

# Experience of Project 'Smart HWCs' in Almora District, Uttarakhand



# Overview

## Aim:

To partner with the Government to develop existing primary health facilities as demonstration models of **'Smart Health and Wellness Centres (HWCs)'** to deliver Comprehensive Primary Health Care (CPHC)

## MoUs with Government:

- **NHM Uttarakhand** for 7 PHC HWCs their 30 SHC-HWCs in Almora District, in March 2021
- **Ministry of AYUSH, Govt. of India and Dept. of Ayurvedic and Unani Services, Govt. of Uttarakhand** for 3 AYUSH HWCs in Almora District, in December 2021



▲ Nearest Town      ★ Hub HWCs      ● Other partner HWCs

# Key Challenges Encountered (1/2)

## Human Resources

- 50% of positions vacant in 5 out of 10 HWCs
- Major vacancies in posts of Nurses, ANMs, Lab Technicians and Multi-Purpose Health Workers
- Though sanctioned, specialist doctors not physically available in Community Health Centres (CHCs), adversely impacting specialist care at all HWCs

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## Financing

- Delays in disbursement of funds from State to District level
- District CMOs and MOs of HWCs do not have authority to utilise funds as per their ground level needs

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## Expanded Service Delivery

- PHCs, SHCs and AYUSH Dispensaries, now upgraded as HWCs, continue to provide same services as were being provided earlier; no significant expansion in service delivery
- Low level of awareness and training on added services amongst existing Staff, other than CHOs

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## Continuum of Care

- Lack of patient transfer/ambulance services, with trained manpower and round-the-clock telemedicine at HWCs
- Referral linkages for specialist care non-existent; GPs available through e-sanjeevani, but no specialist doctors

# Key Challenges Encountered (2/2)

## Essential Drugs

- Centralised procurement results in non-availability and unnecessary delays
  - Manual inventory management
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## Essential Diagnostics

- Partial labs operational in only 2 out of the 10 HWCs, and performing only 20 out of 40 tests- majority were rapid card tests
  - No referral services for diagnostics existed in rest of the 8 HWCs
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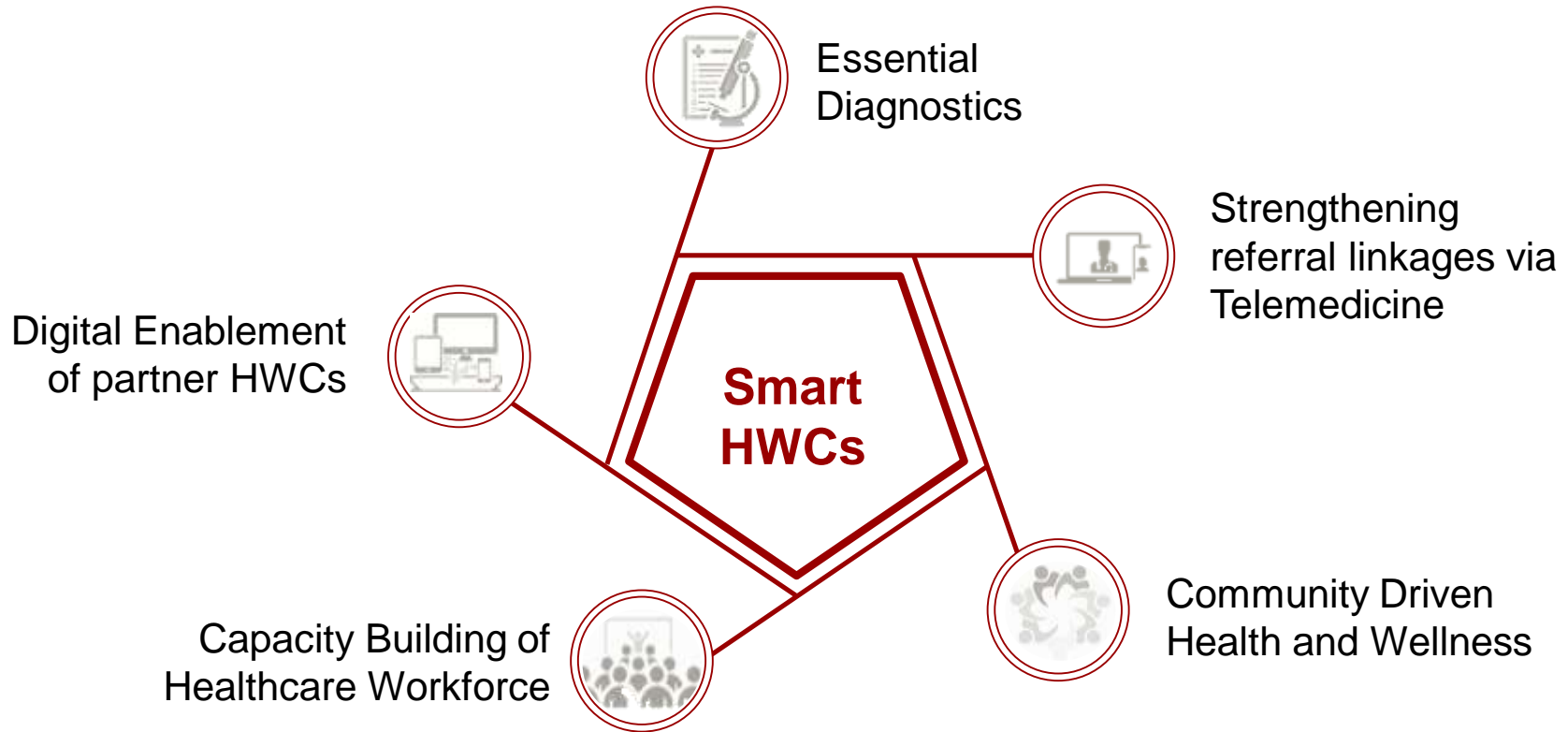
## Digital and IT Services

- Broadband internet connectivity only in 2 HWCs; rest of the HWCs still rely on wireless mobile internet with poor connectivity
  - IT equipment missing or dysfunctional in majority HWCs
  - No EHR, LIMS or IT-based records existed; all data stored manually
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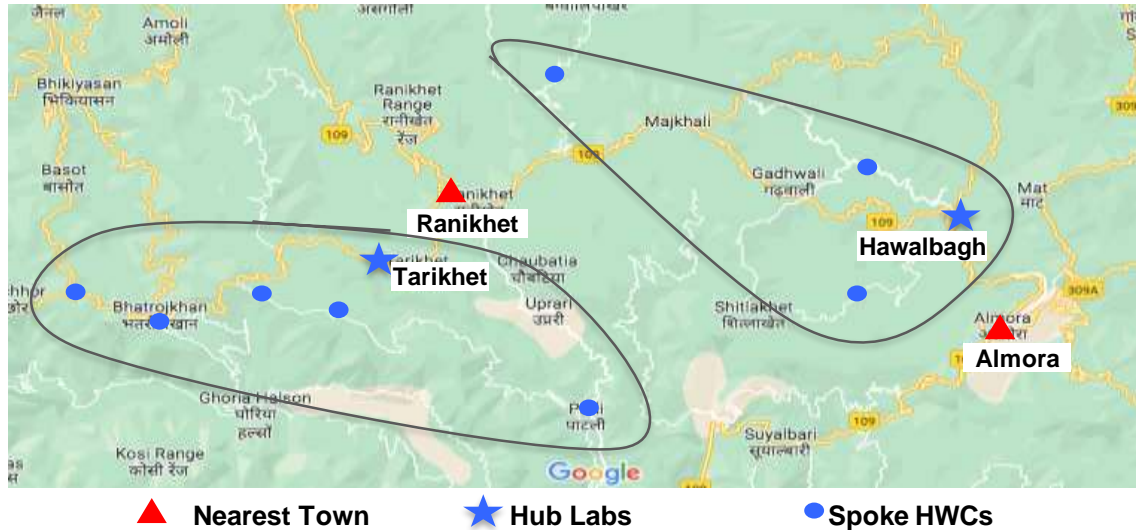
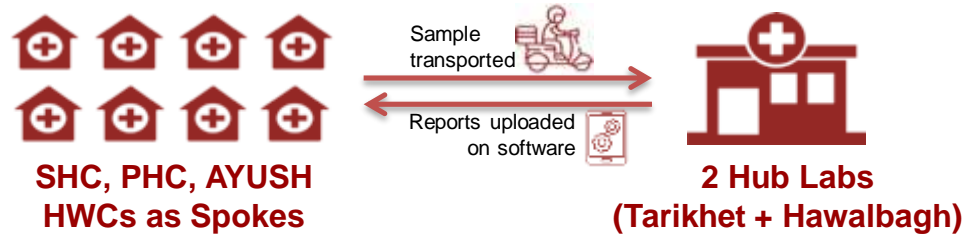
## Infrastructure

- Issue of water supply in 1 PHC-HWC and 1 AYUSH HWC
- Still use deep burial pits or incineration for Bio-Medical Waste management

# ALVL Foundation Interventions



# Hub and Spoke Model for Essential Diagnostics (1/2)



# Hub and Spoke Model for Essential Diagnostics (2/2)

## ALVLF Intervention:

- Developed the **2 existing labs as Hub Labs**, linked remaining partner HWCs as spokes
- Deployed **2 Lab Technicians** and **2 sample transport executives** at Hub Labs
- **Upgraded equipment** to include Hematology and Biochemistry analysers, other basic lab instruments
- Expanded test menu **from 20 to 40 tests**
- Digitized the lab operations with **IT equipment and LIMS**

## Hub Lab at Tarikhet PHC-HWC



# Observed Impact

- **Increase in footfall and overall utilisation of HWCs**
- **Reduction in out of pocket expenditure**
  - Saving on essential diagnostics-  
Approx. **Rs 450/patient**
  - Saving on specialist tele-consultations & medication: **Rs 700/patient**
- **Increased confidence and motivation amongst HWC Staff**

**“Our partnership with ALVL Foundation is unique and the first of its kind in this region. The Foundation is working very closely with my team to develop Tarikhet as a ‘Smart HWC’. The Foundation’s contribution in enabling essential diagnostics and telemedicine is remarkable.”**



**Dr D S Nabiyal**  
Medical Officer In-Charge  
Tarikhet PHC-HWC