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Ensuring excellence: A deep dive into the quality monitoring of Ayushman Bharat Health and Wellness Centres

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Abstract

This review evaluates the quality monitoring mechanisms of Ayushman Bharat Health and Wellness Centres, integral to India's pursuit of Universal Health Coverage. AB-HWCs are designed to deliver comprehensive primary healthcare, particularly targeting undeserved communities. Despite the significant expansion and progress in healthcare access, the review identifies persistent service quality and infrastructure disparities. The study underscores the necessity of a robust quality monitoring framework, incorporating standardized checklists to ensure consistent and high-quality service delivery. These checklists play a crucial role in systematically assessing the availability of medical supplies, infrastructure adequacy and others, facilitating timely interventions and modification. Additionally, the integration of cultural competence into healthcare delivery is emphasized to enhance the acceptance and effectiveness of services among diverse populations. The review also highlights the critical roles of Community Health Officers and mid-level healthcare providers in the successful operation of HWCs. While acknowledging the commendable progress made by the AB-HWCs initiative, the study concludes that achieving sustainable and equitable health outcomes necessitates ongoing quality monitoring, strategic resource allocation, and adaptive policy measures. The consistent application of checklists in quality assurance processes is essential for maintaining high care standards and advancement of India towards its UHC objectives.

Keywords: Ayushman Bharat; Health and Wellness Centre; Quality of care; Checklist

1. Introduction

The notion of "right to health" has significance in the exercise of fundamental human rights[1]. Healthcare has significantly benefited the public over the past seven decades; however, the most disadvantaged community in the nation has yet to experience its full benefits[2]. Primary health care (PHC) continues to be recognized as the foundation of healthcare systems that are more viable and efficient. The 'Health Survey and Development Committee' was formed in 1943 under the leadership of Sir Joseph Bhore, marking the beginning of initiatives to improve health services in India in the form of more robust primary healthcare. From 1952 onwards, under the Community Development Programme, India initiated the establishment of Primary health centres (PHCs). The initial PHCs were located in Najafgarh (Delhi), Singur (West Bengal), and Poonammalle (Tamil Nadu). In 1948, India initiated attempts to establish a health system concomitant with the establishment of the National Health Services (NHS) in the United Kingdom and the enactment of the WHO constitution. Recurrent administrations promoted the expansion of PHC networks, which

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were significantly bolstered by a multitude of committees. Establish between one and three per decade for the initial four decades[3].

The endeavours to enhance the primary health care (PHC) network in India appeared to acquire momentum subsequent to the Alma Ata conference on primary health care in 1978 and the subsequent publication of India's inaugural National Health Policy in 1983[4,5]. An essential endeavour to improve and operationalize the rural primary health care (PHC) system was initiated in April 2005 with the establishment of the National Rural Health Mission (NRHM), soon after the second national health policy was implemented in India in 2002 [3]. Enhancing the functionality of PHC systems in order to effectively deliver services has been a priority for the NRHM/NHM. To bolster health systems and PHC services, NRHM/NHM implemented the following approaches: public health services' social protection function; decentralised health planning; communication (including behaviour change communication and community processes); collaboration with non-governmental organisations and administration of public health; civil society; human resource development; and numerous others[6].

Numerous services have been enhanced as a result of the NRHM/NHM in India, with government primary health care facilities (GPHCF) being the primary conduit for the improvement of reproductive, maternal, new-born, child, and adolescent health (RMNCH+A) amenities. India was on the verge of accomplishing Millennium Development Goals (MDG) 4 and 5 due to the accelerated drop in the mortality rate of infants and the ratio of maternal mortality, which were the specific targets for each of these programmes. Nevertheless, the availability of non-infectious illness through GPHCFs was either insufficient or absent from health services, which was becoming an increasingly acknowledged fact in light of the shifting epidemiological profile and emergent disease burden. It was recognised that a novel strategy was required to provide comprehensive PHC[3].

In light of the obstacles encountered, the National Health Policy 2017 (NHP-2017) of India has put forth the following recommendations: augmenting government funding for health to 2.5 percent of GDP by 2025; and allocating at least two-thirds of the government budget towards PHC amenities[7].

2. What circumstances necessitated the Ayushman Bharat initiative?

Coverage is not uniform, and existing health facilities are not adequately equipped due to deficiencies in the three-tiered public health system, people are forced to seek out alternative providers due to financial strain, which results in enormous out-of-pocket expenses (OoPE) and forces many into destitution[8]. In pursuit of universal health coverage (UHC), the Government of India's Ministry of Health & Family Welfare introduced Ayushman Bharat (2018), an initiative that encompasses primary, secondary, and tertiary healthcare service delivery. Health and Wellness Centres (HWCs) strive to offer a broader range of amenities near the community whereas Pradhan Mantri Jan Arogya Yojana (PMJAY) is designed to offer tertiary and secondary care services to the underprivileged segment of society. To improve the nation's healthcare system as a whole, Ayushman Bharat also seeks to advance its primary objectives; therefore, it is crucial to concentrate on more significant operational facets, including ensuring the delivery of standardised and superior healthcare, promoting quality accreditation, prioritising learning and capacity development, utilising the potential of analytics and technology, and assimilating insights from around the world[9]. The initial pillar of Ayushman Bharat is "Health &Wellness Centres"(HWCs), which will presumably involve the transformation of 1.5 lakh Sub Health Centres(SHCs) and Primary Health Centres (PHCs) into Comprehensive Primary Healthcare(CPHC) facilities. It is free and accessible to all, emphasizing wellness and providing an expanded array of community-based services[9]. The initial HWCs launched on April 14, 2018, in Jangla Village, located in the Bhairamgarh tehsil of the Bijapur district of Chhattisgarh state in India[3]. A recently adopted moniker for the Health and Wellness Centre (AB-HWCs) is Ayushman Arogya Mandirs. As of December 2, 2023, the operational setup of 163,020 Ayushman Arogya Mandirs has been completed in India through the establishment of a time-to-care principle limiting the duration of services at primary health care (PHCs) and SHCs to a maximum of 30 minutes[10]. India has pledged to achieve UHC via the NHP-2017[7]. Figures 1 and 2 illustrate the suggested augmentation in amenities provision (from six to twelve sub-groups of amenities) and the improvement of the additional primary design elements[3].

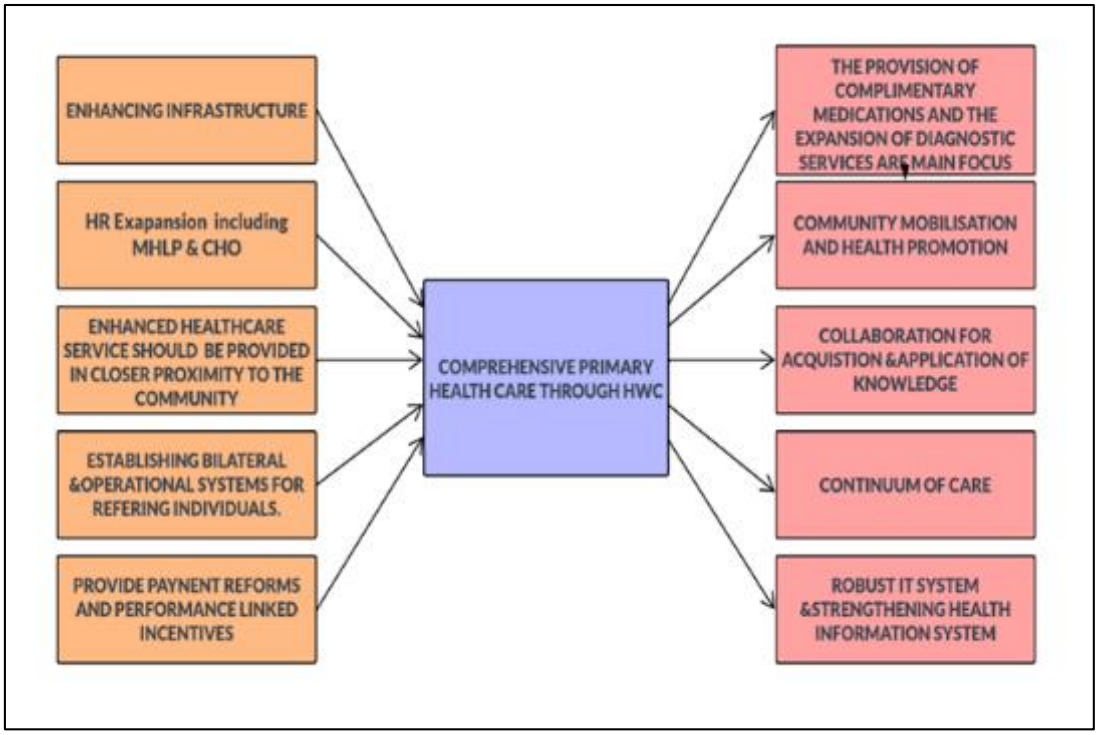


Figure 1 Key Components of AB-HWC

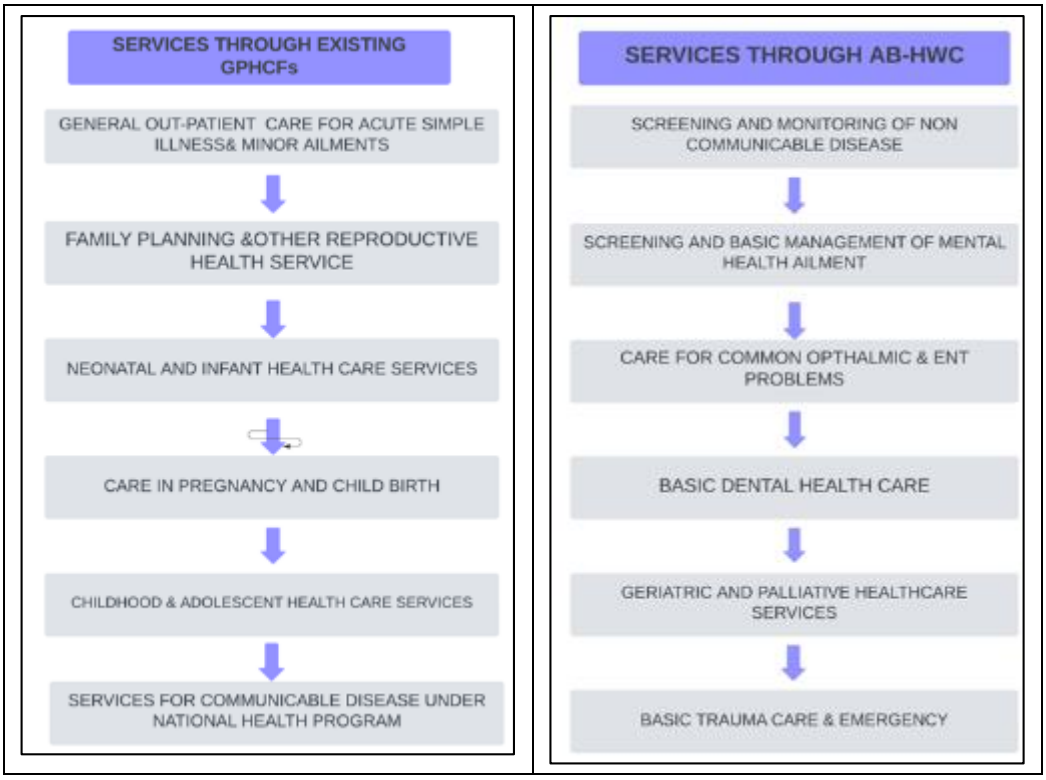
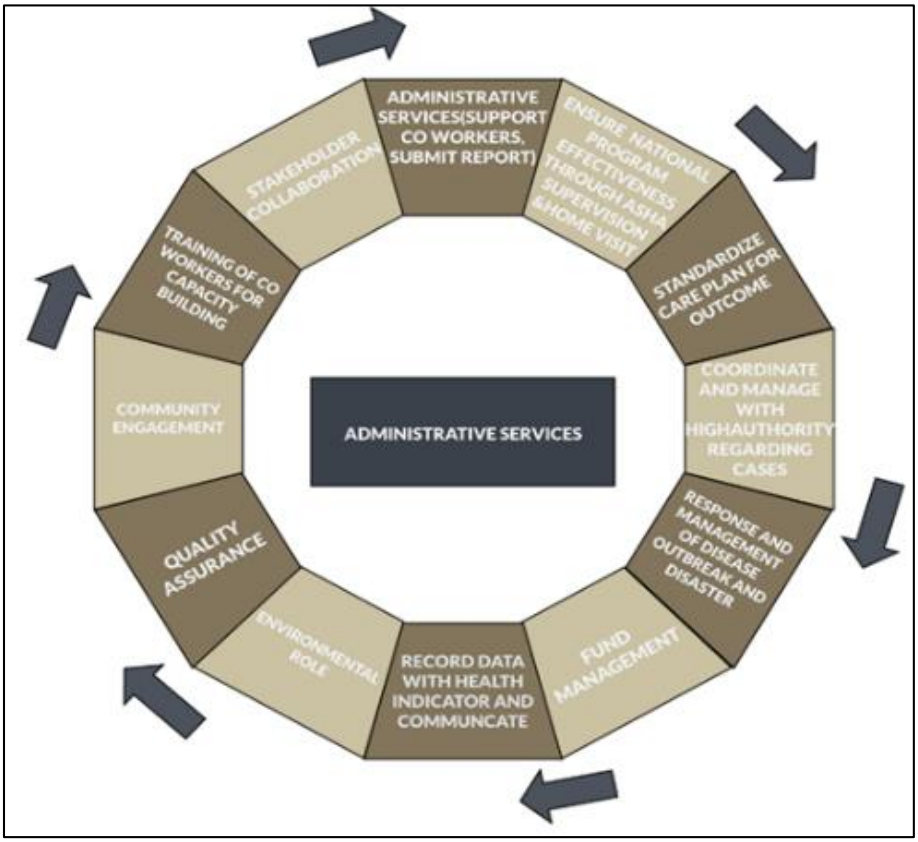


Figure 2 Services provided by GPHCF, AB-HWC ; Government primary health care facilities , Ayushman Bharat Health and wellness Centres

3. Provider of comprehensive primary care: The community health officer



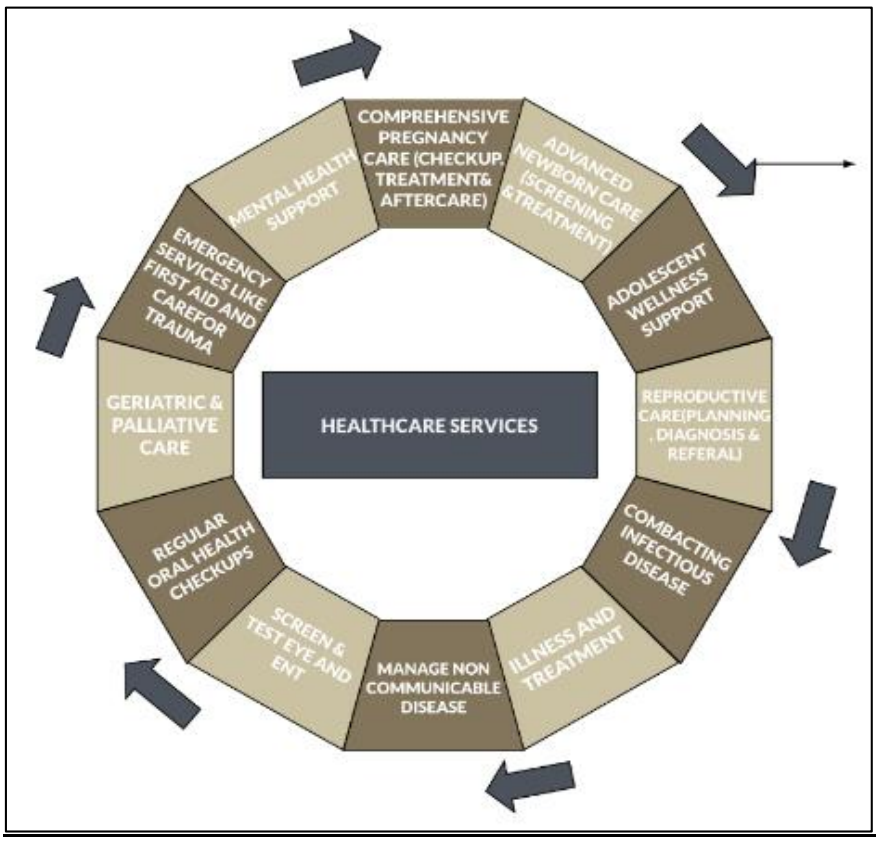


Figure 3 Roles and responsibilities of CHO

Human resources that are knowledgeable and well-trained are crucial for the operation of primary health care. Regrettably, the country is severely lacking in human capital, and their reluctance as well as aversion of working in remote and rural regions have impeded efforts to provide effective primary health care. The Government of India's Ministry of Health and Family Welfare devised the following strategy to combat these issues: In November 2013, the cabinet approved the implementation of a three-and-a-half-year bachelor of science in community medicine programme in an effort to increase the number of midlevel health care providers , with six months training to them[11]. From 9:00 am to 1:00 pm, they carried out OPD activities related to curative healthcare. The average daily foot traffic was 15–20patients. Over-the-counter medications were used to treat common afflictions such as fever, colds, and flu, as well as to dispense follow-up medications for chronic conditions as prescribed by PHC Medical Officers[12].

The table illustrates the evolution of health and wellness centres from their inception to the present.

Table 1 Evolution of Health and Wellness Centre[3,13,14]

July-Dec 2013	Commenced preliminary disclosure regarding Health and Wellness Centres in India.
2015- 2016	Initial design recommendations were made by the Expert Group on Primary Healthcare in India in support of the formation of HWCs.
2017	The release of India's third National Health Policy for 2017. Proclamation in Union Budget to establish HWCs.
2018	The Union Budget of February 1, 2018, designated HWCs one of the two foundations of the Ayushman Bharat Scheme.
14 April 2018	India's first HWC was inaugurated at Jangla , Bijapur , Chhatisgarh, India.
31 March 2019	India witnessed the completion of 17,149 operational AB-HWCs, including 1,553 Urban Primary Health Centres and 8,801 Primary Health Centres, this total consists of HWC conversion.
2019-2020	Each UPHC will be converted to a HWC during the fiscal year in addition to the 25,000 AB-HWCs that will be established. By March 31, 2020, a cumulative of 38,595 HWCs had been achieved .
28 February 2022	90,808 HWCs had been established in India.
15 December 2023	1,63,402 Ayushman Arogya Mandir have been established.

The key objective of this review paper is to explore and review the diverse aspects of quality monitoring in Health & Wellness Centres. Through this exploration, paper will seek to contribute to the refinement of quality assurance processes, ultimately ensuring the excellence in healthcare delivery and patient outcomes.

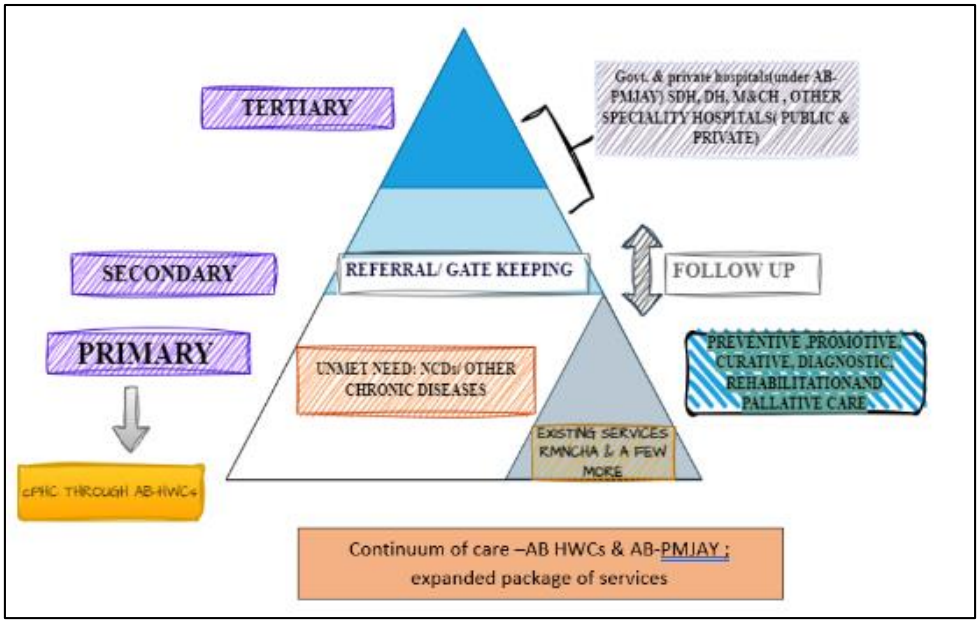


Figure 1 Ayushman Bharat Program in India[3]

4. How can quality be assessed?

In an effort to optimise resource utilisation, enhance health outcomes, and enhance client contentment, Quality of Care has become a critical focus for both Public Health Practitioners and Policy Makers. The NHP 2017's objective is unambiguous: to enhance health status by means of concentrated policy action in all sectors and to broaden the scope of preventive, promotive, curative, palliative, and rehabilitative amenities given by the public health sector, prioritised by quality[15]. Prior to commencing assessment, a determination must be made regarding the definition of quality. This determination is contingent upon whether the focus is solely on practitioner performance or also encompasses the contributions of patients and the healthcare system; whether the aim is to achieve the most effective or optimal care possible[16]. "To what extent do health services for populations and individuals increase the probability of desired health outcomes and are in accordance with current professional knowledge?" is the description of standard of care provided by the World Health Organisation (WHO). To ensure the provision of high-quality care, health services must be integrated, efficient, effective, secure, and in the best interest of the individuals receiving them[17]. It is critical to obtain patients' viewpoints regarding the calibre of services offered in a healthcare facility or hospital, bearing in mind that they are clients. The majority of quality assessment, nevertheless, is conducted from the provider's view point or using a quantitative checklist[17]. The culture of constant development, creativity, and enhancement is fostered by regular improvement in quality. It encourages early detection and handling of difficulties, encourages and involves employees, strives for enhanced quality of care, and cultivates trust and respect. Quality assurance mainly deals with ensuring the detection of changes or shortcomings through checks, assessments, and official reports. Instead of endeavouring to achieve the highest conceivable standards, it frequently settles for what is deemed "good enough." To perpetually enhance all aspects of an organisation, complete quality oversight is a managerial ideology and structure that are implemented[18]. Donabedian and Fleming conducted a study on the subject of quality evaluation, where they divided the details through which conclusions could be drawn regarding the subject into three distinct groups: framework, procedure, and output. Since a robust framework enhances the odds of successful health care processes, and effective processes increase the chance of favourable results, the authors are able to implement the "three-part" evaluation approach.It is crucial to note that a process must be closely associated with a result that is of significant interest to individuals in order to be considered a genuine quality measure. It is also crucial to bear in mind that we often run into factors that disrupt the health-disease relations and survival of patients. In these cases, the situation might prove advantageous to modify outcome metrics to account for other factors (such as way of life and ailment) in order to mitigate complications that could potentially impede the evaluation of results[16].

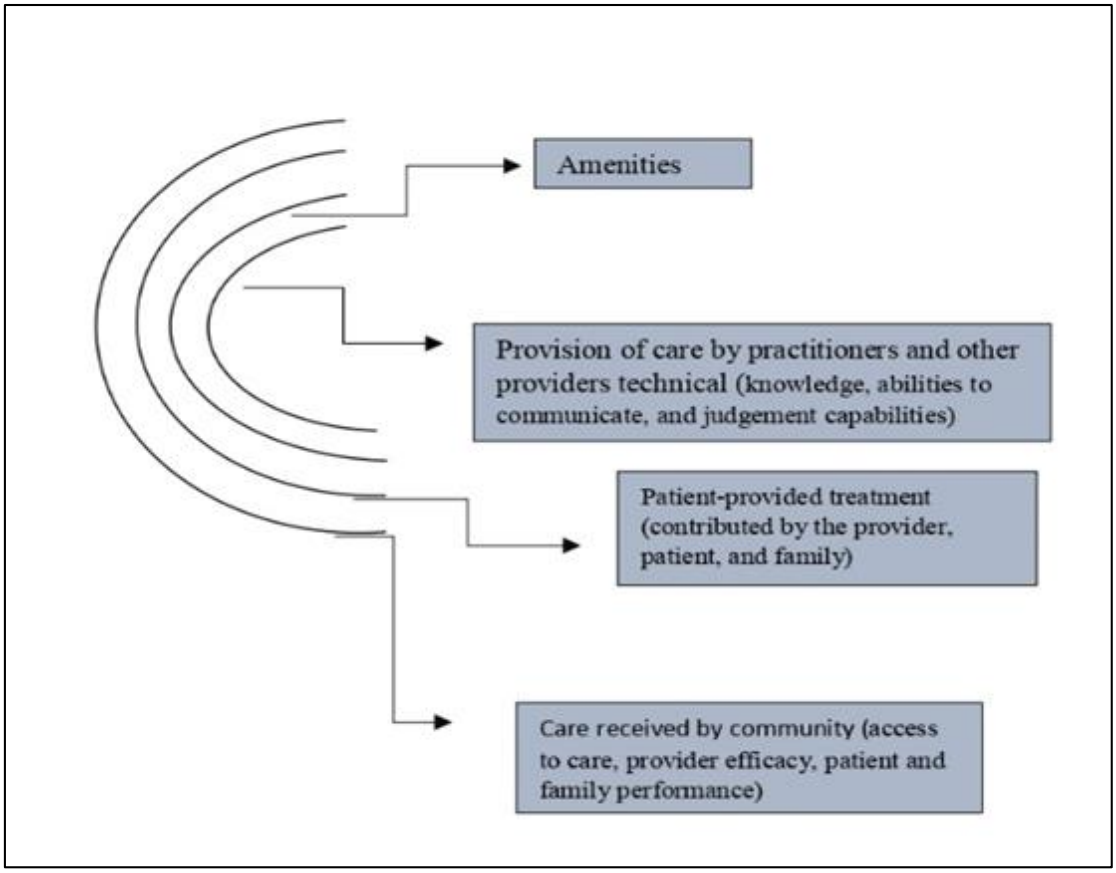


Figure 2 Level at which quality can be accessed

A multitude of quality aspects, such as safety, effectiveness, timeliness, equity, people-centeredness, and the integration of efficient medical care, influence the standard of medical care services globally. These components are essential for achieving the benefits of high-quality medical services. Similarly, the inability to meet the demand for health care services, inadequate funding and staffing, minimal involvement of patients, obstacles to consistency in medical care, and inadequate legal governs are all likewise important restricting factors that limit the efficacy and standard of the delivery of medical services [19]. Certain indicators assist us in predicting the outcome of the health and wellness centre.

Table 2 Outcome indicator for health and wellness centre[20]

TYPE	S.NO.	INDICATOR	
	1.	Each month count of instances in the outpatient department	Outpatient department cases particular to expectant mothers, newborns, infants, children, adolescents, FP, and Communicable disease
	2.	The entire amount of update instances (repetition sessions) per month	Outpatient department cases particular to expectant mothers, newborns, infants, children, adolescents, FP, and Communicable disease
	3.	Monthly number of instances recommended to a tertiary centre	OPD cases particular to expectant mothers, newborns, infants, children, adolescents, FP, and Communicable disease
	4.	Count of standard deliveries completed	
	5.	The number of case-specific opds per month, as specified in the service contract.	In accordance with the service contract, which includes NCDs (Hypertension, Diabetes, and malignancy), Eye, ENT, dental wellbeing , Elderly,

			hospice care, an urgent situation, and Mental wellness, among others.
Productivity	6.	Monthly number of instances recommended to a tertiary centre	In accordance with the service contract, which includes NCDs (Hypertension, Diabetes, and malignancy), Eye, ENT, dental wellbeing, Elderly, hospice care, an urgent situation, and Mental wellness, among others.
	7.	Monthly schedule for case-specific updates	In accordance with the service contract, which includes NCDs (Hypertension, Diabetes, and malignancy), Eye, ENT, dental wellbeing , Elderly, hospice care, an urgent situation, and Mental wellness, among others.
	8.	Cases regarding dropout rate following detection (as specified in the amenities contract)	In accordance with the service contract, which includes NCDs (Hypertension, Diabetes, and malignancy), Eye, ENT, dental wellbeing, Elderly, hospice care, Medical Emergency, and Mental wellness, among others.
Efficiency	9.	The proportion of women who receive each of the four ANCs	
	10.	Failure to receive pentavalent vaccination	
	11.	The degree of discontinuation for non communicable diseases	
	12.	The quantity of days when necessary drugs are out of stock.	As per service contract
	13.	The total amount of days in which the crucial screening test is out of stock	As per service contract
	14	Monthly Yoga Practice Count	As per service contract
	15	Total number of VHNDs performed (focusing on vulnerable groups)	
Clinical care indicator	16.	Quantity of high-risk pregnancy at a significant risk detected during ANC	
	17.	Total number of AEFI episodes recorded	
	18.	Total number of children with diarrhoea who were administered zinc and ORS	
	19.	The adoption rate of contraceptives	
	20.	The quantity of anaemia cases that were effectively treated.	
	21.	Tuberculosis treatments efficacy rate	
	22.	The percentage of cases that attained blood pressure control while on treatment	
	24.	The proportion of individuals that attained blood sugar control while on treatment	

	25.	The number of individuals with cancer that received therapy on every tumour	
Service Quality	26.	Client Contenment Number with Regards to Patients	"The Total of average satisfaction number of each respondent (Average satisfaction number = sum total of numbers of attributes/number of total variables)"
	27.	Community Customer Service ranking	"The Total of average satisfaction number of each respondent (Average satisfaction number = sum total of numbers of attributes/number of total variables)"
	28.	The proportion of long term subjects that commenced therapy at a primary health care facility or higher and have remained under treatment for the past three months	As per service contract

The efficacy of healthcare services in India is not well-documented. Nevertheless, missing physicians, a lack of human resources, a growing percentage of untrained providers, and surveys on the capabilities of qualified doctors are all contributing to the decline in the quality of health services. There is a restricted number of states in India that have implemented the Clinical Foundation (Registration and Regulation) Act 2010, despite the fact that regulation is a method to ensure quality[21]. The Continuous Quality Improvement is a continually evolving process that is characterised by spontaneous, logical, and repetitive phases. These phases include the identification of gaps, the generation of data, the development and implementation of action plans, the evaluation of performance, the proposition of modifications that are needed and the provision of suggestions to developers and officials. Project introduction, situation assessment, underlying issue detection, creation of solution and decision-making, execution, review the outcome, consistency, and upcoming approach comprise the Plan-Do-Study/Check-Act cycle, which is a methodical procedure[18]. At HWC, there are ten stages involved in the implementation of quality assurance. (1) Service supplier sensitization (2) Quality team creation (3) Initial evaluation (4) Feedback from patients survey (5) KPI assessment (6) Evaluation of gaps (7) Action strategy and prioritisation (8) Quality policy with goals 9) Work instructions documentation and implementation (10) audit of prescription surveillance and referrals [22].

5. Methodology

The intent of this review article was to examine various facet related to quality monitoring in Health & Wellness Centres by reviewing the data found on the websites of the National Health System Resource Centre. Additionally, also obtained official documented evidences from the Press Information Bureau, Government documents, and Organisation reports. Searches were also conducted in electronic databases, including PubMed and Google Scholar.

6. Discussion

The Ayushman Bharat scheme is a significant stride for the reinforcement of CPHC in order to attain UHC. The mission of the healthcare system is to administer services in accordance with the HWC recommendations and to identify operational obstacles and deficiencies that must be resolved according to the same [23]. The Government's success in establishing Health and Wellness Centres was impeded by the observation that the quality of healthcare in tribal communities remains inadequate. In addition, a shortage and poor implementation of health services result in tribal citizens not receiving high-quality health facilities. In few states and union territories, the lack of primary healthcare services was identified in 27 percent of Health Sub Centres, 40 percent of Primary Health Centres, and 31 percent of Community Health Centres. Additionally, the conversation on tribal health appears to be influenced by the problem of lacking access to health services, which is directly associated with the utilisation of healthcare facilities between tribal groups as a result of its low accessibility. infrastructure for health and staffing was inadequate[2]. Particularly in tribes, delayed or absent antenatal screening and check-ups may result in increased vulnerability and negative outcomes. In addition, the diverse lifestyles, attitudes, and perspectives of health and disease of tribal women present a challenge for health providers in gaining their acceptance[24]. In terms of health and wellness centre services, a study carried out in Punjab state demonstrated that all HWCs had an adequate amount of space for general ambulatory care; however, neither had exclusive examination rooms. The majority of the HWCs, approximately 60%, were situated in solitary rooms that were pooled by ANM and CHO. Consequently, the available space was not enough for conducting private

assessments including VIA and breast examinations. At thirteen health and wellness centres, diabetes screening was taking place. Due to inadequate glucometers and testing supplies, the remaining 13 HWCs were incapable of conducting diabetes screenings. Due to inadequate private room and tools for Visual Inspection with Acetic Acid (VIA) and screening for cervical carcinoma was not conducted. All HWCs were observed to be offering the full spectrum of ANC services. A minimum of one family planning method was accessible at each health care centre. Combined oral contraceptive tablets were the most prevalent family planning method, followed by male condoms. Sterilisation services, implants, intrauterine devices (IUCDs), injectable contraceptives, and female condoms were unavailable at health care facilities. Zinc medication, oral rehydration, vitamin medication, iron supplementation, and weight evaluation for diarrhoea were all included in the child health services provided by all HWCs. Nevertheless, only a small number of HWCs conduct height monitoring and maintain growth charts[23]. One of the studies performed in the district of Madhya Pradesh to assess the acceptability as well as appropriateness of patient care for those with depression found that the availability of appropriate equipment, medicine, psychological counselling, and means of transport was essential for the management of mental health issues through HWCs. While some respondents argue for partnering among larger facilities and medical organisations, some maintain that HWCs can deliver the requisite care with adequate training and facilities. In addition, potential strategies for improving mental health service delivery through HWCs included the development of sequential, effective referral systems and follow-up[25]. It was noticed that the infrastructure lacked a patient reception and registration area, separate restrooms for males and females, and a seating arrangement for patients[26]. An essential phase in the execution of quality monitoring is the use of a checklist. A practical instrument for systematic evaluation, such as a checklist, guarantees that vital services are not only available but also useful. It serves as an excellence verification mechanism, enabling the identification of deficiencies in service delivery and closing the difference between policy and practice. In addition, it cultivates an environment of perpetual improvement.

Table 3 Checklist for quality monitoring [27]

Reference No.	Measurable component	Checkpoints	Means of verification
Standard 1. The structure's infrastructure is both secure and sufficient for the provision of essential services			
1.	A procedure for ensuring the standards of cleanliness and sanitation has been developed at the premises.	Ensure that every locations are clean and safe to use.	-No furniture that is corroded or damaged -The plan of action for sanitising is established and executed.
1.2	A procedure which guarantees physical safety, which encompasses fire and electricity in the premises	The personnel at HWCs is well-versed in the use of the fire extinguisher that has been provided.	- ABC model of fire extinguisher - The expiration date and replenishment date should be indicated on the item.
1.3	According to the person's requirements, the premises is equipped with adequate services, area and facilities	-Existence of a sufficient patient place	In order to regulate the distance between each person , the waiting room should have a minimum of 15-20 seats
		-Sufficient space for yoga practice	It should be within the area
		-A distinct room is available for secure examination & screening	The area should be adequate enough to carry out important procedures
		-Special space for vaccination task	It should be within the area
		-A private chamber with a necessary facilities for safe labour	- A table and sleeping surface, as well as a mandatory new-born care corner, should be included in a delivery chamber.

		-The existence of distinct restrooms for both the genders	-Verify that the toilets are functioning adequately and that the supply of water is available
		-Sufficient access to water supply	-The storage capacity must be sufficient to accommodate the volume of drinkable water that is required for patients, visitors and staff
		-provision of a consistent and constant electricity supply	-The accessibility of photovoltaic panels, generators, and inverters
Standard 2. There is an adequate number of skilled and knowledgeable staff at the premises to ensure the provision of reliable services.			
2.	The establishment guarantees the regular attendance of a community health officer	-Presence of Community Health Officer	-They should be appointed as per the eligibility criteria and should be aware about their roles and responsibilities
		-Presence of ANM	2 ANM should be present. They should be aware of their roles & responsibility.
		-Presence of Multipurpose Worker	- 2 MPW(both male & female); should be aware of roles & responsibilities.
		-Presence of ASHA	ASHA/1000 population or ASHA/500 population for tribal and hilly areas/ ASHA for 2500 population in urban areas
Standard 3. The structure offers a wide range of comprehensive services.			
3.	The centre offers amenities related to pregnancy as well as newborn.	-There should be a minimum of four ANC examinations and the provision of effective ANC facilities.	-The mode of verification should be similar to amenities that facilitate beforehand enrollment, assessment, counselling, and detection of any potential hazards.
		-Recommendation and monitoring services are offered for pregnant women with elevated risk.	-severe anaemic problem , bad past history related to obstetric
		-The provision of both standard delivery facilities and caesarean section services	-In the traditional delivery process, the detection and supervision of hazard signs during labour using a partograph
3.1	The centre offers amenities related to Neonatal and Newborn health.	-Recognition, initial management, and timely referral of ill Newborn and Infants	Malnutrition , low birth weight , developmental delay etc.
3.2	The centre offers amenities related to Teenage and juvenile health services	-provision of recognition, training, guidance, and referral assistance for the health of teenagers	-infections, reproductive education, sanitation during periods, and the detrimental effects of tobacco
3.3	The centre offers amenities related to family planning.	-The accessibility of family planning services, schooling, guidance, and recommendations for obstetrics and gynaecology	-The supply of contraceptives, knowledge regarding family planning, the interval between two children, and the detection (if necessary) of pelvic lumps, vaginal discharge, and others.

		- The personnel is knowledgeable about the appropriate use and method of consumption, as well as the insertion of contraceptives.	
3.4	The centre offers amenities related to minor ailments & acute simple illness	-Detection, management, and recommendation of cases to higher authority	-Fever, headache, bodyache, URIs, arthritis, diarrhea and others
3.5	The centre offers amenities related to assessment and control of Mental Health Illness	- avoidance, advancement & accessibility to mental health services - determine whether the personnel are knowledgeable of mental illness problems - Verify if the staff utilises certain tools for early detection. - staff should know how to treat patient	-Guidance, recommendation, and detection for stress, depression, dementia, and other conditions. Patients should also be informed about this. ASHA/MPW/CHO utilise CIDT for verification purposes.
3.6	The centre offers amenities related to oral health.	Provision of early recognition, acute management, and recommendation for oral health conditions, in conjunction with protective and advertising strategies	-Oral health instruction, periodontal disease, uneven tooth arrangement, and public knowledge generation and others.
3.7	The centre offers amenities related to trauma and burn	-Availability of service that can be used in the medical emergency of trauma and burn	-The provision of support and treatment services for minor wounds, attacks by animals, toxic exposure, blisters, fractures, and trauma. The detection and recommendation of cysts, lipomas, haemorrhoids, and other conditions.
3.8	The centre offers amenities related to Elderly & Palliative Care	- Accessibility of amenities for people over 65 and hospice care - The accessibility of adaptive gadgets	- Basic Information regarding the promotion of active and healthy ageing, insurance schemes for the elderly. -Domiciliary visits to bedridden patients - Palliative care assessment -Residential meetings for psychosocial treatment
3.9	The centre offers amenities related to common ENT problems	-Accessibility of services should be there	-detection, management and recommendation of common cold, tonsillitis and others as well as public knowledge strategies regarding the same
3.10	The centre offers amenities related to eye problems	-Accessibility, avoidance & promoting services for ophthalmic -It is imperative that workers maintain a record of the ophthalmic care.	- Recommendation and evaluation for cataracts and blindness -Initial treatment and detection. - Medication for chronic eye disease that requires further treatment -Knowledge generation, prevention with vitamin A for the eyes (6 months

			to 5 years), and preterm eye examinations (less than 32 weeks) -monitoring of records related to vision impartment and vitamin A therapy
3.11	The centre offers amenities related to NCD	- The accessibility of services for all diseases classified as NCDs	- Recommendation and monitoring for issues, examination, treatment compliance, and drug replacements for all positive cases.
3.12	The centre offers amenities related to Communicable Disease.	- The early detection, promotion, detection, monitoring, and recommendation of cases that are positive for communicable diseases. -The NVBDCP logbook and documents are preserved.	- Japanese encephalitis, Dengue, and Chinguniya. The supply of evaluation services, initial management, recommendation, and monitor for complex cases. Collaboration with the community in the event of influenza and vaccination in JE. -Monitor that the register is continually maintained and upgraded.
Standard 4: The structure is equipped with sufficient working apparatus and tools.			
4.	The centre offers amenities related to apparatus and tools for evaluation and monitoring of patients	-Accessibility of working apparatus and tools for evaluation	-BP apparatus , torch, stethoscope, peak flow meter, measuring tape glucometers, weighing machine, surgical scissors, audiometery, dental explorer and others
4.1	The centre is equipped with sufficient furniture in accordance with the amenities provided.	-Accessibility of furniture in centres	- Table, doctor seat, patient seat, inspection table, attendant seat, foot step, and refrigerator for keeping.
Standard 5: The centre has established a process for the storage, management of inventories, and delivery of drugs.			
5	The establishment guarantees the correct preservation of consumables and drugs.	- Ensure that there are no shortages of critically needed medications.	- Ensure that the staff is informed of any supply shortages.
		-There is a designated location in the HWC for the preservation of pharmaceuticals	-They should be stored from any damaging source.
		-Ensure that medications are stored in cupboards and shelves with appropriate markings.	-Medications should be stored at lower shelve if heavy and prevent placing fragile on the edge
		-Ensure that heat and sensitive to light medications are stored in accordance with the directions given by the manufacturer.	-Check required controlled temperature and maintain temperature chart.
Standard 6: The structure has established a process for the reassessment of the patient.			
6	The centre has implemented a protocol for patient re-evaluation.	How long does it take for patient to return for treatment after receiving it previously.	-Re-evaluation and monitoring as per plan for all cases, including urgent Monitoring encompasses the following: implementation of treatment, parameter review, adverse effect monitoring, timely detection of

			complications after receiving previous treatment.
Standard 7 The structure has accessibility of vital drugs			
7.	Accessibility to vital pharmaceuticals	-oxygen cylinders, painkillers, medicines for inflammation and anti-histamine drug are available	-verify that the organisation has a procedure setup for recording the arrival and consumption of drugs.

7. Conclusion

Ayushman Bharat Health and Wellness Centres serves as a programme that is designed to boost the provision of primary health care in India, with the ultimate objective of accomplishing universal health coverage. This review shows how much has been achieved in opening up access to primary healthcare services across different regions, especially rural and underserved areas. It would be noted that operationalising AB-HWCs has helped expand service coverage and bring healthcare closer to communities. However, there are still challenges which have been highlighted in this paper hence the need for intervention measures for the full benefit of AB-HWCs. The quality of health services provided and infrastructure varies greatly among different people. Critical to improving health quality at HWCs is the implementation of an all-inclusive quality monitoring framework that involves utilizing standard checklists to ensure consistency in service delivery as well as adherence to good practices. Through checklist, it will allow systematic evaluation of diverse components of healthcare provision. For regular use, these checklists help identify gaps that can then be quickly fixed, enhancing general care quality. Therefore continuous monitoring, evaluation, and adaptive strategies are crucial in overcoming the current challenges that exist now.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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