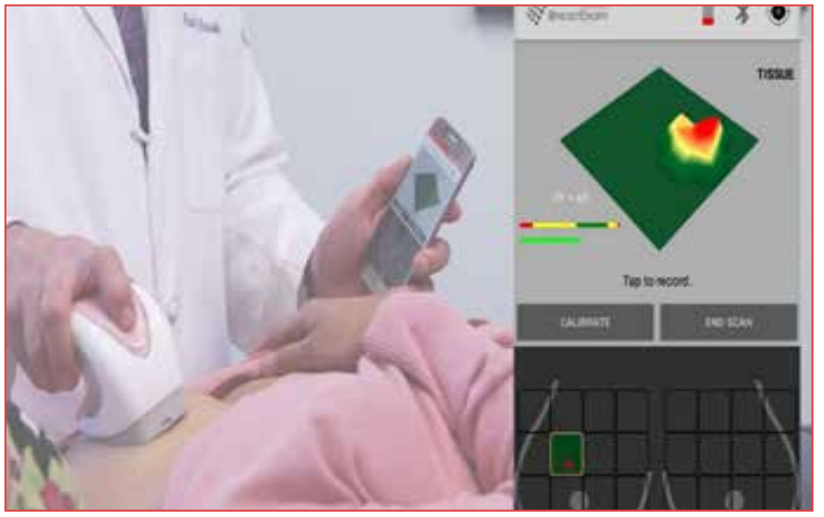
Intervention Description

Swasth Mahila Swasth Goa Initiative was launched by Government of Goa to decrease the burden of advanced breast cancer cases. The objective of this initiative was to raise awareness on breast cancer and encourage women to prioritize their health. It primarily focused on early detection and timely treatment of breast cancer cases.

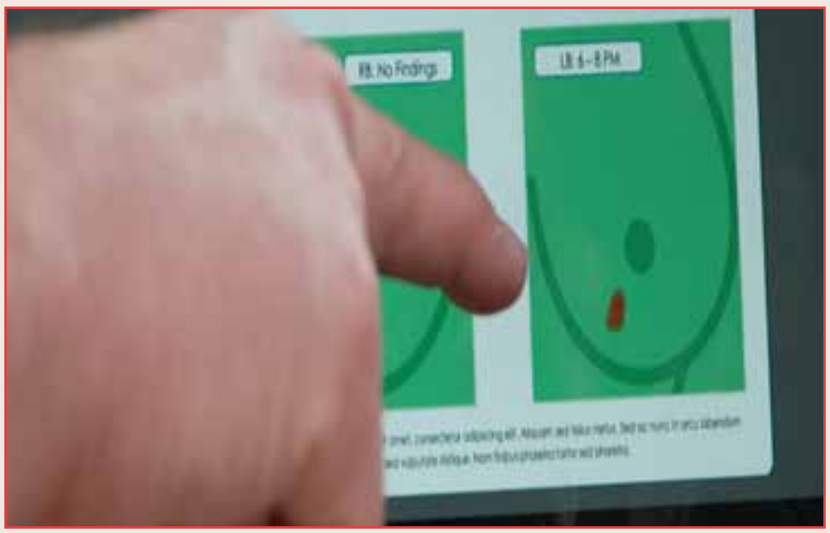
An iBE device, was installed in Goa with the support from YouWeCan Foundation. The device consisted of 648 sensors and offered a non-invasive and painless method for detecting tissue elasticity and abnormalities (such as hardness). During the routine check-ups at the HWC Corlim, the patients were made aware of Self-Breast Examination and breast screening. This Initiative played a crucial role in early detection of breast cancer and timely intervention to provide necessary treatment to affected individuals.

Outcome

A total of 4450 patients were screened. Among them, 141 patients were found positive for a lump, and four of them were detected with breast cancer. All those positive patients underwent surgery and one of them was started with chemotherapy.




Swasth Mahila,
Swasth Goa Initiative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GUJARAT

CATARACT BLINDNESS FREE GUJARAT

Problem Statement

Gujarat is facing a challenge of cataract-related blindness, particularly among the population aged 50 and above. The prevalence of blindness has been increasing over time. Gujarat has shown its commitment in eliminating avoidable blindness by significantly reducing the prevalence rate of blindness from 0.9% to 0.3%. Cataract is major cause of blindness, especially among the population aged 50 and above; accounting for 36% of disease burden with an annual incidence of 20%. Each year 7 lakh cataract surgeries are performed in Gujarat, equivalent to 1000 surgeries per one lakh population. Currently, Gujarat has a burden of 2 lakh cataract blind patients.

Intervention Description

The state government has launched "Cataract Blindness Free Gujarat" on 5th February 2022. A time bound action plan has been developed, covering 33 districts and 8 corporations, ensuring geographical uniformity.

The program ensures access to eye care services through optimal utilization of resources available in government, NGOs, and private sectors. The key components of the program include screening of individuals aged 30 years and above, registration of individuals with vision problems, operative services and regular post-operative follow- ups. 50,000 ASHAs have been trained for screening of vision problems in 30 years and above population(around 4 crore) using E-cards. ASHAs visit villages and register patents as per programme guidelines. An incentive of Rs 350 per ASHA has been linked with this. Medical officers and optometrists confirm the diagnosis of cataract, and patients are referred to the appropriate facility for surgery.

Medical officers from 1476 Primary Health Centres, 333 Urban Primary Health Centres and 347 Community Health Centres have been trained. These Medical Officers screen each patient for systemic illness and conduct necessary blood tests, including random blood sugar, urine for albumin and sugar. Each cataract surgical patient is provided free of cost treatment using Phacoemulsification Technique with Hydrophobic Intraocular lens implantation. The program ensures quality of eye care as per the guidelines and standard clinical protocol. Regular follow up is provided to each patient till 40th day of post-surgery and corrective glasses are provided if needed.

Outcome

The State aims to clear the cataract backlog by March 2023, performing a total of ten lakh surgeries. Additionally, any other eye problems like refractive error, glaucoma, corneal disease, squint and diabetic retinopathy are also treated. The primary goal of this drive is to have an impact on reducing the prevalence rate of blindness from 0.36% to 0.25% by 2025. In first two months, a total of 1,19,732 cataract surgeries were conducted in first two months, out of which 6,823 surgeries performed on bilateral blind cataract patients. A dedicate web portal has been launched to follow end to end details from registration to follow up of each patient. Gujarat is on its way to provide gift of sight to cataract blind persons.


50,000 ASHAs trained to screen


1,19,732 cataract surgeries
in the first 2 months

HARYANA

SCALING UP COVID VACCINATIONS

Problem statement

The state had experienced a rapid surge in COVID-19 cases. The primary reason for increase in cases was negligence observed in COVID-appropriate behaviour (social distancing, wearing of face masks, respiratory etiquette) in public places having large gatherings. Another major factor was the increased mobility of the population to earn their livelihood, and again not duly taking precautionary measures.

Intervention Description

The government has introduced various innovative measures to enhance COVID vaccinations. This includes implementation of drive-through vaccination centres and targeted outreach programs for people with disabilities. Additionally, camps are organised in markets and Dhaba, where media employees have been vaccinated in specially constructed facilities.

Outcome

A total of 420,000 individuals have been vaccinated in Haryana. Moreover, individuals under home isolation were being followed up through phone calls and visited by dedicated teams on alternate days. Over 98,000 home isolation kits have been distributed, and more than 7.5 lakh home isolation cases have been monitored. In Karnal district, there is also provisions for collections of lab samples from home under e-Sanjeevani program.

The state has showcased an improved service delivery across HWCs with increased uptake of teleconsultation services.

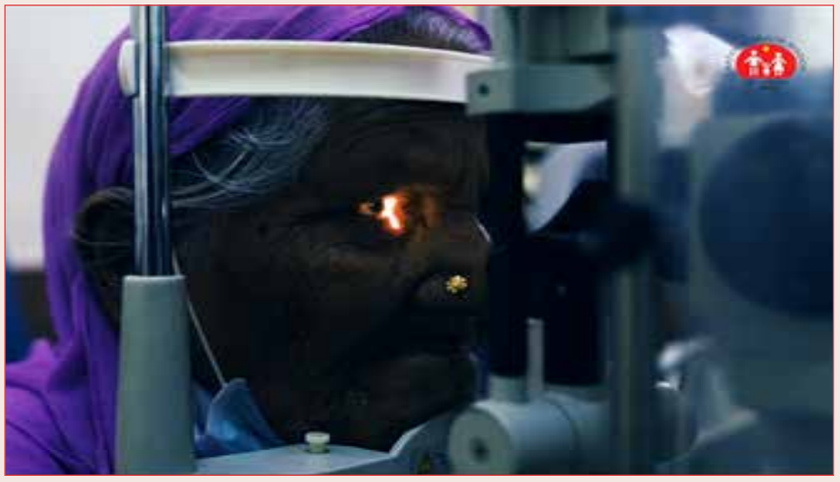
EYE DONATION CENTRES

Problem Statement

India has high burden of blindness cases and corneal blindness is the second most common cause of blindness in India. Currently, 6.8 million people in India suffer from corneal blindness which is expected to increase 10.6 million by 2020. In India, corneal transplant surgeries are mainly done by the private sector in India and are of high cost. The high cost of surgeries leads to high out of pocket expenditure among poor people.

Intervention Description

Each district hospital in Haryana operates a 24-hour eye donation centre. Furthermore, the government plans to construct two new eye banks at Government Medical College in Karnal and Nuh. In an effort to promote free corneal transplantation, the Government of India provides a grant of 7500 rupees to private physicians for each case performed, this is being further complemented in Haryana by providing an additional 7500 rupees through state government for each case.This means that a total of Rs 15,000 per case will be received by private physicians or NGOs. Haryana is the only state implementing this initiative to support free corneal transplantation.



HIMACHAL PRADESH

MUKHYA MANTRI KSHAY NIVARAN YOJANA: STATE'S INITIATIVE TO END TB

Problem Statement

India continues to have the highest Tuberculosis (TB) burden in the world, accounting for more than one-fourth (27%) of the globally reported TB cases (WHO Global Tuberculosis Report,2019). Though Government of India's (GoI) has taken several initiatives efforts towards TB elimination by 2025, the disease remains a significant public health problem in the country.

Intervention Description

To expedite the process of eradicating tuberculosis, the Honorable Chief Minister of Himachal Pradesh has announced the launch of the Mukhya Mantri Kshay Rog Nivaran Yojna (MMKRNY). The objective of this initiative is to achieve the goals of eliminating tuberculosis ahead of the timelines set by the Government of India.

Under the MMKRNY, the following facilities have been established: one TB Sanatorium, 12 TB Directly Observed Treatment (DOT) Centres, 76 District TB Centres, 229 microscopic centres, 70 NAAT labs, one Intermediate Referral Laboratory, and two Culture & Drug Susceptibility Testing (C & DST) labs. In the future, the state aims to have 26 Cartridge- Based Nucleic Acid Amplification Test (CBNAAT) and 44 Truenat machines. Additionally, every health facility will be equipped with at least one NAAT machine.

As part of the initiative, ASHAs are screening around 80 to 100 individuals/family members under ASHA cluster Village for TB. ASHA workers receive an incentive of Rs 100 for active case finding.

The AYUSH department is also involved in providing TB-related services and contributing to the TB Mukt Abhiyan (TB Free Campaign). Orientation training programs have been conducted for medical officers (MOs) and pharmacists in the AYUSH (Ayurveda) Department. Over the past two to three months, the AYUSH department has examined 592 TB patients, and 48 new cases detected.

A provision for Schedule H1 reporting has been implemented, wherein all drug sellers and chemists are submitting the monthly reports to the drug inspector. This measure ensures effective monitoring and control of tuberculosis medication distribution.

To facilitate tracking and follow-up of TB patients, the "TB Mukt Himachal" mobile application has been developed. This comprehensive application provides users with information about TB symptoms and the nearest laboratory facilities. Moreover, awareness and training sessions have been conducted at the block level for Panchayati Raj Institution (PRI) members under the "TB Mukt Himachal" program.

In order to prevent the spread of tuberculosis, TB preventive therapy has been initiated. This involves screening close contacts of TB patients and providing treatment to suspected individuals.

Himachal Pradesh has achieved the highest TB testing rate in India, and the Government of India has recognized the state's outstanding performance in the pursuit of a tuberculosis-free nation.





पखवाड़ा


आइए ! हिमाचल प्रदेश को टी.बी. मुक्त बनायें।

टी. बी. मुक्त हिमाचल अभियान
पखवाड़ा

टी.बी. मुक्त हिमाचल अभियान 2019



JAMMU & KASHMIR

PROGRESSING TOWARDS UHC

Problem Statement

While the Out of Pocket Expenditure in public health facilities in the UT for in patient care and childbirth have been reported higher than the national average, the UT also reports NCD as a major disease burden. These issues called for strengthening primary care services for the prevention of NCDs, along with providing financial protection to the people against secondary health care requirements.

The conflict-affected and mountainous terrain of Jammu and Kashmir posed a unique challenge in the delivery of healthcare services in itself. Compounded with the unprecedented COVID-19 pandemic, several activities like immunization services, screening and active case finding faced temporary setbacks, threatening the attainment of National and State goals towards disease elimination.

Intervention Description

Judicious planning and commendable implementation by the motivated health workforce of Jammu and Kashmir enabled the UT to present four achievements:

1. **National Tuberculosis Elimination programme (NTEP)**

   The UT has been striving hard in implementing interventions under the NTEP. Despite limitations of the COVID-19 pandemic, under the Har Ghar Dastak campaign , TB screening was done for a total population of 80 lakhs. Identified cases in the UT were also put on treatment.

   In last three years under TB-mukt Bharat, the UT has achieved 60-80% reduction in TB cases across major districts. Budgam has been declared as India's first TB-Free district. Anantnag, Pulwama and Kupwara districts have received Gold Medals and Baramulla and Udhampur districts have received Bronze medals, for their efforts to reduce the burden of TB in the UT.

2. **AB-PMJAY Sehat Scheme**

   The UT launched the AB-PMJAY Sehat scheme for improving health coverage and to provide health insurance for eligible families. The scheme provides a cover of Rs. 5 lakhs per family with no cap on family size, free cashless and paperless process, coverage of pre-existing diseases and has empanelled over 23,000 hospitals for service provision. To promote the scheme, outreach efforts to villages, Har-ghar dastak, and special registration drives were done for issuing of cards.

   Under this scheme 67.71 Lakh beneficiaries have been registered, and 4.05 Lakh admissions have been done so far, and 260 hospitals were reported to be empanelled as on date.

3. **Ayushman Bharat Health and Wellness Centres (AB-HWC)**

   During the 'Aazadi ka Amrit Mahotsav' the UT undertook a special NCD screening drive across all AB-HWCs to not only achieve the defined targets but to exceed the given numbers.

   For its exceptional efforts in NCD screening, the UT stood second in the country and received an award on UHC Day. The AB-HWCs across UT report an increased footfall where 39 lakh of OPD case load was reported in 2022.

4. **COVID-19 vaccination**

   The UT was the first in India to start door-to-door COVID-19 vaccination drives in hard-to-reach and remote parts of the country.

   The UT achieved a full COVID-19 vaccination coverage of 85% in the age group of 15-17 years and 100% two dose vaccination for 18+ age group. This helped the UT to bag the second position for its efforts for COVID-19 vaccination


WORLD TB DAY 2022
TB MUKT BHARAT
DISTRICT TB CONTROL SOCIETY KUPWARA
UNDER THE AEGIS OF STATE TB CELL
DIRECTOR OF HEALTH SERVICES KASHMIR
WORLD DAY 2022


AYUSHMAN BHARAT
Back to Village
JAMMU KASHMIR HEALTH SCHEME


HEALTH & WELLNESS CENTRE
TIKRI

JHARKHAND

LEPROSY – KUSHT MUKT JHARKHAND

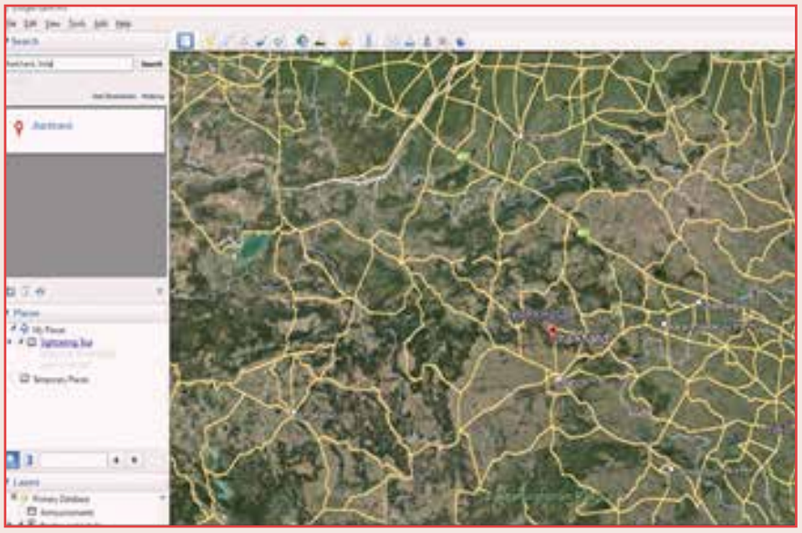
Problem Statement

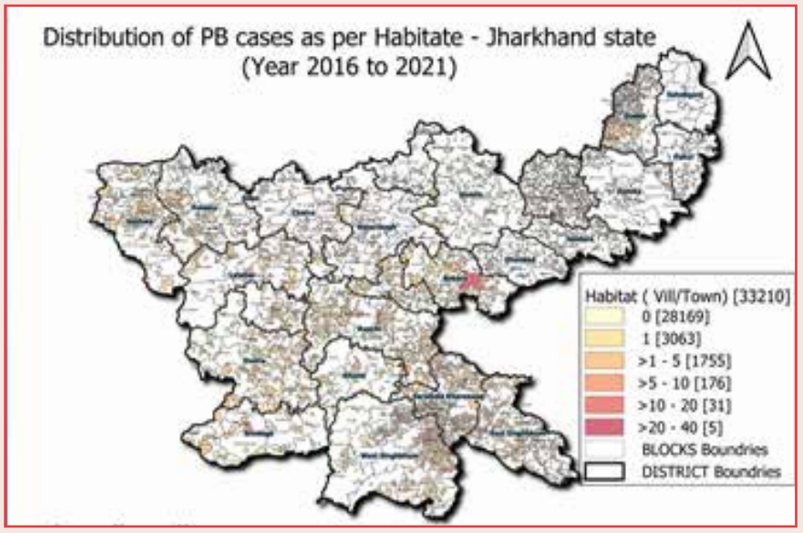
While dealing with COVID-19 pandemic, there was a need to manage leprosy and ensure regular follow up of treatment. According to NLEP data, the state's leprosy rate is 1.8% against the national average of 0.45% in 2021-22.

Intervention Description

A new initiative named "Kusht Mukt Jharkhand" was launched by Government of Jharkhand to address the high burden of Leprosy cases. Under this initiative, line listing of all identified patients was done to follow-up and ensure uninterrupted supply of medicines. A google sheet was created at the district level to gather detailed information about patients requiring medical support and medication. However, it was soon realized that a website would be more effective in achieving the desired results, and it was developed by NHM team. By utilizing the data available with NHM, it became possible to utilize Geographic Information System (GIS) mapping to plot the distribution of leprosy cases across various villages.

A portal developed to undertake GIS mapping for leprosy patient data including hotspots for identified cases. Through this detailed GIS mapping State aims to achieve the expected results of making Jharkhand a Leprosy Free State.




Distribution of PB cases as per Habitate - Jharkhand state
(Year 2016 to 2021)
Habitat (Vill/Town) [33210]
0 [28169]
1 [3063]
>1 - 5 [1755]
>5 - 10 [176]
>10 - 20 [31]
>20 - 40 [5]
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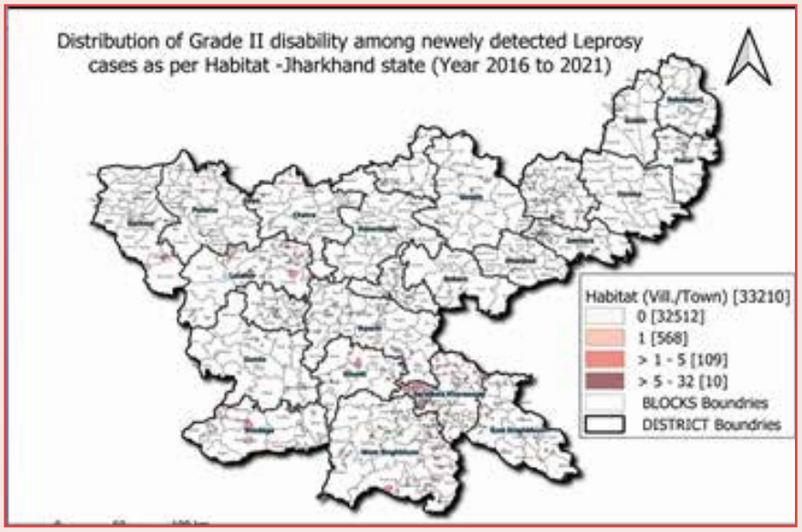
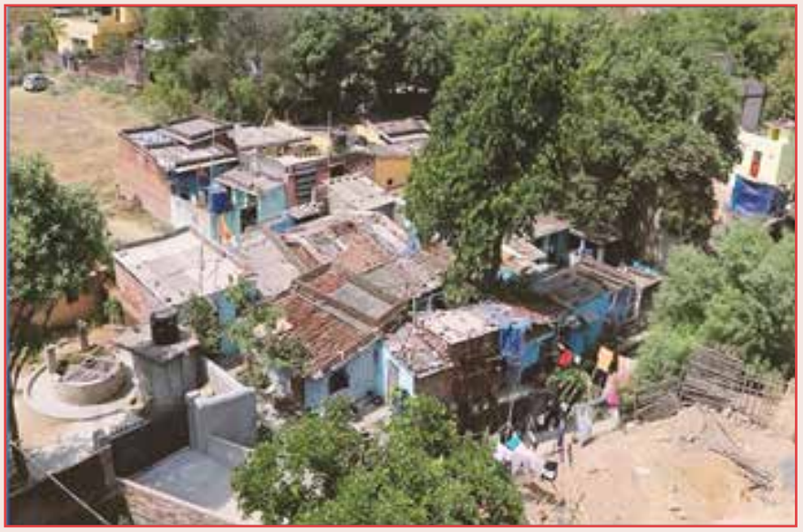
DISTRICT Boundries


Distribution of Grade II disability among newely detected Leprosy
cases as per Habitat -Jharkhand state (Year 2016 to 2021)
Habitat (Vill./Town) [33210]
0 [32512]
1 [568]
> 1 - 5 [109]
> 5 - 32 [10]
BLOCKS Boundries
DISTRICT Boundries



JHARKHAND

ATAL MOHALLA CLINIC

Problem Statement

Access to good quality healthcare is a fundamental right for all individuals. While those living in urban areas with resources can avail healthcare services, city slum dwellers often lack access to quality healthcare. As a result, people living in urban slum areas often seek care from informal or private providers, leading to high out-of-pocket expenditures on healthcare.

Intervention Description

The state health department has initiated the establishment of Atal Mohalla Clinics since 2019 to provide free healthcare services in urban slum areas. Currently, there are 82 functional clinics, and an additional 58 clinics are being set up in the coming years. These clinics provide comprehensive primary care services free of cost and have gained the trust of the people by offering easily accessible, and quality treatment.

KARNATAKA

E-MANAS

Problem Statement

Mental health issues have been on the rise across the country. The Mental health survey has also identified a wider gap in treatment as a key challenge in the area of mental health care. Also, the COVID-19 pandemic has exacerbated the burden of psychosocial and mental illnesses in the community, with newer challenges warranting newer technological solutions to combat them.

Intervention Description

The Department of Health and Family Welfare, Karnataka, in collaboration with NIMHANS and IIIT-B developed e-Manas, the Karnataka Mental Healthcare Management System. The e-Manas software has aided the implementation of the Mental Healthcare Act, 2017 by effectively monitoring and supporting the District Mental Health Programmes.

e-Manas acts as registry of mental health establishments, mental health professionals, people with mental illnesses and their treatment records. It ensures the patients of constant support, ease of access, good user experience, SMS and email communication, as well as data privacy. The e-Manas has been securely integrated with AB-Arogya Karnataka, Karnataka Private Medical Establishment Directory and NIC e-Hospital Framework.

Mental healthcare services are provided through Manochaitenya -Super Tuesday Mental Health Clinic, held at 146 block hospitals of the State; Manasadhara day care centres for rehabilitation of recovering persons and Mathru Chaitanya for Pregnancy and post delivery mental health care. Further, Dava & Duva Programme for faith healing and medication, as well as domiciliary home care services at door step are also provided.

Outcome

Over ten lakh in-person consultations have taken place in the last three years. Over 27 lakh tele-consultations were carried out for those who were in isolation due to COVID-19. This has been supported by tele-mentoring of PHC Medical officers to build their capacities.

Karnataka has been identified as a front runner in this initiative. It is one of the first States to upgrade its mental health services, effectively implement the Mental Health Act 2017 and continues to provide services and support to its citizens.


Over 10 Lakh
In-Person Consultations

KERALA

A WALK TO WELLNESS – FHC NOOLPUZHA, A MODEL IN FAMILY BASED HEALTHCARE

Problem Statement

Noolpuzha village in Wayanad district, a tribal area covered by forests, has faced challenges in accessing quality healthcare services. The lack of availability of modern medical services on a regular basis has had a negative impact on the overall health parameters of the state. Recognizing these conditions, the health department has acknowledged the need to take corrective action.

Intervention Description

Noolpuzha village in Wayanad district is the second-largest Gram Panchayat with a significant tribal population. A major portion of the geographical area is covered by forests. Family Health Centre (FHC) Noolpuzha serves as the only government modern medicine health institution in the panchayat which provides quality of care.

The waiting area has been constructed as a stone mandapa, incorporating natural elements and regional architecture that align with the original plot layout. Additionally, people from neighbouring villages also avail services at this facility.

FHC Noolpuzha is the first institution in Kerala to implement the e-Health Hospital Management System. Patients generate an e-ticket and undergo a preliminary health check-up for recording their details. The general ward has 10 beds and attached hygienic toilets for in-patients. The state-of-art air conditioned laboratory has all the modern equipment for conducting all the tests as per mandate. With CSR support, the FHC has also set up advanced physiotherapy unit. The inclusion of the Robotic Arm facility is among its key innovative services. The facility also provides paediatric physiotherapy treatment and telemedicine services to hard-to-reach areas.

The FHC also houses a Health Club Facility aimed at promoting physical fitness awareness among youth and women. Another notable initiative is "Prateeksha," the Multipurpose Tribal Antenatal Care Homes. Pregnant tribal mothers with nearing expected dates of childbirth stay here until they are transferred to higher-level facilities. The provision of free lithium-powered e-auto transportation is another highlight, benefiting patients, senior citizens, women, expectant mothers, and tribal communities who are residing within 5-km radius of the hospital. To promote good mental health through recreational activities, a dedicated Geriatric and Mental Health Corner has been established, serving as a gathering place for elders in the evenings. Additionally, the hospital premises include a garden and children's park for recreational purposes.

The FHC also offers the services of Hamlet ASHA workers. These workers are selected from the tribal community and trained to provide antenatal care and home-based new-born care services, with the aim of reducing preventable deaths among expectant tribal mothers and infants.

FHC Noolpuzha, in harmony with nature and in response to the challenges faced, spreads smiles of hope.


RESTRICTED ENTRY


വ്യായാമം ഏത് വേണം

LADAKH

DIGITAL HEALTH CARD

Problem Statement

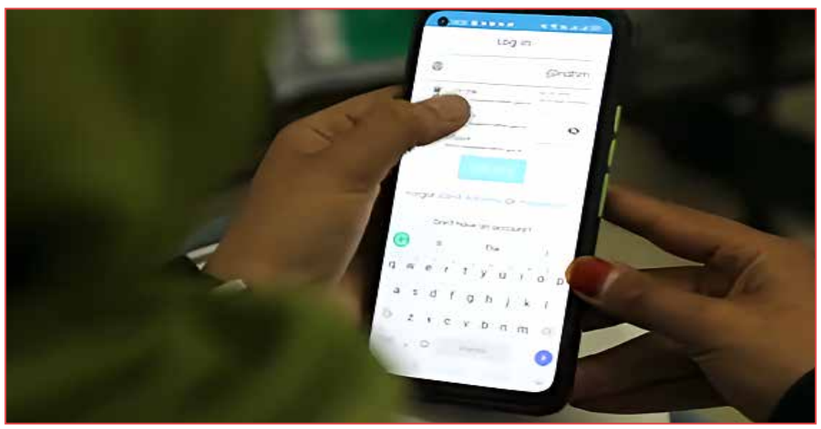
At present the digital ecosystem is extremely fragmented with hundreds of players and different types of standards being used. This does not allow for the sharing of information from one healthcare provider (hospitals, doctors, etc.) to another healthcare provider or from a stakeholder to another stakeholder unless they are using the same interconnected system. This is a major problem which has not allowed the benefit of digitization to reach citizens and healthcare providers.

Intervention Description

The Digital Health Card provides a centralized platform through which patients and healthcare providers can access relevant health information related to the medical conditions, treatment history, and diagnostic test results. On 15th August 2020, Prime Minister launched the Ayushman Bharat Digital Mission at Red Fort in Delhi under which it was piloted in six Union Territories, including Ladakh. Through this initiative, Indian citizens received a digital health card that contained all their health-related information.

With the help of this application, there is no need to wait in long queues; patients can simply scan the QR code and complete the registration process. Hospital staff can also assist patients in registering through the ABHA application if they possess the Health ID. If the patient has previously consulted with doctors at the hospital using the health card, all their details will be displayed on the doctor's computer. After the consultation, the prescribed medicines will be sent to the patient's ABHA application, providing convenient access to their medication information.

If a patient desires to avail treatment at any healthcare facility across the country, the e-Hospital initiative and Hospital Management Information System ensures the easy accessibility of their health-related information through this app. This seamless integration allowed patients to access their medical records regardless of their location within the country. While the UT faces some extreme challenges attributable to its location, climate conditions and international borders, such an initiative has definitely strengthened the UT's efforts towards effective utilization of IT based solutions to achieve desired health outcomes.




HEALTH CARD
ADMIT CARD


Access all your
health records
with one single
electronic ID
HEALTH ID FEATURES
3 WAYS TO CREATE A HEALTH ID

LAKSHADWEEP

UNIQUE BLINDNESS AWAY LAKSHADWEEP

Problem Statement

In Lakshadweep, a group of 36 islands covering an area of 32 square kilometres, public health services play a crucial role in providing healthcare. Lakshadweep faces emerging challenges, including a premature burden of non-communicable diseases (NCDs), particularly blindness. The health department has identified a concerning issue related to blindness caused by cataracts and other eye problems. Due of dearth of blindness data in UT, a Rapid Assessment of Avoidable Visual Impairment (RAAVI) was undertaken in 5 islands and a total of 6000 individuals were examined over 6 years. The data have shown high prevalence of blindness prevalence i.e. 0.41% among the sample population, with 66.7% of blindness cases attributed to cataracts and 7.8% to myopia, and 13.8% by refractive errors.

Intervention Description

The UT has taken up the "Unique Blindness Away Lakshadweep" Initiative to address the high burden of blindness cases. Lakshadweep has one District Hospital (DH), 2 Sub-District Hospitals (SDH) and 6 Health and wellness centres (HWCs). DH has developed well equipped eye care unit to screen and identify eye related problems in early stages to ensure time management and control of blindness.

As a part of RAAVI, the health department collaborated with the Community Ophthalmology department and RP Centre of AIIMS, New Delhi, to provide training to doctors and staff in 5 islands of Lakshadweep. Based on the outcomes of the RAAVI assessment, the department of health started a mass community survey involving the entire population. Currently, approximately 80% of the population has been included in the survey. Through RAAVI, the UT focusses on services to screen and identify eye related problems in early stages to ensure time management and control. The findings of this survey will help UT in planning its actions towards eliminating the blindness in Lakshadweep and will make the UT free of blindness due to cataracts and refractive errors.


D N
HCU

MADHYA PRADESH

A BETTER APPROACH FOR TOMORROW: LAUNCH OF MEDICAL EDUCATION IN HINDI LANGUAGE

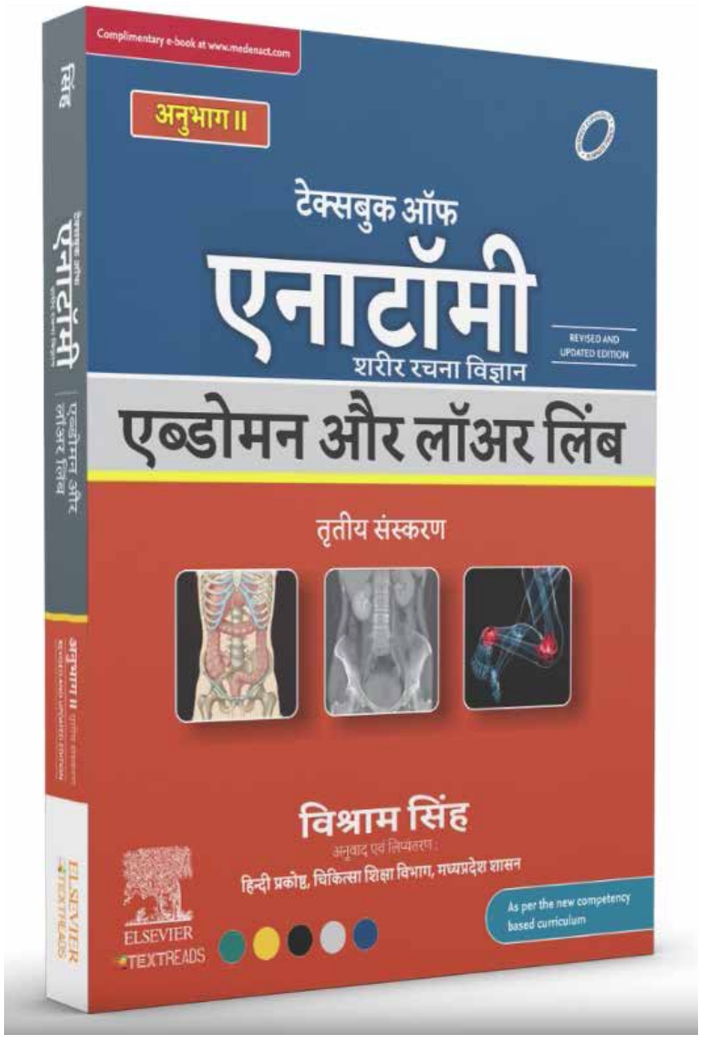
Problem Statement

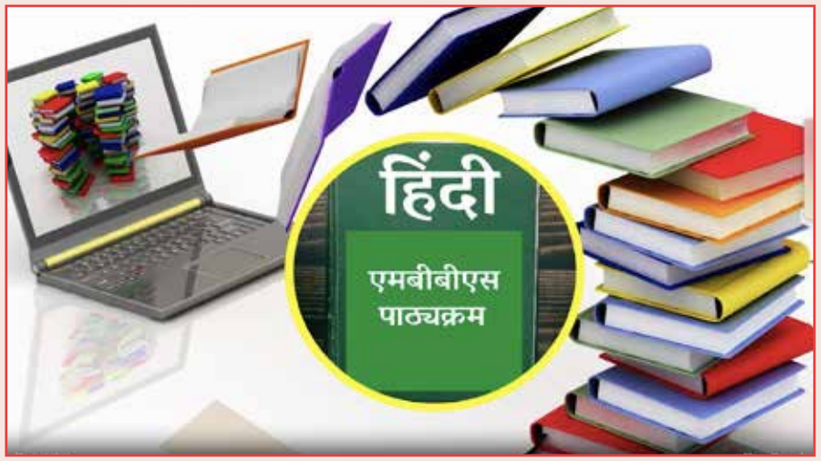
A considerable number of children and their parents aspire for them to become a doctor. However, those who come from financially disadvantaged background and study in Hindi medium schools often end up giving the opportunity to pursue MBBS course as it is primarily taught in the English language. Realising this concern, the State of Madhya Pradesh undertook the initiative of translating this course in Hindi language to facilitate the expansion of scope of medical education.

Intervention Description

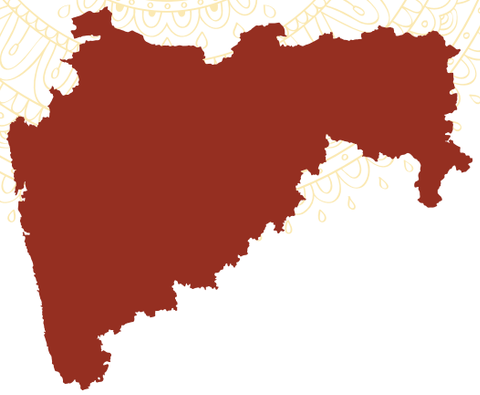
The State formed several committees to review, put together appropriate terminologies in Hindi, and shortlisted authors and publishers. To begin with the curriculum of first year MBBS course such as Anatomy, Physiology and Biochemistry books were translated. Further to facilitate effective outcomes they established a Hindi facilitation centre 'Mandar'. A foundation course is under development which cover many aspects like ethics etc aiming to provide a holistic understanding to students.

To facilitate access to the latest information in an interactive manner, the state implemented the Medical Knowledge Sharing Mission. This mission will establish MoUs with world's best medical colleges, institutions, and research bodies. It will encompass latest advancements like Artificial Intelligence, Machine learning, Medical Robotics, Medical data analytics and 3D printing technologies. Schools of Excellence are established where students can gain super speciality education and experience. Medical incubation centres are being set up in 13 medical colleges. These incubation centres will facilitate new start-up in medical sciences and newer initiatives will come up in the state. This will lead state's way to ensure equal opportunities for all to fulfil their dreams of becoming a medical professional.




हिंदी
एमबीबीएस
पाठ्यक्रम


मंदसौर
मातृ भाषा सम्मान संकल्प कक्ष
हिन्दी प्रकोष्ठ चिकित्सा शिक्षा विभाग
गाँधी चिकित्सा महाविद्यालय, भोपाल म.प्र.



MAHARASHTRA

HEALTHY PARENTS, HEALTHY CHILD INITIATIVE

Problem Statement

Anaemia is a major public health issue in Maharashtra with a prevalence of 54% among the women between 15-49 years between 2015-16 and 2019-21. Low birth weight (LBW) and prematurity are major contributors to the Under 5 Mortality Rate (23 per thousand live births) as per NFHS-5 in the state.

Intervention Description

Public health department of Maharashtra launched an initiative called "Healthy Parents Healthy Child" which highlights the importance of preconception care (PCC) for health and longevity. The aim of this initiative was to promote health and to decrease morbidity and mortality in neonates.

It includes guidelines for the implementation of evidence-based strategies for further reduction of maternal and child mortality. This cost-effective intervention strives to ensure the health of pregnant women by addressing factors such as body mass index, proper planning of pregnancy, preventing adolescent pregnancies, use of iron folic acid to reduce neural tube defects, other nutritional deficiencies like iron and calcium, addressing risk factors like alcohol and tobacco to reduce low birth weight, detecting and managing chronic diseases, detecting and treating RTI and STIs. By promoting preconception care and prevention of low birth weight and preterm babies this initiative not only prevents neonatal mortality but also childhood malnutrition, neurocognitive impairment, birth defects, and non-communicable diseases in adult life.

Outcome

The evidence-based planning and partnership have demonstrated evidence indicating a statistically significant improvement in the weight and BMI of women planning their pregnancies. These changes are likely to play a contributing role in reducing anaemia and decreasing morbidity and mortality in neonates by providing preconception care.


प्राथमिक आरोग्य केंद्र, वापुर.

MANIPUR

HEALTH FOR ALL: DOOR TO DOOR SURVEY

Problem Statement

A rapid health transition is observed with a rising burden of Non-Communicable Diseases (NCDs). NCDs like Cardiovascular diseases, Cancer, Chronic Respiratory Diseases, Diabetes and other NCDs are estimated to account for 63% of all deaths, thus making them the leading causes of death. NCDs cause considerable loss in potentially productive years of life. Losses due to premature deaths related to heart diseases, stroke and diabetes are also projected to increase over the years.

Intervention Description

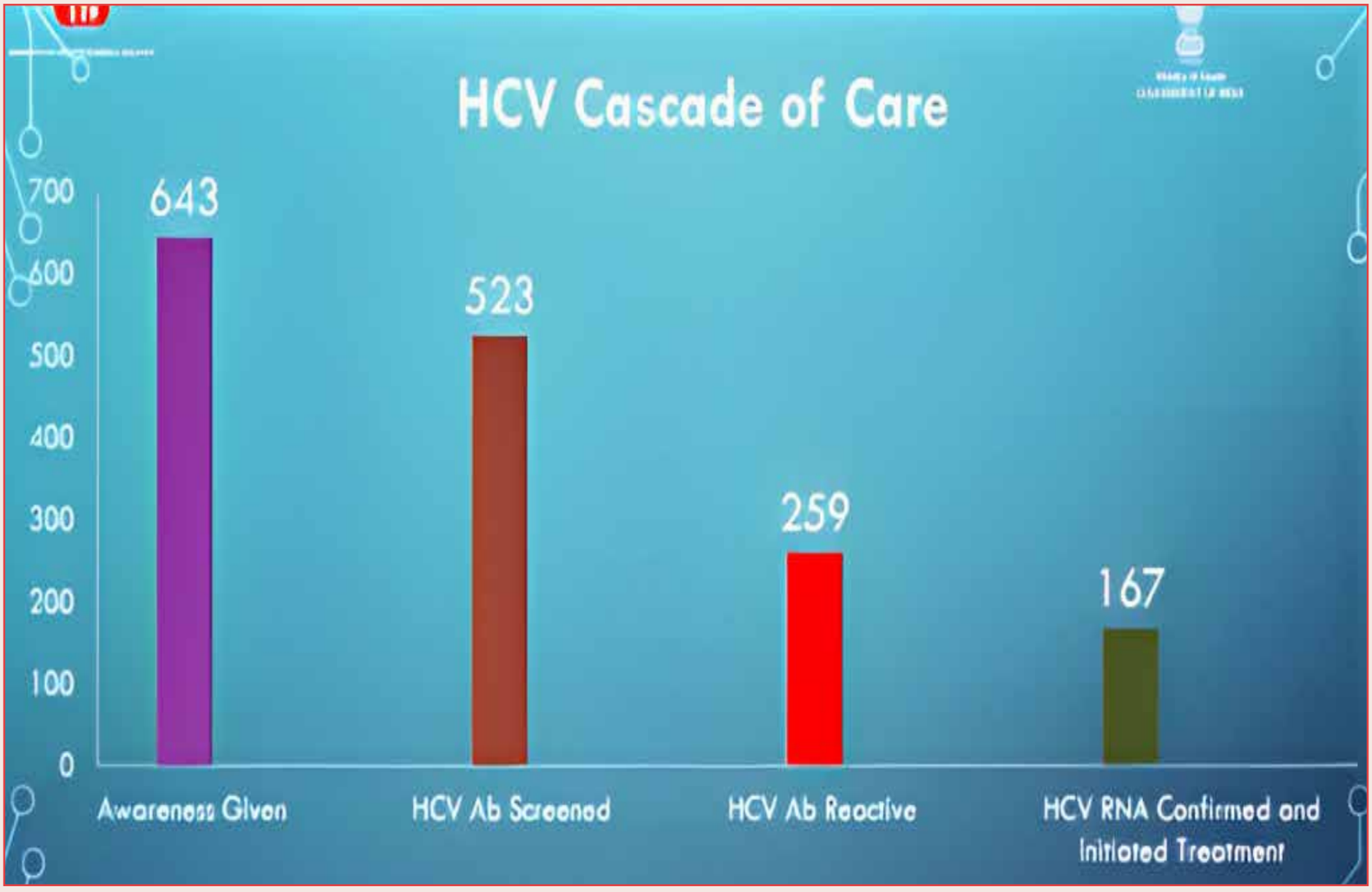
Health for All is a door-to-door screening initiative for screening and timely detection of ten Non- Communicable Diseases (NCDs) and covers Hypertension, Diabetes, Heart Disease, Kidney Ailments, Respiratory Disease like COPD, three common Cancers (Oral, Breast and Cervical), Mental Health problems and Stroke/Post Stroke. Door to door screening of NCDs are being done with hand-held screening device known as ASHA Plus. Every listed beneficiary under the scheme is given a unique health Id card and brought under population health registry.

The scheme deploys health experts, doctors, and nurses to every family in all the villages of Manipur and brings awareness on the importance of regular health checkups and monitors for early identification and diagnosis of NCDs. Holistic home-based services are provided to the patients including at-home drug delivery.

Outcome

The initiative resulted in increased diagnosis and prompt referral/ treatment of non-communicable diseases by providing services to people living in remote areas particularly in emergency and critical care situations where moving a patient may be undesirable and/or not feasible. It also helped in facilitating patients and rural practitioners' access to specialist health services. Further it eliminates distance barriers for the patient, lessen their inconvenience and improve their access to quality health services.


HCV Screening, Diagnosis and Treatment Camp


HCV Cascade of Care
700
600
500
400
300
200
100
0
643
523
259
167
Awareness Given
HCV Ab Screened
HCV Ab Reactive
HCV RNA Confirmed and Initiated Treatment

MEGHALAYA

MOTHER – SAVING LIVES (**M**EASURABLE **O**UTCOMES IN **T**RANSFORMING **H**EALTH SECTOR THROUGH A HOLISTIC APPROACH WITH A FOCUS ON WOMEN **E**MPOWE**R**MENT)

Problem Statement

An estimated population of 3.5 million of the state is located in about 7000 localities of the State. While its unique geography is blessed with an abundant beauty it nevertheless poses a serious challenge to service delivery particularly in health. Historically, the State has had concerning health indicators. National Family Health Survey-5 indicated about 58% institutional deliveries with only 44% routine immunization in 2018-19 and a high maternal mortality ratio of 240 in 2020-21.

Intervention Description

In an urgent attention to tackle this crisis, the MOTHER programme was launched in 2019 which was later expanded to being the Rescue Mission in 2020. An integrated health portal has been developed to address the issues concerning mothers in the state and provide antenatal care to women and identify high-risk mothers. The Mother App is the backbone of this portal.

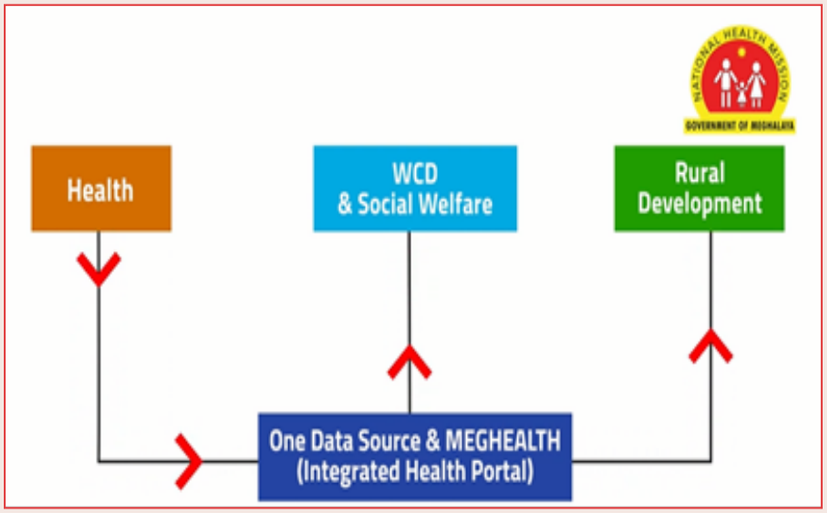
When a pregnant woman is registered, her data and other findings is kept in the App and if she is a high-risk mother, this gets flagged and the mother is immediately referred to a higher facility. If in case she is to deliver two or three weeks prior to her due delivery date, the ANM follows her diligently. The portal actively tracks over 40,000 mothers at any given point of time.

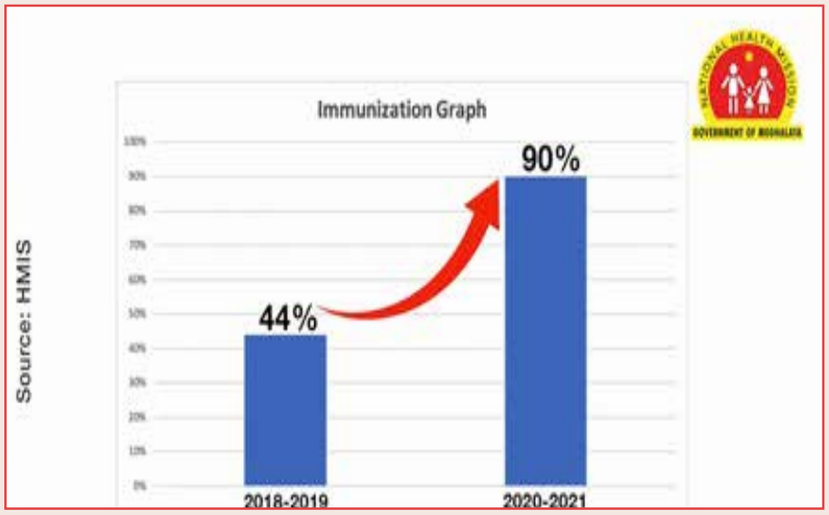
The Rural Development Department through National Rural Livelihood Mission has instituted Community Gender Health Activists who are women of Self-Help Groups who help in generating awareness and demand for health care services in rural areas. All the intervention data are captured on one app to finally amalgamate into the MEGHEALTH Portal. The mission has aimed at inter-sectoral coordination through a problem driven iterative approach in solving this crisis. The State focussed on this issue and titled its State Health Policy as MOTHER, that is Measurable Outcomes in Transforming health sector- a Holistic approach with focus on women's Empowerment. The ECD Helpline provides the soft support in terms of counselling and follow up to each mother.

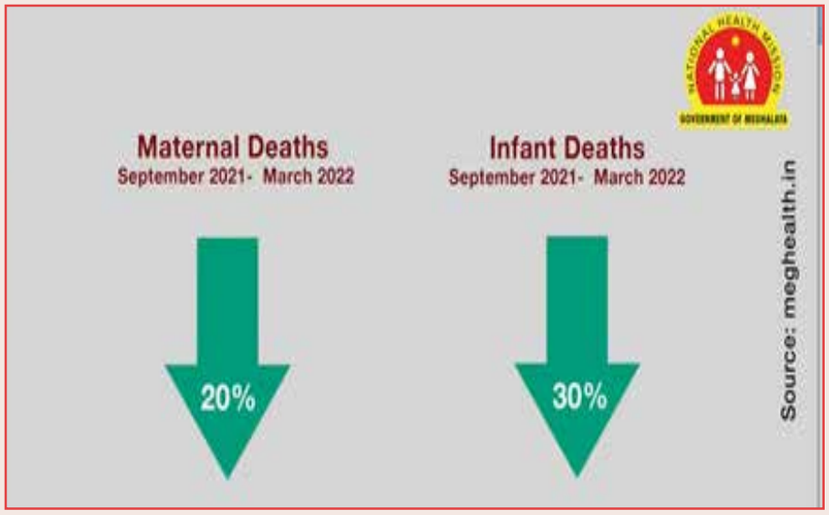
Outcome

As a result of clear planning, bottom-up solution driven model and intersectoral coordination between the department of health, WCD and rural development the state has seen significant result during the last year. The routine immunization has reached up to 90% consistently despite the challenges of pandemic. The maternal death for the period of September 2021 to March 2022 in comparison to the previous year has come down by over 20% and infant's deaths by over 30%. Through the intervention, the state is effectively addressing the challenges pertaining to maternal health, thus improving overall state indicators.


MOTHER
Meghalaya's State Health Policy
For achieving
Measurable Outcomes in Transforming
Health sector through a holistic approach
with focus on women's EmpoweRment


Health
WCD & Social Welfare
Rural Development
One Data Source & MEGHEALTH (Integrated Health Portal)


Immunization Graph
Source: HMIS
44%
90%
2018-2019
2020-2021


Maternal Deaths
September 2021- March 2022
20%
Infant Deaths
September 2021- March 2022
30%
Source: meghealth.in

MIZORAM

EFFECTIVE SERVICES THROUGH VILLAGE HEALTH WORKER

Problem Statement

Effective delivery of health services is a challenge in remote areas with limited human resources. Mizoram has a difficult terrain and different geographic location, thus indicating a need towards addressing such challenges with a state specific context.

Intervention Description

The Saipum subcentre till recently had only female health worker working since 1988 and has played a significant and crucial role, particularly in ensuring the best possible healthcare for rural women. In 2011 she underwent the skilled birth attendants (SBA) training under RCH programme and has done a total of 1192 successful deliveries till date.

With AB-HWC a step towards strengthening of health care facility, the available health workforce is now one Health and Wellness Officer (HWO) and two health workers. Several tasks are performed under the guidance of HWO , while complications are directly referred to nearest PHC-HWC with a Medical officer.

In 2012, NEEPCO donated an ambulance to the Village Health Sanitation and Nutrition Committee (VHSNC) which has improved the health care services and well-being of the community at large. Presently, the Saipum subcentre is a designated delivery point with approximately 4 newborn being delivered per month at the centre. The dedication and hard work put in Health Care providers across the state together with active community participation led to more than 40% of the sub-centres conducting deliveries, holding regular monthly review meetings, and establishing good convergence with various schemes and programs within and outside of the National Health Mission. This highlights the selfless services provided by the health workers towards the community.

Outcome

This has tremendously contributed to helping Mizoram attain the lowest infant mortality rate IMR as per the latest sample registration system (SRS) report of 2019. During the years, 2021 and 2022, a total of 59 deliveries were carried out, with only one infant death reported.

This highlights how availability of skilled health workforce can enable our systems to ensure improved service delivery, and thus overall health outcomes.


AYUSHMAN BHARAT
Designated Delivery Point


4 DELIVERIES/MONTH


SAIPUM Sec.

NAGALAND

COMMUNITIZATION

Problem Statement

Nagaland is unique as compared to other states in India as about 88% of land in state is owned by the local communities and is administered by the village councils. Due to history of conflict, Nagaland has faced challenges in ensuring effective health care services including infrastructural, HRH related and logistics concerns across its health care facilities.

Intervention Description

Communitization is a process of the government and the community getting into "partnership", working and sharing responsibilities in the management of public institutions and services in order to make them function optimally and deliver quality services for the overall growth and development and society.

Nagaland has showcased an extraordinary practice where community has not only demonstrated their ownership, but also given several examples of active engagement in health care systems. Village Health Councils and other community-based fora have showed how communitzation can play an active role in generating awareness across the communities. These Village Health Committees and other community committees have been playing an important role in strengthening the capacities of AB-HWCs. It was observed across some areas, where VHCs /PRIs have sponsored or donated funds to support infrastructure of health care facilities, accommodation and other essential services for the CHOs across AB-HWCs.

These platforms have also supported the community kitchens in linkages with health care facilities, to promote and facilitate institutional delivery. This also ensured mother and the family members to have home cooked meal, while availing services at the health care facilities.

The health facility has become a 'community asset' and is central to the core activities of the village life. Health facilities are now being fully run by involvement of the community, thus increasing their ownership and accountability. Community engagement has been a key to the success of health care interventions, and state has demonstrated extraordinary practices of effective communitization across the levels of care.


Furnitures donated by community
#Community Kitchen


Traditional & modern style waiting area
constructed by the community


Tables and chairs donated by the community
#Laboratory area


Wooden table and fridge donated by community
#Immunization room

ODISHA

BIJU SWASTHYA KALYAN YOJANA (BSKY): ODISHA'S HEALTH COVERAGE BOON

Problem Statement

Availability of accessible quality health care at grassroot level is a challenge and people have to travel distant places for health services. These challenges are further highlighted for states like Odisha, where we have tribal population subgroups and difficult to reach areas.

Intervention Description

This scheme was launched in 2018 with the vision of saving lives. The focus is to provide quality health care to all citizens particularly the economically vulnerable sections. The first component is cashless treatment to all the persons coming to any health facility starting form health sub-centre to the medical college hospital for both inpatient and OPD patients.

To ensure access to quality health care the state government will bear the full cost of healthcare facilities for Odisha residents in state government health facilities and empanelled private hospitals irrespective of their income or financial status. Biju Swasthya Kalyan Card helps people avail specialist services in private tertiary care hospitals free of cost up to five lakhs. A total of 5 lakhs with a maximum of 10 lakhs is given to BPL families.

In addition to this Swasthya Mitra (Health Friends) service has been initiated for patient care. These Swasthya Mitra are the first point of contact at empanelled hospitals for the families in medical distress and they give crucial support by providing administrative help and information on schemes.

Outcome

The BSKY covers 96.5 lakh beneficiary families and 1.5 lakh patients get cashless care per day. Odisha is strengthening its public health care system making efforts to provide good quality service to people. The initiative have provided support to all citizens, with focus on economically vulnerable sections, for whom this has emerged as a boon.


UTKAL HOSPITAL
UTKAL HOSPITAL

PUDUCHERRY

REACHING THE LAST MILE

Problem Statement

The distribution of health care services varies across rural and urban areas, where the availability and accessibility of health services have been reported better in urban areas. While the urban areas have access to all modern medical services, the rural areas are yet to reach the same level of infrastructure and availability in terms of health care services.

Intervention Description

To mitigate this situation, the services across urban health care facilities were expanded to rural areas, and this was done by organizing outreach activities through AB-HWCs.

All the national programmes and Government health schemes are taken to the doorsteps of community by creating awareness on schemes, utilisation of the schemes and preventive and promotive care activities.

In these camps all the specialists, super specialities of various departments participate and render their services through AB-HWCs. AYUSH practitioners also are engaged, where they exhibit healthy nutritious diets, and Anganwadi workers are also actively involved in these activities. Yoga has been started in all the HWCs and sessions are being conducted regularly also in these camps.

ABHA account creation has been undertaken. Every health camp has cultural programmes depicting health programmes such as puppet shows on Maternal child care, Family planning and Contraceptives. Between 29th April – 1st May 2022 Mega Health Mela was conducted by department of Health and Family Welfare and government of Puducherry. More than 10,000 people benefited in the health mela in which blood donation, obstetrics scan, speciality and super-specialist counselling, diagnostic services, awareness exhibition were done along with exhibiting the national programmes for the benefit of public.

Through these interventions, not only the access to services is being improved in rural and hard to reach areas, but also the health systems is able to move in direction of GoI's goal of "Healthy India".


Film Maker


FREE HOSPITALISATION FOR POOR FAMILIES
AB-PMJAY : UPTO RS. 5 LAKHS FOR BPL FAMILIES
PER YEAR PER FAMILY IN THE U.T OF PUDUCHERRY
TOLL FREE NO : 1800 225 7157

PUNJAB

COVID-19 COMMAND AND CONTROL CENTRE

Problem Statement

Punjab was the fourth worst affected state in the COVID-19 pandemic and reported 84% of the total cases during the second wave.

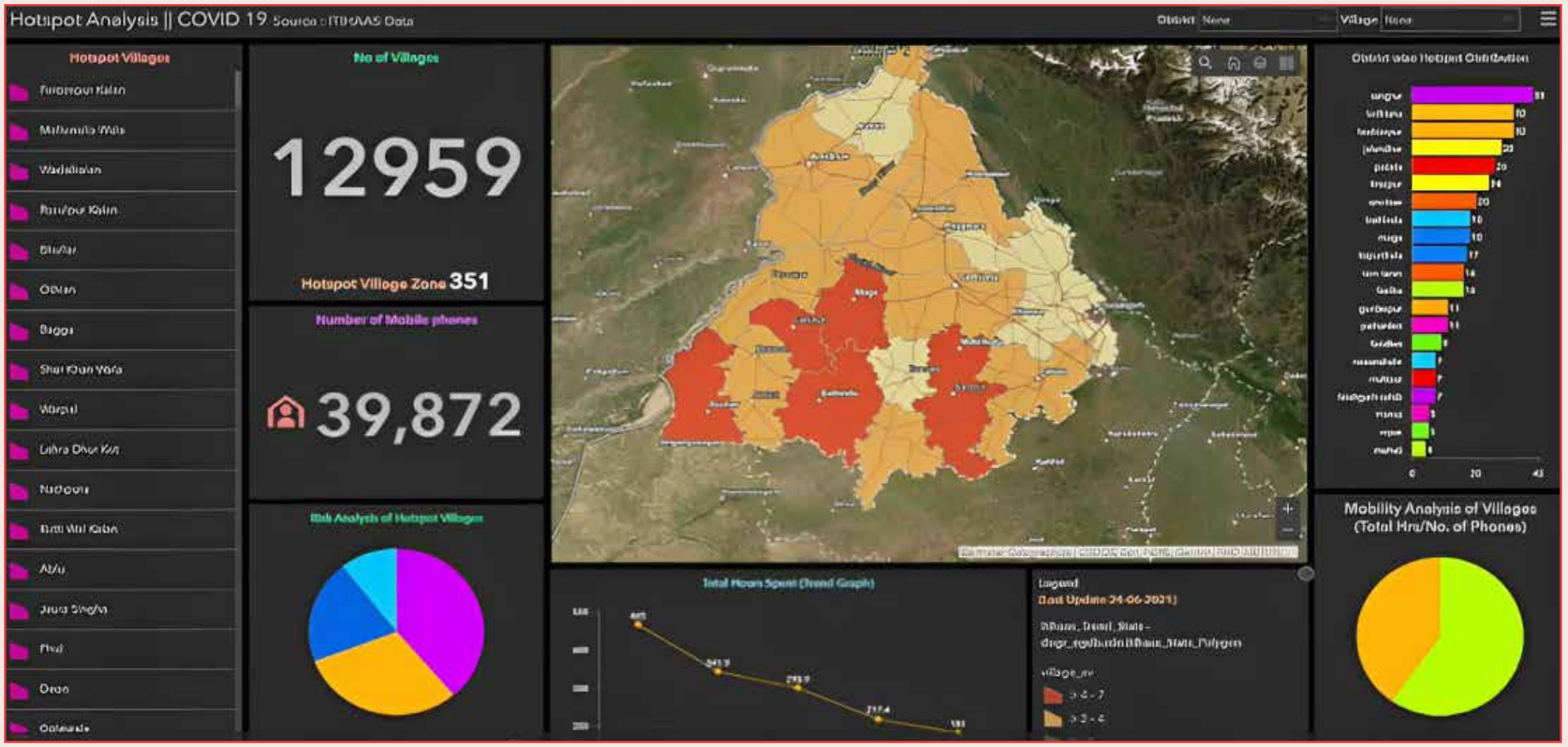
Intervention Description

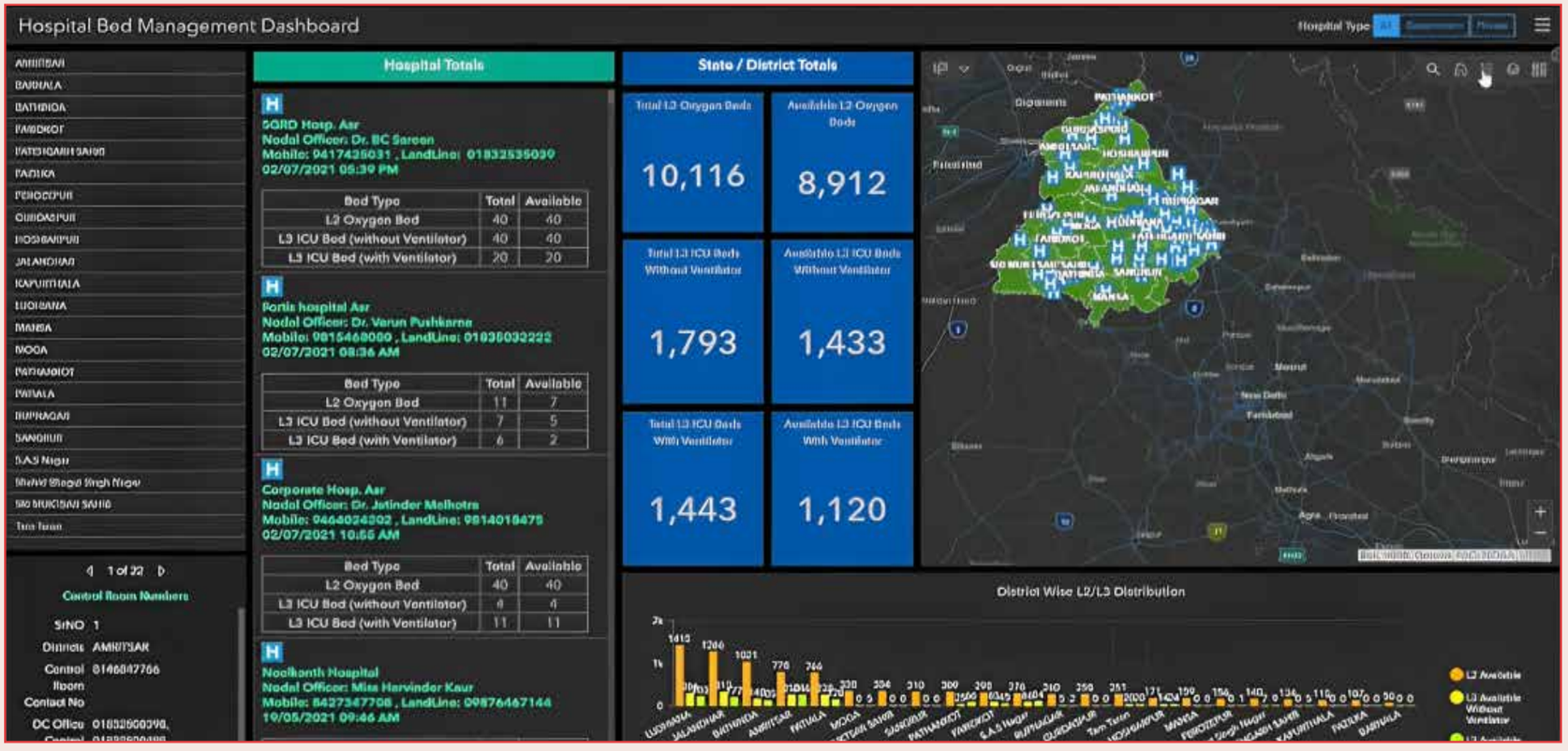
The COVID-19 Command and Control Centre for Punjab utilized GIS dashboards and automated integration from various data sources to provide a comprehensive 360-degree view of the COVID-19 status. The tracking system was operated both at macro (state) and micro (district) levels, and extended to block and village levels. All the operations were managed through the COVID control room, which was monitoring the tasks down to the field level. Each patient was assigned a doctor, and real-time data on bed availability was accessible through the dashboard. It offered a macro view of bed availability across the state and allowed for detailed analysis at each hospital.

An initiative was also launched to provide lab tests, CT scans, and MRI services to the public under the public-private leadership model. High-tech labs were established across various cities in the state, along with the setting up of cardiac care centres. These services are being offered at highly affordable rates.

The oxygen dashboard focused on identifying and promptly addressing any oxygen deficiencies through analysis, updates, and forecasts. It provided real-time tracking of oxygen requirements. The command and control centre effectively coordinated and facilitated synchronized and well-prepared executive actions.

These interventions have not only strengthened state's capacity to handle challenges pertaining to health care delivery, but also demonstrated a practice for other states to learn and replicate.


Hotspot Analysis || COVID 19
Hotspot Villages
No of Villages
12959
Hotspot Village Zone 351
Number of Mobile phones
39,872
Risk Analysis of Hotspot Villages
Total Hours Spent (Trend Graph)
Mobility Analysis of Villages (Total Hrs/No. of Phones)


Hospital Bed Management Dashboard
Hospital Totals
State / District Totals
Total L2 Oxygen Beds
10,116
Available L2 Oxygen Beds
8,912
Total L3 ICU Beds Without Ventilator
1,793
Available L3 ICU Beds Without Ventilator
1,433
Total L3 ICU Beds With Ventilator
1,443
Available L3 ICU Beds With Ventilator
1,120
District Wise L2/L3 Distribution

PUNJAB

SCREENING AND MANAGEMENT OF HEPATITIS

Problem Statement

Punjab has a higher prevalence of Hepatitis C virus compared to other states in the country; with an estimated range from 0.56% to 3.6% compared to 0.32%. With a population of 28 million state-wide, this translates to 150,000 to 1 million anti-HCV positive people, many of whom develop progressive chronic liver disease.

Intervention Description

In 2016, due to the higher HCV prevalence, the Government of Punjab launched the Mukh Mantri Punjab Hepatitis C Relief Fund, becoming one of the first states in the country to provide free antiviral treatment and subsidized diagnostic services for HCV at public sector facilities. The learnings and experiences from this program were also included in the National Viral Hepatitis Control Program. Punjab was the first state to start decentralized care for Hepatitis C in the country, covering 22 district hospitals and 3 government medical colleges. Since then, the number of treatment centres in the state has increased from 25 to 68.

Outcome

Approximately 2.98 lakh people were screened by March 2022, and treatment was initiated for the identified cases. Around 1.08 lakh HCV-positive patients were treated, of which approximately 87,000 patients successfully completed their treatment, achieving a cure rate of approximately 93%. Expanding the program's reach, services were extended to ART centres and OST sites, enabling the screening of over 40,000 HIV-positive individuals for Hepatitis C, with more than 4,600 patients receiving treatment. In 2019, the program was also extended to include central prisons as well. Sixty-eight treatment centres for Hepatitis C were operational, and the number increased to 140 by July 2022. With increased investment from the government and continuously evolving program strategies, Punjab is committed to achieving hepatitis elimination by 2030.

RAJASTHAN

CHIRANJEEVI YOJANA: AN ATTEMPT TOWARDS ATTAINMENT OF UHC

Problem Statement

According to the National Family Health Survey 5, 88 per cent of households in Rajasthan had at least one member covered by a health scheme or health insurance but still the out-of-pocket expenditure as a share of Total Health Expenditure was 49.6%, which was slightly higher than the national average of 48.8%.

Intervention Description

Under the Chiranjeevi Yojana, the beneficiaries were receiving free treatment up to 10 lakh rupees, as per the insurance provided by the scheme, and the savings from treatment were utilized to pay for the education of children in those families. More than 700 private hospitals and over 800 public healthcare facilities were empanelled under this scheme. The scope of the scheme was expanded to include cochlear transplant, bone marrow transplant, organ transplant, blood, platelet and plasma transfusion, and limb prosthesis for free treatment. The Mukhyamantri Chiranjeevi Accident Insurance Scheme was launched with the objective of providing financial support to the insured families in the event of death or complete permanent disability arising out of accidents.

While such schemes aided in the provision of high quality of care free of charge, the state also planned for the development of new infrastructure with the establishment of a medical college in each district, thus making it a front runner for achieving Universal Health Coverage. Establishment of medical colleges and super speciality hospitals will not only increase the footfall in these facilities help in fulfilling the growing healthcare needs of the population.

To ensure the availability of speciality services, medical camps were organized at the local level, and those in need of surgical interventions were referred to higher centres. The state also achieved self-sufficiency in terms of oxygen supply with the establishment of 448 oxygen plants and 18 liquid medical oxygen plants.

Outcome

A total of 1 crore 33 lakh families benefited from this scheme. In Rajasthan, the institutional delivery rate increased to 95%, and 77% of these deliveries took place in government hospitals. According to the NFHS survey, the Infant Mortality Rate (IMR) reduced from 41 to 30, and the Neonatal Mortality Rate (NMR) has reduced from 30 to 20. This scheme not only improved patient outcomes but also reduced the financial burden which is a step forward in the attainment of Universal Health Coverage.


चिरंजीवी
81
181

SIKKIM

HUMAN PAPILLOMA VIRUS VACCINE

Problem Statement

In India, cervical cancer contributes to approximately 6–29% of all cancers in women. Cervical cancer cases represent 10% of the total number of cancer cases among women in Sikkim. Major hurdles have been encountered in the management of cases as there is an absence of reliable and comprehensive cancer care facilities and specialists. Considering the relatively small population, the creation of extensive infrastructure within the state would not be cost-effective. Due to poor compliance with Pap-smear screening, patients frequently present at advanced stages, requiring referral to higher centres outside the state. This has imposed a significant economic burden on the affected families.

Intervention Description

The need for a state-wide immunization drive was recognized, and the first dose was given to girls between the ages of 9 and 14 years in all government, government-aided, and private schools, including out-of-school girls in Sikkim. The objective was to incorporate the HPV vaccine into the Routine Immunization (RI) program of the state. The Government of Sikkim introduced the HPV vaccine in a campaign mode starting from July 30, 2018, with all costs covered by the state budget. The vaccines were procured through the UNICEF supply division at GAVI price. The first round of activities continued until August 14, 2018, following which the second dose was administered from April 23 to May 4, 2019.

Existing healthcare workers and community health volunteers, including ASHAs and Anganwadi workers, actively participated in the program. Trainings and workshops were conducted for the healthcare workers and vaccination teams involved. Sensitization training sessions were provided to principals and nodal teachers in each school regarding the HPV vaccine. Additionally, parent-teacher meetings were held to address concerns and clarify any doubts related to the introduction of the new vaccine in the state. Media sensitization was carried out through press conferences and LED displays at prominent locations.

- Media sensitization was conducted through press conferences, LED displays at prominent locations, banners, leaflets, and posters being displayed and distributed.
- Vaccine cards were distributed, and advertisements were placed in local newspapers.
- Radio spots were booked on FM/AIR to promote awareness about HPV.
- Additionally, the hon. Chief Minister made an appeal regarding the vaccine to the public.

Outcome

A total of 1123 schools were covered during the HPV vaccination drive. In the first round, 97.85% of the beneficiaries were vaccinated, and in the second round, 97.81% were vaccinated. The total number of doses administered was 59,443. Sikkim prioritized early investments in building community demand for HPV vaccination, which was a critical driver for high vaccine uptake.


Health and Wellness Centre
H P V Vaccine


FM
radio
H P V Vaccine
unicef
HPV

TAMIL NADU

MAKKALI THEDI MARUTHUVAM

Problem Statement

Tamil Nadu faces a significant challenge in the pursuit of achieving Universal Health Coverage (UHC) due to the high prevalence of Non-Communicable Diseases (NCDs) such as hypertension, diabetes, and cancer. These diseases impose a substantial burden on the community with most patients having poor control rates. In 2018, with the launch of the Ayushman Bharat programme, Tamil Nadu embarked on a large-scale initiative to engage women health volunteers in delivering home-based NCD screening and follow-up services. However, the progress that had been made faced a setback in early 2020 due to the COVID-19 pandemic, which severely tested the resilience of the healthcare system.

Intervention Description

In 2021, the Government of Tamil Nadu renewed its efforts with great vigor to tackle the burden of NCDs in the state. This resulted in the inception of an innovative flagship scheme "Makkali Thedi Maruthuvam" which was launched by the hon. Chief Minister of Tamil Nadu. It offered a holistic and comprehensive set of home-based healthcare services for the needy, ensuring a continuum of care and timely referrals. This scheme engaged and empowered women health volunteers from the Tamil Nadu Corporation for the Development of Women, palliative care nurses and physiotherapists all of whom acted as a team, to bring healthcare services the beneficiaries' doorstep. This scheme served as a robust model for effective integration and aligned with national and state objectives of achieving Universal Health Coverage. A key highlight was the implementation of home-based drug delivery, which alleviated the financial burden on vulnerable families. The implementation of home-based services, coupled with supervision and monitoring from the Primary Health Centre, effectively reduced unnecessary referrals and patient loads in secondary and tertiary care centres. The scheme was integrated with a population health registry which generated and maintained a unique health ID for each of the beneficiaries. This scheme has the potential to overcome one of the greatest inequities in healthcare in the community, namely physical barrier to access.

Outcome

The scheme has benefitted more than 50 lakh beneficiaries, which marks a significant milestone for the state.


Peritoneal Dialysis Bags


463
Palliative Care Nurses
463
Physiotherapists
MTM Team

TELANGANA

T DIAGNOSTICS

Problem Statement

As a newly formed state, the opportunity to take a fresh look at the health needs of its population arose and research indicated that, on average, each person incurred out-of-pocket health expenditure of Rs. 1800 per annum on average, with medicines and diagnostics accounting for 70-80% of that amount.

Intervention Description

An in-house model of complete T-Diagnostics was established in 2018 with the Greater Hyderabad Municipal Corporation serving as a Hub and Spoke model with 36 collection points throughout the state. Over time, the number of spokes gradually increased to 360. The model was fully expanded to all PHCs, CHCs, DHs, and HWCs, with the hub located in the district hospital premises. Citizens were provided with the opportunity to avail free diagnostic services at any government healthcare facility. After the initial check-up, tests were conducted on-site, and patients received their results within 24 hours. Patients found this integrated approach to be more convenient as it enabled them to receive check-ups, tests, and medications at the same location, eliminating the need for additional travel just for diagnostic testing.

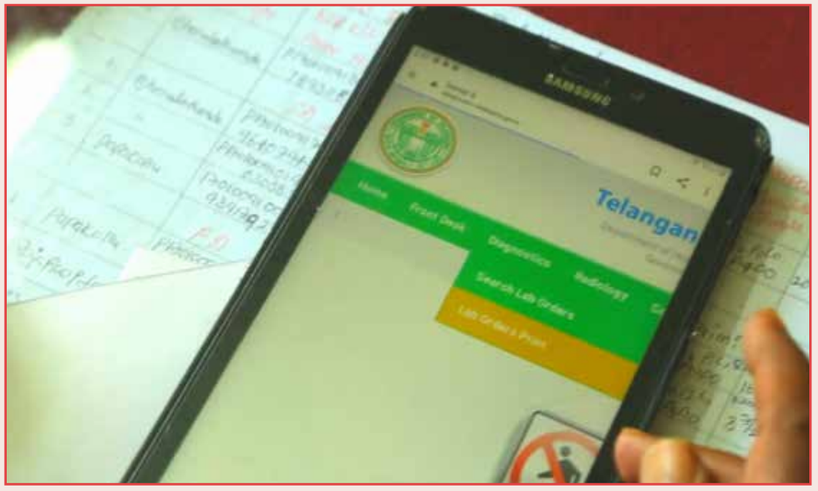
This has been made possible through the implementation of a robust framework built upon international standards which has been fully automated to ensure efficiency. Once the doctor enters the Unique Health ID (UHID) of the patient into the system, the same is automatically generated at the lab for sample documentation. The analysis is then conducted by automated analyzers, eliminating the need for human involvement. The results generated through software are reviewed by specialists and shared with the patient, ensuring authentic and accurate treatment. The state signed a MoU with AIIMS Delhi and CMC Vellore for external review to check the accuracy of the results. The accuracy of the results was 99.9%, which surpassed international standards. Mini hubs were created for basic diagnostic tests to save travel time for patients. The hub teams worked 24/7 in three shifts, and utilized advanced technology. People received diagnoses near their homes, facilitating early detection and prevention of serious conditions while ensuring that patients did not lose their daily wages. This also reduced the load on secondary and tertiary care hospitals, enabling their provision of quality care. The range of tests, which started with 57, is being expanded to 134 tests as per guidelines.

The system was utilized for transporting TB sputum samples and conducting viral hepatitis tests which made effective use of the available infrastructure.

Outcome

Thus far, 20 lakh patients have benefited from T-Diagnostics services, with over 3 crore tests processed, resulting in savings of over 175 crores in out-of-pocket expenditure (OOPE) for poor patients. During the COVID-19 pandemic, tests which would have cost Rs. 4000-8000 were conducted free of cost. Further enhancements are underway in this cheme to meet the requirements for all types of tests in the future.


HAND WASH
AREA


SAMSUNG
Telangan

TRIPURA

MUKHYAMANTRI SUSTHO SHAISHOB, SUSTHO KAISHORE ABHIYAN (MSSSKA)

Problem Statement

Educational institutions such as schools and Anganwadi centres were closed as a precautionary measure during the COVID-19 pandemic. As a result, the routine delivery of child and adolescent health programs through these institutions was disrupted. To overcome this situation and ensure uninterrupted doorstep delivery of services under various National Health Programs, a special campaign named Mukhymantri Sustho Shaishob Sustho Kaishore Abhiyan (MSSSKA) was launched by the Chief Minister of Tripura on the occasion of the 75th Azadi ka Amrit Mahotsav of India and the 50th statehood day of Tripura.

Intervention Description

Under this initiative, Anganwadi Workers, ASHAs, ANMs, and MPWs conducted door-to-door visits between 1st and 15th September 2021 to cover every child and adolescent in the age group 0 to 19 years across the state. The services provided under the campaign included:

i. Vitamin A supplementation

ii. ORS and Zinc tablets

iii. Albendazole tablets

iv. Iron and folic acid doses

- A total of 88,401 households were identified throughout the state.
- Children between 9 months to 5 years were administered a total of 9 doses of vitamin A capsules to prevent night blindness, boost immunity, and promote healthy skin.
- Children between 0 to 5 years suffering from diarrhoea were given ORS and Zinc for 14 days.
- Iron and folic acid syrup was given twice a week to children in the age group of 6 to 59 months, pink tablets to children aged 5 to 9 years, and blue tablets to adolescents aged 10 to 19 years for weekly consumption.
- Children and adolescents between 1 to 19 years were administered albendazole tablets under the National Deworming Program.

Outcome

Intervention	Coverage
Total households identified	88401
Households covered under the campaign	99.6%
Vitamin A capsules	89.49%
ORS and Zinc (for diarrhoea)	99.82%
Iron and Folic acid syrup and tablets	99.18%
Albendazole tablets	99.50%

This scheme has improved the accessibility to healthcare services and an overall improvement was observed in the health of children and adolescents following its implementation.

UTTARAKHAND

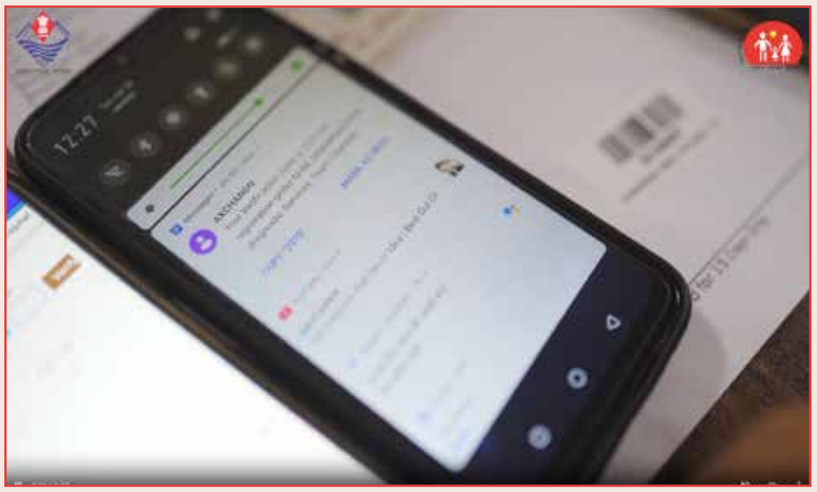
NISHULK JAANCH YOJANA

Problem Statement

The proportion of out of pocket expenditure on diagnostics at public health facilities in Uttarakhand is 24% in rural areas and 13% in urban areas. This indicates a need towards prioritizing health care by ensuring free of cost care which is closer to community and thus easily accessible.

Intervention Description

The Government of Uttarakhand initiated the "Nishulk Jaanch Yojana" which was a crucial step in the provision of accessible, affordable, and quality diagnostic services at all public health facilities free of cost. A total of 207 pathology tests were conducted free of cost in government hospitals ensuring that patients received timely treatment. Samples were directly collected from the patients at the healthcare facility and sent to the designated laboratories for analysis. The test reports were then sent to the patient's mobile phone for the early initiation of treatment. This has been acknowledged by community who appreciates the convenience of having all diagnostics conducted at a single location and are satisfied with the cooperative staff at the facilities. Patients were granted easy access to all their electronically generated reports through the mobile application. This system has also benefited service providers by enabling systems for prompt and effective management of patients. This facility is available across the District Hospitals, Community Health Centres, and Primary Health Centres/AB-HWCs in the state. Additionally, Helicopter Ambulance service has been ensured for hilly, remote and difficult to reach areas to ensure timely access to healthcare services. These services improved the access to the healthcare system while simultaneously reducing economic hardship by providing free of cost services closer to the community.




AIIMS
VT-HEX


उत्तराखण्ड सरकार - जन जन की सरकार
उत्तराखण्ड सरकार की पहल : निःशुल्क जाँच सुविधा
आइये ! निःशुल्क जाँच के लिए चन्दन हेल्थ केयर लि० की सेवाओं का लाभ उठाएं
जाँच हेतु अपना आधार कार्ड साथ लेकर आयें।
अब अस्पताल में विश्व स्तरीय जाँच सुविधा बिल्कुल

UTTAR PRADESH

PARADIGM SHIFT IN STATE HEALTH SCENARIO

Problem Statement

Uttar Pradesh, the most populous state in the country with a population of 24 crore and 75 districts, has faced significant challenges, especially in rural areas. People in rural areas faced financial and mental hardships to seek treatment due to unavailability of healthcare services close to their localities. In eastern Uttar Pradesh, thousands of children suffered from Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES) each year, leading to numerous casualties.

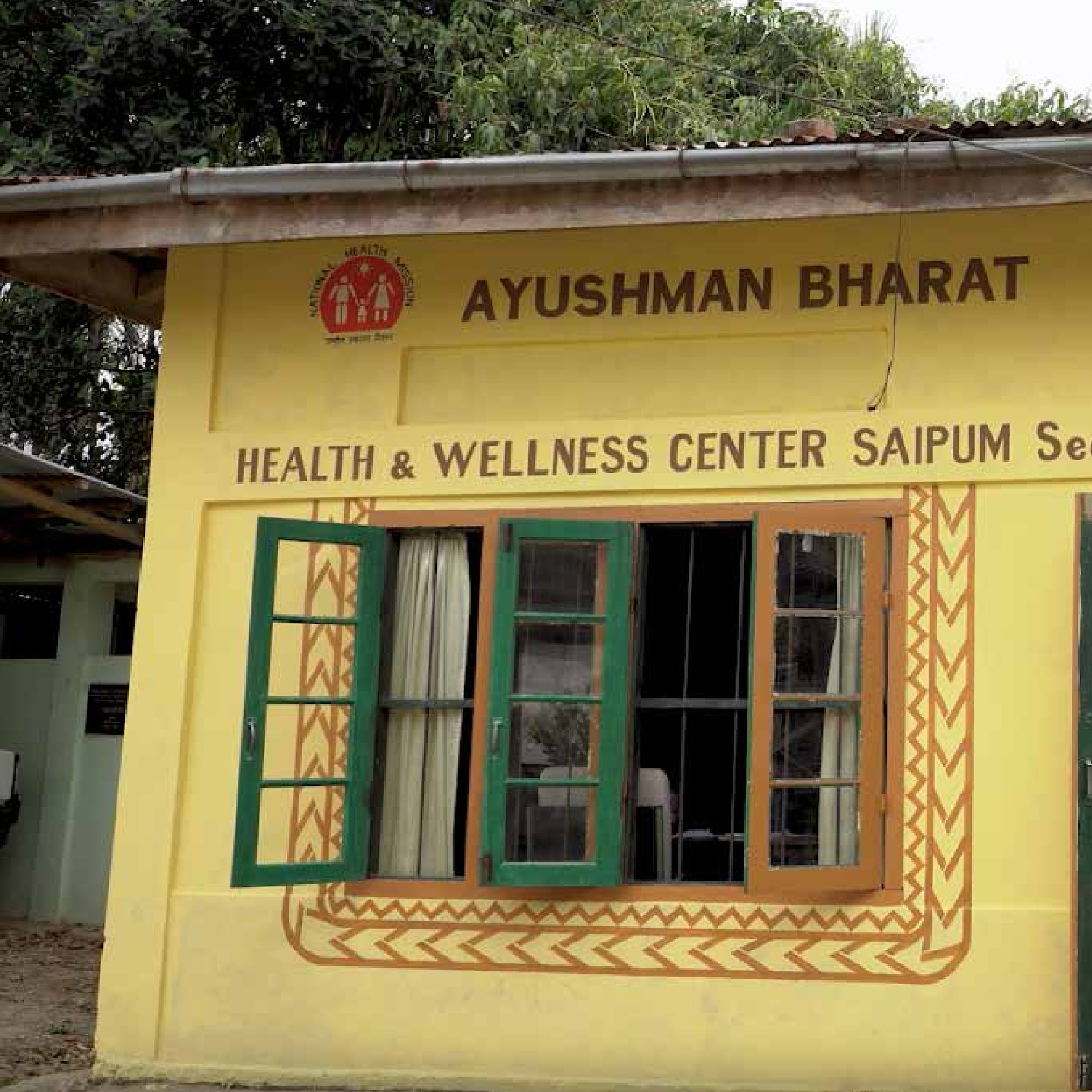
Intervention Description

In 2017, under the guidance of Honorable Prime Minister, the state government took charge of addressing public health issues and embarked on a transformative journey to change the healthcare landscape, despite the difficulties posed by the COVID-19 pandemic. To tackle this complex health issue, state organized a disease control campaign in April 2018, which is now a regular activity and takes place every year in the month of April, July, and October. The comprehensive approach adopted by the government yielded remarkable results within just five years, with a significant reduction of 18% in JE cases and 65% in AES cases, resulting in a decline of over 90% in related deaths. The government has also taken effective measures to control diseases like Dengue, Malaria, Chikungunya, and successfully eradicated Kala azar. The state's success in malaria control has led to its reclassification from a Category 2 state to a Category 1 state, for which the state government received appreciation from the central government.

To address seniority concerns among medical officers, the state government introduced a ground-breaking initiative to promote 3,620 medical officers by promoting them one step above their current positions across 15 specialties. The State Public Service Commission appointed over 1,200 medical specialists, ensuring that doctors with higher qualifications contributed significantly to public service. This change has not only increased their interest in serving the public but has also addressed the compassionate understanding of their situation. With these advancements, the current healthcare system was equipped to perform appendix, gallbladder, and cesarean section surgeries even in far-flung rural areas. The number of medical colleges have also increased significantly in U.P., where 45 ,medical colleges are currently functional in the state.

To extend healthcare services and education to the public, the state government organized the Mukhya Mantri Arogya Mela across al Primary Health Centers (PHCs)/AB-HWCs planned on Sundays of every month. These melas proved to be highly effective due to the availability of doctors, drugs, and diagnostics in one place. Since their inception until February 2, 2020, these health melas have successfully provided medical services to nearly one crore people.

These extraordinary efforts by the state government have resulted in significant improvements in healthcare accessibility and have effectively addressed the growing healthcare needs of the population, even in remote rural areas.


AYUSHMAN BHARAT
HEALTH & WELLNESS CENTER SAIPUM Se

National Health Systems Resource Centre