

**Urban
Health and Wellness Centres
In
Chhattisgarh**

An Assessment Report of Progress and Data Monitoring

Report 1

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Introduction:

Our urban areas have a relatively young set of urban PHCs. Chhattisgarh started them in year 2012 under its Mukhyamantri Shahri Swasthya Karyakram (MSSK). The MSSK was modeled on lines of NUHM framework under discussion at that time. As NUHM started its operations in 2013-14, facilities set up under MSSK were taken over by NUHM. A strengthened SPMU was put in place. Now, NUHM has 45 urban PHCs.

Initially the IPHCs provided mainly selective care with focus on Reproductive and Child Health (RCH) and a few disease control programmes. However, urban population has varied healthcare needs including chronic diseases and injuries to name two of the many areas neglected earlier. Sickle Cell disease, Mental Health conditions, Epilepsy, Vision (even refractive errors), Rheumatic diseases etc. are many of the unmet needs of people, apart from the rising burden of Hypertension and Diabetes amongst masses. The National Health Policy 2017 signaled a move towards Comprehensive Primary Health Care (CPHC) as opposed to the selective care described above. It visualizes comprehensive care covering 12 kinds of essential services covering all above aspects while strengthening the reproductive and child health as well.

Health and Wellness Centres (HWCs) are a mechanism to develop the public health system to move towards delivering CPHC i.e. a standard set of wide ranging services. Unlike rural areas, urban areas have no sub-centres which can be upgraded into HWCs. Chhattisgarh has Swasthya Suvidha Kendras (SSK) below the UPHC level. However, they do not have essential manpower and infrastructure equivalent to rural sub-centres. They have a single ANM posted who spends bulk of her time in immunisation and ANC sessions at Anganwadi centres or other outreach activities. SSKs do not have building of their own. With requisite addition of resources, SSKs can gain the potential to be considered for HWC role at a later stage. There are also a few rural sub-centres which fall under urban areas now. When HWCs were piloted at sub-centre level in Korba (starting from 2012), around 8 such centres were functional as HWCs, out of 20 attempted. However, there were no Assistant Medical Officers (AMOs) available in urban areas who could be assigned the role of conducting biweekly clinics. MOs at UPHCs had limited time to conduct clinics at SSK/sub-centre level and as a result 8 out of 20 centres were adequately functional in the Korba experiment. National guidelines on CPHC suggested UPHCs as the appropriate facility to be upgraded into HWCs. Therefore, Chhattisgarh finally chose UPHCs to be developed into urban HWCs.

Chhattisgarh has started 45 HWCs in UPHCs. SHRC has been providing technical support to districts and NHM for HWCs, from the beginning of the initiative in Korba in 2017. Currently, SHRC has the responsibility for 10 districts which are, Dhamtari, Rajnandgaon, Korba, Kanker, Gariyaband, Kawardha, Mungeli, Raipur, Koriya and Raigarh and a consultant is based in each district for the purpose of facilitation and monitoring and assessment of HWCs. Additionally, for UPHC based HWCs, there is a responsibility of data monitoring entrusted to SHRC.

This is the first report of data monitoring of urban HWCs.

1. Operationalization of Urban HWCs:

Cumulative Urban HWC operationalisation target and progress:

UPHC based HWCs: The following table shows that 96% of the UPHCs that were targeted as HWCs have started the services.

Table 1: District wise total number of HWCS-UPHCs Operationalized against Cumulative target till 2018-20

Districts	UPHC Target (Cumulative)	Total Functional (based on field assessment by consultants)	Functional (%)
Korba	1	1	100%
Kawardha	1	1	100%
Kanker	1	1	100%
Rajnandgaon	3	3	100%
Dhamtari	1	1	100%
Gariyaband	0	0	0%
Raipur	18	17	94%
Mungeli	1	1	100%
Koriya	1	1	100%
Raigarh	1	1	100%
Total	28	27	96%

Table 2: District wise total number of HWCs-UPHCs operationalized against cumulative target till 2018-20 based on the Portal entry status

Districts	UPHC Target (Cumulative)	Portal Entry status	Portal Entry against target	Actually functional UPHCs	No. of UPHCs operationalized as HWCs but not entered in portal
Korba	1	1	100%	1	0
Kawardha	1	1	100%	1	0
Kanker	1	1	100%	1	0
Dhamtari	1	1	100%	1	0

Gariyaband	0	0	0%	0	0
Mungeli	1	1	100%	1	0
Koriya	1	1	100%	1	0
Raigarh	1	1	100%	1	0
Rajnandgaon	3	2	67%	3	1
Raipur	18	2	11%	17	15
Total	28	11	41%	27	16

However, when we compare with entries on the national portal on HWCs, 11 (41% of target) HWCs-UPHCs have been entered. In Rajnandgaon and Raipur there is significant gap between HWCs operationalising services versus entry in portal. According to experience in Rajnandgaon, although the UPHC details were entered in the portal, the portal doesn't show it as operationalized. This error needs to be sorted out. A total of 16 UPHCs are yet to be entered though they are functional. The gap could also be due to delay in branding.

2. Assessing the services delivered – the Outputs of UPHC-HWCs

Monthly Footfall and OPD coverage

Average daily footfall per UPHC-HWC:

The number of treated cases per UPHC-HWCs per day is one of the most important indicators of HWC performance. The average footfall per day per HWC turns out to be 72.

Table 3: District wise HWCs-SHC Daily Footfall

Districts	Number of UPHCs	UPHC Name	Average Outpatient per day
Ambikapur	1	Nawapara	150
Bhilai	5	Khursipar	130
		Baikunthdham	180
		Maroda	65
		Chawni	100
		Kosanala	84
Bilaspur	3	Rajikishor Nagar	90
		Gandhi Chowk	130

		Demunagar	135
Dhamtari	1	Itwari bazaar	65
Durg	3	Dhamdhanaka	35
		Baghera	90
		Potiyakala	20
Jagdalpur	1	Rajendra Nagar	70
Janngir Champa	1	Kachari Chowk	27
Kanker	1	Shriram Nagar	15
Kawardha	1	Buda Mahadev	51
Korba	3	Gopalpur	75
		Katainar	120
		Dodipara	57
Mahasamund	1	Nayapara	80
Raigarh	1	Rambhatta	25
Raipur	17	Mowa	80
		Gudiyari	70
		Changorbata	80
		Labandi	35
		Bhanpuri	80
		Mathpuraina	100
		Rajatalab	70
		Khokopara	100
		Bhatagaon	85
		Ramnagar	63
		Gogaon	47
		Amaseoni	48
		Boriyakala	25
		Devpuri	70
		Kashiram nagar	64
		Heerapur	46
		Urla	58
Rajnandgaon	3	Shankarpur	90

		Motipur	68
		Lakhaouli	25
Total	42		3036
Average OPD per HWC per day			72

UPHC-HWCs were visited in 4 districts to find out coverage of NCD services.

Table 4: District wise coverage of NCD services at UPHCs (based on district monthly report of October)

Districts	Average number of cases Screened for Hypertension	Average number of cases received of treatment for Hypertension	Average number of cases Screened for Diabetes Mellitus	Average number of cases received of treatment for Diabetes Mellitus
Dhamtari	502	180	502	194
Rajnandgaon	366	75	195	66
Kanker	270	22	10	13
Raipur	189	41	136	36
Average of 4 districts	312	74	200	71

Covering NCDs: This is a key indicator for range of services provided by HWCs. The cumulative number of cases treated for Hypertension and Diabetes Mellitus per HWC is 74 and 71 respectively. The number of cases receiving treatment for Hypertension and Diabetes Mellitus is poor in one UPHC in Kanker.

Table 5: Average no. of cases per UPHC-HWC per month for different types of health care services

	DHAMTARI	RAJNANDGAON	KANKER	RAIPUR	AVERAGE
ANC/PNC	248	92	5	106	113
Institutional delivery	4	7	1	17	7
Neonatal Illness	5	1	0	3	2
Fever	639	124	77	161	250
Cold and Cough	541	298	1	271	278

ARI/Pneumonia	4	1	0	19	6
Pain	470	132	47	160	202
Diarrhea/Vomiting	96	142	8	32	70
Skin Infection	182	89	11	94	94
STI/RTI/UTI	23	1	0	9	8
Menstrual Illness	36	5	4	24	17
Malaria	23	1	0	9	8
TB, Leprosy	1	0	4	6	3
ENT	60	27	13	46	36
Dental Care	20	32	4	338	99
Mental Illness	4	0	0	2	2
Epilepsy	0	0	0	0	0
Sickle Cell Anemia screening & referral	2	3	3	12	5
Emergency care	10	75	0	46	33

Covering NCDs beyond Hypertension and Diabetes: There is significant prevalence of diseases like epilepsy and sickle-cell disease in Chhattisgarh. UPHC based HWCs should respond to these needs but so far the progress is poor. Although there are a few instances of linkage with higher facilities, but there is no systemic effort so far.

One stumbling block is the lack continuity of care between different levels of care. A mechanism is needed whereby the screened cases or more difficult cases can be referred by HWC to higher facility (District Hospital), get diagnosed there and put on a treatment regime over 1-2 months (3-4 visits), the patient reporting back to HWC remaining under continuous care of HWC (through monthly follow-up and drug dispensing).

Such a mechanism has not emerged in Chhattisgarh so far. Referrals to DH are needed in order to address complex cases including due to the necessary expertise and diagnostics. Mitani Helpdesks in CHCs/DHs can play a role in building such continuity but the option is yet to be explored.

Mental Health, ENT, Ophthalmic Care, Dentalcare, Palliative care: Although these services are also very much needed at primary level and part of the 12 services under CPHC. The above report shows that the UPHCs are covering an average of 36 ENT cases and 99 cases of dental related problems per month, although the coverage for Mental health issues are still poor even at the UPHC level.

Institutional Deliveries:

Table 6: District wise number of UPHCs which conducts Institutional delivery at night

SL.No	Districts	Name of the City	UPHCs which conducts delivery at night
1	Sarguja	Ambikapur	Nawapara
2	Durg	Bhilai	Khursipar
			Baikunthdham
			Maroda
			Chawni
			Kosanala
3	Bilaspur	Bilaspur	Rajikishor Nagar
			Gandhi Chowk
			Demunagar
4	Durg	Chaaruda	Charauda
5	Koriya	Chirmiri	Domandil
6	Dhamtari	Dhamtari	Itwari bazaar
7	Durg	Durg	Dhamdhanaka
			Baghera
			Potiyakala
8	Jagdalpur	Jagdalpur	Rajendra Nagar
9	Kanker	Kanker	Shriram Nagar
10	Korba	Korba	Gopalpur
			Katainar
			Dodipara
11	Raigarh	Raigarh	Rambhatta
12	Raipur	Raipur	Mowa
			Gudiyari
			Changorbata
			Labandi
			Bhanpuri
			Mathpuraina
			Rajatalab
			Khokopara
			Bhatagaon
		Birgaon	Urla
13	Rajnandgaon	Rajnandgaon	Shankarpur
			Motipur

			Lakhaouli
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The above data indicates that about 34 UPHC-HWCS from 13 districts conducts Institutional deliveries at night.

Table 7: District wise UPHCs which donot conduct delivery at night

Sl.No.	District	UPHCs which donot conduct delivery at night
1	Jangir Champa	Kachari Chowk
2	Mahasamund	Nayapara
3	Kawardha	Buda Mahadev

3.Assessing the essential Inputs for HWCs

Table 8: The availability status of drugs at UPHCs

Sl.No.	Medicines	Availability Status % of UPHCs visited having the drug (N=11)
1	PARACETAMOL TABLET	100%
2	PARACETAMOL SYRUP	55%
3	GENTAMYCIN INJECTION	55%
4	AMOXICILLIN CAPSULE 500 mg	100%
5	AMOXICILLIN CAPSUULE 250 mg	82%
6	AMOXICILLIN SYRUUP	45%
7	CHOLOROQUINE TABLET	91%
8	ACT	100%
9	FLUCONAZOLE	73%
10	PERMETHRINE LOTION	27%
11	ONDANSETRONE SYRUP	100%
12	AMLODIPINE TABLET	73%
	AVERAGE QUANTITY	2560
13	ENALPRI TABLET	18%
	AVERAGE QUANTITY	365
14	HYDROCHLOROTHIAZIDETABLET	27%
	AVERAGE QUANTITY	100
15	METFORMIN TABLET	91%

	AVERAGE QUANTITY	17625
16	GLIMIPERIDE	82%
	AVERAGE QUANTITY	693
17	SALBUTAMOL ORAL LIQUID	73%
18	SALBUTAMOL RESPIRATOR SOLUTION	55%
19	RINGERS LACTATE	100%
20	CETRIZINE	91%
21	POVIDINE IODINE	100%
22	SILVER SULPHADIAZINE	82%
23	ANTACID	91%
24	RANITIDINE TABLET	45%
25	DIAZEPAM SYRUP	0%
26	CIPROFLOXACIN DROP	9%
27	NORNAL SALINE	100%
28	PREDNISOLNE	64%
29	HYDROGEN PERXIDE	36%

Average quantity available of key NCD Drugs (for Hypertension and DM):

SI	Drug	% of UPHCs that did not have the drug at all	Average Quantity available per UPHC HWC
	AMLODIPINE TABLET	27%	2560
	ENALAPRIL TABLET	82%	365
	HYDROCHLOROTHIAZIDETABLET	73%	100
	METFORMIN TABLET	9%	17625
	GLIMIPERIDE	18%	693

Around one-fourth of centres are badly deficient in drugs for Hypertension and Diabetes. Average availability of Amlodipine was also mostly poor resulting in many hypertension patients missing their medication. Drugs for Diabetes were available adequately.

Diagnostics: Most of the UPHCs visited had some glucometer strips but they were rarely available in adequate numbers. This hampered screening as well as follow-up activity for diabetes. Microscopy is active in some centres due to RNTCP. Most UPHCs unlike rural PHCs have adequate availability of laboratory technicians. But, most UPHCs conduct hardly any test

beyond what a sub-centre is able to do. Labs in UPHCs do not have necessary equipments or funds to arrange reagents.

Key Issues and Recommendations:

Areas in which progress is satisfactory:

- Targets of operationalising UPHC-HWCs 2018-20 have been almost met (96%)
- Overall Patient footfall is healthy, but it can be doubled.
- Drugs for Diabetes were adequately available in more than 70% of UPHC-HWCs.
- Apart from management of NCDs, UPHCs are also providing other range of services such as ENT care, Dental care, Skin infections etc.
- Majority of the UPHCs conducts Institutional delivery at night.

Improvements needed:

- **Improving HWC National Portal entries:** Although 96% of the targeted UPHCs have started some services but only 41% are entered in portal as UPHC-HWCs. The Portal entry should go parallel with the actual functionality status.
- **Improving the OPD coverage in selective districts:** The overall average footfall in UPHC is found to be 72 which can be doubled. There are some UPHCs which are able to cover more than 100 out-patients per day. There are many UPHCs in districts like Durg, Kanker, Jangir Champa, Rajnandgaon and Raipur with an average footfall of around 30 per day which shows poor functionality.
Making services available during late evening hours and early morning hours can boost the footfall in UPHCs.
- **Improving the NCD treatment services:** The cumulative number of cases treated for Hypertension and Diabetes Mellitus was reported to be 74 and 71 respectively which is not sufficient for the UPHC based HWCS who caters services to 50000 population. But it is a healthy number to start with and indicates basic functionality of NCD care services. One factor to improve is availability of drugs, especially Amlodipine for hypertension. It will definitely require more innovations if the healthcare needs of the 50000 population are to be met. One such innovation tried out in Raipur is of equipping CHWs (Mitanins) for preliminary follow-up of hypertension using digital BP instruments (a separate write up has been shared on success of this experiment).
- **Ensure Adequate availability of drugs:** Amlodipine shortage has harmed the trust of people in ability of UPHCs to manage hypertension. The above drug report indicates that even the basic medicines such as Paracetamol syrup, Amoxicillin syrup were not available in half of the UPHCs which is quite alarming.

- **Expanding Diagnostics in UPHCs:** UPHCs at the moment do not provide many of the tests that are suggested by CPHC guidelines for PHC level. Expanding the diagnostic availability in UPHCs is a must by giving them at least one semi-automated biochemistry analyser each.
- **Solving branding issue:** Urban PHCs are supposed to be branded as per NUHM guidelines (blue) and also under CPHC guidelines (yellow). This confusion also needs to be clarified.