



राजस्थान सरकार  
राष्ट्रीय स्वास्थ्य मिशन, राजस्थान  
चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, स्वास्थ्य भवन, तिलक मार्ग, राजस्थान, जयपुर फोन  
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F-42(5)/NHM/UHC/2018/ 3057

दिनांक : 29/6/18

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी  
समस्त जिले राजस्थान।

**विषय :-** आयुष्मान भारत के तहत स्वास्थ्य कल्याण केन्द्रों को कार्यशील (Operationalize) किया जाने के संबंध में।

**संदर्भ:-** भारत सरकार से प्राप्त अर्द्धशासकीय पत्रांक D.O.Z-15015/11/2017-NHM-I Dated The 26 June 2018.

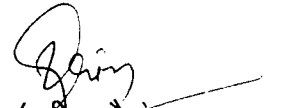
आयुष्मान भारत के तहत माननीय प्रधानमंत्री महोदय की घोषणा के अनुरूप राज्य में 100 प्राथमिक स्वास्थ्य केन्द्र, 100 उप स्वास्थ्य केन्द्रों एवं 25 शहरी प्राथमिक स्वास्थ्य केन्द्र को 15 अगस्त 2018 से पहले स्वास्थ्य कल्याण केन्द्र के रूप में कार्यशील (Operationalize) किया जाना है। उक्त उप स्वास्थ्य केन्द्रों में 10 स्वास्थ्य कल्याण केन्द्र Aspirational districts (दो केन्द्र प्रत्येक जिले) भी सम्मिलित है।

इन केन्द्रों पर संलग्नानुसार मानव संसाधन, प्रशिक्षण, दवा, जाँच, आईटी, इन्फ्रास्ट्रक्चर, कम्युनिटी आउटरिच एवं सेवाएं ईत्यादि सुनिश्चित करें। इन कार्यों को सम्पन्न करने के लिए मुख्य बिन्दू निम्न प्रकार हैं:-

- 1- Branding / Colour/ Infrastructure/ Display of Board/ Notice Board/ Other Necessary Requirement – NHM के सिविल शाखा के द्वारा सम्पन्न किया जाना है। जिला के समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी समन्वय कर कार्य को सम्पन्न करवाना सुनिश्चित करेंगे।
- 2- HWCs Functionality Criteria. -Annexure-I
- 3- IEC/Banner/Citizen Charter
- 4- Essential drugs -Annexure-II जहां पर भी आयुर्वेद सामुदायिक स्वास्थ्य अधिकारी कार्यरत है, वहां पर वर्तमान में आगामी आदेशों तक संबंधित प्राथमिक स्वास्थ्य केन्द्रों से आयुर्वेदिक औषधि उपलब्ध करवायी जावे।
- 5- Essential diagnostic –Annexure-III
- 6- Human Resource & Training मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी इन संस्थाओं पर आवश्यक कर्मियों की उपलब्धता प्राथमिकता से सुनिश्चित करेंगे।
- 7- Availability of Equipment/ Furniture/Accessories -Annexure-IV
- 8- IT System टैबलेट का कय कर राज्य स्तर से उपलब्ध करवाया जावेगा।
9. Services- Annexure-I में अंकित

उपरोक्त निर्देशों की अनुपालना शीघ्र पूर्ण करें एवं इसकी सूचना सप्ताहिक रूप से अधोहस्ताक्षरकर्ता को ई-मेल आईडी [uherajasthan@gmail.com](mailto:uherajasthan@gmail.com) पर भिजवाना सुनिश्चित करें।

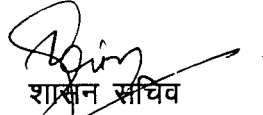
संलग्न:- उपरोक्त संदर्भित पत्र एवं सूची।

  
(नवीन जैन)  
शासन सचिव

चिकित्सा स्वास्थ्य एवं प0 क0  
एवं मिशन निदेशक, एनएचएम

प्रतिलिपि -- निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. निजी सहायक, अतिरिक्त मुख्य सचिव महोदया, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान।
2. निजी सहायक, शासन सचिव एवं मिशन निदेशक, एन.एच.एम, राजस्थान।
3. अतिरिक्त मिशन निदेशक, एन.एच.एम, राजस्थान को लेख है कि शहरी प्राथमिक स्वास्थ्य केन्द्रों के लिए संबंधित को निर्देश प्रदान करें।
4. प्रबंध निदेशक, आरएमएससीएल, जयपुर।
5. निदेशक-जन स्वास्थ्य, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान।
6. निदेशक-आरसीएच, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान।
7. निदेशक-वित्त, एनएचएम, राजस्थान।
8. मुख्य अभियन्ता, सिविल विंग, एनएचएम, राजस्थान को लेख है कि संलग्नित केन्द्रों पर इन्फ्रास्ट्रक्चर/ब्राण्डिंग इत्यादि का नियमित पर्यवेक्षण कर समय पर करवाना सुनिश्चित करें।
9. राज्य कार्यक्रम प्रबंधक, एनएचएम राजस्थान।
10. राज्य नोडल अधिकारी, एनसीडी को लेख है कि इन केन्द्रों पर एनसीडी से संबंधित गतिविधियों को सम्पन्न करवाना सुनिश्चित करें।
11. राज्य नोडल अधिकारी, आदर्श पीएचसी को लेख है कि चयनित पीएचसी पर उक्त गतिविधियों का पर्यवेक्षण कर समय पर करवाना सुनिश्चित करें।
12. स्टोर प्रभारी अधिकारी, एनएचएम को लेख है कि समस्त आईईसी / बैनर / सिटीजन चार्टर छपवा कर जिलों को समय पर उपलब्ध करवाए।
13. जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी/जिला कार्यक्रम प्रबन्धक/जिला लेखा प्रबन्धक/शहरी कार्यक्रम प्रबन्धक, एनएचएम।
14. सलाहकार, एनयूएचएम इस निर्देश के साथ उक्त आदेश की पालना करें।
15. सर्वर प्रभारी कक्ष को ई-मेल हेतु।
16. रक्षित पत्रावली।

  
शासन सचिव  
चिकित्सा स्वास्थ्य एवं प0 क0  
एवं मिशन निदेशक, एनएचएम

## HWCs Functionality Criteria

Criteria	Sub centre - HWC	PHC - HWC (in rural and urban areas)
<b>Human Resources</b>	<p>(i) Mid-level health provider (BSc/ GNM Nurse or Ayurveda Practitioner trained and accredited in an approved Certificate Programme in Community Health or trained in BSc Community Health)</p> <p>(ii) MPW - 1 MPW (female) - (preferably two MPWs (can be two MPW females or one MPW-male and one MPW-female)</p> <p>(iii) ASHAs - 30 (one per 1000 population)</p>	<p>(i) MBBS MO (1), and other staff as per IPHS standards</p> <p>(ii) Co-located Sub Center: MPW(F) - 1 (preferably two MPWs (can be two MPW females or one MPW-male and one MPW-female) at co-located SHC in rural PHC and five in Urban PHC</p> <p>(iii) ASHA - 5 (1 per 1000 population) at co-located SHC in rural PHC and 25 (1 Per 2000 population) in urban PHC</p>
<b>Training</b>	<p>(i) Mid-level health provider : Certification Programme in Community Health</p> <p>(ii) ASHA and ASHA facilitators- 5 days in universal screening of Non Communicable Diseases</p> <p>(iii) MPW (F/M) - 4 days in universal screening of NCD- (3days dedicated training and one day joint training with ASHAs)</p>	<p>(i) Three days training of MO and staff nurse to be trained in prevention, screening and management of common NCDs. <i>Staff nurses to be trained in two weeks for VIA for cervical cancer screening subsequently</i></p> <p>(ii) ASHAs and ASHA facilitators- 5 days in universal screening of NCD</p> <p>(iii) MPW (F/M) -4 days in universal screening of NCD- (3days dedicated training and one day joint training with ASHAs)</p>
<b>Medicines:</b>	<p>(i) Essential Medicine List + Antihypertensives, Antidiabetics, Antiepileptics- to start with, based on number of patients in HWC area</p> <p>(ii) List to be expanded gradually to enable dispensing medicines for patients with other chronic diseases</p>	<p>(i) Essential medicine list of PHC</p> <p>(ii) List to be expanded gradually to enable prescribing medicines an expanded range of acute and chronic diseases</p>
<b>Diagnostics</b>	<p>(i) Existing seven diagnostic tests to start with, and gradually expanding point of care diagnostics as they become available</p>	<p>(i) Existing 19 diagnostic tests to start with, and gradually expanding point of care diagnostics as they become available.</p> <p>(ii) Serve as Spoke for the Hub located at Block PHC/CHC/SDH/DIi</p>
<b>IT systems</b>	<p>(i) Tablets for MPW and MLHP with ANMOL app/ RCH portal and NCD module of CPHC IT system</p>	<p>(i) Desktop/ laptop for PHC MO with ANMOL app/ RCH portal, NCD module of CPHC-IT</p>

	<ul style="list-style-type: none"> <li>(ii) uploaded</li> <li>(ii) Internet connectivity</li> <li>(iii) Capacity to arrange teleconsultation – (at least skype, zoom or google duo) and linked with referral hub - PHC/CHC/DH or medical college</li> <li>(iv) Desirable to have smartphones/tablets for ASHA</li> </ul>	<ul style="list-style-type: none"> <li>(ii) system and NIKSHAY</li> <li>(ii) Internet connectivity</li> <li>(iii) Arrangement for teleconsultation – (at least: skype, zoom or google duo) and linked with hub site at DH or Medical college</li> </ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"> <li>(i) As per IPHS + branding</li> <li>(ii) Space for yoga/health promotion- this need not necessarily be in the premises of the sub centre- but at a fixed site in the village/ward that is convenient for the community</li> </ul>	<ul style="list-style-type: none"> <li>(i) As per IPHS + branding</li> <li>(ii) Space for yoga/health promotion- for the community in the vicinity of the PHC</li> </ul>
<b>Community Outreach (in co-located SHC)</b>	<ul style="list-style-type: none"> <li>(i) Population enumeration in co-located SHC in Rural PHC area and in the UPHC area</li> <li>(ii) Raising public awareness of HWC and CPHC by ASHA</li> <li>(iii) Public services monitoring by VHNSC/ MAS</li> </ul>	<ul style="list-style-type: none"> <li>(i) Population enumeration</li> <li>(ii) Raising public awareness of HWC and CPHC by ASHA</li> <li>(iii) Public services monitoring by VHNSC</li> </ul>
<b>Services</b>	<ul style="list-style-type: none"> <li>(i) Offer basic primary health care for expanded range of services as defined in the guidelines:- with effective two-way referral linkage – to an appropriate facility with specialist services, and ensuring back referral from specialist to medical provider and MLHP</li> <li>(ii) Begin with roll out of – Universal Screening, Prevention and Management of NCDs. with screening and medicine dispensation as per treatment prescribed by PHC MO for at least a month as per protocols - (VIA screening to initiated after the launch when 14 practical training of PHC Staff nurse is completed )</li> <li>(iii) Wellness activities – health promotion and yoga sessions as per predefined schedule-(at PHC or public spaces like Panchayat Bhawans, schools etc)</li> </ul>	<ul style="list-style-type: none"> <li>(i) Ongoing service delivery of RCH and disease control programmes to continue</li> <li>(ii) Community based risk assessment for common NCD</li> <li>(iii) Additional package of – prevention, screening and management of NCD –</li> <li>(iv) Wellness activities – health promotion and yoga sessions as per predefined schedule-(at SHC or public spaces like Panchayat Bhawans, schools etc)</li> </ul>

## ANNEXURE- II

**Drafted Essential Medicine for Health and Wellness Centers**

(Those which are available in State EDL)

Sl. No.	Name of Drug	Dosage Type
<b>General anesthetic and oxygen</b>		
1	Oxygen	Inhalation (Medicinal gas)
<b>Local anesthetics</b>		
2	Lignocaine	Topical forms 2-5%
<b>Anaesthetics, antipyretics, non-steroidal anti-inflammatory medicines, medicines used to treat gout and disease modifying agents used in rheumatoid disorders</b>		
3	Diclofenac	Tablet 50 mg
4		Injection 25 mg/ml
5		Tablet 500 mg
6		Tablet 650 mg
7		All licensed oral liquid dosage forms and strengths
<b>Anti-allergic and medicines used in anaphylaxis</b>		
8	Cetirizine	Tablet 10 mg
9	Chlorpheniramine	Tablet 4 mg
10		Oral liquid 2 mg/5 ml
<b>Intestinal Anti helminthes</b>		
11	Albendazole	Tablet 400 mg
<b>Anti-bacterial</b>		
12	Ciprofloxacin	Tablet 250 mg
13		Tablet 500 mg
14	Gentamicin	Injection 10 mg/ml
15		Injection 40 mg/ml
16	Metronidazole	Tablet 200 mg
17		Tablet 400 mg
18	Amoxicillin	Capsule 250 mg
19		Capsule 500 mg
20		Oral liquid 250 mg/5 ml
<b>Anti-fungal medicines</b>		
21	Fluconazole	Tablet 100 mg
<b>Anti-Malarial Drugs</b>		
22	Chloroquine	Tab 150 mg
23	Primaquine	Tablet 2.5 mg
24		Tablet 7.5 mg
25		Tablet 15 mg
26	Artesunate (A) + Sulphadoxine – Pyrimethamine (B). Combi pack (A+B)	1 Tablet 25 mg (A) + 1 Tablet (250 mg + 12.5 mg) (B)
		1 Tablet 50 mg (A) + 1 Tablet (500 mg + 25 mg) (B)
		1 Tablet 100 mg (A) + 1 Tablet (750 mg + 37.5 mg) (B)
		1 Tablet 150 mg (A) + 2 Tablet (500 mg + 25 mg) (B)
		1 Tablet 200 mg (A) + 2 Tablet (750 mg + 37.5 mg) (B)
<b>Anti-anemia medicines</b>		
27	Ferrous salts	Tablet equivalent to 60 mg of elemental iron

## ANNEXURE- II

28		Oral liquid equivalent to 25 mg of elemental iron/ml
29	Ferrous salt (A) + Folic acid (B)	Tablet 45mg elemental iron (A) +400 mcg (B)
30		Tablet 100 mg elemental iron (A) + 500 mcg (B)
31		Oral liquid 20 mg elemental iron(A) + 100 mcg (B)/ml
32	Folic acid	Tablet 5 mg
<b>Dermatological medicines (Topical)</b>		
33	Clotrimazole	Cream 1%
34	Methylrosanilinium chloride(Gentian Violet)	Topical preparation 0.25% to 2%
35	Povidone iodine	Solution 4% to 10%
36	Silver sulphadiazine	Cream 1%
37	Framycetin	Cream 0.5%
<b>Disinfectants and antiseptics</b>		
38	Ethyl alcohol(Denatured)	Solution 70%
39	Hydrogen peroxide	Solution 6%
40	Methylrosanilinium chloride(Gentian Violet)	Topical preparation 0.25% to 2%
41	Povidone iodine	Solution 4% to 10%
42	Bleaching powder	Containing not less than 30% w/w of available chlorine (as per I.P)
43	Potassium permanganate	Crystals for topical solution
<b>Gastrointestinal medicines</b>		
44	Ranitidine	Tablet 150 mg
45	Domperidone	Tablet 10 mg
46	Dicyclomine	Tablet 10 mg
47	Oral rehydration salts	As licensed
48	Zinc sulphate	Dispersible Tablet 20 mg
<b>Contraceptives</b>		
49	Ethinylestradiol(A) + Norethisterone	Tablet 0.035 mg (A) + 1 mg (B)
50	Hormone releasing IUD	Contains 52 mg of Levonorgestrel
51	IUD containing Copper	As licensed
52	Condom	As per the standards prescribed in Schedule R of Drugs and Cosmetics rules, 1945
53	Ethinylestradiol	Tablet 0.01 mg
54		Tablet 0.05 mg
55	Levonorgestrel	Tablet 0.75 mg
<b>Anti-infective medicine</b>		
56	Ciprofloxacin	Drops 0.3 %
57		Ointment 0.3%
<b>Oxytocics and Antioxytocics</b>		
58	Methylergometrine	Tablet 0.125 mg
59	Misoprostol	Tablet 100 mcg
<b>Solutions correcting water, electrolyte disturbances</b>		
60	Water for Injection	Injection
<b>Vitamins and minerals</b>		
61	Ascorbic acid(Vitamin C)	Tablet 100 mg
62	Cholecalciferol	Tablet 1000 IU,
63		Tablet 60000 IU
64		Oral liquid 400 IU/ml

## ANNEXURE- II

65	Vitamin A	Capsule 5000 IU
66		Capsule 50000 IU
67		Capsule 100000 IU
68		Oral liquid 100000 IU/ml
69	Phytomenadione(Vitamin K1)	Injection 10 mg/ml
	<b>Additional medicines</b>	
70	<b>Antidotes and other substances used in poisoning</b>	
71	Activated charcoal	Powder (as licensed)
	<b>Analgesics</b>	
72	Acetylsalicylic Acid	Tablet 300 mg to 500 mg
73		Effervescent/ Dispersible/ Enteric coated Tablet 300 mg to 500 mg
74	Ibuprofen	Tablet 200 mg
75		Tablet 400 mg
76		Oral liquid 100 mg/5 ml
77	Mefenamic acid	Capsule 250 mg
78		Capsule 500 mg
	<b>Ear, nose and throat medicines</b>	
79	Ciprofloxacin	Drops 0.3 %
80	Clotrimazole	Drops 1%
81	Normal Saline nasal drops : sodium chloride	Drops 0.5%w/v
82	Xylometazoline nasal drops	pediatric ( 0.05%), adult(.1%)
83	Wax-solvent ear drops : benzocaine, chlorbutol, paradichlorobenzene, turpentine oil	
84	Boro-spirit ear drops	0.183gm boric acid in 2.08 ml of alcohol
85	Combo ear drops	(Chloramphenicol (5%w/v) + Clotrimazole (1%)+ Lignocaine hydrochloride (2% )
86	Liquid paraffin – menthol drops	(Menthol 10gm+Eucalyptus 2ml+Camphor 10gm+Liquid paraffin to 100ml)

### Emergency drug kit

1. Inj. Adrenaline
2. Inj. Hydrocortisone
3. Inj. Dexamethasone
4. Glyceryl trinitrate- Sublingual tablet 0.5 mg

**Medicines which can be indented by MLHP (CHO) at HWC from referral center as per requirement**

<b>Antihypertensive medicines</b>		
1	Amlodipine	Tablet 2.5 mg
2		Tablet 5 mg
3		Tablet 10 mg
4	Atenolol	Tablet 50 mg
5		Tablet 100 mg
6	Enalapril	Tablet 2.5 mg
7		Tablet 5 mg
8	Propranolol	Tablet 40 mg
9		Tablet 80 mg
10		Tablet 10 mg
<b>Cardiovascular medicines (Medicines used in angina)</b>		
11	Isosorbide dinitrate	Tablet 5 mg
12		Tablet 10 mg
13	Clopidogrel	Tablet 75 mg
<b>Diuretics</b>		
14	Furosemide	Tablet 40 mg
15		Oral liquid 10 mg/ml
16	Hydrochlorothiazide	Tablet 25 mg
17	Spironolactone	Tablet 25 mg
18		Tablet 50 mg
<b>Antidiabetic drugs</b>		
19	Glimepiride	Tablet 1 mg
20		Tablet 2 mg
21	Insulin (Soluble)	Injection 40 IU/ml
22	Intermediate Acting (NPH) Insulin	Injection 40 IU/ml
23	Premix Insulin30:70 Injection(Regular:NPH)	Injection 40 IU/ml
24	Metformin	Tablet 500 mg
25		Tablet 750 mg
26		Tablet 1000 mg
<b>Anticonvulsants/ Antiepileptic</b>		
27	Carbamazepine	Tablet 100 mg
28	Diazepam	Oral liquid 2 mg/5 ml
29	Phenobarbitone	Tablet 30 mg Tablet 60 mg
30		Oral liquid 20 mg/5 ml
31	Phenytoin	Tablet 50 mg
32		Tablet 100 mg
33		Tablet 300 mg



## ANNEXURE- II

34		ER Tablet 300 mg
35		Injection 25 mg/ml
36		Injection 50 mg/ml
37	Sodium valproate	Tablet 200 mg
38		Tablet 500 mg
<b>Drugs for COPD</b>		
39	Salbutamol	Tablet 2 mg
40		Tablet 4 mg
41		Oral liquid 2 mg/5 ml
42		Respirator solution for use in nebulizer 5mg/ml
43		Inhalation (MDI/DPI) 100 mcg/dose

## Drafted list of Diagnostic Services for CPHC

Sl. No.	At the HWC
1	Haemoglobin
2	Urine Pregnancy Rapid Test
3	Urine Dipstick
4	Blood Glucose-glucometer, Collection Procedure for Dried Blood Spot (DBS)
5	Slide preparation for malaria smear, RDK
6	Collection for Sputum samples
7	Weighing Machines- for different age groups Blood Pressure Stadiometers for Body Mass Index Peak flow meter Questionnaire for screening- for detection of risk factors-e.g. smoking, substance abuse, and for chronic respiratory disease (CBAC)
8	Visual Inspection through Acetic Acid
9	Questionnaire algorithm for mental disorder detection and epilepsy
10	Snellen's and Near vision Chart
11	Weight Charts and weighing machine
12	RBSK Screening Tools
13	Questionnaires to assess requirement.

**Drafted list****(I) Furniture**

1.	Chairs for patient waiting area
2.	Foot Step
3.	Office Chair
4.	Office Table
5.	Screen Separators with stand
6.	Steel Almirah / Cupboard/storage chests
7.	Stool for attendants

**Equipment, consumables and miscellaneous supplies at HWC****(II) Clinical Material, tools and equipment**

1	Basin 825 ml. Ss (Stainless Steel) Ref. IS 3992
2	Basin deep (capacity 6 litre) ss Ref: IS: 5764 with Stand
3	Tray instrument/Dressing with cover 310 x 195x63mm SS, Ref IS: 3993
4	Flashlight/Torch Box-type pre-focused (4 cell)
5	Torch (ordinary)
6	Dressing Drum with cover 0.945 litres stainless steel
7	Hemoglobinometer – set Sahli type complete
8	Weighing Scale, Adult 125 kg/280 lb
9	Weighing Scale, Infant (10 Kg)
10	Weighing Scale, (baby) hanging type, 5 kg
11	Sterilizer
12	Surgical Scissors straight 140 mm, ss
13	Sphygmomanometer Aneroid 300 mm with cuff IS: 7652
14	Kelly's haemostat Forceps straight 140 mm ss
15	Vulsellum Uterine Forceps curved 25.5 cm
16	Cusco's/Graves Speculum vaginal bi-valve small,
17	Cusco's/Graves Speculum vaginal bi-valve medium
18	Cusco's/Graves Speculum vaginal bi-valve large
19	Sims retractor/depressor
20	Sims Speculum vaginal double ended ISS Medium
21	Uterine Sound Graduated
22	Cheatle's Forceps
23	Vaccine Carrier
24	Ice pack box
25	Sponge holder
26	Plain Forceps
27	Tooth Forceps
28	Needle Holder
29	Suture needle straight -10
30	Suture needle curved

## ANNEXURE- IV

31	Kidney tray
32	Artery Forceps, straight, 160mm Stainless steel
33	Dressing Forceps (spring type), 160 mm, stainless steel
34	Cord cutting Scissors, Blunt, curved on flat, 160 mm ss
35	Clinical Thermometer oral & rectal
36	Talquist Hb scale
37	Stethoscope
38	Foetoscope
39	Hub Cutter and Needle Destroyer
40	Ambu Bag (Paediatric size) with Baby mask
41	Suction Machine
42	Oxygen Administration Equipment
43	Tracking Bag and Tickler Box (Immunization)
44	Measuring Tape
45	I/V Stand
48	Artery Forceps-Curved
49	BP Apparatus (Digital)
50	Dental Probe
51	Digital Thermometer
52	Examination Lamp
53	Tongue Depressor
54	Weighing Scale Adult (Digital)
56	Oxygen Cylinder with trolley
57	Mouth Gag
58	Mouth Mirror
59	Snellen vision chart
60	Near vision chart
61	Stadiometer
62	Nebulizer
63	Gauze Cutting Scissors Straight
64	Episiotomy Scissors
65	Kits for testing residual chlorine in drinking water
66	Tuning fork

Dak No. 7600 IPSIACSIM&HI2018  
Date 27-6-18



मनोज झालानी  
Manoj Jhalani

26.6.18

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
Additional Secretary & Mission Director (NHM)

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

D.O. Z - 15015/11/2017-NHM-I  
Dated the 26<sup>th</sup> June 2018

Dear colleague,

With reference to Ministry's D.O. letter dated 30<sup>th</sup> May, 2018 (Z - 15015/11/2017-NHM-I, in consultation with State/UT, targets for operationalizing Health and Wellness Centres (HWCs) by 15<sup>th</sup> August 2018 were set (Annexure I).

- I am sure that the proposed HWC are being monitored on the functionality criteria which were shared earlier. The same is attached herewith for ready reference (Annexure II). Please ensure that all HWCs fulfil the necessary functionality criteria w.r.t human resources, training, medicines, diagnostics, IT system, infrastructure, community outreach and services.
- For monitoring purposes kindly provide details of HWCs in the enclosed format latest by 29<sup>th</sup> June, 2018 (Annexure III). The same may be e-mailed at [drguptagarima@gmail.com](mailto:drguptagarima@gmail.com), [drmayank.mohfw@gmail.com](mailto:drmayank.mohfw@gmail.com) with a copy to [agnanim@dias.nic.in](mailto:agnanim@dias.nic.in).
- Teams from MoHFW and development partners will visit these facilities to ascertain the functionality criteria being adhered to as per the checklist and assess the positive influence.

With regard,

Yours sincerely,

  
(Manoj Jhalani)

Additional Chief Secretary / Principle Secretary / Secretary (Health and FW) - All States/UTs

Copy to:

1. Mission Directors, NHM – All States/UTs
2. Director Health Service – All States/UTs
3. Executive Director, NHRSC
4. PPS to JS (Policy)

  
(Manoj Jhalani)

Targets for operationalizing HWC by 15<sup>th</sup> August 2018

Sr. No.	State/UT	Total
1	A&N Islands	5
2	Andhra Pradesh	300
3	Arunachal Pradesh	20
4	Assam	120
5	Bihar	40
6	Chandigarh	5
7	Chhattisgarh	200
8	Daman and Diu	2
9	Delhi	2
10	Dadra & Nagar Haveli	2
11	Goa	7
12	Gujarat	57
13	Haryana	22
14	Himachal Pradesh	22
15	Jammu & Kashmir	47
16	Jharkhand	70
17	Karnataka	136
18	Kerala	175
19	Lakshadweep	2
20	Madhya Pradesh	85
21	Maharashtra	175
22	Manipur	46
23	Meghalaya	5
24	Mizoram	5
25	Nagaland	5
26	Odisha	100
27	Puducherry	6
28	Punjab	80
29	Rajasthan	225
30	Sikkim	5
31	Tamil Nadu	200
32	Telangana	96
33	Tripura	12
34	Uttar Pradesh	180
35	Uttarakhand	60
36	West Bengal	45
<b>Total</b>		<b>2564</b>

## HWCs Functionality Criteria

Criteria	Sub centre - HWC	PHC – HWC (in rural and urban areas)
Human Resources	<p>(i) Mid-level health provider (BSc/ GNM Nurse or Ayurveda Practitioner trained and accredited in an approved Certificate Programme in Community Health or trained in BSc Community Health)</p> <p>(ii) MPW – 1 MPW (female) – (preferably two MPWs (can be two MPW females or one MPW-male and one MPW-female)</p> <p>(iii) ASHAs – 30 (one per 1000 population)</p>	<p>(i) MBBS MO (1), and other staff as per IPHS standards</p> <p>(ii) Co-located Sub Center: MPW(F) – 1 (preferably two MPWs (can be two MPW females or one MPW-male and one MPW-female) at co-located SHC in rural PHC and five in Urban PHC</p> <p>(iii) ASHA – 5 (1 per 1000 population) at co-located SHC in rural PHC and 25 (1 Per 2000 population ) in urban PHC</p>
Training	<p>(i) Mid-level health provider : Certification Programme in Community Health</p> <p>(ii) ASHA and ASHA facilitators– 5 days in universal screening of Non Communicable Diseases</p> <p>(iii) MPW (F/M) – 4 days in universal screening of NCD– (3days dedicated training and one day joint training with ASHAs)</p>	<p>(i) Three days training of MO and staff nurse to be trained in prevention, screening and management of common NCDs. <i>Staff nurses to be trained in two weeks for VIA for cervical cancer screening subsequently</i></p> <p>(ii) ASHAs and ASHA facilitators– 5 days in universal screening of NCD</p> <p>(iii) MPW (F/M) –4 days in universal screening of NCD– (3days dedicated training and one day joint training with ASHAs)</p>
Medicines:	<p>(i) Essential Medicine List + Antihypertensives, Antidiabetics, Antiepileptics- to start with, based on number of patients in HWC area</p> <p>(ii) List to be expanded gradually to enable dispensing medicines for patients with other chronic diseases</p>	<p>(i) Essential medicine list of PHC</p> <p>(ii) List to be expanded gradually to enable prescribing medicines an expanded range of acute and chronic diseases</p>
Diagnostics	<p>(i) Existing seven diagnostic tests to start with, and gradually expanding point of care diagnostics as they become available</p>	<p>(i) Existing 19 diagnostic tests to start with, and gradually expanding point of care diagnostics as they become available.</p> <p>(ii) Serve as Spoke for the Hub located at Block PHC/CHC/SDH/DH</p>
IT systems	<p>(i) Tablets for MPW and MLHP with ANMOL app/ RCH portal and NCD module of CPHC IT system</p>	<p>(i) Desktop/ laptop for PHC MO with ANMOL app/ RCH portal, NCD module of CPHC-IT</p>



	<ul style="list-style-type: none"> <li>(ii) Internet connectivity</li> <li>(iii) Capacity to arrange teleconsultation – (at least skype, zoom or google duo) and linked with referral hub - PHC/CHC/DH or medical college</li> <li>(iv) Desirable to have smartphones/tablets for ASHA</li> </ul>	<ul style="list-style-type: none"> <li>(ii) system and NIKSHAY Internet connectivity</li> <li>(iii) Arrangement for teleconsultation – (at least: skype, zoom or google duo) and linked with hub site at DH or Medical college</li> </ul>
Infrastructure	<ul style="list-style-type: none"> <li>(i) As per IPHS + branding</li> <li>(ii) Space for yoga/health promotion- this need not necessarily be in the premises of the sub centre- but at a fixed site in the village/ward that is convenient for the community</li> </ul>	<ul style="list-style-type: none"> <li>(i) As per IPHS + branding</li> <li>(ii) Space for yoga/health promotion– for the community in the vicinity of the PHC</li> </ul>
Community Outreach (in co-located SHC)	<ul style="list-style-type: none"> <li>(i) Population enumeration in co-located SHC in Rural PHC area and in the UPHC area</li> <li>(ii) Raising public awareness of HWC and CPHC by ASHA</li> <li>(iii) Public services monitoring by VHNSC/ MAS</li> </ul>	<ul style="list-style-type: none"> <li>(i) Population enumeration</li> <li>(ii) Raising public awareness of HWC and CPHC by ASHA</li> <li>(iii) Public services monitoring by VHNSC</li> </ul>
Services	<ul style="list-style-type: none"> <li>(i) Offer basic primary health care for expanded range of services as defined in the guidelines:- with effective two-way referral linkage – to an appropriate facility with specialist services, and ensuring back referral from specialist to medical provider and MLHP</li> <li>(ii) Begin with roll out of – Universal Screening, Prevention and Management of NCDs. with screening and medicine dispensation as per treatment prescribed by PHC MO for at least a month as per protocols - (VIA screening to initiated after the launch when 14 practical training of PHC Staff nurse is completed )</li> <li>(iii) Wellness activities – health promotion and yoga sessions as per predefined schedule –(at PHC or public spaces like Panchayat Bhawans, schools etc)</li> </ul>	<ul style="list-style-type: none"> <li>(i) Ongoing service delivery of RCH and disease control programmes to continue</li> <li>(ii) Community based risk assessment for common NCD</li> <li>(iii) Additional package of – prevention, screening and management of NCD –</li> <li>(iv) Wellness activities – health promotion and yoga sessions as per predefined schedule –(at SHC or public spaces like Panchayat Bhawans, schools etc)</li> </ul>

