

D.O. No. S-12021/151/2023-ABDM(Coord)

Dated 31st May, 2023

Dear Colleague,

As you know, Ayushman Bharat Digital Mission (ABDM) is in its second year of implementation and significant progress has been made in terms of ABDM adoption since its nationwide rollout in September 2021. This can be attributed to the active participation of different stakeholders to join the ABDM ecosystem. In order to ensure that the benefits of digital health reach every citizen of the country, it is important to ensure that the private sector, especially the small and medium scale healthcare providers, are also part of the national digital health ecosystem.

2. In pursuance of the same, the National Health Authority (NHA) has conceptualised the idea of Microsites after having run a successful pilot in Mumbai through the support of a development partner. Microsites are intended to engage with such small-medium scale private healthcare providers to drive targeted adoption among such healthcare providers. In the Second Mission Steering Group meeting of ABDM, chaired by the Hon'ble Union Minister of Health and Family Welfare, approval for running 100 microsites across the country was granted.

3. These 100 Microsites will be implemented under the leadership of the State Mission Director (SMD), ABDM. The '**Operational Guidelines for Activating Microsites in the Country**' are attached herewith. These guidelines include the specific details on how to set-up and operationalize the Microsites, along with supporting resources. The State/UTs may leverage these guidelines to implement microsites. It has been intended to provide sufficient flexibility to States/ UT to successfully launch microsites within their regions. NHA team will also organize a webinar in the coming week to familiarize you with these guidelines.

4. For any clarifications or support regarding Microsites, Dr. Akshay Jain, Joint Director (Coordination) may be contacted on jd.coord1@nha.gov.in.

5. I look forward to your continued support in operationalizing these microsites, and in turn furthering the successful adoption of the Digital Health Mission.

Regards,

Yours Sincerely,



(Dr. Basant Garg)

To:

State Mission Directors, ABDM of all States/UTs

Copy for kind information to:

1. Addl Chief Secretaries/ Principal Secretaries/ Secretaries of Health of all States/ UTs
2. Chief Executive Officers, SHA of all States/UTs
3. Commissioner (Health) of all States/UTs
4. Mission Director (NHM) of all States/UTs

**Government of India
Ministry of Health and Family Welfare
National Health Authority**

Operational Guidelines for Activating Microsites in the Country

31st May 2023

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1. Introduction

Since the nationwide launch of the Ayushman Bharat Digital Mission (ABDM) in September 2021, various stakeholders in healthcare have been actively participating in the ABDM ecosystem. Recognizing the crucial role small-medium scale healthcare providers play in reaching the masses, efforts are underway to accelerate their adoption of the mission. To support the integration of these healthcare providers into the open digital health ecosystem and promote the wider adoption of ABDM, the National Health Authority (NHA) has conceptualized the idea of Microsites.

This document aims to provide a comprehensive understanding of microsites, and guidelines for operationalizing them across the country. It outlines the vision for microsites, details the microsite design and implementation process, discusses the availability of financial resources and incentives, and presents key metrics for measuring the success of microsites, among other important considerations. The document is intended for stakeholders in the healthcare ecosystem, with a specific focus on State/UTs, providing them with insights and guidance to effectively set up microsites. The State/UTs can operate with sufficient flexibility, following the guidelines set forth by NHA.

This is the first version of the 'Operational Guidelines for Activating Microsites in the Country'. As the Microsite project continues to grow and evolve, future revised versions of this document may be released to address changing requirements and incorporate new learnings.

2. Microsite: Overview and Design

A Microsite, within the context of ABDM, is a focused region comprising all small-medium private facilities, such as clinics, hospitals, labs within that area, which may be on-boarded onto the ABDM ecosystem. Microsites have been identified as small-scale targeted interventions aimed at engaging small-medium scale healthcare providers and addressing the challenges they face in digitizing to join the open digital health ecosystem. It is envisioned that 100 such microsites will be initiated across the country. However, it is recognised that the rollout of the microsites may be in a phased manner, e.g., State-by-State basis, or one-by-one basis within a State/UT.

Onboarding of a healthcare provider onto the ABDM ecosystem includes the following:

- **Awareness:** Creation of awareness among healthcare providers about ABDM and its associated benefits.
- **Health Facility Registration:** Registration of the health facility on the Health Facility Registry (HFR). This registration enables the identification and verification of the health facility within the ABDM ecosystem.
- **Healthcare Professional Registration:** Registration of the healthcare professional(s) working at the facility on the Healthcare Professionals Registry (HPR). This registration enables the identification and verification of the healthcare professional(s) within the ABDM ecosystem.
- **Deployment of ABDM enabled Digital Health Solution:** Implementation of an ABDM-enabled digital health solution at the health facility. This enables digitization and management of health records at the facility, and to carry out the designed functionalities of ABDM.
- **Active usage of ABDM enabled Digital Health Solution:** Encourage healthcare providers to actively use the ABDM-enabled digital health solution in their daily operations. This includes linking the health records generated at the facility with the patient's ABHA address.

Objective of a Microsite:

- **Targeted adoption efforts:** Microsites will facilitate focussed adoption efforts to engage the private sector for participating in the ABDM ecosystem, with specific emphasis on small-medium scale healthcare providers.
- **Showcase end-to-end ABDM adoption:** Microsites aim to establish a small ecosystem within a particular geographic area where there is complete ABDM adoption. This showcase serves to demonstrate the benefits and use cases of ABDM to all stakeholders present in that region.
- **On-Ground response and feedback:** Microsites will allow for an in-depth understanding of the on-ground response and feedback regarding ABDM integration and adoption. This feedback can help NHA further enhance ABDM's technology and policy to drive its adoption.

Microsite Design

It is proposed that the primary responsibility of running a microsite in a State/ UT will be of the State Mission Director (SMD), ABDM of the respective State/UT. Adequate support will be provided from NHA and other ecosystem partners. NHA may run a microsite directly, in case a State/UT is unable to run the microsite due to it being a small State/UT, the Programme Management Unit (PMU) setup being in progress or any other reason impeding the microsite process.

The following section highlights the design details of a microsite:

I. Types of facilities in a Microsite:

- A microsite is inclusive of private facilities such as standalone clinics, polyclinics, nursing homes, small hospitals (preferably <10 beds), labs and any other healthcare facilities wherein health records are generated.
- A microsite may cover facilities and professionals of all the systems of medicine.

II. Size of a Microsite:

- A microsite may be of the following two categories:
 - **Category A Microsite:** A microsite which consists of at least 1000 facilities, inclusive of all types of health facilities, as mentioned *in Point I above*
 - **Category B Microsite:** A microsite which consists of at least 500 facilities but less than 1000 facilities, inclusive of all types of health facilities, as mentioned *in Point I above*. This category of microsites has been envisaged for providing flexibility to run microsites in North East States, Himalayan States, Island States/UTs, remote areas, aspirational districts or other reasons as appropriate to the States/UTs. However, if found feasible, such States/UTs may also choose to have Category A Microsite(s).
- It is envisioned that larger States may have more microsites under Category A, compared to smaller States/UTs.
- A State/UT may run both Category A and Category B microsites, as per its requirement

III. **Microsite Region:**

The SMD, ABDM may decide which city/ region in their respective State/ UT a microsite may be set up in. The selection of the city/ region may be done considering the following (but not limited to) suggestive parameters:

- Good internet connectivity, penetration of smartphones
- Adequate number of formal private doctors/ clinics/ hospitals/ labs witnessing moderate - high footfall of patients
- Certain level of existing digitisation and digital literacy among stakeholders
- Ease in accessibility by road/ near an airport
- Presence of an interfacing agency
- Support from local government body/ corporation

IV. **Stakeholder involvement:**

To operationalize and run a microsite, participation of various stakeholders from the ecosystem would be essential. This section identifies the key stakeholders who may be engaged for the microsite, and their indicative contribution towards it:

A. NHA

To successfully run a microsites, NHA will provide the following support to the States/ UTs:

- Provide financial resources to support in running of the microsite, including mobilisation fund
- Provide dedicated financial resources for carrying out IEC and capacity building activities
- Support with required IEC material built by NHA, which may be hosted on the ABDM website
- Build a microsite specific dashboard for tracking purpose that will be publicly available, for all to see the progress being made
- Assistance through call centres for addressing queries, troubleshooting issues etc.
- ABDM specific technical support will be provided by the NHA support team. However, solution specific support will be provided by the solution provider directly.

B. State/ UT ABDM Office:

Under the leadership of the SMD, ABDM, the State/ UT ABDM Office will play the main role of leading the microsite implementation in their respective regions.

- The State/ UT may leverage a development partner and an interfacing agency for setting up and running the microsite.
- The State/UT may directly engage with all required stakeholders for implementation of the microsite.
- The State/ UT may leverage existing ABDM resources, such as State ABDM PMU to support for the implementation of the microsite, if deemed fit.
- A State/UT can set up a microsite at any point during the entire time period the project remains operational, provided allocated funds of Rs. 30 crores for the microsite project are not exhausted.
- The State/UT may submit a completion report of each Phase of the microsite (*as defined in Section 3*) to NHA through email/ letter

C. Development Partner:

An organization which will work closely with the SMD, ABDM and State/UT ABDM Office to provide the required support to operationalize and manage a microsite. The partner may also work with the State Government, local authorities and other entities, to drive the microsite.

- The suggested role of the development partner may be focussed on, but not limited to:
 - Build the State/ UT's strategy and implementation plan for the microsite
 - Maintain regular coordination and review with SMD, ABDM and State/UT ABDM Office
 - Capacity building for the Interfacing Agency
 - Capacity building and IEC activities required for target healthcare professionals
 - Engage with digital health solution providers as required
 - Support State/UT ABDM Office with tracking and monitoring on ground progress
 - Provide feedback from the field to the State/UT ABDM Office and NHA
 - Extend all support to the State/ UT ABDM Office, as needed, to run the microsite
- The State/UT ABDM Office may choose to onboard a development partner, or may choose to utilise their existing human resources to manage a microsite.

- **In case of onboarding an external development partner:** State/UT may onboard a development partner through the following methods:
 - NHA may support the State/ UT in this effort. An indicative list of development partners is placed in **Annexure 1**. However, it is up to the SMD, ABDM's discretion which development partner to select and engage for the project.
 - Alternatively, the State/UT may onboard a development partner through an internal selection process
- The complete nature and modality of engagement with the development partner may be decided by the SMD, ABDM and State/UT ABDM Office, as desired.
- The size of the development partner organization i.e. number of members of a development partner for a microsite, is up to the SMD, ABDM and State/ UT ABDM Office's discretion.
- A State/UT ABDM Office may engage multiple development partners to gain support on different microsites implemented within the State/ UT.

D. Interfacing Agency:

An agency which will provide the field force to implement the microsite on ground, working closely with the development partner, under the direction of the SMD, ABDM.

- The role of the Interfacing Agency may be focussed on the following, but not limited to:
 - Carry out the required on-ground work to run the microsite
 - Engage directly with healthcare professionals; make them aware about ABDM and its benefits
 - Provide hands on support with onboarding healthcare professionals and facilities onto the ABDM ecosystem to help achieve the targets mentioned *in Section 3*
 - Capacity building and IEC activities required for target healthcare professionals
 - Engage with digital health solution providers as required; liaison with their technical team to troubleshoot any solution related issues faced on field
 - Provide a status report from the field to the SMD, ABDM to monitor progress
 - Extend all support to the State/ UT ABDM Office, as needed, to run the microsite
- **Onboarding an interfacing agency:** State/UT may onboard an interfacing agency through the following methods:
 - Leverage existing on ground partners within the State/ UT, who may already be supporting the State/UT with implementation of any government programme,

such as the Patient Provider Support Agencies (PPSA) model part of the Ni-kshay Programme under the National Tuberculosis Elimination Programme (NTEP). A suggestive list of Interfacing Agencies under the aforementioned PPSA model is listed in **Annexure 2**. However, it is open to the SMD, ABDM's discretion to onboard any other agency which is not listed in Annexure 2, but with which the State/UT may already have a prior contractual engagement for implementation of any other programme on ground.

- Through an RfP/ RfE/ any procurement process
- An estimated number of individuals required on ground to carry out the responsibilities of an interfacing agency in a microsite, is listed in **Annexure 3**, as reference. The interfacing agency in consultation with the SMD, ABDM of the State/UT may decide the team size required for the microsite.
- A State/UT ABDM Office may engage multiple interfacing agencies to gain support on different microsites implemented within the State/ UT. However, the State/UT may engage only one interfacing agency per microsite.

E. HMIS/ LMIS Providers:

Organizations which can provide ABDM enabled digital health solutions, such as HMIS/ LMIS to the target healthcare facilities within a microsite in a State/UT.

- The role of digital health solution provider may be focussed on the following, but not limited to:
 - Provide capacity building support to the interfacing agency, to better understand their solution which can be deployed on ground
 - Provide technical support to the field force of interfacing agency, during instances of deployment of their solution on ground
 - Provide support beyond instance of deployment as well, to help scale up in adoption of linkage of health records generated with ABHA address through the entirety of the course of the microsite
 - Engage with the State/UT ABDM Office, development partner and interfacing agency, as needed
- **Engaging with HMIS/ LMIS providers** - The list of ABDM enabled public and private digital health solutions is listed on the 'Partners' page on the ABDM Website (<https://abdm.gov.in/our-partners>)

- The State/UT ABDM Office may choose to engage with multiple HMIS/LMIS solution providers across microsite(s)
- The choice of the solution which may be deployed at a facility, will be at the discretion of the health facility.
- In case, a facility is already using an HMIS/LMIS solution which is not ABDM enabled, and it wishes to migrate to an ABDM enabled solution, the interfacing agency may provide the required support.
- In case, a facility is already using an HMIS/LMIS solution which is not ABDM enabled, and it does not wish to migrate to an ABDM enabled, the details of such HMIS/ LMIS solution may be collated at the State/UT level. Thereon, the collated list may be shared with NHA. to provide direct support to the given solution with regards to its integration with ABDM.

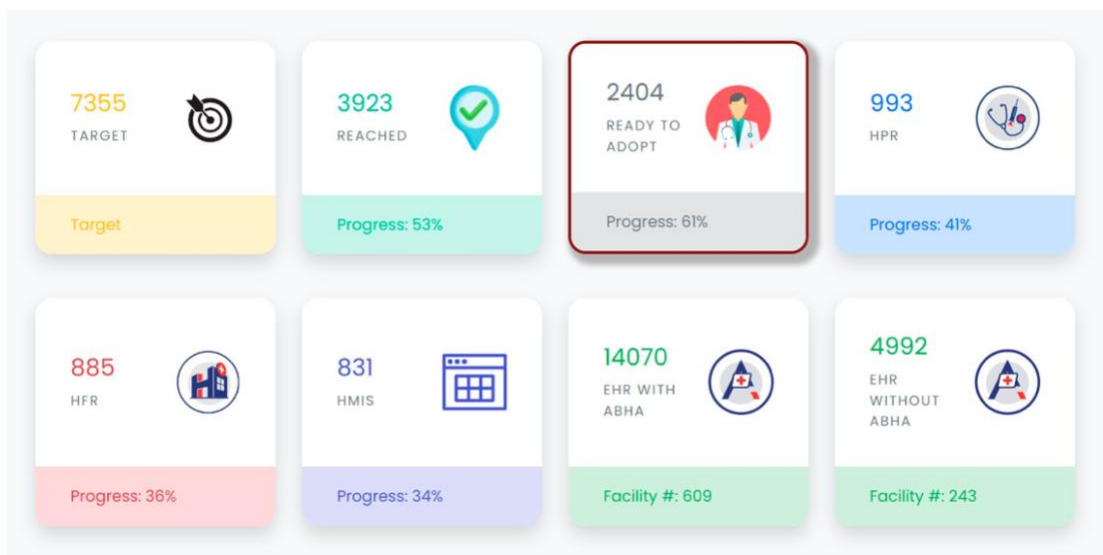
F. Personal Health Record Application Providers:

Organisations which can provide end-user facing application to view, manage and share health records i.e. Personal Health Record (PHR) Application. While a PHR application may not be required for facilitating adoption of healthcare providers onto the ABDM ecosystem, but engaging with PHR Application providers may be helpful from the end-user standpoint. This can help close the experience loop for the citizen availing the healthcare service, by showcasing value proposition of accessing their digital health record and maintaining longitudinal health records.

- The role of PHR application provider may be focussed on the following, but not limited to:
 - Provide capacity building support or resource material to the interfacing agency, to better understand their application which can be installed on ground
 - Provide technical support to the field force of interfacing agency, as needed
 - Engage with the State/UT ABDM Office, development partner and interfacing agency as needed
- **Engaging with PHR Application providers** - The list of ABDM enabled PHR applications is listed on the 'Partners' page on the ABDM Website (<https://abdm.gov.in/our-partners/PHR>)
- The interfacing agency may work towards creating awareness about the concept of PHR during their interaction with the healthcare providers in the facilities, and share brochures/pamphlets/posters with them for helping the patients know about PHR and/or health lockers.

V. Monitoring & Tracking

- It is important to track and monitor the progress of each microsite for course correction or assessing impact/ success. Hence, NHA will build a microsite specific dashboard, to track the progress at State/UT-wide level
- NHA may assign a unique identifier for each microsite, which shall be provided at the time of project initiation. This identifier shall be used while filling up the respective registration forms for the Health Facility Registry and Healthcare Professionals Registry. This will support in tracking of the registrations completed in each Microsite.
- It is recommended that the State/UT ABDM Office set up an internal tracking mechanism to monitor the progress being made on the field in specific microsite(s) running within their region. For reference, PATH, a development partner for a microsite in Mumbai, setup an internal dashboard for monitoring the progress in the microsite. The States/UTs may use this as a reference point. A screenshot of the dashboard is as under:



- SMD, ABDM of the State/UT will share a list of registrations successfully done on HFR and HPR respectively, along with the mention of the deployed ABDM enabled digital health solution, with NHA at the completion of each Phase *as mentioned in Section 3*.
- NHA may carry out periodic review of the data submitted. In case of any mistake/ error, due corrective action will be taken.

VI. Time Period:

- While there are no fixed timelines for the entire journey of the microsite, it is estimated that a microsite may take 6-9 months from initiation to completion of all Phases of implementation, depending on the size of the microsite
- Following is an estimated process flow, as reference

M1	M2	M3	M4	M5	M6	M7	M8	M9
Project Planning + CB & IEC								
Outreach								
	Implementation							
					Sustenance and Scaling up			

M – Month

3. Implementation

The section details the implementation process for a State/UT led microsite:

For successful implementation of 100 microsites in the country, each State/ UT is encouraged to proactively run 2-3 microsites within its region. More number of microsites within a State may also be explored, specially by Category C States, as per State Guidelines (https://abdm.gov.in:8081/uploads/State_Guidelines_ABDM_Final_f766c3b11c.pdf) dated 8th March 2022, published by NHA.

For the implementation of a microsite within the State/ UT, the entire journey has been categorized across six Phases. States/ UT are required to pursue the following Phases in order. This section presents the various targets across the six Phases for each category of microsites, and the supporting financial component allocated to it.

Phases for a Microsite

Phase 1: Project Scoping

- A. **Selection of region(s) for microsite(s)** - State/UT may select the region(s) wherein microsite(s) may be implemented. The State/UT may select the region(s) basis the indicative parameters mentioned earlier in the document, *under Section 2, point III*
- B. **Selection & onboarding of a Development Partner:** The State/ UT ABDM Office Govt. may engage a partner to set up and manage a microsite. *Details mentioned earlier in the document, under Section 2, point IV, subpoint C*
- C. **Selection & onboarding of an Interfacing Agency:** The State may onboard an agency with field force to operationalise the microsite on ground. *Details mentioned earlier in the document, under Section 2, point IV, subpoint D*
- D. **Submission to NHA** - The State/ UT ABDM Office will submit a high-level project plan to NHA, which will include the following:
 - a. No. of microsites within the State/ UT
 - b. Category of Microsite(s) (Category A/B)
 - c. Size of each of the microsite i.e. number of facilities in the microsite (estimations)
 - d. Region(s) selected of microsite(s)
 - e. Development Partner(s) onboarded for the microsite(s)
 - f. Interfacing Agency(ies) onboarded for the microsite(s)

Submission of the project plan to Joint Director (Coordination), NHA at jd.coord1@nha.gov.in , marks the initiation of the microsite and completion of Phase 1. The template of the project plan is part of **Annexure 4**. States/UTs may utilise the given template when sharing the project plan details with NHA.

Financial Component for State/UT: On completion of Phase 1, State/UT ABDM Office may release a mobilisation fund of the following amount to the interfacing agency: INR 7 Lakhs for a microsite under Category 'A' and INR 3.5 Lakhs for a microsite under Category 'B' (*more details in Section 4*)

Phase 2: Capacity Building and Outreach

- A. **Team set up:** Set up of the team from the onboarded development partner and interfacing agency

- B. **Training and Capacity Building** – Undertake the capacity building efforts for interfacing agency, regarding ABDM, various ABDM enabled solutions, among other relevant topics. SMD may choose to get a certification done for the field force from the Interfacing Agency.
- C. **Mapping of the Microsite** – Conduct an exercise of mapping total universe of the healthcare professional and facilities that maybe be approached, in the selected region for the microsite.
- D. **IEC** – Curate and collate all the required IEC material that will be required for the microsite. Additionally, several IEC activities may be required at SMD, ABDM level for creating awareness about ABDM.
- E. **Outreach** - Initiate outreach activities for healthcare professionals, which may be done through workshops in close coordination with the Medical /Ayush Associations or their local chapters, State Medical Councils or other bodies, professionals etc. These activities will be critical to sensitise the microsite region on ABDM.
- F. **Update to NHA:** The State/UT may share an update to NHA on the completion of Phase 2 through an email/letter.

Financial Component for State/UT: Not Applicable

Phase 3: Initial Adoption

As on ground implementation kick offs post completion of Phase 1 and Phase 2, the following outcome is to be achieved within a microsite:

S. No.	Activity	Target for Category A Microsite	Target for Category B Microsite
1.	Number of registrations on HPR	100	50
2.	Number of registrations on HFR	50	25
3.	Number of facilities using ABDM enabled solution (HMIS/LMIS)	10	5

Financial Component for State/UT: On completion of Phase 3, the State/UT ABDM Office may release the following amount to the interfacing agency: INR 3 Lakhs for a microsite under Category 'A' and INR 1.5 lakhs for a microsite under Category 'B'

Phase 4: Moderate Adoption

The following outcome is to be achieved within a microsite:

S. No.	Activity	Target for Category A Microsite	Target for Category B Microsite
1.	Number of registrations on HPR	300	150
2.	Number of registrations on HFR	100	50
3.	Number of linked health records	5,000	2,500

Financial Component for State/UT: On completion of Phase 4, the State/UT ABDM Office may release the following amount to the interfacing agency: INR 4 Lakhs for microsite under Category 'A' and INR 2 lakhs for microsite under Category 'B'

Phase 5: Progressive Adoption

The following outcome is to be achieved within a microsite:

S. No.	Activity	Target for Category A Microsite	Target for Category B Microsite
1.	Number of registrations on HPR	500	250
2.	Number of registrations on HFR	400	200
3.	Number of linked health records	20,000	10,000

Financial Component for State/UT: On completion of Phase 5, the State/UT ABDM Office may release the following amount to the interfacing agency: INR 6 Lakhs for microsite under Category 'A' and INR 3 lakhs for microsite under Category 'B'

Phase 6: High Adoption

The following outcome is to be achieved within a microsite:

S. No.	Activity	Target for Category A Microsite	Target for Category B Microsite
1.	Number of registrations on HPR	750	375
2.	Number of registrations on HFR	600	300
3.	Number of linked health records	1,00,000	50,000

Financial Component for State/UT: On completion of Phase 6, the State/UT ABDM Office may release the following amount to the interfacing agency: INR 8 Lakhs for microsite under Category 'A' and INR 4 Lakhs for microsite under Category 'B'

4. Budget

This section provides details about the budget allocated for each microsite. NHA will financially support States/ UT ABDM Office to initiate and run a microsite, and also pay out outcome based financial incentives.

Total budget per microsite:

For the two categories of microsites i.e. Category A and Category B, there are different financial resources allocated for each. NHA will provide funds to the States/UTs for two purposes, for microsites in both the categories:

- i. Make payment to Interfacing Agency
- ii. Carry out IEC & CB activities

i. **Payment to Interfacing Agency**

This amount is earmarked for payment to the interfacing agency onboarded by the State/ UT for implementation of a microsite. NHA will release the funds to the State/UT ABDM Office, which may subsequently pay the funds to the interfacing agency.

- Category A: For microsites in this category, NHA will provide INR 28Lakhs per microsite
- Category B: For microsites in this category, NHA will provide INR 14Lakhs per microsite

The payment journey for microsites in both categories is detailed below:

NHA will release these funds in four equal instalments to the States/UTs i.e. four instalments of INR 7 Lakhs each for a Category A microsite, and four instalments of INR 3.5 Lakhs each for a Category B microsite.

S. No.	Instance	Category A Microsite (INR)	Category B Microsite (INR)
1.	Instalment 1	7 Lakhs	3.5 Lakhs
2.	Instalment 2	7 Lakhs	3.5 Lakhs
3.	Instalment 3	7 Lakhs	3.5 Lakhs
4.	Instalment 4	7 Lakhs	3.5 Lakhs
5.	Total	28 Lakhs	14 Lakhs

- The first instalment of INR 7 Lakhs from the total INR 28 Lakhs for Category A or INR 3.5 Lakhs from the total INR 14 Lakhs for Category B Microsite will be provided to the State/UT ABDM Office, on receipt of the project plan by NHA, as mentioned earlier in the document, *reference: in Sector 3, Point 1, subpoint D*. This tranche is called the **mobilisation fund**, as it is intended to support States/ UTs with the process of setting up a microsite. It is acknowledged that for interfacing agencies, to initiate work on ground, resources will be required at early stage. Therefore, State/UT may release this tranche to the interfacing agency at the beginning of project.
- The next instalment of INR 7 Lakhs for Category A microsite and INR 3.5 Lakhs for Category B microsite will be released on receipt of a Utilisation Certificate indicating 75% usage of the previous instalment. State/ UT will be required to submit a Utilisation Certificate for each instalment received, for NHA to release the next instalment of funds from the total amount allocated. This process shall be adhered, for NHA to release each subsequent instalment.

- The State/ UT may utilise funds from this total earmarked amount of INR 28 Lakhs for Category A microsites and INR 14 Lakhs for category B microsites allocated, to make payments to the interfacing agency.
- The payment to the interfacing agency may be released by the State/ UT as per the financial component outlaid for each Phase, as mentioned in Section 3, point I

ii. IEC & CB Activities

This amount is earmarked for IEC and CB activities to be undertaken, as part of the microsite. The same amount for IEC and CB activities has been earmarked for microsites in Category A and Category B.

- Category A: For microsites in this category, NHA will provide INR 2Lakhs per microsite
- Category B: For microsites in this category, NHA will provide INR 2Lakhs per microsite

The payment journey for microsites in both categories is detailed below:

NHA will release these funds in four equal instalments to the States/UTs i.e. four instalments of INR 50,000 each, for a Category A microsite and Category B microsite.

S. No.	Instance	Category A microsite (INR)	Category B microsite (INR)
1.	Instalment 1	50,000	50,000
2.	Instalment 2	50,000	50,000
3.	Instalment 3	50,000	50,000
4.	Instalment 4	50,000	50,000
5.	Total	2 Lakhs	2 Lakhs

- As the project plan for a microsite is submitted to NHA, the State/ UT may also request for the release of the first instalment of the IEC and CB fund i.e. INR 50,000 per microsite, for both Category A and Category Microsites

- The next instalment of INR 50,000 for both Category A microsite Category B microsite will be released on receipt of a Utilisation Certificate indicating 75% usage of the previous instalment. State/ UT will be required to submit a Utilisation Certificate for each instalment received, for NHA to release the next instalment of funds from the total amount allocated. This process shall be adhered, for NHA to release each subsequent instalment
- The INR 2 Lakh amount earmarked for IEC and CB in microsities, is over and above the IEC and CB budget allocated to States/UT for overall ABDM, as mentioned in letter: No. S-12019/128/2021-NDHM dated 29th September 2022
- Beyond the allocated INR 2 Lakh, the State/UT may use funds from the overall IEC & CB funds allocated for ABDM

Supporting details regarding Budgets:

- It is recommended that the State/UT may obtain a Bank Guarantee of 3% of the microsite cost i.e. INR 84,000 for Category 'A' microsite and Rs. 42,000 for Category 'B' microsite. [Taking the project cost of INR. 28 lakhs for Category 'A' microsite or Rs. 14 lakhs for Category 'B' microsite].
- For subsequent instalments of funds under 'payment for interfacing agency' and 'IEC and CB activities' , State/ UT ABDM office will be required to provide a separate Utilisation Certificate (UC) to NHA, indicating at least 75% usage of released funds, under each head.
- State/ UT to make payments to the interfacing agency in accordance with the targets under each Phase of the microsite journey. It is to be noted, payments to the interfacing agency may only be released on complete achievement of all targets under each Phase *as mentioned in Section 3*.
- The State/UT will receive funds per microsite i.e. the total funds received will depend on the number and category of microsities set up in the State/UT.
- All payments from NHA will be made directly to the State/UT ABDM Office
- There is no funding envisaged for the development partner in a microsite, as part of these guidelines.

Summary of Targets and Finances:

Category A Microsite: Phase wise Targets and Schedule of payments by the States/UT to the Interfacing Agency

S. No.	Activity	P1	P2	P3	P4	P5	P6
1.	Setting up	Project Planning	IEC, CB and Outreach	-	-	-	-
2.	Number of registrations on HPR	-	-	100	300	500	750
3.	Number of registrations on HFR	-	-	50	100	400	600
4.	Number of facilities using ABDM enabled solution	-	-	10	-	-	-
5.	Number of linked health records	-	-	-	5,000	20,000	1,00,000
Financial Component	Mobilisation fund paid by State/UT to interfacing agency	7 Lakhs	-	-	-	-	-
	Target based incentive paid by State/ UT to interfacing agency	-	-	3 Lakhs	4 Lakhs	6 Lakhs	8 Lakhs

P- Phases

- Sum total of INR 28 Lakhs allocated for payment to the interfacing agency for running the microsite by the State/UT
- NHA may release the INR 28 Lakhs in four equal instalments of INR 7 Lakhs to the State/UT. State/ UT to pay the interfacing agency basis the complete achievement of target outcomes across each Phase, as showcased above
- Over and above, INR 2 Lakhs allocated for IEC and CB Activities, which shall be released in four equal instalments

Category B Microsite: Phase wise Targets and Schedule of payments by the States/UT to the Interfacing Agency

S. No.	Activity	P1	P2	P3	P4	P5	P6
1.	Setting up	Project Planning	IEC, CB and outreach	-	-	-	-
2.	Number of registrations on HPR	-	-	50	150	250	375
3.	Number of registrations on HFR	-	-	25	50	200	300
4.	Number of facilities using ABDM enabled solution	-	-	5	-	-	-
5.	Number of linked health records	-	-	-	2,500	10,000	50,000
Financial Component	Mobilisation fund paid by State/UT to interfacing agency	3.5 Lakhs	-	-	-	-	-
	Target based incentive paid by State/ UT to interfacing agency	-	-	1.5 Lakhs	2 Lakhs	3 Lakhs	4 Lakhs

P – Phases

- Sum total of INR 14 Lakhs allocated for payment to the interfacing agency for running the microsite by the State/UT
- NHA may release the INR 14 Lakhs in four equal instalments of INR 3.5 Lakhs to the State/UT. State/ UT to pay the interfacing agency basis the complete achievement of target outcomes across each Phase, as showcased above
- Over and above, INR 2 Lakhs allocated for IEC and CB Activities, which shall be released in four equal instalments

5. Outcome Envisioned

Microsites are envisioned as small-scale, focused implementation and adoption of ABDM, to demonstrate value of the Mission at large. It is intended that through these microsites, as many small-medium scale healthcare providers are made aware of ABDM and its benefits, registered on ABDM's core registries, use ABDM certified digital solutions, and eventually begin to link digital health records - all contributing towards a wider adoption of ABDM in the country. Such focussed adoption efforts, will activate the ecosystem to embrace ABDM.

A successful microsite is envisioned to be one where in by meeting the set adoption targets, the following happens:

- Every concerned stakeholder (physician, data operator, patients, solution provider etc.) understands the fundamentals of ABDM
- Patients and physicians experience the benefits of ABDM and seek to voluntarily engage in the ecosystem
- Patients generate ABHA and understand how to operate, link and manage their records on an ABDM enabled PHR application
- All private physicians and healthcare providers in the selected geography are part of the ABDM ecosystem, and sustainably use ABDM enabled solutions to generate and demand digital health records in the long term
- The learnings and outcomes from the microsite help develop an ABDM Adoption Strategy for the concerned State/UT

6. Queries

For any specific clarifications regarding Microsites, National Health Authority may be contacted at microsite@nha.gov.in or Dr. Akshay Jain, Joint Director (Coordination), NHA at jd.coord1@nha.gov.in

7. Annexure

Annexures to the Operational Guidelines for Microsites

Annexure 1: Indicative List of Development Partners

Development Partners would be supporting the State/UT in implementation of microsites within the State/UT. An indicative list of all such Development Partners is mentioned below. However, the State/UT is free to onboard any organisation, who may work towards fulfilling the role of the development partner, *as stated in Section 2, Point IV (C) of the Operational Guidelines.*

S. No.	Organization	Representative Name	Email
1.	CHAI (Clinton Health Access Initiative)	Vishnu Vasudevan	vvasudev@clintonhealthaccess.org
2.	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	Amit Paliwal	amit.paliwal@giz.de
3.	FIND (Foundation for Innovative New Diagnostics)	Rajashree Sen	rajashree.sen@finddx.org
4.	Health System Transformation Project (HSTP)	R Sadanandan	rsadanandan@hstp.org
5.	IIC (International Innovation Corps)	Surbhi Arul	surbhiarul.iic@gmail.com
6.	JHPIEGO	Anunaya Jain	anunaya.jain@jhpiego.org
7.	Lords Education and Health Society (LEHS) / WISH (Wadhvani Initiative for Sustainable Healthcare)	Arun Patro	apatro@wishfoundation.org
8.	PATH	Col. Sameer Kanwar	skanwar@path.org

Annexure 2: Indicative List of Interfacing Agencies

List of existing Patient Provider Support Agencies (PPSA) which are operational under National TB Elimination Programme, that may be leveraged by the State/UT ABDM Office to run a microsite.

State	District	Agency
Andhra Pradesh	Anantapur	Bhavya Health Services Private Limited
	Cuddapah	Bhavya Health Services Private Limited
	East Godavari	Bhavya Health Services Private Limited
	Guntur	Bhavya Health Services Private Limited
	Krishna	Bhavya Health Services Private Limited
	Nellore	Bhavya Health Services Private Limited
	Prakasam	Bhavya Health Services Private Limited
	Srikakulam	Bhavya Health Services Private Limited
	Vizianagaram	Bhavya Health Services Private Limited
	Visakhapatnam	Bhavya Health Services Private Limited
Assam	Barpeta	Doctors For You
	Cachar	Doctors For You
	Goalpara	Doctors For You
	Jorhat	Doctors For You
	Nagaon	Doctors For You
	Sibsagar	Doctors For You
	Sonitpur	Doctors For You
	Tinsukia	Doctors For You
	Dibrugarh	Doctors For You
	Kamrup Metro	Doctors For You

Bihar	Patna	World Health Partners
	Bhojpur	World Health Partners
	Nalanda	World Health Partners
	Gaya	World Health Partners
	Saharsa	World Health Partners
	Katihar	World Health Partners
	Munger	World Health Partners
	Bhagalpur	World Health Partners
	Begusarai	Doctors For You
	Vaishali	Doctors For You
	Samastipur	Doctors For You
	Siwan	Doctors For You
	Gopalganj	Doctors For You
	West Champaran	Doctors For You
	Darbhanga	Doctors For You
	East Champaran	Doctors For You
	Madhubani	Doctors For You
	Muzaffarpur	Doctors For You
	Sitamarhi	Doctors For You
Chhattisgarh	Bilaspur-CG	HLFPPT
	Dhamtari	HLFPPT
	Durg	HLFPPT
	Korba	HLFPPT
	Raigarh-CG	HLFPPT

	Raipur	HLFPPT
Goa	North Goa	Disha Foundation
	South Goa	Disha Foundation
Gujarat	Gandhinagar MC	HLFPPT
	Bhavnagar MC	HLFPPT
	Rajkot MC	HLFPPT
	Jamnagar MC	HLFPPT
	Junagadh MC	HLFPPT
	Mehsana	HLFPPT
	Banaskhanta	HLFPPT
	Sabarkhanta	HLFPPT
	Arvalli	HLFPPT
	Gandhinagar	HLFPPT
	Bhavnagar	HLFPPT
	Rajkot	HLFPPT
	Jamnagar	HLFPPT
	Junagadh	HLFPPT
	Morbi	HLFPPT
	Surendrenagar	HLFPPT
Patan	HLFPPT	
Madhya Pradesh	Ashoknagar	Deepak Foundation
	Daria	Deepak Foundation
	Bhind	Deepak Foundation
	Gwalior	Deepak Foundation

Morena	Deepak Foundation
Guna	Deepak Foundation
Sheopur	Deepak Foundation
Shivpuri	Deepak Foundation
Chhindwara	Deepak Foundation
Jabalpur	Deepak Foundation
Balaghat	Deepak Foundation
Dindori	Deepak Foundation
Katni	Deepak Foundation
Mandla	Deepak Foundation
Seoni	Deepak Foundation
Narsinghpur	Deepak Foundation
Sagar	Deepak Foundation
Damoh	Deepak Foundation
Panna	Deepak Foundation
Chhatarpur	Deepak Foundation
Tikamgarh	Deepak Foundation
Niwari	Deepak Foundation
Anuappur	Divya Jyoti Social Development Center
Rewa	Divya Jyoti Social Development Center
Satna	Divya Jyoti Social Development Center
Sidhi	Divya Jyoti Social Development Center
Singrauli	Divya Jyoti Social Development Center
Shahdol	Divya Jyoti Social Development Center

	Umaria	Divya Jyoti Social Development Center
Maharashtra	Akola MC	HLFPPT
	Amravati MC	HLFPPT
	Chandrapur	HLFPPT
	Nagpur MC	HLFPPT
	Pune R	HLFPPT
	Dhule MC	Disha Foundation
	Jalgaon MC	Disha Foundation
	Latur	Disha Foundation
	Nanded MC	Disha Foundation
	Nandurbar	Disha Foundation
	Parbhani	Disha Foundation
	Andheri E	Maharashtra Janvikas Kendra
	Andheri W	Maharashtra Janvikas Kendra
	Bail Bazar	Alert India
	Bandra E	Maharashtra Janvikas Kendra
	Bandra W	Maharashtra Janvikas Kendra
	Borivali	Maharashtra Janvikas Kendra
	Byculla	Maharashtra Janvikas Kendra
	Centenary	Doctor For You
	Chembur	Doctor For You
	Colaba	Maharashtra Janvikas Kendra
Dadar	Maharashtra Janvikas Kendra	
Dahisar	Maharashtra Janvikas Kendra	

	Ghatkopar	Alert India
	Goregaon	Maharashtra Janvikas Kendra
	Govandi	Doctor For You
	Grant Road	Maharashtra Janvikas Kendra
	Kandivali	Maharashtra Janvikas Kendra
	Kurla	Alert India
	Malad	Maharashtra Janvikas Kendra
	Mulund	Doctor For You
	Parel	Maharashtra Janvikas Kendra
	Prabhadevi	Maharashtra Janvikas Kendra
	Sion	Maharashtra Janvikas Kendra
	Vikhroli	Alert India
Mizoram	Aizawl	Youth for Action
Odisha	Cuttack	HLFPPT
	Ganjam	HLFPPT
	Khordha	HLFPPT
	Bhubaneswar mc	HLFPPT
	Sambalpur	World Health Partners
	Sundargarh	IMTS
	Mayurbhanj	IMTS
Punjab	Amritsar	World Health Partners
	Patiala	World Health Partners
Telangana	Hyderabad	Bhavya Health Services Private Limited

	Nizamabad	Bhavya Health Services Private Limited
	Suryapet	Bhavya Health Services Private Limited
	Rangareddy	Bhavya Health Services Private Limited
	Karimnagar	Bhavya Health Services Private Limited
	Vikarabad	Bhavya Health Services Private Limited
	Sangareddy	Bhavya Health Services Private Limited
	Siddipet	Bhavya Health Services Private Limited
	Jagtiyal	Bhavya Health Services Private Limited
	Medchal Malkajgiri	Bhavya Health Services Private Limited
Uttar Pradesh	Ayodhya	HLFPPT
	Bahraich	HLFPPT
	Barabanki	HLFPPT
	Bijnore	HLFPPT
	Gonda	HLFPPT
	Hardoi	HLFPPT
	Muzzafarnagar	HLFPPT
	Raebareilly	HLFPPT
	Rampur	HLFPPT
	Saharanpur	HLFPPT
	Azamgarh	Doctors For You
	Ballia	Doctors For You
	Basti	Doctors For You
Banda	Doctors For You	

	Bulandsahar	Doctors For You
	Firozabad	Doctors For You
	Kheri	Doctors For You
	Lailtpur	Doctors For You
	Mirzapur	Doctors For You
	Shahjahnpur	Doctors For You
	Agra	Doctors For You
	Aligarh	HLFPPT
	Allahabad	HLFPPT
	Bareilly	HLFPPT
	Gautam Budh Nagar	Doctors For You
	Ghaziabad	HLFPPT
	Gorakhpur	Doctors For You
	Jaunpur	HLFPPT
	Jhansi	Doctors For You
	Kanpur Nagar	HLFPPT
	Lucknow	HLFPPT
	Mathura	Doctors For You
	Meerut	Doctors For You
	Moradabad	Doctors For You
	Sitapur	Doctors For You
	Varanasi	HLFPPT
West Bengal	Bardhaman	Anjana Ghosh Memorial Social Welfare Trust
	Paschim Bardhaman	Anjana Ghosh Memorial Social Welfare Trust

	Medinipur East	Anjana Ghosh Memorial Social Welfare Trust
	Nandigram	Anjana Ghosh Memorial Social Welfare Trust
	Alipur	Doctors For You
	Baghbazar	Doctors For You
	Behala	Doctors For You
	Hazi	Doctors For You
	Maniktala	Doctors For You
	Manshatala	Doctors For You
	MTMTD	Doctors For You
	Strand bank Road	Doctors For You
	Tengra	Doctors For You
	Tauliganj	Doctors For You

NHA may revise this list on an ongoing basis, depending on information received from MoHFW in respect of government programs at the Centre, or from other States/UTs in respect of State-run government programs.

Annexure 3: HR Deployment for Interfacing Agencies

Estimated human resource requirement for an Interfacing Agency to run a Microsite. This is an indicative list with estimated numbers, and the actual number of human resources and their respective roles may vary per microsite, depending on the category and size of the microsites itself, and requirement of the State/ UT. For instance, the numbers will be lower in case of a Category B microsite

S. No.	Title	Role	Estimated Number
1.	Field Executive	Carry out all activities on field - Sensitization of doctors and onboarding them on ABDM, supporting healthcare professionals and their ancillary staff with HFR and HPR Population, deployment of ABDM enabled solutions at facilities, generation of ABHA linked records etc.	4-10
2.	Supervisor	Overall supervision and management of all activities in the microsite and collaboration with the local administration and doctors' societies, State/ UT ABDM Office, development partner etc.	1-4
3.	Data Analyst	Track day-to-day progress and productivity of field staff	1

Annexure 4: Project Plan Template

TO WHOM SO EVER IT MAY CONCERN

The following information is being furnished by the State/UT of _____ with respect to the proposed plan for microsites, as required by the National Health Authority (NHA).

Total no. of microsites within the State/ UT:

Details for each Microsite:

S. No.	Region/City for the Microsite	Category of the Microsite	Size of the Microsite (approximate number of facilities to be targeted)	Development Partner onboarded (if onboarded)	Interfacing Agency onboarded	If the interfacing agency is not listed in Annexure 2 of 'Operational Guidelines for Activating Microsites in the Country', nature of prior engagement of the agency with the States/UTs Or Method of selection (RfP/RfE) may be specified

The information provided above has been furnished with the knowledge of the respective Development Partner(s) and the Interfacing Agency(ies) for the proposed Microsites.

Signature

Name _____

Designation: State/UT Mission Director, ABDM

Name of the State/UT _____

Date _____