



Ministry of Health & Family Welfare  
Government of India



# AYUSHMAN BHARAT HEALTH AND WELLNESS CENTRES



REALIZING UNIVERSAL HEALTH CARE

“

Health and Wellness Centres will in a way work as family doctors for the poor. Earlier there used to be a family doctor in middle class and upper class families. These Wellness Centres will now become the extension of your families. These will be associated with your day to day lives.

**-Prime Minister Narendra Modi**

”

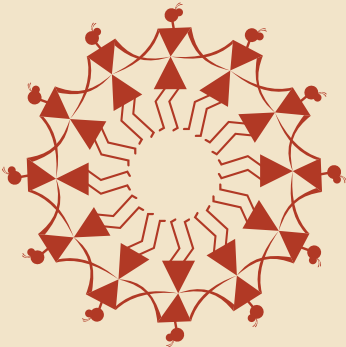
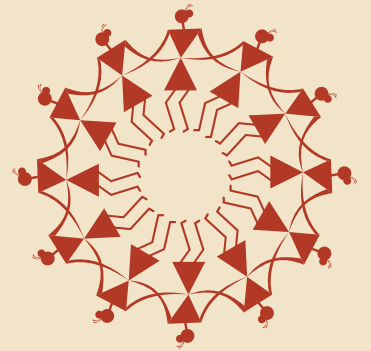




# CONTENTS

<b>INTRODUCTION</b>	<b>3</b>
<b>CHAPTER 1</b> AB-HWCs: ACCESSIBLE COMPREHENSIVE CARE	<b>4</b>
<b>CHAPTER 2</b> AB-HWCs: PROMOTING WELL-BEING - PREVENTION IS BETTER THAN CURE	<b>8</b>
<b>CHAPTER 3</b> SERVICE DELIVERY THROUGH AB-HWCs	<b>12</b>
<b>CHAPTER 4</b> BEFORE AND AFTER AB-HWCs	<b>16</b>
<b>CHAPTER 5</b> AB-HWCs: JOURNEY SO FAR	<b>19</b>
<b>CHAPTER 6</b> AB-HWCs: MAKING A DIFFERENCE	<b>28</b>









## INTRODUCTION

The Ayushman Bharat - Health and Wellness Centres (AB-HWCs) were launched under the Ayushman Bharat Programme in a bid to move away from selective health care to a more comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care for all ages.

The National Health Policy of 2017 envisioned these centres as the foundation of India's health system.

These centres deliver a range of comprehensive health care services like maternal and child health, services to address communicable and non-communicable diseases and services for elderly and palliative care. AB-HWCs provide free essential medicines and diagnostic services, teleconsultation, and health promotion including wellness activities like Yoga.

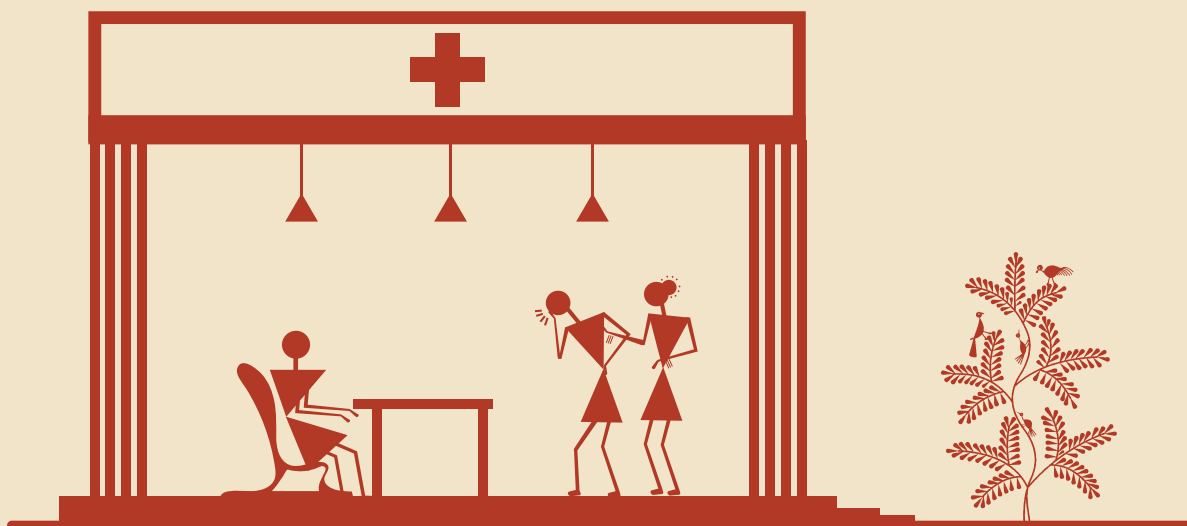


## CHAPTER 1 AB-HWCs: ACCESSIBLE COMPREHENSIVE CARE

In 2017, the National Health Policy was launched, based on the recommendations of the Task Force for Comprehensive Primary Health Care (CPHC). It endorsed the establishment of **Ayushman Bharat - Health & Wellness Centres (AB-HWCs)** and committed that two thirds of the budget be allocated towards primary health care.

In the budget speech for FY 18-19, the AB-HWCs Programme was announced with a budget of ₹ 1,200 Crore allocated for this flagship programme.

The AB-HWCs Programme is **a set of multiple reforms, spanning all aspects of the health care systems such as service delivery, human resources, financing, access to essential medicines and diagnostics, community participation, and ownership and governance.**



To ensure delivery of Comprehensive Primary Health Care (CPHC), existing Sub Health Centres (SHCs) covering a population of 3,000 - 5,000 are being transformed to Health and Wellness Centres (AB-HWCs). Primary Health Centres (PHCs) in rural and urban areas are also being converted into AB-HWCs.

CPHC is complemented by outreach services, Mobile Medical Units and Home and Community based care, enabling a **seamless continuum of care** that ensures the principles of **equity, universality and removing any financial hardship**.

### **Sub Health Centre: AB-HWCs Team**

The AB-HWCs at the Sub Health Centre (SHC) level would be equipped and staffed by an appropriately trained Primary Health Care team lead by a Community Health Officer (CHO) and comprising of Multi-Purpose Workers (male & female) & ASHAs.

### **Primary Health Centre / Urban Primary Health Centre: AB-HWCs Team**

A **PHC** that is linked to a cluster of AB-HWCs at the SHCs would serve as the **first point of referral** for many disease conditions for the AB-HWCs in its jurisdiction.

In addition, it would also be strengthened as a AB-HWC to deliver the expanded range of primary health care services.

The Medical Officer at the PHC would be responsible for ensuring that CPHC services are delivered through all SHC Level AB-HWCs in her/his area and through the PHC itself.

The number and qualifications of staff at the PHC would continue as defined in the Indian Public Health Standards (IPHS).

## What was the situation before this reform?

The priority of National and State programmes between 1990 and 2015 was on attaining the Millennium Development Goals (MDGs), and given the state of maternal, infant and newborn mortality, attention to these services took precedence.

There was limited use of evidence-based decision making, resulting in inadequate attention to the changing disease profiles in several parts of the country.

The National Health Mission (NHM), in its Framework of Implementation 2012, recommended – *“strengthening of the Sub Centre/Urban Primary Health Centre to deliver a larger range of preventive, promotive and curative care services, so that it becomes the first port of call for each family to access a full range of primary care services”*.

The primary care services, at the time, were largely focused on maternal and child health and a few communicable diseases such as malaria, leprosy, TB, etc.

In December 2014, the Ministry of Health and Family Welfare (MoHFW) constituted a Task Force for the roll out of Comprehensive Primary Health Care (CPHC).

The key recommendations of the Task Force were finalised late in 2015.





## **The Task Force suggested enhanced allocation and the following key reforms necessary for operationalising primary health care -**

-  Expansion of the package of services to be made available and ensuring continuity of care – making services patient-centric
-  Reform the way in which service delivery institutions are organized
-  Measures to ensure availability of necessary human resources to deliver the expanded range of services
-  Human resource development
-  Reliable access to free essential medicines and diagnostic services
-  Leveraging information technology
-  Measures for ensuring quality of care
-  Change management processes
-  Information and communication technology to empower patients and providers, governance, financing, partnerships and accountability including community partnerships and equity concerns in health.







While consensus on these reforms was being forged, surveys in many parts of the country highlighted that the burden of chronic diseases (hypertension, diabetes) and linked unhealthy behaviours and lifestyles were on the rise.





This prompted the MoHFW, in early 2016, to develop a comprehensive Population Based Screening (PBS) programme for common Non - Communicable Diseases (NCDs), in order to initiate the process of early detection, prevention, management and control, and also enable system readiness for the addition of other service packages.



## CHAPTER 2 AB-HWCs: PROMOTING WELL-BEING - PREVENTION IS BETTER THAN CURE

### Key features of the programme

-  Transform existing Sub Health Centres and Primary Health Centres to AB-HWCs to ensure universal access to an expanded range of Comprehensive Primary Health Care services.
-  Ensure a people centred, holistic, equity-sensitive response to people's health needs through a process of population empanelment, regular home and community interactions and people's participation.
-  Ensure access to free essential medicines and diagnostic services.
-  Enable delivery of high quality care that spans health risks and disease conditions through a commensurate expansion in the availability of medicines and diagnostics, use of Standard Treatment Guidelines (STGs) and referral protocols with advanced technologies including IT systems and focus on wellness.
-  Instill the culture of a team-based approach to delivery of quality health care encompassing: preventive, promotive, curative, rehabilitative and palliative care.
-  Ensure continuity of care with a two-way referral system between the AB-HWCs and the AB-PMJAY and follow-up support.

-  Emphasize health promotion (including through school education and individual-centric awareness and promotion of Yoga and other wellness activities) and promote public health action through active engagement and capacity building of community platforms and individual volunteers.
-  Facilitate the use of appropriate technologies for improving access to health care advice and treatment initiation, enable reporting and recording, eventually progressing to electronic records for individuals and families linking it with NDHM.
-  Develop strong measurement systems to build accountability for improved performance.
-  Institutionalize the community ownership and management of health centres through **Jan Arogya Samitis (JAS)**.

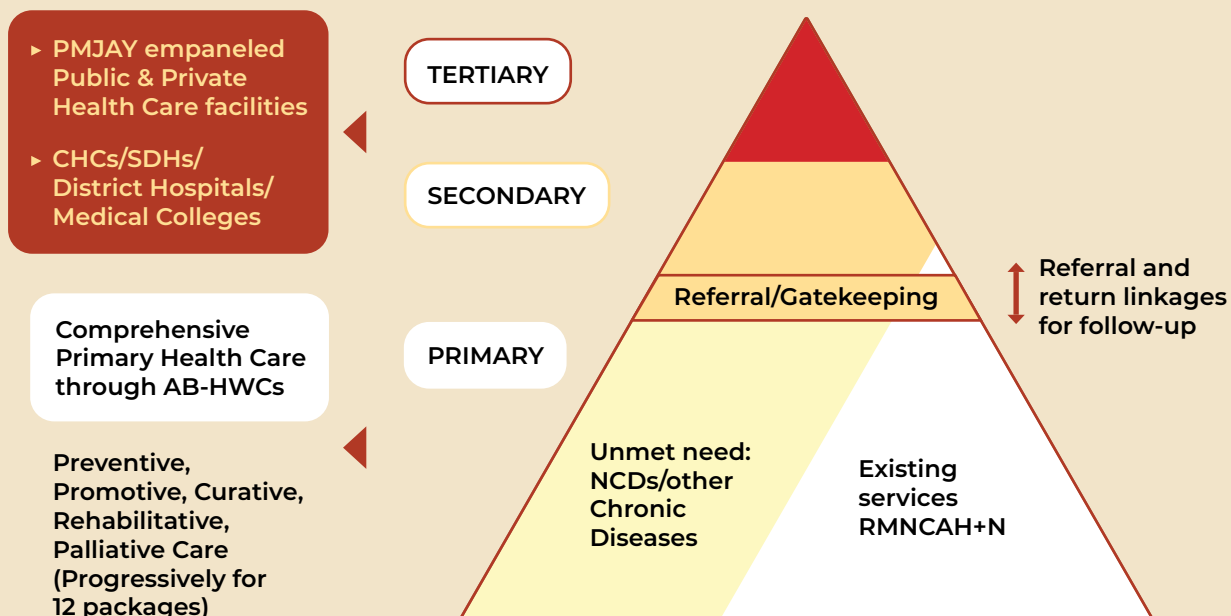


# Service Packages

Services made available at AB-HWCs	Services* being added in an incremental manner
 Care in Pregnancy and Child-birth	 Basic Oral Health Care
 Neo-natal and Infant Health Care Services	 Care for Common Ophthalmic and ENT Problem
 Childhood and Adolescent Health Care Services	 Screening and Basic Management of Mental Health Ailments
 Family Planning, Contraceptive Services and other Reproductive Health Care Services	 Elderly and Palliative Health Care Services
 Management of Communicable Diseases	 Emergency Medical Services including Burns and Trauma
 Out-patient Care for Acute Simple Illnesses and Minor Ailments	
 Screening, Prevention, Control and Management of Non-Communicable Diseases and Chronic Communicable Diseases like Tuberculosis and Leprosy	
	<p><b>* Many states have started adding the above services. Guidelines for all the 12 expanded package of services has been released.</b></p>

**Figure 1:** CPHC 12 service packages

# Universal Health Coverage: Ayushman Bharat



## CONTINUUM OF CARE - CPHC & PMJAY

**Figure 2:** Continuum of Care under Ayushman Bharat







## **CHAPTER 3**     **SERVICE DELIVERY THROUGH AB-HWCs**

The service delivery including preventive, promotive, curative, rehabilitative health care is at three levels i.e.

- i.** Family/Household and community levels through outreach OPDs, Health Mela, Village Panchayat, Village and Home Visits, School and Anganwadi visits
- ii.** AB-HWCs
- iii.** Referral Facilities/Sites: Delivery of services closer to the community and close monitoring would enable increased coverage and help in addressing issues of marginalization and exclusion of specific population groups

### **The referral mechanism for AB-HWCs**

The patients requiring advanced diagnosis and care would be appropriately referred to PHC or First Referral Unit (FRU), AYUSH dispensaries, co-located facilities at CHC/DH/AYUSH integrated hospitals, teaching hospitals, national level institutions, etc. as per pre-devised referral criteria.

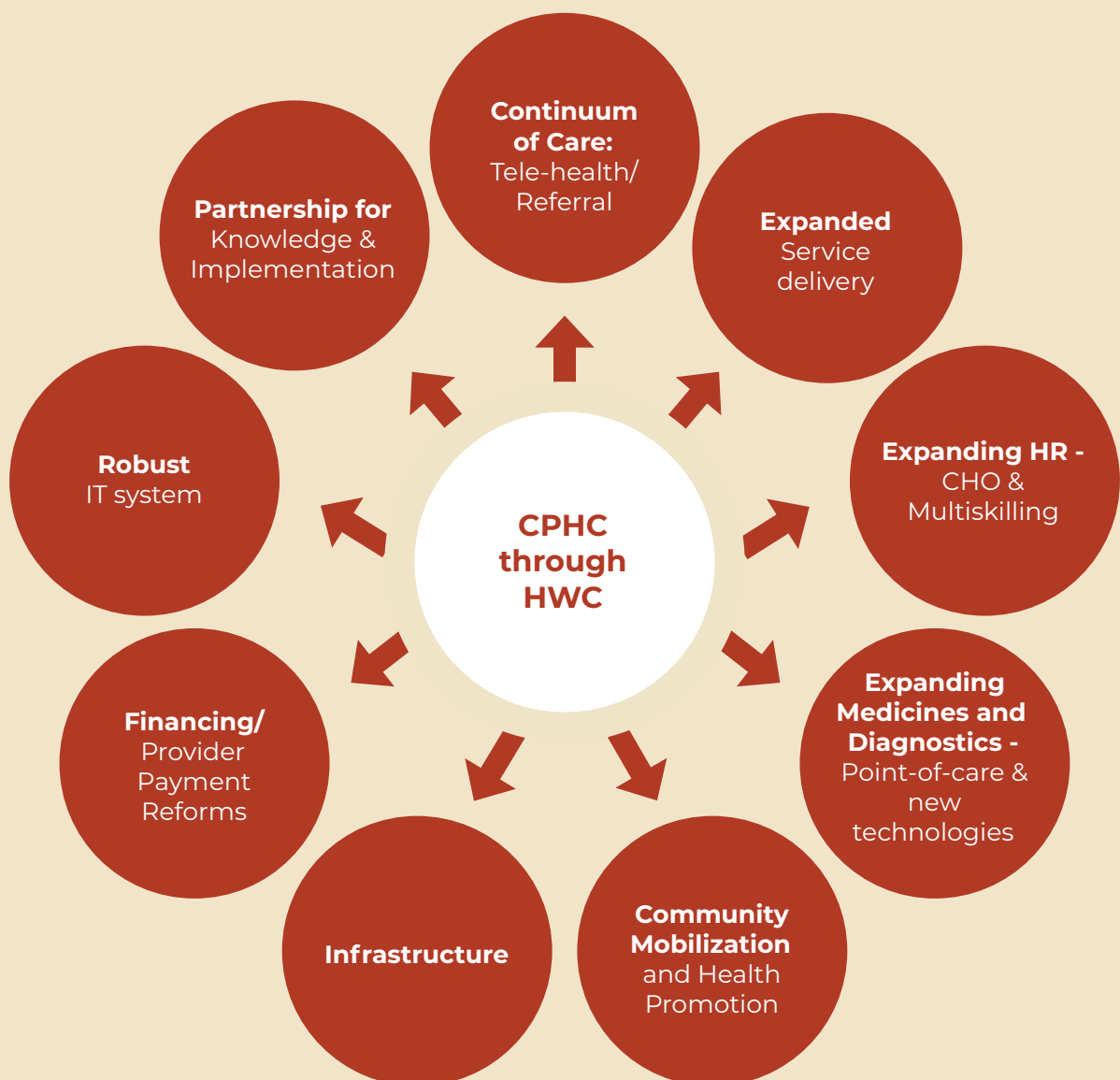
A two-way referral would be ensured between different level of health care facilities. For chronic disease conditions which require periodic specialist referral, tele-consultation platform would be utilized to facilitate the process.

Patients requiring advanced care will also be referred to Allopathic centres and vice versa depending upon the decision of Community Health Officer (CHO) in consultation with the Medical Officer at the parent PHC.

The continuum of care will be ensured through referral to higher centres and reverse referral to AB-HWCs.

Whenever patients come home after getting treatment from higher health care facilities, ensuring their day-to-day management including compliance to advice and follow-ups will be the responsibility of AB-HWCs team.

## Key Components of the programme



## Community Engagement

The AB-HWC team working closely with communities enables empowerment of individuals, families and communities with knowledge and skills to take responsibility for their own health.

The AB-HWCs also focus on **improving health literacy** through **Inter Personal Communication**, and media including social media, for **promotion of healthy lifestyles – diet, yoga, exercise, tobacco cessation, and self-care** for those with chronic disease conditions.

Institutional structures such as **Jan Arogya Samitis**, with representation from the local bodies and Panchayats, Self Help Groups and patients, have also been envisaged to enable community ownership and accountability of AB-HWC teams.

### Access to free essential medicines and diagnostic services

The AB-HWCs will serve as the hub for dispensing medicines based on treatment plans initiated by the medical officer at the PHC.

Number of essential medicines at PHC-AB-HWCs have been increased to 172 and number of essential diagnostic services to 63. While at the SHC-AB-HWCs, these have been increased to 105 essential medicines and 14 essential diagnostic services.

This not only ensures the uninterrupted availability of medicines to ensure adherence and continuation of care, but also reduces any patient hardship by providing free essential medicines closer to their homes.



## Robust IT systems

The IT system includes the provision of a smart phone to the ASHA, and a tablet to the Multipurpose Worker and CHO, that will **enable registration of all individuals' record of services and outcomes**, increasing the **quality of care and accountability**. The patient can then be reached at the home/community level, for treatment adherence and follow-up measurements of vital parameters.

## Teleconsultation services

The AB-HWCs provide teleconsultation services, whereby every level of service provider from CHO to Medical Officer is able to access a higher level of consultation, including with specialists in secondary and tertiary centres, so that physical travel by patients can be minimized, reducing costs and any potential hardship.

## Health & Wellness Ambassadors and Messengers

AB-HWCs also include school health activities. Teachers in every school are being trained to serve as Health and Wellness Ambassadors; and students as Messengers. Since adolescence is the time when risk taking behaviours set in, the initiative will enable creating healthy habits in school leading to early action and encouragement to adopt healthy behaviours at young age, leading to prevention of chronic diseases later in life.





## CHAPTER 4 Before and After AB-HWCs

BEFORE AB-HWCs	AFTER AB-HWCs
<ul style="list-style-type: none"><li>◆ <b>Selective Primary Health Care:</b> Limited to Reproductive and Child Health (RCH) and communicable diseases: addresses only about 20% of health care needs.</li></ul>	<ul style="list-style-type: none"><li>◆ <b>Comprehensive Primary Health Care:</b> Universal and free access to expanded range of services, including chronic disease conditions and Non-Communicable Diseases.</li></ul>
<ul style="list-style-type: none"><li>◆ Focused on men and women of reproductive age group – RCH oriented.</li></ul>	<ul style="list-style-type: none"><li>◆ Life cycle approach addressing all women and men across all ages spanning preventive, promotive, curative, rehabilitative and palliative aspect of care.</li></ul>
<ul style="list-style-type: none"><li>◆ Limited availability of medicines at peripheral centres leading to out-of-pocket expenditure (OOPE); poor adherence to treatment.</li></ul>	<ul style="list-style-type: none"><li>◆ Increased availability of medicines for chronic diseases at most peripheral facilities thus reducing expenditure incurred on medicines.</li></ul>



BEFORE AB-HWCs	AFTER AB-HWCs
	<ul style="list-style-type: none"> <li>◆ Medicines and diagnostics available at nearest AB-HWC and follow up at the community level – ensuring treatment compliance and ensuring behavioural modifications i.e., closer to the community.</li> </ul>
<ul style="list-style-type: none"> <li>◆ Low utilization of the vast network of Sub-Health Centers (SHCs) and Primary Health Centers (PHCs).</li> </ul>	<ul style="list-style-type: none"> <li>◆ Transforming SHC/PHC to AB-HWCs ensures Comprehensive Primary Health Care (CPHC) and reduces patient hardship by reducing the cost of transportation.</li> </ul>
<ul style="list-style-type: none"> <li>◆ Limited Human Resource availability at the Sub Centre level- one or two ANMS and five ASHAs.</li> </ul>	<ul style="list-style-type: none"> <li>◆ A Community Health Officer at SHC-AB-HWC to lead the team, to provide access to expanded range of services and to integrate public health and primary health care.</li> </ul>
<ul style="list-style-type: none"> <li>◆ Limited focus on preventive care and promotive care related to chronic disease conditions such as Hypertension and Diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health promotion and wellness focused efforts by primary health care team would address risk factors for chronic diseases and other conditions.</li> </ul>



BEFORE AB-HWCs	AFTER AB-HWCs
<ul style="list-style-type: none"> <li>◆ Primary level of health care facilities do not serve gate keeping functions, leading to crowded secondary level health care facilities.</li> </ul>	<ul style="list-style-type: none"> <li>◆ A strong network of AB-HWCs at sub district level would facilitate resolving more cases at primary level and thus reduce overcrowding at secondary and tertiary level facilities.</li> </ul>
<ul style="list-style-type: none"> <li>◆ People visiting peripheral health facilities had no access to tele-health.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Improved network and referral linkages through teleconsultation/tele medicine platforms.</li> </ul>
<ul style="list-style-type: none"> <li>◆ Reporting and monitoring being done manually – duplication of records, overburdened staff, especially frontline workers.</li> </ul>	<ul style="list-style-type: none"> <li>◆ With availability of an IT platform, standardized digital health records, establishment of a seamless flow of information across all levels of care and continuum of care assured.</li> </ul>
<ul style="list-style-type: none"> <li>◆ At primary health care facilities, limited focus on wellness component.</li> </ul>	<ul style="list-style-type: none"> <li>◆ With AB-HWC, Wellness activities including Yoga are mainstreamed into the health care delivery system. Active engagement of Yoga practitioners also ensured at AB-HWC level.</li> </ul>





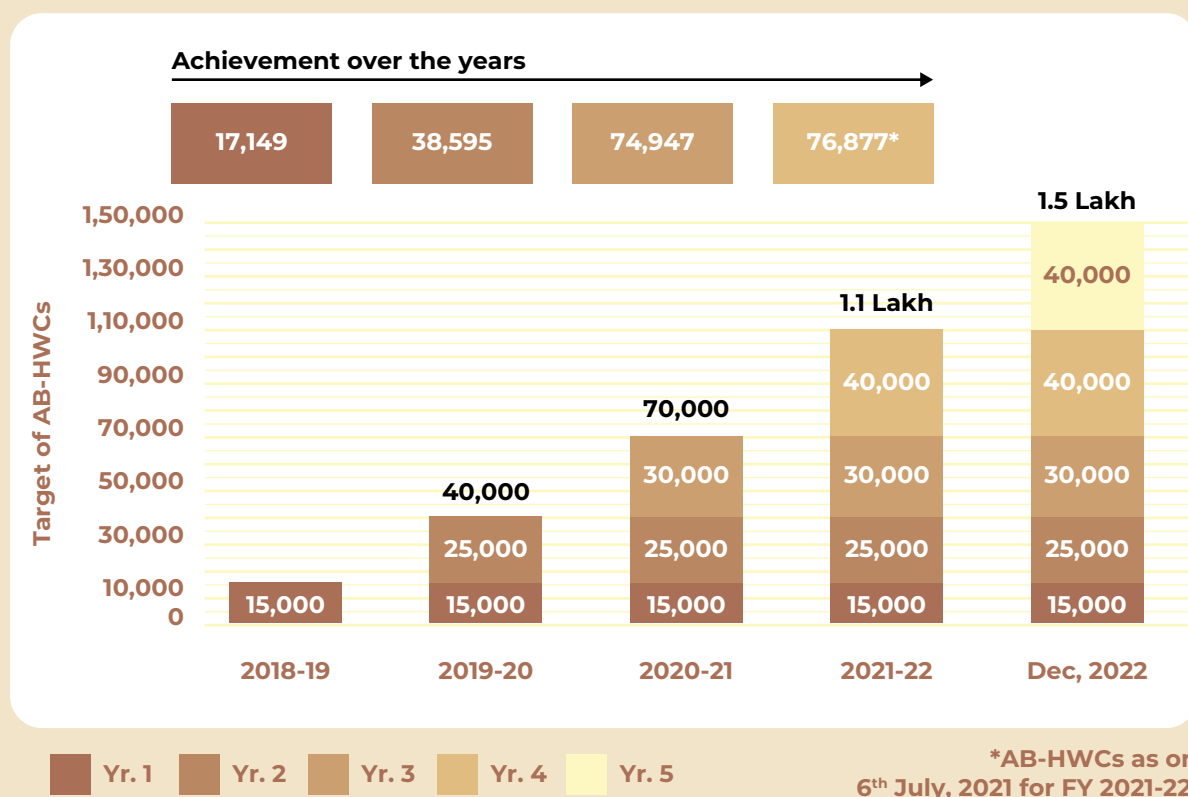
## CHAPTER 5 AB-HWCs: JOURNEY SO FAR



Given the magnitude of inputs required to strengthen the primary health care facilities, the operationalization of AB-HWCs has been planned in a phased manner till the year 2022.

# Ayushman Bharat - Health and Wellness Centres

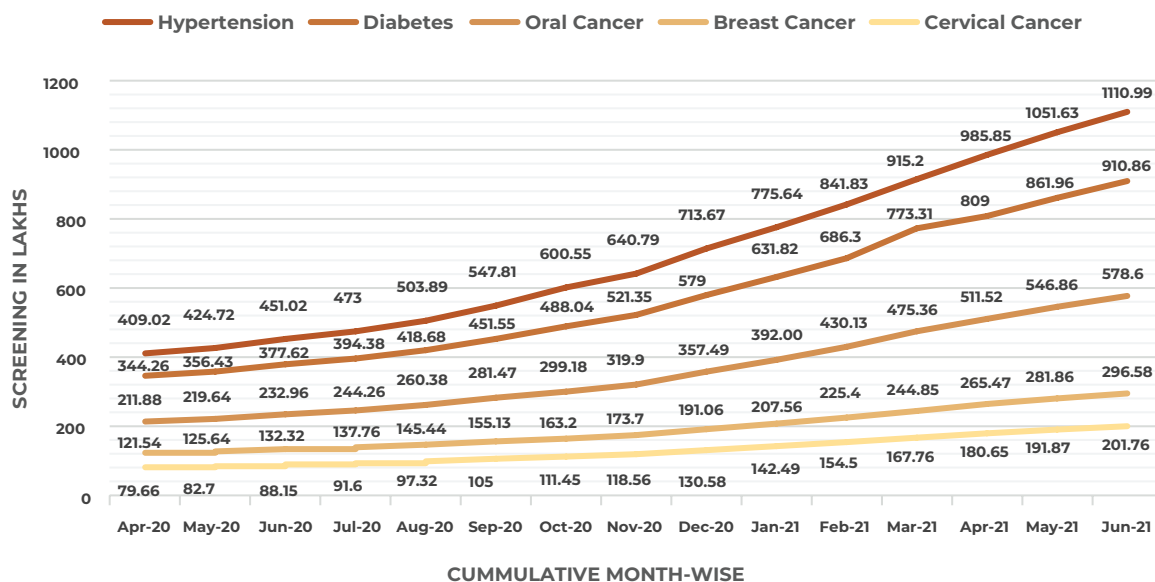
## Targets and Achievements



**Over 11.43 crore** Hypertension screenings done at AB-HWCs, as on 6<sup>th</sup> July, 2021



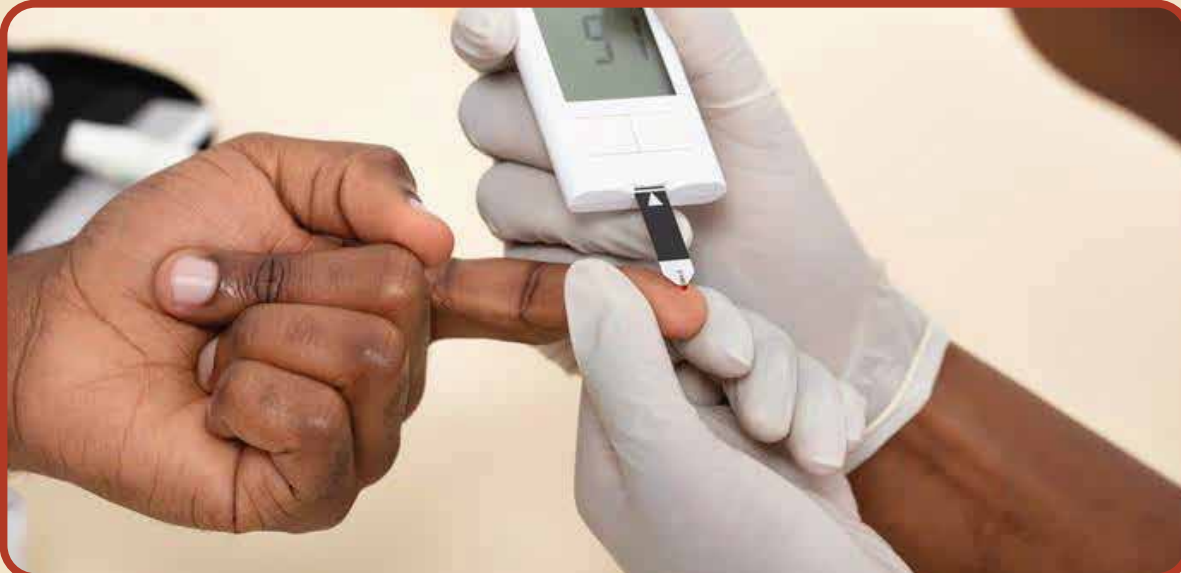
## NCD Screenings





## Interventions for Communicable Diseases at AB-HWCs

- ◆ The primary health care team at SHC-AB-HWCs facilitate seamless linking of community and facility level interventions for **vector borne disease control**. The ASHA supported by the Village Health Sanitation and Nutrition Committees (VHSNCs) and Mahila Arogya Samitis (MAS) enable community health education on personal protective measures, undertaking measures for vector control or distribution of insecticide treated bed-nets.
- ◆ AB-HWCs also facilitate home, community and facility-based interventions for chronic communicable diseases such as **Tuberculosis (TB) and Leprosy**.
- ◆ ASHAs undertake active case finding for both TB and leprosy through Community Based Assessment Checklist (CBAC) which also serves as a way of enhancing community awareness.
- ◆ For TB, AB-HWC teams undertake home visits, counselling, contact investigation, sample collection and transportation, dispense anti TB medication, ensure referrals for testing for existence of conditions such as diabetes/HIV, linkages to Antiretroviral Therapy (ART) centre/DRTB centres, as required, collection of bank account details, to facilitate cash entitlements under the Nikshay Poshan Yojana, monitor for treatment adherence and facilitate follow-up.
- ◆ ASHA based surveillance system for leprosy is being implemented through AB-HWCs
- ◆ SHC-AB-HWCs are being equipped with all the **medicines for TB** and has access to telemedicine for consultation as required.
- ◆ The **annual health calendar** of AB-HWCs also facilitates organizing special events for several common infectious diseases.










**53 crore footfalls at 76,877 AB-HWCs**  
**9.38 crore** diabetes screenings for 30+ aged individuals at  
AB-HWCs as on 6<sup>th</sup> July 2021








**Over 72 lakh** wellness sessions have been conducted at  
AB-HWCs as on 6<sup>th</sup> July 2021.

# Service Delivery Framework



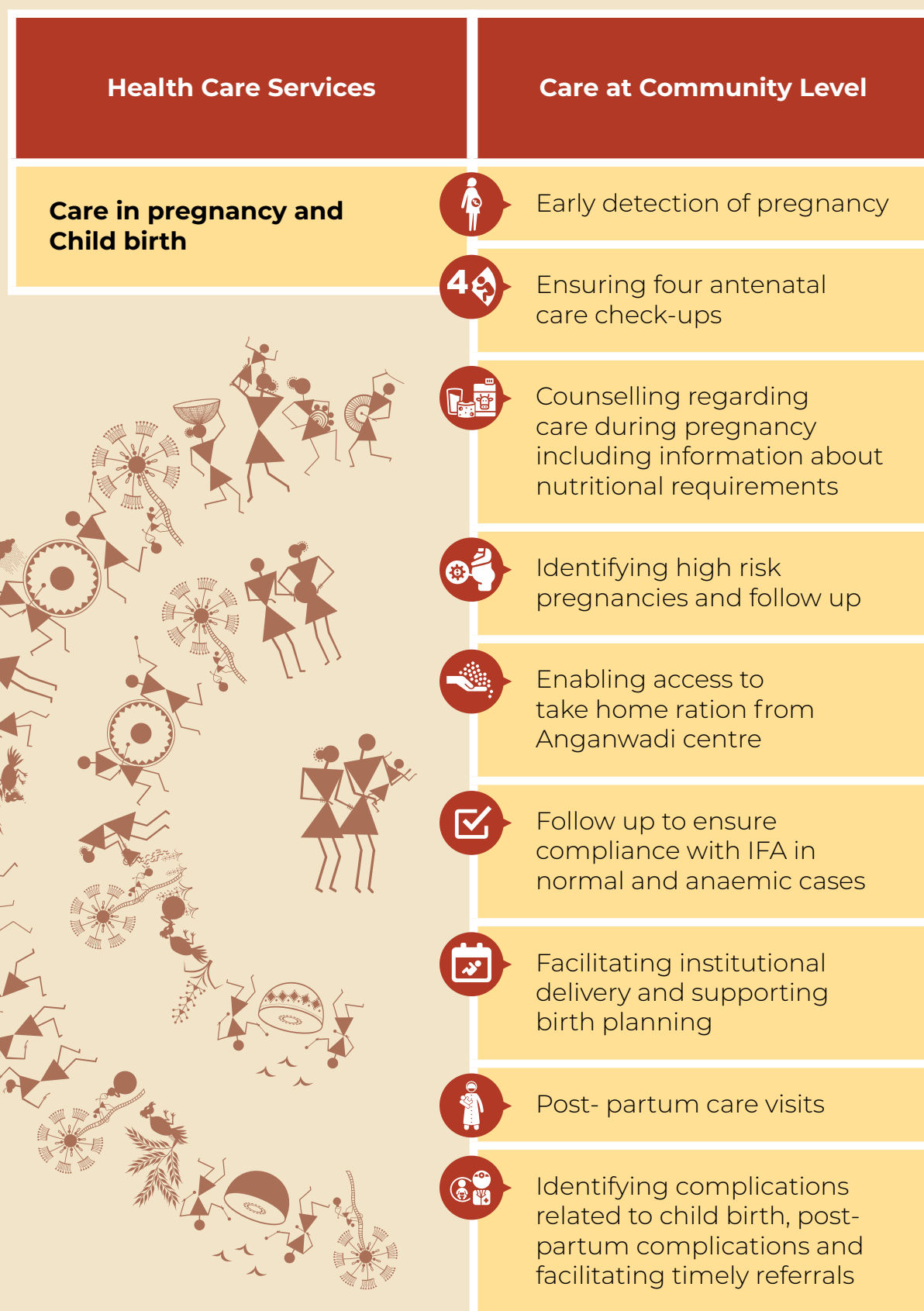
Health Care Services	Care at Community Level
<b>Management of communicable diseases and general outpatient care for acute simple illness and minor ailments.</b>	 Symptomatic care for fevers, URIs, LRIs, body aches and headaches, with referral as needed. Identify and refer in case of skin infections and abscess.
	 Preventive action and primary care for waterborne disease, like diarrhoea, (cholera, other enteritis) and dysentery, typhoid, hepatitis (A and E).
	 Creating awareness about prevention, early identification and referral in cases of helminthiasis and rabies.
	 Preventive and promotive measures to address musculo-skeletal disorders—mainly osteoporosis, arthritis and referral or follow up as indicated.
	 Providing symptomatic care for aches and pains – joint pain, back pain, etc.



Care at the AB-HWCs - Sub Health Centres	Care at the Referral Site
 <p>Identification and management of common fevers, ARIs, diarrhoea, and skin infections (scabies and abscess).</p>	 <p>Diagnosis and management of all complicated cases (requiring admission) of fevers, gastroenteritis, skin infections, typhoid, rabies, helminthiasis, acute hepatitis.</p>
 <p>Identification and management (with referral as needed) in cases of cholera, dysentery, typhoid, hepatitis and helminthiasis.</p>	 <p>Specialist consultation for diagnostics and management of musculo-skeletal disorders, e.g.- arthritis.</p>
 <p>Management of common aches, joint pains, and common skin conditions, (rash/urticaria).</p>	















# Service Delivery Framework







Care at the AB-HWCs - Sub Health Centres	Care at the Referral Site
 Early registration of pregnancy and issuing of ID number and Mother and Child protection card	 Antenatal and postnatal care of high-risk cases
 Antenatal check-up including screening of Hypertension, Diabetes, Anaemia, Immunization for pregnant woman-TT, IFA and Calcium supplementation	 Blood grouping and Rh typing and blood cross matching
 Screening, referral and follow up care in cases of Gestational Diabetes, and Syphilis during pregnancy	 Linkage with nearest ICTC/PPTCT centre for voluntary testing for HIV and PPTCT services
 Normal vaginal delivery in specified delivery sites as per state context - where Community Health Officer(CHO)/ANM is trained as Skill Birth Attendant (Type B SHC)	 Normal vaginal delivery and Assisted vaginal delivery
 Provide first-aid treatment and referral for obstetric emergencies, e.g. eclampsia, PPH, Sepsis, and prompt referral (Type B SHC)	 Surgical interventions like Caesarean section
	 Management of all complications including ante-partum and post-partum haemorrhage, eclampsia, puerperal sepsis, obstructed labour, retained placenta, shock, severe anaemia, breast abscess
	 Blood transfusion facilities



## CHAPTER 6 AB-HWCs: MAKING A DIFFERENCE





## Over 12 lakh people treated for free under Ayushman Bharat; 10000 Wellness Centres operational

The first Health and Wellness Centre (HWC) under Ayushman Bharat was inaugurated by the Prime Minister Narendra Modi at Jangla in Bijapur, Chhattisgarh on April 14, 2018. Since then, 10,252 HWCs have been operationalised.

RUPALI PRUTHI

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## 1.5 lakh Ayushman Bharat Health & Wellness Centres to be set up by 2022: Survey

Primary healthcare accounts for 52.1 per cent of India's current public expenditure on health as per the National Health Estimates, 2016-17, "Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY), the world's largest health insurance scheme, is a major step towards providing affordable healthcare to the identified poor," the Survey said.

PTI - February 01, 2020, 04:00 IST

# 70,000 Ayushman Bharat-Health and Wellness Centres operationalised: Govt

India has marked a key milestone in universalising primary health care with the target of operationalising 70,000 Ayushman Bharat-Health and Wellness Centres (AB-HWCs) by March 31

## Topics

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FEATURED NATIONAL NEWS

## Ayushman Bharat- Health & Wellness Centres (AB-HWCs) Have Made Their Presence Felt During The Times Of COVID

By India Education Diary ... On Jul 27, 2020



DOI: <http://dx.doi.org/10.15203/2394-6040.ijcmph20200470>

## Health and wellness centers: a paradigm shift in health care system of India?

Hariom K. Solanki, Rama Shankar Rath, Vijay Silan, Satya V. Singh

### Abstract

An ambitious attempt to achieve the goal of universal 'comprehensive' primary care through health and wellness centres under the Ayushman Bharat Scheme (ABS) has been made by the Ministry of Health and Family Welfare, Government of India. The scheme has widened the package of services available to beneficiaries and it also envisages continuum of care. However, there are pre-existing weaknesses in the three tiered public health system in India which may threaten the success of this scheme. In this article we describe and analyze the newer services or initiatives at the health and wellness centres under the ABS. We also attempt to identify the Strengths, weaknesses, threats and opportunities associated with this initiative.

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## Health & Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward

[Chandrakant Lahariya](#) 

*The Indian Journal of Pediatrics* **87**, 916–929 (2020) | [Cite this article](#)

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### Abstract

In February 2018, the Indian Government announced Ayushman Bharat Program (ABP) with two components of (a) Health and Wellness Centres (HWCs), to deliver comprehensive primary health care (PHC) services to the entire population and (b) Pradhan Mantri Jan

# Tweets



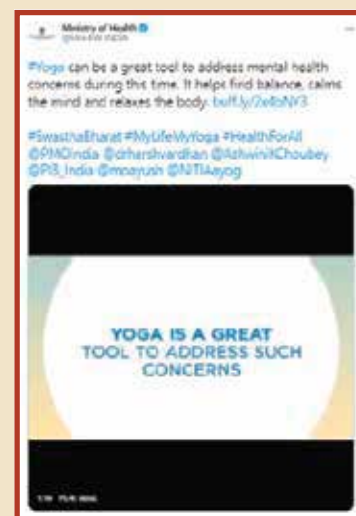
## SERVICES



## FIELD STORIES



## FOCUS DAYS





## COVID SUPPORT





## HEALTH TIPS



## WEEKLY UPDATES






Ministry of Health & Family Welfare  
Government of India

## India has crossed a key Milestone in Universal Primary Healthcare!

# 70,000

### Ayushman Bharat Health & Wellness Centers (HWCs)

operationalised ahead of time, inspite of COVID19



AB-HWC at kiphre  
(remote and aspirational District),  
Nagaland

mohfw.gov.in
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 @MoHFW\_INDIA
 @mohfwindia
 mohfwindia



**NITI Aayog**  
@NITIAYog

Inhale peace, exhale stress, inhale calm, exhale worry! 🧘

#AspirationalDistricts across India celebrated #InternationalDayOfYoga with great zeal and energy.

Wishing everyone a very Happy International #YogaDay!

#YogaForWellness  
#YogaForHealth 🙏

6:08 pm · 21 Jun 2021 · Twitter for iPhone

42 Retweets · 1 Quote Tweet · 233 Likes




### उपशमक देखभाल वाले रोगियों को घर पर ही टीका लगाया जा रहा है

### मोबाइल टीकाकरण अभियान






आयुष्मान भारत - हेल्थ एंड वेलनेस, मोबाइल टीकाकरण टीम, केरल

















### #InternationalDayofYoga

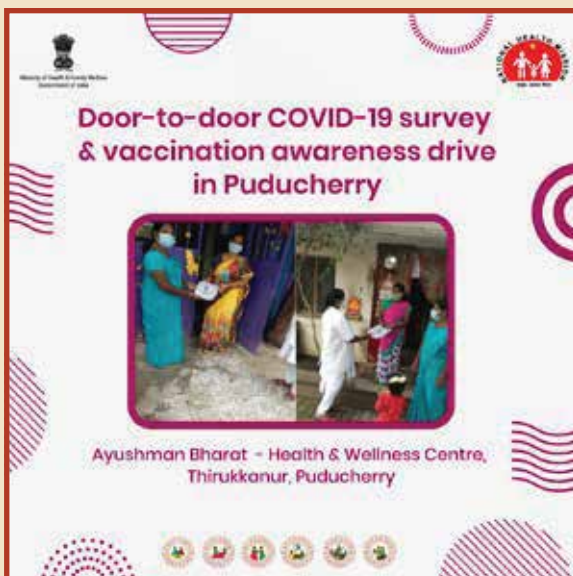
H&W S/C, Timgdar, Rangdum, Ladakh

Health & Wellness Centre of Rangdum conducted a beautiful celebration of #InternationalDayofYoga with the community







## Glossary:

<b>AB-HWCs</b>	Ayushman Bharat – Health and Wellness Centres
<b>AB-PMJAY</b>	Ayushman Bharat – Pradhan Mantri Jan Arogya Yojna
<b>ASHA</b>	Accredited Social Health Activist
<b>ANM</b>	Auxiliary Nurse Mid-wife
<b>ART</b>	Anti-retroviral Treatment
<b>ARI</b>	Acute Respiratory Infection
<b>AYUSH</b>	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
<b>CBAC</b>	Community Based Assessment Checklist
<b>CPHC</b>	Comprehensive Primary Health Care
<b>CHC</b>	Community Health Centre
<b>CHO</b>	Community Health Officer
<b>DH</b>	District Hospital
<b>DRTB</b>	Drug Resistant Tuberculosis
<b>ENT</b>	Ear, Nose, Throat
<b>FY</b>	Financial Year
<b>FRU</b>	First Referral Unit
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICTC</b>	Integrated Counselling and Testing Centre
<b>IFA</b>	Iron Folic Acid
<b>IPHS</b>	Indian Public Health Standards
<b>IT</b>	Information Technology



<b>JAS</b>	Jan Arogya Samiti
<b>LRI</b>	Lower Respiratory Tract Infection
<b>MAS</b>	Mahila Arogya Samiti
<b>MDGs</b>	Millennium Development Goals
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>NCD</b>	Non-Communicable Diseases
<b>NHM</b>	National Health Mission
<b>NHP 2017</b>	National Health Policy 2017
<b>OPD</b>	Outpatient Department
<b>OOPE</b>	Out of Pocket Expenditure
<b>PBS</b>	Population Based Screening
<b>PHC</b>	Primary Health Centre
<b>PPTCT</b>	Prevention of Parent to Child Transmission
<b>RCH</b>	Reproductive and Child Health
<b>RMNCAH+N</b>	Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition
<b>SDH</b>	Sub District Hospital
<b>SHC</b>	Sub Health Centre
<b>STGs</b>	Standard Treatment Guidelines
<b>TB</b>	Tuberculosis
<b>TT</b>	Tetanus Toxoid
<b>URI</b>	Upper Respiratory Tract Infection
<b>VHSNCs</b>	Village Health, Sanitation and Nutrition Committees





“When we talk about Health and Wellness Centres our motive is not only to cure the disease but also to prevent the diseases. In our country we can find a large number of patients with blood pressure and diabetes. 60% of the health related deaths occur due to these 4 diseases viz. cardiovascular disease, diabetes, respiratory problems and cancer. But these diseases can be prevented if detected on time. Through these Health and Wellness centres efforts are being made to provide free diagnosis of the diseases.”

**-Prime Minister Narendra Modi**







**Ministry of Health & Family Welfare**  
Government of India

For more details, kindly visit:  
<https://ab-hwc.nhp.gov.in/>