Health and Wellness Centres
An Assessment Report of Progress in 10 districts of Chhattisgarh

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Analysis based on field visits and reports - November 2019

Introduction:

Health and Wellness Centres (HWCs) are a mechanism to develop the public health system to move towards delivering Comprehensive Primary Health Care (CPHC). HWCs are aimed at bringing primary care for a comprehensive range of health conditions closer to people – at a sub-centre level i.e. at 5000 population. It also aims to strengthen rural and urban PHCs to deliver standard set of wide ranging services. HWCs are the current flagship initiative under National Health Mission (NHM) across the country.

The current years target in Chhattisgarh is to reach 1900 HWCs and to ensure required services are there with quality. 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.

This report is based on assessment visits made by consultants to more than 130 HWCs across the 10 districts in month of November 2019. In addition, some aspects were analysed using monthly reports of HWCs. This report presents a summary of assessment carried out of the HWCs in the above 10 districts along with key issues and recommendations.

1. Operationalization of HWCs:

There are varying interpretations of what criteria should be used to term an HWC as "operational" or "functional". In this report, we have considered those HWCs as operational/functional which have started the expanded range of services by organizing clinics through AMOs or CHOs for one or more days per week and have also started services for NCDs like hypertension and diabetes. We have then compared the operationalised numbers against portal entries.

Cumulative HWC operationalisation target and progress:

Sub-centre based HWCs: The following table shows that **94% of the Sub-centres that were targeted as HWCs have started the services. This is a significant progress from October 2019 status.**

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

Districts	SHC Target (Cumulative)	Total Functional (based on field assessment by consultants)	Functional (%)
Gariyaband	35	17	49%
Rajnandgaon	95	80	84%
Kanker	75	72	96%
Raigarh	80	79	99%
Korba	95	95	100%
Kawardha	45	45	100%
Dhamtari	70	70	100%
Raipur	65	65	100%
Mungeli	45	45	100%
Koriya	55	55	100%
Total	**660**	**623**	**94%**

As per the field supervision report; the districts who have met the target 2018-20 are Korba, Kawardha, Dhamtari, Raipur, Mungeli and Koriya. Districts who are in the progressive phase of operationalization are Raigarh, Kanker and Rajnandgaon. The only district lagging behind in operationalization of the HWCS-SHCs against cumulative target is Gariyaband.

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

Districts	SHC Target (Cumulative)	Portal Entry Status	Functionality status as per the HWC national portal	Actually Functional HWCs	No. of SHCs Operationalized as HWCs but not entered in Portal
Koriya	55	10	18%	55	45
Raigarh	80	15	19%	79	64
Kawardha	45	15	33%	45	30
Mungeli	45	15	33%	45	30
Gariyaband	35	17	49%	17	0
Raipur	65	34	52%	65	31
Korba	95	65	68%	95	30

Kanker	75	60	80%	72	12
Rajnandgaon	95	68	72%	80	12
Dhamtari	70	68	97%	70	2
Total	**660**	**367**	**56%**	**623**	**256**

However, when we compare with entries on the national portal on HWCs, 367 (56% of target) HWCs-SHCs have been operationalized. In Koriya, Raigarh, Kawardha, Mungeli, Raipur and Korba there is significant gap between HWCs operationalising services versus entry in portal.

The difference in portal entries is due to one critical criteria not being met by some of the newly operationalised HWCs – painting and branding.

Table 3: District wise total number of HWCs-PHCs operationalized against Cumulative target till 2018-20

Districts	**PHC Target (Cumulative)**	**Total Functional (based on field assessment by consultants)**	**Functional (%)**
Raipur	29	28	97%
Korba	23	23	100%
Kawardha	13	13	100%
Kanker	19	19	100%
Rajnandgaon	26	26	100%
Dhamtari	19	19	100%
Gariyaband	13	13	100%
Mungeli	14	14	100%
Koriya	13	13	100%
Raigarh	18	18	100%
Total	**187**	**186**	**99%**

Except Raipur the targeted PHCs in all 10 districts are functional in terms of opening regularly and provision of services for NCDs.

Table 4: District wise total number of HWCs-PHCs operationalized against cumulative target till 2018-20 based on the Portal entry status

Districts	PHC Target (Cumulative)	Portal Entry status	Portal Entry against target	Actually functional PHCs	No. of PHCs operationalized as HWCs but not entered in portal
Dhamtari	19	19	100%	19	0
Gariyaband	13	12	92%	13	1
Kanker	19	14	74%	19	5
Rajnandgaon	26	19	73%	18	1
Kawardha	13	9	69%	26	17
Mungeli	14	9	64%	13	4
Koriya	13	8	62%	13	5
Raigarh	18	11	61%	19	8
Korba	23	9	39%	23	14
Raipur	29	10	34%	19	9
Total	**187**	**120**	**64%**	**182**	**64**

There is a gap in portal entries even for PHCs. 64 PHCs are yet to be entered though they are functional. Again the gap could be due to delay in branding.

Current year's (2019-20) targets and progress:

It is important to assess the current performance of districts in 2019-20 in operationalising the target number of HWCs this year. The following table shows that only 88% of this year's target has been operationalised.

Table 5: District wise total number of HWCs-SHCs operationalized against target 2019-20

Districts	SHC Target (new target-2019-20)	Total Functional (based on field assessment by consultants)	Functional (%)
Gariyaband	20	2	10%

Rajnandgaon	35	20	57%
Kanker	15	12	80%
Raigarh	65	64	98%
Korba	25	25	100%
Kawardha	30	30	100%
Dhamtari	15	15	100%
Raipur	30	30	100%
Mungeli	30	30	100%
Koriya	40	40	100%
Total	**305**	**268**	**88%**

The districts who have met the SHC-HWC target 2019-20 are, Korba, Kawardha, Dhamtari, Raipur, Mungeli and Koriya. The districts who are in the progressive phase of operationalization are Raigarh, Kanker and Rajnandgaon. The district lagging behind in operationalization of the new target is Gariyaband..

Again, most of the above operationalised 268 HWCs do not figure in portal entries due to branding being incomplete.

Similar problem can be seen for PHCs, where portal entries are yet to take place.

Table 6: District wise total number of HWCS-PHCs operationalized against target 2019-20

Districts	**PHC Target (new target-2019-20)**	**Total Functional (based on field assessment by consultants)**	**Functional (%)**
Raipur	10	9	90%
Korba	5	5	100%
Kawardha	5	5	100%
Kanker	5	5	100%
Rajnandgaon	10	10	100%
Dhamtari	5	5	100%
Gariyaband	5	5	100%
Mungeli	5	5	100%
Koriya	5	5	100%
Raigarh	7	7	100%
Total	**62**	**61**	**98%**

The 2019-20 PHC and UPHC target for Raipur was 4 and 6 respectively. The PHCs target have been met however, out of 6 UPHCs the district have operationalised 5 UPHCs and 1 remains pending.

2. No. of Clinics per week in sub-centre based HWCs :

Ideally, an HWC should run OPD clinics everyday with a dedicated full-time CHO. However, due to shortage of CHOs at the moment, HWCs have been operationalised by AMOs from PHCs going twice a week to a PHC. This has helped as 60% of sub-centre based HWCs in the 10 districts have 2 OPD clinics per week through AMOs and with the recent postings of CHOs another 27% of the HWCs is functional all day per week . While this is not ideal, the strategy so far has been the mainstay of HWC operationalisation in Chhattisgarh. Clinics by ANMs (especially if we can have 2nd ANMs in place), can fill some of this gap by ensuring that one ANM is present each day in HWC and provides services atleast for simple acute illnesses or follow-up visits of NCD cases while the AMO can cover the chronic diseases through two clinics per week.

Around 12% HWCs have only 1 clinic per week. Also, around 30% of the total clinics were found to be irregular. This happened more in situations where the AMOs had other duties to attend to. Infrequent clinics and especially if the days and timings remain uncertain can damage the HWC's reputation severely and result in poor OPD coverage.

Table 7: District wise HWCs functionality status

Districts	Number of HWCs operationalized as per CG service criteria	Functional SHCs all days per week	Functional SHCs 2 days per week	Functional SHCs 1 day per week
Dhamtari	70	37	23	10
Kanker	72	13	55	4
Kawardha	45	2	43	0
Korba	95	26	69	0
Gariyaband	17	6	11	0
Raipur	65	34	31	0
Raigarh	79	12	42	25
Koriya	55	7	10	38
Mungeli	45	5	40	0

Rajnandgaon	80	28	52	0
Total	**623**	**170 (27%)**	**376 (60%)**	**77 (12%)**

The above aspect is directly related to HR availability. Three kinds of HR are important in this regard – a) AMOs b) CHOs c) ANMs especially 2nd ANM and male MPWs. This aspect is also crucial for ensuring operationalisation of the intended number of HWCs.

3. Assessing the services delivered – the Outputs of HWCs

Monthly Footfall and OPD coverage in sub-centre based HWCs:

Average Monthly footfall per HWC:

The number of treated cases per HWC per month is one of the most important indicators of HWC performance. The average of treated episodes per HWC in November stood at 315.

Table 8: District wise HWCs-SHC Monthly Footfall per HWC

(according to district monthly report of October)

Districts	No. of HWCs submitted report	No. of patients provided treatment services per HWC	No. of persons screened per HWC	No. of children Immunised per HWC	Total OPD per HWC
Dhamtari	70	265	282	35	582
Rajnandgaon	79	317	159	13	490
Kanker	73	214	218	8	440
Gariyaband	15	435	374	28	837
Raipur	49	311	291	57	660
Mungeli	45	362	261	23	647
Korba	55	276	203	9	488
Koriya	26	290	388	29	637
Raigarh	60	228	173	10	411
Kawardha	26	156	105	24	285
Total	**498**	**315**	**305**	**27**	**618**

The above figures are as reported by HWCs and includes all OPD cases handled by HWC i.e. by AMO/CHO, ANM, MPW put together for entire month.

OPD per Month on Clinic days of MLHP (AMO/CHO):

The average total OPD per month in the HWCs in 10 districts was found to be 295.

Table 9: District wise HWC-SHCs Out patient coverage

INDICATORS	DHAMTARI	RJN	GARIABAND	KORBA	MUNGELI	KANKER	RAIPUR	RAIGARH	KAWARDHA	KORIYA	Average
Average Outpatient per HWC-SHC level per month	222	245	421	374	347	137	128	268	100	93	230
Cumulative number of diagnosed cases of diabetes mellitus	32	65	51	30	36	35	30	24	26	11	34
Cumulative number of diagnosed cases of Hypertension	43	73	61	38	58	44	38	49	36	19	46

Covering NCDs: This is a key objective and indicator for range of services provided by HWCs. The cumulative number of cases diagnosed for Hypertension and Diabetes Mellitus per HWC is 46 and 34 respectively. This shows that services for screening and diagnosis of hypertension and diabetes have started.

Screening for Hypertension, Diabetes, Cancers: A fair bit of coverage has been achieved in terms of screening for NCDs. Around 1000-2000 persons of age above 30 are there per SHC and most districts have crossed 50% of target number.

Table 10: District wise HWC-SHCs status in delivering NCD services (Hypertension- Screening and confirmation status)

District	Cumulative number of cases screened for Hypertension per HWC	Cumulative number of confirmed cases of hypertension per HWC	Confirmed cases against screened (%)
Koriya	383	19	5%
Gariyaband	1311	61	5%
Kawardha	719	36	5%
Kanker	968	44	5%
Raigarh	588	49	8%
Korba	919	38	4%
Rajnandgaon	1092	73	7%

Dhamtari	1070	43	4%
Mungeli	884	58	7%
Raipur	709	38	5%
All 10 districts	**864**	**46**	**5%**

The variation in proportions reported as hypertensive cases shows lack of clarity in reporting whether the cases are screened positive (one reading by ANM showing high BP) or they are actually confirmed hypertensive cases (multiple readings of BP on different days and assessment by physician). The national portal has created further confusion in this regard because it classifies any person with BP above 120 as hypertensive whereas 140 is the threshold according to STGs in India and one reading is only screening and not confirmation.

Similar is the case for diabetes, as shown in table below. Random sugar measurement does not seem to be the best use of resources. Again, the difference between screened-positive for diabetes (random sugar high) versus confirmed diabetes needs to be recognized in reporting.

Table 11: District wise HWC-SHCs status in delivering NCD services (Diabetes Mellitus-Screening and confirmation status)

District	Cumulative screened for Diabetes mellitus	Cumulative number of confirmed cases of diabetes mellitus	Confirmed cases against screened (%)
Koriya	379	11	3%
Gariyaband	1193	51	4%
Kawardha	704	26	4%
Kanker	963	35	4%
Raigarh	584	24	4%
Korba	893	30	3%
Rajnandgaon	1092	65	6%
Dhamtari	890	32	4%
Mungeli	848	36	4%
Raipur	592	30	5%
All 10 districts	**814**	**34**	**4%**

There are a significant screening numbers reported for oral and breast cancers but referrals after screening are poor. Of the referred presumptive cases, there is no information available

on their subsequent confirmation or treatment. This is likely because the services for confirmation and treatment are not available in most districts.

Treatment against diagnosed number of NCD cases: As pointed out earlier, there is a big gap here. The treatment availed against diagnosed number of NCD cases was found to be worse in most of the districts.

Table 12: **District wise HWC-SHCs status in delivering NCD services (Hypertension- treatment status)**

District	Cumulative number of confirmed cases of Hypertension	Treatment of Hypertension	Treatment availed for Hypertension against confirmed cases (%)
Gariyaband	61	8	13%
Koriya	19	6	32%
Rajnandgaon	73	28	38%
Kanker	44	19	43%
Mungeli	58	28	48%
Raigarh	49	24	49%
Kawardha	36	18	50%
Korba	38	20	53%
Raipur	38	21	55%
Dhamtari	43	27	63%
All 10 districts	**46**	**15**	**32%**

The average number of patients receiving treatment for hypertension and diabetes in October was 15 and 14 respectively. This signifies that people have started receiving medication for hypertension and diabetes b) it is worrisome that even in the well experienced districts like Rajnandgaon less than half the diagnosed cases of hypertension and diabetes mellitus are able to utilize treatment from SHC level HWCs. The poor continuity was found to be mainly due to three gaps – a) Shortage of drugs b) Listing of confirmed Hypertension, Diabetes or other chronic disease cases is not available in many HWCs. c) Inadequate communication with Mitanins for following up chronic disease cases

Table 13: District wise HWC-SHCs status in delivering NCD services (Diabetes Mellitus-treatment status)

District	Cumulative number of confirmed cases of Diabetes Mellitus	Treatment of Diabetes Mellitus	Treatment availed for Diabetes Mellitus against confirmed cases (%)
Gariyaband	51	5	10%
Koriya	11	2	18%
Rajnandgaon	65	16	25%
Kanker	35	16	46%
Raigarh	24	11	46%
Korba	30	14	47%
Kawardha	26	13	50%
Mungeli	36	21	58%
Dhamtari	32	21	66%
Raipur	30	22	73%
All 10 districts	**34**	**14**	**41%**

Coverage of rest of the range of services:

This is one of the stronger aspects of HWCs in Chhattisgarh, including the HWCs at the SHC level. The range of services provided by HWCs covers a wide range of healthcare needs of the population.

Table 14: Average no. of cases per SHC-HWC per month for different types of health care services (according to district monthly report of September)

	DHAMTARI	RAJNANDGAON	KANKER	GARIABAND	RAIPUR	MUNGELI	KORBA	KORIYA	RAIGARH	KAWARDHA	AVERAGE
ANC/PNC	19	20	7	126	36	23	19	52	11	16	**23**
Institutional delivery	1	3	1	2	3	7	3	6	2	6	**3**
Neonatal Illness	1	1	1	2	1	1	2	3	1	1	**1**
Fever	29	46	36	49	36	44	36	84	43	30	**41**
Cold and	49	72	40	52	48	58	43	74	25	20	**48**

Cough											
ARI/Pneumonia	2	6	3	2	3	1	3	8	2	1	**3**
Pain	38	51	24	45	44	50	34	96	21	12	**39**
Diarrhea/Vomiting	7	10	5	9	6	5	7	15	4	3	**7**
Skin Infection	12	12	7	15	24	26	14	23	7	5	**14**
STI/RTI/UTI	3	1	2	2	2	3	2	8	1	1	**2**
Menstrual Illness	4	4	3	3	4	4	4	12	2	2	**4**
Malaria	6	0	1	6	0	4	2	0	10	0	**3**
TB, Leprosy	3	2	1	3	2	1	2	10	1	2	**3**
ENT	8	7	5	9	7	10	7	11	7	5	**7**
Dental Care	5	4	3	5	4	4	3	10	4	2	**4**
Mental Illness	0	0	0	1	1	0	0	2	2	0	**1**
Epilepsy	0	0	0	0	0	0	0	0	0	0	**0**
Sickle Cell Anemia screening & referral	1	1	2	1	1	0	1	1	0	1	**1**
Emergency care	6	5	3	5	6	8	4	14	2	2	**6**

Covering NCDs beyond Hypertension and Diabetes: There is significant prevalence of diseases like epilepsy and sickle-cell disease in Chhattisgarh. 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 (CHC/DH), 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. Most of the referrals have been to PHCs so far. Referrals to CHC or DH are needed in order to address complex cases including due to the necessary expertise and diagnostics. Around half of the CHCs being deficient in the necessary services, also limits the confidence of HWCs in referring cases to them. Mitanin

Helpdesks in CHCs/DHs can play a role in building such continuity but the option is yet to be explored.

Mental Health, ENT, Opthalmic Care, Palliative care: Although these services are also very much needed at primary level and part of the 12 services under CPHC, HWCs are yet to be a mechanism for this. There are some examples available of using ophthalmic assistants from PHC/CHC to provide services for refractive errors.

The CHO course curriculum is inadequate for them to play any meaningful role in these services. AMOs and CHOs can be trained better to empower HWCs and PHCs to play a useful role in provision of services for Mental Health, ENT, Opthalmic Care. There is little experience available in the state in organising Palliative care.

4. Assessing the essential Inputs for HWCs

Drugs and Diagnostics:

Drugs for Diabetes: Each HWC should have at least 3 month stock of Metformin at any time. The availability was assessed against requirement for 3 months.

Table 15: District wise availability of tablet Metformin against requirement

Districts	Average Metformin in stock	Cumulative diagnosed for DM	Total Stock of Metformin required (for 3 months @90 tab per case)	Metformin Availability against requirement (%)
Rajnandgaon	709	65	5850	12%
Gariyaband	1157	51	4590	25%
Korba	709	30	2700	26%
Raipur	770	30	2700	29%
Dhamtari	873	32	2880	30%
Raigarh	667	24	2160	31%
Kanker	1196	35	3150	38%
Koriya	383	11	990	39%
Kawardha	1065	26	2340	46%
Mungeli	2368	36	3240	73%
All 10 districts	**990**	**34**	**3060**	**32%**

There is a gap in availability of Metformin, it was 32% of the required quantity. Mungeli was the only district with better availability.

Drugs for Hypertension: Each HWC should have at least 3 month stock of Amlodipine at any time. The availability was assessed against requirement for 3 months.

Table 16: District wise availability of tablet Amlodipine against requirement

Districts	Average Amlodipine in stock	Cumulative diagnosed for HTN	Total Stock of Amlodipine required (for 3 months @90 tab per case)	Amlodipine Availability against requirement (%)
Gariyaband	320	61	5490	6%
Dhamtari	421	43	3870	11%
Kanker	447	44	3960	11%
Raigarh	543	49	4410	12%
Rajnandgaon	1000	73	6570	15%
Kawardha	498	36	3240	15%
Koriya	272	19	1710	16%
Korba	631	38	3420	18%
Mungeli	1107	58	5220	21%
Raipur	1130	38	3420	33%
All 10 districts	**637**	**46**	**4131**	**15%**

The availability of Amlodipine was worse than Metformin. Amlodipine has been out of stock with CGMSC. The state wise quantity of annual indent by DHS for 2019-20 was grossly inadequate. CGMSC has issued twice the quantity of indent in 2019-20 and there is again a stock-out.

Glucometer strips:

Table 17: District wise availability of glucometer strips and functionality status of BP instrument

Districts	Average population	Target population >30 yrs	Glucometer strips in stock
Dhamtari	5178	1915	70
Korba	3403	1259	71
Gariaband	4445	1644	143
Rajnandgaon	3567	1319	144
Raigarh	4162	1539	166
Raipur	5815	2151	175
Mungeli	6565	2429	177
Kawardha	6191	2290	200
Koriya	2954	1092	300
Kanker	3248	1201	389
All 10 districts	**4553**	**1684**	**184**

BP instruments were found to be functional in all the visited HWCs.

Payment of Performance based Incentives:

There are two important incentives in HWCs – one for MLHPs which is to be paid monthly and second is the team incentive which is to be paid half-yearly.

Table 18: District wise status of performance based incentive distribution

District	Monthly MLHP incentive	Team Incentive
Korba	September 2019	September 2019
Kawardha	September 2019	December 2018
Kanker	September 2019	November 2019
Rajnandgaon	September 2019	June 2019
Dhamtari	September 2019	June 2019
Gariyaband	August 2019	August 2019
Raipur	September 2019	August 2019
Mungeli	September 2019	August 2019
Koriya	September 2019 in Sonhat block & June 2019 in Baikanthpur block	June 2019
Raigarh	October 2019	June 2019

Majority of the districts have provided the performance based monthly incentive till September 2019. Korba has been providing a fixed amount of incentive to the AMOs. They are paying

Rs.3000 per month irrespective of performance for a part of the year. This is not according to state's guidelines.

HR status:

There are two kinds of HR that are key to operationalising a HWC and providing regular services – MLHPs (CHO/AMO) and ANMs.

2nd ANMs: Ideally each HWC should have two ANMs who take turns to be in the field so that each day, there is atleast one ANM available throughout the day at HWC. It can help in providing regular services and building community's confidence in availability of health workers in HWC and thereby regularity of it opening.

However, the actual sanction of 2nd ANMs so far has been less than the sanctioned HWCs in Chhattisgarh. While, Bastar and Surguja divisions have 2 ANMs in each sub-centre, there is a gap on sanctioned numbers in other districts. A bigger gap is that most of the districts have not managed to recruit the sanctioned numbers because numbers approved/guidelines from state level need to be revised.

The guidelines issued in June 2019 regarding utilisation of HWC funds under NHM PIP RoP are also silent on issue of 2nd ANMs.

Table 19: District wise availability of 2nd ANM against the target number of SHC-HWCs

Districts	Total Number of HWCS	Total HWCs with 2nd ANM	Availability of 2nd ANM against target number of SHC-HWCS (%)
Dhamtari	70	0	0
Rajnangaon	95	0	0
Gariaband	35	0	0
Korba	95	0	0
Raigarh	80	1	1
Kawardha	45	8	18
Mungeli	45	15	33
Raipur	65	25	38
Koriya	55	31	56
Kanker	75	51	68
Total	**660**	**131**	**19**

Dhamtari, Rajnandgaon, Gariyaband, Korba, Raigarh,Kawardha. In Mungeli and Raipur about 33% and 38% of HWCs have second ANM. More than two-thirds of HWCs at Kanker have the provision of second ANM.

MLHPs: This is the most crucial role for an HWC. This role is either played by AMOs (part-time sent from PHCs) or newly trained CHOs.

CHOs:

Table 20: District wise availability of CHOs against target SHC-HWCs

Districts	Total HWCs	Total CHOs posted	Proportion of HWCs having CHOs (%)
Kawardha	45	2	4
Mungeli	45	5	11
Koriya	55	7	13
Raigarh	80	11	14
Gariaband	35	6	17
Kanker	75	14	19
Korba	95	25	26
Rajnandgaon	95	31	33
Dhamtari	70	35	50
Raipur	65	34	52
Total	**660**	**170**	**26%**

In Dhamtari and Raipur , out of the target HWCs, CHO's are available in half of the HWCs whereas number of CHO's in other districts are still insufficient.

AMOs:

Table 21: District wise availability of Assistant Medical Officers against total target HWCs (SHC+PHC)

Districts	Total number of HWCs	Total Assistant Medical Officers	Availability of Assistant medical officers against the target number of HWCs (%)
Gariyaband	48	19	40
Dhamtari	89	39	44
Mungeli	59	27	46
Rajnandgaon	121	59	49
korba	118	62	53
kanker	94	50	53

Raipur	94	46	55
kawardha	58	46	79
Raigarh	98	78	87
Koriya	68	61	90
Total	**847**	**487**	**57%**

The major shortage of AMOs are seen in districts such as Gariyaband, Dhamtari, Mungeli, Rajnandgaon .

Table 22: District wise requirement of Community Health Officers

Districts	Total target HWCs- SHCs	No. Of HWCs- AMOs can cover	Total CHOs Allocated (upto October 2019 batch)	No. of CHOs required from the next batch
Kawardha	45	44	2	0
Mungeli	45	0	5	40
Koriya	55	58	7	0
Raigarh	80	70	11	0
Gariaband	35	0	6	29
Kanker	75	32	14	29
Korba	95	58	25	12
Rajnandgaon	95	36	31	28
Dhamtari	70	36	35	0
Raipur	65	54	34	0
Total for 10 districts	**660**	**388**	**170**	**138**

The total number of SHC-HWCs in 10 districts that can be managed with existing number of AMOs is 388 whereas they have been managing a number close to 500. This creates gaps in HWCs as well as the parent PHCs. Imposition of CHC duties has been a problem that makes the gap worse. Insistence on haat-bazar visits has also compounded the problem.

In order to operationalise the sanctioned no. of SHC-HWCs, districts of Mungeli, Gariaband, Rajnandgaon, Korba, Raigarh and Kanker need to be prioritized. The next batch of CHOs should be allowed postings against the above requirement of CHOs (it can be calculated for remaining

17 districts as well). This way the existing AMOs and the upcoming batches of CHOs can be used rationally to operationalise the optimal number of target HWCs.

Branding Status:

Table 23: District wise completion of branding work at target HWCs

Districts	Total HWC-target (SHC+PHC)	Number of centres where infrastructure and branding work completed	Branding status against target
Raigarh	98	26	27%
Rajnandgaon	121	33	27%
Kawardha	58	17	29%
Koriya	68	22	32%
Mungeli	59	24	41%
Raipur	94	41	44%
Gariyaband	48	28	58%
Korba	118	78	66%
Kanker	94	91	97%
Dhamtari	89	87	98%
Total	**847**	**447**	**53%**

Districts such as Raipur, Raigarh, Rajnandgaon, Kawardha , Koriya & Mungeli are lagging behind in timely completion of branding related work.

Comparison of the September, October & November data:

Strengths:

Indicators	September	October	November
1.Operationalized HWCs-SHCs against Cumulative target upto March 2020	455 (68%)	536 (81%)	623 (94%)
2. Operationalized HWCs-SHCs against new target 2019-20	110 (36%)	181(59%)	268(88%)

3.HWCs with OPDs on all days of week	30	159	170
4.Completion of branding work	136(16%)	250(30%)	447 (53%)

Need Improvement:

Indicators	September	October	November
1.HWC-SHCs functionality status as per the national portal entries	54%	54%	56%
2.Treatment availed for Hypertension against confirmed cases	44%	30%	32%
3.Treatment availed for Diabetes Mellitus against confirmed cases	54%	28%	41%
4.Availability of tablet Metformin against 3 month requirement	58%	27%	32%
5.Availability of tablet Amlodipine against 3 month Requirement	14%	13%	15%
6.Availability of glucometer strips (Strips per SHC-HWC)	225	197	184

Key Issues and Recommendations:

Areas in which progress is satisfactory:

- **Targets of operationalising HWCs for 2020 are close to being met in terms of starting services at SHC level**
- Progress in Screening for Hypertension and Diabetes is adequate
- Identification of confirmed cases of Hypertension and Diabetes is on the right track
- Treatment of a wide variety of illnesses and health needs has started in majority of HWCs
- Regular reporting on Outputs i.e. Services provided by HWCs is happening in the 10 districts according to formats issued by state NHM (an aspect which can be improved in rest of the 17 districts).

Improvements needed:

1. **Need for On the Job Training and Mentoring of newly appointed CHOs:** The first batch of around 75 CHOs has been posted in the field for around six months now. The best among them show a key

strength – good follow-up and continued treatment rates among hypertension and diabetes cases. However, they are not very strong in diagnosing new cases. Many of them are reluctant to start treating even simple illnesses. Therefore, there is a need to:

a) **Train AMOs to follow-up like some of the CHOs are doing**
b) **Provide training on Standard Treatment Protocols to CHOs as being done for AMOs. Design Induction Training for CHOs, in line with unmet healthcare needs of population**
c) **Link each CHO with concerned PHC for mentoring from AMO/MO**

2. **Improving Operationalization and Portal Entries:** 94% of the target centers have started some services and 56% are entered in portal as SHC-HWCs. The operationalization status of the HWC-SHCs have comparatively improved after posting the second batch of CHOs but operationalisation can get very close to target number only if the number of CHOs graduating in the next batch is allocated rationally between districts as indicated in this report (refer Table 22).
   Meanwhile, districts need to be pushed to complete the portal entries. It can improve further if branding work picks up pace.

3. **Improving regularity of Services through rational and additional HR deployment:** The regularity of services suffers in HWCs, mostly where there is a shortage of MLHPs (AMOs/CHOs). It can improve if HR is rationally deployed and more CHOs and ANMs are added to SHC-HWCs. Where services of AMO are available twice a week, the days and timings need to be displayed prominently in the HWCs.

4. **Improving treatment rates for identified Hypertension and Diabetes cases and other diseases:** The report reveals that less than half the identified cases are getting regular treatment. One key reason is short supply of Metformin and Amlodipine, the two first line drugs for Diabetes and Hypertension respectively. Each HWC should have atleast 3 months supply of each drug. For better follow-up rates for Diabetes cases, adequate availability of Glucometer strips for monthly check-ups is necessary but yet to be achieved. Available strips should be prioritized for monthly check-up of confirmed cases. Screening should be secondary priority, to be done if additional strips are available. In order to improve availability of drugs, PHCs can be encouraged to file indents for concerned HWCs each month. However, some crucial items like Amlodipine, Glucometer strips, Paracetamol syrup and Permethrin are not available with CGMSC for many months. While drugs are a major issue, better follow-up and continuity of care is possible if all HWCs regularly list the confirmed cases and communicate with Mitanins and ANMs for following up in homes and through phone.

5. **2nd ANM recruitment: Most of the sanctioned posts are lying vacant for more than 1 year now.** NHM from state level needs to issue revised numbers and guidelines to districts to complete the second ANM recruitment process**.**

6. **Improving coverage of diseases like Sickle cell, epilepsy and continuity of care across levels of care**: Better performing districts like Rajnandgaon or Dhamtari should be encouraged to try out a system for referring complex cases to CHCs/DH and to ensure that they get followed up by HWC. Cancers pose another challenge where screening is happening but hardly any confirmation or treatment services are assured after that. This is leading to anxiety amongst the screened.

7. **Training of ANMs and MPWs on treating simple acute illnesses**: A reasonable progress has been achieved in training ANMs on NCDs but their role is largely related to screening and follow-up. But, there is a big gap in training ANMs and male MPWs on treating simple acute illnesses like malaria, diarrhea, ARIs etc. A ToT of 3 trainers each has been completed at AIIMS more than 7 months ago but most districts have not implemented the training for ANMs and MPWs. Only Raigarh, Mungeli and Koriya have made a start. The reminder letter to organise the refresher training programme have been sent to the remaining districts in the month of November but it needs to be followed up in monthly reviews.