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GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110011

D.O No. 7(27)/2018-NHM-I

Dated the 28<sup>th</sup> March, 2018

*Dear colleague,*

As you are aware the Honourable Prime Minister recently announced the launch of Ayushman Bharat – encompassing the provision of Comprehensive Primary Health Care and the National Health Protection Scheme. The provision of comprehensive primary health care through strengthened Health and Wellness Centres is being operationalized in your state. As we move from selective to comprehensive primary health care provision, the following points need to be kept in mind:

1. The strengthening of Health and Wellness Centres should be initiated and prioritized in those PHCs/CHCs that have a higher population coverage. Of course, all the sub-centres within a well functioning PHC (transferred into a HWC) should be taken up first.
2. The selection, training and placement of Mid-Level Health Providers is a key first step. However appropriate orientation and skilling of existing medical officer(s), staff nurses, multipurpose workers (male & female) and ASHAs is also critical, since CPHC involves a paradigm shift in service delivery from individual service providers to services provided by a primary health care team and from selective to comprehensive primary care.
3. Where Mobile Medical Units (MMU) are functional, the MMU teams should be oriented to and skilled in the provision of CPHC to the populations served. Requisite drugs and point of care diagnostics need to be provided in MMUs. The MMU teams should also coordinate with the ASHAs and MPWs of the area to enable follow up of those with chronic diseases such as hypertension and diabetes.
4. The infrastructure upgradation of H&WC should be planned after a mapping exercise upto the PHC/SC level. The upgradation would depend on the current state of existing buildings. To the extent possible, new construction/upgradation should use quick construction technology such as prefab structures. The state should also leverage MNREGA, 14<sup>th</sup> FC, MP/MLALADS and CSR funds in such infrastructure upgradation.
5. Appropriate use of technology for a range of primary health care functions to improve continuum of patient care from the patient's home/community setting, to the Health and Wellness

Wellness Centre, through the PHC Medical officer and then to speciality services is necessary. Clearly the optimum efficacy for such technology based health care requires broad band connectivity but data transfers (including visual images of lesions, results of laboratory test results, and oral communication of symptoms and signs) could easily be handled at least in the short-term, by using the mobile telephone network. Skype/Whatsapp etc. consultations should also be used to enable such consultations.

6. The MOHFW is also working on expanding the use of the platform through Project ECHO which is currently being used by NIMHANS for training primary health care providers on mental health in Chhattisgarh, Bihar and Kerala, by National Institute for Tuberculosis Research and Development (NITRD) for managing MDR TB and for Hepatitis C Management in Punjab. We will be sharing details on this soon.

Please feel free to get in touch with the NHSRC team or the NHM Division regarding clarifications.

With regards,

Yours' Sincerely



(Manoj Jhalani)

Principal Secretaries, Health & FW, All States/UTs

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Mission Directors, NHM, All States/UTs.