

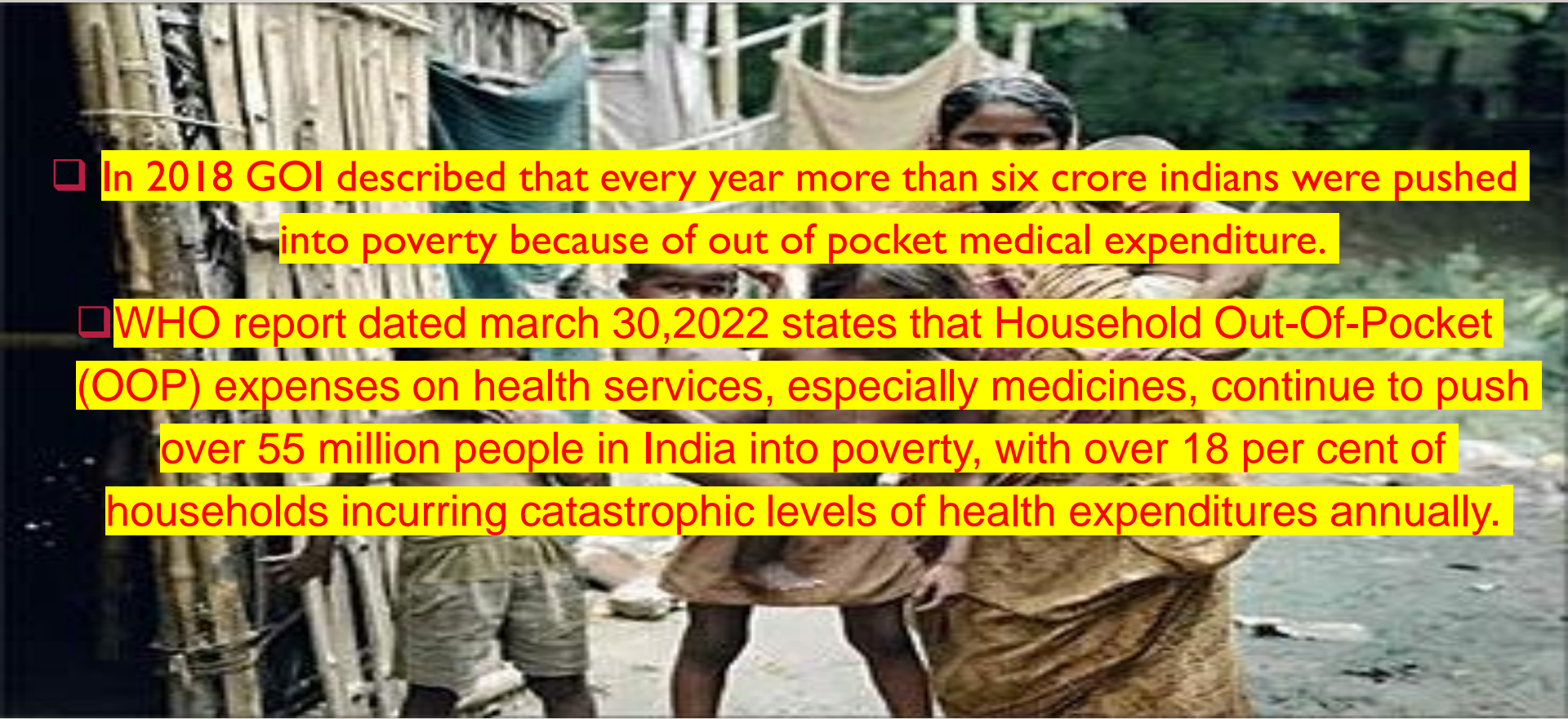
# OVERVIEW OF AYUSH HEALTH & WELLNESS CENTRES UNDER AYUSHMAN BHARAT



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# OUT OF POCKET MEDICAL EXPENSES [OOP] IN INDIA

- ❑ In 2018 GOI described that every year more than six crore indians were pushed into poverty because of out of pocket medical expenditure.
- ❑ WHO report dated march 30,2022 states that Household Out-Of-Pocket (OOP) expenses on health services, especially medicines, continue to push over 55 million people in India into poverty, with over 18 per cent of households incurring catastrophic levels of health expenditures annually.



# AYUSHMAN BHARAT YOJNA [AB PM-JAY]

- ❑ Flagship scheme of GOI, was launched as recommended by the National Health Policy 2017, to achieve the vision of **Universal Health Coverage (UHC)**.
- ❑ Designed to meet **Sustainable Development Goals (SDGs)** [सतत विकास लक्ष्य]
- ❑ and its underlining commitment, which is to "leave no one behind"
- ❑ Aims to undertake interventions to holistically address the healthcare system (covering prevention, promotion and ambulatory care) at the primary, secondary and tertiary level.
- ❑ Adopts a continuum of care approach, comprising of two inter-related components, which are-Health and Wellness Centres (HWCs) And Pradhan Mantri Jan Arogya Yojana (PM-JAY)

# IMPORTANT DATES OF AYUSHMAN BHARAT YOJNA

- 01 Feb 2018 declared in the Union Budget.
- A State Level Consultation took place on February 15 and 16, 2018.
- On March 21, 2018, the Cabinet approved the Ayushman Bharat Yojana.
- 30 April 2018 (**Ayushman Bharat Diwas** – Starting Date of Beneficiary Identification).
- May 11, 2018, the National Health Agency (NHA), apex body for implementing ayushman bharat yojna was established.
- May 14, 2018, the first Memorandum of Understanding was signed.
- The Ministers Conclave was held on June 14, 2018.
- July 4, 2018, the Hospital Empanelment Portal went live.
- August 15, 2018, the Pradhan Mantri Jan Arogya Yojana (PMJAY) announcement was made.
- September 25, 2018, the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana launched.

# COMPONENTS OF AYUSHMAN BHARAT YOJNA



Previously- National Health Protection Scheme (NHPS)



Renamed as Ayushman Bharat Arogya Mandir from [27/11/2023]

# Ayushman Bharat for Comprehensive Care

## CPHC [व्यापक प्राथमिक स्वास्थ्य देखभाल]

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**Setting up of 1.25 lakh health and wellness centers (HWCs) :** To ensure comprehensive primary healthcare to the poor & vulnerable families.

Announced on February 2018

**Pradhan Mantri Jan Arogya Yojana (PM-JAY) :** To provide health insurance coverage upto Rs. 5 lakh per year to each of the selected 10 Crore poor families at the level of secondary and tertiary health care level

Launched on September 23, 2018

## Background [AHWC] .....

- Union Cabinet on 20.03.2020 approved the proposal.
- To operationalise 12,500 Health & Wellness Centre under Ayushman Bharat in a phased manner from year 2019-20 to 2023-24.
- Implemented through States/UTs within Centrally Sponsored Scheme of National AYUSH Mission.

## Strength of AYUSH

- Policy recommendations such as National Health Policy – 2017 which lays emphasis on mainstreaming of AYUSH.
- Strength of AYUSH- public acceptance, evidence base, preventive & promotive aspects to achieve wellness through self-care, already available HR, infrastructure and service delivery framework.
- Experience in public health programmes like **NPCDCS** [National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke], **RCH** [Reproductive and Child Health], PHI, NAM.

## Vision [दृष्टिकोण]:-

To establish a holistic wellness model [समग्र स्वास्थ्य ]based on AYUSH principles and practices to reduce disease burden and out of pocket expenditure.

## Objectives:-

- To provide comprehensive primary healthcare[CPHC] [व्यापक प्राथमिक स्वास्थ्य देखभाल] through AYUSH using team-based approach
- To establish a holistic wellness model based on AYUSH principles and practices focusing on preventive, promotive, curative, rehabilitative healthcare by establishing integration with existing public healthcare system
- To provide informed choice to the needy public by making AYUSH services available.

# AYUSH HWC MODELS

## Up-gradation of AYUSH dispensaries

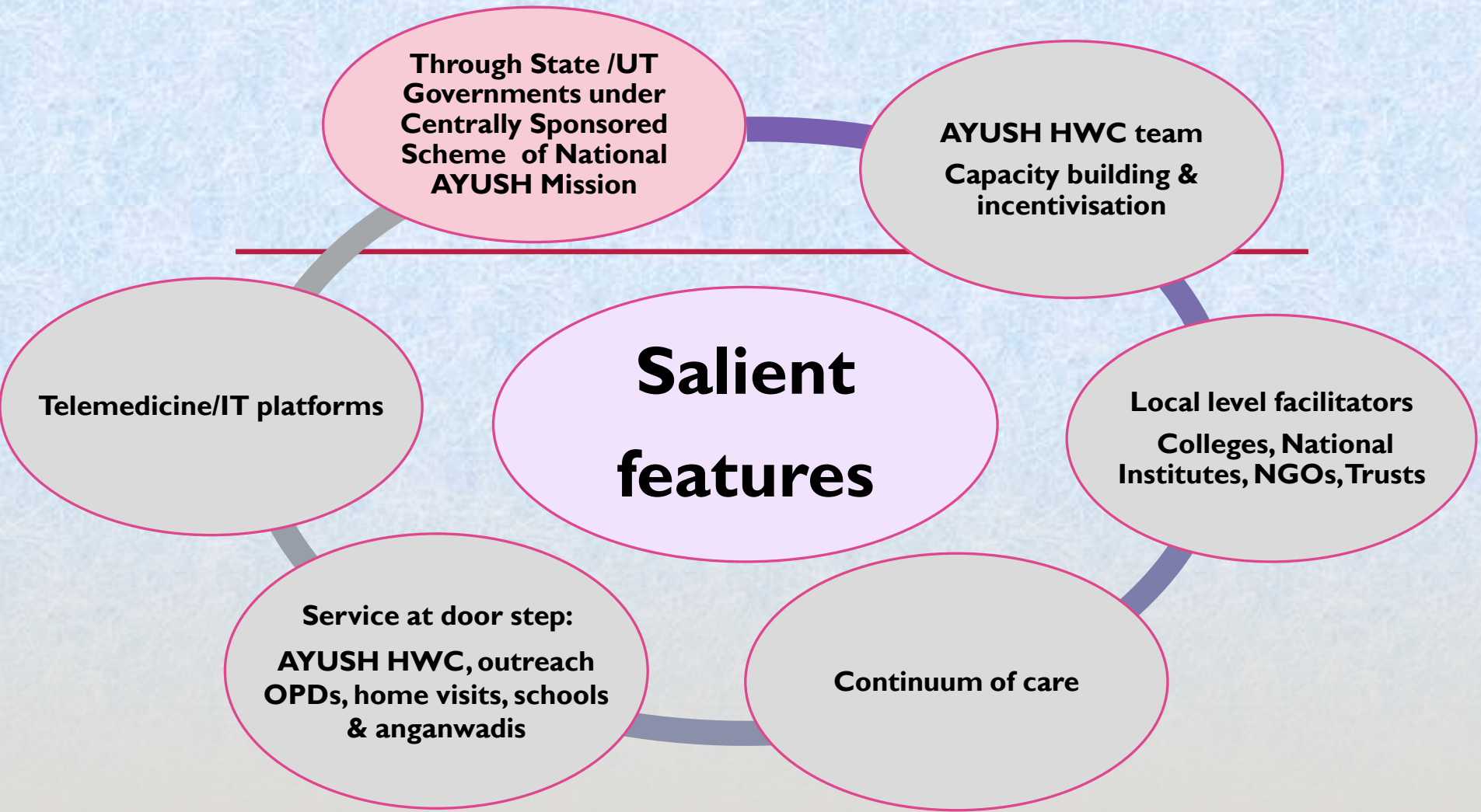
(80%)

- Functional AYUSH dispensaries.
- Identification in consultation with State Dept. of Health & AYUSH to avoid overlapping and ensure wider access.
- Initially AYUSH services to be rolled out.
- MoU on use of IT platform, data sharing, referral management, etc. to be signed with DoHFW.
- Shall be headed by CHO, who is an AYUSH practitioner.
- Cost norms as approved.
- Supply of AYUSH medicines from NAM.

## Up-gradation of Sub-Health Centres

(20%)

- Identified by State Dept. of AYUSH and Department of Health jointly in those States / UTs where AYUSH dispensaries do not exist.
- Integration of AYUSH services with already existing sub-centre activities.
- Enabling guidelines for rolling out AYUSH services and convergence with NHM.
- Administrative control of Dept. of Health.
- Reporting to AYUSH & Health departments for respective components.
- Shall be headed by CHO, who is AYUSH practitioner.



# AYUSH HEALTH AND WELLNESS CENTRE TEAM

**TEAM LEADER**  
**(AYUSH practitioner)**  
**Community Health Officer**  
**(CHO) - 1**

- Will take informed clinical decisions for management of patients at HWC and conduct out reach OPDs.
- Will provide leadership & mentorship of the entire team.

**Pharmacist-1**

**Multi-Purpose  
Workers[MPW] (2)**

**Yoga instructor**  
(2 at Disp. and 1 at  
SHC)

**ASHAs** (one per  
1000 population)

**ANM (1)**  
from linked sub-  
centre for  
facilitating National  
Programmes

# INSTITUTIONAL FRAMEWORK

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Ayushman  
Bharat Cell  
M/o AYUSH

Additional support to  
existing State PMU under  
NAM

Additional support to existing  
District PMU under NAM

- Referral Centres- for AYUSH & Allopathy
- Educational Institutions / NGOs/Trusts
- National level Institutes

# SUMMARY OF UNIT COST FOR UPGRADATION OF AYUSH DISPENSARY AND HEALTH CENTRE

Sr. No.	Components	Rupees in Lakh per annum			
		For upgraded AYUSH Dispensary		For upgraded Sub Health Centre	
		Non-recurring cost	Recurring cost	Non-recurring cost	Recurring cost
1.	Infrastructure cost	5.00		5.00	
2.	Remuneration to Community Health Officer (CHO)	-	4.80	-	4.80
3.	Yoga instructor	-	0.96	-	0.30
4.	Yoga instructor (female)	-	0.60	-	-
5.	Team based incentives	-	1.00	-	1.00
6.	ASHA incentives	-	0.60	-	0.60
7.	Training of CHO	0.30	-	1.034	-
8.	Refresher training of CHO	-	0.05	-	0.10
9.	Refresher training of MPW, ASHA	-	0.20	-	0.20
10.	Laboratory services	1.00	0.30	1.00	0.30
11.	IT networking	0.35	0.05	0.35	0.05
12.	IEC	-	0.25	-	0.25
13.	Establishment of herbal garden	0.20	0.06	0.20	0.06
14.	AYUSH medicines (Maximum up to 2 lakh per HWC)	-	To be borne from NAM	-	To be borne from NAM
15.	Untied fund	-	0.50	-	0.50
	<b>Total</b>	<b>6.85</b>	<b>9.37</b>	<b>7.584</b>	<b>8.16</b>

The unit cost for upgradation of AYUSH dispensary is Rs. 16.22 lakh and for upgradation of the sub health centre is Rs. 15.744 lakh. The supply of essential AYUSH medicines will be met from NAM at upgraded AYUSH dispensaries and sub health centres.



## Key components of AYUSH HWC

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- **Performance linked payments** :This has been envisaged to improve the quality of services delivery by incentivizing providers including individual and also team based on improvement in health outcomes.
- **Infrastructure**: Sufficient space for patient care, dispensing medicines, diagnostics, display of IEC, spaces Yoga, medicinal plants needs to be gradually made available.
- **Branding**: The particular branding pattern of HWCs developed by MoHFW has been adopted by the AYUSH also. Logo of AYUSH HWC and NAM will be used.

**BRANDING:-** THE PARTICULAR BRANDING PATTERN OF HWCS DEVELOPED BY MOHFW HAS BEEN ADOPTED BY THE AYUSH ALSO. LOGO OF AYUSH HWC AND NAM WILL BE USED.



# Key components of AYUSH HWC

....contd

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- **Functional integration:** Close cooperation between Department of Health & AYUSH. Agreement to be signed to run vertical health programmes of National Health Mission, including Digitization/Telemedicine/IT Platforms. Duties of manpower, issues such as line of command, mechanism of fund flow to be mutually worked out.
- **Intersectoral convergence:** Health is affected by various social and environmental determinants and actions to address these issues often do not fall in the purview of health systems alone such as Swachh Bharat, environmental protection, safe workplaces etc.



# Key components of AYUSH HWC

## ...contd

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- **Continuity of care and patient centric care:** Continuum of care spans for the individuals from the same facility to her/his home and community, and across levels of care- primary, secondary and tertiary. Care must be ensured from the level of the family through the facility level
- **Community mobilization:** Engagement of community level collectives such as Village Health Sanitation and Nutrition Committee (VHSNCs), Mahila Arogya Samiti (MAS), Self-Help Groups (SHGs), Panchayati Raj Institutions and creating health ambassadors in schools
- **Quality assurance and accountability:** This can be ensured through regular skill development training of HWC team (at least one such training in a year). In order to ensure quality of services and patient satisfaction, it is essential to encourage community participation. To ensure accountability, the Citizens' Charter should be available in all centres.





उत्तराखण्ड राज्य



# आयुर्वेदिक एवं यूनानी सेवाएँ, उत्तराखण्ड सिटीजन चार्टर

**आयुष हेल्थ एवं वेलनेस केंद्र-पांडवयली जनपद : रुद्रप्रयाग**

स्थापना वर्ष.....

प्रभारी.....

## उपलब्ध कार्मिक

- चिकित्सक.....
- फार्मासिस्ट.....
- वार्डबीय.....
- योग अनुदेशक (पु).....
- योग अनुदेशक (म).....

- पंचकर्म सहायक (पु).....
- पंचकर्म सहायक (म).....
- स्वच्छक.....
- बहुउद्देशीय कार्मिक.....

## उपलब्ध सेवाएँ

- आयुर्वेदिक चिकित्सा परामर्श
- आहार विहार संबंधी परामर्श
- योग अभ्यास / योग परामर्श
- रेपिड किट आधारित सामान्य जाँच सुविधाएँ

- विशेषज्ञों से टेली परामर्श
- प्रकृति परीक्षण
- निःशुल्क औषधि वितरण
- ओ.पी.डी स्तरीय पंचकर्म / पंचकर्म परामर्श
- अग्निकर्म

## सेवा प्रदान किए जाने का समय

ग्रीष्म कालीन - 8:00 AM - 02:00 PM शीत कालीन- 09:00 AM - 03:00 PM

## सेवाओं हेतु मानक समय सारिणी

■ बाह्य रोग पंजीयन	15 मिनट	■ अग्निकर्म	60 मिनट
■ चिकित्सा परामर्श	30 मिनट	■ प्रकृति परीक्षण	30 मिनट
■ औषधि वितरण	30 मिनट	■ मेडिकल/फिटनेस प्रमाण पत्र	30 मिनट
■ रेपिड किट आधारित जाँच	15 मिनट	■ शिकायत पर कार्यवाही	07 दिवस
■ ओ.पी.डी आधारित पंचकर्म	60 मिनट	■ परामर्श पत्रक की वेधता	15 दिवस

पंजीकरण शुल्क : 1 रूपए (ग्रामीण क्षेत्रों हेतु) / 2 रूपये (शहरी क्षेत्रों हेतु)

## शिकायत/सुझाव हेतु:-

आयुर्वेदिक एवं यूनानी अधिकारी रुद्रप्रयाग दूरभाष : 01364233393 / Email - ayudrpg@gmail.com

निदेशक : आयुर्वेदिक एवं यूनानी सेवाएँ, उत्तराखण्ड : Email- @uttarakhandayurved.co.in

अथवा लिखकर चिकित्सालय में स्थापित शिकायत/सुझाव पेटिका में डालें।

# **DIGITIZATION: HWC TEAM TO BE EQUIPPED WITH LAPTOP/TABLETS/SMART PHONES FOR POPULATION ENUMERATION, EMPANELMENT, DOCUMENTATION, REPORTING**

20

## **Patient centric**

- Unique Individual ID
- Individual health record - include *Prakriti*
- Family health folder
- Continuum of care through alerts
- Access to patient care information

## **Service Providers**

- Continuity of care across levels , follow up and compliance to treatment
- Work plans
- Decision support system
- Telemedicine/virtual training
- *Prakriti* assessment tools
- Apps for documentation

## **Program managers**

- Dashboard for monitoring at different levels
- Provide monitoring reports to assess performance

# TRAINING & CAPACITY BUILDING

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- Training of master trainers
- Cascading training at State/District level
- 6 month course for upgraded sub centres including AYUSH module
- Training of peripheral worker
- Training of pharmacist
- Refresher trainings
- Additional trainings for Prakriti assessment, IT issues, monitoring & evaluation
- Training for NHM components through Dept. of Health

# TECHNICAL DOCUMENTS

- Operational Guidelines
- IEC materials
- Training guidelines
- Sample agreement between AYUSH & Health department
- MoU with private partners
- Data capturing formats

# AYUSH Wellness Package

Preventive and  
promotive  
measures for  
Self care

Medicinal plants  
for Self care-  
cultivation &  
home remedies

Management of  
common ailments  
under 12 service  
delivery  
framework

- All interventions are from authoritative texts mentioned in the First Schedule of Drugs and Cosmetics Act 1940.
- Simple and commonly used interventions having evidence on safety/ efficacy.
- All formulations are mentioned in pharmacopoeia/ formulary.
- Selected from the Essential Drug List (EDL), quality standards and the framework for quality control are in place.

# Service Delivery Framework

1. Care in Pregnancy and Child-birth
2. Neonatal and Infant Health Care Services
3. Childhood and Adolescent Health Care Services
4. Reproductive Health Care Services
5. Management of Communicable Diseases: National Health Programmes
6. General Out-patient Care for Acute, Simple and Minor Ailments
7. Screening, Prevention, Control and Management of Non-communicable Diseases
8. Care for Common Ophthalmic and ENT Problems
9. Basic Oral Health Care
10. Elderly and Palliative Health Care Services
11. Emergency Medical Services including Burns and Trauma
12. Screening and Basic Management of Mental Health Ailments

# SERVICE DELIVERY OUTLINE

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- To be decided as per the choice of the beneficiary and suitability of the interventions assessed by the attending physician.
- Cases beyond the limitation of AYUSH/further investigations/standard specialty care/critical care/immunization/ standard drugs (e.g. Tuberculosis) would be referred to the linked higher level facilities.
- Referrals will be made for AYUSH specialty care and therapeutic procedures such as *Panchakarma*.
- Continuum of care would be maintained.

# MONITORING AND EVALUATION

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- Regular monitoring at Central, State, District, HWC and community level through planned review mechanism.
- Use of IT.
- Third party involvement.
- Already proposed short and long term indicators - National goals/ AYUSH components.
- In addition, access to service, registration and referral procedures, transportation of emergency cases, management of funds, staff behaviour, public facilities, will also be evaluated, documented and reported.

# AHWC MILESTONE/CURRENT STATUS

- The first AHWC was launched in Bijapur, Chhattisgarh on April 18th, 2018.
- 10 HWCs inaugurated by Hon'ble PM in Haryana on 30/08/2019, have been delivering AYUSH services. Response is encouraging
- About 8229 Ayush HWC are functional till date.
- 300 AHWC's are sanctioned in Uttarakhand out of which 267 AHWC's are functional.
- 20 AHWC'S are NABH accredited and others are in progress.
- Other States/UTs are in the process of proposing upgradation plan.



# TIMELINE AND BUDGET

AYUSH HWC target for five years						
Year	2019-20	2020-21	2021-22	2022-23	2023-24	Grand Total
No. of HWCs	1738	2700	3100	3700	1262	12500
Financial requirement (Rs. in Crore)						
Central Share	82.21	234.75	420.70	640.43	831.50	2209.58
State Share	44.27	126.40	226.53	344.85	447.73	1189.77
Total	126.47	361.15	647.23	985.27	1279.23	3399.35

**Note:** Approximately 4% of the total budget earmarked as admin cost in the cost norms of scheme may be used for strengthening of existing SPMU and DPMU for recruitment of dedicated manpower for operationalization of AYUSH Health and Wellness Centres, monitoring cost etc. [appointment of data entry operator at DPMU has been finalized in all districts of Uttarakhand]



***THANK YOU***

