Service Readiness of Urban Health and Wellness Centres for providing Comprehensive Primary Health Care Services in Chhattisgarh

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Acknowledgement

Ayushman Bharat is a flagship programme of MoHFW, GoI in the moving closer towards the goal of providing Universal Health Coverage (UHC) PRC Sagar actively involved in health research has attempted to assess the service readiness of urban primary health and wellness centres in providing comprehensive primary health care in Chhattisgarh. In this context I take this opportunity to express my sincere gratitude to all those who have contributed to this study. I express my sincere gratitude to MD NHM, State Programme Management Unit for National Health Mission Chhattisgarh, State Nodal Officer for NUHM and their team for extending all possible cooperation and information for facilitating this study. CMHOs and DPMs of the five districts provided local assistance without whose support the study would not have been possible. City Programme Managers of Korba, Ambikapur, Raipur, and Durg provided field level support in data collection. The MO in-charge of different Health and Wellness Centres and their health staff provided valuable information in the midst of OPDs. Mitanins of Purana Basti, Jangir, Amapara and Birgaon in Raipur actively assisted in organizing MAS meetings and participated in FGDs. Last but not the least, I wish to thank the beneficiaries who extended their heartiest cooperation and provided valuable suggestions that are included in the study. We hope the findings of this study will serve the purpose of drawing the attention of the policy makers at the national and state level for evolving strategies for formulating an action plan for providing impetus to urban health programme and augmentation of health and wellness in Chhattisgarh.

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List of Acronyms

AB	Ayushman Bharat
AFB	Acid- Fast Bacilli
AMC	Annual Maintenance Contract
AMO	Assistant Medical Officer
ANC	Anti Natal Care
APL	Above Poverty Line
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurvedic, Yoga, Unani, Siddha, Homeopathy
BEmOC	Basic Emergency Obstetric Care
BLSO	Basic Life Support Obstetrics
BPL	Below Poverty Line
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BMW	Bio-Medical Waste
CBAC	Community Based Assessment Check-list
CBC	Complete Blood Count
C.G.	Chhattisgarh
CGMSCL	Chhattisgarh Medical Services Corporation Limited
CPM	City Programme Manager
CPMU	City Programme Management Unit
CMHO	Chief Medical and Health Officer
CPHC	Comprehensive Primary Health Care
DEO	Data Entry Operator
DH	District Hospital
DLC	Differential Leucocyte Count
DMC	Designated Microscopic Centre
DPM	District Programmer Manager
EDL	Essential Drugs List
ENT	Ear, Nose, Throat
ESR	Erythrocyte Sedimentation Rate
FP	Family Planning
FPLMIS	Family Planning Logistics Management Information System
GIS	Geographic Information System
GoI	Government of India
HB	
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
HWC	Health and Wellness Centre
IEC	Information, Education, Communication
IFA	Iron Folic Acid
IHCI	India Hypertension Control Initiative
IHIP	Integrated Health Management Programme
IMNCI	Integrated Management of Neonatal and Childhood illness
IPD	Indoor Patient Department
IPHS	Indian Public Health Standards
IUCD	Copper (T) –Intrauterine Contraceptive Device
IT	Information Technology
IYCF	Infant and Young Child Feeding
JDS	Jeevan Deep Samiti
Lft	Liver function test
LHV	Leady Health Visitor
LT	Lab Technician
MAA	Mothers' Absolute Affection

MAS	Mahila Aarogya Samiti
MC	Medical College
MMSSSY	Mukhya Mantri Shahari Slum Swathya Yojna
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MP	Malarial Parsite
MPW	Multi- Purpose Worker
MSBY	Mukhyamantri Swasthya Bima Yojana
MT	Mitanin Trainers
NBCC	New Born Care Corner
NCD	Non-Communicable Diseases
NFHS-4	National Family Health Survey-4
NHM	National Health Mission
NLEP	National Leprosy Eradication Programme
NCD	Non- Communicable Diseases
NDD	National Deworming Day
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NSSK	Navjaat Shishu Suraksha karyakram
NTEP	National Tuberculosis Elimination Program
PHC	Primary Health Centre
PMJAY	Pradhan Mantri Jan Aarogya Yojana
PIP	Programme Implementation Plan
PPE	Personal Protection Equipment
PPIUCD	Post-Partum Intra Uterine Contraceptive Device
PRC	Population Research Centre
RBSK	Rashtriya Bal Swasthya Karyakram
RFI	Renal Failure Index
RKSK	Rashtriya Kishore Swasthya Karyakram
RCH	Reproductive Child Health
RMA	Rural Medical Assistant
RMNCH+A	Reproductive, Maternal, Newborn, Child Health & Adolescents
RNTCP	Revised National Tuberculosis Control Program
RTI	Reproductive Tract Infection
SHC	Sub-Health Centre
SHG	Self Help Group
SHRC	State Health Resource Centre
SN	Staff Nurse
SNA	State Nodal Agency
SSK	Swasthya Samvad Kendra
STI	Sexually Transmitted Infection
T.B.	Tuberculosis
TLC	Total Leucocyte Count
UCHC	Urban Community Health Centre
UHND	Urban Health and Nutrition Day
UHWC	Urban Health Wellness Centre
ULB	Urban Local Bodies
UPHC	Urban Primary Health Centre
UPT	Urine Pregnancy Test
VDRL	Venereal Disease Research Laboratory Test
WIFS	Weekly Iron Folic-acid Supplementation

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Service Readiness of Urban Health and Wellness Centres for providing Comprehensive Primary Health Care Services in Chhattisgarh

Executive Summary

Urban Primary Health Centres of Chhattisgarh where they exist were, envisaged to be strengthened as HWCs to deliver Comprehensive Primary Health Care. In the urban context, the team of MPWs (F) and Mitanins would be a front-line provider team with the first point of referral being the UPHC catering to urban population in the catchments. This was to enable outreach services, preventive and promotive care and home and community-based services. Upgrading UPHCs to HWCs involved capacity building of staff and field functionaries in the expanded range of services. Population enumeration, empanelment, disease screening would also be required. In many cities, specialists' consultation is currently being made available through OPDs on pre-fixed days. The present study focused on operationalization and service readiness of urban primary health centres to provide comprehensive primary health care in urban settings.

- The upgradation of UPHCs as AB-HWCs is a laudable programme intervention under NHM in urban localities of C.G. where there is a tremendous pressure and overload on tertiary care institutions for different types of services. There is a huge demand for urban health services in all the cities of C.G. where services at the drop step are being provided through the UPHC- HWCs.
- The key areas of assessing the service readiness of the UPHC- HWCs for Ayushman Bharat are in terms of skilled HR, infrastructure, medicines and diagnostics. Twelve UPHC- HWCs were visited in Janjgir, Korba, Ambikapur Raipur and Durg- Bhilai cities.
- In the year 2018-19 five among 12 visited UPHC Dondhipara (Korba), Mowa and Khokhopara, (Raipur) Charoda and Khursipar (Durg- Bhilai) were operationalized as HWCs and the rest of the seven UPHCs were made functional in 2019.
- In 2018-19 less than half of the HWCs (45 percent) were operationalized whereas, in 2019-20, 39 HWCs (87 percent) have been operationalized in 19 districts of C.G.
- CPMU are active in mapping of urban poor and slums for outreach services in C.G.. All the visited UPHC- HWCs in the five cities are primarily located in urban slum areas, but also cater to non-slum areas.

- In C.G. where the UPHC-HWCs were created under MMSSSY in the year 2012, expansion of buildings in Urla and Mowa HWCs highlight intervention of the state in infrastructure development to cater to ever growing demand for services.
- Presently there is an emphasis on skill upgradation of early detection of chronic diseases, like hypertension, diabetes, and cancers (oral, breast and cervical). The MOs and SNs are trained in NCD and mental health for providing services.
- Pharmacists are mainly trained in Nikashya Aushdhi, FP-LMIS, inventory management, and NCD drug management and cold chain handlers in Evin-App. Pharmacists of Durg-Bhilai UPHCs have been trained in C.G.MSC online portal for indenting medicines.
- All 12 UPHCs-HWCs are currently providing services beyond maternal health care, like NCD, communicable diseases, palliative care services, and mental health. By investing in HR and enhancing their skills, strengthening lab and diagnostics, communitization of NCD services and providing IT support at HWCs these have been made possible.
- There is a fair distribution of delivery load between these urban HWCs earlier concentrated in DH or Medical College. Delivery services are being provided 24*7 by the HWCs
- User Charges in OPD, IPD and delivery services is not being charged from beneficiaries except for nominal registration fees at some of the UPHCs.
- Availability of essential drugs and medicines were observed in all 12UPHCs and in all 12 HWCs, barring a few medicines. Delivery kits and all essential medicines for delivery were available at the UPHCs- HWCs and no stock out is reported, only HWC Janjgir reported of irregular supply of some medicines from the state.
- The JDS is active in all the 12 HWCs and untied funds have been utilized for payment of outsourced staff and for contingency expenditures. Additional grant of Rs. one lakh has been sanctioned to the HWCs for internal and external branding.
- The state has proposed to convert the MSBY hybrid scheme into trust model from November 2019, whereby the state nodal agency (SNA) would provide health care upto five lakhs for BPL groups, and upto Rs. 50,000 for APL groups under AB. There would hire third party agency (ration mitras) for registering clients in the public health facilities.
- Under AB beneficiaries are getting delivery services at the HWCs and part money is transferred to the JDS from which performance linked incentives are paid to hospital staff.

- All ASHA's/mitanins from the visited UPHC-HWCs have formed MAS's in their respective wards. Interactions with the three MAS Groups in Purani Basti, (Janjgir), Amapara, (Raipur) and Birgaon (Raipur) highlighted their role in the communitization process of health services in the two cities. Orientation training of MAS members have been initiated in Janjgir and Raipur in a phased manner.
- Fifty-three beneficiaries who were interviewed in different HWCs in general expressed satisfaction at the treatment received and behaviour of the staff. In HWC Hirapur patients praised the general ambience, cleanliness and promptness of services. In Khursipar, patients stated that medicines which were not readily available earlier are now regularly available.
- Dispensation of free medicines for chronic care, at the HWC, to avoid patient hardship, and reduce out of pocket expenses was observed in all the HWCs. All 12 HWCs are providing 15 days medicines for BP and hypertension and enabling patient's improvement in treatment adherence. This measure has had positive effect and is likely to improve treatment seeking behaviour for chronic diseases. C.G.MSCL is making continuous efforts to maintain continuous flow for medicines and supplies.
- Performance-linked payments have been initiated to the team of front-line workers since November 2019. Apart from salary an incentive component linked to key outcomes, SNs/ ANMs, pharmacists, are being paid this incentive, based on grades (A to E) monitoring.
- Digital technology and information and communications technology (ICT) has been initiated to ensure continuity of care through population empanelment and registration to a particular HWC, enabling, tracking of referrals and timely treatment.
- Data reporting in HMIS and NCD-HWC portal vary a lot, because data handler for NCD-HWC sends a separate daily report of the services provided, whereas monthly report for HMIS is compiled by DEO. DEO of Urla UHWC who received some training in IHIP (HMIS). expressed need for reorientation in IHIP.
- Data handlers of HWC Hirapur and Mowa need training in AB to provide the benefits to women who deliver at HWCs.
- Yoga sessions have been initiated in the HWCs of Janjgir and Nawapara and in most the HWCs of Raipur by the PHC staff.

- Continuous efforts towards augmentation of services were overserved in all the HWCs during field visit and a close coordination among the SPMU, CPMU, and the staff of HWCs is evident.
- In UCHC Birgaon (Raipur) leadership and managerial skills of the MO-in-charge has facilitated creation of services, hospital hygiene and cleanliness in an extremely neglected surrounding, which is an example for other HWCs to emulate.

Action points

- The programme managers at the state level have stated that more capacity needs to be created in the health system to match service demand at the UPHCs-HWCs in terms of manpower, infrastructure and diagnostics.
- The urban areas, due to the presence of multiple health service providers, and access to technology and relatively higher awareness and demand of health services in the community, provides opportunities to develop innovative strategies, which has to be successfully experimented by the UPHC- HWCs.
- Cancer enrolment and screening facilities to initiate early detection must be operationalized at all the UPHC-HWCs urgently, so as to expedite the process of early treatment and referral of these diseases.
- UPHC-HWC Tanki maroda requires an additional support staff for 24*7 delivery services, having only one support staff.
- CBC machine is urgently required in HWC Labhandi to carry out complete blood analysis in UHFWC. There is a high demand for diagnostic tests after lab services were started in the HWC.
- NCD data synchronization and updation of NCD data is slow and takes two to three days which was reported by data handler in Labhandi.
- Mitanins in Durg-Bhilai need training on NCD and filling of CBAC forms urgently because enrolment of chronic risk cases is low in the district.
- White washing repair and branding of HWCs is urgently required in Tankimaroda and Khusipar (Durg-Bhilai) UHFWCs as per standard protocols.

- In Khusipar HWC, JDS and untied funds are being sanctioned to the MO who is a signatory to the JDS funds, when the HWC was functioning like a civil dispensary (uptil 2013). The current MO-in-charge is unable to plan expenditures for the HWC out of JDS funds.
- The lab timings need rescheduling at HWC Khursipar where the lab assistant adheres to the old civil dispensary timings which does not match with the HWC timings.
- Periodic instrument calibration is essential which is presently not being carried out regularly in all the 12 HWCs needs immediate attention at the state level.
- Lab services at HWC Charoda which are currently not being provided due to lab assistant's transfer elsewhere, needs to be immediately revived.
- SSKs which lack buildings and necessary infrastructure need strengthening for UHND services. Mitanins have to carry weighing machines and others instruments which get damaged if left at the AWCs (doubling as SSKs), due to lack of proper facilities for safe keeping.
- Service utilization data of different HWCs must be used for annual planning to identify underserved areas and increase the reach of services and set up facilities in underserved areas. IHIP training is urgently required for DEOs.
- Mitanins trained by SHRC need closer monitoring by the supervisors and MO of HWCs, who stated that mitanins need more capacity building for providing efficient services.
- Both ANMs and ASHAs need orientation and capacity building in behaviour change communication strategy to facilitate demand in the community for all types of services at the HWCs.
- Teleconsultation services need initiation at the earliest especially in Covid 19 pandemic when patients may not be able to visit hospitals physically.
- The wellness component needs a regular schedule in the HWCs of Durg which have not yet planned these activities either due to paucity of space or dedicated manpower.
- The data from HWC-NCD portal does not match with the NCD data in HMIS portal. The DEOs and data handlers need joint orientation for data synchronization required for good planning of services.

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1. Introduction

There is global evidence that Primary Health Care is critical to improving health outcomes. It has an important role in the primary and secondary prevention of several disease conditions, including non-communicable diseases. The provision of Comprehensive Primary Health Care reduces morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to span preventive, promotive, curative, rehabilitative and palliative aspects of care. Primary Health Care goes beyond first contact care, and is expected to mediate a two-way referral support to higher-level facilities (from first level care provider through specialist care and back) and ensure follow up support for individual and population health interventions.

In India, the need for and emphasis on strengthening Primary Health Care was firstly articulated in the Bhore Committee Report 1946 and subsequently in the First and Second National Health Policy statements (1983 and 2002). India is also a signatory to the Alma Ata declaration for Health for All in 1978. The Twelfth Five Year Plan Identified Universal Health Coverage as a key goal and based on the recommendations of the High- Level Expert Group Report on UHC had called for 70 percent budgetary allocation to Primary Health Care in pursuit of UHC for India.

National Sample Survey estimates for the period-2004 to 2014 show a 10 percent increase in households facing catastrophic healthcare expenditures. This could be attributed to the fact that private sector remains the major provider of health services in the country and caters to over 75 percent and 62 percent of outpatient and in-patient care respectively. India is also witnessing an epidemiological and demographic transition, where non-communicable diseases such as cardiovascular diseases, diabetes, cancer, respiratory, and other chronic diseases, account for over 60 percent of total mortality.

Studies show that 11.5 percent households in rural areas and about only 4 percent in urban areas, reported seeking any form of OPD care - at or below the CHC level (except for childbirth) primary care facilities, indicating low utilization of the public health systems for other common ailments.

The National Health Policy, 2017 recommended strengthening the delivery of Primary Health Care, through establishment of “Health and Wellness Centres” as the platform to

deliver Comprehensive Primary Health Care and called for a commitment of two thirds of the health budget to primary health care. In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care and declared this as one of the two components of Ayushman Bharat.

Role of HWCs in Comprehensive Primary Health Care (CPHC)

Moving closer towards the goal of providing Universal Health Coverage (UHC) to all, GoI has decided to expand the service package at grass root facilities much beyond RMNCH to include components of palliative, rehabilitative and geriatric care. As on date, 40250 HWCs are functional across the country- 20267 SHCs, 16319 PHCs and 3304 UPHCs in India**.** Transforming existing Sub Health Centres and Primary Health Centres to Health and Wellness Centers to ensure universal access to an expanded range of Comprehensive Primary Health Care (CPHC) services is the primary goal of Ayushman Bharat with the principle being "time to care" to be no more than 30 minutes. This is to ensure a people centered, holistic, equity sensitive response to people's health needs through a process of population empanelment, regular home and community interactions and people's participation.

The HWC at the Sub Health Centre level would be equipped and staffed by an appropriately trained Primary Health Care team, comprising of Multi-Purpose Workers (male and female) and Mitanins and led by a Mid-Level Health Provider (MLHP). Together they would deliver an expanded range of services. In some states, sub health centres have earlier been upgraded to Additional PHCs. Such additional PHCs will also be transformed to HWCs. A Primary Health Centre (PHC) that is linked to a cluster of HWCs would serve as the first point of referral for many disease conditions for the HWCs in its jurisdiction. In addition, it would also be strengthened as an HWC to deliver the expanded range of primary care services.

The Medical Officer at the PHC would be responsible for ensuring that CPHC services are delivered through all HWCs in her/his area and through the PHC itself. The number and qualifications of staff at the PHC would continue as defined in IPHS.

For PHCs to be strengthened to HWCs, support for training of PHC staff (Medical Officers, Staff Nurses, Pharmacist, and Lab Technicians), and provision of equipment for "Wellness Room", the necessary IT infrastructure and the resources required for upgrading

laboratory and diagnostic support to complement the expanded ranges of services are provided. States could choose to modify staffing at HWC and PHC, based on local needs.

The operationalization of Health and Wellness centre relies on a set of functionality criteria v.i.z, availability of requisite HR, completion of training on NCDs, ensuring supply of medicines and diagnostics and branding, to ensure quality of services. Each HWC, as per the guidelines of MoHFW, would be manned by a Mid-level Health Provider (MLHP) who would be either a staff nurse or an AYUSH doctor undergoing a six-month bridge program.

States have the flexibility to expand the service package to address problems of local importance as defined by disease prevalence and community feedback. The need to redesign national public health facilities to match this epidemiological transition was one of the motivating factors in Ayushman Bharat initiative. Ayushman Bharat, the Pradhan Mantri Jan Arogya Yojana (PMJAY) insurance scheme, covering 40% of the poorest and most vulnerable individuals in the country for secondary and tertiary care has been launched.

In C.G. urban populational living in slums and urban poor would benefit from augmented outreach services and services provided by urban HWCs.

2. Objectives of the Study

1. Ascertain the availability of human resources for providing the complete range of CPHC in urban PHCs functioning as HWCs.
2. Identify the status of training of health personnel for providing CPHC services in urban PHCs functioning as HWCs.
3. Assess availability of infrastructure in the HWCs to provide CPHC and verify infrastructure reporting with HMIS infrastructure data.
4. Study availability of essential medicines and diagnostics to support the expanded range of services.
5. Study role of UHSNCs, Mitanins, MAS and SHG in community mobilization and IEC for health and wellness related activities.
6. Ascertain beneficiaries' awareness about the range of health services, service utilization at the HWC and satisfaction at services received.

3. Study Design

The study was planned to assess the service readiness for maximum five urban PHC-HWCs per district randomly selected from the available list of the HWCs in the district. The study was conducted in five districts of Chhattisgarh after determining the operationalization of the urban HWCs in the districts**.** The primary objectives were to assess the service readiness of the UPHC- HWCs for AB in terms of skilled HR, infrastructure, medicines and diagnostics, functional coordination amongst primary care team, functionality and service delivery at

UPHC- HWC, community outreach, management of untied funds in the selected UPHCs, mitanins' perspective and MAS activities.

All key service providers in each of the selected urban HWC, including Medical Officers, AYUSH Medical Officer, Staff Nurse ANM, lab technician and pharmacist were interviewed to know their perspective about functioning of HWCs.

Exit interviews of beneficiaries were conducted in the visited urban HWCs to assess their awareness about availability of services for non-communicable and communicable diseases maternal, neonatal, and nutritional diseases and services received which will include screening, diagnosis and treatment of various ailments.

Twenty urban Mitanins providing outreach services were interviewed to assess their role in preventive and promotive health, screening of NCD, and verification of registers to assess reporting of different types of cases and follow up services.

Focus Group discussions with MAS members to assess their role in community mobilization for preventive and promotive health in their respective wards.

Observation of the urban HWC for sufficiency of space for expanded service delivery, medicine dispensation, diagnostics, including the space for practice of yoga, with display of communication material of health messages, including audio visual aids was done.

4. Study Tools

Both quantitative and qualitative tools were used in the study. Primary and secondary data were collected for the purpose of the study. Considering the objectives of the study, tools applied to collect necessary information and data are mentioned below.

UPHC- HWC facility Checklist (MoHFW, GoI) was used to assess the skills and competencies of human, infrastructure and resources available, infrastructure and resources available, support and teleconsultation services medicines and diagnostics, functional coordination amongst the primary care team, functionality and service delivery of HWC-UPHC, management of untied funds, perspective from Mitanin and MPW.

Patients visiting the UPHC- HWCs were interviewed through a semi-structured exit interview checklist. Questions regarding their current health complaint, services received, referral, out of pocket expenditure, if they had visited the HWC earlier, awareness about the availability of services, satisfaction with behaviour of the staff with the services provided.

In-depth interviews of programme managers at the state level, and district level and visited health HWCS were done with the help of open-ended questions to understand their opinion about the functioning of the UPHC-HWCs, availability of infrastructure and services, challenges and suggestions for further improvement of services. Service Providers were also interviewed working in different UPHCs.

Urban Mitanins/ mitanins were interviewed to assess their knowledge on different health issues, training received and their role in facilitating services in the urban wards. Information on problems faced in providing services in their respective areas was also collected.

Secondary information was collected from the state and the visited UPHC- HWCs. The HMIS data was also analyzed for the period April-March, 2019-20. Information about the monthly performance of the urban primary health centres (UPHCs) since inception, number of beneficiaries serviced, monthly progress reports of the UPHCs were collected for analysis.

Field survey work was carried out during September-March 2019-20 in Jangir, Korba, Ambikapur, Raipur and Durg- Bhilai cities.

This report is presented in nine sections. The first section is the introductory section, whereas the second section outlines the objectives of the study. Section three and four highlight the study design and tools. The fifth section deals with framework of implementation of HWCs. Details of HR, skill enhancement, infrastructure facilities, medicines and diagnostics, coordination amongst primary care team, functionality and service delivery at UPHC- HWC, community outreach, management of untied funds, mitanins' perspective and MAS activities is presented in section six. Beneficiaries perspective is stated in section seven and service providers' views are highlighted in section eight. The ninth section is the concluding section.

5. Frame work of Operationalization of UPHC-HWC

In C.G. MMSSSY (Chief Minister's Urban Health Programme) sponsored by the state's own resources, was initiated in June 2012, which was merged with NUHM in May 2013. There is a separate programme management unit (PMU) with one SPM, and two consultants (NUHM & HWC) to coordinate the programme at state level. The state has carried out situation analysis and earlier UHP was started in 11 cities with a population of over one lakh, but now it is running on 19 cities of C.G., and it is planned to upgrade PHCs in a phased manner into

HWCs in rest of districts of C.G.. In 19 districts of C.G. UPHCs are being expanded into HWCs as per the norms.

Coverage of UHP in C.G.	C.G.
Urban population of (Census 2011)	59,37,237
Urban Poor Population	15,22,000
No. of cities with Municipal Corporations	12
In Year 2013-14 districts covered under NUHM	11
Additional Cities Pop is more than 50000 covered under NUHM in year 2014-15	7
Additional new District 2015-16	1
Total No of cities in C.G. covered under NUHM	19

Public health and hospitals being a state subject, the states have been accorded the flexibility to identify the facilities to be upgraded as health and wellness centres based on the availability of health infrastructure and human resources. Establishing a need based and city specific urban health care system to meet the diverse health care needs of the urban poor and other vulnerable sections is the primary aim of the Urban Health Programme.Total 1842 HWCs, 1420 SHCs, 337 PHCs and 43 UPHC-HWCs are currently functional in Chhattisgarh to cater to both slum and non-slum population.

India/ C.G.	**SHC HWC**	**PHC-HWC**	**UPHC-HWC**	**Total HWCs**
India	20267	16319	3304	40250
Chhattisgarh	1420	397	43	1842
https://ab-hwc.nhp.gov.in/				

In 2018-19 less than half of the HWCs (45 percent) were operationalized whereas, in 2019-20, 39 HWCs (87 percent) have been operationalized in 19 districts of C.G. (Fig 1.)

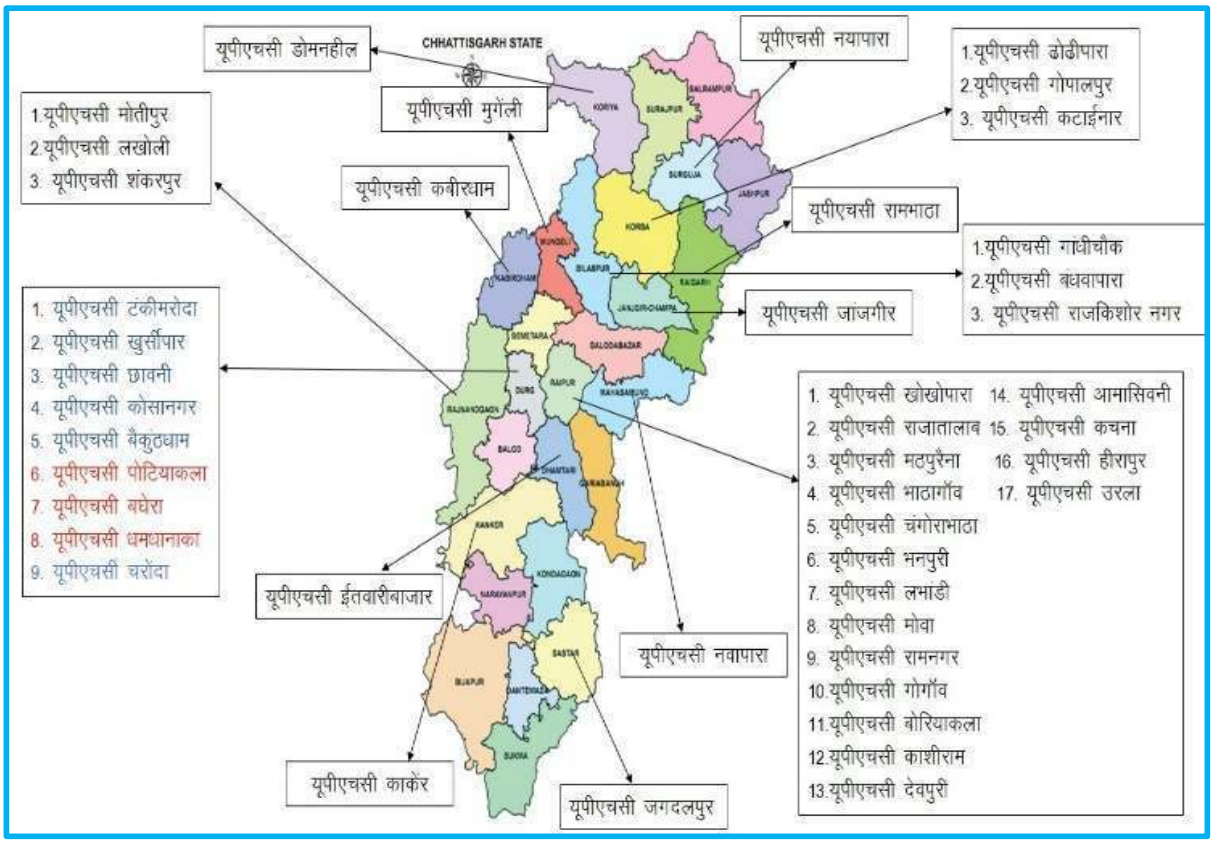
Urban slum population to which the UPHC- HWCs cater under National Health Mission in selected cities of C.G.					
	Slum Population	**Male**	**Female**	**Literate (%)**	**% Slum**
C.G.	**1,898,931**	**966,623**	**932,308**	**80.36**	**7.4**
Janjgir	12,602	6,457	6,145	77.74	5.6
Korba	188,244	97673	90571	83.3	51.8
Ambikapur	19,151	9,826	9,325	82.80	15.8
Bhilai*	214,030	110,565	103,465	80.95	34.1
Durg	108,541	55,122	53,419	82.29	40.38
Raipur	406,571	207,868	198,703	81.38	39.58
*Census-2011 **					

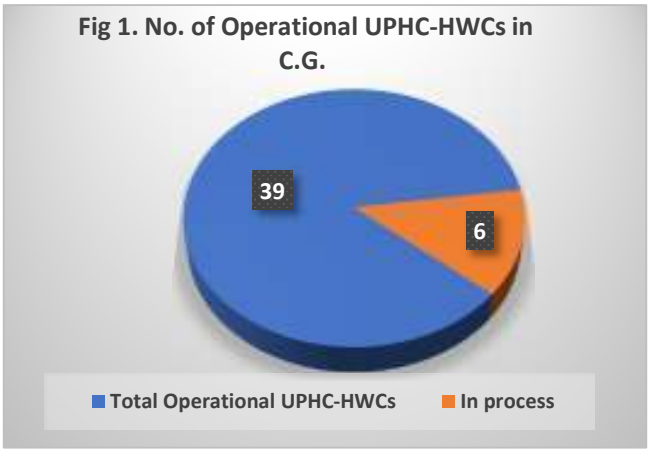
- The CPMUs have mapped urban poor and slums for outreach services in C.G. Twenty six percent of the urban population is poor in C. G. All the visited UPHCs in Janjgir, Korba, Ambikapur, Raipur and Durg cities are primarily located in urban slums areas.
- In five districts 12 UPHC-HWCs were considered for assessment and their service readiness for providing CPHC. In the first stage UPHC – HWCs Janjgir, Dondhipara, (Korba) and Nawapara in Ambikapur were assessed during field visits for PIP monitoring. Two more districts Raipur and Durg were subsequently taken up for assessment of UPHC-HWC.
- In Jangir, Korba, Ambikapur, Raipur and Durg- Bhilai cities selected for the study, highest slum population exists in Korba city (52 percent) and lowest in Janjgir (6 percent). Janjgir (Janjgir-Champa district) and Ambikapur (Surguja district) have only one functional UPHC-HWCs each, which were assessed for service readiness. Korba city has three UPHC-HWCs of which one Dondhipara was assessed because the buildings of the two other HWCs were under construction/ renovation.

Districts selected for assessment of UPHC – HWCs							
	Districts	**UPHC – HWCs**	**Population* Covered**	**Total* Coverage Area (Sq kms)**	**No. of*Beds**	**Area of* Building (sq mts)**	**Distance from DH**
1	Janjgir- Champa	Jangir	40561	5	10	--	5 km
2	Korba	Dondhipara	160476	150	6	880	6 km
3	Ambikapur (Surguja)	Nawapara	79977	35	10	465	5 km
4	Raipur	Urla	121121	7	7	100	12.4 km
5	Raipur	Labhandi	67051	6	6	--	10 km
6	Raipur	Hirapur	97871	3	6	1600	8 km
7	Raipur	Khokhopara	165808	4	10	--	3km
8	Raipur	Mowa	125272	3	10	1500	7km
9	Durg- Bhilai	Baikunthdham	66516	6	10	--*	12 km
10	Durg- Bhilai	Charoda	49863	6	4	10000	17 km
11	Durg- Bhilai	Khursipar	110000	9	8	4000	23
12	Durg- Bhilai	Tanki Maroda	55000	5	5	2000	8.5
*HMIS Infrastructure 2019-20							

- Raipur city has 17 functional UPHCs of which five were considered for assessment. In Durg district which has 9 functional UPHCs, four were assessed for service readiness.

MAP 1. UPHC-HWCs of C. G.





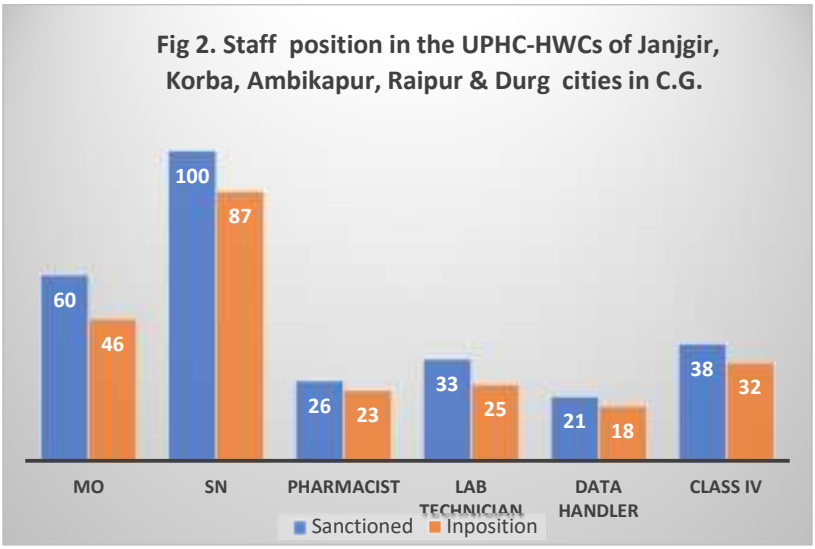
Box 1. RoP Guidelines for upgradation of UPHC-HWC in C.G. (2018-19)

- 39 UPHC-HWCs received funds of Rs. one lakh each for renovation painting and branding in 2018.
- One lap top for UPHC-HWC (Rs. 50,000) and one tablet each for five ANMs (Rs.50000).
- Six monthly incentives to Mitanins, MPWs and AWWs for achieving six monthly combined team achievements goals based on grades obtained.
- Six monthly incentives to MOs, AMOs, lab technicians, pharmacists, SNs, ophthalmic assistants.
- For purchasing essential laboratory instruments in UPHC- HWCs Rs. one lakh as non-recurring grants and 50, 000 as recurring grant for purchasing consumables.
- On line indenting of medicines CGMSCL as per EDL (36 drugs) and 10 emergency drugs Rs. 25,000 provided to the district for local purchase of medicines
- ToT for MOs and SNs at the state level in NCD, district level training for other staff members in the district.
- SHRC is continuously involved in undertaking the orientation and training of Mitanins.
- ANM /MPW to receive refresher training in MCH in SHRC ToT training of other staff at district.
- PIP with a separate budget for different activities is proposed under NUHM for UPHC- HWCs strengthening health services in terms of human resources, infrastructure, procurement (drugs and consumable) for 2018-19.
- An untied fund of Rs.1.75 lakhs is sanctioned for UPHCs for purchase of drugs and consumables and other recurring expenses.
- Planning and mapping, programme management, training and capacity building of MAS, ULBs, medical officers has been implemented.
- Comprehensive GIS mapping of slums.
- Empanelment of specialists for expert services.

6. Key Findings

6.1 Human Resources and Skill Enhancement

- Human Resources at AB-HWCs – ideally as per IPHC norms is one MO, LT and Pharmacist (PHC/UPHC). MPW – M&F and ASHA (as per population norms) shows that the urban HWCs are expected to have atleast one MO in position. The UPHC- HWCs of the five cities have more than three-fourths of the MOs in position. Six UPHCs Janjgir (Janjgir Champa), Dodhipara (Korba), Urla, Labhhandi, Hirapur (Raipur) Charoda, (Durg-Bhilai) have one MO in position in the UPHC-HWC, and these UPHCs have RMAs designated as AMOs. Six UPHCs have two-four MOs in position (Table 1a, b, c). Total staff sanctioned and in position in all the HWCs in the visited five cities is illustrated in Figure 2.
- In the UPHCs of Raipur specialists from MC Raipur provide fixed day OPD services and consultations in the different UPHCs-HWC of the city .
- The key principle in providing skills is that as many skills as possible and appropriate at that level should be available within the team at the HWC. Multi skilling of service providers,



- SNs, lab technicians, DEOs, and frontline workers have been initiated in Chhattisgarh state after converting the UPHCs into health and wellness centres and these skills have been imparted to those working in these HWCs.
- MOs in the selected HWCs have received the training of trainers for non-communicable diseases at the state level and have trained MOs, SNS, ANMs, MPWs and Mitanins for NCD at the district level which included hypertension, diabetes, cancer and, IHCI. MOs are trained in HWC regarding internal external branding, IEC, and health programmes RKSK, NSSK, IDCF, Mental Health and HMIS in Janjgir, Dondhipara and Nawapara HWCs. In HWCs of Raipur NDD, TB/ RNTCP/ NTEP, IHIP, Leprosy trainings were completed by MOs. In the HWCs of Durg-Bhilai, MOs have received trainings in NBCC, MAA, vaccination, mental health, BMW and cold chain app Evin.
- SNs staff in the 12 UPHCs- HWC of Janjgir, Korba and Ambikapur, Raipur and Durg-Bhilai are trained in HWC, SBA, NCD, IUCD, PPIUCD, Antara, mental health, NSSK, RKSK, TB/HIV and sickle cell. In HWC Tanki Maroda (Durg-Bhilai) SNs are trained in MAA and BLSO. NCD trainings for hypertension, diabetes, cancer and, IHCI were also reported. Most of these trainings have taken place at the district level and some in Raipur, the state capital.
- Presently there is an emphasis on skill upgradation of early detection of chronic diseases, like hypertension, diabetes, and cancers (oral, breast and cervical). The MOs and SNs are trained in mental health for providing services.

IEC at HWC Janjgir

IEC at HWC Janjgir

MO and Staff at HWC Janjgir

Labour Room at HWC Janjgir

NCD Corner HWC Janjgir

Patient Waiting Area HWC Janjgir

IPD ward HWC Janjgir

MO- in charge and Staff of HWC Janjgir

MAS meeting at Purani Basti Janjgir

- Pharmacists are mainly trained in Nikashya Aushdhi, FP-LMIS, inventory management, and NCD drug management and cold chain handlers in Evin-App. Pharmacists of Durg Bhilai UPHCs have been trained in C.G.MSC online portal for indenting medicines. DEOs and data handlers at the visited UPHC-HWCs are trained mainly in HMIS/ IHIP, RCH portal and NCD

data entry.

- Training needs assessment needs more attention and better documentation (although a training register is maintained in the UPHCs) with standardized mechanism of each district linked with the state training cell, for follow up of trainings, training evaluations and coordination of relevant health personnel of the district required for quality improvements and achieving overall training targets.

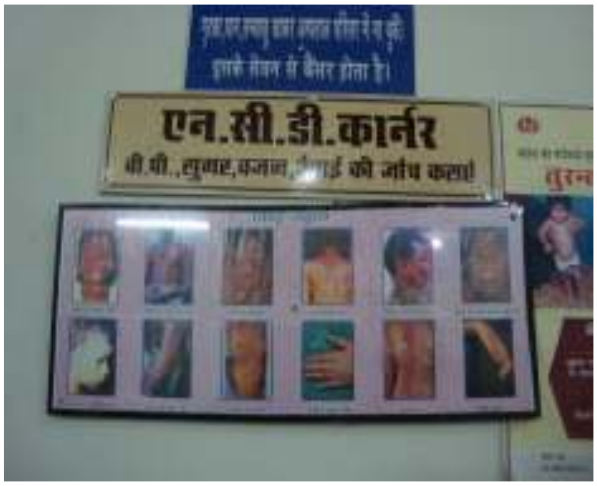
6.2 Infrastructure and Resources

- Improved infrastructure including internal external branding, sufficient space for outpatient care, for dispensing medicines, diagnostic services, adequate spaces for display of communication material of health messages, including audio visual aids and appropriate community spaces for wellness activities, including the practice of yoga and physical exercises are envisaged in augmentation of UPHC- HWCs (Table 2a,b,c).
- Process of internal external branding has been initiated in the UPHCs-HWCs of Chhattisgarh which has provided Rs. 1 lakh per PHC for repair, renovation and branding purposes. The branding work has been initiated by the CMHO and the CPMU units in the districts to maintain uniformity in designs in internal external branding.
- Out of 12 visited UPHCs three, Labhandi, Hirapur (Raipur), Charoda (Durg- Bhilai) are located in new buildings with sufficient space for outpatient care, for dispensing medicines, diagnostic services, adequate spaces for display of communication material of health messages, including audio visual aids designed as model PHC. The out lay of new UPHC buildings is spread over total area of 6500 sq ft whereas total 15000 sq ft is required including garden and parking space. The old UPHC is functioning in a community hall mangal bhawan and the building although spacious is not as per IPHS norms.

Name of City	No. of UHWCs	In Govt. own building	In Govt. Other building	In Rented building	Total
Janjgir	1	1	0	0	1
Korba	3	3	0	0	3
Ambikapur	1	1	0	0	1
Raipur	17	11	6	0	17
Durg	3	2	0	1	3
Bhilai	5	5	0	0	5

- There are large variations in the reporting of the building size of UPHC-HWCs in HMIS infrastructure data. Three UPHCs Janjgir (Janjgir-Champa), Labhandi (Raipur), and Baikunthdham (Durg- Bhilai) have not reported the size of the building. Details of the size of the PHC building are not available with any of the UPHCs.

List of essentail medicines HWC Dondhipara



NCD Corner HWC Dondhipara

- Nine UPHCs are located in old buildings either in own or government buildings provided by the municipal corporation.
- All UPHC buildings have adequate area to cater to the expanded services of HWCs, except two Urla (Raipur) and Tanki Maroda (Durg- Bhilai) HWCs which have extremely small area,
- In both Urla (Raipur) and Tanki Maroda (Durg- Bhilai) HWCs the MOs and patients have inadequate space and tremendous overcrowding was observed. HWC Urla has placed chairs for patients outside, under a covered waiting area.

Safe drinking water facilities HWC Dondhipara

IEC HWC Dondhipara

- Internal branding in Baikunthdham (Durg- Bhilai) and Khursipar (Durg- Bhilai) is proposed to be initiated after the whitewashing of the premises is undertaken soon. UPHC Baikundham building has been provided by the urban local body and the community hall needs renovation and white washing before branding can be initiated. Earlier a civil

Patients' Waiting area HWC Dondhipara

- dispensary was functional and the UPHC was created in 2013 later designated as an HWC in 2019.
- The staff of the old civil dispensary are currently functioning from the UPHC-HWC, but lack in coordination with the staff of the HWC.
- Suitable approach road leading to the UPHCs was visible in all HWCs except for UPHC Tankimaroda.
- In all the 12 UPHC- HWCs 24 hours electricity, 24 hours water supply, room for OP consultation examination area with adequate privacy is available Solar panel is also available in the HWCs specially for emergency services.
- Patient Waiting Area (for at 8-10 patients) is excellent in seven UPHC- HWCs, Janjgir, Nawapara (Ambikapur), Mowa Labhandi, Hirapur Charoda(Raipur), and Baikunthdham.
- (Durg- Bhilai). HWC Urla (Raipur) has waiting area for patients outside the entrance of the UPHC building. Dondhipara and Tankimaroda HWCs have very small waiting area for patients which is inadequate.HWCs Khokho para and Khursipar with high patient turn over have limited waiting space.
-

Front view of HWC Nawapara

PRC team with MO- in- charge HWC Nawapara

Waiting area for patients HWC Nawapara

HWC Nawapara, Ambikapur

IPD ward HWC Nawapara

Drug store HWC Nawapara

- Adequate space for designated space for lab and dispensation of medicines, adequate provision for cold chain maintenance were observed at eight out of 12 HWCs, barring Urla, Tankimaroda and Dondhiparaa and Nawapara which have inadequate space for lab and dispensation of medicines, because they are functioning from old buildings, which are not as per IPHS norms and there is less space for sterilization
- In all the 12 facilities in the five cities the HWCs are functional delivery points with labour room and NBCC available as per IPHS standards.

- Facilities for safe drinking water is available in all the UPHC-HWCs, with RO installed in all them.
- Separate Male/Female Toilets for staff/Patients/both are available in all the UPHC – HWCs expect Khursipar.
- Appropriate drainage and arrangement for Waste Disposal was observed in all the UPHC-HWCs barring Janjgir, which reported that sharp dip pit is to be constructed by enviro care. In Baikunth dham UPHC there stagnant water was observed near the IPD ward which needs immediate attention. Adjacent to Tanki Maroda UPHC there exist multiple buffalo sheds, emanating foul smell and is a health hazard for the patients, including concerns of sanitation and hygiene. Waste collection takes place on daily basis at in the HWCs on daily basis for which HWCs are paying Rs 1500 per month. Bar coding of biomedical waste is being carried out in Tankimaroda HWC.
- Separate wellness room does not exist in any of the visited health facilities, but there is an open hall/ patient waiting area in the new UPHC buildings where weekly yoga and Zumba exercises are held. HWC Hirapur has a platform constructed outside the UPHC building for weekly Yoga. HWC Urla conducts regular Yoga sessions although space paucity was visible.
- UPHCs, Khokhopara and Mowa in Raipur city, are not holding yoga sessions, but Urla in spite of having inadequate space is conducting daily Yoga and weeklyZumba sessions. Only HWC Charoda (Durg) has started Yoga sessions in the HWC.
- An amount of Rs. one lakh was sanctioned for each UPHC (ROP 2018-19) for displaying posters and flax in the waiting hall and OPD with important IEC, messages on national programmes available on www.C.G.health.nic.in.
- HWCs Hirapur and Charoda have created an attractive exterior layout by planting tree and placing flower pots which has improved the surroundings by giving it a green look.
- Patients in all the HWCs of Raipur remove their slippers and place it in a shoe rack placed outside, thus maintaining cleanliness inside the health facility.

HWC Urla Raipur

Patient waiting are HWC Urla Raipur

Display of Services at HWC Nawapara

Services at HWC Urla Raipur

Patients Rights HWC Urla Raipur

Clients of HWC Urla Raipur

ANC clients of HWC Urla Raipur

MO with Patient at HWC Urla Raipur

Records and Registers at HWC Urla Raipur

- As per the proposed plan for IEC a board of size 4*6 ft would display the timings of the facility and the services being provided at the entrance of each UPHC-HWC, which was observed at the HWCs during field
- At the community level wall writings/ paintings carrying messages on health issues and prevention from diseases for creating awareness was reported by mitanins.
- Citizen's Charter and Display of IEC to enable community awareness on services available at HWCs is. The IEC displayed inside the HWCs are adequate and of good quality, pertaining to diseases and services and recent programmes under NHM. In the interiors of the UPHCs with new buildings standardised posters as outlined for the HWCs have been displayed on the walls. Television sets display all national health programmes when patients wait in the hall for their turn.
- Furnitures/fixtures and equipment are available in the PHC-HWCs as per protocols. Only Tanki Maroda and Khursipar (Durg, Bhilai) UPHCs do not have all the furniture and fixtures in place due to paucity of space.

6.3 IT Support and Teleconsultation Services in UPHC- HWCs

- IT support to HWC team is to be equipped with tablets/smart phones to serve a range of functions such as population enumeration and empanelment, record delivery of services, enable quality follow up, facilitate referral/continuity of care and create an updated individual, family and population health profile, and generate reports required for monitoring at higher levels (Table 3 a,b,c).
- The state government in its ROP for HWCs OP (2018-19) has sanctioned a total amount of Rs. one lakh per UPHC-HWC including Rs. 50,000 for one lap top and Rs. 10,000 per tablet for five tablets per UPHC for ANMs/ MPWs serving in the wards.
- All 12 UPHC-HWCs have desktops/laptops for Medical Officers which is being used by the data handlers of NCD-HWC portal to daily update data.
- The distribution of tablets across UPHCs is not uniform and vary between 1-7 in the different UPHCs. UPHC Hirapur (Raipur) has received one tab whereas, UPHC Khokhopara (Raipur) has received seven.
- Mitanins have not been provided smart phones but CBAC forms filled manually by Mitanins and district the proposed training of Mitanins due to lock down for Covid 19.

- Data handler of Urla HWC reported that data updation process for NCD was slow and took two to three days time and saved data did not show on the portal.

HWC Labhandi Raipur

PRC team interacting with patient HWC Labhandi Raipur

Doctor's room HWC Labhandi Raipur

Registration area HWC Labhandi Raipur

Timings of HWC Labhandi Raipur

Medicine distribution room HWC Labhandi

Sanitation and hygiene HWC Labhandi Raipur

Pathological Lab & services HWC Labhandi

Vaccination Room HWC Labhandi Raipur

Patient with SN HWC Labhandi Raipur

IEC for Filaria HWC Labhandi Raipur

- At all levels, teleconsultation could be used to improve referral advice, seek clarifications, and undertake virtual training including case management and support by specialists. The process of tele consultation has yet to be implemented in the HWCs. In Raipur teleconsultation services are likely to start with Zoom APP.
- Collaboration with Tata trust for knowledge generation and technical support has been made at the state level.
- Trainings have been provided to data handlers in the use of laptops and ANMs / MPWs in the use of tablets for both NCD and RCH portal.

6.4 Medicines and Diagnostics

- Medicines listed as per essential drug list (EDL) for PHCs need to be ensured at respective HWCs. A list of 36 essential drugs has been shortlisted for HWCs (ROP 2018-19). Additionally, 10 drugs are essential in the emergency kit in the HWCs.
- Online indenting of drugs was reported by all UPHCs through C.G.MSC. All pharmacists are trained in FP LMIS and inventory management and NCD. Pharmacist from Dondhipara reported that FPLMIS has been used to supply FP stocks to ANMs in the periphery, but there were adequate stocks in the UPHC, therefore the software was not used for indenting FP supplies from the district. The id and password for using FPLMIS has not been provided to UPHC Urla (Table 4a, b, c).
- No shortage of drugs or essential medicines was reported at the visited HWCs. Drugs and consumables at UPHC-HWCs are available due to timely indenting by staff. None of the visited UPHC-HWCs reported irregular stocks except UPHC- HWC Nawapara (Ambikapur) which has reported irregular and untimely supply of medicines from state to district for hypertension and diabetes.
- CGMSCL directly provides drugs to the UPHCs. In case CGMSCL is unable to provide the indented drugs timely, then a no objection certificate is provided by CGMSCL to avoid stockout of impending drugs. The essential medicines are then obtained from CMHO warehouse or through local purchase.
- The untied funds by the UPHC-HWCs are being utilized for local procurement based on rate contracting at the state level. This is done especially while providing delivery services, in case of stockout of consumables and emergency drugs. Drugs purchased locally in Raipur are from Red Cross Society shop near MC Raipur.

Health and Wellness Centre KhoKhopara Raipur

Labour room & emergency medicines KhoKhopara Raipur

Vaccine room KhoKhopara Raipur

PRC team with Mitanin MTs and Area Coordinator KhoKhopara Raipur

SNs with patients KhoKhopara Raipur

CPHC services at KhoKhopara Raipur

- Lab services of CHC Charoda were discontinued due to the transfer of lab technician, and in HWC Khusipar the lab technician is providing services according to old civil dispensary norms and does not adhere to the timings of the services planned for the HWCs.
- Twelve to twenty types of diagnostic tests are being currently provided by the UPHC-HWCs. The investigations mainly include MP, HB, Widal, Urine (R & M), VDRL, UPT, blood Sugar, HIV, VDRL, UPT, Sputum AFB, Blood Group, TLC, DLC, Sickling test. Hirapur HWC has reported maximum of 20 diagnostic tests. Total lab investigations conducted in financial year (2019-20) were 655 at HWC Jangir and highest 18771 at UPHC– HWC Khokhopara. Average lab investigations per month reported in HMIS are minimum 131 in HWC Janjgir and 1706 in HWC Khokhopara.
- PRC Sagar had visited UPHCs in Raipur city in the year 2015-16 for assessment of NUHM, and observed that laboratory tests and diagnostic services were limited. Lab services have improved over a period of time after being upgraded into UPHC-HWC.
- There has been an overall expansion in the number of services and sanitation, hygiene and cleanliness were observed in the laboratory of all the UHFWCs. The mandatory BMW protocols for disposing used chemicals is being followed in all the 12 UPHC-HWCs in the five cities.
- Tests of CBC, RFI, LFT, thyroid, ESR are not being done due to non-availability of necessary equipments at the UPHC -HWCs.
- Regarding functionality of equipment it was reported that that Mediciti Health Care Services Private limited, provided technical services for calibration of essential instruments on basis of requirement. Each district has two-three technicians from the company. For non- functional equipments the CMHO has to be informed. Annual Maintenance Contract has been drawn out by the state for all the districts.
- The lab technician from UPHC Dondhipara reported of two non- functional microscopes which had not been repaired till date. Most of the UPHCs reported that timely repair and calibration was an issue. Only some of the lab technicians had received hands on training by the technical team on calibration.
- Timely calibration of instruments is essential for maintaining continuity of diagnostic services in the HWCs.

HWC Hirapur

Landsacping at HWC Hirapur

Reuse & recycle HWC Hirapur

Pathology Lab HWC Hirapur

CPHC Services HWC Hirapur

Registration Counter HWC Hirapur

IEC HWC Hirapur

BMW enviro-care HWC Hirapur

Drug dispensation HWC Hirapur

Citizen's Charter HWC Hirapur

Health and Wellness Centre Mowa

Colored Bins in HWC Mowa

IPD ward in HWC Mowa

6.5 Functional Coordination Amongst Primary Care Team

- In the UPHCs of Janjgir, Korba, Nawapara (Ambikapur) and Raipur, five to 15 female MPWs are providing services in the urban wards through the different SSKs functioning in either at the AWCs or in buildings provided by urban local bodies. RCH and immunization services are mainly provided by ANMs and male MPWs assist in NCD enrolment with urban Mitanins trained in NCD. Overall, only one – three male MPWs in all the UPHCs are providing services in the wards. In Durg district there are no male MPWs (Table 5 a,b,c).
- In Durg –Bhilai there are no male MPWs in the different UHWCs, only female MPWs are allotted duties in the different SSKs. Mitanins could not complete the proposed training in NCD due to Covid lock down.
- PHC Medical officers are attending upward referral by MPWs for diagnosis, complication management and initiation of treatment plan communication by PHC Medical Officer, MPW for continuation of treatment plan and follow up care at UPHC-HWC. Mitanins are referring cases for screening/management of cases at UPHC-HWC, especially diabetes and hypertension.
- Uniformity regarding weekly meetings of ANMs, and MPWs are observed in all the 12 UPHC-HWCs. The discussions in meetings are mostly regarding issues in areas of health, monthly action plans, ANC, immunization, NCD screening, leprosy, SHP, other national programmes, HMIS and RCH portal etc.
- All the 12 UPHCs visited in the five urban localities are providing OPD services for seven hours per day. Timings of eight UPHC-HWCs are between 9-4 pm. They are HWCs, Janjgir, Dondhipara, Nawapara, HWCs Baikunthdham, Charoda and Tankimaroda in Durg , HWCs Urla and Hirapur in Raipur in Durg are opened between 9 am to 4 pm both in the morning and evening. Three HWCs in Raipur, Labhandi, Khokhopara, Mowa and Khursipar in Durg provide services during both morning and evening hours.
- Total monthly OPD footfalls vary between 1102 in HWC Janjgir to maximum of 2863 in HWC cases per day. Post operationalization 7413 cases were attended in HWC Janjgir to maximum of 42927 cases in HWC Baikunthdaham (Table 6a, b, c).

Kala jattha at Birgaon, Urla

Mitanin MAS meeting at Birgaon Urla

Anti addiction campaign CPM Birgaon &PRC Team

HWC Baikunthdham

OPD timings & services at HWC Baikunthdham

HWC Baikunthdham functioning from Community Hall

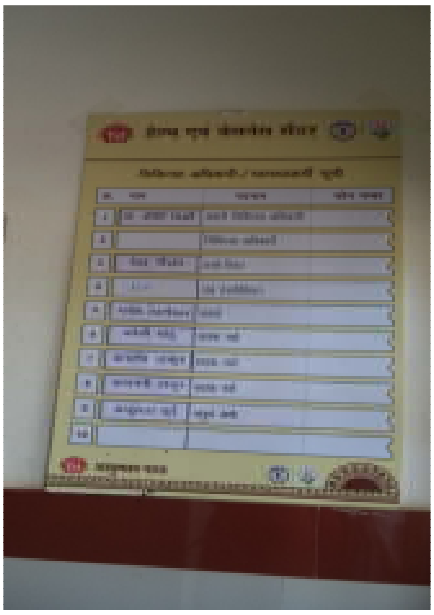
Blue box for disposing sharp needles HWC Baikunthdham

First Aid HWC Baikunthdham HWC Baikunthdham Needle Stick Injury Protocols

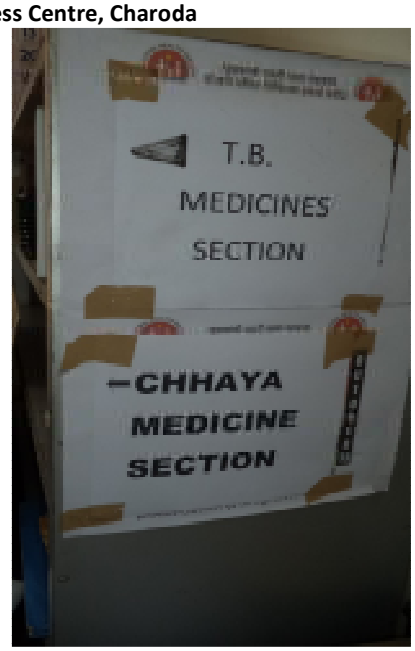
Lab services at HWC Baikunthdham

- All 12 UPHC-HWCs are providing emergency and IPD services 24*7 on daily basis. In the 12 UPHC- HWCs, ANC services are provided on daily basis, immunization on fixed days, NCD services are provided on daily basis at the HWCs and also in outreach NCD camps on monthly or bi monthly basis. PMSMA services are provided on 9 th of every month in special day health clinics. Certain specialist services are provided on fixed days at the HWCs of Raipur.
- Urban RBSK teams are not functional in, HWC Janjgir (Janjgir-Champa). Dondhipara has three RBSK teams but at block level (Korba) and Nawapara (Ambikapur). In Raipur city RBSK teams are not working in coordination with the HWCs. HWC Baikunthdham (Durg-Bhilai) reported that there is no urban RBSK team, team working in urban wards collected medicines from the HWC but reported their performance directly to CMHO Durg.
- The ANMs visit different government schools for School health Programme (SHP). ANMs coordinate with schools for WIFS and iron distribution of iron delivered through school teachers, provision of IFA and Albendazole tablets by teachers through WIFS and NDD programme respectively.
- All 12 PHCs have regularly held UHND sessions against those planned for the financial year 2019-20. The ward ANMs are present during the weekly UHNDs where immunization services, take place. Microplanning of UHND with approval/supervision of MO, and creating awareness about the UHND, with ASHA, Anganwadi worker, MAS groups is planned. ANM ensures that all due list of mothers and children, attend the UHND, coordinating with the ASHA. Supply and logistics are obtained from the HWCs. Outreach sessions are regularly being held in different wards on monthly basis. ANMs enrol and advise all 30+ attendees for NCD screening also. Systematic reporting of the services and data is done though the portal.
- In all the 12 visited UPHC-HWCs ANMs/ MPWs frontline functionaries working in the different wards meet weekly at the UPHC-HWCs. The meetings involve discussions related to ANC, immunization, institutional delivery, contraceptive distribution, screening of NCD, data uploading RCH portal.

Health and Wellness Centre, Charoda



Display of staff list of HWC-Charoda



Display of chaayya medicine of HWC-Charoda

MO with patient at HWC Charoda

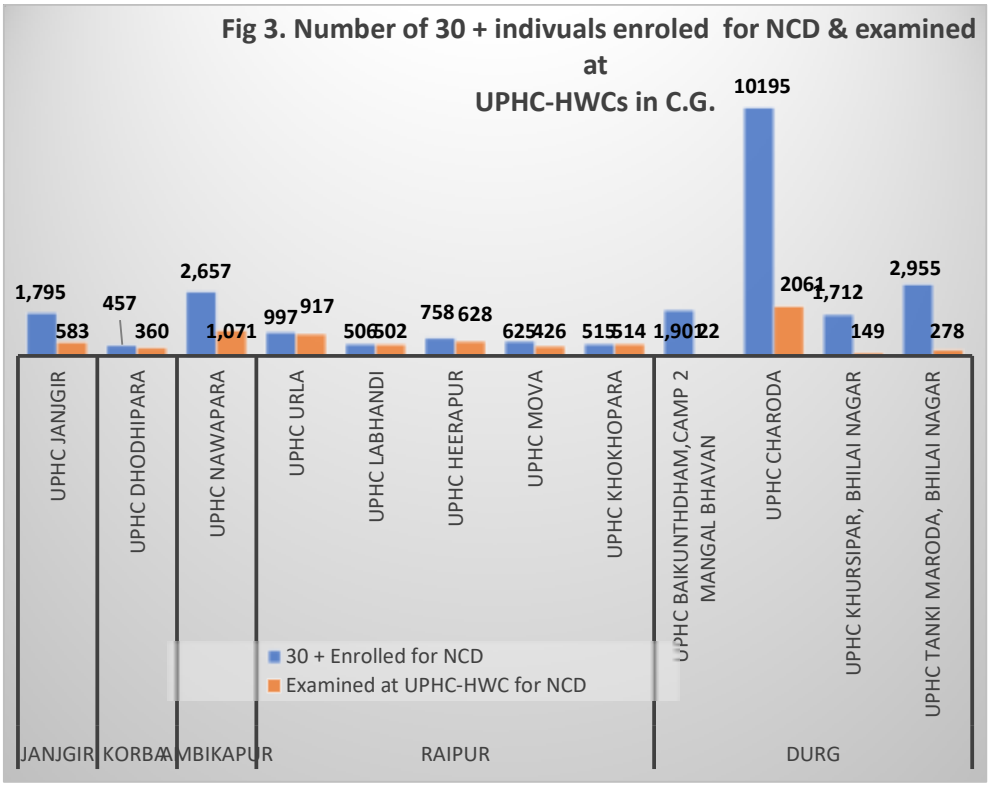
IEC at HWC Charoda

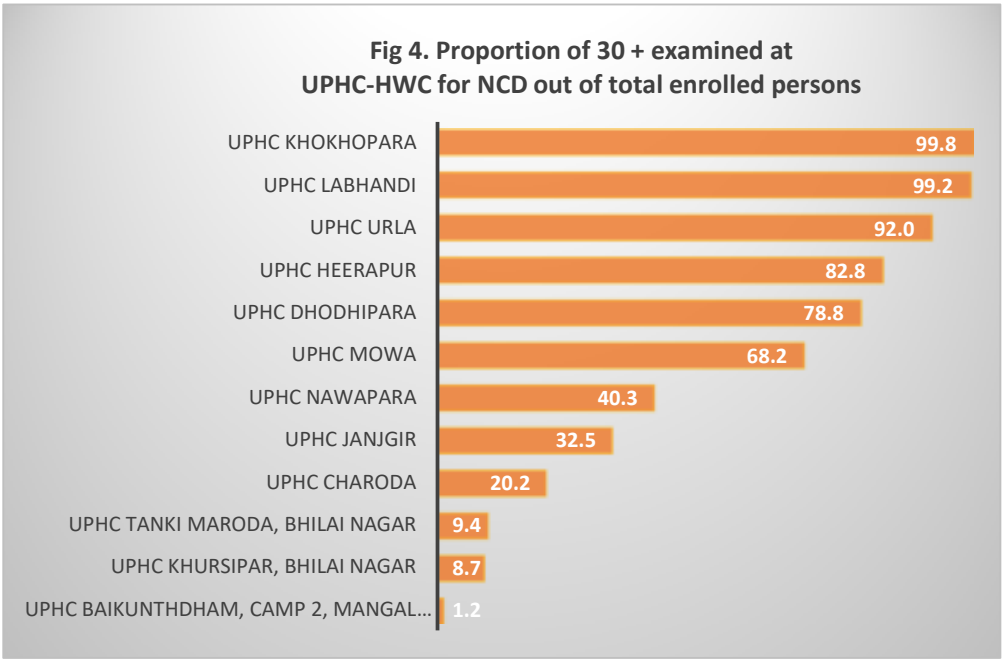
Signage at HWC Charoda

NCD Services in HWCs

- The UPHCs hold NCD screening on specific days as an outreach activity in all the visited HWCs. ANMs have created a database/list of all individuals aged over 30 (30+) in their catchment area with the help of Mitanins who have visited households and filled CBAC forms in their respective wards in Janjgir, Korba, Ambikapur and Raipur except Durg Bhilai.
- For Mitanins in Durg district filling up of CBAC forms of at-risk population among the 30+ individuals in their respective wards is pending due to delay in proposed training.
- Wardwise enrolment and screening is taking place in all the HWCs and a proportion of those screened have also been examined during 2019-2020. The data on examination of enrolled patients and subsequently examination at the UPHC indicates that nearly all patients of UPHC- HWC Khokhopara (99.8 percent), followed by Labhandi (99.2 percent), Urla (92 percent), Hirapur (83 percent), Dondhipara (79 percent), Nawapara 40 percent and HWC Janjgir (33 percent), were examined at the UPHC. Thus from enrolment to examination HWCs of Raipur have scored high, followed by Dondhipara (Korba).
- Poor enrolment is evident in the HWCs of Durg- Bhilai because Mitanins' proposed training on NCD was postponed due to Covid -19.
- Those who were diagnosed for diabetes and hypertension more than four-fifths received treatments in HWCs Khokhopara (82 percent) and Heerapur (81 percent) followed by

Dondhipara (75 percent), Urla (62 percent) Labhandi (57 percent) and Charoda (46 percent).





6.6 Community Out reach

- In all the 12 visited UPHCs of Raipur PHC staff are mainly conducting weekly yoga sessions on a fixed day. A few yoga sessions have been reported by HWC Janjgir and Nawapara, but not by UPHC Dondhipara which had organized a yoga camp on International Yoga day. In the UPHC- HWCs of Durg-Bhilai these camps are not being held.
- The 12 HWCs are organizing outreach camps in slums for medical checkup is being held by all in their respective urban wards. Camps for treatment of diseases like, leprosy, eyes, mental health, drug addiction, deworming etc. adolescent health, NCD are held on monthly basis based on priorities of national health programme in 2019-20. As special Outreach Sessions involve provision of services by specialists, gynaecologists, dermatologists, ophthalmologists, psychiatrists, dentists, ENT surgeons, orthopedic surgeons provide service in these sessions.
- In Raipur city specialists from MC Raipur are providing fixed day services at the HWCs. Skin specialists, dentists, gynaecologist provide services at the different HWCs as per duty roaster. In other cities the MO incharge refer the cases to their respective HWCs to DH after providing preliminary counselling (Table 6 a, b,c).
- IEC activities conducted by UPHC-HWC team include IEC posters, on balanced, healthy diets and regular exercises, sanitation, hygiene and cleanliness, ill effects of drug addiction, tobacco, alcohol and substance abuse, adolescent health, women's empowerment through action against gender violence, reduced stress and improved safety in the work place, different types of national programmes are displayed through oil painting on walls, rallies, sanitation and hygiene camps, nukkad nataks, wall writing, posters and hoardings, kala jattha was observed during visit to the HWCs.

6.7 Management of untied funds

- All the 12 UPHC-HWCs have received Rs.1,75, 000 as untied funds for different activities in the financial year 2019-20.
- Activities on which untied fund in financial year 2019-20 were spent by HWCs of Janjgir, Korba, Nawapara Raipur and Durg were for salary of outsourced staff, stationary, printing registers and feedback forms and internet charges. Procedure followed for decision about

Staff of HWC Khursipar, Durg-Bhilai

Waiting area for patients HWC Khursipar Durg-Bhilai

PRC team interacting with clients HWC Khursipar Durg-Bhilai

untied fund expenditure was by placing the requirements for the particular HWC before the JDS committee in the quarterly meetings. Signing authority was the CPM and PHC MO incharge. Planning priorities for HWC included listing out the top priorities of the HWCs by the MO -incharge and the local health staff of HWCs.

- The planning of spending the additional amount of Rs. 1 lakh received for the internal external branding of HWCs were carried out by the district level authorities like CMHO, CPM and NUHM nodal officers in the district. HWCs Baikunthdham and Khursipar (Durg-Bhilai) reported branding and whitewash needed to be completed.

6.8 ASHA Perspective & Role of Mahila Aarogya Samiti

- Twenty urban Mitanins/mitanins who were mainly 8th (5), 10 th (8) and 12 th(7) and four Mitanin trainers were interviewed in Janjgir, Korba, Nawapara, and Mowa, Tankimaroda (Durg) to understand their role in the communitization process of health services in the HWCs (Table 7 a, b, c).
- All mitanins have received trainings in service delivery, in Janjgir, Ambikapur, Korba, Raipur and Durg in HBNC (round 6th/ 7th) and bridge courses. Mitanins have reported receiving trainings in service delivery post operationalization of HWCs. NCD trainings have been provided in the HWCs of all the visited cities except Durg. Mitanins are involved in, JSY, UHND, RKSK and NCD (household survey of 30 +) with a focus on coverage of community at ward level. They are assisted by Mitanin trainers in their respective wards during HBNC visits, who monitor their work and provide assistance in visited households.
- Mitanins are attending the Urban Health and Nutrition Day (UHND) at the SSKs and AWCs supporting outreach activities with ANM. Visits to the health facility to accompany pregnant women, sick child or others needing services was observed during PRC team visit at the HWCs.
- It was observed that most of the Mitanins need periodic training on record keeping of services they provide. Mitanins do not keep any records about the amount they received and amount due to be paid.
- Mitanins need additional support, in their emerging role in delivery of comprehensive primary health care such as universal screening of common NCDs especially in Durg district where they have not received trainings in NCD.
- Mitanins reported of good co-ordination with the ward ANM and MOsof respective UPHC-HWC, but reported of poor response and behaviour of the staff, medical College (Raipur) and their respective DHs when they took patients to these facilities.
- During field visit in Purani Basti in Janjgir, Amapara in Raipur and Birgaon, Mitanins were

observed actively interacting with the local community, undertaking discussions in health issues assessment, sanitation and hygiene, drug de-addiction, in coordination with MAS.

Ayushman Bharat HWC Tanki Maroda Durg-Bhilai

PRC team interacting with CPM and Staff HWC Tanki Maroda Durg-Bhilai

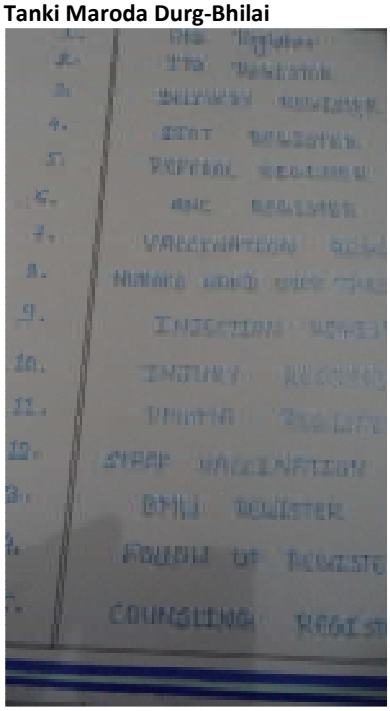
Records and Registers HWC Tanki Maroda Durg-Bhilai

AEFI kit HWC Tanki Maroda Durg-Bhilai

Bar coding for BMW HWC Tanki Maroda Durg-Bhilai

Disposing lab chemicals Karnataka model HWC Tanki Maroda Durg-Bhilai

Fire safety protocols HWC Tanki Maroda Durg-Bhilai



List of Registers HWC Tanki Maroda Durg-Bhilai

Box 2. MAS activities wards of Janjgir and Raipur

Total 3 focus group discussions were conducted with MAS members in Purani Basti Amapara and Birgaon

Key Activities of MAS: (Essence of FGD)

- Create community awareness on Health Issues specially NCD and support Mitanins in filling CBAC
- Issue of severe malnourishment among children- milk and eggs provided to severely malnourished children through untied
- Malaria/ dengue survey awareness about bed nets discussed.
- Awareness about institutional delivery.
- Child immunization programme.
- Street plays and kala jattha organized on social issues for awareness (Biragon).
- Untied funds used to purchase medicines for poor and needy in the community.
- Celebrate International Women's Day.
- Adolescent Health (Sabla Programme).
- Health issues like anemia discussed.
- Support ANM in National Programmes and community mobilization.
- Cleaning of drains and sanitation.
- Drinking water issues raised with ward member and borewell
- Fighting alcoholism and drugs.
- Micro- financing and SHGs.
- Creating on social issues.
- Identifying severely malnourished children and sending them to NRC in Medical College.
- Wall writing.

- Mitanins are actively organizing monthly meetings of MAS and undertaking local specific action. ANMs monitor the functionality and performance as well as the outcomes of the ASHA programme at U-PHC, level, and incentives are provided based on performance.
- All Mitanins have received five thousand each as untied funds which are mostly being used for providing nutrition to mal-nourished children, helping poor children buy clothes and medicines, purchasing of dari and furniture, purchase of bednets, weighing machines, maintaining cleanliness in their ward, spraying kerosene in the drains, sanitation and hygiene, arranging electricity and water in their area.
- The benefits of up gradation of the HWC which all Mitanins from all the visited HWCs stated were that HWCs' have expanded delivery mandate, enrolment and screening of NCD at ward level is possible, and they are able to facilitate diagnosis of BP, sugar, leprosy, ANC cases all at UPHC- HWC level.
- ASHA in urban wards have formed Mahila Arogya Samiti (MAS) which are local women's collective. They were particularly envisaged as being central to 'local community action'. These groups are active in taking collective action on issues related to Health, Nutrition, Water Sanitation and its social determinants at Slum/Ward level.

- Mahila Arogya Samiti (MAS) comprises at ward level of a group of around 50-100 households, and is responsible for health, sanitation and hygiene behaviour change promotion under the leadership of Accredited Social Health Activist (ASHA)
- All ASHA's/mitanins from the visited UPHC-HWCs have formed MAS's in their respective wards. In all the team attended 3 MAS meetings one in Janjgir and two in Raipur to understand the community processes adopted by these groups. Each MAS has a committee of approximately 8-10 members with an elected Chairperson/ Secretary and other elected representative like treasurer.
- Interactions with the three MAS Groups in Purani Basti, (Janjgir), Amapara, (Raipur) and Birgaon (Raipur) highlighted their role in the communitization process of health service
- Majority of the MAS women were in the age group 35 45 years and the average age was 37 years. Majority of them were housewives.
- Orientation training of MAS members have been initiated under Janjgir and Raipur HWCs in a phased manner, revealed during focus group discussions.
- It was observed that the members of the MAS in coordination with Mitanins, are promoting proactive community action are proactive in partnership with the urban local bodies to take care of issues related to ward level issues on drug deaddiction, malnourishment, adolescent health dastak abhiyan, swacchta abhiyaan, health in their respective area. This process is facilitating the local community to achieve its goals through proactive community participation.
- MAS members were asked about the difference between NCD and Communicable diseases in Birgaon. Members illustrated with an example that Covid 19 is a communicable disease which indicated high level of awareness in the group.
- MAS members reported of attending important health meetings/ trainings for national programmes. They enquired about reimbursement of their local travel expenses.

6.9 Service Readiness of UPHC-HWCs

- Total 12 types of CPHC services are being provided by the HWCs and the monthly data for these services is reported by each HWC to the state
- A complete range of 12 services are being provided by HWCs of Janjgir, Dondhipara (Korba) Nawapara (Ambikapur), Urla, Labhandi, Hirapur, Khokhopara and Mowa (Raipur),

Box 3: Comprehensive Primary Health Care offered by Health and Wellness Centres in C.G.

- Care in pregnancy and child-birth.
- Neonatal and infant health care services
- Childhood and adolescent health care services
- Family planning, Contraceptive services and other Reproductive Health Care services
- Management of Communicable diseases including National Health Programmes
- Management of Common Communicable Diseases and Outpatient care for acute
- simple illnesses and minor ailments
- Screening, Prevention, Control and Management of Non-Communicable diseases
- Care for Common Ophthalmic and ENT problems
- Basic Oral health care
- Elderly and Palliative health care services
- Emergency Medical Services
- Screening and Basic management of Mental health ailments

Baikunthdham, Charoda, Khusirpar Tanki Maroda (Durg- Bhilai). Monthly data is being forwarded by the HWCs for the 12 services provided (Tablet 8).

- Data reporting for screening, prevention, control and management of non-communicable diseases were reported as '0' by Dondhipara (Korba), Baikunthdham and Khursipar whereas this data is reported in both HMIS and NCD- HWC portal. HWC Dondhipara and Nawapara have reported '0' emergency services. (Data from HWC Janjgir, Urla, Tanki Maroda were not available at the time of preparing the report).
- Assessment of service readiness was done by assigning a score, '0' which meant 'poor' in a particular area, 'one' meaning 'partial' and 'two' indicating ' satisfactory' in eight areas which include scores on HR, training, community outreach, screening of NCDs, medicines, diagnostics, IT application and infrastructure.
- HWC Hirapur ranked first with 15 scores, HWCs Urla Labhandi, Khokhopara, Mowa (Raipur), Dondhipara (Korba) and Nawapara (Ambikapur) scored 14. HWCs Baikunthdham and Tankimaroda received 13 scores each, Charoda 12 and Khursipar received10 scores.

7. Beneficiary Perspective

- Patients at UPHC- HWCs, had come to the visited facilities for treatment of general ailments, for ANC, delivery, immunization services and OPD services were interviewed

- Fifty- three respondents had availed services from the 12 HWCs and were interviewed (male: 19; female:30 children:4) regarding the services received at the HWCs through a check list. (Table not presented).
- Majority, male respondents had come for treatment of general illness like fever, stomach problems, pain in the body, constipation whereas female respondents had come for ANC checkup (17), child immunization (4) and rest for treatment of general ailments.
- Majority, respondents had visited the HWC earlier and stayed in its close vicinity, at a walking distance from the HWC. The reason for visiting the HWC was given by some respondents was its closeness to their residence, and the distance of the DH from their area.
- Respondents informed about internal branding, hospital timings being maintained, and IEC and details about the services being provided.
- In Baikunthdham HWC in Durg and Khursipar (Bhilai) patients expressed satisfaction and availability of doctors, medicines and diagnostic services.
- In Hirapur HWC patients expressed satisfaction with internal branding, expansion of services and availability of doctors and laboratory services
- Patient satisfaction was high amongst the respondents. Patients in Khursipar reported of getting free medicines and lab tests, and were satisfied with the behaviour of the staff and treatment provided.
- Most of the female patients were aware of the Mitanins working on health issues in their wards and were aware about the ANCs, immunization and other diseases like diabetes and hypertension in Janjgir and Nawapara for which they received the household visits .
- Patients did not report about out of pocket expenditure for treatment and medicines.
- The state has proposed to convert the hybrid scheme into A B trust model from November 2019, whereby the state nodal agency (SNA) would provide health care upto 5 lakhs for BPL groups, and upto Rs. 50,000 for APL groups. A third party agency (ration mitras) is hired for registering clients in the public health facilities.
- Under AB beneficiaries are getting delivery services at the HWCs and part money is transferred to the JDS from which performance linked incentives are paid to hospital staff.
- Patients stated that there was a need for homeopathy and Ayurvedic doctors at the HWC Janjgir.

8. Programme Manager and Service Providers' Perspective

- The programme managers opined that more capacity needs to be created in the health system to match services arising out of the demand for services at the UPHCs in terms of manpower, infrastructure and diagnostics.
- NQAS forms are being filled by the HWCs for internal quality assessment for instituting quality standards and ensuring use of treatment protocols.
- For outreach services the CPMU have collaborated with MC Raipur and the DHs to make doctors and specialists available for fixed day services, which has facilitated services for slum and poor population.
- The vacant posts in the PMU in the states and districts need filling up to strengthen the process of implementation and augmentation of the programme.
- The MMU services announced by the state government must be operationalized in Korba, Bhilai (2 teams each) and Raipur (3 teams) cities to cater to the slum population once a week, and provide free medicines to patients.
- Service providers opined that sometimes services of HWC personnel are diverted to all national programmes, as a result the regular clinical services at these health facilities are hampered.
- Teleconsultation services should be initiated fast to facilitate treatment of cancers, which are not being presently provided by the HWCs.

9. Conclusion

- The programme managers at the state level are actively involved in implementing the CPHC through urban HWCs by operationalizing them at a rapid speed to reach out to the urban population.
- CPMU in Korba, Raipur and Durg district are involved in augmentation of UPHC- HWCs in terms of coverage and improving range of services being operationalized. and the service providers of all the HWCs showed devotion and readiness to implement CPHC in the true spirit.
- In Raipur city, UCHC Birgaon and UCHC Gudyari (Hamar Aspatal) visited by PRC team highlighted tremendous potentials for expanded service delivery.
- The HWCs are making efforts to increase the focus on wellness and lifestyle modification.

- Continuous efforts towards augmentation of services were observable in all the HWCs during field visit and a close coordination among the SPMU, CPMU, and the staff of HWCs is evident.

Note: *A field visit to SHC Naila (Janjgir) UCHCs Guriyari and Birgaon (Raipur) were made to understand the special inputs being provided by C.G. to upgrade the urban health services.*

A special initiative of C.G. Government for urban health

UCHC-Guriyari with 140 medicines in EDL and 42 type of tests and E-hospital

References

1. Key Indicators of Social Consumption in India on Health, National Sample Survey 71st Round, 2014, Ministry of Statistics and Programme Implementation, Government of India

2. WHO Non-Communicable Diseases; Country Profile for India; 2014

Table 1 a: Human Resources in UPHC-HWCs Janjgir, Dondhipara Nawapara of Jangir-Champa, Korba and Surguja districts respectively				
	Type of the facility (UPHC)	**Janjgir-Champa**	**Korba**	**Surguja**
		HWC Janjgir	**HWC Dondhipara**	**HWC Nawapara**
1	MBBS Medical Officers	1	1	2
2	AYUSH MO/ AMO	1	1	--
3	**Other Paramedic Staff**			
	Staff Nurse	4	3	3
	Lab Technician	1	1	1
	Pharmacist	2	1	1
	LHVs	--	--	--
	Others	--		3*
5	MPW Females	1		14#
6	MPW Male	1	1	5
7	ASHAs	14		95
*2 male 1 female ANMs attached from patelpara PHC, #in 48 urban wards				

Trainings completed in UPHC-HWC Janjgir, Dondhipara, Nawapara of Jangir- Champa Korba and -Surguja districts respectively						
Type of training (Number of Days)	**HWC Janjgir**		**HWC Dondhipara**		**HWC Nawapara**	
	MO*	**Para-Med/ others**	**MO**	**Para-Med/ others**	**MO**	**Para-Med/ others**
NCD	3	3	3	3	3	3
HWC	2	2	2	2	2	2
NSSK	2	2	2	2	2	2
RKSK	--	--	--	--	2	--
RTI/STI	--	2	--	--	--	2
Immunization	--	2	--	--	2	2
SBA	--	21	--	21	--	21
F- iMNCI/IMNCI	2	--	2	--	2	--
PPIUCD	2	2	2	2	2	2
IUCD	2	2	2	2	2	2
Antara	2	2	2	2	2	2
TB/HIV	--	--	--	--	--	1
Mental Health	1	1	1	1	1	1
BCC	--	--	--	--	--	3
Evin App	--	1	--	1	--	1
HMIS	1	1	1	1	1	1

Table 1b. Human Resources in UPHC-HWCs in Raipur District						
	Type of the facility (UPHC)	**Raipur District**				
		HWC Urla	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**HWC Mowa**
1	MBBS Medical Officers	01	01	01	O4	02
2	AYUSH MO/ AMO	1	1	1 & 2 AMO	--	1
3	**Other Paramedic Staff**					
	Staff Nurse	4	4	4	10	2
	Lab Technician	1	1	1	4	1
	Pharmacist	1	2	1	3	1
	LHVs	0	1	--	--	--
	Others	3	2	3*	4	4
4	MPW Females	15	--	7	14	12
5	MPW Male	3	2	0	--	1
6	ASHAs (Urban)	100	39	60	147	98
*All male and female MPWs in urban wards						

Trainings completed in UPHC – HWCs in Raipur district										
Type of training/ (Number of Days)	**HWC Urla**		**HWC Labhandi**		**HWC Hirapur**		**HWC Khokhopara**		**HWC Mowa**	
	MO/	**Para-Med/ others**	**MO**	**Para-Med/ others**	**MO**	**Para-Med/ others**	**MO**	**Para-Med/ others**	**MO**	**Para-Med/ others**
NCD	3	3	3	3	3	3	3	3	3	3
Ndd	1	1	1	1	1	1	--	--	--	--
HWC	2	2	2	2	2	2	2	2	2	2
Hypertension/ IHCI	1	1	1	1	1	1	1	1	1	1
Diabetes	2	2	2	2	2	2	2	2	2	2
SBA	--	21	--	21	--	21	--	21	--	21
IDCF	--	1	--	1	--	1	--	--	--	--
PPIUCD	2	2	2	2	2	2	2	--	2	2
IUCD	--		--		--	4	--	--		
Antara	--	2	--	2	--	2	--	--	--	2
Cancer	1	1	1	1	1	1	--	--	1	1
TB/ RNTCP/ NTEP	2	2	2	2	2	2	2	7	2	2
Leprosy	3	3	3	3	3	3	3	--	--	--
Mental Health	2	2	2	2	2	2	--	--	2	--
Evin APP	--	1	--	1	--	1	--	1	--	1
FP-lmis	--	2	--	2	--	2	--	2	--	2
Inventory management	--	1	--	1	--	1	--	1	--	1
HMIS/IHIP	1	1	1	1	1	1	1	1	--	1
Sickle Cell		1	--	1	--	1	--	1	--	1
Communicable	--	--	--	--	--	--	1	1	--	1

Table 1c: Human Resources in UPHC-HWCs in Durg District					
	Type of the facility (UPHC)	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
1	MBBS Medical Officers	3	1	2	2
2	AYUSH MO/ AMO	0	0	0	0
3	**Other Paramedic Staff**				
	Staff Nurse	3	3	2	3
	Lab Technician	1	0	0	1
	Pharmacist	1	1	1	0
	LHVs	0	1	0	1
	Others	1	0	1	
4	MPW Females	9	10	7	10
5	MPW Male	0	0	0	0
6	ASHAs	101	97	45	89

Type of training (Number of Days)	**HWC Baikunthdham**		**HWC Charoda**		**HWC Khursipar**		**HWC Tanki maroda**	
	MO*	**Para-Med/ others**	**MO**	**Para-Med/ others**	**MO**	**Para-Med/ others**	**MO**	**Para-Med/ others**
NCD	3	3	3	3	3	3	3	3
HWC	--		--	3	3	3	3	3
NSSK	--	2	--	2	--	2		2
MAA	--		--	--	--	--	1	1
IYCF	1	1	--	--	--	--	1	--
NBCC	1		--	--	--	--	--	--
BLSO	--	1	--	--	--	--	--	1
BeMOC	--	3	--	--	--	3	--	--
RTI/STI	--		--	--	--	1	--	--
Immunization	2	2	2	--	--	2	2	--
SBA	--	21	--	21	--	21	--	21
F- IMNCI/IMNCI	--	8	--	--	--	8	--	--
NSSK	--		--	--	--	2	--	--
PPIUCD	1	1	1	1	--	1	1	--
IUCD	1	1	1	1	--	1	1	--
VDRL	1	--	--	--	--	--	1	--
Nikshaya Aushdhi	--	--	--	--	--	--	1	--
Sickle cell	--	1	--	1	--	1		1
TB/HIV/	--		--	--	--		2	--
Mental Health	1	1	1	--	1	1	1	--
BMW	1	1	1	--	1		1	--
Cold Chain App	1	1	--	--	--	1		--
HMIS/ IHIP	--	1	--	--	--	1		--
CGMSC	--	1	--	1	--	1		--

Table 2 a: Infrastructure and resources available in UPHC-HWCs Janjgir, Dondhipara, Nawapara of Jangir- Champa, Korba and Surguja districts respectively			
Type of the facility (UPHC)	**HWC Janjgir**	**HWC Dondhipara**	**HWC Nawapara**
Infrastructure			
Repairs and upgradation for HWCs completed	Underway	Completed	Completed
Facility been upgraded with the following inputs Completed /Underway / Planned but not started			
24 hours electricity	Yes	Yes	Yes
24 hours water supply	Yes	Yes	Yes
Room for OP Consultation	Yes	Yes	Yes
Examination Area with adequate Privacy	Yes	Yes	Yes
Patient Waiting Area (for at 8-10 patients)	Yes	Yes	Yes
Designated space for Lab and Dispensation of Medicines	No	No	Yes
Space for Sterilization	Yes	Yes	Yes
Adequate provision for Cold chain maintenance	Yes	Yes	Yes
If the facility is a Delivery Point-Labour room/NBCC available as per IPHS	Yes	Yes	Yes
Facilities for safe Drinking Water Suitable Approach Road	Yes	Yes	Yes
Separate Male/Female Toilets for staff/Patients/both	Yes	Yes	Yes
Appropriate Drainage and Arrangement for Waste Disposal	No[$]	Yes	Yes
Wellness room or provision of Yoga services	Yes[#]	No	Yes[#]
Furnitures/Fixtures and Equipment	No	Yes	Yes
Citizen's Charter and Display of IEC to enable Community Awareness on services available at HWCs	Yes	Yes	Yes
[$] Sharp deep pit by enviro care to be constructed in Janjgir [#] space in the hall for yoga			

Table 2 b: Infrastructure and resources available in UPHC-HWCs of Raipur District					
Type of the facility (UPHC)	**HWC Urla**	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**HWC Mowa**
Repairs and upgradation for HWCs completed	Underway	Completed	Completed	Completed	Completed
Facility been upgraded with the following inputs Completed /Underway / Planned but not started					
24 hours electricity	Yes	Yes	Yes	Yes	Yes
24 hours water supply	Yes	Yes	Yes	Yes	Yes
Room for OP Consultation	Yes	Yes	Yes	Yes	Yes
Examination area with adequate Privacy	Yes	Yes	Yes	Yes	Yes
Patient Waiting Area (for at 8-10 patients)	Yes	Yes	Yes	Yes	Yes
Designated space for Lab and Dispensation of Medicines	No	Yes	Yes	Yes	Yes
Space for Sterilization	Yes	Yes	Yes	Yes	Yes
Adequate provision for Cold chain maintenance	Yes	Yes	Yes	Yes	Yes
If the facility is a Delivery Point-Labour room/NBCC available as per IPHS	Yes	Yes	Yes	Yes	Yes
Facilities for safe Drinking Water	Yes	Yes	Yes	Yes	Yes
Suitable Approach Road	Yes	Yes	Yes	Yes	Yes
Separate Male/Female Toilets for staff/Patients/both	Yes	Yes	Yes	Yes	Yes
Appropriate Drainage and Arrangement for Waste Disposal	Yes	Yes	Yes	Yes	Yes
Wellness room or provision of Yoga services	Yes*	Yes	Yes	No	No
Furnitures/Fixtures and Equipment	Yes	Yes	Yes	Yes	Yes
Citizen's Charter and Display of IEC to enable Community Awareness on services available at HWCs	Yes	Yes	Yes	Yes	Yes
** Daily, 5 days and zoomba on Saturday*					

Table 2 c: Infrastructure and resources available in UPHC-HWCs of Durg District				
Type of the facility (UPHC)	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
Infrastructure				
Repairs and upgradation for HWCs completed	Underway	Completed	Underway	**Underway**
Facility been upgraded with the following inputs Completed /Underway / Planned but not started yet				
24 hours electricity	Yes	Yes	Yes	Yes
24 hours water supply	Yes	Yes	Yes	Yes
Room for OP Consultation	Yes	Yes	Yes	Yes
Examination area with adequate Privacy	Yes	Yes	No	No
Patient Waiting Area (for at 8-10 patients)	No	Yes	Yes	No
Designated space for Lab and Dispensation of Medicines	Yes	Yes	Yes	Yes
Space for Sterilization	Yes	Yes	Yes	Yes
Adequate provision for Cold chain maintenance	Yes	Yes	Yes	Yes
If the facility is a Delivery Point-Labour room/NBCC available as per IPHS	Yes	Yes	Yes	Yes
Facilities for safe Drinking Water	Yes	Yes	Yes	Yes
Suitable Approach Road	Yes	Yes	Yes	Yes
Separate Male/Female Toilets for staff/Patients/both	Yes	Yes	No	Yes
Appropriate Drainage and Arrangement for Waste Disposal	Yes	Yes	Yes	Yes
Wellness room or provision of Yoga services	No	Yes	No	No
Furnitures/Fixtures and Equipment	Yes	Yes	No	No
Citizen's Charter and Display of IEC to enable Community Awareness on services available at HWCs	Yes	Yes	Yes	Yes

Table 3a: IT Support in UPHC-HWCs Janjgir, Dondhipara, Nawapara of Jangir- Champa, Korba and Surguja districts respectively			
Type of the facility	**HWC Janjgir**	**HWC Dondhipara**	**HWC Nawapara**
IT Support for HWC			
Desktops/Laptops for Medical Officer-Available-	Yes	Yes	Yes
Tablets for MLHP, MPWs (Specify Numbers)	Yes (3)	Yes (5)	Yes (6)
Smart Phones for ASHA	No	No	No
Training in use of IT systems complete for Staff UPHC	No	Yes	No
Type of IT Applications in use			
RCH Portal	Yes	Yes	Yes
HMIS	Yes	Yes	Yes
CPHC-NCD application	Yes	Yes	Yes
HWC Portal	Yes	No	No
Nikshay	No	No	No
ANMOL by MPWs	No	No	No
E-Hospital	--	--	--
Any other application to support the delivery of National Health Programmes	No	No	No
ASHAs started filling population enumeration and CBAC data in CPHC application in smartphones	No	No	No
CBAC data filled manually by ASHAs digitized and entered in tablets with MPWs/MLHP?	Yes	Yes	Yes
Connectivity of PHC with Tele-consultation Hub established (Yes/No)	No	No	No
Pre-Fixed Schedule of Teleconsultation services displayed for the service users	No	No	No
Average number of Teleconsultations undertaken in day/week	NA	NA	NA
Mention most common cases for which Teleconsultation services have been availed	NA	NA	NA
Usefulness/ challenges reported by PHC Medical Officer	NA	NA	NA
Teleconsultation with PHC-MO established by MLHP and in use	No	No	No
Pre-Fixed Schedule of Teleconsultation services displayed for the service users	NA	NA	NA
Average number of Teleconsultations undertaken per day/week	NA	NA	NA
Most common cases for which Teleconsultation services have been availed	NA	NA	NA
Usefulness/ challenges reported by MLHP in using Tele-Consultation services	NA	NA	NA
NA= Non Applicable			

Table 3b. IT Support and Teleconsultation Services in UPHC- HWCs Raipur district					
Type of the facility	**HWC Urla**	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**HWC Mowa**
IT Support for HWC					
Desktops/Laptops for Medical Officer-Available-Yes/No	Yes	Yes	Yes	Yes	Yes
Tablets for MLHP, MPWs (Specify Numbers)	Yes (4)	Yes (3)	Yes (1)	Yes (7)	Yes (5)
Smart Phones for ASHA	No	No	No	No	No
Training in use of IT systems complete for Staff -PHC and UPHC	No	Yes	Yes	Yes	Yes
Type of IT Applications in use					
RCH Portal	Yes	Yes	Yes	Yes	Yes
HMIS	Yes	Yes	Yes	Yes	Yes
CPHC-NCD application	Yes	Yes	Yes	Yes	Yes
HWC Portal	Yes	Yes	Yes	Yes	Yes
Nikshay	No	No	No	No	No
ANMOL by MPWs	No	No	No	No	No
E-Hospital	No	No	No	No	No
Any other application to support the delivery of National Health Programmes	Yes	Yes	Yes	Yes	Yes
ASHAs started filling population enumeration and CBAC data in CPHC application in smartphones	No	No	No	No	No
CBAC data filled manually by ASHAs digitized and entered in tablets with MPWs/MLHP?	Yes	Yes	Yes	Yes	Yes
Connectivity of PHC with Tele-consultation Hub established (Yes/No)	No	No	No	No	No
Pre-Fixed Schedule of Teleconsultation services displayed for the service users	No	No	No	No	No
Average number of Teleconsultations undertaken in day/week	NA	NA	NA	NA	NA
Most common cases for which Teleconsultation services have been availed	NA	NA	NA	NA	NA
Usefulness/ challenges reported by PHC Medical Officer	NA	NA	NA	NA	NA
Teleconsultation with PHC-MO established by MLHP and in use	No	No	No	No	No
Pre-Fixed Schedule of Teleconsultation services displayed for the service users	NA	NA	NA	NA	NA
Average number of Teleconsultations undertaken per day/week	NA	NA	NA	NA	NA
Most common cases for which Teleconsultation services have been availed	NA	NA	NA	NA	NA
Usefulness/ challenges reported by MLHP in using Tele-Consultation services	NA	NA	NA	NA	NA

Table 3 c: IT Support and Teleconsultation Services in UPHC-HWCs of Durg district				
Type of the facility	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tankimaroda**
IT Support for HWC				
Desktops/Laptops for Medical Officer-Available-Yes/No	Yes	Yes	Yes	Yes
Tablets for MLHP, MPWs (Specify Numbers)	Yes (4)	Yes (3)	Yes (6)	Yes (5)
Smart Phones for ASHA	No	No	No	No
Training in use of IT systems complete for Staff -PHC and UPHC	Yes	Yes	Yes	Yes
Type of IT Applications in use				
RCH Portal	Yes	Yes	Yes	Yes
HMIS	Yes	Yes	Yes	Yes
CPHC-NCD application	Yes	Yes	Yes	Yes
HWC Portal	Yes	Yes	Yes	Yes
Nikshay	No	No	No	No
ANMOL by MPWs	No	No	No	No
E-Hospital	**No**	No	No	No
Any other application to support the delivery of National Health Programmes	No	No	No	No
ASHAs started filling population enumeration and CBAC data in CPHC application in smartphones	No	No	No	No
CBAC data filled manually by ASHAs digitized and entered in tablets with MPWs/MLHP?	No	No	No	No
Connectivity of PHC with Tele-consultation Hub established (Yes/No)	No	No	No	No
Pre-Fixed Schedule of Teleconsultation services displayed for the service users	No	No	No	No
Average number of Teleconsultations undertaken in day/week	NA	NA	NA	NA
Most common cases for which Teleconsultation services have been availed	NA	NA	NA	NA
usefulness/ challenges reported by PHC Medical Officer	NA	NA	NA	NA
Teleconsultation with PHC-MO established by MLHP and in use	No	No	No	No
Pre-Fixed Schedule of Teleconsultation services displayed for the service users	NA	NA	NA	NA
Average number of Teleconsultations undertaken per day/week	NA	NA	NA	NA
Most common cases for which Teleconsultation services have been availed	NA	NA	NA	NA
Usefulness/ challenges reported by MLHP in using Tele-Consultation services	NA	NA	NA	NA

Table 4a: Medicines and Diagnostics Available in UPHC-HWCs Janjgir, Dondhipara, Nawapara of Jangir-Champa, Korba and Surguja districts respectively			
Availability of Medicines & Diagnostics	**HWC- Janjgir**	**HWC – Dondhipara**	**HWC Nawa para**
Number of Medicines Available in the Facility as per State/National List of Essential Medicines	Yes 36 drugs for HWC 10 in emergency kit	Yes 36 drugs for HWCs 10 in emergency kit	Yes 36 drugs for HWCs 10 in emergency kit
Number and Types of Medicines Available for management of NCDs	2 types of medicines Amelodepin Glimepiride	3 types for BP Depin,amelodepin- Daibetes- metformin, Glimepiride	2 types of medicines Amelodepin Glimepiride
Number and Type of Medicines that are not in adequate stock for minimum three months usage	Activated charcoal	Gentamycin Brufen 200/400 mg, diclofenac	Multivitamin and combination drugs Cough syrup and Cetrizine
Reasons for Stock Out- Track timeliness and adequacy of generation of indents	Indent online CGMSC	Indenting online CGMSC	Irregular supply of medicines timely from state to district amelodepin Glimepiride
Does the UPHC-HWC team submit demand of medicines and consumables district as per availability?	UPHC indents to CGMSC as per requirement based on EDL	UPHC indents to CGMSC as per requireent based on EDL	UPHC indents to CGMSC as per requirement based on EDL
Indenting linked to Government Store/District Warehouse for supply of medicines	Yes	Yes	Yes
Timelines of Receipt of consignments etc	Yes	Yes	No
Knowledge of UPHC-HWC team about medicines to be available at UPHC-HWC as per Essential List of Medicines?	Yes	Yes	Yes
Number of Diagnostics Tests/Lab Investigations being conducted as per MoHFW CPHC Guidelines	14	13	15
Specify Lab Investigations not being Conducted	CBC	CBC	CBC
Reasons for Non- Availability of Lab Investigations	Lab upgradation Not complete	ESR	ESR
Lack of reagents and consumables Non-Functional Equipment Lack of Equipment Lack of Training Lack of Lab Technician Any other (specify)	No No Yes No No	No No Yes No No	No No Yes No No
Stock out of consumables currently Consumables have frequent stock out	No	No	No*
Functionality of Equipment/Calibration/Maintenance	Mediciti for CG	Microscope Locally and once mediciti	Mediciti is not regular in maintenance

Availability of Medicines & Diagnostics	**HWC Janjgir**	**HWC Dondhipara**	**HWC Nawa para**
Comment on the accuracy of investigations	Accurate	Accurate	Accurate
Untied funds being utilized for local procurement based on rate contracting at the state level	Yes	Yes	Yes
The facility having DVDMS/E Aushadhi or other MIS for Drug and Vaccine Logistics	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP
Availability and uptake of FP-LMIS	Yes	Yes	Yes

* Buy from Jeevandeep as per requirement RTI/STI

Table 4b: Medicines and Diagnostics Available in UPHC-HWCs in Raipur district					
Availability of Medicines & Diagnostics	**UPHC- HWC Urla**	**UPHC- HWC Labhandi**	**UPHC- HWC Hirapur**	**UPHC Khokhopara**	**UPHC Mowa**
Number of Medicines Available in the Facility as per State/National List of Essential Medicines	Yes 65 drugs	Yes 65 drugs	Yes 85 drugs	Yes 103 drugs	Yes 102 drugs
Number and Types of Medicines Available for management of NCDs	BP -2 atenenol/amplodepin enalapril Diabetes 2- Metformin glimipride	BP 3 types enalapril, amelodipin- Daibetes- metformin, Glimepiride	BP 3 types enalapril,amelodipin- BP Daibetes- metformin Glimepiride	03 Types ARB, CCB, Betablocker, Biguanides, Sulphonylureas.	BP -2 atenenol/amplodepin enalapril Diabetes 2- Metformin glimipride
Number and Type of Medicines that are not in adequate stock for minimum three months usage	None	None	None	06	Cetirizine and fluconozol
Reasons for Stock Out- Track timeliness and adequacy of generation of indents	No issues of stock out	No issues of stock out	No issues of stock out	Analgesic, amplodepin calcium	No issues of stock out
UPHC-HWC team submits demand of medicines and consumables district as per availability	Yes As per EDL	Yes As per EDL	Yes As per EDL	Yes As per EDL	Yes As per EDL
The indenting is linked to Government Store/District Warehouse for supply of medicines	Yes CGMSC online CMHO offline	Yes CGMSC online CMHO offline	Yes CGMSC online CMHO offline	Yes CGMSC online CMHO offline	Yes CGMSC online CMHO offline
Timelines of Receipt of consignments etc	Yes	Yes	Yes	Yes	Yes
Knowledge of UPHC-HWC team about medicines to be available at UPHC-HWC as per Essential List of Medicines	Yes	Yes	Yes	Yes	Yes
Number of Diagnostics Tests/Lab Investigations being conducted as per MoHFW CPHC Guidelines	12	16	20	15	12
Specify Lab Investigations not being Conducted	CBC, RFI, LFT	CBC	CBC, T 3, T4 Tsh	CBC	CBC, RFI, LFT
Reasons for Non- Availability of Lab Investigations					
Lack of reagents and consumables Non-Functional Equipment Lack of Equipment Lack of Training Lack of Lab Technician* Any other (specify)	No No Yes No No	No No Yes No No	No No Yes No No	Yes No Yes No No	Yes No Yes No No
Any stock out of consumables currently. Consumables have frequent stock outs.	No	No	No	No	No

Availability of Medicines & Diagnostics	**HWC Urla**	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**UPHC Mowa**
		Surgical gloves/general gloves and masks	Surgical gloves/general gloves and masks		
Report on Functionality of Equipment/Calibration/Maintenance	Mediciti Healthcare Services Pvt Ltd	Mediciti Healthcare Services Pvt Ltd	Mediciti Healthcare Services Pvt Ltd	Mediciti Healthcare Services Pvt Ltd	Mediciti Healthcare Services Pvt Ltd
Comment on the accuracy of investigations	Accurate	Accurate	Accurate	Accurate	Accurate
Are the untied funds being utilized for local procurement based on rate contracting at the state level	Yes Red Cross Raipur	Yes Red Cross Raipur	Yes Red Cross Raipur	Yes Red Cross Raipur	Yes Red Cross Raipur
The facility is having DVDMS/E Aushadhi or other MIS for Drug and Vaccine Logistics	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP
Availability and uptake of FP-LMIS	No Id password not confirmed indenting offline demand CMHO	Yes Identing through FP-LMIS Recently initiated	Yes Issuing through FP-LMIS Adequate stock so no indenting	Yes Identing through FP-LMIS Recently initiated	Yes Identing through FP-LMIS Recently initiated

Table 4c: Medicines and Diagnostics Available in UPHC-HWCs in Durg district				
Availability of Medicines & Diagnostics	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
Number of Medicines Available in the Facility as per State/National List of Essential Medicines	Yes 60 drugs 10 in emergency kit	Yes 45 drugs for HWCs 10 in emergency kit	Yes 36 drugs for HWCs 10 in emergency kit	Yes 45 types of drugs
Number and Types of Medicines Available for management of NCDs	BP- Depin, amelodipin, analapril Diabetes-metformin, Glimepiride	BP- Depin, amelodipin- Diabetes-metformin, Glimepiride	BP-amelodipin Diabetes-metformin, Glimepiride	BP-amelodipin Diabetes-metformin, Glimepiride
Number and Type of Medicines that are not in adequate stock for minimum three months usage	No stock out	No stock out	No stock out	Cetrizine and dyclophin sodium
Reasons for Stock Out-Track timeliness and adequacy of generation of indents	NA	NA	NA	Short supply
The UPHC-HWC team submit demand of medicines and consumables district as per availability?	Direct online indenting to CGMSC	Direct indenting to CGMSC	Direct indenting to CGMSC	Direct indenting to CGMSC
Indenting linked to Government Store/District Warehouse for supply of medicines?	Yes Direct online indenting to CGMSC	Yes Direct online indenting to CGMSC	Yes Direct online indenting to CGMSC	Yes Direct online indenting to CGMSC
Timelines of Receipt of consignments etc	Yes	Yes	Yes	Yes
Knowledge of UPHC-HWC team about medicines to be available at UPHC-HWC as per Essential List of Medicines	Yes	Yes	Yes	Yes
Number of Diagnostics Tests/Lab Investigations being conducted as per MoHFW CPHC Guidelines	12	12	12	10
Specify Lab Investigations not being Conducted	CBC/ biochemistry	CBC	CBC	CBC
Reasons for Non-Availability of Lab Investigations	No availability of instrument	No availability of instrument	No availability of instrument	No availability of instrument

Availability of Medicines & Diagnostics	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
Lack of reagents and consumables	Yes	Yes	Yes	Yes
Non-Functional Equipment	No	No	No	No
Lack of Equipment	Yes	Yes	No	No
Lack of Training	No	No	Yes	Yes
Lack of Lab Technician*	No	Yes	Yes	Yes
Any other (specify)				
Any stock out of consumables currently Which consumables have frequent stock outs?	No	No	No	No
Functionality of equipment calibration/Maintenance	Mediciti for CG Microscope/ centrifuge	Mediciti for CG	Mediciti for CG	Mediciti for CG
Comment on the accuracy of investigations	Accurate	Accurate	Accurate	Accurate
The untied funds being utilized for local procurement based on rate contracting at the state level	Yes	Yes	Yes	Yes
The facility having DVDMS/E Aushadhi or other MIS for Drug and Vaccine Logistics	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP	Yes CGMSC online Evin/ Mobile APP
Availability and uptake of FP-LMIS	Yes	Yes	Yes	Yes

Table 5a: Functional Coordination amongst the Primary Care Team in UPHC-HWCs Janjgir, Dondhipara, Nawapara of Jangir- Champa, Korba and Surguja districts respectively			
Functional Coordination	**HWC Janjgir**	**HWC Dondhipara**	**HWC Nawa para**
Nature of work distribution between MLHPs and MPWs Females and Males	Yes Wardwise	Yes wardwise	Yes wardwise
Assess Field Level coordination and challenges if any in functions of MLHPs/MPWs and ASHAs	None Work distribution among ANM/MPW ANM: maternal health and immunization Male MPW: NCD	None Work distribution among 16ANMs in 41 wards ANM: maternal health and immunization Male MPW: NCD	None Work distribution among ANM/MPW ANM: maternal health and immunization Male MPW: NCD
Coordination of Care Delivery for Continuum of Care-			
ASHAs referring cases for screening/management of cases at UPHC-HWC	Yes from wards	Yes from wards	Yes from wards
MLHPs attending to cases referred by ASHAs	NA	NA[#]	NA
PHC Medical Officer attending upward referral by MLHP/MPWs for diagnosis, complication management and initiation of Treatment plan	Yes	Yes	Yes
Communication by PHC Medical Officer to MLHP/MPW for continuation of treatment plan and follow up care at UPHC-HWC	Primary care & followup by HWC	Primary care & followup by HWC	Primary care & followup by HWC
Communication by MLHPs/MPWs for Community level follow up by ASHAs	Yes	Yes	Yes

Table 5b: Functional Coordination amongst the Primary Care Team in Raipur district					
Functional Coordination	**HWC Urla**	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**HWC Mowa**
Nature of work distribution between MLHPs and MPWs Females and Males	Yes wardwise	Yes wardwise	Yes wardwise	Yes wardwise	Yes Wardwise
Assess Field Level coordination and challenges if any in functions of MLHPs/MPWs and ASHAs	None	None	None	None	None
	Two supervisors monitor ANMs in 14 wards distribution among ANM ANM: maternal health and immunization Male MPW: NCD/ HMIS	Work distribution among 6 ANMs in 2 wards & out reach ANM: maternal health and immunization Male MPW: NCD/ HMIS	Work distribution among seven ANM maternal health, immunization & NCD. ASHAs support in CBAC forms and other national programmes	Work distribution among 14 female MPWs in the ward as there are no male MPWs	Work distribution among 12 ANMs maternal health, immunization & NCD. ASHAs support in CBAC forms and other national programmes
Coordination of Care Delivery for Continuum of Care-					
ASHAs referring cases for screening/management of cases at UPHC-HWC	11 SSKs in 5 wards monitored by MTs	6 SSKs in 2 wards monitored by MTs	7 SSKs in 3 Wards monitored by MTs	14 SSKs in Wards monitored by MTs	12 SSKs in 6 Wards monitored by MTs
MLHPs attending to cases referred by ASHAs	NA	NA	NA	NA	NA
PHC Medical Officer attending upward referral by MLHP/MPWs for diagnosis, complication management and initiation of Treatment plan	Yes MC	Yes MC	Yes MC	Yes MC	Yes MC
Communication by PHC Medical Officer to MLHP/MPW for continuation of treatment plan and follow up care at UPHC-HWC	Primary care & follow up by HWC	Primary care & follow up by HWC	Primary care & followup by HWC	Primary care & followup by HWC	Primary care & followup by HWC
Communication by MLHPs/MPWs for Community level follow up by ASHAs	Yes Coordinated activities	Yes Coordinated activities	Yes Coordinated activities	Yes Coordinated activities	Yes Coordinated activities

Table 5c: Functional Coordination amongst the Primary Care Team in Durg district				
	HWC Baikunthdham	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
Nature of work distribution between MLHPs and MPWs Females and Males	Distribution of work in Urban SSKs Female MPWs ward wise	Distribution of work in Urban SSKs Female MPWs ward wise	Distribution of work in Urban SSKs Female MPWs ward wise	Distribution of work in Urban SSKs Female MPWs ward wise
Assess Field Level coordination and challenges if any in functions of MLHPs/MPWs and ASHAs	None Work distribution among 9 ANMs in 10 wards maternal health and immunization and NCD	None Work distribution among 10 ANMs in wards in maternal health and immunization	None Work distribution among 7ANMs in wards in maternal health and immunization	None Work distribution among 10 ANM in maternal health and immunization
Coordination of Care Delivery for Continuum of Care				
ASHAs referring cases for screening/management of cases at UPHC-HWC	ANMs from wards ASHAs not trained in CBAC	ANMs from wards ASHAs not trained in CBAC	ANMs from wards ASHAs not trained in CBAC	ANMs from wards ASHAs not trained in CBAC
MLHPs attending to cases referred by ASHAs	NA	NA	NA	NA
PHC Medical Officer attending upward referral by MLHP/MPWs for diagnosis, complication management and initiation of Treatment plan	Yes DH	Yes DH	Yes DH	Yes DH
Communication by PHC Medical Officer to MLHP/MPW for continuation of treatment plan and follow up care at UPHC-HWC	Primary care & followup by HWC	Primary care & followup by HWC	Primary care & followup by HWC	Primary care & followup by HWC
Communication by MLHPs/MPWs for Community level follow up by ASHAs	Yes	Yes	Yes	Yes

Table 6 a: Functionality and Service Delivery of UPHC-HWCs Janjgir, Dondhipara, Nawapara of Jangir-Champa, Korba and Surguja districts respectively			
Functionality and Service Delivery	**HWC Janjgir**	**HWC Dondhipara**	**HWC Nawa para**
Opening Hours of the Facility IPD	9 am-4pm 24*7	9 am-4pm 24*7	9 am-4pm 24*7
Total OP Footfalls in the previous month New Cases Old Cases	1102 931 171	1385 1123 262	2577 1871 706
Total Cases Attended post operationalization as HWC	7413	21335	9797
Average OP Footfall/Day/Month	1056	1777	1959
Fixed Day Weekly Special Clinics Organized for			
ANC/PMSMA	Fixed Day	Fixed Day	Fixed Day
Immunization	Daily	Daily	Daily
NCD Screening	Daily	Daily	Daily
Others (Specify)	Outreach camps in slums for medical checkup	Outreach camps in slums for medical checkup	Outreach camps in slums for medical checkup
Community Level Outreach			
UHND Session Held against Planned for the current FY	88	674	438
NCD Screening Camps conducted against planned Specified Frequency of Screening Camps	2 Monthly	9 Monthly	10 Monthly
Screening for 0-18 years by RBSK Teams in Schools/AWC (Visits Conducted/Planned) Number of Children screened and referred for further management	No RBSK urban team NA	No RBSK urban team NA	No RBSK urban team NA
Health Promotion and Prevention Activities for Wellness			
Number of Patient Support Groups Formed	14	212	95
Patient Support Group Meetings Conducted since operationalization as HWC or in current FY Awareness Camps for Life Style Modification Vector Control Activities Water Testing Sanitation Drive/Outbreak prevention activities conducted in villages	Monthly Yes Yes Yes Yes	Monthly Yes Yes Yes Yes	Monthly Yes Yes Yes Yes

Functionality and Service Delivery	**UPHC- Janjgir**	**UPHC- Dondhipara**	**UPHC Nawa para**
Yoga/physical exercise sessions conducted at HWC/ any identified place in the community	Yes	No	Yes Not regular
Yoga/physical exercise sessions conducted	2 sessions In May June 2019	Only on 21 st June On International Yoga Day	Yes before the rainy season
Details of sessions Frequency-(Conducted by- Yoga instructor/PHC staff)	PHC Staff with help of yoga experts	By PHC Staff	Twice after HWC Functional PHC Staff
Other IEC activities conducted by UPHC-HWC team	Oil painting on walls, rallies Sanitation & hygiene camps	Wall writing, hoarding, Kala jattha, rally	Sanitation and hygiene, kayaklp BMW
-Involvement of HWC-PHC/UPHC staff in VHSNC meetings	Ward ANMs & MPWs -ANC checkup/ SHP/ AWC visit	Ward ANMs & MPWs -ANC checkup/ SHP/ AWC visit	Ward ANMs & MPWs, ANC checkup/ SHP/ AWC visit
Service Delivery for Essential Package of Services as per Facility Records (OP/IP Register-HMIS; CPHC IT Application; Any other)	12 types of services for CPHC	12 types of services for CPHC	12 types of services for CPHC
Total Lab Investigations Conducted in current financial year as on date	655	13513	4175
Average Monthly Investigations conducted	131	1126	835
Are the patients suffering from chronic illnesses been provided at least one- month refill of medicines	No 15 days	No 15 days	No 15 days
Meetings with Frontline Functionaries Team organized every month at the UPHC-HWC	Yes	Yes	Yes
Agenda/Purpose of the meetings	CBAC, HMIS NCD orientation National programmes	CBAC, HMIS NCD orientation National programmes	CBAC, HMIS, NCD orientation National programmes
At UPHC-HWC MPWs/ASHAs are using this meeting to discuss, resolve issues and support to improve coverage of services such as- ANC, Immunization, Institutional Delivery, FP-Contraceptive Distribution, Screening of NCD, Treatment Compliance for chronic illness such as- NCDs, TB. Leprosy etc.	Yes	Yes	Yes
Meetings with Frontline Functionaries and UPHC Team organized every month at the PHC-HWC?	Yes	Yes	Yes
Agenda/Purpose of the meetings	Relevant issue like filling CBAC	Relevant issue like filling	Relevant issue like filling CBAC

Functionality and Service Delivery	**HWC Janjgir**	**HWC Dondhipara**	**HWC Nawa para**
At PHC-HWC are trainings on technical sessions conducted by MO during the meeting. The topics discussed	NCD/ NHM/ national programmes	NCD/ NHM/ national programmes	NCD/ NHM/ national programmes
Is the MO using this forum to discuss, resolve issues and support MPWs/ASHAs to improve coverage of services	Yes	Yes	Yes
Management of untied funds			
Untied funds received in last year	1,75000	1,75,000	1,75,000
Activities for which untied fund was spent	Salary Stationary, printing register feedback form internet	Salary Stationary, printing register feedback form internet	Salary Stationary, printing register feedback form internet
Procedure followed for decision about untied fund expenditure	CPM, CMHO, PHC incharge	CPM, CMHO, PHC incharge	CPM, CMHO, PHC incharge
Signing authority	Incharge MO	Incharge MO	Incharge MO
Involvement of UPHC-HWC team	Planning priorities for HWC	Planning priorities for HWC	Planning priorities for HWC

Table 6b: Functionality and Service Delivery of UPHC- HWC Raipur					
Functionality and Service Delivery	**HWC Urla**	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**HWC Mowa**
Opening Hours of the Facility IPD	9 am-4pm 24*7	8-2 pm 5-8pm 24*7	9 am-4pm 24*7	8-2 pm 5-8 pm 24*7	8-2 pm 5-8 pm 24*7
Total OP Footfalls in the previous month New Cases Old Cases	1 716 1532 184	1107	2362 1941 421	2863 2116 747	1324 1204 120
Total Cases Attended post operationalization as HWC	15758	11710	15206	27398	21409
Average OP Footfall/Day/Month	1432	1065	1382	2283	1155
Fixed Day Weekly Special Clinics Organized for :					
ANC/PMSMA	Fixed Day	Fixed Day	Fixed Day	Fixed Day	Fixed Day
Immunization	Daily	Daily	Daily	Daily	Daily
NCD Screening	Daily	Daily	Daily	Daily	Daily
Others	Outreach camps in slums for medical checkup	Outreach camps in outreach for medical checkup	ARSH camp on every Wednesday	Outreach camps in outreach for medical checkup	Outreach camps in slums for medical checkup
Community Level Outreach					
UHND Session Held against Planned for the current FY	1232	264	336	65	48
NCD Screening Camps conducted against planned	11	11	11	22	24
Specified Frequency of Screening Camps	Monthly NCD screenng	Monthly NCD screenng	Monthly NCD screening Specialized camps also	NCD screening Twice a month	NCD screening Twice a month
Screening for 0-18 years by RBSK Teams in Schools/AWC (Visits Conducted/Planned)	No urban RBSK team	No urban RBSK team	No urban RBSK team	No urban RBSK team	No urban RBSK team
Number of Children screened and referred for further management	NA	NA	NA	NA	NA
Health Promotion and Prevention Activities for Wellness					
Number of Patient Support Groups Formed	11	39	60	23	98
Patient Support Group Meetings Conducted since operationalization as HWC or in current FY	Monthly	Monthly	Once in 3 months	Monthly	Monthly

Awareness Camps for Life Style Modification Vector Control Activities Water Testing Sanitation Drive/Outbreak prevention activities conducted in villages	Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes
-Are Yoga/physical exercise sessions conducted at HWC/ any identified place in the community	Yoga daily Weekly & Zumba	Yoga Weekly once on Tuesday ANC day& Zumba	Yoga Weekly once on Friday ANC day & Zumba	Yes Once a week In community park	Yes Once a week
Details of sessions Frequency-(Conducted by- Yoga instructor/PHC staff)	PHC Staff with	By PHC Staff	By PHC Staff	By PHC Staff	By PHC Staff
Other IEC activities conducted by UPHC-HWC team	Oil painting on walls, posters, rallies Sanitation & hygiene camps	Wall writing, hoarding, Kala jattha, rally	Massive branding IEC/ posters, hygiene/drug addiction free adolescent health/	IEC/posters, rallies Sanitation & hygiene camps	IEC/posters, rallies Sanitation & hygiene camps
Involvement of HWC-PHC/UPHC staff in VHSNC meetings	Ward ANMs & MPWs -ANC checkup/ SHP/ AWC visit	Ward ANMs & MPWs -ANC checkup/ SHP/ AWC visit	Ward ANMs & MPWs -ANC checkup/ SHP/ AWC visit	Ward ANMs & MPWs - ANC checkup/ SHP/ AWC visit	Ward ANMs & MPWs ANC checkup/ SHP/ AWC visit
Service Delivery for Essential Package of Services as per Facility Records (OP/IP Register-HMIS; CPHC IT Application; Any other)	12 types of services for CPHC	12 types of services for CPHC	12 types of services for CPHC	12 types of services for CPHC	12 types of services for CPHC
Total Lab Investigations Conducted in current financial year as on date	8141	16973	10592	18771	17644
Average Monthly Investigations conducted	740	1414	962	1706	1604
Are the patients suffering from chronic illnesses been provided at least one- month refill of medicines	15 days refill	15 days refill	15 days refill	15 days refill	15 days refill
Programme Management Functions (Monthly meetings)					
Meetings with Frontline Functionaries Team organized every month at the UPHC-HWC	Yes	Yes	Yes	Yes	Yes

Functionality and Service Delivery	**HWC Urla**	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**HWC Mowa**
Functionality and Service Delivery	**HWC Urla**	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**HWC Mowa**
MPWs/ASHAs using this	Yes	Yes	Yes	Yes	Yes
Coverage of services such as- ANC, Immunization, Institutional Delivery, FP-Contraceptive Distribution	All National programmes, CBAC, HMIS/ NCD/ RCH portal entries orientation	All National Programmes CBAC, HMIS/ NCD/ RCH portal entries orientation	All National Programme CBAC, HMIS/ NCD/ RCH portal entries orientation	Execution of HWC & National Programmes	CBAC, HMIS , NCD orientation
Screening of NCD, Treatment Compliance for chronic illness such as-NCDs, TB. Leprosy etc.	Weekly meetings of ANMs at UPHCs	Weekly meetings of ANMs at UPHCs	Weekly meetings of ANMs at UPHCs	Weekly meetings of ANMs at UPHCs	Weekly meetings of ANMs at UPHCs
Meetings with Frontline Functionaries and UPHC Team organized every month at the PHC-HWC	Yes	Yes	Yes	Yes	Yes
Agenda/Purpose of the meetings	NCD/ NHM/ RCH portal/national programmes	RCH porrtal/national programmes	NCD/ NHM/ RCH portal/national programmes	NCD/ NHM/ RCH portal/national programmes	NCD/NHM/ national programmes
At PHC-HWC are trainings on technical sessions conducted by MO during the meeting. The topics discussed	Yes	Yes	Yes	Yes	Yes
Is the MO using this forum to discuss, resolve issues and support MPWs/ASHAs to improve coverage of services	Yes	Yes	Yes	Yes	Yes
Management of untied funds					
Untied funds received in last year	1,75000	1,75,000	1,75,000	1,75,000	1,75,000
Activities for which untied fund was spent	Salary Stationary, printing register feedback form. internet	Salary Stationary, printing register feedback form. internet	Salary Stationary, printing register feedback form. internet	Salary Stationary, printing register feedback form. internet	Salary Stationary, printing register feedback form. internet
Procedure follo wed for decision about untied fund expenditure	CPM, Incharge MO and NUHM nodal officer with inputs from UPHC staff	CPM, Incharge MO and NUHM nodal officer with inputs	CPM, Incharge MO and NUHM nodal officer with inputs from UPHC staff	CPM, Incharge MO and NUHM nodal officer with inputs	CPM, Incharge MO and NUHM nodal officer with inputs

		from UPHC staff		from UPHC staff	from UPHC staff
Functionality and Service Delivery	**HWC Urla**	**HWC Labhandi**	**HWC Hirapur**	**HWC Khokhopara**	**HWC Mowa**
Signing authority	Incharge MO and NUHM nodal officer	Incharge MO and NUHM nodal officer	Incharge MO and NUHM nodal officer	Incharge MO and NUHM nodal officer	AMO&SN
Involvement of UPHC-HWC team	Planning priorities for HWC	Planning priorities for HWC	Planning priorities for HWC	Planning priorities for HWC	Planning priorities for HWC

Table 6 c: Functionality and Service Delivery of UPHC- HWC Durg district				
Functionality and Service Delivery	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
Opening Hours of the Facility IPD	10-2am 5-8pm 24*7	10-2am 5-8 pm 24*7	9 am-4pm 24*7	10-2am 5-8 pm 24*7
Total OP Footfalls in the previous month New Cases Old Cases	3643 1893 1750	1402 1336 66	1976 1755 221	1435 1297 138
Total Cases Attended post operationalization as HWC	34524	21847	42927	
Average OP Footfall/Day/Month	2854	1651	2097	1821
Fixed Day Weekly Special Clinics Organized for				
ANC/PMSMA	Fixed Day	Fixed Day	Fixed Day	Fixed Day
Immunization	Daily	Daily	Daily	Daily
NCD Screening	Daily	Daily	Daily	Fixed day geriatric services on Friday
Others (Specify)	SHP	SHP	SHP	SHP
Community Level Outreach				
UHND Session Held against Planned for the current FY	88	425	438	
NCD Screening Camps conducted against planned Specified Frequency of Screening Camps	12	12	12	12
Screening for 0-18 years by RBSK Teams in Schools/AWC (Visits Conducted/Planned) Number of Children screened and referred for further management	No urban RBSK team	No urban RBSK team	No urban RBSK team	No urban RBSK team
Health Promotion and Prevention Activities for Wellness				
Number of Patient Support Groups Formed	14	212	95	45
Patient Support Group Meetings Conducted since operationalization as HWC or in current FY Awareness Camps for Life Style Modification Vector Control Activities Water Testing Sanitation Drive/Outbreak prevention activities conducted in villages	Monthly Yes Yes Yes Yes	Monthly Yes Yes Yes Yes	Monthly Yes Yes Yes Yes	Monthly Yes Yes Yes Yes

Functionality and Service Delivery	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
Are Yoga/physical exercise sessions conducted at HWC/ any identified place in the community	No	Weekly once On Saturday	No	No
Details of sessions Frequency- (Conducted by- Yoga instructor/PHC staff)	None	PHC staff	None	None
Other IEC activities conducted by UPHC-HWC team	Oil painting on walls, rallies Sanitation & hygiene camps	Wall writing, hoarding, Kala jattha, rally	Sanitation and hygiene, kayaklp BMW	Sanitation and hygiene, kayaklp BMW
Involvement of HWC-PHC/UPHC staff in VHSNC meetings	Ward ANMs ANC checkup/ SHP/ AWC visit	Ward ANMs ANC checkup/ SHP/ AWC visit	Ward ANMs & MPWs ANC checkup/ SHP/ AWC visit	Ward ANMs ANC checkup/ SHP/ AWC visit
Service Delivery for Essential Package of Services as per Facility Records (OP/IP Register-HMIS; CPHC IT Application; Any other)	12 types of services for CPHC	12 types of services for CPHC	12 types of services for CPHC	12 types of services for CPHC
Total Lab Investigations Conducted in current financial year as on date	16986	7246	7735	7006
Average Monthly Investigations conducted	1416	603	644	583
Are the patients suffering from chronic illnesses been provided at least one- month refill of medicines	No 15 days	No 15 days	No 15 days	No 15 days
Programme Management Functions (Monthly meetings)				
Meetings with Frontline Functionaries Team organized every month at the UPHC-HWC	Yes	Yes	Yes	Yes
Agenda/Purpose of the meetings	CBAC, HMIS NCD orientation	CBAC, HMIS NCD orientation	CBAC, HMIS NCD orientation	CBAC, HMIS NCD orientation
At UPHC-HWC the MLHP using this meeting to discuss, resolve issues and support MPWs/ASHAs to improve coverage of services such as- ANC, Immunization, Institutional Delivery, FP-Contraceptive Distribution, Screening of NCD, Treatment	Yes	Yes Breastfeeding, HTN, diabetes, APH, Resuscitation, anaemia	Yes	Yes

Compliance for chronic illness such as-NCDs, TB. Leprosy etc.				

Functionality and Service Delivery	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
Meetings with Frontline Functionaries and UPHC Team organized every month at the PHC-HWC?	Yes 4 times monthly	Yes 4 times monthly	Yes 4 times monthly	Yes 4 times Monthly
Agenda/Purpose of the meetings	Relevant issues like NCD enrolment and screening/ RCH portal	Relevant issues like NCD enrolment and screening/ RCH portal	Relevant issues like NCD tab enrolment and screening/ RCH portal	NCD enrolment and screening/ RCH portal
At PHC-HWC are trainings on technical sessions conducted by MO during the meeting. The topics discussed	Yes NCD/ NHM/ national programmes	Yes Quality ANC NCD/ NHM/ national programmes	Yes Quality ANC NCD/ NHM/ national programmes	Yes Quality ANC NCD/ NHM/ national programmes
The MO using this forum to discuss, resolve issues and support MPWs/ASHAs to improve coverage of services	Yes	Yes	Yes	Yes
Untied funds received in last year	1,75,000	1,75,000	1,75,000	1,75,000
Activities for which untied fund was spent	Maintenance, HR, medicine and others	Salary Stationary, printing register feedback form. internet	Salary Stationary, printing register feedback form. internet	Salary Stationary, printing register feedback form. internet
Procedure followed for decision about untied fund expenditure	Quarterly meetings of JDS members	Quarterly meetings of JDS members	Quarterly meetings of JDS members	Quarterly meetings of JDS members
Signing authority	Incharge MO	Incharge MO	Incharge MO	Incharge MO
Involvement of UPHC-HWC team	Planning priorities for HWC	Planning priorities for HWC	Planning priorities for HWC	Planning priorities for HWC

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Table 7a: Perspective from ASHA/MPW in UPHC-HWCs of Janjgir, Dondhipara, Nawapara of Jangir-Champa, Korba and Surguja districts respectively			
Perspective from ASHA/MPW	**HWC Janjgir**	**HWC Dondhipara**	**HWC Naw para**
Changes in service delivery post operationalization of HWCs	Screening of NCD at grassroots, diagnosis of BP, Sugar, leprosy, ANC all at UPHC- HWC level	Screening of NCD at grassroots, diagnosis of BP, Sugar, leprosy, ANC all at UPHC-HWC level	Screening of NCD at grassroots, diagnosis of BP, Sugar, leprosy, ANC all at UPHC-HWC level
How has positioning of MLHPs at HWC affected your work	NA	NA	NA
What have been the benefits of the HWCs to the community and service users	Community level screening of NCD Screening of diseases	Community level screening of NCD	Community level screening of NCD
From MLHP	NA	NA	NA
Experience of serving in UPHC-HWC	NA	NA	NA
Mentoring Support from PHC MO and Block Teams	NA	NA	NA
Cooperation from Frontline Functionaries	NA	NA	NA
Receipt of Performance Linked Incentives-Process, Validation, Frequency of disbursal (common to all)	NA	NA	NA

Table 7b: Perspective from ASHA/MPW in UPHC-HWC Raipur district					
Perspective from ASHA/MPW	**UPHC- Urla**	**UPHC Labhandi**	**UPHC Hirapur**	**UPHC Khokhopara**	**UPHC Mowa**
Changes in service delivery post operationalization of HWCs	Screening of NCD in wards, diagnosis of BP, Sugar, leprosy, ANC all at UPHC-HWC	Screening of NCD in wards, diagnosis of BP, Sugar, leprosy, ANC all at UPHC-HWC	Screening of NCD in wards, diagnosis of BP, Sugar, leprosy, ANC all at UPHC-HWC	Screening NCD in wards, diagnosis of BP, Sugar, leprosy, ANC all at UPHC- HWC	Screening of NCD in wards, diagnosis of BP, Sugar, leprosy, ANC all at UPHC-HWC
How has positioning of MLHPs at HWC affected your work	NA	NA	NA	NA	NA
What have been the benefits of the HWCs to the community and service users		Community level enrollment of NCD& screening	Community level enrolment of NCD& screening	Community level senrolment of NCD & screening	Community level enrolment of NCD & screening
From MLHP	NA	NA	NA	NA	NA
Experience of serving in UPHC-HWC	NA	NA	NA	NA	NA
Mentoring Support from PHC MO and Block Teams	NA	NA	NA	NA	NA
Cooperation from Frontline Functionaries	NA	NA	NA	NA	NA
Receipt of Performance Linked Incentives-Process, Validation, Frequency of disbursal (common to all)	NA	NA	NA	NA	NA

Table7 c: Perspective from ASHA/MPW in UPHC-HWC Durg district				
Perspective from ASHA/MPW	**HWC Baikunthdham**	**HWC Charoda**	**HWC Khursipar**	**HWC Tanki maroda**
Changes in service delivery post operationalization of HWCs	Enrollment of NCD at ward, diagnosis of BP, Sugar, leprosy, ANC all at UPHC- HWC level	Enrollment of NCD at ward diagnosis of BP, Sugar, leprosy, ANC all at UPHC-HWC level	Enrollment of NCD at ward, diagnosis of BP, Sugar, leprosy, ANC all at UPHC-HWC level	Enrollment of NCD at ward, diagnosis of BP, Sugar, leprosy, ANC all at UPHC- HWC level
How has positioning of MLHPs at HWC affected your work	NA	NA	NA	NA
What have been the benefits of the HWCs to the community and service users	Community level screening of NCD	Community level screening of NCD	Community level screening of NCD	Community level screening of NCD
From MLHP	NA	NA	NA	NA
Experience of serving in UPHC-HWC	NA	NA	NA	NA
Mentoring Support from PHC MO and Block Teams	NA	NA	NA	NA
Cooperation from Frontline Functionaries	NA	NA	NA	NA
Receipt of Performance Linked Incentives-Process, Validation, Frequency of disbursal (common to all)	NA	NA	NA	NA

Table 8: Comprehensive Primary Health Care Services in selected UPHC- HWCs in C.G.(April 2019 -Feb 2020)							
		Korba	**Ambikapur**	**Raipur**			
SN	**Essential CPHC Services**	Dondhi para	Nawa para	Labh andi	Khoko para	Mo wa	Hira pur
1	Ante natal and delivery services	887	1054	10541	24598	12865	15206
2	Neonatal and infant health & immunization	1033	2812	511	3797	3875	1503
3	Childhood and adolescent health care services	150	3006	149	7457	1047	771
4	FP & RCH Services	188	1798	540	2652	1948	233
5	Management of communicable diseases through OPD Management	16679	24926	640	3703	175	5374
6	Management of Common Communicable Diseases including National Health Programmes	1126	12774	6156	24763	12865	1638
7	Screening, Prevention, Control and Management of Non-Communicable diseases	10946	6124	791	24598	139	19
8	Screening, Prevention, Control and Management of Non-Communicable diseases	0	2	2755	8907	3187	2773
9	Mental Health Screening and Management	120	1334	0	375	0	8975
10	Care for Common Ophthalmic and ENT problems	48	239	142	1917	147	193
11	Basic Oral health care	770	692	58	484	101	1
12	Emergency Medical Services	0	0	856	5343	1910	1015

Table 8: Comprehensive Primary Health Care Services in selected UPHC- HWCs in C.G.(April 2019 -Feb 2020)				
		Durg		
SN	**Essential CPHC Services**	Baikanthdham	Charoda	Khursipar
1	Ante natal and delivery services	353	72	328
2	Neonatal and infant health & immunization	265	134	231
3	Childhood and adolescent health care services	750	3394	4790
4	FP & RCH Services	840	7	111
5	Management of communicable diseases through OPD Management	30881	14660	24068
6	Management of Common Communicable Diseases including National Health Programmes	1020	1522	6490
7	Screening, Prevention, Control and Management of Non-Communicable diseases	260	2467	2307
8	Screening, Prevention, Control and Management of Non-Communicable diseases	0	0	8
9	Mental Health Screening and Management	120	127	76
10	Care for Common Ophthalmic and ENT problems	254	96	18
11	Basic Oral health care	129	13	4792
12	Emergency Medical Services	3920	70	3

Table 9: Service Readiness scores of selected UPHC-HWCs of C.G.

District	UPHC-HWC	HR	Training	Community Outreach	Screening of NCDs	Medicines	Diagnostics	IT Application	Infra	Total Score
Janjgir Champa	Janjgir	2	2	1	2	1	2	1	2	13
Korba	Dondhipara	2	2	2	2	2	2	1	1	14
Surguja	Nawapara	2	2	1	2	2	2	1	2	14
Raipur	Urla	2	2	2	2	2	2	1	1	14
Raipur	Khokhopara	2	2	2	2	2	2	1	1	14
Raipur	Labhandi	2	2	2	2	2	2	1	1	14
Raipur	Mowa	2	2	2	2	2	2	1	1	14
Raipur	Hirapur	2	2	2	2	2	2	1	2	15
Durg	Baikunth Dham	2	2	2	2	2	2	1	0	13
Durg	Khursipar	1	2	1	1	2	1	1	1	10
Durg	Tanki Maroda	2	2	2	2	2	2	1	0	13
Durg	Charoda	1	2	2	2	2	0	1	2	12

0= poor infrastructure, 1= partial, 2= satisfactory

Annexure1: OPD services in selected UPHC-HWC of C.G. (2018-19, 2019-20)					
District	UPHC-HWC	**OPD April-Jan 2018-19**	**OPD April-Jan 2019-20**	**% Achievement (2018 Vs 2019)**	**Average OPD per day (Facility wise)**
Janjgir Champa	Janjgir	0	10106	100	**40**
korba	Dhodhipara	11464	14443	21	**58**
Surguja	Nawapara	14997	21815	31	**87**
Raipur	Urla	0	14042	100	**56**
Raipur	Khokhopara	17028	21990	23	**88**
Raipur	Labhandi	14832	11710	-27	**47**
Raipur	Mowa	10424	11386	8	**46**
Raipur	Hirapur	2594	12844	80	**51**
Durg	Baikunth Dham	33134	28085	-18	**112**
Durg	Khursipar	31251	22092	-41	**88**
Durg	Charoda	8227	13258	38	**53**
Durg	Tanki Maroda	14232	18992	25	**76**
	State	**498927**	**671510**	**26**	**60**
Source NHM C.G.					

Annexure 2: IPD services in selected UPHC-HWC of C.G. (2018-19, 2019-20)							
District	UPHC-HWC	**IPD April to Jan 2018-19**	**IPD April to Jan 2019-20**	**% Achievement**	**Total beds available for IPD**	**Bed Occupancy rate**	**Average IPD per month (Facility wise)**
Janjgir Champa	Janjgir	0	1075	100	10	43	108
Korba	Dhodhipara	319	539	41	4	54	54
Sarguja	Nawapara	165	691	76	10	28	69
Raipur	Urla	0	528	100%	5	42	53
Raipur	Khokhopara	245	306	20%	8	15	31
Raipur	Labhandi	160	247	35%	6	16	25
Raipur	Heerapur	0	443	100%	4	44	44
Raipur	Mowa	209	412	49	6	27	41
Durg	Baikunth Dham	132	267	51%	10	11	27
Durg	Khursipar	118	235	50%	8	12	24
Durg	Tanki Maroda	33	290	89%	5	23	29
Durg	UPHC Charoda	10	1008	99	7	58	101
		3414	**14328**	**76**	**203**	**32**	**32**
Source NHM C.G.							

Annexure 3: Delivery services in selected UPHC-HWC of C.G. (2018-19, 2019-20)					
District	**Facility Name**	**Delivery April to Jan 2018-19**	**Delivery April to Jan 2019-20**	**% Achievement**	**Average Delivery per month (Facility wise)**
Janjgir Champa	Janjgir	0	314	100	**31**
Korba	Dhodhipara	324	356	9	**36**
Surguja	Nawapara	166	220	25	**22**
Raipur	Urla	0	311	100	**31**
Raipur	Khokhopara	249	227	-10	**23**
Raipur	Labhandi	161	129	-25	**13**
Raipur	Mowa	211	212	0	**21**
Raipur	Hirapur	0	179	100	**18**
Durg	Baikunth Dham	132	137	4	**14**
Durg	Khursipar	120	111	-8	**11**
Durg	Tanki Maroda	33	73	55	**7**
Durg	Charoda	10	63	84	**6**
	State	**3429**	**5297**	**35**	**12**
Source NHM C.G.					

Annexure 4: Lab services in selected UPHC-HWC of C.G. (2018-19, 2019-20)					
District	**Facility Name**	**Lab Test done from April to Jan 2018**	**Lab Test done from April to Jan 2019**	**% Achievement**	**Average Lab test per day**
Janjgir Champa	Janjgir	0	314	100%	**31**
Korba	Dhodhipara	324	356	9	**36**
Surguja	Nawapara	166	220	25	**22**
Raipur	Urla	0	6861	100	**27**
Raipur	Khokhopara	9932	16187	39	**65**
Raipur	Labhandi	1910	15069	87	**60**
Raipur	Mowa	11088	15462	28	**62**
Raipur	Hirapur	0	9082	100	**36**
Durg	Baikunth Dham	13547	14323	5	**57**
Durg	Khursipar	9613	6458	-49	**26**
Durg	Tanki Maroda	3248	5770	44	**23**
Durg	Charoda	2635	6907	62	**28**
	State	**172614**	**412913**	**58**	**37**
Source NHM C. G.					

Annexure 5: Immunization services in selected UPHC-HWC of C.G. (2018-19, 2019-20)						
District	**Facility Name**	**Live Birth**	**Children aged between 9 and 11 months fully immunized (Apr to Jan 2018-19)**	**Children aged between 9 and 11 months fully immunized (Apr to Jan 2019-20)**	**% Achievement (2018 Vs 2019)**	**% Children aged between 9 and 11 months fully immunized**
Janjgir Champa	Janjgir	311	0	236	100	**76**
korba	Dhodhipara	350	68	96	29	**27**
Surguja	Nawapara	219	322	320	-1	**146**
Raipur	Urla	307	0	111	100	**36**
Raipur	Khokhopara	227	397	496	20	**219**
Raipur	Labhandi	129	400	260	-54	**202**
Raipur	Mowa	211	437	191	-129	**91**
Raipur	Hirapur	179	0	62	100	**35**
Durg	Baikunth Dham	136	151	112	-35	**82**
Durg	Khursipar	110	245	81	-202	**74**
Durg	Tanki Maroda	73	15	22	32	**30**
Durg	Charoda	61	55	57	4	**93**
	State	**5261**	**4876**	**5191**	**6**	**99**
Source NHM C. G.						

Annexure 6: Family Planning services in selected UPHC-HWC of C.G. (2018-19, 2019-20)								
District	**UPHC- HWC**	**Total Delivery**	**IUCD insertion**	**IUCD removal**	**PPIUCD insertion**	**PPIUCD vs Total delivery**	**Total Antra Dose**	**Chhaya pills distributed**
Janjgir - Champa	Janjgir	314	17	6	3	**1**	0	0
Korba	Dhodhipara	356	42	42	90	**21**	19	0
Surguja	Nawapara	220	36	12	12	**5**	12	0
Raipur	Urla	311	38	29	57	**17**	0	0
Raipur	Khokhopara	227	51	28	168	**78**	87	135
Raipur	Labhandi	129	60	17	38	**28**	5	0
Raipur	Mowa	212	36	6	33	**15**	1	1
Raipur	Hirapur	179	14	10	5	**3**	0	3
Durg	Baikunth dham	137	4	7	29	**23**	0	0
Durg	Khursipar	111	10	9	2	**2**	0	0
Durg	Tanki Maroda	73	3	0	10	**11**	0	61
Durg	Charoda	63	0	0	0	**0**	0	24
Source NHM C. G.								

Annexure 7: Outreach Camps in selected UPHC-HWC of C.G. (2019-20)					
District	**City**	**Total No of UPHC**	**Per PHC per month 1 Camp (Till Jan)**	**Held (Till Jan) 2019**	**Achievement %**
Janjgir Champa	Janjgir	1	10	2	**20**
Korba	Korba	3	30	20	**67**
Surguja	Ambikapur	1	10	10	**100**
Raipur	Raipur	17	160	106	**66**
Durg	Durg	3	30	26	**87**
Bhilai	Bhilai	5	50	45	**90**
	State	**45**	444	**355**	**80**
Source NHM C.G.					

Annexure 8: DMC in selected UPHC-HWC of C.G. (2019-20)		
District	**Name of Facility**	**Designated Microscopic Centre (DMC) Status**
Janjgir Champa	Janjgir	Functional
Korba	Dhodhipara	Functional
Surguja	Nawapara	Functional
Raipur	Urla	Functional
Raipur	Khokhopara	Functional
Raipur	Labhandi	Functional
Raipur	Mowa	Functional
Raipur	Hirapur	Functional
Durg	Baikunth Dham	Functional
Durg	Khursipar	Functional
Durg	Tanki Maroda	Functional
Durg	Charoda	Functional
State	**(44/ 45)**	Functional
Source NHM C.G.		

Annexure 9: DMC in selected UPHC-HWC of C.G. (2019-20)		
District	**UPHC-HWC**	**JDS Functional**
Janjgir Champa	Janjgir	Functional
Korba	Dhodhipara	Functional
Surguja	Nawapara	Functional
Raipur	Urla	Functional
Raipur	Khokhopara	Functional
Raipur	Labhandi	Functional
Raipur	Mowa	Functional
Raipur	Hirapur	Functional
Durg	Baikunth Dham	Functional
Durg	Khursipar	Functional
Durg	Tanki Maroda	Functional
Durg	Charoda	Functional
State	**(40/ 45)**	Functional
Source NHM C.G.		

Annexure 10: NQAS internal scores in selected UPHC-HWCs				
District	**UPHC-HWC**	**NQAs Score-Dec 2019**	**NQAs Score-Jan 2020**	**%Achievement**
Janjgir-Champa	Janjgir	61	62	1
Korba	Dodhipara	76	77	1
Surguja	Nawapara	56	84	34
Raipur	Urla	61	77	21
Raipur	Khokhopara	71	71	0
Raipur	Labhandi	66	66	0
Raipur	Mowa	76	76	0
Raipur	Hirapur	87	87	0
Durg	Baikunthdham	79	81	3
Durg	Khursipar	84	84	0
Durg	Tanki Maroda	85	85	0
Durg	Charoda	78	79	0
Source NHM C.G.				

Annexure 11: City wise special outreach camp (Financial Expenditure April2019- Jan20)						
District	**City**	**ROP**	**CF**	**Total**	**EXP.**	**% of Utilization**
Janjgir Champa	Janjgir Champa	1.20	0.00	1.20	0.40	**0.00**
Korba	Korba	4.80	5.26	10.06	0.40	**8.33**
Surguja	Ambikapur	1.20	0.30	1.50	0.18	**15.03**
Raipur	Raipur	19.20	0.00	19.20	6.63	**34.54**
Raipur	Birgaon	1.20	0.00	1.20	0.53	**44.20**
Durg	Durg	3.60	0.00	3.60	1.99	**55.18**
Durg	Bhilai	6.00	0.00	6.00	4.44	**73.98**
Durg	Charoda	1.20	0.00	1.20	0.86	**71.29**
Durg	Durg	3.60	0.00	3.60	1.99	**55.18**
	State	**54.00**	**7.15**	**61.15**	**21.74**	**40.26**
Source NHM C. G.						

Annexure 13: City wise untied funds (April 2019- Jan20)						
District	**City**	**ROP**	**CF**	**Total**	**EXP.**	**% of Utilization**
Janjgir Champa	Janjgir Champa	1.75	0.00	1.75	0.00	**0.00**
Korba	Korba	5.25	1.27	6.52	3.20	**49.06**
Surguja	Surguja	1.75	0.67	2.42	2.42	**99.83**
Raipur	Raipur	28.00	3.00	31.00	25.31	**81.66**
Raipur	Birgaon	1.75	0.00	1.75	1.66	**95.02**
Durg	Durg	4.50	0.00	4.50	2.75	**61.09**
Durg	Bhilai	8.75	0.00	8.75	7.21	**82.41**
Durg	Charoda	1.75	0.00	1.75	2.73	**156.07**
	State	**77.25**	**9.46**	**86.71**	**64.39**	**1288.76**
Source NHM C.G.						

Annexure 14: MAS Expenditure (April2019- Jan20)						
District	**City**	**ROP**	**CF**	**Total**	**EXP.**	**% of Utilization**
Janjgir	Janjgir	1.25	0.00	1.25	2.32	**185.88**
Korba	Korba	16.40	0.00	16.40	16.79	**102.39**
Raipur	Raipur	46.95	11.34	58.29	24.70	**42.37**
Raipur	Birgaon	5.00	0.00	5.00	2.62	**52.30**
Surguja	Ambikapur	4.25	0.00	4.25	2.96	**69.63**
Durg	Durg	10.20	4.00	14.20	3.32	**23.38**
Durg	Bhilai	20.00	6.00	26.00	1.62	**6.23**
Durg	Charoda	4.15	0.00	4.15	1.93	**46.44**
	State	**165.65**	**37.14**	**202.79**	**77.97**	**47.07**
Source NHM C.G.						

Annexure 15: Proportion of adults suffering from Diabetes and Hypertension (NFHS-4 2015-16)			
Blood Sugar Level among Adults (age 15-49 years)	**Korba**	**Raipur**	**Durg**
Women	**Urban**	**Urban**	**Urban**
Blood sugar level - high (>140 mg/dl) (%)	6.7	7.2	8.7
Blood sugar level - very high (>160 mg/dl) (%)	3.6	3.1	4.1
Men			
Blood sugar level - high (>140 mg/dl) (%)	11.5	7.2	14.0
Blood sugar level - very high (>160 mg/dl) (%)	8.1	3.1	7.4
Hypertension among Adults (age 15-49 years)			
Women			
Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	7.3	5.5	6.3
86. Moderately high (Systolic 160-179 mm of Hg and/or Diastolic 100-109 mm of Hg) (%)	2.1	1.9	2.0
Very high (Systolic ≥180 mm of Hg and/or Diastolic ≥110 mm of Hg) (%)	0.4	0.3	1.1
Men			
Slightly above normal (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) (%)	14.5	11.0	15.3
Moderately high (Systolic 160-179 mm of Hg and/or Diastolic 100-109 mm of Hg) (%)	3.1	0.8	7.3
Very high (Systolic ≥180 mm of Hg and/or Diastolic ≥110 mm of Hg) (%)	1.4	3.9	2.2
Women Age 15-49 Years Who Have Ever Undergone Examinations of:			
Cervix (%)	23.9	11.7	23.1
Breast (%)	11.1	4.5	8.9
Oral cavity (%)	11.0	8.5	11.4