Health and Wellness Centre Mentoring By Medical College in a Hilly District of Himachal Pradesh

Abstract: Background: Government of India has launched an ambitious programme – Ayushman Bharat for achieving Universal Health Coverage (UHC). Ayushman Bharat has two pillars, one being PradhanMantri Jan ArogyaYojna (PM-JAY) and the other Ayushman Bharat – Health and Wellness Centres (AB-HWC). PM-JAY aims to provide financial protection for secondary and tertiary care and PM-HWC aims to achieve delivery of Universal Comprehensive Primary Health Care. Methodology: Mentoring hub was established at PSM department of IGMC Shimla. A pair of HWC-PHC & HWC-HSC was selected so that selected Subcentre falls under selected PHC. A team consisting of 1 Consultant, 1 SR, 1 JR from PSM was formed. The team conducted at least 1 visit every month & the team would cover 1 pair of HWCs in 1 visit. The MO PHC-HWC accompanied the team while visiting HWC HSC under that PHC. NHM provided list of 10 HWCs every year to be mentored by each of the MC in consultation with Distt. Reports were submitted to NHM for planning of strengthening of capacities of various primary health care teams across the state as & when required. Results: The team visited the 5 HWC HSCs and 5 HWC PHCs for consecutive 5 months. They interviewed the CHOs, ANMs, MPWs and Medical Officers on the basis of checklist. For evaluation of skills the hands-on was also conducted. The gaps were identified as High, Medium & Low. Corrective measures were identified and responsibility was fixed for the gap closure. The report was submitted to National Health Mission, H.P.

Keywords: HWC, CHO, AB-PMJAY, Mentoring, Medical College.

BACKGROUND

Government of India has launched an ambitious programme – Ayushman Bharat for achieving Universal Health Coverage (UHC). Ayushman Bharat has two pillars, one being PradhanMantri Jan ArogyaYojna (PM-JAY) and the other Ayushman Bharat – Health and Wellness Centres (AB-HWC). PM-JAY aims to provide financial protection for secondary and tertiary care and PM-HWC aims to achieve delivery of Universal Comprehensive Primary Health Care.

Operationalising these AB-HWCs requires a paradigm shift. Keeping this in mind, the Ministry of Health and Family Welfare, GOI decided that every medical in the country should adopt and provide mentorship to at least 10 AB-HWCs in rural and urban areas. To achieve this, it would be essential to rope-in the Department of Medical Education and work in close collaboration to map the functional AB-HWCs located within the proximity of the respective medical colleges. Since the faculty of Medical Colleges have expertise in the area of public health and their contribution to the development of primary health care in the state can be invaluable, their proficiency needs to be harvested for achieving the goal of Universal CPHC. The guidance and mentorship to these adopted AB-HWCs would enable them to provide quality healthcare services.

Himachal Pradesh is fully committed to achieve the target of UHC. To serve this purpose, All Govt& Private Medical Colleges would adopt 10 HWCs (5 PHCs, 5 HSCs) in a year for mentoring.
Range of services to be delivered at HWCs

- Care in pregnancy and childbirth
- Neonatal and infant health care services
- Childhood and adolescent health care services
- Family Planning, contraceptive services and other RCH services.
- Management of Communicable diseases including National Health Programmes.
- Management of common communicable diseases and outpatient care for acute simple illnesses and minor ailments.
- Screening, Prevention, control and management of NCDs.
- Care for common ophthalmic and ENT problems.
- Basic oral health care.
- Elderly and palliative health care services.
- Emergency medical services.
- Screening and basic management of mental health ailments.

Operational Criteria for a HWC

A HWC is categorised as operational only when the following 10 criteria are met:

- Availability of HR.
- Training completed.
- Branding completed.
- Availability of Medicines.
- Availability of Diagnostics.
- Population Enumeration initiated.
- Screening of NCD initiated.
- IT application in place.
- Tele-Consultation being done.
- Wellness activities being conducted.

The key features of mentor-ship include:

- Assessment of training needs and capacity building of service providers.
- Development of various components of HWC.
- Establish HWC as an integrated platform for delivering a range of primary health care, including addressing determinants such as nutrition, school health, WASH etc.
- Monitoring of footfalls, service availability, including establishment of referral linkages to ensure continuum of care.
- Extent of reach of the primary health care team to the marginalized population in the coverage area.
- Clinical mentoring of primary healthcare team.
- Identify issues that need behaviour change and develop appropriate strategies to address directly or through multi-sectoral convergence.

- Undertake implementation research in various areas such as financing, health promotion strategies, change management etc.

Since the faculty of Medical Colleges have expertise in the area of public health and their contribution to the development of primary health care in the state can be invaluable, their proficiency needs to be harvested for achieving the goal of Universal CPHC. Therefore, need has been felt to notify the guidelines for such mentoring and follow up activities.

**Methodology**

- Mentoring hub was established at PSM department of IGMC Shimla. A pair of HWC-PHC & HWC-HSC was selected so that selected Subcentre falls under selected PHC. A team consisting of 1 Consultant, 1 SR, 1 JR from PSM was formed. The team conducted at least 1 visit every month & the team would cover 1 pair of HWCs in 1 visit. The MO PHC-HWC accompanied the team while visiting HWC HSC under that PHC.NHM provided list of 10 HWCs every year to be mentored by each of the MC in consultation with District. The team filled a standardized checklist called *Annexure F*. Reports were submitted to NHM for planning of strengthening of capacities of various primary health care teams across the state as & when required. Based on reports from various MCs, NHM would plan strengthening of capacities of various primary health care teams across the state as & when required.

**Results**

A team consisting of one Junior Resident, one Senior Resident and one Consultant from the department of Community Medicine, Indira Gandhi Medical College Shimla visited total 10 HWCs (5 HSCs & 5 PHCs). Detailed checklist was filled and gaps were identified. The gap closure plan and responsibility of gap closure was prepared and submitted to the NHM, H.P.

**Detail of Visits**

Department of community medicine IGMC Shimla visited following Health Wellness Centres for the purpose of mentoring and submitted the report to NHM HP:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Block</th>
<th>Name of HWC PHC (Distance of facility from IGMC Shimla in KMs)</th>
<th>Name of HWC HSC (Distance of facility from IGMC Shimla in KMs)</th>
<th>Name of Faculty visiting HWC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Matiana</td>
<td>PHC Bani (22 Km)</td>
<td>HSC Deorighat (26 Km)</td>
<td>Dr. Anmol Gupta, Dr. GopalAshish, Dr. Sumit Sharma</td>
</tr>
<tr>
<td>2.</td>
<td>Mashobra</td>
<td>PHC Ghanahatti (22 Km)</td>
<td>HSC Devnagar (30 Km)</td>
<td>Dr. Anmol Gupta, Dr. Sumit Sharma, Dr. NehaPatyal</td>
</tr>
<tr>
<td>3.</td>
<td>Matiana</td>
<td>PHC Matiana (50 Km)</td>
<td>HSC Gadakufri (60 Km)</td>
<td>Dr. VijayBarwal, Dr. GopalAshish, Dr. ParikaTanwar</td>
</tr>
</tbody>
</table>
Each facility was visited by a team from department of community medicine consisting of 3 members and a report was prepared and submitted subsequently on the standardized checklist provided as Annexure F from NHM HP which are presented as Table 2 & 3.

### Table 2: Summary of Gaps found in HWC PHCs

<table>
<thead>
<tr>
<th>Domain of gap found</th>
<th>PHC Bani</th>
<th>PHC Ghanahatti</th>
<th>PHC Sharda</th>
<th>PHC Matiana</th>
<th>PHC Narkanda</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Resource</strong></td>
<td>POSTS VACANT CHO – 5, FHW – 1 MHW – 4</td>
<td>No Gap</td>
<td>Posts Vacant MHW – 1</td>
<td>POSTS VACANT CHO – 2, FHW – 3 MHW – 4</td>
<td>Posts Vacant CHO – 1, Pharmacist–1, Lab Technician-1</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
</tr>
<tr>
<td><strong>Trainings required</strong></td>
<td>NCD, VIA, NTEP</td>
<td>NCD, VIA, NTEP</td>
<td>NCD, VIA, NTEP</td>
<td>Induction Training of ASHA, NCD, VIA</td>
<td>NCD, VIA</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
<td>No Branding, Painting &amp; repair work Shifting of staff to new building required</td>
<td>No Branding, Painting &amp; repair work</td>
<td>No Gap</td>
<td>No Branding, Painting &amp; repair work</td>
<td>No Branding, Painting &amp; repair work</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>LOW</td>
<td>LOW</td>
<td>LOW</td>
<td>LOW</td>
<td>LOW</td>
</tr>
<tr>
<td><strong>Service Delivery</strong></td>
<td>No screening of 5 common NCDs No Targets for NCD screening</td>
<td>No screening of Cervical cancer through VIA No Targets for NCD screening</td>
<td>No screening for 3 Common cancers NCD screening target not achieved</td>
<td>No screening for 3 Common cancers CBAC, NCD screening target not achieved</td>
<td>No Cervical cancer screening through VIA No Targets for NCD screening</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
</tr>
<tr>
<td><strong>IT</strong></td>
<td>No printer &amp; Internet connection</td>
<td>No internet connectivity</td>
<td>No Power supply printer &amp; Internet</td>
<td>No Printer</td>
<td>Installed, but not in working condition</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
</tr>
<tr>
<td><strong>Teleconsultation</strong></td>
<td>Less than 1 per day</td>
<td>Less than 1 per day</td>
<td>1.36 Per Day</td>
<td>No Teleconsultation</td>
<td>No Teleconsultation</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
</tr>
<tr>
<td><strong>Knowledge, Skills and Competencies</strong></td>
<td>HRPs, MTPs, Contraception, ASHA Depot, IFA Prophylaxis, HWC Portal, NCD Screening, MDR/CDR, STIs. LOW to HIGH</td>
<td>HRPs, MTPs, Contraception, ASHA Depot, IFA Prophylaxis, HWC Portal, NCD Screening, MDR/CDR, STIs.</td>
<td>MTP, New Contraceptives, ASHA Depot, IFA Prophylaxis, NCD Portal, SAM, NCD Screening, Hb testing, IFA Prophylaxis.</td>
<td>MTP Services, Newer Contraceptives, ASHA Depot, HWC &amp; NCD Portal upadation, STI, IFA Beneficiaries, Growth Monitoring, HWC Portal.</td>
<td>Newer Contraceptives, ASHA Depot, HWC &amp; NCD Portal upadation, NCD Screening, STI, Growth Monitoring, HWC Portal.</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>LOW to HIGH</td>
<td>LOW to HIGH</td>
<td>LOW to HIGH</td>
<td>LOW to HIGH</td>
<td>LOW to HIGH</td>
</tr>
</tbody>
</table>

### Table 3: Summary of Findings of HWC PHCs

<table>
<thead>
<tr>
<th>Domain of gap found</th>
<th>HSC Deorighat</th>
<th>HSC Devnagar</th>
<th>HSC Chanog</th>
<th>HSC GadaKufri</th>
<th>HSC Madhawani</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Resource</strong></td>
<td>No Gap</td>
<td>Posts Vacant FHW – 1</td>
<td>Posts Vacant MHW – 1</td>
<td>Posts Vacant MHW – 1</td>
<td>Posts Vacant MHW – 1</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
</tr>
<tr>
<td><strong>Trainings required</strong></td>
<td>NCD, VIA, NTEP</td>
<td>NCD, VIA</td>
<td>NCD</td>
<td>NCD, VIA, DVDMS</td>
<td>NCD</td>
</tr>
<tr>
<td><strong>Type of gap</strong></td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
<td>No Branding, Painting &amp; Minor repair work</td>
<td>No Branding, Painting &amp; Minor</td>
<td>No Branding, Painting &amp; Minor</td>
<td>No Branding, Painting &amp; Minor</td>
<td>No Branding, Painting &amp; Minor</td>
</tr>
</tbody>
</table>
Common gaps found in most of the health & wellness centres and gap closure plans

- **Human Resource** – Availability of the HR is the first and foremost criteria for categorising a HWC as operational but most of the health and wellness centres had vacant post of Male Health Worker. The Community Health Officers have not been posted in many notified health wellness centres – Health Sub-centres.

**Gap closure**-Operationalising the HWCs needs rapid human resource deployment (1-3 months).

- **Trainings Required** – Staff of almost all HWCs had lack of training in NCD Screening, job responsibilities for NCD Screening, Cervical cancer screening through VIA.

**Gap Closure** – A joint training on NCD screening and referrals should be conducted for MOs, MPWs and CHOs at the block level or at the level of PHC-HWC.

- **Infrastructure** –Branding, Painting and minor repair work has not been done in most of the HWCs visited.

**Gap Closure** – As also mentioned in the operational criteria for a HWC, the branding work should be completed. So, branding and painting work should be completed in 1-3 months.

- **Service Delivery** – Knowledge regarding CBAC forms for 18+ population is lacking among most of the staff interviewed. Screening for 3 common cancers under NPCDCS has not been initiated in most of the HWCs especially Cervical cancer screening through VIA. Targets for NCD screening according to NCD Screening Notification from NHM HP (Annexure G) were neither available with the HWC staff nor with the mentoring team. Some of the HWCs were not having blood glucose testing strips with them.

**Gap Closure** – The targets for NCD screening should be provided to the HWCs on urgent basis for operationalisation of HWCs. Trainings on VIA should be carried out for ANMs and CHOs. A training on NCD portal is required for ANMs, CHOs and MOs to achieve the objectives of NPCDCS.

- **IT System** – Leaving apart a few, most of the HWCs had IT system installed at their facilities. But there was non availability of Printer, Internet Connectivity, Computer table and Power supply at few HWCs.

**Gap Closure** – Provision of a dedicated computer table, printer and an active internet connection should be made. Personal internet connection of the staff can be utilised for the same, but the financial provisions for reimbursement of the recharge amount should be in place.

- **Tele-consultations** – Almost half of the HWCs visited were not providing Tele-consultation services due to lack of IT infrastructure. Those
HWCs which were having IT systems fully functional were doing less than 1.5 consultations per day on an average. None of the CHO posted got Performance Linked Incentive till date for tele-consultations.

**Gap Closure** – Reinforcement of the staff on the skills of Tele-consultations and timely payment of PLIs to the CHOs.

- **Skills and Competencies of MO/ANM/CHO** – The knowledge was lacking about Newer contraceptives, Birth defects in infants, Growth monitoring and ASHA depot consisting of 4 deliverables.

- **Gap Closure** – Trainings and refresher trainings of MOs on MTP services, Maintenance of HRP line listing referral and follow-up, Newer contraceptives, Management of SAM children along with record maintenance, STIs, NCD screening & referral methodology and NCD & HWC Portal.

- **MPWs and CHOs need trainings on Contraceptives including newer contraceptives, HRP line listing, Growth monitoring (as most of the MPWs consider growth monitoring as the work of AWCs), establishment and maintenance of ASHA depots, IFA Prophylaxis, MDR/CDR, STIs and NCDs were the domains where there was knowledge, but attitude or actual practice was lacking in the staff of HWCs.**

**Responsibility for gap closure**

All the common gaps ranging from **S. No. 1-6** belong to Group I type and they can be addressed to concerned district/state health authorities for gap closure and redressal under intimation to the office of Mission Director, NHM, Shimla.

Common gaps mentioned in **S.No. 7** belong to Group II type and they can be addressed through training for skill subsets by department of Community Medicine IGMC Shimla in consultation with the National Health Mission, Shimla.

- **Group I Gaps** - Gaps pertaining to human resource deployment, actions, & along with Procurement & supply chain mechanisms, technical and maintenance cum IT support.

- **Group II Gaps** - Gaps of Human resources deployed at HWC with regards to skills, competencies, and training will be grouped into the 2nd group.

**DISCUSSION**

The mentoring is a continuous and ever-going process. Mentoring is an effective tool in bridging the gap between external constraints and internal ability. It is all about understanding the Knowledge, Skill and Attitude of Mentee and guiding him to enrich his strengths and curb or eliminate the weaknesses. The gaps identified were very minor and common which must be the scenario in possibly all other districts also. As there are 8 medical colleges in the state, each college must adopt 10 HWCs and mentor them in order to identify and fill the gaps. The CHOs, ANMs, Medical officers require regular trainings and retrainings to adapt to the ever-changing healthcare technologies and guidelines.

**CONCLUSION & RECOMMENDATIONS**

Since mentoring is an ongoing and never-ending process, HWC mentoring needs to be done at regular intervals for long period of time. The Department of Community Medicine IGMC Shimla should be mentoring these 10 allotted Health & Wellness Centres for a period of 3-5 years for effective mentoring. The mentoring visits can be planned in such a way that the department of Community Medicine visits 1 HWC each month may be on a fixed day if NHM HP provides logistics for transport and DA to the visiting consultants. One visit should cover one HWC either PHC or HSC for whole day and training can be imparted to the human resource posted there for the gaps identified. One visit can be paid Rs 5000 and 10 such visits in a year (1 visit to each HWC) would cost 50000 per year. In this way the mentoring can be effective.

**REFERENCES**


