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 - September 2019

Introduction:

Our health system earlier provided mainly selective care with focus on Reproductive and Child Health (RCH) and a few disease control programmes. The services close to people i.e. in sub-centres (SHCs) were mainly focused on ante-natal care and immunization. PHCs offered a little more than that by including some infectious diseases. However, 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. There were gaps in the coverage of infectious diseases with many common diseases like infections of skin, ear or eye, neonatal sepsis or childhood ARIs. 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. 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. Chhattisgarh has been a pioneer in starting HWCs, starting from Korba in 2017. The state was able to establish around 800 HWCs by 2018-19 including around 600 in Sub-health centres. The current years target 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 100 HWCs across the 10 districts in month of September 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. The first part of the report focuses on outputs delivered by HWCs i.e. their services to people. The second part assesses the adequacy of inputs like HR, drugs and tests. The third part provides suggestions for improvement.

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 71% of the sub-centres that were targeted as HWCs have started the services.

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 (%)
Kawardha	45	17	38
Raigarh	80	34	42
Koriya	55	30	55
Mungeli	45	31	69
Rajnandgaon	95	70	74
Korba	95	70	74
Raipur	65	53	82
Kanker	75	63	84
Gariyaband	35	33	94
Dhamtrai	70	70	100
Total	**660**	**471**	**71**

As per the field supervision report; adequate progress is there in operationalization of the HWCs-SHCs against cumulative target: Dhamtari, Mungeli, Raigarh, Gariyaband, Raipur,Kanker, Korba, Rajnandgaon. District lagging behind in operationalization of the HWCS-SHCs against cumulative target are Kawardha, Raigarh and Koriya.

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 SHC-HWCs	No. of SHCs operationalised as HWCs but not entered in portal
Raigarh	80	15	19%	34	19
Koriya	55	15	27%	30	15
Kawardha	45	15	33%	17	2
Mungeli	45	15	33%	31	16
Gariyaband	35	16	46%	33	17
Raipur	65	34	52%	53	19
Rajnandgaon	95	59	62%	70	11
Korba	95	70	74%	70	0
Dhamtari	70	55	79%	70	15
Kanker	75	60	80%	63	3
Total	**660**	**354**	**54%**	**471**	**117**

However, when we compare with entries on the national portal on HWCs, 354 (54% of target) HWCs-SHCs have been operationalized. In Raigarh, Gariyaband, Koriya, Mungeli, Raipur, Dhamtari there is significant gap between HWCs opertaionalising 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	Functionality status as based on field visit of consultants (%)
Kawardha	13	9	69
Gariyaband	13	12	92
Korba	23	23	100
Kanker	19	19	100
Rajnandgaon	26	26	100
Dhamtari	19	19	100
Raipur	19	19	100
Mungeli	14	14	100
Koriya	13	13	100
Raigarh	18	18	100
Total	**177**	**172**	**96**

There are 4 PHCs in Kawardha and 1 in Gariyaband that are yet to be 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 PHC-HWCs	No. of PHCs operationalised as HWCs but not entered in portal
Raipur	19	11	58%	19	8
Koriya	13	8	62%	13	5
Rajnandgaon	26	16	62%	26	10
Mungeli	14	9	64%	14	5
Raigarh	18	12	67%	18	6
Kawardha	13	9	69%	9	0
Dhamtari	19	14	74%	19	5
Korba	23	18	78%	23	5
Kanker	19	15	79%	19	4
Gariyaband	13	12	92%	12	0
Total	**177**	**124**	**70%**	**172**	**48**

There is a gap in portal entries even for PHCs. 48 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 opertionalising the target number of HWCs this year. The following table shows that around 40% of this year's target is yet to be operationalised.

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

Districts	SHC New target (2019-20)	Total Functional	Functionality status (%)
Korba	25	0	0
Kawardha	30	2	7
Kanker	15	3	20
Rajnandgaon	35	10	29
Koriya	40	15	38
Raigarh	65	29	44
Mungeli	30	16	53
Raipur	30	18	60
Gariaband	20	18	90
Dhamtari	15	15	100
Total	**305**	**126**	**41**

Adequate progress in operationalization of the HWCs-SHCs against target 2019-20 has happened in Dhamtari, Gariyaband, Raipur. Inadequate progress is there in operationalization of the HWCs-SHCs against target 2019-20 in Koriya, Korba, Kawardha, Kanker, Raigarh, Rajnandgaon and Mungeli.

Again, most of the above operationalised 155 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 New target(2019-20)	Total Functional	Functionality status (%)
Kawardha	5	1	20
Korba	5	5	100
Kanker	5	5	100
Rajnandgaon	10	10	100
Dhamtari	5	5	100
Gariyaband	5	5	100
Raipur	10	10	100
Mungeli	5	5	100
Koriya	5	5	100
Raigarh	7	7	100
Total	**62**	**58**	**94**

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 73% of sub-centre based HWCs in the 10 districts have 2 OPD clinics per week through AMOs. 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.

A big worry is that around 20% 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	Total HWCs (SHCs) operationalized	HWCs with OPD on all days of week	HWCs with OPD 2 days per week	HWCs with OPD 1 day per week
Dhamtari	70	8	58	4
Rajnandgaon	70	4	66	0
Korba	70	4	54	12
Kanker	63	2	59	2
Gariyaband	33	2	31	0
Kawardha	17	1	16	0
Mungeli	31	2	29	0
Raipur	53	0	0	53
Koriya	30	4	14	12
Raigarh	34	3	25	16
Total	**471**	**30**	**352**	**99**

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 opertionalisation 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 August stood at 255.

Table 8: District wise HWCs-SHC Monthly Footfall

(according to district monthly report of August)

Districts	No. of HWCs reporting	No. of Patients provided treatment services	No. of persons Screened	No. of children Immunised	Total
Dhamtari	55	237	266	20	524
Rajnandgaon	75	288	190	18	495
Korba	66	253	188	9	451
Kanker	60	219	192	7	418
Gariyaband	16	284	280	35	600
Kawardha	15	214	365	28	607
Mungeli	30	268	252	30	549
Raipur	31	324	310	61	696
Koriya	15	240	305	13	558
Raigarh	15	223	367	16	605
All 10 districts	**378**	**255**	**271**	**24**	**550**

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 day on Clinic days of MLHP (AMO/CHO):

Based on experience so far in Chhattisgarh, average OPD per day per HWC should be greater than 25 to justify the opertionalisation of an HWC. In order to assess it, field visits were made to HWCs. The average OPD per day in the HWCs in 10 districts was found to be 29 which indicates that the HWCs are serving their basic purpose well.

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	30	29	21	27	34	38	25	29	30	34	30
Cumulative number of diagnosed cases of diabetes mellitus	33	34	12	36	32	24	28	23	15	12	25
Cumulative number of diagnosed cases of Hypertension	55	66	20	70	51	42	54	38	32	24	45

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 45 and 25 respectively. This shows that services for screening and diagnosis of hypertension and diabetes have started. Districts which had a head-start e.g. Korba, Rajnandgaon, Raipur and Dhamtari are leading and Mungeli has also identified a good number of cases.

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 (%)
Gariyaband	641	20	3
Kanker	999	42	4
Koriya	1147	24	2
Kawardha	1182	32	3
Raigarh	927	38	4
Rajnandgaon	747	66	9
Mungeli	1098	51	5
Korba	598	70	12
Dhamtari	1510	55	4
Raipur	1105	54	5
All 10 districts	**995**	**45**	**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	1135	12	1
Gariyaband	505	12	2
Kawardha	1179	15	1
Kanker	993	24	2
Raigarh	933	23	2
Korba	569	36	6
Rajnandgaon	759	34	4
Dhamtari	827	33	4
Mungeli	1066	32	3
Raipur	982	28	3
All 10 districts	**895**	**25**	**3**

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 gap was found to be worse in Gariyaband, Rajnandgaon, Kanker, Korba, Kanker

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	20	4	20
Rajnandgaon	66	16	24
Korba	70	19	27
Kanker	42	12	29
Dhamtari	55	24	44
Raipur	54	26	48
Koriya	24	14	58
Mungeli	51	30	59
Raigarh	38	24	63
Kawardha	32	22	69
All 10 districts	**45**	**19**	**44**

The average number of patients receiving treatment for hypertension and diabetes in September was 19 and 13 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 or Korba, 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	Identification of Diabetes Mellitus	Treatment of Diabetes Mellitus	Treatment availed for Diabetes Mellitus against identification (%)
Kanker	24	8	33
Korba	36	14	39
Gariyaband	12	6	50
Rajnandgaon	34	17	50
Dhamtari	33	17	52
Raigarh	23	13	57
Raipur	28	17	61
Mungeli	32	21	66
Koriya	12	8	67
Kawardha	15	10	67
All 10 districts	**25**	**13**	**54**

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 August)

	DHAMTARI	RAJNANDGAON	KANKER	GARIABAND	RAIPUR	MUNGELI	KORBA	KORIYA	RAIGARH	KAWARDHA	Average
ANC/PNC	16	21	8	18	35	22	16	17	10	19	**17**
Institutional delivery	2	3	1	3	3	7	4	2	2	6	**3**
Neonatal Illness	2	1	1	2	2	0	2	0	0	0	**1**
Fever	26	32	34	33	30	33	30	44	29	34	**32**
Cold and Cough	31	49	32	39	36	40	36	37	18	25	**36**
ARI/Pneumonia	2	4	1	1	6	1	3	1	1	0	**2**
Pain	33	58	23	48	51	39	31	47	41	20	**39**
Diarrhea/Vomiting	9	12	6	11	8	6	8	7	11	8	**9**
Skin Infection	13	14	8	14	24	15	11	8	6	11	**13**
STI/RTI/UTI	1	3	2	2	2	2	2	3	2	4	**2**
Menstrual Illness	7	4	2	4	7	3	4	2	2	4	**4**
Malaria	3	2	1	0	0	0	3	0	0	0	**1**
TB, Leprosy	1	2	1	1	1	1	2	2	4	6	**2**
ENT	6	9	4	7	10	7	8	5	9	11	**7**
Dental Care	4	4	3	5	4	2	3	4	5	2	**4**
Mental Illness	0	0	0	1	1	0	0	0	0	0	**0**
Epilepsy	0	0	0	0	0	0	0	0	0	0	**0**
Sickle Cell Anemia screening	1	1	0	0	2	0	1	0	0	1	**1**
Emergency care	7	6	3	8	7	6	4	8	5	2	**5**

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 Avaialbility against requirement (%)
Korba	685	36	3240	21
Rajnandgaon	683	34	3060	22
Raipur	750	28	2520	30
Dhamtari	900	33	2970	30
Kanker	954	24	2160	44
Raigarh	1071	23	2070	52
Gariaband	560	12	1080	52
Mungeli	2520	32	2880	88
Koriya	1063	12	1080	98
Kawardha	1876	15	1350	139
All 10 districts	**1106**	**25**	**2241**	**58**

There is a gap in availability of Metformin, it was 58% of the required quantity. Mungeli,Koriya and Kawardha 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	Amlodipine availability against requirement
Koriya	180	24	2160	8
Raipur	460	54	4860	9
Raigarh	334	38	3420	10
Korba	601	70	6300	10
Kanker	431	42	3780	11
Rajnandgaon	653	66	5940	11
Mungeli	534	51	4590	12

Gariaband	327	20	1800	18
Dhamtari	983	55	4950	20
Kawardha	760	32	2880	26
All 10 districts	**526**	**45**	**4068**	**14**

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	6010	2223	55
Rajnandgaon	4617	1728	71
Korba	4685	1733	157
Raipur	5898	2064	175
Kanker	2753	1019	220
Mungeli	7620	2819	220
Raigarh	4005	1481	254
Gariaband	3063	1133	262
Koriya	3412	1262	316
Kawardha	6508	2407	520
All 10 districts	**4857**	**1787**	**225**

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
Dhamtari	June 2019	September 2019
Gariaband	March 2019	March 2019
Kanker	May 2019	August 2019
Kawardha	December 2018	December 2018
Korba	March 2019	March 2019
Koriya	Till Dec-2018 in Sonhat and June 2019 in Baikanthpur	Till Dec-2018 in Sonhat and June 2019 in Baikunthpur
Mungeli	February 2019	December 2018
Raigarh	June 2019	June 2019
Rajnandgaon	August 2019	June 2019

Districts such as Korba, Mungeli, Kawardha and Koriya are falling behind in providing the incentives on the scheduled time and need to make it a priority initiative.

Korba has been providing a fixed amount of incentive to the AMO's and have not initiated the performance based incentive yet. They are paying Rs.3000 per month irrespective of performance. 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 half 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	84	46	55
kawardha	58	46	79
Raigarh	90	78	87
Koriya	68	61	90
Total	**829**	**487**	**59**

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	90	15	17
Raipur	84	15	18
Koriya	68	14	21
Mungeli	59	14	24

Rajnandgaon	121	34	28
Gariyaband	48	14	29
Kwardha	58	17	29
Dhamtari	89	30	34
korba	118	45	38
Kanker	94	52	55
Total	**829**	**250**	**30**

Except Kanker, all other districts are lagging behind in timely completion of branding related work.

Key Issues and Recommendations:

Areas in which progress is satisfactory:

- Targets of operationalising HWCs for 2018-19 have been met, mostly through AMOs.
- Overall footfall is healthy
- 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. **Improving Operationalization and Portal Entries:** 73% of the target canters have started some services and 54% are entred in portal as SHC-HWCs. Operationalisation is lagging behind due to shortage of HR in some districts and can pick up once the October 2019 batch joins. 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.

2. **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.

3. **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. For this purpose, NHM norm is to provide Rs.50,000 per SHC-HWC annually so as to purchase such items locally when CGMSC fails to deliver on time. Out of this Rs.25000 was allocated to districts for SHC-HWCs in 2018 guidelines but this year's RoP guideline (June 2019) is silent on this. This needs to be issued urgently from state NHM level.

   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.

4. **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**.**

5. **Payment of Performance based Incentives:** This is a district specific issue. While districts like Rajnandgaon have been payimg on time, districts such as Korba, Kawardha and Koriya are lagging behind in providing the performance based incentives on the scheduled time. Regular reviews from state level can improve this aspect.

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. This can improve by reminding the districts and reviewing progress from state level.

8. **Capacity building of CHOs**: CHOs also need to be trained on Standard Treatment Protocols in collaboration with AIIMS as being done for AMOs. This requires initiative from SHRC's side to devise a plan.

9. **Equipping Mitanins for Hypertension and Diabetes follow-up**: In order to ensure better follow-up of hypertension and diabetes cases, Mitanins should be equipped over a period of time in taking BP measurement and using glucometers for sugar. A pilot has been tried in Raipur city with 230 Mitanins which has given very encouraging results in first 3 months. Average Mitanin is measuring BP of 10 confirmed cases each month, thereby improving treatment adherence too. In addition, each Mitanin screened average of 26 persons for hypertension over 3 months. A large number of CBAC forms has been filled by Mitanins. However its utility is not clear since they are supposed to refer every above 30 age person for screening at HWC irrespective of CBAC risk score. If Mitanins are equipped to measure BP and use glucometers, screening rates can improve fast. GoI NCD training guidelines allow states to train ASHAs for this role. While there are adequate funds available under NUHM for this, funds for rural Mitanins need to be proposed in upcoming PIP. In rural areas, it can be upscaled gradually in phased manner, starting with around 5000 Mitanins in 2020 in blocks in central areas of the state.