



BUDGET BRIEFS

Vol 13/Issue 2

Ayushman Bharat Gol, 2021-22

Ayushman Bharat, under the aegis of the Ministry of Health and Family Welfare (MoHFW), was launched by Government of India (Gol) on 23 September 2018. The programme consists of two initiatives:

- (1) The Pradhan Mantri Jan Arogya Yojana (PMJAY); and
- (2) The establishment of 1.5 lakh Health and Wellness Centres (HWCs).

Against the backdrop of the COVID-19 pandemic, this brief uses government data to analyse:

- Past trends in Gol allocations, releases, and expenditures;
- Eligibility and claims under PMJAY till September 2020; and
- Number of operational HWCs, staff in-position, and footfall.

Cost share and implementation:

The PMJAY scheme is implemented by the National Health Authority (NHA). HWCs fall within the ambit of the National Health Mission (NHM). Funds are shared between Gol and states in a 60:40 ratio for both initiatives except for North Eastern Region (NER) states and Himalayan states, for which the ratio is 90:10.

HIGHLIGHTS

₹ 6,400 cr

Gol allocations for Pradhan Mantri Jan Arogya Yojana (PMJAY) in FY 2021-22

₹ 1,900 cr

Gol allocations for Health and Wellness Centres (HWCs) in FY 2021-22

SUMMARY & ANALYSIS

- For Financial Year (FY) 2021-22 Budget Estimates (BEs), Gol allocated ₹6,400 crore to PMJAY, same as FY 2020-21 BEs but more than double the Revised Estimates (REs). For FY 2020-21, till 20 November 2020, Gol had released only ₹1,032 crore, or 33 per cent of the year's REs.
- The COVID-19 pandemic impacted PMJAY. Between 11-18 March 2020 and 25 March-1 April 2020, the number of claims filed decreased by 64 per cent. On 4 April 2020, packages for treating and testing COVID-19 were added.
- As on 15 July 2020, across India, 58 per cent of all households were covered under PMJAY. A further 8 per cent were covered by state schemes.
- In FY 2020-21, Gol allocated ₹1,600 crore to HWCs. Till September 2020, ₹431 crore was spent.
- HWCs were not used in COVID-19 tasks, and the pandemic did not disrupt their operationalisation. As on 20 November 2020, 50,069 HWCs were functional, accounting for 65 per cent of the cumulative target for FY 2020-21.
- There has been a significant increase in HWC footfall. Across India, as of October 2020, 2,672 lakh people visited HWCs, which was over three times the total footfall a year earlier.

- On 23 June 2018, the Government of India (GoI) announced the launch of a new health programme known as Ayushman Bharat. The programme consists of two initiatives: a) Pradhan Mantri Jan Arogya Yojana (PMJAY), and b) the establishment of Health and Wellness Centres (HWCs). This brief looks into both.
- The COVID-19 pandemic has severely affected the public system. Consequently, the scheme's plans, targets, outputs, and outcomes were impacted in FY 2020-21.

PRADHAN MANTRI JAN AROGYA YOJANA (PMJAY)

- PMJAY is a health insurance scheme aimed at providing access to quality inpatient secondary and tertiary care to poor and vulnerable families, and reducing catastrophic out-of-pocket expenditures arising out of serious health episodes.
- The scheme expands the previous Rashtriya Swasthya Bima Yojana (RSBY), launched in 2008 to provide health insurance coverage of up to ₹30,000 per year to Below Poverty Line (BPL) families, unorganised sector workers, and other identified vulnerable groups.
- PMJAY, however, differs from RSBY by expanding the coverage amount to ₹5 lakh for more than 10 crore identified target households (irrespective of size) based on the Socio-Economic Caste Census (SECC). The scheme is designed to provide cashless cover to households, and all claims are to be settled within 14 days.

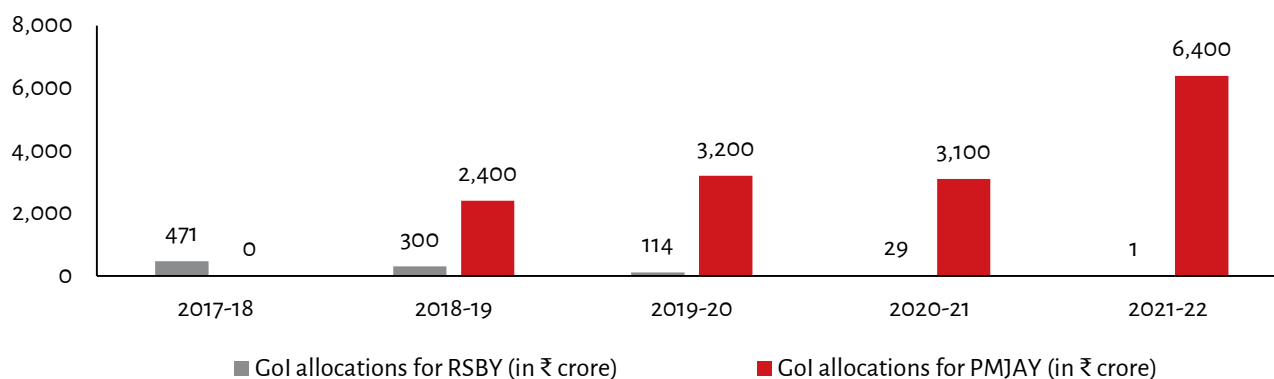
Implementation

- The scheme is implemented by the National Health Authority (NHA) within the Ministry of Health and Family Welfare (MoHFW). The NHA consists of a Governing Board with representation from GoI, domain experts, and state governments on a rotational basis.
- States onboarded to the scheme are required to sign a Memorandum of Understanding (MoU) with the NHA. As on 1 February 2021, 32 states/Union Territories (UTs) had signed MoUs. Delhi, Odisha, Telangana, and West Bengal had not signed up for PMJAY.
- Implementation of the scheme rests with states and UTs. The scheme design allows flexibility, including the choice of procedures, packages, entitlements, and portability across the country. States and UTs can also choose implementation modalities such as through an insurance company, or directly through a trust/society/Implementation Support Agency (ISA), or adopt a mixed approach.
- As on 1 February 2021, seven states and UTs, namely Meghalaya, Nagaland, Punjab, Dadra and Nagar Haveli and Daman and Diu, Jammu and Kashmir, Ladakh, and Puducherry were running the scheme on an insurance model. Four states, namely Gujarat, Jharkhand, Maharashtra, and Tamil Nadu had chosen the mixed model. The remaining states and UTs were implementing PMJAY through a trust.

Allocations

- With the launch of PMJAY in FY 2018-19, allocations for health insurance increased fivefold compared to those under RSBY. In recent years, however, they have stagnated.
- Since FY 2019-20, while Budget Estimates (BEs) for the scheme have remained at ₹6,400 crore, REs have been significantly lower. For instance, in FY 2019-20, REs were half at ₹3,200 crore and less than half at ₹3,100 crore in FY 2020-21.
- For FY 2021-22, allocations again stood at ₹6,400 crore, same as the previous two years BEs, but more than double the previous years REs.

**₹6,400 CRORE ALLOCATED FOR 2021-22, SAME AS 2020-21 BEs
BUT MORE THAN DOUBLE THE RES**



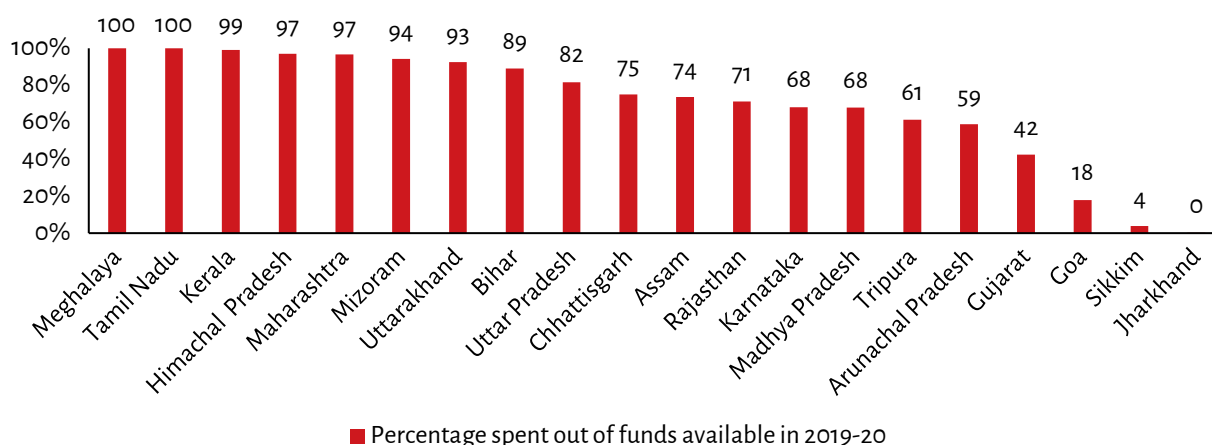
Source: Union Expenditure Budget, Volume 2, MoHFW, FY 2015-16 to FY 2021-22. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2021.

Note: Figures are in crores of Rupees and are Revised Estimates (REs), except for FY 2021-22 which are Budget Estimates (BEs).

State-wise Releases and Expenditures

- Funds released (including premiums and administrative expenses) are deposited in designated escrow accounts of both Gol and state governments. While state governments are to release their share of the premium in advance, Gol must release it within 21 working days from the receipt of a completed proposal from states. Upon receipt of Gol's share, states are to release the funds to the insurance company/ISA within seven working days.
- Even prior to the pandemic, funds released by Gol were lower than REs. In FY 2018-19, Gol released ₹1,850 crore, which is equivalent to 77 per cent of the REs. In FY 2019-20, ₹2,993 crore, which amounts to 94 per cent of REs or 47 per cent of BEs, was released.
- The COVID-19 pandemic has resulted in a decrease in Gol releases across most schemes. As on 20 November 2020, Gol had only released ₹1,032 crore for FY 2020-21, which was 16 per cent of the year's BEs or 33 per cent of the year's REs.
- There are also gaps between the funds available to states and expenditures. Funds available are the sum of releases for that year and unspent balances from the previous year. In FY 2018-19, only 50 per cent of funds available were spent, across India. A reason could be delayed onboarding of states. Only Jharkhand spent over 90 per cent of available funds during the year.
- In FY 2019-20, spending out of funds available improved and stood at 77 per cent. States with the highest expenditure included Tamil Nadu (100 per cent), Kerala (99 per cent), Himachal Pradesh (97 per cent), Maharashtra (97 per cent), and Mizoram (94 per cent).
- In contrast, expenditure was lower than the national average in 14 states and UTs, including Gujarat (42 per cent), Goa (18 per cent), Sikkim (4 per cent), and Jharkhand (less than 1 per cent).

77% OF FUNDS AVAILABLE SPENT IN 2019-20



Source: RTI response by NHA dated 27 November 2020.

Health Benefit Package

- The scheme covers expenditure related to hospitalisation expenses, daycare surgeries, follow-up care, pre-hospitalisation and post-hospitalisation expense benefits, and services for newborn children. As per the scheme guidelines, costs are to be controlled by fixing package rates in advance, and hospitals are to be empanelled based on package bundles.
- Under the first Health Benefit Package (HBP), or HBP 1.0, PMJAY benefits included 1,393 medical packages covering surgery, medical and daycare treatments, cost of medicines and diagnostics, and a package to cover other ailments, as on 2 December 2019.
- Several existing packages (554) were discontinued in 2020, leaving the total number of packages at 867, which were split into 1,573 procedures. This came to be known as HBP 2.0. Reasons given for this reduction have included inadequate package rates, duplication of packages, inconsistent nomenclature and terminology, procedures overlapping with other national programmes, and non-coverage of some procedures, investigations, and drugs. As before, all pre-existing diseases are to be covered and hospitals cannot deny treatment to eligible persons. As on 23 September 2020, 18 states and UTs have migrated from HBP 1.0 to the new HBP 2.0.
- On 4 April 2020, in light of the COVID-19 pandemic, the NHA added packages for testing and treating of COVID-19 in both HBP 1.0 and HBP 2.0, covering the entire country.

ELIGIBILITY AND COVERAGE

Eligibility

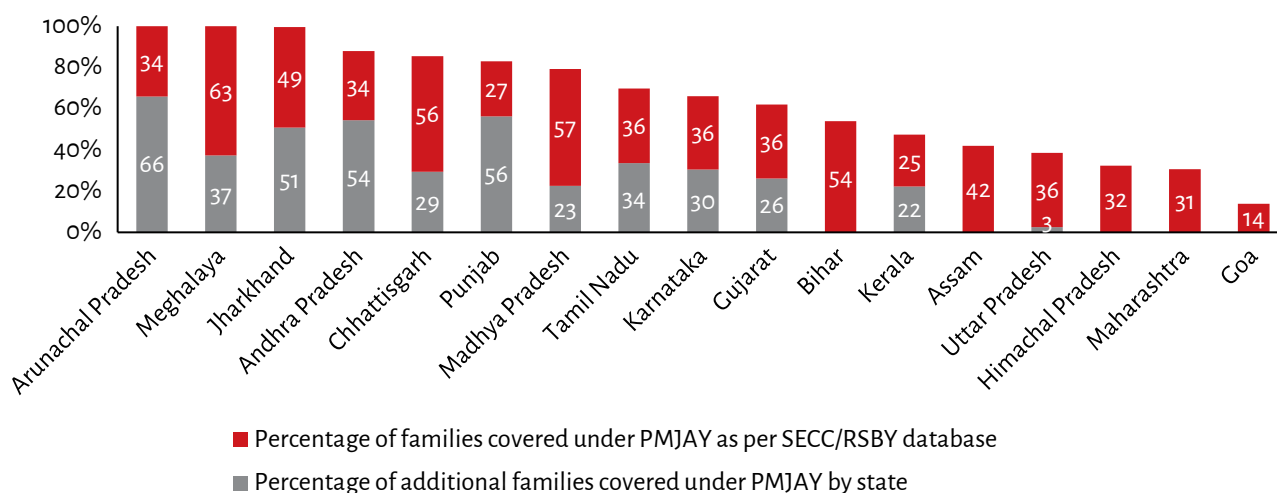
- PMJAY focusses on poor and vulnerable people who do not typically have access to health insurance. Under the scheme, the identification of eligible households is based on the latest SECC data for both rural and urban areas, as well as active families under RSBY.
- In rural areas, the scheme covers the following households: (a) households with only one room with *kutcha* walls and roof; (b) no adult members between the ages of 16-59; (c) households without adult male member aged between 16-59 years; (d) households with members with disabilities and no able-bodied adult member; (e) Scheduled Caste/Scheduled Tribe households; and (f) landless households deriving a major part of their income from casual labour.

- In addition, those who are destitute/living on alms, manual scavengers, tribal groups, or legally released bonded labour are automatically included. In urban areas, 11 categories of workers have been included. They are ragpickers, beggars, domestic workers, street vendors, construction workers and other labourers, sanitation workers, electricians, home-based workers, transport workers, shop workers, electricians, mechanics, etc. While age and family size are not criteria for enrolment under the scheme, it does aim to prioritise girls, women, and senior citizens. All persons that fall under these categories are automatically enrolled post verification of their identity.

Coverage

- A total of 10.74 crore families (approximately 50 crore beneficiaries) were initially selected to be covered under the scheme. Post verification and additions by states, as on 15 July 2020, the total number of eligible families under PMJAY stood at 13.12 crore, or 22 per cent more than the initial estimate. Of these, 8.64 crore were eligible as per the SECC/RSBY database, and 4.5 crore families were included by states to expand the coverage of PMJAY (up to ₹5 lakh).
- The revised number of eligible PMJAY families account for 58 per cent of the total number of families. The total number of families in a state have been taken from different sources by each state. Twenty states and UTs use data solely from Census 2011 or the SECC 2011. These include several large states such as Bihar, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, and Uttar Pradesh. Others like Andhra Pradesh, Chhattisgarh, Kerala, and Tamil Nadu rely on data from their respective civil supplies departments. Jharkhand uses Public Distribution System data, while Himachal Pradesh uses data from the statistical outline of Himachal Pradesh 2017-18.
- Several states also have their own state insurance schemes. These states run both PMJAY and state schemes and have expanded the coverage of the scheme by adding a further 1.9 crore families, bringing the total insurance coverage to 66 per cent of all families.
- Of the total families covered under any public health insurance scheme, PMJAY accounted for the majority at 87 per cent. There are, however, state differences in PMJAY coverage (including additional coverage of up to ₹5 lakh). Total coverage under PMJAY was nearly 100 per cent of estimated population as per the state in Arunachal Pradesh, Meghalaya, and Jharkhand. Coverage was more than 80 per cent in Andhra Pradesh (88 per cent), Chhattisgarh (85 per cent), and Punjab (83 per cent).
- In contrast, coverage was low in Assam (42 per cent), Uttar Pradesh (39 per cent), Himachal Pradesh (32 per cent), Maharashtra (31 per cent), and Goa (14 per cent).

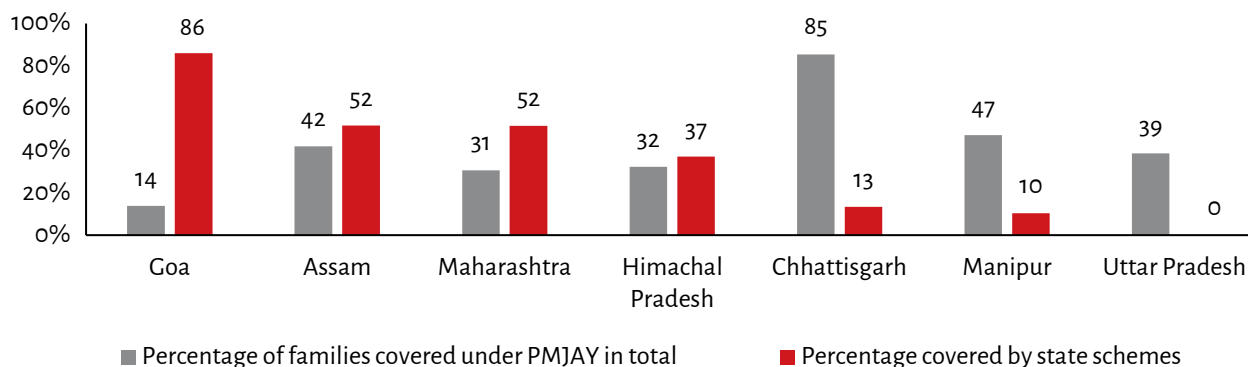
58% OF FAMILIES ACROSS INDIA WERE COVERED UNDER PMJAY AS ON 15 JULY 2020



Source: State factsheets from PMJAY website. Available online at: <https://pmjay.gov.in/states/states-glance>. Last accessed on 18 December 2020.

- Several states covered non-PMJAY families as well through their state schemes, beyond the ₹5 lakh amount provided by PMJAY. For example, Goa, Assam, Maharashtra, and Himachal Pradesh covered an additional 86 per cent, 52 per cent, 52 per cent, and 37 per cent families respectively via state schemes. Uttar Pradesh did not have a state scheme.

STATE SCHEMES HAVE HELPED AUGMENT PUBLIC INSURANCE COVERAGE



Source: State factsheets from PMJAY website. Available online at: <https://pmjay.gov.in/states/states-glance>. Last accessed on 18 December 2020.

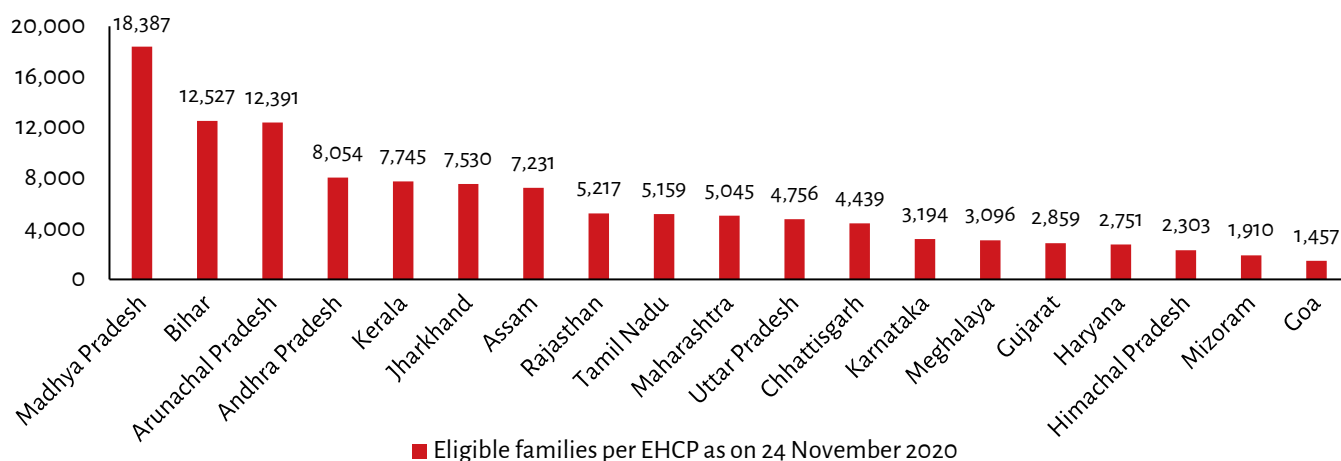
Empanelled Health Care Providers (EHCPs)

- The empanelment of hospitals rests with the State Health Agency (SHA). All Community Health Centres (CHCs) and public hospitals are deemed to be EHCPs. Private hospitals are to be empanelled based on defined criteria.
- Under PMJAY, as on 24 November 2020, there were 24,457 EHCPs. Of these, 46 per cent were privately run. As per a PMJAY policy brief by the NHA, private hospitals have fewer beds than public hospitals and are more likely to be empanelled for surgical packages and super-speciality care.
- Across India, the percentage of private EHCPs have remained the same from 25 November 2019 to 24 November 2020. There are, however, state variations. For instance, the percentage of private EHCPs increased by 11 percentage points in Kerala, and 10 percentage points in Madhya Pradesh. This, however, reduced by over 20 percentage points in Manipur and Sikkim.

Families per EHCP

- A look at the number of eligible families per EHCP (both private and public) under PMJAY gives a sense of the potential patient load on hospitals providing health cover. As on 24 November 2020, there were on average 5,366 eligible families per EHCP.
- There were significant differences across states. The number of eligible families per EHCP was high in Madhya Pradesh (18,387), Bihar (12,527), and Arunachal Pradesh (12,391). In contrast, there were less than 2,000 eligible families per EHCP in Goa and Mizoram.
- In some states, the number of families per EHCP have remained high over time. As on 25 November 2019, among the states with a large number of families per EHCP were Arunachal Pradesh (1.3 lakh), Madhya Pradesh (19,117), Maharashtra (18,360), and Bihar (14,489). While the numbers decreased as on 24 November 2020 for Arunachal Pradesh and Maharashtra, they remained high for Madhya Pradesh and Bihar.

ACROSS INDIA, 5,366 FAMILIES WERE ELIGIBLE FOR PMJAY PER EHCP AS ON 24 NOVEMBER 2020



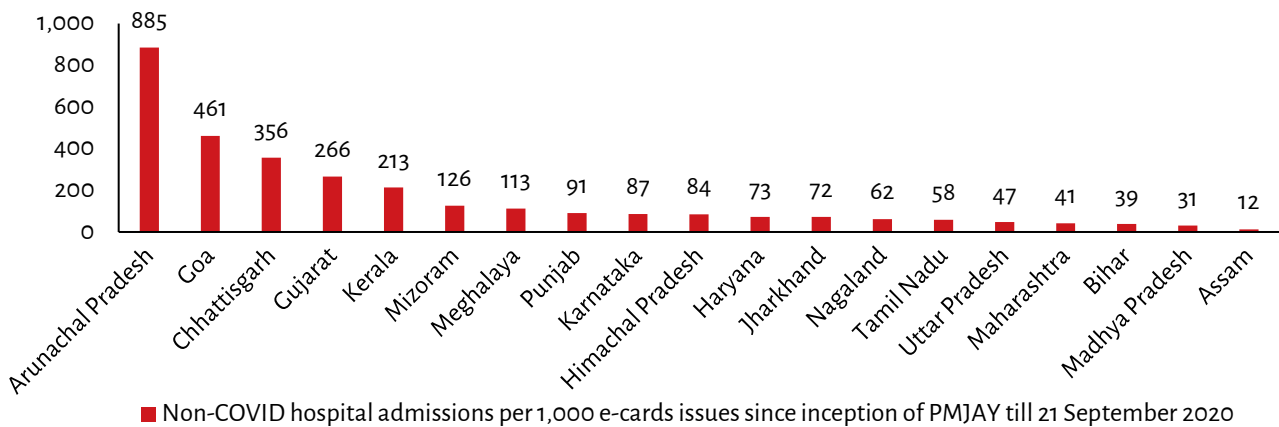
Source: (1) Number of eligible families from state factsheets published on the PMJAY website. Available online at: <https://pmjay.gov.in/states/states-glance>. Last accessed on 18 December 2020. (2) EHCPs from RTI response by NHA dated 27 November 2020.

- Data on families covered by insurance are also available from the National Family Health Survey (NFHS) 4 (2015-16) and NFHS 5 (2019-20).
- Between 2015-16 and 2019-20, the percentage of households with any member covered under a health insurance/financing scheme changed in several states. The highest increases were in Goa and Assam (50 percentage points), followed by Meghalaya (29 percentage points), and Gujarat (16 percentage points). The opposite was seen in Andhra Pradesh (-4 percentage points), Sikkim (-5 percentage points), and Tripura (-25 percentage points).
- In 2019-20, of the 22 states and UTs for which data were available, 20 were covered by PMJAY. States with the highest percentage of households with any member covered under a health insurance/financing scheme were Andhra Pradesh (70 per cent), Goa (66 per cent), Meghalaya (64 per cent), and Assam (60 per cent). This figure was 61 per cent in Telangana, even without implementing PMJAY. On the other hand, this percentage was lowest in Maharashtra (20 per cent), Bihar (15 per cent), and Manipur (14 per cent).

E-cards and Hospitalisation

- Beneficiaries under PMJAY receive e-cards as identification for availing treatment. Registration for the scheme can thus be gauged by looking at the e-cards issued, and usage by the number of hospitalisations.
- As on 14 September 2020, 12.55 crore e-cards had been issued and 121 lakh non-COVID hospital admissions had taken place till 21 September 2020. In other words, for every 1,000 e-cards issued, there were approximately 96 non-COVID hospital admissions.
- This figure varied across states, and the national average was driven by nine states and UTs. These included Arunachal Pradesh where there were 885 hospital admissions per 1,000 e-cards issued, as well as Goa, Chhattisgarh, Gujarat, Kerala, Mizoram, and Meghalaya. The number of non-COVID hospital admissions per 1,000 e-cards issued was low in Uttar Pradesh, Maharashtra, Bihar, Madhya Pradesh, and Assam.

96 CASES PER 1,000 E-CARDS ISSUED SINCE INCEPTION OF PMJAY TILL 21 SEPTEMBER 2020



■ Non-COVID hospital admissions per 1,000 e-cards issues since inception of PMJAY till 21 September 2020

Source: (1) Number of e-cards issued from Lok Sabha Unstarred Question No. 957, answered on 18 September 2020. Available online at: <http://164.100.24.220/loksabhaquestions/annex/174/AU957.pdf>. Last accessed on 22 December 2020. (2) Number of hospital admissions from Lok Sabha Unstarred Question No. 2122, answered on 23 September 2020. Available online at: <http://164.100.24.220/loksabhaquestions/annex/174/AU2122.pdf>. Last accessed on 22 December 2020.

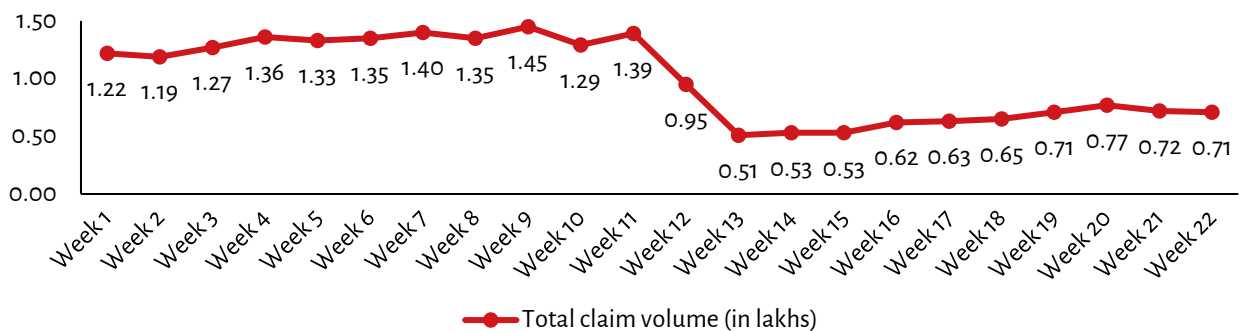
Grievances

- Beneficiaries can reach out to the SHA or NHA with complaints regarding eligibility, denied treatment, money being collected from the patient, etc. As per an RTI response received from the NHA, a total of 23,737 grievances were received in FY 2019-20, up from 670 in the first year of implementation. In FY 2020-21, till December 2020, 8,208 grievances had been received.

THE COVID-19 PANDEMIC AND PMJAY

- The COVID-19 pandemic and lockdown had an indirect impact on claims made under PMJAY. A policy brief by the NHA gave weekly nationwide PMJAY claim volume over 22 weeks, from 1 January 2020 to 2 June 2020. This covered the period of the national lockdown, which started on 25 March but had been significantly relaxed as on 1 June.
- The number of claims filed fell by 64 per cent from the week of 11-18 March 2020 and the week of 25 March-1 April 2020. Surgical cases declined more than medical cases.

64% REDUCTION IN CLAIMS FILED DURING THE LOCKDOWN PERIOD

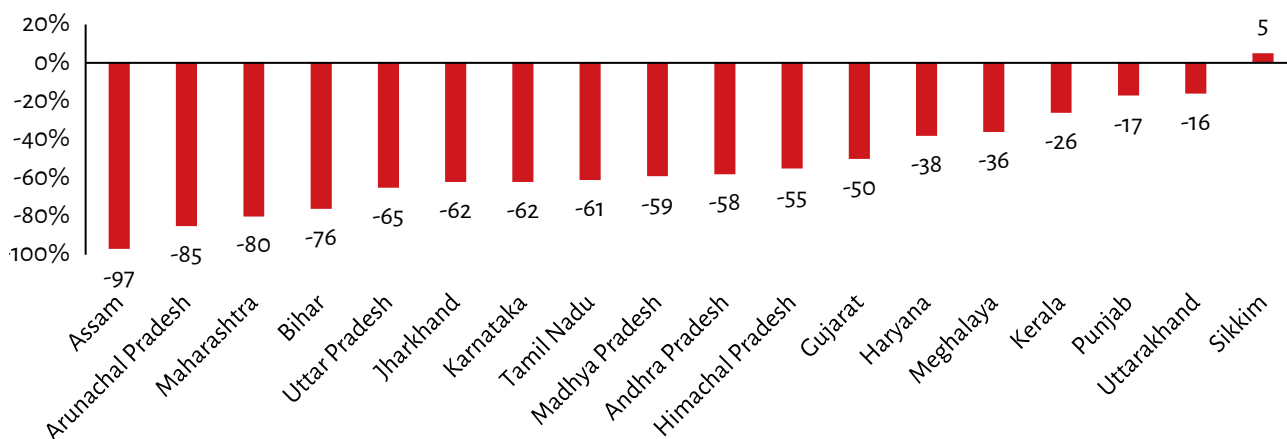


● Total claim volume (in lakhs)

Source: PMJAY policy brief 8, NHA. Available online at: https://pmjay.gov.in/sites/default/files/2020-06/Policy-Brief-8_PM-JAY-under-Lockdown-Evidence_12-06-20_NHA_WB.pdf. Last accessed on 22 December 2020.

- This decline was not uniform across states. While the percentage decline in claims was highest in Assam (97 per cent), Arunachal Pradesh (85 per cent), and Maharashtra (80 per cent), it was lowest in Kerala (26 per cent), Punjab (17 per cent), and Uttarakhand (16 per cent). Of the states for which data were available, Sikkim was the only state where the percentage of claims increased by 5 per cent.

CLAIMS FILED DECLINED IN SEVERAL LARGE STATES BY MORE THAN 50%



- Percentage drop in claims during lockdown (25 March to 2 June 2020) compared to the 12 weeks that preceded lockdown (1 January 2020 to 24 March 2020)

Source: PMJAY policy brief 8, NHA. Available online at: https://pmjay.gov.in/sites/default/files/2020-06/Policy-Brief-8_PM-JAY-under-Lockdown-Evidence_12-06-20_NHA_WB.pdf. Last accessed on 22 December 2020.

- The policy brief also reported that there was an over 95 per cent decline in common elective surgeries such as cataract and joint replacement, as planned care declined significantly more than unplanned care.

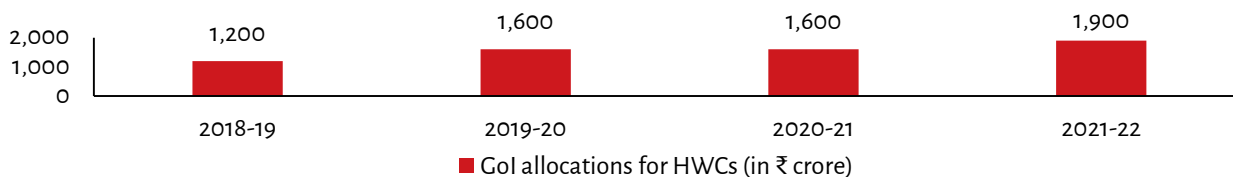
HEALTH AND WELLNESS CENTRES

- The Health and Wellness Centre initiative aims to transform 1.5 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) – the first point of contact to primary healthcare – to Health and Wellness Centres (HWCs) by 2022. HWCs are to provide preventive, promotive, rehabilitative, and curative care for an expanded range of services encompassing reproductive and child health services, communicable diseases, Non-Communicable Diseases (NCDs), palliative care and elderly care, oral health, ear nose and throat (ENT) care, and basic emergency care.
- Only Delhi does not implement the scheme. Therefore, the data presented in this section excludes Delhi. As per GoI's reply to Lok Sabha Unstarred Question Number 2143 on 23 September 2020, HWCs were not utilised for undertaking COVID-19 tests. This section, therefore, focusses only on HWC scale-up.
- In FY 2021-22, a new Centrally Sponsored Scheme called the Pradhan Mantri Atmanirbhar Swasth Bharat Yojana will be launched with an allocation of ₹64,180 crores over six years. This is aimed at developing capacities of primary, secondary, and tertiary care health systems, including support for 17,788 rural and 11,024 urban HWCs.

Allocations and Releases

- In FY 2018-19, ₹1,200 crore was allocated for HWCs. Of that amount, ₹1,192 crore, or over 99 per cent was released. Allocations for HWCs increased by 33 per cent to ₹1,600 crore in FY 2019-20 and stayed the same in FY 2020-21. In FY 2021-22 BEs, the allocations increased to ₹1,900 crore, a 19 per cent increase.

GOI ALLOCATIONS FOR HWCs INCREASED BY 19% BETWEEN 2020-21 REs AND 2021-22 BEs



Source: Union Expenditure Budget, Volume 2, MoHFW, FY 2015-16 to FY 2021-22. Available online at: <https://www.indiabudget.gov.in>. Last accessed on 1 February 2021.

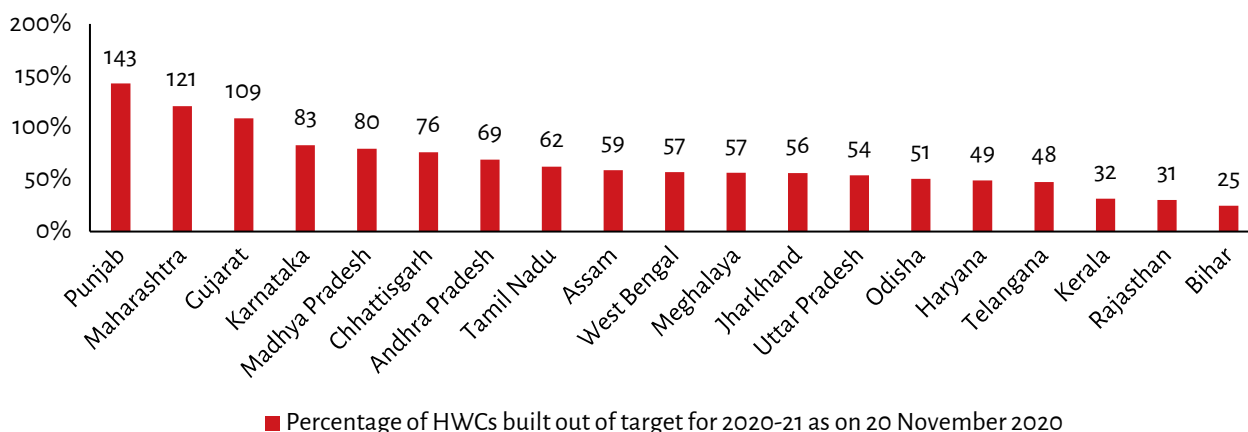
Note: Figures are in crores of Rupees and are Revised Estimates (REs), except for FY 2021-22 which are Budget Estimates (BEs).

- In FY 2019-20, ₹1,649 crore was spent on HWCs, higher than the REs. In FY 2020-21 till 30 September 2020, ₹431 crore was spent. Interestingly, Rajasthan, West Bengal, Delhi, and Puducherry had spent more funds by the second quarter in FY 2020-21, compared to the entire year in FY 2019-20.

Coverage

- The scheme has set a year-wise plan for the roll out of 1.5 lakh HWCs till 2022. In FY 2018-19, 15,000 were to be rolled out. Subsequently, 25,000 were planned for FY 2019-20, 30,000 for FY 2020-21, and 40,000 for FY 2021-22. From April to December 2022, 40,000 more are to be rolled out.
- The COVID-19 pandemic did not disrupt the operationalisation process of HWCs. Between 30 December 2019 and 20 November 2020, 23,049 HWCs had been operationalised, bringing the total number of functional HWCs at 50,069. This accounts for 65 per cent of the cumulative target till FY 2020-21.
- Within HWCs, 60 per cent of the target SHCs, 72 per cent of PHCs, and 74 per cent of Urban Primary Health Centres (UPHCs) had been operationalised.
- As on 20 November 2020, seven states and UTs had already met their HWC target for FY 2020-21. While Punjab, Gujarat, and Maharashtra had exceeded the overall target, less than 50 per cent of the target had been met in Haryana, Telangana, Kerala, Rajasthan, and Bihar. Ten states and UTs had met SHC targets for FY 2020-21, three states had met PHC targets, and five states had met UPHC targets. Punjab was the only state to have met individual targets for SHCs, PHCs, and UPHCs.

7 STATES AND UTs HAD MET THEIR HWC OPERATIONALISATION TARGETS FOR 2020-21



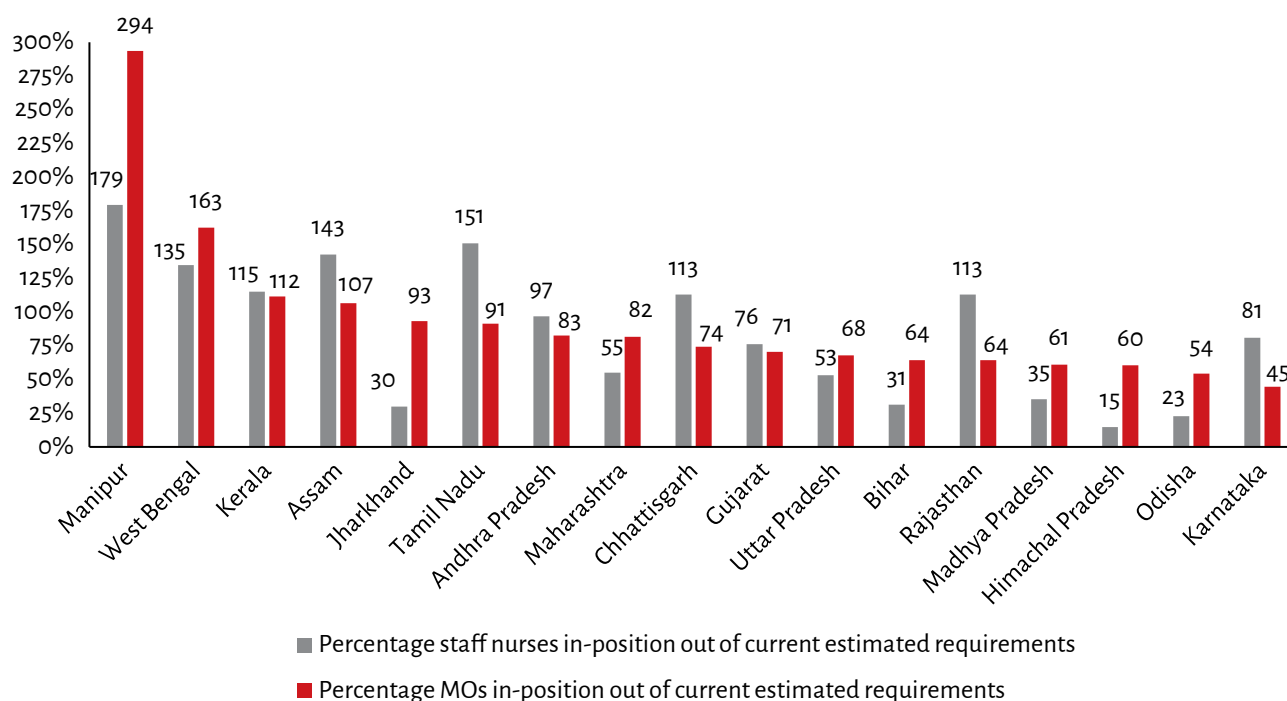
Source: Towards Universal Health Coverage. A Compendium of Health and Wellness Centres Operationalisation. Available online at: https://ab-hwc.nhp.gov.in/download/document/Towards_Universal_Health_Coverage_HWCO_14_12_20_for_web.pdf. Last accessed on 22 December 2020.

- Of functional HWCs, 56 per cent were SHCs, 37 per cent were PHCs, and 7 per cent were UPHCs. While over 80 per cent HWCs in Rajasthan and Kerala were PHCs, over 70 per cent HWCs in Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Manipur, Punjab, Sikkim, Tripura, and West Bengal were SHCs. In Telangana and Tamil Nadu, 20 per cent and 17 per cent of all HWCs were UPHCs, respectively.

Human Resources

- According to operational guidelines, each SHC must have a team of at least three service providers. This includes a mid-level provider, at least two Multi-Purpose Workers (MPWs), and a team of Accredited Social Health Activists (ASHAs) based on the norm of one per 1,000 people. A PHC must have two Medical Officers (MOs) and two staff nurses. Based on the above requirements, a total of 37,106 MOs and staff nurses were needed for the 18,553 PHCs active, as on 20 November 2020.
- While more MPWs were in-position than required, vacancies across MOs and staff nurses remained.
- For instance, only 75 per cent of MOs required were in-position indicating a vacancy rate of 25 per cent. Similarly, only 84 per cent of staff nurses were in-position. Given the impact of the COVID-19 pandemic and increased role of these frontline workers, vacancies are likely to impact delivery of adequate health services.
- Vacancies vary significantly across states. The percentage of MOs in-position exceeded requirements in Manipur, West Bengal, Kerala, and Assam. However, less than 60 per cent required MOs were in-position in Odisha and Karnataka.

75% OF MOs AND 84% OF STAFF NURSES REQUIRED WERE IN-POSITION AS ON 20 NOVEMBER 2020



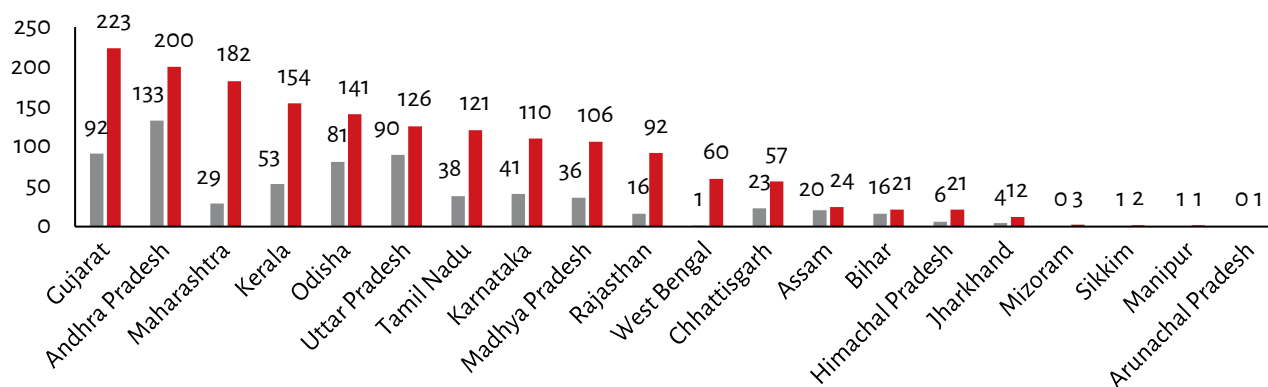
Source: Towards Universal Health Coverage. A Compendium of Health and Wellness Centres Operationalisation. Available online at: https://ab-hwc.nhp.gov.in/download/document/Towards_Universal_Health_Coverage_HWCO_14_12_20_for_web.pdf. Last accessed on 22 December 2020.

- The staff at HWCs is to be trained on multiple programmatic aspects, including training on family planning, management of common NCDs, and on national programmes, etc.
- As on 20 November 2020, only 78 per cent of all staff in-position had been trained on the prevention, screening, and management of common NCDs such as hypertension and diabetes.
- Staff-wise numbers show that between April 2018 and November 2020, 84 per cent of MOs (23,227 MOs in total), 72 per cent staff nurses (22,494 in total), 84 per cent female MPWs (86,398 in total), 68 per cent male MPWs (24,730 in total), and 77 per cent ASHAs (380,223 in total), had been trained.

Footfall

- Between April 2018 and October 2019 (period 1), HWCs across India received 764 lakh people. Of these, 54 per cent were women. The highest footfall was in Andhra Pradesh (133 lakh), followed by Gujarat (92 lakh), Uttar Pradesh (90 lakh), and Odisha (81 lakh). The lowest footfall was observed in Mizoram (24,980) and Arunachal Pradesh (19,912).
- Coverage increased from October 2019 to October 2020 (period 2). As of October 2020, footfall at HWCs across India stood at 2,672 lakh, over three times the total footfall a year earlier. In fact, in West Bengal, the footfall in period 2 was 52 times the footfall in period 1. This figure was also high in Mizoram (11 times) and Maharashtra (7 times).
- The highest footfall in period 2 was in Gujarat (223 lakh), Andhra Pradesh (200 lakh), Maharashtra (182 lakh), Kerala (154 lakh), Odisha (141 lakh), Uttar Pradesh (126 lakh), Tamil Nadu (121 lakh), Karnataka (110 lakh), Madhya Pradesh (106 lakh), Rajasthan (92 lakh), West Bengal (60 lakh), Chhattisgarh (57 lakh), Assam (24 lakh), Bihar (21 lakh), Himachal Pradesh (21 lakh), Jharkhand (12 lakh), Mizoram (3 lakh), Sikkim (2 lakh), Manipur (1 lakh), and Arunachal Pradesh (0.1 lakh).

FOOTFALL FROM OCTOBER 2019 TO OCTOBER 2020 WAS MORE THAN TRIPLE THAN THAT FROM APRIL 2018 TO OCTOBER 2019



■ Footfall at HWCs from April 2018 to October 2019 (in lakh) ■ Footfall at HWCs from October 2019 to October 2020 (in lakh)

Source: Towards Universal Health Coverage. A Compendium of Health and Wellness Centres Operationalisation. Available online at: https://ab-hwc.nhp.gov.in/download/document/Towards_Universal_Health_Coverage_HWCO_14_12_20_for_web.pdf. Last accessed on 22 December 2020.