Assessment of Functioning of Health and Wellness Centers in a District of Western Gujarat

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Abstract

Introduction: Ayushman Bharat is an attempt to move from a selective approach to health care to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. To ensure delivery of Comprehensive Primary Health Care services, existing Sub Health Centers and Primary Health Centers are converted to Health and Wellness Centers (HWC). **Objective:** The main objective of our study is to assess functionality of HWCs in various blocks of Jamnagar district and to determine prevalence of non-communicable diseases in the community. **Method:** It is a cross sectional study conducted between August-December 2019. A semi-structured proforma containing questionnaires was used for data collection. Data were entered and analyzed in Microsoft Excel version 2007. There are 58 health and wellness centers in Jamnagar, of which, we randomly select 50% of centers from each taluka, so total of 29 HWCs selected, four among them could not be assessed, so our final sample size would be 25. **Results:** Our study observed satisfactory performance of health and wellness centres except barring a few indicators. Community health officers and multipurpose workers are available in about majority of centers. The study found that the prevalence of hypertension, diabetes mellitus, oral Cancer, breast cancer, and cervical Cancer was 20.44%, 11.03%, 0.73% 0.45% and 1.02% respectively. Staff at the centers was in need of vital training like Techo, refresher training etc. **Conclusion:** Majority of health and wellness centers are functioning as per the guidelines laid down by the Government barring a few services like laughing club, music therapy, meditation etc.

Key words: Health and wellness centers, Ayushyaman bharat, Comprehensive primary health care, Yoga.

Introduction:

The National Health Policy, 2017 has envisioned Health and Wellness Centres (HWCs) as the foundation of India's health system. Under this 1.5 lakh centres will bring health care system closer to the homes of people. These centres will also provide free essential drugs and diagnostic services.[1,2] Under this initiative, 150,000 Sub Centres (SCs) and Primary Health Centres (PHCs) will be strengthened as Health and Wellness Centres. Currently, the SCs and PHCs meet only 20% of health care needs and provide services limited to reproductive, maternal, new-born, child and adolescent health (RMNCH+A) and some communicable disease management.

Ayushman Bharat Yojana is a key initiative undertaken by the Government of India to achieve Universal Health Coverage which adopts a continuum of care approach and aims to address health holistically at all the levels –Primary, Secondary and tertiary. It comprises of two major initiatives, namely, Pradhan Mantri Rashtriya Swasthya Suraksha Mission (PMRSSM) or the National Health Protection Scheme and the Health and Wellness Centers (HWCs).[3] These Wellness Centers will be upgraded to handle noncommunicable diseases like cancer, CVD, diabetes and respiratory diseases etc. and will provide a seamless continuum of care that ensures the principles of equity, quality, universality and no financial hardship.[4,5]

Objective:

The main objective of our study is to assess functionality of HWCs in various blocks of Jamnagar

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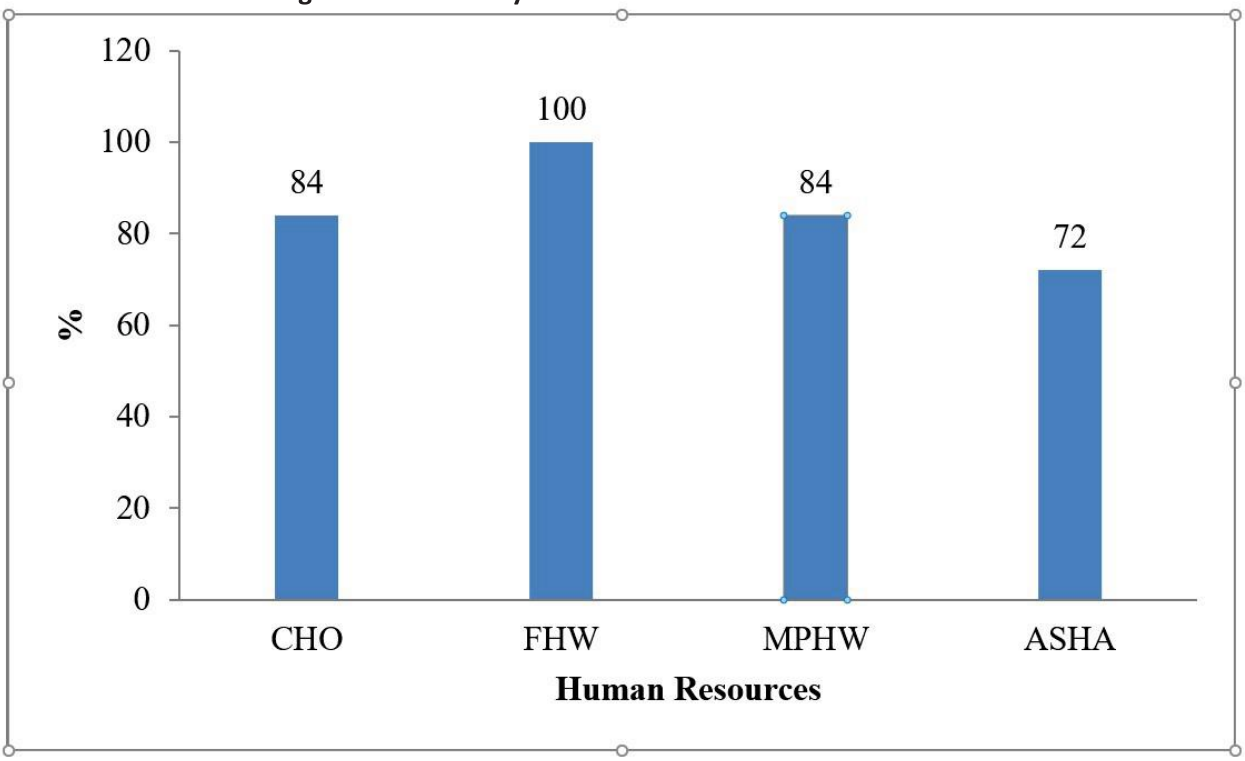
Figure 1: Availability of human resource at HWCs.



district and to determine prevalence of non-communicable diseases in the community.

Method:

This cross-sectional study was conducted to evaluate health and wellness centers of Jamnagar district (Both structure and process evaluation). There are 58health and wellness centers in Jamnagar, of which, we randomly select 50% of centers from each taluka, so total of 29 HWCs were selected, four among them could not be assessed, so our final sample size would be 25. Among them, 18 were sub health centers, while 7 were Primary Health Centres. Selected Health and wellness centers were visited between August -December 2019 and relevant data were collected using a proforma semi-structured questionnaire. Prevalence of various Non-Communicable diseases were calculated using CBAC (Community Based Assessment Checklist) forms available at HWC which was filled and prepared by health workers using house to house survey in the community. Apart from this, we also conducted short qualitative interviews of HWC staff namely Community Health Officers.

Researcher assessed wellness centers as per essential and desirable services, whereas availability of essential medicines, adequate staff and their training etc. were essential services whereas laughing club, music therapy etc. were desirable services.

Data were entered and analyzed in Microsoft Excel version 2007.Ethical approval from institutional ethical committee has been obtained.

Result:

Present study revealed a fairly satisfactory performance of wellness centers located in the district. Out of 25 HWCs 72% were sub centers while 28% were primary health centers upgraded as health and wellness centres.

Table 1: Details regarding availability of Infrastructure

Infrastructure	Yes (%)	No(%)
Branding done	23 (92%)	2 (8%)
Signage available	24 (96%)	1 (4%)
Waiting area	22 (88%)	3 (12%)

Female health workers are available at all the HWCs. community health officer and MPHS are available at 84% of HWCs.FHW were present at all (100%) oh HWCs, CHO and MPHW both were available at 84% of HWCs. (Figure 1)

At majority of HWCs infrastructure like Branding, Signage of 12 services, OPD time, Lab test, BMW,

Table 2: Assessment of wellness activities carried out at HWCs

Activity	Yes (%)	No(%)
Laughing club started	4 (16)	21 (84)
Music therapy started	4 (16)	21 (84)
Reaiki therapy started	2 (8)	23 (92)
Meditation therapy	12 (48)	13 (52)
FGD On NCD/mental heath/ENT/Eye care/ Oral care/	23(92%)	2(8%)
FGD for Adolescent health, maternal and child health	24(96%)	1(4%)
FGD for Geriatric &palliative health	22(88%)	3(12%)

Table 3: Training status of health and wellness centres staff

Training	Yes (%)	No(%)
Population base screening NCD training	17(68)	8(32)
Techo+NCD training	18(72)	7(28)
NCD PAP smear training	9(36)	16(64)
VIA training	4(16)	21(84)
Yoga training	20(80)	5(20)
Arogya samanvay training (n=21)	15(71.42)	6(28.57)
Health & wellness orientation training	14(66.66)	7(33.33)

Figure 3: Prevalence of NCDs in community

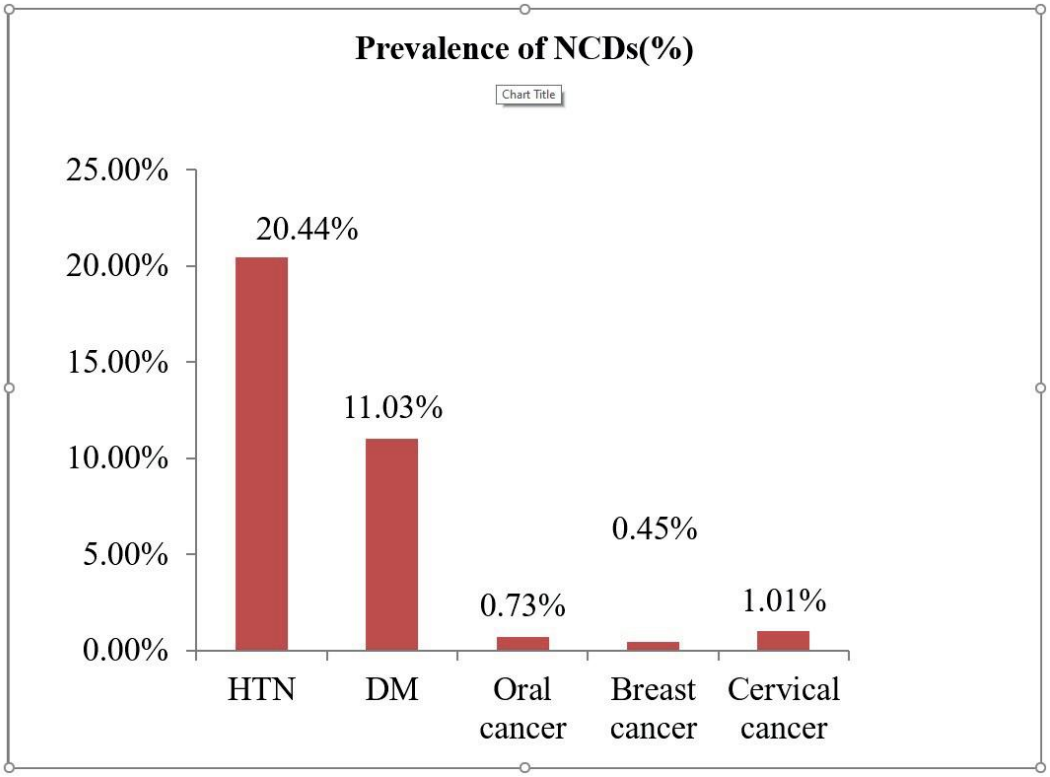
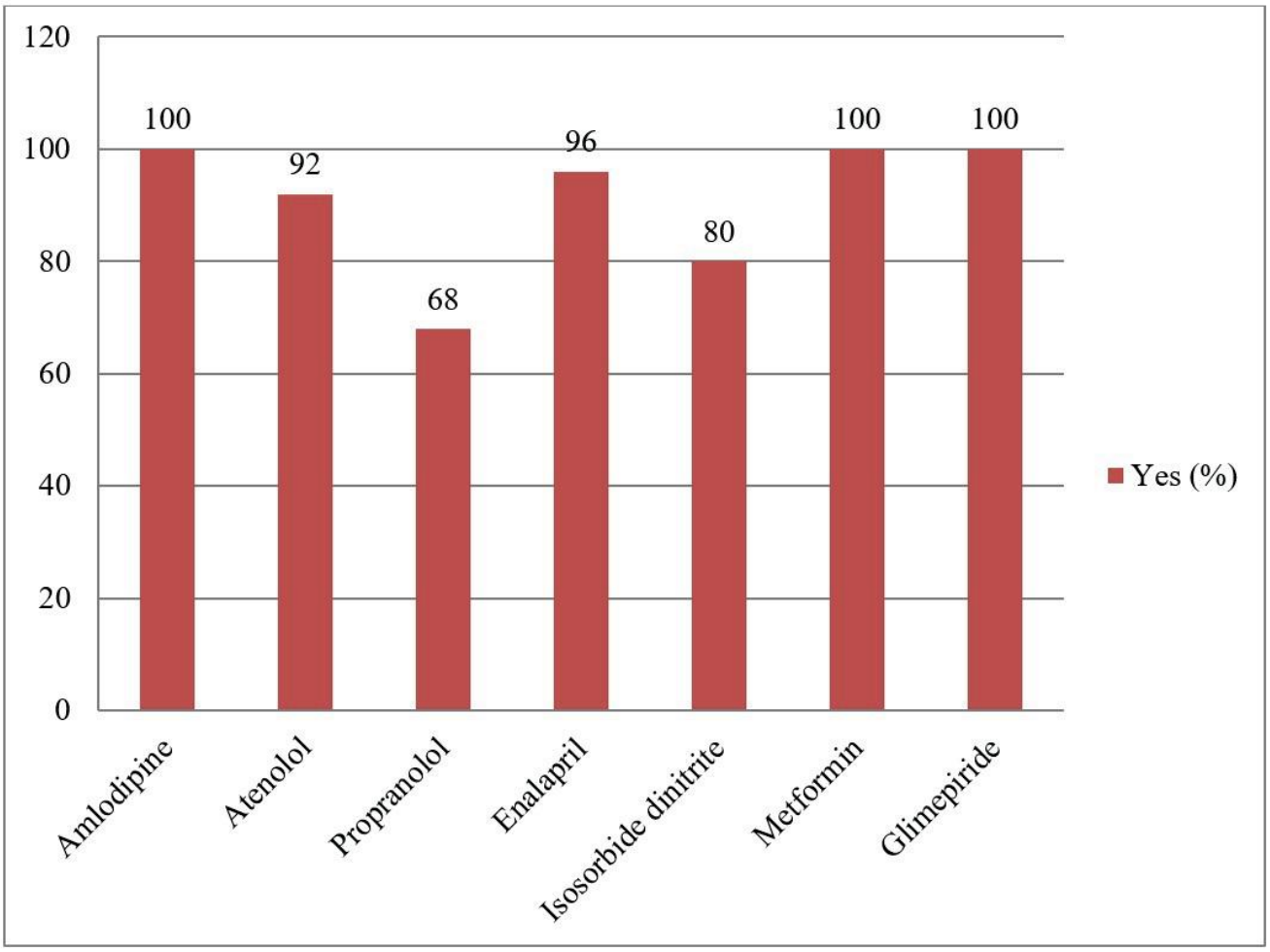


Figure 4: Availability of essential medicines at HWCs



Geriatric OPD and Yoga time and Waiting area were adequate.(Table 1)

Focal Group discussions (FGD) were carried out on Adolescent health, immunization, and maternal and child health every week on the day of Mamta day in 24 out of 25 centers. Focal group discussion(FDG) on NCD and Geriatric health was carried out twice a month in 23 and 22 out of 25 centers. (Table 2). We observed 4 FGDs on the occasion of Mamta day and participated in the same, and for the rest of the centres, we got information for conducting FGDs from the Community Health Officers.

The prevalence of hypertension, diabetes mellitus, oral cancer, breast carcinoma and cervical carcinoma in the community was 20.44%, 11.03%, 0.73%, 0.45% and 1.02% respectively.(Figure 2)

Our study found that all essential medicines and consumables were available in adequate quantity at wellness except few like propranolol (available in 68% wellness centres), isosorbidedinitrate (80% of centres).(Figure 3)

Discussion:

The up gradation of existing sub health centers and primary health centers in rural areas to health and wellness centers for providing comprehensive health care services is an example of equitable distribution in primary health care. Our study revealed a fairly satisfactory performance of wellness centers functional in our district. Regarding availability of staff pattern, a wellness center should be equipped with one male and one female health worker, one community health officer and ASHA workers. The study found that health workers and ASHA workers were available in all wellness centers, but the post of community health officers were filled up in 84% of wellness centers.

The guideline says that a wellness center should be equipped with all essential infrastructure like branding, signage etc.[6] We also evaluated wellness centers about their infrastructure and observed that

majority of health and wellness centers (92%) had branding, signage of all 12 essential services, OPD timings, biomedical waste guidelines etc. available. Yoga time table was written in 75% of wellness centers. Waiting areas were adequate with good seating capacity.

Health and wellness centers conductsome wellness activities like Yoga and meditation, laughing club, Music therapy etc. Yoga and meditation has a positive impact of non-communicable diseases.[7] We found that in only half (48%) of wellness centres, Yoga and meditation therapy was being carried out regularly. Moreover, only 16% wellnesscenters carried out laughing and music therapy regularly.

Non communicable diseases can be prevented by health education in the community using focal group discussion. We observed that about 90% of wellness centers were conducting focal group discussion and imparting knowledge about non-communicable diseases, mental health issues, adolescent health, geriatric health, immunization practices etc.

Table No.3 shows the training status of the wellness staff. Training is very essential for staff as one learns a lot and implement in practice for betterment of community. We observed that only 36% of staff had taken training of non –communicable diseases, 72% were trained in Techo+NCDtraining, Yoga training by 80%, Aarogyasamanvay by 71.42%, while only 16% staff were trained with PAP smear or VIA training for detection of cervical carcinoma.

In this epidemiological transition phase, there is a sharp rise in incidence and prevalence of non communicable diseases for the last few decades. Our field investigators checked CBAC (community based Assessment checklist) forms that were filled by ASHA workers and FHWs for screening of community for non-communicable diseases. From these CBAC forms, we determined prevalence of various non communicable diseases. The prevalence of hypertension, diabetes mellitus, oral cancer, breast carcinoma and cervical carcinoma was 20.44%, 11.03%, 0.73%, 0.45% and 1.02% respectively. Previous prevalence studies on diabetes mellitus and hypertension in India, although not completely comparable with our study due to different methodology and sample sizes, have also confirmed this increase in prevalence of diabetes[8-11] and hypertension[8,12-14] over a period of time.

Continuous and uninterrupted supply of essential medicines and consumables is vital to the functioning of a wellness centres and it must be ensured by the community health officer that all essential medicines should be available all the time in the centres. Our study found that all essential medicines and consumables were available in adequate quantity at wellness except few like propranolol (available in 68% wellness centres), isosorbidedinitrate (80% of centres).

Conclusion:

We observed that majority of health and wellness centres were functioning as per prescribed guidelines, with few exceptions. We observed deployment of staff, availability of essential drugs and consumables etc. were satisfactory in most of the health and wellness centres, though there is a need of vital training of community health officers in the field of non-communicable diseases, their screening methods, follow-up training etc.

Limitation:

This cross-sectional study included only health and wellness centers of one district. Conducting more multi-centric studies involving many HWC across districts or state could provide a meaningful insight and better result of HWCs and that can be generalized and can be helpful for policy makers to take appropriate decisions and bolster functioning of the same.

Declaration:

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Conflict of Interest: Nil

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