Swasthya Sawari: Health & Wellness Centre (HWC)-on-Wheels

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HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Context

Four key challenges will prevail post physical HWC footprint expansion given India's socio-geographic challenges:

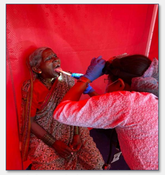
1. **Limited accessibility: Long travel times (3km ~ 30 mins)**; Limited availability/**high cost of transport; safety issues** due to harsh geographies
2. **Scare availability of resources: Disproportionate gaps with 11/28** states meeting WHO doctor-to-patient ratio & underserved catchments with closest SC/HWC at >3km distance; **unpredictable availability** of health staff
3. **High OPEX & low facility utilization-** ~13 states/UTs with ~40% HWC utilization
4. **Demand Hesitancy: Poor care-seeking behavior** among rural communities

Activity Description

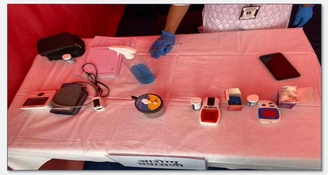
BCG conceptualized & operationalized a **mobile van-based extension of AB-HWCs** to take primary health services to the doorstep in under-served areas:

- **Unique tripartite partnership model- state govt** providing drugs/equipment & engaging FLWs; **pvt van partner** operationalizing camps & implementation partner (USAID NISHTHA) liaising with govt & pvt sector.
- **Modular village camps-** mobile vans carrying HR, equipment, consumables
- **4-5X more conditions covered-** provided screening, treatment, diagnosis, drugs & referrals through a hub (Primary Health Centres) & spoke model
- **Increased throughput- E**ach unit covering **50% higher beneficiaries** vs NHM MMU guidelines & **2-3X more villages**
- **Well-trained & commercially incentivized HRH-** 1 doctor, 2 nurses, 1 Healthcare asst & 1 Multi-purpose Worker per unit
- **Robust data-sharing systems-** active follow-ups/ referral tracking by HWcs
- **Behaviour change innovations-** door-to-door beneficiary mobilization
- **Operating model contextualization-** radial distance covered, camp frequency & duration contextualized based on the area & focus diseases

Patient counselling at the camp



Oral health check-up



PoCDs/other equipment &consumables

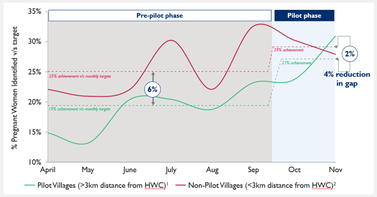
Activity Impact

A pilot was commissioned with 4 units operationalized across 2 aspirational districts of Jharkhand (Gumla, Ramgarh):

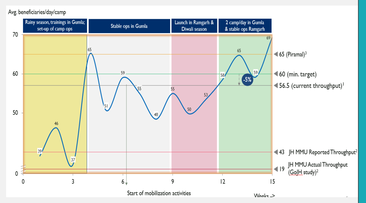
1. **Quantitative Impact**
   - **40K+ beneficiaries** served- 220k+ treatments & 6k+ referrals via 720 camps
   - **30% higher daily throughput** vs legacy state MMUs; **>2X more tests** done during ANCs & NCD screenings vs govt average
   - **Access gap reduced from 6% to 2%** in <8 weeks in pilot villages
2. **Quantitative Impact**
   - **"Pull" to "Push" based** care seeking observed
   - **Care continuum approach** with robust referral linkages
   - Robust & **comprehensive beneficiary records** for enhanced governance & longitudinal tracking

Evidence

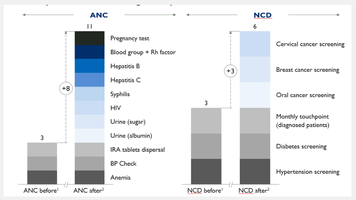
1. ANC coverage: 8% pregnant women identified v/s monthly targets in pilot villages



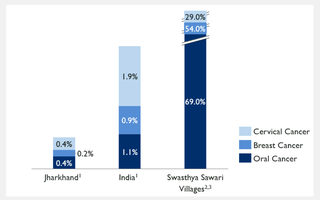
2. Daily throughput: 10% increase in last 6 weeks due to mobilization tactics & select operational



3. Quality of care: >2X number of tests conducted per ANC & NCD screenings



4. Cancer Screenings: >15X more eligible population screened for cancer v/s state & India averages



Note: All the above graphs of evidence are sourced from Swasthya Sawari Pilot data of a specific timeline within the program duration

Facilitators

1. **Operational excellence-** e.g., 1.5x more daily **health transactions vs norm**; radial distance reduced by 50% vs IPHS norms
2. **Demand generation innovations** - e.g., i**mproved predictability** of services (e.g., camp on evry 2nd Tuesday)
3. **Well-trained & commercially incentivized staff** & operations microplanning for efficiencies & viability- e.g., throughput targets
4. **Robust line-listed beneficiary records-** unique **digital health records** & population health/program **analytics dashboard**
5. **Health systems strengthening approach** leveraged vs stop-gap- e.g., essential drugs, ASHA led mobilization

Challenges

1. **Complex private sector led health system strengthening-** need for clear communication of value proposition, attractive incentives
2. **Inefficiencies in government onboarding-** delayed approvals/ extensive coordination across multiple levels of stakeholders
3. **Demand generation required rigorous deliberation** & solutioning based on demographics, epidemiology etc.

Lessons Learned

I) Ecosystem-level reflections

- **Govt support** & **self-sustaining model** imperative for success
- **Engage govt. early on** for appropriate changes in policy/budgeting
- **Private sector** when adequately incentivized is **more equipped to deliver better throughput & unit economics**
- **CSR** can be an effective lever for resource mobilization

II) Operational excellence reflections

- **Improved operational efficiencies** via modular vans; low CAPEX programs & catchment level microplanning
- **Repurposing existing govt infra** (e.g., schools) can reduce costs
- **Unlocking demand requires creative solutioning-** e.g., contextualizing the timings , syncing intervention locations with recurring local events

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