

Health and Wellness Centres (HWC) under Universal Health Coverage (UHC) in Tamil Nadu

Conceptualisation of UHC programme

Vision 2023 strategic document released during 2012, envisages Tamil Nadu to become not only the numero uno State in India in terms of social indicators, but also reach the levels attained by developed countries in human development by ensuring universal access to health facilities.

The following points are conceptualized for implementing UHC in Tamil Nadu

1. Building UHC within the public health architecture without altering the existing State policies
2. Primary Healthcare Team, Training, Infrastructure including branding, Drugs and Diagnostics, IT Systems tailor made for State Public Health Systems.
3. Intact continuum of care with forward and backward linkages from community to tertiary health facility supported by Master Registry.
4. Patient centric convergence of all existing health and related activities at block level.
5. Health Sub Centre strengthening is cornerstone of UHC implementation and differential services provided at differential level of Health Systems.
6. Expanded Service delivery with focus on NCD services without compromising Maternal and Child Health (MCH) services and communicable disease management.

Universal Health Coverage (UHC) Piloting

UHC project has been piloted in 3 pilot blocks of Veppur, Shoolagiri and Viralimalai in 3 Health Unit Districts (HUDs) of Perambalur, Krishnagiri and Pudukottai respectively covering 67 HSCs and 17 PHCs (including block PHCs) since 2016 (G.O (Ms.) No. 172 Health and Family Welfare Department, dated 10.05.2017). In 2017-18, the program was up-scaled to additional 39 blocks @ 1 block per HUD at a total cost of 2474.07 lakhs (G.O (Ms.) No.414 Health and Family Welfare Department, dated 21.11.2017).

As per the independent evaluation report for the UHC pilot implementation done by Indian Institute of Technology (IIT) Madras, the pilot programme is successfully implemented with increased access to HSCs, diversion of patients from

higher level public facilities and from private hospitals to HSCs, significant reduction in Out of Pocket Expenditure (OOPE) for patients seeking care from both public and private facilities and significantly lower Government spending per outpatient (OP) visit in pilot HSCs.

Transformation of UHC HSCs/PHCs into HWCs

During 2018-19, Government of India had mandated the states to transform the HSC and PHCs into Health and Wellness Centres. Tamil Nadu committed to transform 985 Health Sub-Centres, 716 Additional PHCs and 214 Urban PHCs into 1915 Health & Wellness Centres (HWCs) during 2018-19 (GO Ms. No.285 Health and Family Welfare (EAPII-2) Department, dated 21.06.2019). The State proposed to transform 668 Additional PHCs and 246 Urban PHCs into 914 Health & Wellness Centres (HWCs) during 2019-20. The UHC programme is named as “**Anaivarukkum Nalavazhvu Thittam**”.

The roll out plan for HWC in Tamil Nadu is given in below table

Year	HSCs	Addl. PHCs	Urban PHCs	Total
2017-18	67	14	-	81
2018-19	918	702	214	1834
2019-20	-	668	246	914
2020-21	1,996	-	-	1996
2021-22	2,716	-	-	2716
2022-23	3,016	-	-	3016
Total	8,713	1,384	460	10,557

12 Comprehensive Primary Healthcare Services under HWC

The Health and Wellness Centres are envisaged to provide the following list of 12 Comprehensive Primary Health Care (CPHC) services including Preventive, Promotive, Curative Rehabilitative and Palliative care.

- 1) Care in pregnancy and child-birth
- 2) Neonatal and infant health care services
- 3) Childhood and adolescent health care services
- 4) Family planning, Contraceptive services and Other Reproductive Health Care services
- 5) Management of Communicable diseases: National Health Programmes
- 6) Management of Common Communicable Diseases and General Out-patient care for acute simple illnesses and minor ailments

- 7) Screening and Management of Non-Communicable diseases
- 8) Screening and Basic management of Mental health ailments
- 9) Care for Common Ophthalmic and ENT problems
- 10) Basic Dental health care
- 11) Geriatric and palliative health care services
- 12) Trauma Care and Emergency Medical services (that can be managed at HWC level)

The following are the existing services and current focus of service delivery under UHC which additionally includes Occupational Health, Wellness activities and Equity services.

Sl. No	CPHC	Existing services	Current focus under UHC
1	MCH activities + Family Planning	CEmONC+ PICME + CRS+ HOB blocks+ 102 call centre	PIH+ Anaemia+ Child & Mother nutrition + NRC
2	Adolescent Health	RBSK+ Menstrual Hygiene+ Linkage with insurance	NCD screening extended to adolescent age + Adolescent clinic
3	Communicable Disease	Surveillance & Response+ Vertical Programmes	Integrating data sources for surveillance like UHC & HMIS+ TB Prevalence survey
4	Non - Communicable Disease (NCD)	Institutional services (HT, DM, Cancers) + Dental	Population Based Screening, Patient Support Group, Drug & testing at HSC, Intact linkage
5	ENT+ Ophthal	Cochlear implantation+ Spectacles+ Cataract surgeries	Tele V care centre
6	Mental	104 call centre, Linkage with NGO	Suicidal Prevention Helpline, Emergency Care and Recovery Centre (ECRC)
7	Geriatric	Institutional service	Geriatric friendly clinic
8	Palliative Care	Institutional service	Community Palliative care, Care Giver Training
9	Emergency care	108, TAEI	Emergency Care Centre
10	Occupational Health	MMU Camp	Community follow-up of identified cases
11	Wellness Activities	Water testing, Iodine testing kit	Yoga & Naturopathy, Eat Right Campaign, Open Gym, Pebble path, Sanitation Park, Food Adulteration Testing, Health Ambassadors
12	Equity services	Tribal MMU	Transgender Speciality Clinic, Guideline for Intersex Surgeries

Mid-level Health Provider (MLHP) for HWC

The primary level activities in the proposed HWC will be led by the team of a Mid-level Health Provider (MLHP) after completion of a 6 months certificate course with internship on Community Health Care through The Tamil Nadu Dr. M.G.R. Medical University. Village Health Nurses (VHNs)/ Auxiliary Nurse Midwives (ANMs) will be the Mid-level healthcare provider (MLHP) at HSC level and Staff Nurses (SNs)/Auxiliary Nurse Midwives (ANMs)/ General nursing and Midwifery (GNMs) will be the healthcare provider at PHC level between 4 p.m. and 9 a.m. under the supervisory control of the PHC Medical Officer.

Vacancies of Additional VHNs in UHC HSCs may be filled up with candidates holding Diploma course in General nursing and Midwifery (GNM) and who have registered with Tamil Nadu Nurses and Midwives Council through outsourcing method on temporary basis by following existing NHM norms until such time the vacancies are filled up on regular basis.

Funds sanctioned by GoI for UHC implementation during 2016-19

Sl. No	RoP (year)	Funds received (Rs. in lakhs)
1	2016-17	Rs. 599.07
2	2017-18	Rs. 2549.35
3	2018-19	Rs. 9357.47
4	2019-20	Rs. 13573.64

Program Implementation

The program will be implemented through the State Programme Management Unit (SPMU) for Universal Health Coverage (UHC) & Maternal Child Health (MCH) established at the Directorate of Public Health and Preventive Medicine (*G.O (Ms.) No 150, Health and Family Welfare (EAP II-2) Department, dated 24.04.2018*) in coordination with NHM- Tamil Nadu. State Programme Management Unit established with One Additional Director, Two Medical Officers, One Assistant Director (Statistics), One Maternal Child Health Officer, Three Statistical Assistants, Two Data Entry Operator during May 2018. UHC administrative section with one superintendent and one accountant will be established at O/o DPH&PM with the support of NHM. Deputy Director of Health Services in the Health Unit Districts, Block Medical Officers are the Nodal officers for UHC implementation.

Essential inputs for transformation of HSCs. PHCs into HWCs in Tamil Nadu

The following essential inputs are considered by the State for transforming the existing HSCs into UHC HSCs, and Additional PHCs and Urban PHCs into UHC PHCs.

- | | |
|---------------------------------|--------------------------------|
| 1. Infrastructure strengthening | 6. IT Systems |
| 2. Primary Healthcare Team | 7. Service delivery |
| 3. Capacity Building | 8. Outreach services |
| 4. Medicines | 9. Daily Performance Reporting |
| 5. Diagnostics | 10. Mentoring and Supervision |

1. Infrastructure strengthening

Under UHC infrastructure strengthening the activities like new HSC building construction, Maintenance & Renovation of existing HSC buildings, Laboratory Strengthening, Multipurpose Hall in all Block PHCs, ANM/SN quarters construction and renovation, OP replacement building at PHCs, Compound wall construction, Maternity Block construction at Block PHCs, Sanitation Demonstration Park Construction, Bore well in HSCs and PHCs, Generator and Power Panel Room, Generator- 5 KV for Addl. and Urban PHCs, 15 KV for UG PHCs, High Mast Lamp in all PHCs are given priority.

HWC Infrastructure: Patient waiting area covered to accommodate at least 10-15 chairs, Designated space for lab/diagnostics, Provision of wellness room for Yoga, Bio Medical Waste Management, Well-ventilated clinic room with examination space and office space for Mid-Level Health Provider at HSC-HWC, Rack for storing Medicines, equipment, documents, health cards and registers, Assured water supply – Running / Potable, Electricity supply – Two Connections- Domestic and Clinic, Appropriate Backup with Solar source, Inverter, Emergency lamps and Solar Torch lights, Separate male and female toilets, Proper drainage facility, Repairs: Masonry, Plumbing, Electrical and Painting, Adequate residential facilities for the service providers.

Additionally, at Primary Health Centres electronic display boards for IEC and HWC services, space for laboratory and pharmacy are strengthened. At Block Primary Health Centre CPHC training hall for Tele mentoring and dedicated laboratory buildings are proposed for new building construction.

Branding of HWCs in Tamil Nadu

Painting of HWCs with Colour washed with scarf green emulsion paint for outer surface and border coloured with Lemon Blast. Inner surface with half white distemper paint. Bilingual Display board with name of the health facility.



Painting of HWCs



Display Board of HWCs

As an Interim arrangement for transforming HSCs without Government Buildings into HWC, Village Panchayat Service Centres (VPSC) building (eSEVA) are occupied and minor repairs for water supply, electrical, masonry and carpentry works have been incurred under UHC programme.

Proposals for increasing the funding for infrastructure strengthening other than NHM funding like State Balanced Growth Fund (SBGF) funds, Hill Area Development funds of Planning Commission, District Mineral Foundation Trust (DMFT), District Collector Discretionary Funds, MLA/MP Constituency Funds, Corporate Social Responsibility (CSR) Schemes, Tribal welfare Department, Tamil Nadu Health Systems Project (TNHSP) II, National Bank For Agriculture And Rural Development (NABARD) are submitted to district and state administration by district health officials.

2. Primary Healthcare Teams at UHC HSCs & PHCs

- a. **UHC HSC:** 1 Institutional VHN or 1 Health Inspector (HSCs located nearby PHCs), 1 Outreach VHN, WHV/ASHA for community level activities are placed to deliver the CPHC services at HSC level.
- b. **UHC PHC:** 1 Medical Officer, 3 Staff Nurses or ANM, 1 Lab technician and 1 Pharmacist are placed to deliver the CPHC services at PHC level.
- c. **UHC block:** 2 Lab technician and other supportive staff to deliver the CPHC services.

All the health staff in State, Health Unit District, Block and institutional level will contribute to UHC implementation as per their existing roles and responsibilities. Health staff job chart will be periodically updated based on the services delivered from HWCs aiming the harmonious implementation of UHC programme. The success of implementation is only achieved by health staff realization on service delivery at HWC. Engagement of volunteers from organized sector is preferred over the dynamically changing personnel. Community participation is given due priority in identifying the volunteers to facilitate the community level implementation of UHC Programme.

3. Capacity Building under UHC

The following trainings are conducted for strengthening the CPHC service delivery at HWCs under UHC

- a. **Certificate course in Community Health Care to VHNs:** One Year (6 months @ Training Institute + 6 months internship @ HWC HSC) Course affiliated to The Tamil Nadu Dr. MGR Medical University. Final Examination will be conducted by the end of 6 months with 4 theory papers and 2 practical papers.
- b. One-month **Certificate course on Comprehensive Primary Health Care** to SNs through Regional Training Institutes (RTIs)
- c. Two days **Orientation training on 12 CPHC services** to SNs, ANMs, MOs through Regional Training Institutes (RTIs)
- d. Five days **Orientation training on operationalizing UHC services** to DMCHO, RTI & ANM school faculty, Mentor Staff Nurses
- e. **Hands on Job oriented training at block and HSC level** is provided by Regional Training Institute faculty, DMCHO, Mentor staff Nurses, DTTMO and other health staff.

Certificate course in Community Health Care to VHNs is offered through the 7 Regional Training Institutes under DPH&PM namely Institute of Public Health, Poonammalle, Health and Family Welfare Training Center, Egmore, Health and Family Welfare Training Center, Madurai, Health Man Power Development institute, Salem, Health Man Power Development institute, Villupuram, Regional Institute of Public Health, Thiruvarankulam, Pudukottai, Institute of Vector Control and Zoonoses, Hosur, Krishnagiri. Monitoring the training has been collaborated with TNMGR and Training Institutes.

Standards Presentations in English & Tamil, and CPHC Course modules in Tamil have been prepared by the State. UHC Case Study, a scenario-based job-oriented training, Standards Treatment Guideline and Tele-mentoring Session Guideline were prepared by the State. Continued Primary Healthcare training is given through the tele-mentoring by in-house faculty to VHNs, SNs and MOs.

4. Medicines at UHC HSCs & PHCs

Kit A drugs, Kit B drugs, UHC drugs, NCD drugs, Family welfare kits are being placed in the UHC HSC. NCD drugs dispensed only on Medical Officers prescription by VHN at HSCs and SN at PHCs. Additional consumables and surgicals are made available to provide the CPHC services under UHC. Standard Treatment Guidelines (STGs) for common minor ailments and Programmatic guidelines like NCD services are incorporated in trainings under UHC. In view of preventing antimicrobial resistance, rational use of antibiotics is strategically restricted by advisory stating that antibiotics should only be used as per IMNCI, SBA, Sepsis and other State/Nation approved protocols. Drugs will be mobilized to HSCs with transportation support by the Block PHC.

5. Diagnostics under UHC

5 lab tests at HSCs and 20 lab tests at PHCs are routinely done under UHC. 5 additional tests at CHCs, 11 tests at District Public Health Lab (DPHL) and 4 tests under insurance (CMCHIS) are done under "HUB and Spoke" model.

Hub and Spoke model of laboratory services with Lab Information Management Systems (LIMS) has been established in HWCs to support the expanded range of services. The major aim is to provide the basic investigations at HWC and refer samples instead of patients for higher investigations. Transportation support has been arranged through bike and available means in the local area.

Initially all 385 blocks laboratories in the state will be established as HUBs with functional LIMS and then the additional PHCs will be established as SPOKES. During 2018-19, 48 blocks have been established with LIMS. Further the Hub and Spoke will be integrated to Government Hospitals and Medical College Hospitals for provided essential diagnostic services with expanded list of test menu.

6. IT Systems at UHC HSCs & PHCs

The state has conceptualized that the Comprehensive Universal Health Coverage IT platform with population as denominator is essential to establish a continuum of care from community to referral units. As a first step, Health IT standards was drafted and outpatient module was developed using the standards.

6.6 crore member information as electronic form in local language from Public Distribution System (e-PDS) has been used as a baseline. Ration cards were mapped to the Health Sub Centres using the location of the Ration Shops. Each family in ePDS is converted as a family folder. Patients attending the UHC HSC and UHC PHCs are initially identified in the dropdown list shown in UHC IT Portal and selected for making outpatient entries. If the outpatient is not able to identify, a new family folder is created and along with family member details. Robust IT Systems with family folders for supporting intact forward and backward linkage from community to tertiary care centres. Additional VHN in the UHC HSC can update the family folder details as and when available to her.

VHNs in HSC and SNs in PHCs are maintaining the line list of footfalls in UHC HSCs & PHCs. Patient attending the UHC HSC can be referred to UHC PHC and to higher centre by the VHN. When a referred patient from HSC visiting to PHC, he/she will be facilitated by the NCD Staff Nurse for Doctor consultation, registering the services, explaining the treatment details and inform the same to VHN who is going to follow up. Drugs issued to patient will be monitored through the IT platform. It will also facilitate the UHC HSC and UHC PHC for placing the indent with TNMSC using the drug code.

Gap analysis of IT systems was collected from the Health Unit Districts. Provision of Laptops/Tablets (HSC), Desktop/Laptop/Tablets (NCD) at UHC PHCs. Internet connectivity and Power supply have been arranged by concerned UHC HSC & PHCs. Provision for sustained internet connectivity in all UHC HSC and UHC PHC is aimed under the UHC Programme.

Master training for Data Managers and IT coordinators was given at the State level for implementing UHC IT Platform including LIMS, Tele-mentoring, tele-consultation and CDSP. Training of Trainers (ToT) were trained in 6 batches at Regional Training Centres (RTIs). ToTs are conducting training to VHN and SN at the block level on UHC IT Portal entries. Offline usage of application and quick search of patient details are the two major feedback received during the ToT meeting. Requirements to overcome the two major feedbacks have been gathered.

Activities for establish elastic search facility and offline packaging of the existing online application are commenced.

Population Based Screening (PBS) application for volunteers, Lab Information System (LIMS) integration, NCD programme integration, Communicable Disease Surveillance Portal (CDSP) linkage, Teleconsultation, Web portal for public, Web portal for HWC implementation are under development. During 2019-20, UHC IT platform is envisaged to establish a linkage between the health and related programmes, GIS based monitoring and evaluation framework, AI based dashboard for decision making and automated administrative report sharing.

Technical Support Unit for IT under SPMU will be established with 1 Database admin, 1 Server admin, 1 GIS consultant and 1 LIS consultant to support the implementation of IT solutions under UHC.

Integration from UHC IT Portal to Ayushman Bharat Portal is under progress. Similarly, the CMCHIS insurance will also be integrated with UHC IT Portal for follow-up of patients discharged. GoI dashboard integration of health and related activities will be aimed through UHC IT platform for better coordination and support.

7. Services at UHC HSCs & PHCs

Outpatient care for Screening, Management, Referral, Follow-up services are provided at UHC HSC (24hrs) and UHC PHCs (4pm to 9am). All 12 services are made available to patients visiting to HWCs along with Laboratory services. VHNs/SNs are maintaining the line list of footfalls in UHC HSCs & PHCs. Also, they will issue NCD drugs to beneficiaries as prescribed by Medical Officers.

Services provided under UHC will be of Minor ailment treatment, first aid for referral cases, follow-up of cases and screening of walk-ins. Additional services provided at UHC HSCs and UHC PHCs will be accommodated into the existing services and continuum of care should be established from community to tertiary care centres without fail. Differential level of services will be provided at different level of healthcare facilities. Eg. Dental care will be provided by the dental unit established at the block. Mental health service will be provided by the district level unit. Hub and Spoke of laboratory services will provide the sample collection from least possible unit of health care architecture.

Linkage of Occupational health services and Transgender Speciality Clinic will be established from Health and Wellness Centres. Polyclinic model established in the Urban Primary Health centres will strengthen the service delivery from the HWCs.

Wellness activities like Yoga & Naturopathy service, Food Adulteration Testing facility will be made available at HWCs. School students will be identified as 'Health Ambassadors' and given due importance in UHC programme implementation with key focus to IEC. Open Gym, Pebble path, Sanitation Demonstration Park will be established in UHC blocks in identified facilities for improving the awareness among the public. Eat Right Campaign will be conducted in the UHC blocks with focus on behavioural change. Existing iodine testing facility, drinking water quality testing using H₂S kit, residual chlorine testing in drinking water should be available in all HWCs.

The UHC HSCs and PHCs are mapped with Yoga and Naturopathy Doctors, in consultation with District Siddha Medical Officers. All Indian System of Medicine (ISM) doctors should be mapped with PHCs and HSCs for Yoga training and field visit. The Yoga sessions in UHC HSCs are to be conducted by the Yoga trained VHNs on Monday, Thursday, Friday and Saturday every week. In PHCs the Yoga sessions are to be conducted by the Yoga trained Staff Nurses / ANMs and available Yoga doctors on Tuesday, Thursday and Friday every week. The yoga sessions are to be categorised with sessions for Ante Natal (AN) / Post Natal (PN) mothers, NCD patients and general public. One-hour session on Benefits of Yoga and Importance of doing at home are planned to be added during trainings given at block level.

8. Community Outreach under UHC

Outreach is the entry point of UHC service delivery into community. Palliative and Geriatric home-based care, NCD follow up are the key focus of community outreach.

Institutional services provided under UHC has to be coordinated with Outreach VHN activities like MCH services, Immunization, family welfare services, Hospital on Wheels (HoWP), School Health (RBSK) Team.

Population based screening of NCDs and specific Communicable Diseases including enumeration of beneficiaries by house to house visit, screening for 18-

29 for NCD risk factors using Community Based Assessment Checklist (CBAC), Screen for 30 & above for Diabetes, Hypertension, Cervical, Breast and Oral Cancers (Blood sugar & Blood pressure), Symptomatic screening of TB, leprosy, Mental health, COPD & CKD through Woman Health Volunteers (WHV)/ASHA/AWW). Yoga sessions at UHC HSC & PHCs or nearby places like schools will be coordinated with schools and AYUSH directorate.

IECs at schools and colleges using Audio visuals. Conducting RNTCP and leprosy camps in UHC Blocks. Health and nutrition joint training for VHN, HI & ICDS (MCH, NCD, Lep, TB) will be conducted during 2019-20.

9. Reporting under UHC

Daily reporting of beneficiaries' line list (OP/referral/follow-up cases), drug utilization and Health and wellness Centres (HWCs) functionality status on 10 major components has been collected through IT portal. Implementation progress, Physical performance and financial performance have been reviewed at Block, District and State level using the data collected through IT portal. Mentor staff nurses and District Maternal Child Health Officers are monitoring the portal entries during their supervisory visits.

Functional status, daily performance abstract and monthly NCD performance are updated in the Ayushman Bharat Portal. Drug status will be updated in HMIS by the Block Primary Health Centre.

10. Monitoring and Supervision

BMO, MOs, Mentor Staff Nurses should train the SN & VHN on 12 comprehensive primary health care services. Hands on training to SN & VHN during Field postings will be given at UHC block.

State and HUD Nodal officers assigned will inspect all HWCs. Government RTIs and ANM schools should adopt UHC block. Private ANM schools, Private HI schools and Nursing schools should link the UHC block as the field practice areas.

Regional Quality Consultants should facilitate gap analysis of UHC HSCs and UHC PHCs. Each UHC block PHC Medical Officer should visit UHC HSCs through Fixed Tour Programme (FTP) covering minimum 2 visits/month to all UHC HSCs.

Convergence of sanitation and hygiene related programmes like Safe Water supply, Water lab mapping to UHC block, Water supply system mapping in UHC

block, vector survey for breeding places, Toilets usage in the block, Sanitation Demonstration Parks at UHC block level.

Criteria for a functional UHC HSC, PHC & Block

	Input	HSC (24x7)	PHC (4pm-9am)	Block (24x7)
1	Infra Structure*	Own HSC building, Branding, Water supply, Alternate power backup, Toilets	Branding, Dedicated Lab space, Water supply, Alternate power backup, Toilets	Block Public Health Lab building, Multipurpose Hall, Water supply, Alternate power backup
2	Primary Healthcare Team	1 Addl. VHN/GNM + 1 Regular VHN + WHV	3 Staff Nurses+ MO+ Pharmacist + LT	3 Lab Technicians
3	Capacity Building	Certificate Course in CHC through TNMGR + UHC-IT training (2 days) +Tele mentoring	Certificate course in CPHC (1 month) + UHC-IT training (2 days) + Tele mentoring	Training on UHC Operationalization + UHC-IT training (2 days) +Tele mentoring
4	Medicines	Kit A (12), Kit B drugs (4), UHC Kit (12), NCD drugs (15), Family Welfare Kit (5) Dispensed as per STG	Insulin injection, Antibiotic injection Dispensed as per MO Prescription	As per Essential Drug List Dispensed as per MO Prescription
5	Diagnostics	6 tests + Sputum collection	20 tests @ PHC+ 20 tests thro' LIMS+ ECG + Sample collection	25 tests @ Block+ 15 tests thro' LIMS+ ECG + Sample collection USG + X-ray (9am-4pm)
6	IT Systems (Hardware)	1Tablet + Internet	1Tablet + 1Desktop (lab) +Internet	1Desktop (lab) + Internet
	(Software)	Family folder + UHC app PBS App+ NCD App + Drug Inventory+ LIMS (Report)	Family folder + UHC app+ NCD App + Drug Inventory + LIMS	Family folder + UHC app NCD App + Drug Inventory + LIMS
7	Service Delivery	Minor ailment treatment + Referral & Follow up of all 12 CPHC services + NCD services + Wellness activities including Yoga + IEC+ Tele consultation#	Minor ailment treatment + Referral & Follow up of all 12 CPHC services + NCD services + Wellness activities including Yoga + IEC+ Tele consultation	All 12 CPHC services by Medical Officers+ Managing referral in from UHC HSCs & PHCs+ IEC+ Tele consultation

8	Outreach Services	MCH outreach+ Population Based Screening + Patient Support Group	Medical Camp by MO @ HSC	Community palliative care services+ HoWP + RBSK
9	Reporting	Daily reporting of Line list of beneficiaries + Weekly HWC implementation status	Daily reporting of Line list of beneficiaries + Weekly HWC implementation status	Sharing of beneficiary Line list to all levels+ Weekly LIMS implementation status
10	Mentoring & Supervision ^{\$}	Fortnightly visit by MO, DMCHO	Mentor Staff Nurse, DMCHO+ District Microbiologist (LIMS)	Adoption of UHC block by Regional Training Institutes (RTIs)

*All HWCs aim for Quality accreditation in a phased manner; #Tele consultation as per the need in UHC HSC, PHC and Block PHC; \$ Community Action for Health will be integrated with UHC

Major challenges foreseen during implementation of UHC

The following challenges may be considered during implementation of UHC

- 1) Upscaling UHC program to entire state in short span
- 2) Sensitizing the health staff on operationalizing the HWCs to provide 12 CPHC services
- 3) Shortage of trained manpower to deliver the 12 CPHC services
- 4) Training of health staff on job-oriented syllabus and career progression advantages of trained staff.
- 5) Strengthening the community linkages
- 6) Moving from paper-based registers to IT based systems
- 7) Generating population enumeration line list: Fixing the denominator
- 8) Functional Lab Information Systems (LIS) and Hub & Spoke model
- 9) Convergence of established programmes like NCD, Insurance, MCH services, Family Planning services, RBSK, Urban polyclinics under UHC
- 10) Financial requirement of about Rs.1000 crore for UHC implementation

Strategies for improving performance of UHC HSCs

Organizing meetings at HSCs with the Community to showcasing the HSC services. Self Help Group (SHG) meeting and Village Health Sanitation & Nutrition Committee (VHSNC) meetings shall be addressed by the health staff. School Children shall be organized for HSC visits (Schools located within the village only). Village Health Nutrition Day shall be organized at the HSC in coordination with ICDS. Community Partners meeting, Regular meetings with mothers and NCD patients to

be conducted at HSCs. All Govt/local body staff working/residing in the village are to be invited to the HSC for sensitization on expanded service delivery at HWCs.

24x7 availability of basic services like Minor ailments / First Aid, Blood Pressure Checking, Blood Pressure Checking and drug distribution, Urine/Blood sugar level testing, Urine/ Blood sugar level testing and drug distribution, Inj.Tetanus Toxoid for injury cases. HWCs Should monitor and follow up TB cases in the HSC village and area (Line list to be available at HSC), AN check up and care particularly for working women, BP checking for mothers with PIH, Care and follow up of High risk mothers (Line list of PIH mothers should be available), NCD screening (Line list should be available).

Ensuring the laboratory services like Haemoglobin, Blood Sugar, Urine Albumin and Sugar, Urine Pregnancy Card Test, Malaria Smear for fever cases, Issue of sputum cups for suspected TB cases to hand over in microscopy centre.

Separate Cup Board for UHC medicines shall be provided and Sub stock shall be maintained by the additional VHN. Separate Refrigerator shall be made available to store the injections. Bio medical waste management shall be in place as per protocol.

Visibility by assured Service Timings, Display board with 12 Comprehensive Primary Health Care Services provided, Mobile number of both the VHNs should be displayed, VHN FTP display, Camp VHN programme written in the white marker board, Good visibility during night hours by providing adequate lighting.

Constellation of Services at HSC like visit by PHC MO on fixed days for examining cases for follow up, HoW team fixed day visit date to be displayed at UHC HSCs, similarly School Health Teams should regularly visit the HSCs, Line listing of High Risk Mothers, Line listing of NCD patients, Line listing of TB and leprosy patients.

Provision of drinking water and adequate furniture at HSCs. Clean and hygienic premises, Greeneries / Herbal plants/ flowering plants, fencing or compound wall to HSCs and good ambience shall improve the HSC appearance. Providing alternate power supply like solar, inverter, emergency lamps. Basic requirements for VHNs stayal like Water supply, Toilet, Power connection and Gas connection shall be made available.

Display of information boards on 104 Health Helpline, 102 Mothers Helpline, 108 Medical Police Fire, HSC services to be displayed in ration shop / post office / school / bus stand / ICDS / VAO office in all villages covered by the HSC area, direction boards to reach HSC shall be placed.

Supportive supervision by DMCHOs, CHN, SHN, DTTMOs and BMOs shall give hands on training to improve the skills to deliver the services, drugs and consumables availability, expiry date monitoring, monitoring of regular registers updation by VHN and suggestions to improve the service delivery entered in inspection register by the visiting officials.

Strategies for improving performance of UHC PHCs

In addition to all the strategies mentioned above, meetings with DBC/ Thooimai Kavalargal / Local body sanitary staff/ NREGA workers, Tank Operators, School Teachers shall be organized at PHCs. Generators shall be placed in all UHC PHCs including laboratory.

24x7 availability of Inj. ARV, Inj. Insulin administration for patients regularly on insulin, Inj. Deriphylline for Bronchial Asthma patients prescribed by Medical Officers, injectable antibiotics as prescribed by MO, shall actively involve in RNTCP.

Expected Outcomes by implementing UHC

UHC maintains and improves health. Good health allows children to learn and adults to earn. This helps people escape from poverty and provides the basis for long-term economic development. UHC is comprised of much more than just health; taking steps towards UHC means steps towards equity, development priorities, social inclusion and cohesion. UHC is not only about assuring a minimum package of health services, but also about assuring a progressive expansion of coverage of health services and financial risk protection as more resources become available.

1. Lab services and drug could be delivered at the HSC level which may drastically reduce OOPe.
2. HWCs could be the window of opportunity for providing expanded services especially NCD services.
3. Intact continuum of care with forward and backward linkages could be established through IT platform with population as denominator.

The following conceptual clarity on UHC implementation is essential and instrumental in building a healthy and wealthy nation

1. Basic services by qualified people to poor people at door steps under the guidance of PHC doctors
2. Unqualified quacks have to leave under the pressure of robust UHC
3. Over the counter sales of drugs will disappear

Annexure II – Draft Checklist

Health and Wellness Centres (HWC) – Primary Health Centres (PHCs)

HR	As per IPHS but minimum requirement is of PHCs - • MBBS MO (1) • Staff nurse (3) • Pharmacist (1) • Lab technician (1)
Training	• Three days training of MO and Staff Nurse to be trained in prevention, screening and management of common NCDs
Medicines	• As per essential list of medicines at PHC level + • Medicines for Hypertension and Diabetes management for 3 months
Diagnostics	As per IPHS – Minimum requirement are as follows- • Haemoglobin • TC, DC, ESR, Peripheral smear • Blood grouping and typing • Urine Pregnancy Rapid Test • Urine Dipstick for albumin and sugar • Blood Glucose • Malaria Smear, Rapid Diagnostic (RDK) Test for vector borne disease-Dengue, Chikungunya, • Rapid Syphilis Test • HIV Serology: Rapid Test • Typhoid serology • BMI using Stadiometer • Visual Inspection through Acetic Acid (only where lady MO/staff nurse has been trained VIA examination) • TB Microscopy- AFB Smear (only in designated centres) • Vision Screening using snellen's and near vision chart • Equipment to conduct Oral Visual Examination as per NCD guidelines
IT	• Desktop/ Laptop for PHC MO with UHC App/ RCH portal, NCD module of CPHC IT system and NIKSHAY • Internet connectivity • Arrangement of teleconsultation – (skype, zoom or google duo) and linked with hub site - RTI • IT training – Two day for MO and ANM (including field based demonstration) • Data Entry support to be provided

Infrastructure	At PHC-HWC-Building as per IPHS with inclusion of- • A “Wellness Room” for conducting physiotherapy/Yoga sessions, rehabilitative services, • Provision of privacy arrangement for patient examination area • Adequate space for laboratory and pharmacy • Provision of sitting arrangement of patients, other amenities in the waiting area • Facilities for people with disabilities • Separate toilets for males and females
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	• Patient reception and registration centers • Electricity with power back up • Water – Running / Potable • Proper Drainage • Provision of BMW management • Painting and display board for Health and Wellness Centres
Wellness Activities	• Coordinate with ISM department for identification of certified institutes / instructor to organize sessions with a predefined schedule (can be insourced) • ISM MO if available to run ISM clinics • IEC ◦ Patient leaflets ◦ Health Promotion messages-Life Style Modification, Avoiding Risky behaviours • Standard Protocols displayed
Grievance Redressal	• Citizen charter displayed • <u>Linkage</u> with functional 104 call centre
Expected Output / Services	• Ongoing service delivery of RCH and Disease Control Programmes to continue • Population enumeration and Community based risk assessment of the population covered by collocated HSC • Additional package of – prevention, screening and management of NCDs – with diagnosis and medicine provisions for atleast a month as per protocols • Teleconsultation services with identified specialists at hubs as per defined schedule • Wellness activities – Health promotion and Yoga sessions as per predefined schedule–(at PHC or HSC or public spaces like panchayat offices, schools etc)
Outreach and Community	• RBSK screening • Village Health and Nutrition Day/Village Health Sanitation committee meeting with public services monitoring

Health and Wellness Centres (HWC) –Health Sub Centres (PHCs)

HR	• VHN for routine HSC services • Mid-level Health Provider (additional VHN recruited through MRB)
Training	• Mid-Level Health Provider – posted after completion of 6 months Certification Programme in Community Health • Other VHN and VHVs - One day in quality ANC, MI, NDD, RBSK and TB and Four days in Universal Screening of NCDs – (3days separate training and one day joint training with VHN&VHVs)
Medicines	• As per essential list of medicines at HSC level + • Medicines for Hypertension and Diabetes management for 3 months as per number of patients diagnosed

Diagnostics	• Blood Pressure • Tape measurement- Stadiometer -BMI • Equipment to conduct Oral Visual Examination as per NCD guidelines Lab services • Haemoglobin • RDK – Malaria / Dengue • Blood Sugar • Urine Pregnancy • Urine albumin/ Sugar • Sputum Collection
IT	• Tablets for VHNs with UHC App/ RCH portal and NCD module of CPHC IT system uploaded • Internet connectivity • Arrangement of teleconsultation – (skype, zoom or google duo) and linked with hub site- RTI • IT training – Two days for VHNs (including field based demonstration) • Data Entry support to be provided
Infrastructure	At HSC-HWC-Building as per IPHS with inclusion of- • A well-ventilated clinic room with examination space and office space for Mid-Level Health Provider at HSC-HWC. • Storage space for storing Medicines, equipment, documents, health cards and registers • Designated space for lab/diagnostic • Separate male and female toilets • Deep burial pit for Bio Medical Waste Management • Proper system for drainage • Assured water supply that can be drawn and stored locally- Water – Running / Potable • Electricity supply linked to main lines or adequate solar source, inverter or back-up generator as appropriate. • Patient waiting area covered to accommodate at least 10-15 chairs • Repairs of roofs and walls, plastering, painting and tiling of floors to be undertaken as per requirement. • Wellness room - for Yoga if adequate space for expansion is available • Adequate residential facilities for the service providers • Painting and display board for Health and Wellness Centres
Wellness Activities	• Coordinate with ISM department for identification of certified institutes / instructor to organize sessions with a predefined schedule (can be insourced) • IEC ○ Patient leaflets ○ Health Promotion messages-Life Style Modification, Avoiding Risky behaviours • Standard Protocols displayed
Grievance Redressal	• Citizen charter displayed • Linkage with functional 104 call centre
Expected Output / Services	• Ongoing service delivery of RCH and Disease Control Programmes to continue • Population enumeration and Community based risk assessment of the population covered

	• Additional package of – prevention, screening and management of NCDs – with screening and medicine dispensation as per treatment prescribed by PHC MO for at least a month as per protocols • Teleconsultation services with identified specialists at PHC/ CHC as per defined schedule • Wellness activities – Health promotion and Yoga sessions as per predefined schedule–(at PHC or HSC or public spaces like panchayat offices, schools etc)
Outreach and Community	• RBSK screening • Village Health and Nutrition Day/Village Health Sanitation committee meeting with public services monitoring

Abbreviations

PHC	Primary Health Centre
HSC	Health Sub Centre
COPD	Chronic obstructive pulmonary disease
MO	Medical Officer
ANC	Ante Natal Check
MI	Mission Indradhanush
RBSK	Rashtriya Bal Swasthya Karyakram
NCD	Non Communicable Disease
NDD	National Deworming Day
FRU	First Referral Unit
VIA	Visual Inspection by Acetic acid
BMI	Body Mass Index
UHC	Universal Health Coverage
VHN	Village Health Nurse
VHV	Village Health Volunteers (ASHA)
MLHP	Mid-Level Health Provider
IPHS	Indian Public Health Standards (IPHS)
VHSNC	Village Health Sanitation Nutrition Committee
CPHC	Comprehensive Primary Health Care

Annexure III: Specifications for HWC display board

All Health and Wellness Centres have to be branded with display board (Fig. 1 & 2) for inauguration.

Specification for printing the HWC display board

1. Display board should be of 5 feet (Width) and 3 feet (Height)
2. Tamil words are typed using “VanavilAvvaiyar” font and English words using “Bookman Old Style” font
3. Green background should be of C 86%, M 31%, Y 87% and K20% (#1f7246)
4. Both Rural and Urban Primary Health Centres should be named as “அரசு ஆரம்ப சுகாதார நிலையம்” and Health Sub Centres should be named as “அரசு துணை சுகாதார நிலையம்”.
5. Display board should be printed in digital print on Self-Adhesive Vinyl (SAV) and near photographic in quality
6. Display boards should have visibility at night

Fig. 1: Health and Wellness Centre Primary Health Centre (HWC PHC) display board

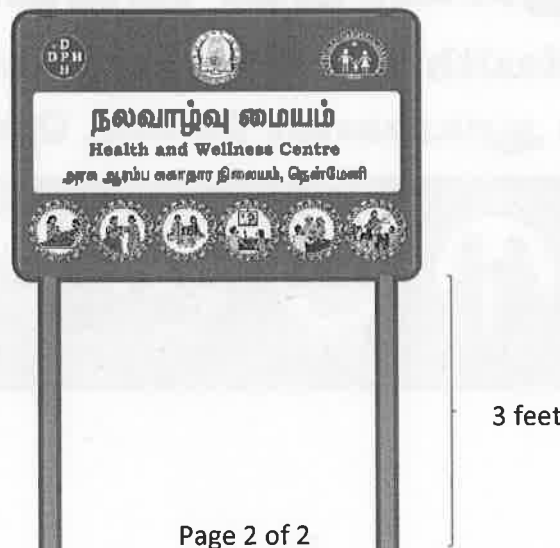


Fig. 2: Health and Wellness Centre Health Sub Centre (HWC HSC) display board



Display board may be erected as follows

1. Base structure should be Metal fabricated of MS framework fitted with Aluminium Composite Panel (ACP) sheet pasted with plotter.
2. MS pipes of not less than outer diameter of 3 inches should be used to erect a stand with minimum 3 feet grounded and 5 feet above the ground level, if needed.
3. Safe electrical wiring should be ensured on establishing display boards.



Annexure VI: Laboratory Services made available in the UHC blocks

1) Health Sub Centre Level

- 1) Blood Sugar (PoC)
- 2) Blood hemoglobin (PoC)
- 3) Urine – Albumin & Sugar (Strip)
- 4) Urine Pregnancy Test (UPT)
- 5) Blood Smear Collection for Malaria

2) Primary Health Centre Level

- 1) Haemoglobin
- 2) Blood Sugar – Random, Fasting, PP
- 3) WIDAL Test (Typhoid)
- 4) Malaria Blood Smear Examination
- 5) HBsAg (Rapid)
- 6) VDRL
- 7) HIV Rapid test
- 8) Urine Analysis (Urine Routine)
- 9) Urine Pregnancy Test (UPT)
- 10) Stool for Ova and Cyst
- 11) Bleeding Time
- 12) Clotting Time
- 13) ESR
- 14) Blood Grouping and Rh Typing
- 15) Glucose Challenge Test (GCT)
- 16) Cholesterol
- 17) Urea
- 18) Creatinine
- 19) Serum Bilirubin
- 20) Blood Smear for Filaria

3) Additional 5 recommended tests at CHC level

- 1) Complete Blood Count (CBC)
- 2) Grams Staining – Throat/Sputum/STI
- 3) TB (Sputum AFB)
- 4) Lipid Profile
- 5) HbA1C

4) UHC - 15 Referral Tests

- 1) Liver Function Test (LFT)
- 2) Renal Function Test (RFT)
- 3) Thyroid Profile (T3, T4, TSH)
- 4) Electrolytes District Head Quarters Hospital Lab
- 5) Urine Culture & Sensitivity
- 6) Blood Culture & Sensitivity
- 7) Stool Culture & Sensitivity
- 8) Pus/Sputum/others Culture & Sensitivity
- 9) Dengue NS1 Elisa
- 10) Dengue IgM Elisa
- 11) Leptospirosis IgM Elisa
- 12) Scrub Typhus IgM Elisa
- 13) HAV IgM Elisa
- 14) HEV IgM Elisa
- 15) Coliform Test for Drinking Water

Annexure VII: Painting of HWCs as follows

Health and Wellness Centres (HWCs) shall be colour washed with scarf green emulsion paint for outer surface and border coloured with Lemon Blast and for inner surface shall be coloured with half white distemper pain.



