



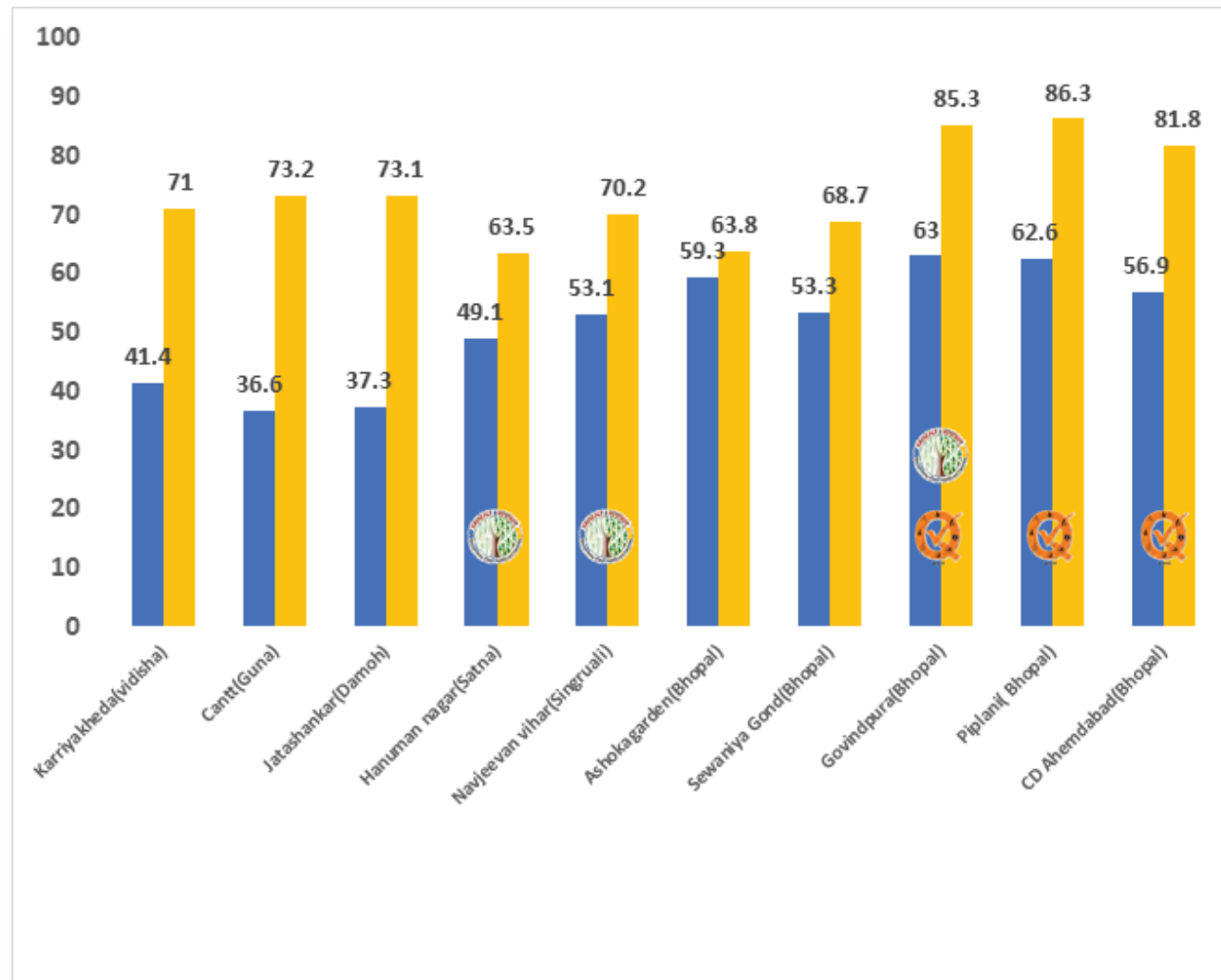
Enhancing Health Care Services by Demonstrating Model Centres



@HwcModel

Madhya Pradesh Health Systems Strengthening Project

2. UPHCs



डॉ प्रभुराम चौधरी
माननीय मंत्री स्वास्थ्य एवं
परिवार कल्याण विभाग
मध्य प्रदेश शासन

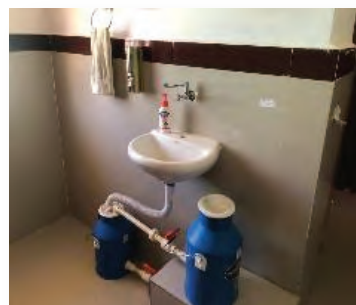
संदेश

मध्य प्रदेश सरकार उत्कृष्ट प्राथमिक स्वास्थ्य सेवाओं को जन सामान्य तक पहुंचाने हेतु प्रतिबद्ध है। लोक स्वास्थ्य एवं परिवार कल्याण विभाग एवं राष्ट्रीय स्वास्थ्य मिशन द्वारा आधारभूत प्रावधान एवं सेवाओं का सुदृढीकरण किया जा रहा है। इस हेतु आयुष्मान भारत कार्यक्रम के अन्तर्गत उप स्वास्थ्य केंद्रों को हेल्थ एंड वेलनेस सेंटर के रूप में विकसित किया जा रहे हैं।

इस वर्ष लगभग 10000 उप स्वास्थ्य केंद्रों को हेल्थ एंड वेलनेस सेंटर के रूप में उन्नयन और क्रियान्वयन करना हमारा लक्ष्य है। इस कार्य में आवश्यक संसाधनों की पूर्ति एवं सेवाओं की गुणवत्ता सुनिश्चित करने हेतु हम संकल्पित हैं।

इस दिशा में, टाटा ट्रस्ट की सहयोगी संस्था, कलेक्टिव्स फॉर इंटीग्रेटेड लाइवलीहुड इनिशिएटिव (CInI) द्वारा राज्य के 23 जिलों में 500 हेल्थ एंड वेलनेस सेंटर्स एवं 23 शहरी प्राथमिक स्वास्थ्य केंद्रों को आदर्श केंद्रों के रूप में विकसित करने हेतु प्रयास किए जा रहे हैं। यह हर्ष का विषय है कि आदर्श HWC विकसित करने में मार्गदर्शक प्रणाली, मानकों एवं कॉम्पिटेन्सी असेसमेंट की पद्धति को प्रकाशित किया जा रहा है। मैं आशा करता हूँ कि यह प्रयास उत्कृष्ट स्वास्थ्य सेवाओं के क्रियान्वयन में सहायक सिद्ध हो।

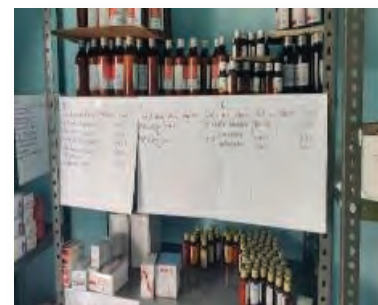
आदर्श HWC में अर्जित अनुभव से हमारे अन्य HWC भी लाभान्वित हों, ऐसी मेरी शुभ कामना है।



Liquid Waste Mgt. | Satna



Re-organized Waiting Area



Drug Storage | Sigravali

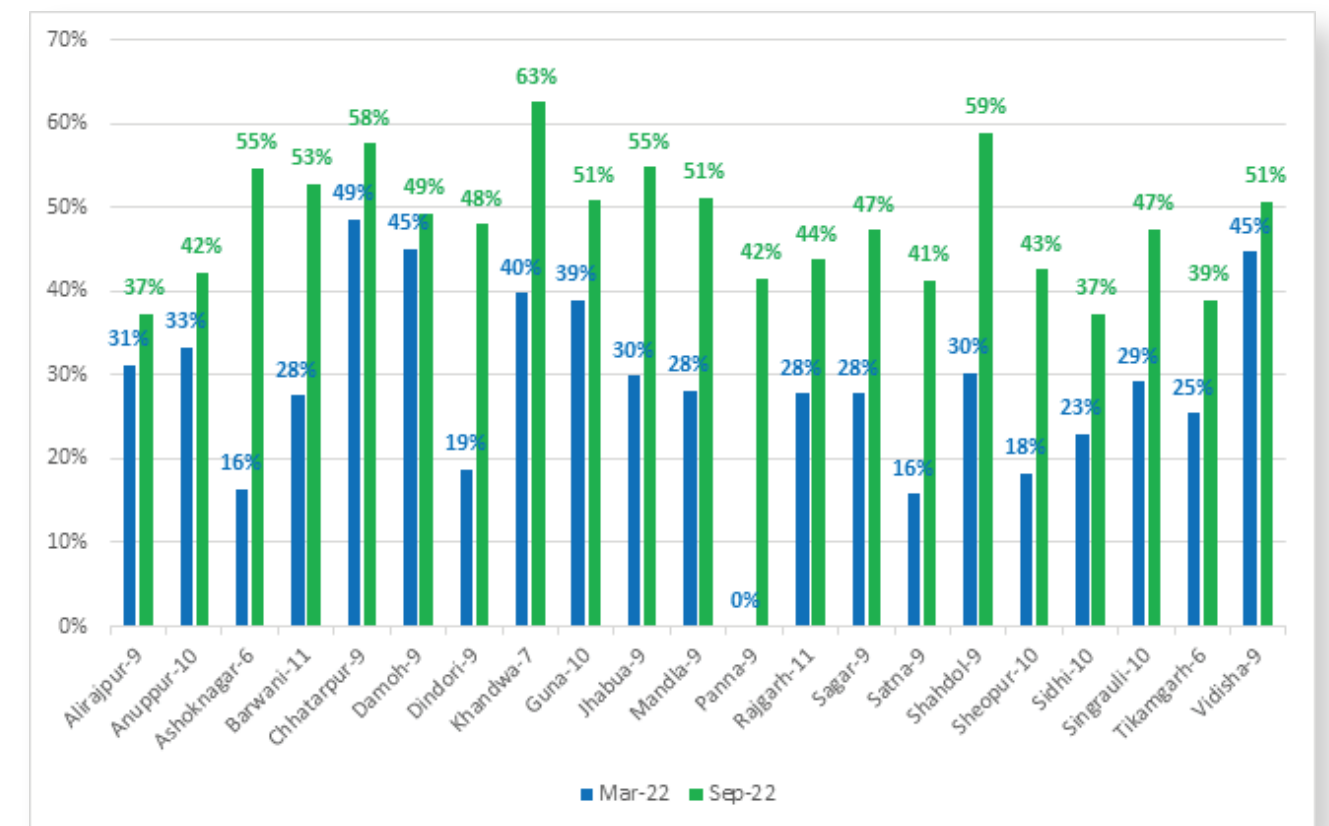


Graphs

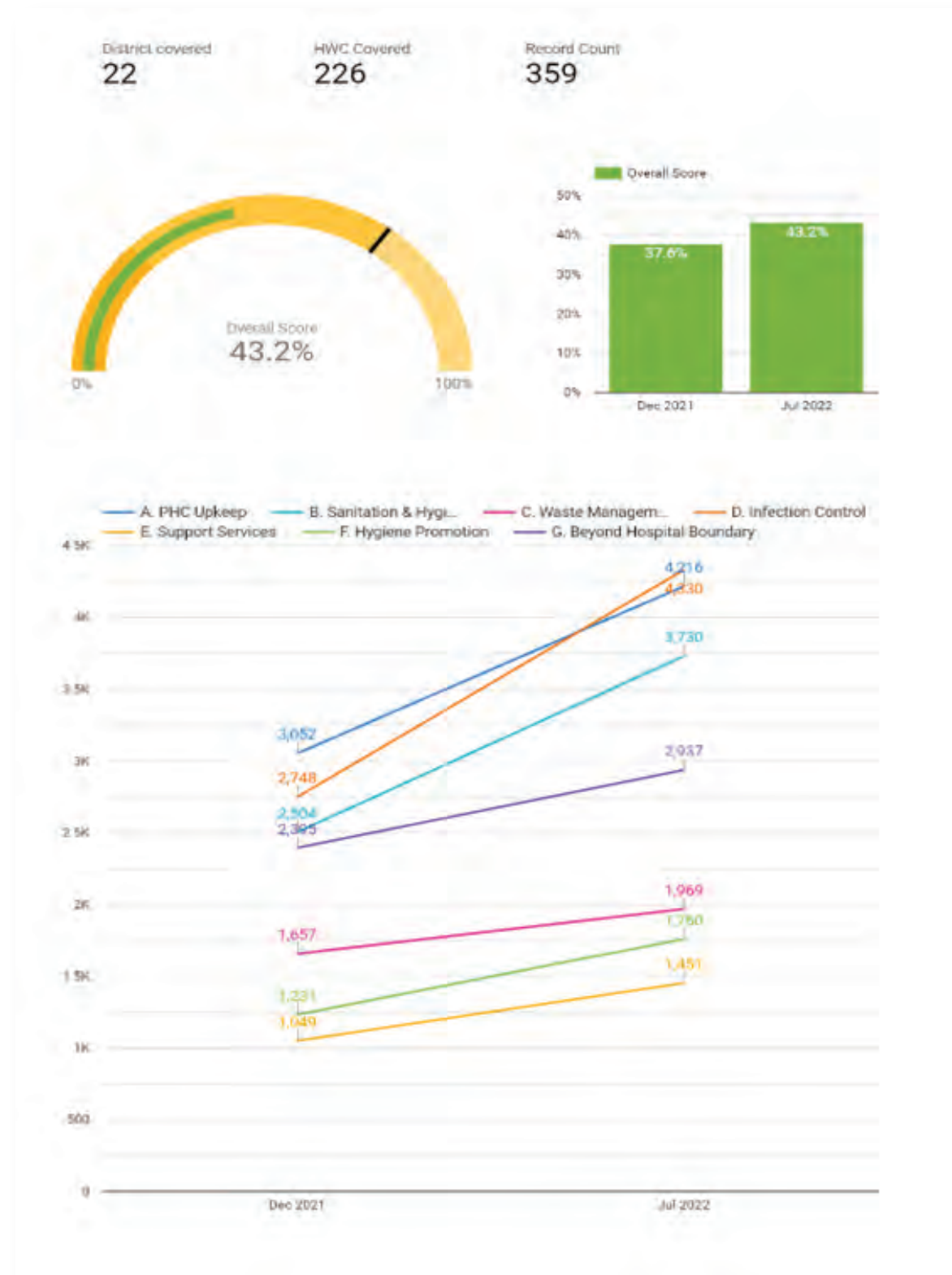
1. SHC – HWCs NQAS



* No. of intervention HWCs depends upon the availability of HR and thus fluctuates marginally, over the period



6. Kayakalp



Mr. Mohammed Suleman, IAS
Additional Chief Secretary
Government of Madhya Pradesh

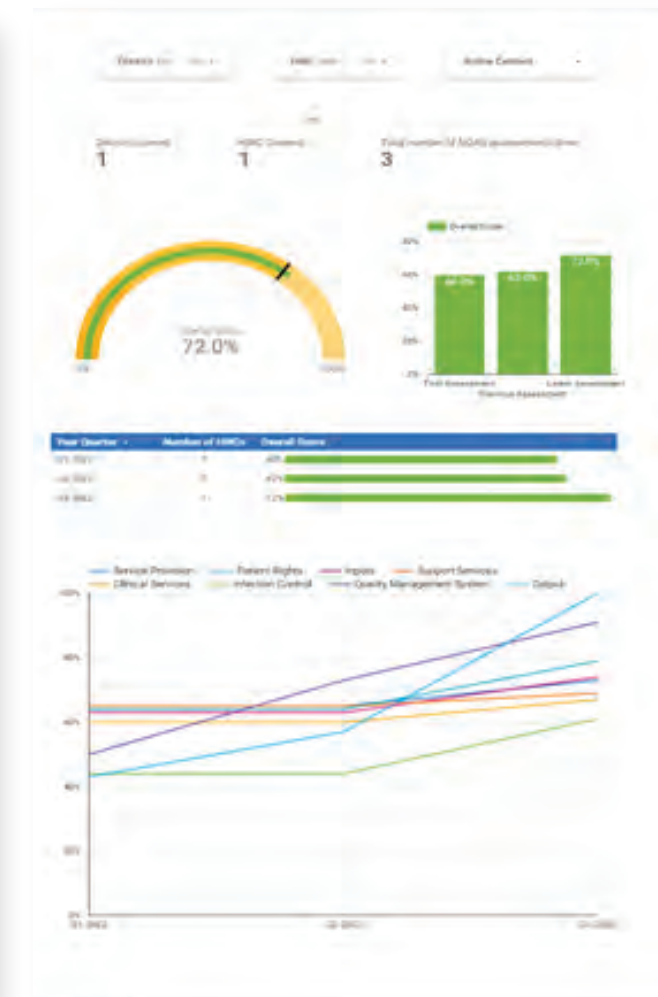
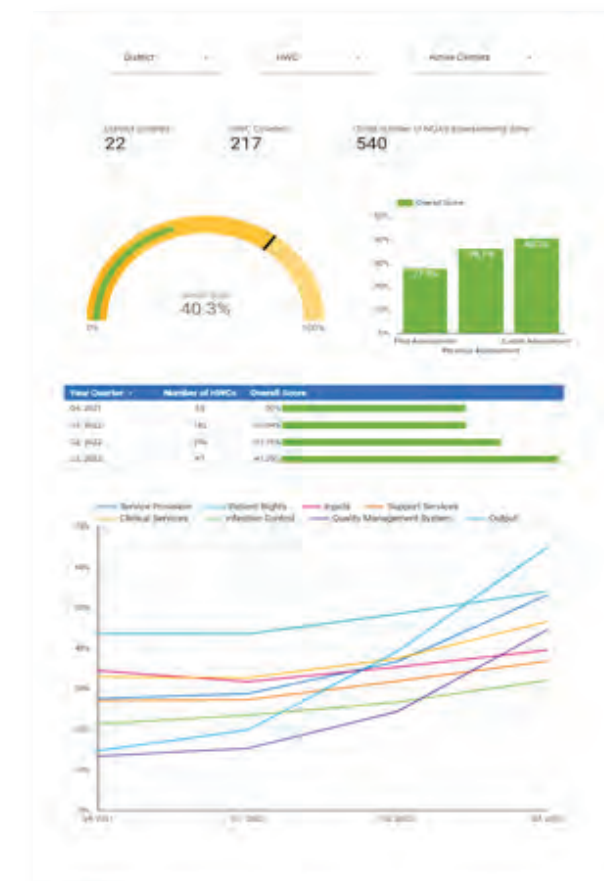
Message

The Standard Operating Procedures for operationalizing the twelve services, as envisioned in the Comprehensive Primary Healthcare (CPHC), The government's Ayushman Bharat Health and Wellness Centres (HWC) framework for the supportive handholding to be carried out by the CPHC consultants or any staff entrusted with capacity building for the team implementing the program.

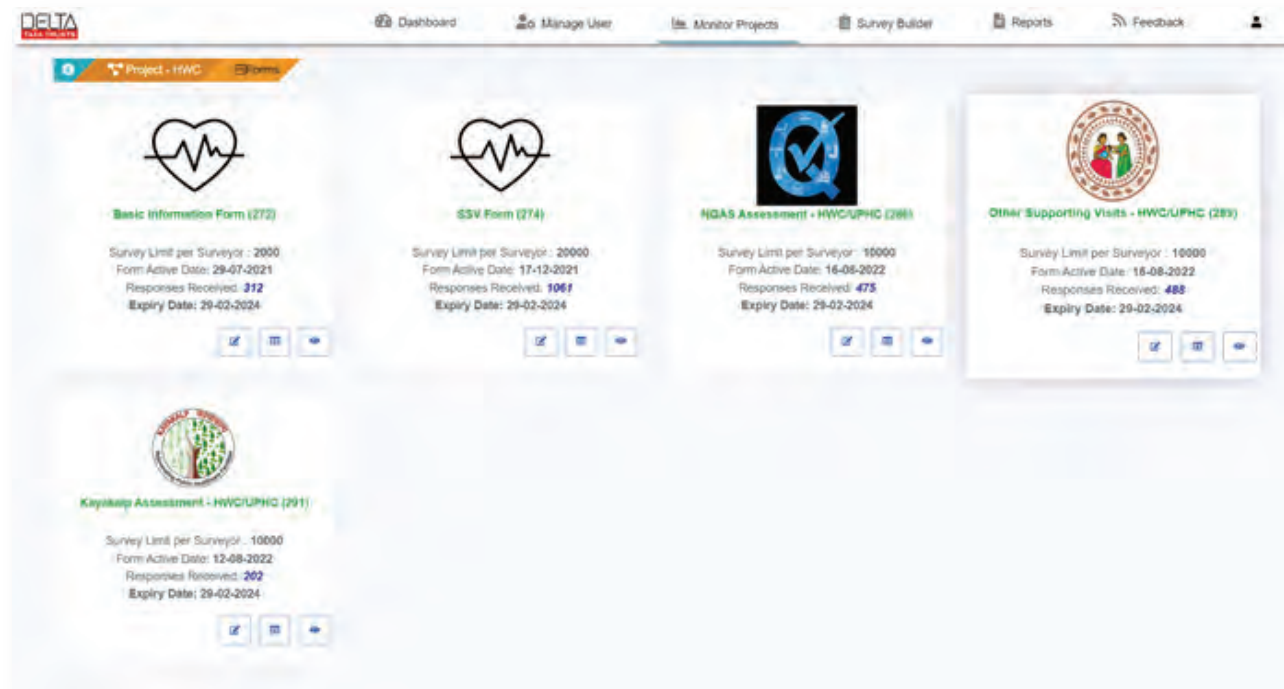
The Standard Operating Procedures have been judiciously derived from the Guidelines and documents developed by the various divisions of the Ministry of Health and Family Welfare, Government of India. The Standard Operating Procedures also integrate the lessons from the previous phases of the project, implemented by Tata Trusts in various states. I am happy to note that the SOPs are comprehensive and provide details on approaches to implement in the various streams of work at the HWC as well as provide flexibility to contextualise the processes as per the needs of the hour.

While there is no "one size fits all," there needs to be a shared understanding, about the operationalization of the Health and Wellness Centres. I urge everyone to use the SOPs and disseminate them among their peers as well as those who have been placed in the capable hands of the HWC staff Delivering Comprehensive Primary Healthcare through Health and Wellness Centres are a key component of Ayushman Bharat, and I urge all the staff entrusted with the team's supportive handhold at these centres use them extensively and provide their feedback on the same.

4. NQAS Dashboard



2. Web Portal Dashboard



Dr. Sudam P. Khade, IAS
Commissioner – Health
Government of Madhya Pradesh

Message

Health and Wellness Centers (HWC) are the foundation of Ayushman Bharat and are expected to provide a broader range of services to meet citizens' comprehensive primary healthcare needs. This is a stepping stone to expand access and bring equitable healthcare closer to the community. The fundamental requisites of implementation are provisioning the required infrastructure, positioning the human resources, and streamlining the supplies of essential medicines. Many components of HWCs, are evolving and require systemic alignment at various levels. The operating guidelines must be leveraged optimally and translated into focused action in order to achieve the desired outcomes of qualitative service delivery. Periodic stocktaking of gaps and taking timely corrective action will be the key driver of efficiency in upgrading these centers.

Supportive handholding, capacity building, and adoption of technology will definitely be the prime enablers in this effort. It is heartening to note that an effort is being made to demonstrate model centres and document the approach followed therein.

It is important that the learnings from a systemic engagement like this are well documented so that we can leverage the experience in the remaining centers. I hope that these guiding inputs are widely disseminated and effectively used to strengthen our capacities to deliver essential services and achieve our collective goal of universal health coverage.

3. CSV Download Feature for Downloading Collected Data

The screenshot shows a table with 11 columns: #, Surveyor Name, Mobile, Action, State, District, Block, Gram Panchayat, Village, Hamlet, Server Synced, and Mobile Created. The table contains 10 rows of data, showing surveyors from Madhya Pradesh across various districts and blocks.

#	Surveyor Name	Mobile	Action	State	District	Block	Gram Panchayat	Village	Hamlet	Server Synced	Mobile Created
1	Dr.Ranu Kumari Parmar	9804586888	📶	Madhya Pradesh	Ashoknagar	Shadhora	ASHOKNAGAR	Raonsar	---	14-11-2022 15:32:46	14-11-2022 15:54:49
2	Ankit Sharma	9824390053	📶	Madhya Pradesh	Rajgarh	Jirapur	Jirapur	1114573312-Brahmangan New	---	14-11-2022 15:27:14	14-11-2022 14:18:41
3	Saumya Shrivastava	7708311913	📶	Madhya Pradesh	Tikamgarh	Jatara	Jatara	6371863447-SHC Bandha	---	14-11-2022 13:59:00	14-11-2022 13:15:44
4	Shruti Gangredwar	9870054485	📶	Madhya Pradesh	Sagar	Kesli	Kesli	8864275568-SHC Amoda	---	14-11-2022 13:49:25	14-11-2022 13:49:20
5	Prasannajet Bai	8456225025	📶	Madhya Pradesh	Jhabua	Jhabua	Jhabua	1113662249-GOLA CHHOTI	---	14-11-2022 10:10:59	14-11-2022 09:05:01
6	Dr.Hemangi Chauhan	7000745597	📶	Madhya Pradesh	Barwani	Barwani	Barwani	8584176187-SHC Kajalata	---	12-11-2022 17:24:30	12-11-2022 14:21:59
7	Dr.Ranu Kumari Parmar	9804586888	📶	Madhya Pradesh	Ashoknagar	Isagarh	Isagarh	4786233421-SHC Bannawar	---	12-11-2022 15:00:21	12-11-2022 12:59:16
8	Ankit Sharma	9824390053	📶	Madhya Pradesh	Rajgarh	Jatara	Jatara	1114575713-Kharana NEW	---	11-11-2022 15:32:59	11-11-2022 15:09:40
9	Saumya Shrivastava	7708311913	📶	Madhya Pradesh	Tikamgarh	Jatara	Jatara	1381838780-SHC Acharra	---	11-11-2022 14:00:03	11-11-2022 13:14:01
10	Shruti Gangredwar	9870054485	📶	Madhya Pradesh	Sagar	Sagar	Sagar	1114623323-SHC Badkuwan New	---	11-11-2022 13:02:01	11-11-2022 13:01:58

ANNEXURE

1. Delta App for Collecting Data

The image displays two screenshots of the Delta App interface. The left screenshot shows the main menu with the 'DELTA TATA TRUSTS' logo and a red 'HWC' header. Below the header are five icons representing different assessment forms: Kayakalp Assessment - HWC/UPHC, SSV Form, NQAS Assessment - HWC/UPHC, Other Supporting Visits - HWC/UPHC, and Basic Information Form. The right screenshot shows the 'Basic Information Form' with fields for Name of HWC, Name of the PHC, HWC functional since (when CHO posted at HWC), Type of Population, and Facility Assessment. The Facility Assessment section includes 'BASIC INFORMATION AND INFRASTRUCTURE' with fields for 'Where is the HWC located?' and 'How many villages does this HWC cater to?'. At the bottom are 'DRAFT SAVE' and 'SUBMIT' buttons.

DELTA TATA TRUSTS

HWC

Kayakalp Assessment - HWC/UPHC

SSV Form

NQAS Assessment - HWC/UPHC

Other Supporting Visits - HWC/UPHC

Basic Information Form

Basic Information Form

5 Name of HWC

6 Name of the PHC

Text

7 HWC functional since (when CHO posted at HWC)

Month/year

8 Type of Population

Single select

FACILITY ASSESSMENT

BASIC INFORMATION AND INFRASTRUCTURE

9 Where is the HWC located?

OBSERVE

10 How many villages does this HWC cater to?

Number(1-15)

DRAFT SAVE SUBMIT

WAY FORWARD

The project is at an opportune moment when the State is taking active measures to ensure the implementation of the Ayushman Bharat program. It aims to leverage these initiatives in order to envision a sustainable approach that is not limited to the intervention districts but also to the entire state of Madhya Pradesh.

The interventions under the MP HSS Project strategically align with some of the key initiatives by NHM and GoMP to enable sustainable outcomes, as below:

1 CPHC Consultants on-boarded by the NHM



Capacity building of the freshly inducted cadre of CPHC consultants to replicate the supportive supervision framework of MPHSSP across the State.

The SOPs developed under the project would be integrated as part of the induction, along with training on Kayakalp and NQAS, for a better understanding of the CPHC consultant.

Technology led tracking of the centres towards quality enhancement.

Development of model HWCs to be a part of the TORs of the CPHC consultant.

2 CHO mentor as peer facilitator



A cadre of CHO mentors is also being developed within the system, in which the better performing CHOs are being nominated as CHO mentors for handholding and capacitating their fellow CHOs. This is a great initiative by the GoMP as peer learning is one of the advanced ways of experiential learning with better retention of knowledge.

CHO mentors can be leveraged as follows:

Transferring technical knowledge and skills to the dependent CHOs.

Handholding of the CHOs physically at their respective centres as well as virtually.

Experiential learning can be used to fill infrastructural, IT, and soft skill gaps.

They can be the champions of change by developing a positive mindset in their fellow CHOs.

3 Knowledge Management Network



Medical Colleges play a pivotal role in the capacity building and handholding of health care workers from various cadres. Initiated as part of the Atmanirbhar Madhya Pradesh mandate and supported by the MPHSSP. Initially, four medical colleges (Bhopal, Vidisha, Khandwa and Jabalpur) have been taken to establish the proof of concept. This network will be expanded to include the 13 Government medical colleges as well as the private medical colleges. The undergraduate and postgraduate students as well as the senior residents could augment the initiative through operational research studies as well as the handholding of the healthcare workers. They can also be a great support to the district authorities in emergencies preparedness and disaster management.



Ms. Priyanka Das, IAS
Mission Director
National Health Mission
Govt. of Madhya Pradesh

Message

The National Health Mission (NHM), since its inception in 2005, is committed towards “achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people’s needs”. Over the past decade, the NHM has created mechanisms for expanded coverage, and developed systems for improved delivery of free of cost medicines & diagnostics as well as collection of essential health data, in rural and urban areas.

Strengthening Comprehensive Primary Healthcare(CPHC) includes preventive, promotive, curative, rehabilitative and palliative aspects of health care. Primary Health Care goes beyond first contact care, and is expected to mediate a two-way referral support to higher-level facilities (from first level care provider through specialist care and back) and ensure follow up support for individual and population health interventions. We have in place a well-structured operational guideline from Govt of India, for driving efficiencies in service delivery at primary healthcare facilities. However, an effective implementation of these guidelines and their translation into the essential service packages, holds the key to achieving the desired outcomes for the citizens like reducing morbidity, IMR, MMR, TFR, out of pocket expense and provisioning health services within 30 minutes of reach.

The Madhya Pradesh Health Systems Strengthening Program is an effort to implement these guidelines and enable the efforts of HWCs towards quality assurance. The learnings in these model centers will pave the way to strengthen the remaining centers. Also, this will help us build capacities of our CPHC Consultants with a standardized approach to supportive handhold and monitoring.

I am happy that an Executive Summary of this intervention and its inherent components is being documented as the first edition. NHM stands committed to delivering quality comprehensive primary health care to the citizens by providing a timely address to any gaps and spirited action towards improving the quality of services.

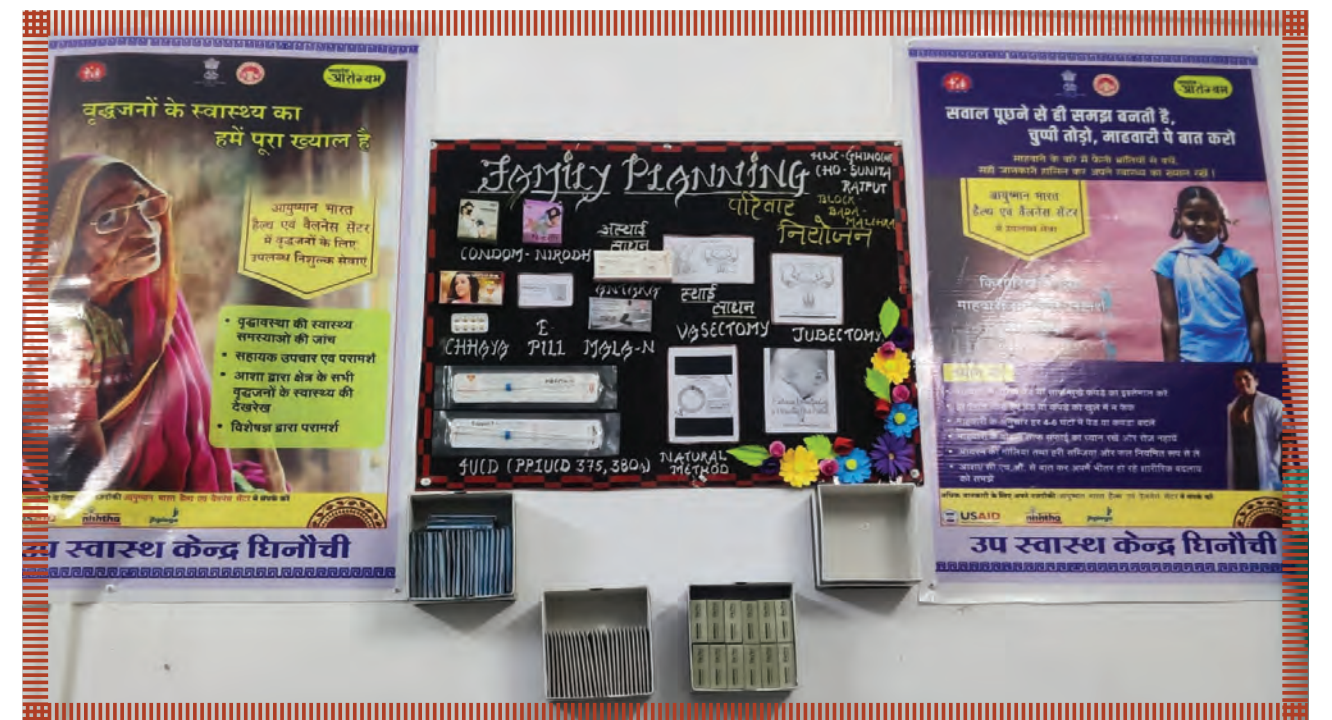
I complement the entire team of CInI for this pioneering effort.



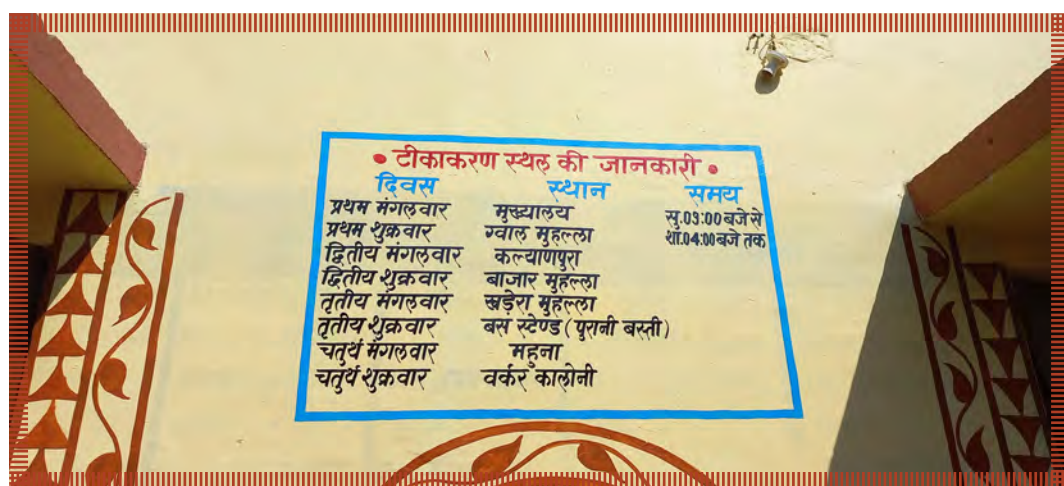
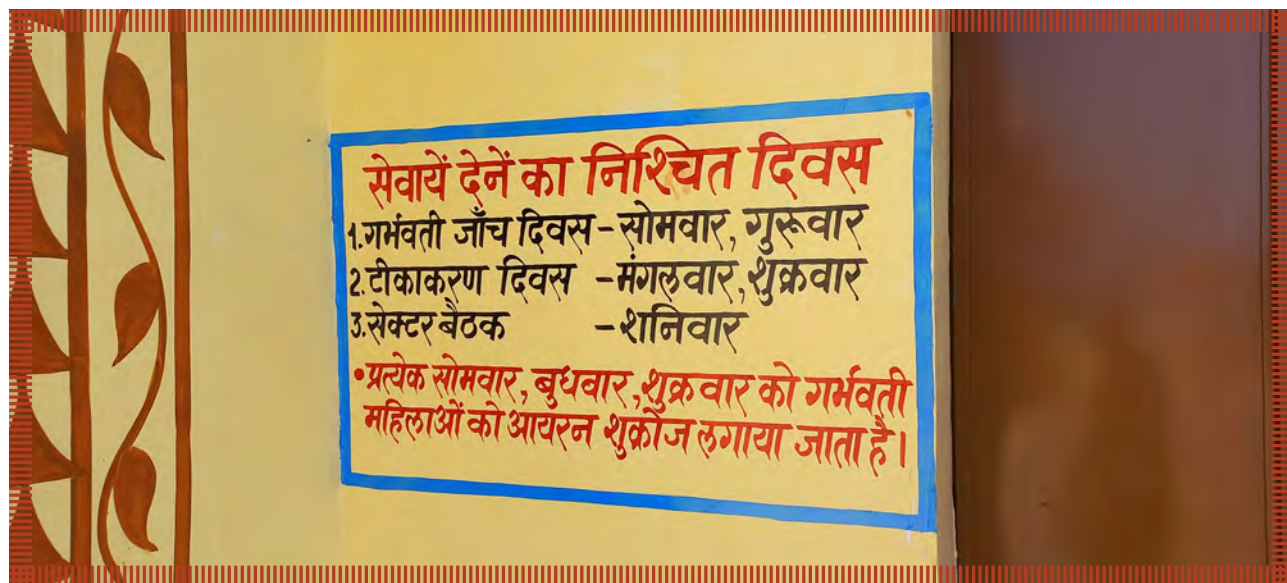
External Assessment - Sagar



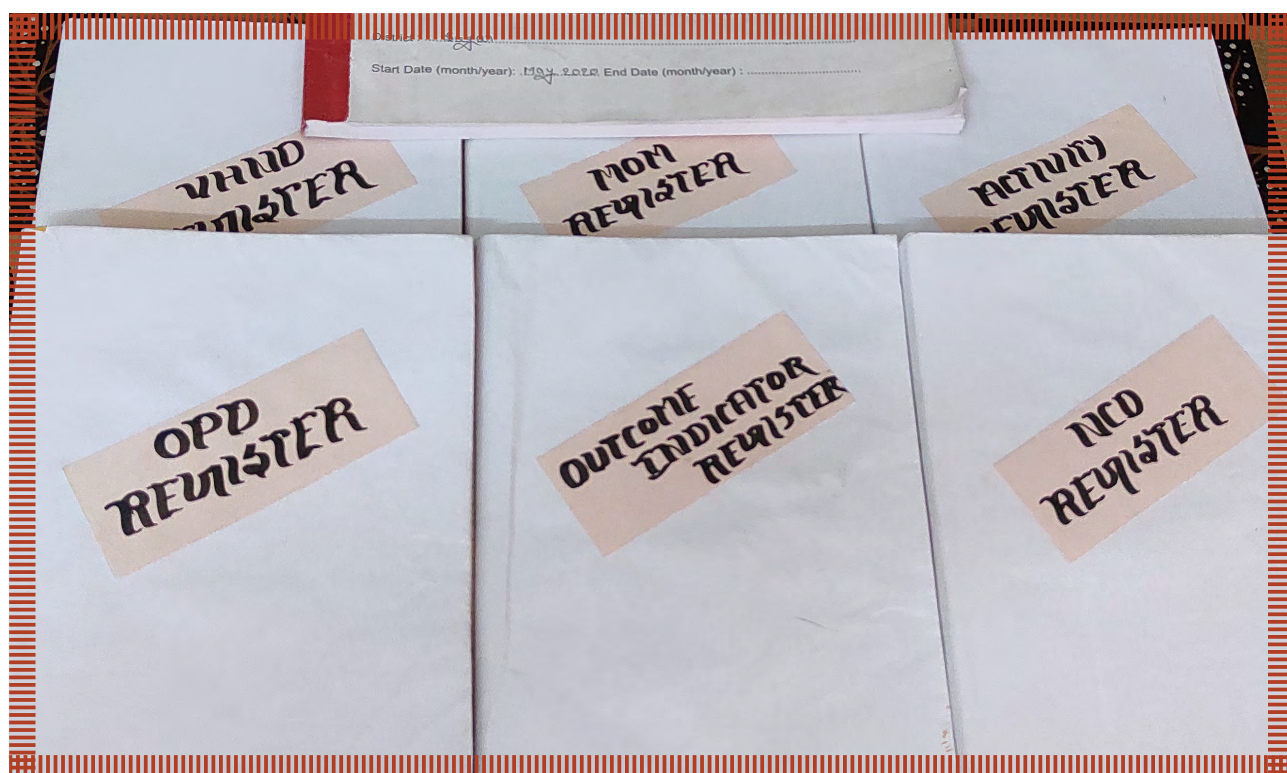
NCD Service - Sagar



Family Planning Corner - HWC Ghinochi - Chhatarpur



Signages at
HWCs & UPHCs



Record Registers - HWC Gadholi Khurd, Sagar



Ganesh Neelam
Executive Director
Collectives for Integrated Livelihood Initiatives (CInI)

Foreword

Comprehensive Primary Healthcare delivered through Health & Wellness Centers is the stepping stone for creating access to affordable health services for the citizens, whether rural or urban. While the Government plays its pivotal role of establishing the required infrastructure and creating institutional mechanisms for delivery of essential services, there is also a need for a committed social action to strengthen linkages, build capacities and leverage technology to generate optimum value for the communities at the grass roots.

Collectives for Integrated Livelihood Initiatives (CInI) has pioneered several models of enabling the ecosystem for the marginalized communities through thematic interventions in the areas of agriculture, livelihoods, water, sanitation, health and education. CInI's Health Systems Strengthening Program endeavors to improve access and quality of Comprehensive Primary Healthcare for over 25 lakh population by demonstrating Model Health & Wellness Centers and Urban Primary Health Centers, enabled by knowledge management, technology adoption and behavioral change communication.

Our effort is to present a evidence based approach of supportive handhold to operationalize the CPHC services and enable the centers towards quality assurance. We are happy to release the first edition of the approach being followed to develop Model Centers. We hope that this will serve as a reference point for the key stakeholders to collaborate and create a sustainable and replicable strategy to operationalize the essential services at the Health and Wellness Centers for the benefit of our communities.



Breastfeeding Week - HWC Chapa, Shahdol



Tobacco Day - HWC Maheba, Chhatarpur



Competency Assessment of CHOs - Chhatarpur



Labour Room - Ahmadpur Khaigaon, Khandwa

Best Practice



*Iron Sucrose Administration –
HWC Ahmedpur Khaigaon, Khandwa*



Plantation Day – HWC Panwari, Chhatarpur



Yoga Day Celebration – UPHC Karraiakheda, Vidisha

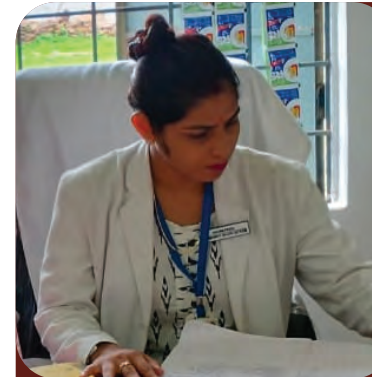


National Nutrition Week – HWC Maheba, Chhatarpur

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Testimonials



CHO Ragini Patel, HWC Sahri, Damoh

There have been major changes in the work process, especially in the documentation section. The creation of separate files for different sections has helped us keep detailed information about every citizen in the area. Along with that, we have received really insightful training on how to treat patients of different ages and information about different kinds of behavioural communication.



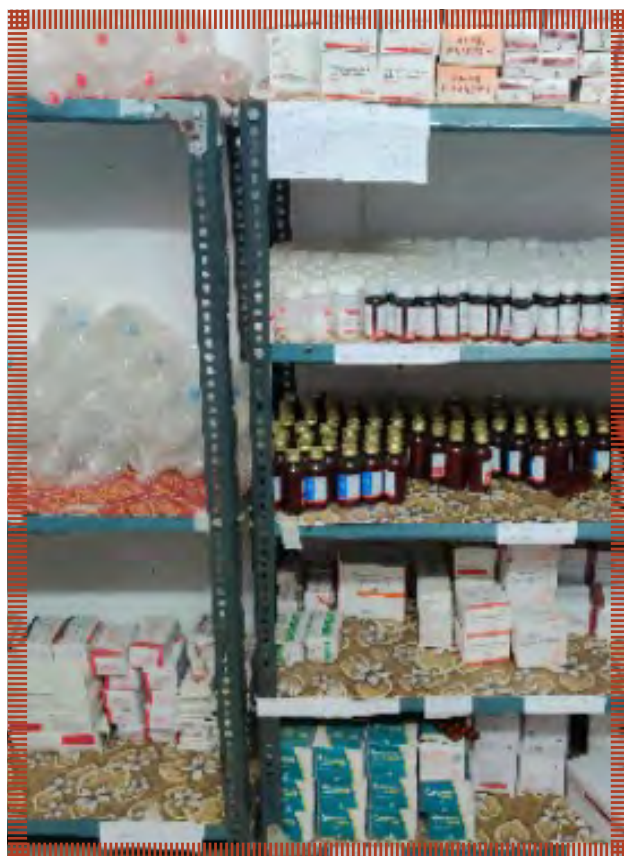
Kanswati Binjhor, HWC Bijhori, Dindori

I went to the health and wellness centre for a checkup when I was pregnant. There, I was treated and tested with care by the CHO, who gave me guidance to help me through my pregnancy. He helped me orchestrate a highly nutritious diet in order to keep me and my baby safe. I am very happy and satisfied that all these facilities are available at the nearby center, and counselling is done at our convenience.



Shruti Gangrediwar, District Consultant, Sagar

Initially, the challenge was to prepare for the HWC as per guidelines. Everyone came together in order to face these obstacles. After the inception of SOPs for supportive handhold visits, we started mentoring the CHOs on CPHC services. We regularly trained the programme consultant, which really aided everyone in achieving the goal. Finally, I am pleased with everyone's effort in building the best model health and wellness center.



Drugs (Before) - HWC Panwari, Chhatarpur



Drugs (After) - HWC Panwari, Chhatarpur



Handwashing Area (Before) - HWC Nanni Tehri, Tikamgarh



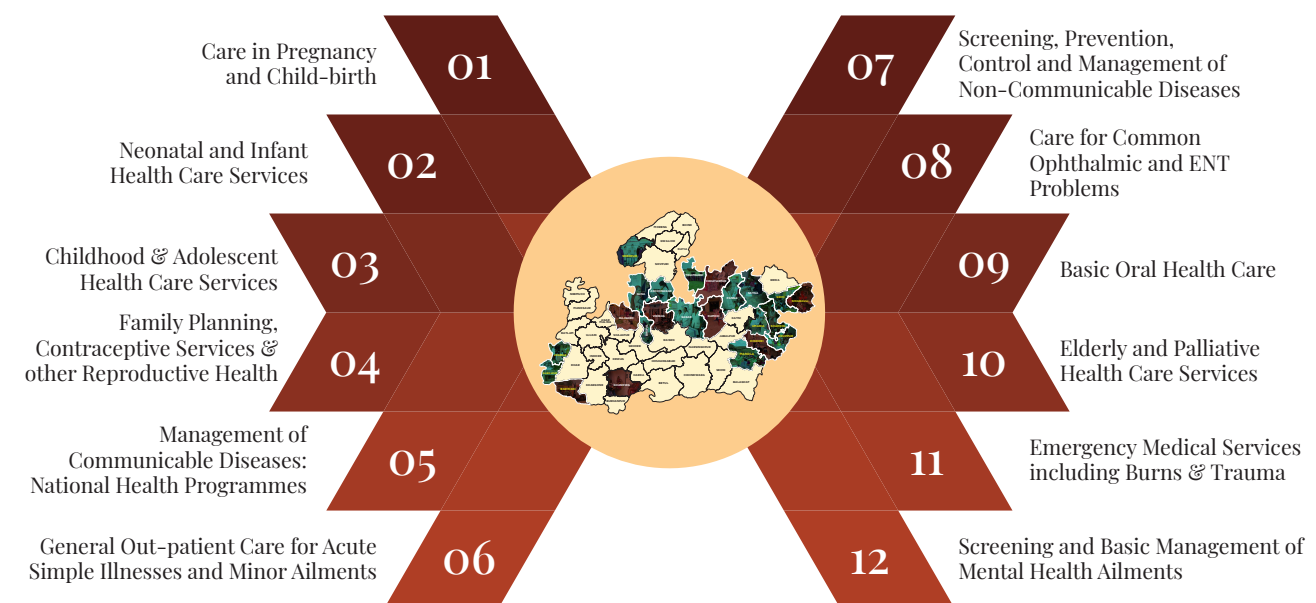
Handwashing Area (After) - HWC Nanni Tehri, Tikamgarh

INTRODUCTION

Comprehensive Primary Health Care spans Promotional, Preventive, Curative, Rehabilitative and Palliative aspects of care. The National Health Policy 2017 and the Ayushman Bharat initiative aim to enhance the state of Comprehensive Primary Health Care (CPHC), through the establishment of Health and Wellness Centers (HWCs) across India, taking a step towards Universal Health Coverage.

Strengthening CPHC provides prompt, high-quality healthcare services at the nearest medical facility, reduces disease prevalence and fatality at lower costs, as well as the need for secondary and tertiary care. More patients receiving basic care earlier in their illness means fewer hospitalizations for end-stage illnesses, which leads to lower treatment costs and overall health expenditure.

Ayushman Bharat's main focus is strengthening the grassroots of primary healthcare. The Sub Centres and Urban Primary Health Centres are being upgraded to HWCs in the State of Madhya Pradesh to provide expanded range of services.



In February 2020, The Government of Madhya Pradesh signed an MOU with Tata Trusts to establish **500 Model Health & Wellness Centres** and **23 Urban Primary Health Centres**, on the foundation of a knowledge management system and technology. The project covers **23 districts** (including **8 aspirational districts**), which will benefit almost **10,000 healthcare workers** and around **25 lakh dependent populations** using the HWCs and UPHCs.

The government has taken several appropriate actions to improve infrastructure and human resources, backed by adequate financial allocations for leveraging technology and strengthening supply chain. Approximately 10,000 Health and Wellness Centers have been made operational in the state, and Community Health Officers have been posted after adequate training on comprehensive delivery of primary healthcare services.

Various measures have been taken to improve techno-management, increase clinical skills, and realign systems at various levels to realise the full potential of creating access to optimal delivery of CPHC through HWCs. Although the stated goals of providing 12 different primary care components have been outlined, the standards expected at HWC are still evolving.



No tobacco Day Awareness program – Ahmadpur Khaigaon, Khandwa

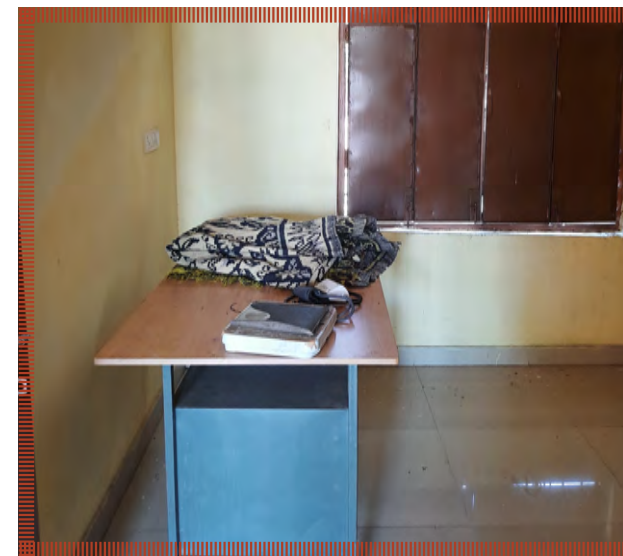
The project's long-term goal is to establish a scalable model of CPHC based on concepts of the Health and Wellness Centre, aimed at providing integrated healthcare for the dependent population, across the established hierarchy of the Primary Health Care System. This project, aimed at achieving 3 of the 17 Sustainable Development Goals (SDGs) is implemented by Collectives for Integrated Livelihood Initiatives – CInI, an associate organisation of the Tata Trusts

Goal 3
Good Health & Well Being
Ensure healthy lives and promote well-being for all at all ages.

Goal 11
Sustainable Cities & Communities
Make cities and human settlements inclusive, safe, resilient and sustainable.

Goal 17
Partnership for The Goals
Strengthen the means of implementation and revitalize the global partnership for sustainable development.

Glimpses of Journey Towards Model



OPD (Before) – HWC Nanni Tehri, Tikamgarh



OPD (After) – HWC Nanni Tehri, Tikamgarh



PNC Room (Before) – Ahmadpur Khaigaon, Khandwa



PNC Room (After) – Ahmadpur Khaigaon, Khandwa



Building (Before) – HWC Panwari, Chhatarpur



Building (After) – HWC Panwari, Chhatarpur

THE PIONEERS

Sub Health centres have been upgraded as health and wellness centres with the vision of strengthening service delivery under the Ayushman Bharat Yojana. CInI is providing techno-managerial support in collaboration with the National Health Mission for the operationalization of health and wellness centres and to demonstrate them as Model Health facility. National Quality assurance standards for health and wellness centres released by the GoI have been used as benchmarks to measure the quality of services. Regular and periodic assessment of centres on NQAS and Kayakalp checklists have been beneficial in developing a road map for selected Health and wellness centers.

Key focus areas are:

- Implementation and adoption of standard operating procedures.
- Identifying training needs based on competency assessment at regular intervals.
- Increasing the capacity of health care workers on technical, clinical, and soft skills by leveraging the domain expertise of Medical Colleges faculties and other experts.
- Improving the usage of IT applications for supportive handholding and structured recordkeeping.
- Continuous engagement and supportive handholding of health care workers have led to sustainable improvements in the quality of service delivery.
- A structured mechanism has been adopted for the validation of achievements and outcomes using in-house and external experts trained on NQAS.

Continuous engagement and supportive handholding of health care workers have led to sustainable improvements in the quality of service delivery. A structured mechanism has been adopted for the validation of achievements and outcomes using in-house and external experts trained on NQAS.



Competency Assessment of CHOs – Chhatarpur

PROGRAM OVERVIEW

Model HWCs	Model UPHCs	Knowledge Management Network
<ul style="list-style-type: none"> • Identification of HWC in consultation with State/District • Baselining & Initial Assessment • Supportive Handhold Visits (SHVs) for technical support on service strengthening, record-keeping, NQAS initiative, and gap closures • Liaison with District team to review gap status, corrective actions and strengthening overall engagement • Development of SOPs for service operationalisation at HWCs 	<ul style="list-style-type: none"> • Identification of UPHC in consultation with Urban Cell • Baselining & Initial Assessment • Re-organising facility layout and provisioning patient centric model inputs inside the UPHC • Supportive Handhold Visits (SHVs) for technical support on service strengthening, record-keeping, NQAS initiative, gap closures • Liaison with Urban Cell to review gap status, corrective actions and strengthening overall engagement 	<ul style="list-style-type: none"> • Facilitate active participation of Medical Colleges in strengthening primary health care services as a part of Atma Nirbhar Mandate • Demonstrate a systemic approach for mentoring interactions to bridge skill gaps of primary HCWs • Joint consultative process between NHM and Medical Education for continued capacity building on select topics aligned with the standard learning framework • Periodic exposures visits of Medical Faculty to HWCs and virtual mentoring interactions on specific topics and gap areas
<ul style="list-style-type: none"> • 17 Model HWCs demonstrated 	<ul style="list-style-type: none"> • 4 intervention UPHCs awarded NQAS Certification 	<ul style="list-style-type: none"> • Steering Committee and 6 working committees constituted as a part of KMN
<ul style="list-style-type: none"> • 208 intervention HWCs assessed under state Kayakalp Mission. 22 HWCs Kayakalp Certified in FY 21-22 	<ul style="list-style-type: none"> • 10 UPHCs currently supported under Model Intervention 	<ul style="list-style-type: none"> • 3 modules on NQAS, BMW management and soft skills introduced
<ul style="list-style-type: none"> • 2276 SHVs till date 	<ul style="list-style-type: none"> • 5 new UPHCs identified 	



Health Day Celebrations – HWC Panwari, Chhatarpur

Behavioural Change Communication

- Documenting an approach for adopting behavioral change practices for strengthening CPHC services
- Developing and piloting tools for select CPHC services
- Strengthening community engagement practices of HCWs in alignment with the NQAS framework

Electronic Health Records and Care Coordination Centre

- Strengthening the uptake and adoption of technology platforms at HWCs
- Digitisation of patient records at UPHCs
- Technical support for implementation of e-Aushadhi platform in intervention areas
- Technical collaboration with NHM for establishing a Care Coordination Center for stronger monitoring of CPHC services and to enable continuum of care

• 10 UPHCs E.H.R. deployment initiated

• 93 HWCs implementing e-Aushadhi

• 6568 HCWs trained on usage of IT applications

Collaborative Engagement



As shown in the above illustration, the engagement demonstrates a collaborative effort between the Government and development partner to develop model HWCs. While, the Government brings in the necessary infrastructure and human resources, Collectives for Integrated Livelihood Initiatives (CInI) provides the technical support for process alignment, automation and quality assurance.

The Approach to Creating Models

