15039/03/2020- PMU (UT-Coord.) Pt. 7
Government of India/Bharat Sarkar
Ministry of Home Affairs/Grih Mantralaya
***

North Block, New Delhi
Dated, the 16ᵗʰ February, 2022

To,

1. The Chief Secretary, UT of Andaman and Nicobar Islands, Port Blair.
2. The Advisor to the Administrator, UT Chandigarh, Chandigarh.
3. The Advisor to the Administrator, UT of DNH&DD, Moti Daman.
4. The Advisor to the Lt. Governor, UT of Ladakh.
5. The Advisor to the Administrator, UT of Lakshadweep, Kavaratti.
6. The Chief Secretary, Government of Puducherry, Puducherry.

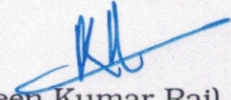**Subject: Implementation of Ayushman Bharat Digital Mission (ABDM) in UTs - regarding.**

Sir,

I am directed to share the Record of Discussion (RoD) of the meeting held under the Chairmanship of Union Home Secretary on 24.01.2022 on the subject mentioned above.

2. It is requested to take action accordingly and submit the action taken report at the earliest.

Encl : as above.

Yours faithfully,

(Praveen Kumar Rai)
Director (UT)
Ph.: 23092159

Copy to,

1. Secretary, Ministry of Health & Family Welfare, GoI.
2. CEO, National Health Authority.
3. Additional Secretary (JKL), MHA.

Meeting to Review the Implementation of Ayushman Bharat Digital Mission (ABDM) in UTs

4 PM, 24ᵗʰ January, 2022; MHA, North Block, New Delhi

A meeting to review the status of implementation of Ayushman Bharat Digital Mission (ABDM) in Union Territories (UTs) was held via video conference, under chairpersonship of Union Home Secretary (HS). List of participants is at **Annexure I.**

2.   At the outset, Union HS welcomed the participants and set the agenda for the meeting. Thereafter, a presentation on the status of implementation of ABDM was made by Additional CEO, National Health Authority (NHA) **(Annexure II).**

Key discussion and action points that emerged are as below:

National Health Authority

a. Offline Module for UTs with connectivity issues has been developed and guidelines have been issued. Further, three rounds of meetings have been held with the National Medical Commission to resolve pending verification of doctors, particularly in UT of A&NI.

b. UTs should encourage doctors and promote creation and use of Health ID in all government facilities, starting with registration and use of integrated Health Management Information System (HMIS) to generate health records. UTs should increase the number of records linked to Health IDs and increase private participation.

c. As behavioural shift from paper to digital entry is required, therefore demand for Data Entry Operators (DEOs) should not be encouraged.

d. Registration of all government doctors, particularly those in PGIMER (Chandigarh) and JIPMER (Puducherry) may be expedited.

Union Territories

a. **A&NI:**

Current status of Scheme saturation: Health IDs have been created for 100% of the population, 87.1% doctors have been registered (Government Doctors 100% & Private doctors 11%) and 99.5% health facilities have been on boarded (Government Hospitals 100% & Private Hospitals 98%)

Registration of private doctors is likely to increase with the intervention of Ministry of Health & Family Welfare (MoHFW). Delay in receiving One-Time Password (OTP) by patients has been observed, which is likely to be resolved with better network connectivity. UT plans to install HMIS in Districts hospitals of Mayabandar and Nicobar, and procurement in this regard has begun(to be ready by March, 2022). HMIS will soon be rolled out for other Community Health Centres (CHCs). Performance of UT is as under:

b. **Chandigarh:**

Current status of Scheme saturation: Health IDs have been created for 47.8% of the population, 54.0% doctors have been registered (Government Doctors 63% & Private

doctors 10%) and 50% health facilities have been on boarded (Government Hospitals 100% & Private Hospitals 45.%)

Non-registration of doctors in PGI is a concern Private doctors have shown hesitancy in sharing their credentials on the portal. Government doctors are registering, but they have sought Data Entry Operators(DEOs) for data entry. By the first week of March, all computer infrastructure will be in place. Agreement between C-DAC and PGI needs to be renewed. Performance of UT is as under:

c. **DNH&DD:**

Current status of Scheme saturation: Health IDs have been created for 88% of the population, 56.7% doctors have been registered (Government Doctors 100% & Private doctors 7%) and 81.5% health facilities have been on boarded (Government Hospitals 100% & Private Hospitals 71.4.%)

UT is making efforts to reach saturation. Health IDs were generated through two modes - self-generation of IDs by literate persons and assisted generation for the illiterate and elderly. Health IDs were also generated through the CoWin Portal. Use of volunteers, training of health workers, campaign etc. has led to success. Performance of UT is as under:

d. **Ladakh:**

Current status of Scheme saturation: Health IDs have been created for 78.5% of the population, 93.8% doctors have been registered (Government Doctors 100% & Private doctors 6.7%) and 94.8% health facilities have been on boarded (Government Hospitals 100% & Private Hospitals 42.4.%)

Health infrastructure in UT is very basic. However, efforts are being made to overcome the challenges and implement the project. For this purpose in addition to 2 district hospitals, e-Hospitals are being installed at 8 more CHCs and Primary Health Centres (PHCs). Linking of health records will be undertaken and 10 DEOs have been engaged for this purpose, who would require initial handholding and training. It would also be useful to link it to PGI, Chandigarh as most patients from Ladakh go to Chandigarh and AIIMS Delhi for treatment. Performance of UT is as under:

e. **Lakshadweep:**

Current status of Scheme saturation: Health IDs have been created for 96.3% of the population, 96.1% doctors have been registered (Government Doctors 99.2% & Private doctors 0%) and 87.5% health facilities have been on boarded (Government Hospitals 100% & Private Hospitals 30.%)

UT is making all the effort, however, due to location of hardware and provision of LAN network is a concern along with the challenge of connectivity. Performance of UT is as under:

f. **Puducherry:**

Current status of Scheme saturation: Health IDs have been created for 57.6% of the population, 28.6% doctors have been registered (Government Doctors 54% & Private doctors 6%) and 33.3% health facilities have been on boarded (Government Hospitals 100% & Private Hospitals 22.%)

UT Administration is in touch with JIPMER regarding registration of its doctors. It is suggested that registration should be made mandatory for all doctors, and linkage with Medical Councils should be avoided as it is a slow process. For data entry, doctors have requested for bar code readers and some other equipment which is being procured by the UT Administration. The software may be tweaked in a way so that too much information need not be keyed in by the doctor, which is the major reason why doctors are reluctant to use the software. Performance of UT is as under:

Additional Secretary, MoHFW

a. ~60% of the doctors in JIPMER and ~40% doctors in PGI have already enrolled. MoHFW has asked the two hospitals to draw up an action plan for enrolment of the remaining doctors.

b. Just as UPI was a platform that was adopted very enthusiastically by the people without having to make it compulsory because of its easy to use interface, similarly, the approach for ABDM should be to focus on increasing transactions aggressively amongst the already on-boarded doctors. Once the on-boarded doctors realise the ease of using the platform, it would automatically create an ecosystem that would encourage other doctors to get on-boarded. This would gradually lead to an increase in transactions.

Additional Secretary, Prime Minister's Office (PMO)

a. Doctors should be encouraged to register through IEC activities. In the meantime, it should be rigorously implemented in government hospital facilities.

b. UTs could explore HMIS software and could incorporate good features of e-Arogya and further improve the software.

c. A way to shorten the process of verification by the State or National Medical Council may be considered.

3. **After detailed deliberations and discussions, the Chair made the following directions/observations:**

   I. NHA should examine that the learnings from DNH&DD's model of proactive approach for generation of IDs and awareness can bereplicated in other UTs.

   II. UTs should undertake intensive awareness campaigns using IEC material to bring about a behavioural change.

   III. The number of health records generated in UTs needs to be improved. Therefore, UTs must find innovative means to incentivise and encourage doctors to operationalise HMIS by use of UTs'own local resources. UTs should also focus to increase transactions.

   IV. All UTs to make efforts to increase private participation in the ABDM scheme.

   V. MoHFW to take steps to expedite the renewal of agreement between C-DAC and PGI, Chandigarh in a time-bound manner.

VI.   Some markers for comparing health records generation and health ID linkage over time need to be thought out by UTs to make an objective assessment of the progress made in this regard.

VII.   UT administrations should undertake regular reviews of the scheme to improve the progress and encourage a proactive approach towards implementation of the scheme. Suggestions from doctors and other stakeholders may be done to identify bottlenecks and address them proactively and expeditiously.

The meeting ended with a vote of thanks to the Chair.

***

List of Participants

Ministry of Home Affairs

1. Shri Ajay Kumar Bhalla, Secretary   **In Chair**
2. Shri Piyush Goyal, Additional Secretary, (JKL)
3. Shri Ashutosh Agnihotri, Joint Secretary (UT)
4. Shri Praveen Kumar Rai, Director(UT)
5. Shri Ravi Ranjan, Second-in-Command(UT)

Prime Minister's Office

1. Ms Punya Salila Srivastava, Additional Secretary
2. Ms Surbhi Jain, Director

Ministry of Health & Family Welfare

1. Ms Arti Ahuja, Additional Secretary

National Health Authority

1. Shri Praveen Gedam, Additional CEO

Union Territories

1. Dr V. Candavelou. Principal Secretary (Health), UT of Andaman & Nicobar Islands
2. Shri Dharam Pal, Adviser to Administrator, UT of Chandigarh
3. Dr. A. Muthamma, Secretary (Health & Family Welfare), UT of DNH&DD
4. Shri Umang Narula, Adviser to Administrator, UT of Ladakh
5. Shri A. Anbarasu, Advisor to Administrator, UT of Lakshadweep
6. Shri Ashwani Kumar, Chief Secretary, Puducherry

***