भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
स्वास्थ्य एवं परिवार कल्याण विभाग
निर्माण भवन, नई दिल्ली-110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DEPARTMENT OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

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D.O.No.Z-15015/11/2017-NHM-I
09th March, 2017

Dear Secretary,

I am writing to follow up on the recent budget announcement on the Health and Wellness Centres. As PIPs are being developed, this is an opportune time for the state to plan for implementing Health and Wellness Centres (H&WC). As you are aware, a H&WC entails the transformation of an existing sub centre to serve as the first point of care for comprehensive primary health care closer to the community. Additional human and financial resources will be made available. In selecting the H&WC please keep in mind that the Primary Health Centre (PHC), is expected to be the hub and be accountable for all the H&WC in its coverage area.

In order to test and tailor strategies for delivery of comprehensive primary health care, saturation of at least a block (normative population 1,20,000 and at least 30 Sub centres/HWC) is necessary.

It is also important to initiate the implementation of H&WC in areas where there is already some attempt at providing a broader range of services. Recently states have selected districts for NCD screening. *States may select at least one block in at least two districts (for high focus states/NE states except Assam) and three districts (in non-high focus states).* There are some broad principles to be kept in mind while selecting these blocks:

1. The Block PHC/CHC should have the requisite staff in place, so that referrals for the H&WC are managed within the block. Since the Block PHC is the site for fund flow, logistics supply, refresher training, supervision and management, it is, therefore, the unit within which several of the workflow processes and responsibility for change management will be located.
2. The sub centres in the block chosen should preferably have a complement of two Multipurpose workers (one female and one male/or two female MPWs) and five ASHAs (for 1000- 1500 population). States would need to, therefore, undertake a mapping and also ensure appropriate deployment so that this complement of frontline workers is realized.
3. The first step that these frontline workers will need to undertake is population enumeration. While the IT system for this is being developed, at this point a register will serve the purpose. A draft format will be sent to you shortly.
4. The critical additional human resource is the Mid-Level Health Provider (Community Health Officer). Where this has not been already done, or where numbers are not adequate, states should select Nurses and Ayurveda Doctors for admission to the Bridge Course. The Bridge Course for Nurses has already been developed while for Ayurveda practitioners, it is under development.
5. The District hospitals/nearby medical college should be strengthened as a programme study centre for these batches.

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6. State should designate a nodal officer for H&WC, preferably from the Directorate, who will work in collaboration with the State Health Systems Resource Centre/State ASHA resource Team and the NPCDCS team.
7. States should identify medical colleges/public health institutions to serve as mentors/handholding to the rollout process.
8. The costing for the H&WC will be communicated to you soon.

You may contact Dr Rajani Ved, Advisor, NHSRC at rajani.ved@gmail.com for any clarification.

Regards,

Yours sincerely,

(Arun K Panda)

To
Additional Chief Secretary/Principal Secretary/Secretary
Health & Family Welfare Department
All States and UTs