



पत्र क्रमांक / 1540 / SHRC / HWC / 2023

रायपुर, दिनांक :12/10/2023.....

प्रति,

मिशन संचालक
राष्ट्रीय स्वास्थ्य मिशन
स्वास्थ्य भवन, अटल नगर
नवा रायपुर, छत्तीसगढ़-492002

विषय:- Health and Wellness Centre की प्रगति पर निगरानी प्रतिवेदन बाबत।

विषयांतर्गत लेख है कि राष्ट्रीय स्वास्थ्य मिशन के तहत Health and Wellness Centre की प्रगति की निगरानी पर अक्टूबर, 2023 का प्रतिवेदन संलग्न प्रेषित है।

संलग्न:-उपरोक्तानुसार।

12/10/23

कार्यकारी संचालक
राज्य स्वास्थ्य संसाधन केन्द्र
छत्तीसगढ़

पत्र क्रमांक / / SHRC / HWC / 2023

रायपुर, दिनांक :

प्रतिलिपि :-

1. संचालक, स्वास्थ्य सेवाएँ, संचालनालय, स्वास्थ्य भवन, नवा रायपुर, छ0ग0 की ओर सूचनार्थ।
2. राज्य नोडल अधिकारी (HWC), राष्ट्रीय स्वास्थ्य मिशन, स्वास्थ्य भवन, नवा रायपुर, छ.ग. को सूचनार्थ।

कार्यकारी संचालक
राज्य स्वास्थ्य संसाधन केन्द्र
छत्तीसगढ़

Health and Wellness Centers - Progress in 17 districts of Chhattisgarh-Assessment based on field visits and reports of October 2023 (Prepared by: SHRC)

Key issues and recommendations

1. The CGMSC-supplied Hemoglobin meter (mokshit) is giving incorrect readings, according to reports from various districts. It's crucial to address this promptly.
2. Additionally, other CGMSC-provided diagnostic equipment i.e BP machine, Glucometer, should be recalibrated timely. Uristix kits for albumin and sugar tests are unavailable in most HWCs, affecting ANC quality.
3. NHM should request CGMSC to provide logins for SHC-HWCs for direct drugs indenting. Additionally, CGMSC should provide doorstep drug delivery to SHC-HWCs. This will improve the avilaibility of drugs at HWCs.
4. NCD follow-up cards should be printed in sufficient quantities for distribution to patients at HWCs. These cards are meant to maintain the treatment records of NCD patients. Patients are required to bring these cards to HWCs for each follow-up visit, where treatment details are entered and updated. However, in practice, very few HWCs possess these cards.
5. CHOs require continuous trainings on standard treatment protocols.
6. In many districts, monthly CHO incentives and team-based incentives are not getting paid on time. PBI is pending for more than 6 months in many districts.
7. Most districts are not paying the team incentive to Mitanins. It has to be ensured that Mitanins are paid the HWC team incentive along with the other team members i.e. ANM and CHO.

Main Report

Introduction:

Health and Wellness Centers (HWCs) are a mechanism to develop the public health system toward 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 a standard set of wide-ranging services.

This report is based on assessment visits made by consultants to 276 HWCs across the 17 districts in the month of August and September 2023. In addition, some aspects were analyzed using monthly reports of HWCs. This report presents a summary of the assessment carried out of the HWCs in the above 17 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. The last part includes the case studies of better-performing HWCs.

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 CHOs or RMAs for one or more days per week and have also started services for NCDs like hypertension and diabetes. The portal entry status was checked on 1st October 2023.

Table 1: District-wise total number of HWCs-SHCs Operationalized against Cumulative target till 2018-23.

Districts	SHC Target till Sept 2023 (Cumulative)	SHC-HWCs with CHO posted	Portal Entry shown as functional	% Shown functional in portal entry against target	SHC-HWCs with CHO posted (%)
Balrampur	172	93	172	100%	54%
Bastar	244	128	233	95%	55%
Bilaspur	198	118	198	100%	60%
Dhamtari	173	125	169	98%	74%
Gariyaband	207	137	197	95%	70%
Janjgir-Champa	293	192	260	89%	74%
Jashpur	266	159	256	96%	62%
Kanker	203	151	203	100%	74%
Kawardha	147	114	123	84%	93%
Kondagaon	185	112	185	100%	61%
Korba	222	170	205	92%	83%
Koriya	155	108	126	81%	86%
Mungeli	103	77	103	100%	75%
Raigarh	351	197	350	100%	56%
Raipur	177	114	173	98%	66%
Rajnandgaon	257	201	257	100%	78%
Surajpur	181	140	177	98%	79%
Total	3534	2336	3387	96%	69%

As per the field supervision report of 17 districts 69% of SHCs-HWCs have CHO posted against the cumulative target.

Table 2: District-wise total number of HWCs-PHCs operationalized against Cumulative target till 2018-23

Districts	PHC-HWC Target till Sept 2023 (Cumulative)	Functionality (based on field assessment by consultants)	Portal Entry shown as functional	% Shown functional in portal entry against target	Actual Functional HWCs against cumulative target (%)
Balrampur	27	27	27	100%	100%
Bastar	37	37	37	100%	100%
Bilaspur	41	41	41	100%	100%
Dhamtari	25	23	25	100%	92%
Gariyabandh	16	16	16	100%	100%
Janjgir-Champa	44	44	44	100%	100%
Jashpur	35	35	35	100%	100%
Kanker	35	35	35	100%	100%
Kawardha	24	24	24	100%	100%
Kondagaon	22	22	22	100%	100%
Korba	36	36	36	100%	100%
Koriya	30	30	30	100%	100%
Mungeli	28	28	28	100%	100%
Raigarh	59	59	59	100%	100%
Raipur	19	19	19	100%	100%
Rajnandgaon	24	24	24	100%	100%
Surajpur	36	36	36	100%	100%
Total	538	536	538	100%	100%

PHC-based HWCs: The following table shows that 100% of the PHCs that were targeted as HWCs have started the services.

II. Assessing the services delivered – the Outputs of HWCs:

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

Table 3: District-wise HWCs-SHC Monthly Footfall (According to assessment by consultants)

Districts	Average No. of patients provided treatment services	Average No. of persons screened
Balrampur	361	139
Bastar	272	123
Bilaspur	490	182
Dhamtari	316	156
Gariyabandh	295	151
Janjgir-Champa	481	173
Jashpur	227	142
Kanker	247	112
Kawardha	276	143
Kondagaon	257	111
Korba	491	152
Koriya	287	132
Mungeli	471	168
Raigarh	275	151
Raipur	558	210
Rajandgaon	316	129
Surajpur	241	132
Average	345	147

Table 3 shows the average monthly footfall of patients at HWCs in different districts. The above footfall figures include all OPD cases handled by HWC i.e. by CHO, ANM, MPW put together for the entire month. The footfall is categorized in treatment and screening. Of average monthly treatment footfall was 345 and 147 received the screening services.

Table 4: District-wise HWC-SHCs status in delivering NCD services (Hypertension-treatment status- those received treatment from HWC)

Districts	Average cumulative number of confirmed cases of hypertension per HWC	Average treated cases of hypertension per HWC	Treatment availed for Hypertension against confirmed cases (%)
Balrampur	59	36	61%
Bastar	91	59	65%
Bilaspur	96	62	65%
Dhamtari	112	64	57%
Gariyaband	55	30	55%
Janjgir-Champa	83	30	36%
Jashpur	47	27	57%
Kanker	89	78	88%
Kawardha	78	48	62%
Kondagaon	60	43	72%
Korba	63	54	86%
Koriya	46	34	74%
Mungeli	93	60	65%
Raigarh	63	46	73%
Raipur	126	92	73%
Rajnandgaon	126	58	46%
Surajpur	61	23	38%
Average	79	50	63%

Table 4 shows the average number of patients receiving treatment for hypertension in the last month. Out of the total diagnosed cases, 63% of the hypertensive cases received treatment from HWCs last month.

Table 5: District-wise HWC-SHCs status in delivering NCD services (Diabetes Mellitus-treatment status - those received treatment from HWC

District	Average Cumulative number of confirmed cases of Diabetes Mellitus per HWC	Average number of treated cases of Diabetes per HWC	Treatment availed for Diabetes Mellitus against confirmed cases (%)
Balrampur	37	25	68%
Bastar	26	15	58%
Bilaspur	47	37	79%
Dhamtari	53	30	57%
Gariyaband	22	12	55%
Janjgir-Champa	56	42	75%
Jashpur	43	24	54%
Kanker	35	28	80%
Kawardha	43	28	65%
Kondagaon	27	22	81%
Korba	38	35	92%
Koriya	25	20	80%
Mungeli	52	39	75%
Raigarh	43	31	72%
Raipur	63	43	68%
Rajnandgaon	60	28	47%
Surajpur	32	12	38%
Average	42	28	67%

Table 5 shows the average number of patients receiving treatment for diabetes in the last month, of total diagnosed cases 67% of the diabetic cases received treatment from HWCs last month. The average number of patients receiving treatment for diabetes in the last month was 28.

Table 6: Line listing of NCD cases by HWCs - Based on field assessment by consultants:

District	Percentage of HWCs maintaining Line listing of NCD cases (%)
Balrampur	88%
Bastar	91%
Bilaspur	93%
Dhamtari	89%
Gariyaband	72%
Janjgir-Champa	75%
Jashpur	88%
Kanker	84%
Kawardha	96%
Kondagaon	81%
Korba	96%
Koriya	81%
Mungeli	93%
Raigarh	79%
Raipur	91%
Rajnandgaon	95%
Surajpur	84%
Average	87%

Line listing of NCD cases is more important for improving the follow-up and also will help in maintaining the regularity of treatment. 87% of the HWCs maintain complete line listing of NCD cases.

Table 7: Expanded services at SHC-HWC- No. of persons (mean) treated in health and wellness centres per month for various ailments

	Balrampur	Bastar	Bilaspur	Dhamtari	Gariyaband	Janjgir Champa	Jashpur	Kanker	Kawardha	Kondagaon	Korba	Koriya	Mungeli	Raigarh	Raipur	Rajnandgaon	Surajpur
ANC	19	18	19	14	19	14	11	15	34	14	11	12	12	15	26	28	8
PNC	9	6	12	5	5	11	6	4	9	9	7	5	8	7	9	8	3
Institutional delivery	8	4	3	2	1	3	2	1	5	2	3	2	6	2	2	1	4
Neonatal Illness	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Fever	54	26	91	26	41	38	44	19	54	33	38	53	66	39	76	22	25
Cold and Cough	46	30	48	44	56	59	30	27	50	33	39	39	94	35	64	39	28
ARI/Pneumonia	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain	53	26	58	61	68	82	31	29	64	51	47	61	82	42	69	56	47
Diarrhea/Vomiting	9	11	26	9	7	11	8	8	9	5	14	18	13	12	20	8	13
Skin Infection	13	10	26	13	15	24	10	6	18	8	15	11	36	14	41	12	9
STI/RTI/UTI	3	2	3	2	1	4	1	0	2	0	3	4	4	2	3	1	3
Malaria	0	0	0	1	1	0	0	0	0	3	0	0	0	0	0	0	0
TB	2	1	1	1	1	1	1	1	2	2	2	0	2	2	1	2	1
Leprosy	0	1	2	1	0	1	0	1	2	0	1	0	1	2	1	1	0
ENT	4	5	7	7	4	14	2	5	7	2	9	6	14	5	10	6	1
Mental Illness	1	0	0	2	1	1	0	1	1	0	1	1	1	0	2	0	0
Dental Care	3	4	9	5	3	11	3	2	8	5	5	5	8	3	5	4	3
Sickle Cell Anemia screening & referral	0	4	2	3	2	1	1	2	4	1	2	0	1	1	3	2	0
Epilepsy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency care	9	9	12	11	11	8	10	11	12	10	7	12	11	6	5	6	10
Eye cases	7	11	24	12	11	35	20	8	36	2	8	6	50	14	18	17	4

Mental Health, ENT, Ophthalmic Care, Palliative care: Although these services are also very much needed at the primary level and part of the 12 services under CPHC, HWCs are yet to do much on these health needs. There exist however a few examples of using ophthalmic assistants from PHC/CHC coming to HWCs to provide services for refractive errors.

CHOs can be trained better to empower HWCs and PHCs to play a useful role in the provision of services for ENT, and Ophthalmic Care. There is little experience available in the state in organizing Palliative care.

2. Assessing the essential Inputs for HWCs:

Maintaining buffer stock is the fundamental principle for any inventory management. In chronic diseases, the patient has to take the drugs for a long time, often throughout life. Therefore it is important to have sufficient drugs at HWCs. Chhattisgarh has a centralized procurement and distribution system of drugs called Chhattisgarh Medical Service Cooperation (CGMSC).

Most of the districts have a warehouse of CGMSC at their headquarters. Drugs from the warehouse are distributed to all levels of health facilities regularly. PHCs do quarterly indenting of drugs, whereas CHCs and DH do monthly from the warehouse. In current practices, the indenting of drugs for HWCs is from PHCs, and most of the time, drugs are not indented as per their requirement. Currently, there is no system for indenting of drugs directly from HWCs. There are 114 formulations listed in Essential Drug List (EDL)-2021 for the HWCs. Each HWC should have at least 3 months of buffer stock at their centre. The current practice is that the CHOs send their monthly written demand for drugs to their respective PHCs and when they go to the PHCs for their meetings they bring the medicines by themselves. There is no mechanism to supply drugs directly to the doorstep at HWCs. Most of the time CHOs directly go to the CHCs and bring medicines from there. At each HWC CHOs maintain a separate stock register for the maintenance of indenting, receiving and dispensing of drugs.

The availability was assessed against the requirement for 3 months of buffer stock of anti-diabetic and anti-hypertensive drugs.

CHOs of centers that have better stocking of drugs go themselves and collect the required drugs from the PHC pharmacy, and they also do the regular indenting of drugs.

Table 8: Availability of anti-diabetic drugs

METFORMIN	Buffer stock	Availability Metformin	percentage against buffer stock (%)
Balrampur	5000	1987	40%
Bastar	5000	2875	58%
Bilaspur	5000	1310	26%
Dhamtari	5000	1887	38%
Gariyabandh	5000	2183	44%
Janjgir-Champa	5000	1450	29%
Jashpur	5000	2427	49%
Kanker	5000	2671	53%
Kawardha	5000	2296	46%
Kondagaon	5000	1874	37%
Korba	5000	1740	35%
Koriya	5000	1899	38%
Mungeli	5000	1987	40%
Raigarh	5000	2866	57%
Raipur	5000	1830	37%
Rajandgaon	5000	1741	35%
Surajpur	5000	2754	55%
Average	5000	2105	42%

Table 8 shows the availability of diabetic drugs in the last month in different districts. The average availability of metformin was 2105 units and against the buffer stock was 42%.

Table 9: Availability of anti-hypertensive drugs

AMLODIPINE	Buffer stock	Availability Amlodipine	percentage against buffer stock (%)
Balrampur	6000	1614	27%
Bastar	6000	1195	20%
Bilaspur	6000	1609	27%
Dhamtari	6000	1704	28%
Gariyabandh	6000	2364	39%
Janjgir-Champa	6000	1708	28%
Jashpur	6000	2039	34%
Kanker	6000	2568	43%
Kawardha	6000	1881	31%
Kondagaon	6000	2218	37%
Korba	6000	1487	25%
Koriya	6000	1476	25%
Mungeli	6000	2108	35%
Raigarh	6000	1855	31%
Raipur	6000	1779	30%
Rajandgaon	6000	1444	24%
Surajpur	6000	1728	29%

Average	6000	1810	30%
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Table 9 shows the recent availability of anti-hypertensive drugs in various districts for the last month. The average availability of amlodipine was 1810 units against the buffer stock of 30%. Each HWC should have at least a 3-month stock of Amlodipine at any time. The availability was assessed against the requirement for 3 months.

Glucometer strips:

Table 10: District-wise availability of Glucometer strips - Based on field assessment by consultants:

District	Average population	Population over 30 years	Glucometer strips
Balrampur	4660	1719	262
Bastar	3673	1357	224
Bilaspur	9201	3405	891
Dhamtari	4168	1457	566
Gariyaband	2509	927	469
Janjgir-Champa	7071	2616	503
Jashpur	3244	1235	312
Kanker	3283	1215	598
Kawardha	7110	2617	493
Kondagaon	4348	1624	515
Korba	4607	1685	349
Koriya	3700	1359	492
Mungeli	7571	2916	546
Raigarh	4049	1498	402
Raipur	6565	2409	572
Rajnandgaon	5434	1995	409
Surajpur	4046	1488	435
Average	5014	1854	473

Table 10 shows the district-wise availability of glucometer strips available in different HWCs in the last month. On average, there were 473 glucometer strips available on the field visit by consultants.

Table 11: No. of new and old CHOs

DISTRICT	Total Posted CHO old	Total New Posted CHO (out of 700)	Total
Balod	143	16	159
Balodabazar	129	25	154
Balrampur	51	42	93
Bastar	91	45	136

Bemetra	68	15	83
Bijapur	24	13	37
Bilaspur	90	31	121
Dantewada	36	4	40
Dhamtari	108	16	124
Durg	90	8	98
Gariyaband	113	14	127
GPM	32	14	46
Janjgir- Champa	91	20	111
Jashpur	125	32	157
Kanker	131	27	158
Kawardha	98	16	114
Kondagaon	86	26	112
Korba	144	31	175
Korea	71	26	97
Mahasamund	126	27	153
Mohla	41	7	48
Mungeli	57	18	75
Narayanpur	25	11	36
Raigarh	147	44	191
Raipur	109	6	115
Rajnandgaon	64	48	112
Sakti	69	12	81
Sukma	21	16	37
Surajpur	130	31	161
Surguja	100	29	129
Khairagarh	48	6	54
Sarangarh- Bilaigarh		5	5
MCB		15	15
Total	2658	696	3354

Table 12: District-wise Infrastructure status in HWCs:

Districts	Branding vs. Target	Water	Toilet
Balrampur	89%	Running water:78%, Poor access:22%	89%
Bastar	69%	Running water:75%, Poor access:06%, Hand pump:19%	88%
Bilaspur	87%	Running water:53%, Poor access:33%, Hand pump:14%	60%
Dhamtari	100%	Running water:87%, Hand pump:13%	93%
Gariyaband	67%	Running water:72%, Poor access:22%, Hand pump:06%	78%

Janjgir-Champa	100%	Running water:50%, Poor access:50%	50%
Jashpur	94%	Running water:88%, Poor access:12%	88%
Kanker	100%	Running water:100%	100%
Kawardha	96%	Running water:96%, Poor access:04%	100%
Kondagaon	92%	Running water:92%, Hand pump:08%	96%
Korba	100%	Running water:100%	100%
Koriya	100%	Running water:100%	100%
Mungeli	96%	Running water:83%, Poor access:13%, Hand pump:04%	96%
Raigarh	86%	Running water:59%, Poor access:36%, Hand pump:05%	91%
Raipur	100%	Running water:100%	100%
Rajnandgaon	95%	Running water:89%, Poor access:05%, Hand pump:06%	100%
Surajpur	92%	Running water:83%, Poor access:06%, Hand pump:07%	100%

Table 13: INCENTIVE DETAILS

Table 13 contains the details of the block-wise performance-based incentive (monthly) and team-based incentive (in every 6 months).

District	Block	MLHP Incentive	Team Incentive
Balrampur	Balrampur	01-Apr-23	01-Mar-23
	Rajpur	01-Apr-23	01-Mar-23
	Ramanujnagar	01-Jun-23	01-Mar-23
	Wadrafnagar	01-Apr-23	01-Mar-23
Bastar	Bakawand	01-Mar-23	01-Mar-23
	Bastar	01-Mar-23	01-Mar-23
	Tokapal	01-Mar-23	01-Mar-23
Bilaspur	Bilha	01-Mar-23	01-Mar-23
	Masturi	01-Mar-23	01-Mar-23
Dhamtari	Kurud	01-Mar-23	01-Mar-23
	Magarlod	01-Mar-23	01-Mar-23
	Nagri	01-Mar-23	01-Mar-23
Gariyaband	Chhura	01-Mar-23	01-Mar-23
	Gariyaband	01-Mar-23	01-Mar-23
	Mainpur	01-Mar-23	01-Mar-23
Janjgirchampa	Baloda	01-Mar-23	01-Sep-22
	Navagarh	01-Mar-23	01-Mar-23
Jashpur	Duldula	01-Mar-23	01-Mar-23
	kunkuri	01-Mar-23	01-Mar-23
Kanker	Bhanupratappur	01-Apr-23	01-Mar-23
	Charama	01-Apr-23	01-Mar-23
	Kanker	01-Apr-23	01-Mar-23
Kawardha	Bodla	01-Mar-23	01-Mar-23
	Lohara	01-Mar-23	01-Mar-23

	pandriya	01-Feb-23	01-Mar-23
Kondagaon	Baderajpur	01-Mar-23	01-Mar-23
	Kondagaon	01-Jun-23	01-Mar-23
	Makdi	01-Mar-23	01-Mar-23
	Phrasgaon	01-Mar-23	01-Mar-23
Korba	Kartala	01-Mar-23	01-Mar-23
	Katghora	01-Mar-23	01-Mar-23
	Pali	01-Mar-23	01-Mar-23
Koriya	Baikunthpur	01-Mar-23	01-Dec-22
	Khadgawan	01-Mar-23	01-Dec-22
	Sonhat	01-Mar-23	01-Dec-22
Mungeli	Lormi	01-Apr-23	01-Sep-22
	Mungeli	01-Apr-23	01-Jan-23
	Pathariya	01-Apr-23	01-Dec-22
Raigarh	Baramkela	01-Mar-23	01-Mar-23
	Dharamjaigarh	01-Mar-23	01-Mar-23
	Kharsiya	01-Mar-23	01-Mar-23
Raipur	Arang	01-Feb-23	01-Mar-23
	Dharshiwa	01-Jun-23	01-Mar-23
	Tilda	01-Jul-23	01-Mar-23
Rajnandgaon	Chhuriya	01-Mar-23	01-Mar-23
	Dongargaon	01-Apr-23	01-Mar-23
	Ghumka	01-Apr-23	01-Mar-23
Surajpur	Bhaiyathan	01-Mar-23	01-Mar-23
	Ramanujnagar	01-Feb-23	01-Mar-23

