



**A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF NHM
PROGRAMME IMPLEMENTATION IN DANTEWADA DISTRICT,
CHHATTISGARH**



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Table of Contents

LIST OF TABLES AND FIGURES	3
ACKNOWLEDGEMENT	4
LIST OF ABBREVIATIONS	5
EXECUTIVE SUMMARY	6
Key Challenges and Root Causes:	6
1.INTRODUCTION	8
1.1 Objectives	8
1.2 Methodology	9
1.3 Overview of the district: Dantewada.....	9
1.4 HMIS Service Delivery Indicators.....	11
2.PUBLIC HEALTH PLANNING AND STATUS OF SERVICE DELIVERY	12
2.1 State Resource Envelope and District Health Action Plan (DHAP).....	12
2.2 Budget Utilization.....	14
2.3 Status of Service Delivery.....	16
2.3.1 Status of Infrastructure.....	17
2.3.2 Status of Human Resource	18
2.3.3 Training Status	19
2.3.4 Referral Transport.....	20
3.STATUS OF NATIONAL PROGRAMME IMPLEMENTATION IN DANTEWADA	22
3.1 Maternal Health	22
3.1.1 Janani Suraksha Yojana (JSY).....	22
3.1.2 Janani Shishu Suraksha Karyakaram(JSSK).....	23
3.2 Child Health.....	23
3.2.1 Rashtriya Bal Swasthya Karyakaram (RBSK).....	25
3.2.2 Home Based New-born Care (HBNC).....	25
3.3 National Vector Borne Disease Control Programme (NVBDCP)	25
3.4 National Tuberculosis Elimination Programme (NTEP)	28
3.5 National Leprosy Eradication Programme (NLEP)	29
3.6 Comprehensive Primary Health Care (CPHC)	29
4. INNOVATIONS MADE BY THE DISTRICT	30
4.1 Chief Minister (CM) Haat Bazar Clinic Yojana	30
4.2 Upgradation of District Hospital,Dantewada.....	31
4.3 Sugam Swasth, Dantewada	31
4.4 Dr.Khoobchand Baghel,Swasthya Sahayata Yojana(DKBSSY)	32

5.SERVICE AVAILABILITY AT PUBLIC HEALTH FACILITIES AND COMMUNITY PERCEPTION	33
5.1 District Hospital, Dantewada	33
5.2 Community Health Centre, Geedam	35
5.3 Primary Health Centre, Barsoor	36
5.4 Sub-Centre-Health and Wellness Centre, Ghotpal.....	38
5.5 Community Health Centre, Kuakonda.....	39
5.6 Primary Health Centre,Palnar	40
5.7 Community Interaction	41
6. CONCLUSION AND RECOMMENDATIONS	42

LIST OF TABLES AND FIGURES

Table 1: Demographic Indicators: Dantewada and Chhattisgarh.....	10
Table 2: Status of Key Maternal and Child Indicators, Dantewada and Chhattisgarh.....	12
Table 3: Breakup of resource envelope, NHM FY 2020-21, Chhattisgarh.....	13
Table 4: District Health Action Plan, Dantewada	14
Table 5: Financial Management Report, Dantewada district,2020-21.....	15
Table 6: Facility Details, Dantewada District	18
Table 7: Status of Human Resource, Dantewada	19
Table 8: Performance of EMOC/LSAS trained doctors.....	19
Table 9: Training Status as per ROP	20
Table 10: Mobile Medical Units (MMU) Details of Dantewada District	20
Table 11: Status of Vehicle for Referral Transport	22
Table 12: Status of 102 Vehicle in Dantewada District	22
Table 13: Data of 4 Abhiyans	26
Table 14: Status of NCD Screening and CBAC forms	29
Figure 1: List of facilities visited during PIP Visit, Dantewada	9
Figure 2: Map-Dantewada District, Chhattisgarh	10
Figure 3: Status of Mortality Indicators	11
Figure 4: Percentage Share of Fund Approval,Chhattisgarh.....	14
Figure 5: Utilization of Funds-Programme Wise.....	16
Figure 6: Total Facilities available in the district.....	17
Figure 7: Status of Delivery Points	18
Figure 8: Mobile Medical Unit Camps in Dantewada District	21
Figure 9: Status of SNCU	24
Figure 10: SNCU Outcome.....	24
Figure 11: Annual Parasite Incidence (API), Dantewada	25
Figure 12: Deaths due to Malaria.....	26
Figure 13: Malaria Mukht Bastar Abhiyan	27
Figure 14: Status of Individuals Screened, Diagnosed, and Treated.....	30
Figure 15: Haat Bazaar Clinic Yojana	30
Figure 16: Services available at District Hospital, Dantewada	31
Figure 17: Sugam Swasth, Dantewada.....	32
Figure 18: Registration of Ayushman Cards under DKBSSY	32
Figure 19: District Hospital, Dantewada.....	33
Figure 20: CHC,Geedam.....	35
Figure 21: PHC,Barsoor.....	36
Figure 22: SC-HWC,Ghotpal.....	38
Figure 23: CHC,Kuakonda	39
Figure 24: PHC,Palnar	40
Figure 25: Community Interaction.....	42

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LIST OF ABBREVIATIONS

ANC	Ante Natal Care	MCTS	Mother and Child Tracking System
ANM	Auxiliary Nurse Midwife	MDR	Maternal Death Review
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	MMU	Mobile Medical Unit
BEMOC	Basic Emergency Obstetric Care	MoHFW	Ministry of Health and Family Welfare
BMW	Biomedical waste	MOIC	Medical Officer In- Charge
BSU	Blood Storage Unit	NBCC	New Born Care Corner
CDMO	Chief District Medical Officer	NBSU	New Born Stabilization Unit
CHC	Community Health Centre	NSSK	Navjat Shishu Suraksha Karyakram
DH	District Hospital	NSV	No Scalpel Vasectomy
DMPA	Depot Medroxyprogesterone Acetate	OCP	Oral Contraceptive Pill
DPM	District Programme Manager	OPD	Out Patient Department
ECG	Electrocardiography	OPV	Oral Polio Vaccines
EMOC	Emergency Obstetric Care	PIP	Programme Implementation Plan
FRU	First Referral Unit	PNC	Post Natal Care
HMIS	Health Management Information System	PPP	Public Private Partnership
IEC	Information, Education and Communication	PRC	Population Research Centre
IMEP	Infection Management and Environment Plan	RBSK	Rashtriya Bal Suraksha Karyakram
IPD	In Patient Department	RCH	Reproductive Child Health
IUCD	Intra Uterine Contraceptive Device	RKS	Rogi Kalyan Samiti
IYCF	Infant and Young Child Feeding	RPR	Rapid Plasma Reagin
JSSK	Janani Shishu Suraksha Karyakram	SBA	Skilled Birth Attendant
JSY	Janani Suraksha Yojana	SKS	Swasthya Kalyan Samiti
LHV	Lady Health Visitor	SN	Staff Nurse
LSAS	Life Saving Anaesthetic Skill	SNCU	Special New Born Care Unit
LT	Laboratory Technician	TFR	Total Fertility Rate
M&E	Monitoring and Evaluation	TT	Tetanus Toxoid
		VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

The National Health Mission is a flagship initiative of government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient features that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by the Ministry of Health and Family Welfare on a continuous basis. The ministry has established the network in such a way that the services are being utilized in monitoring the State Programme Implementation Plans.

The report hence focuses on monitoring all the essential components of NHM in Dantewada district for the year 2020-21. The monitoring was carried out in the month of September to encapsulate and analyse the status of NHM activities in Dantewada district. The report puts forward the key observations made during the PRC, Delhi team's visit to various health facilities of the district.

The following public health care facilities were visited by the PRC-IEG Team: District Hospital Dantewada, CHC Geedam, CHC Kuankonda, PHC Barsoor, PHC-HWC Palnar, and SC-HWC Gotpal. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programmes and other programmes under the umbrella of NHM.

Interactions with district and block level health administrators including the Chief Medical Health Officer (CMHO) and the nodal programme officers, the Block Medical Officer-in-Charge (MOIC), facility (MOs, ANMs, etc) and community level health care providers (ASHAs, Anganwadi workers etc) and other supporting staff were conducted to understand the strengths and weakness of the facilities in service provisioning.

The report therefore summarises the status of Public Health Care in Dantewada district, Chhattisgarh during the financial year 2020-21 with regards to NHM and its components. Listed below are the key challenge being faced by the district with respect to health service delivery. Also enumerated are the root causes identified with respect to each challenge.

Key Challenges and Root Causes:

- One of the major key challenge, that was observed in the Dantewada district is the prevalence of vector borne disease i.e., Malaria. The mosquito-borne disease is amongst the biggest challenge in the entire state and some of the districts of Chhattisgarh have declared this disease to be Endemic. Asymptomatic cases were seen in the district and it was reported that the community members of the districts have somehow been immune to this disease and are acting as a transmitter.
- The second challenge that was observed in the district is that “*Illiteracy*” and has been the biggest concern for the officials as majority of the population are illiterates resulting to which generating community awareness at times becomes problematic as they still rely on traditional remedies and often visit Quacks for treatment.

- With regards to Non-Communicable Disease (NCD) Screening, issues regarding Community Based Assessment Checklist (CBAC) forms have been witnessed as almost all the Mitannins(ASHA workers) are illiterate or have very basic education as they are unable to read or write. This overall hampers the target completion of CBAC forms and other related field activities which requires to feed the data.
- One of the cultural practices that was reported in the district is that locally made alcohol is being traded and is one of the occupations that the community members rely on. They make local alcohol from a component named “Mahua” and sell in the weekly markets. Hence, excessive consumption of Alcohol, Tobacco and Gudaku is very common among local community both in males as well as females. Such lifestyle choices would eventually the increase chances of getting several different types of severe illness related to liver, kidney and gastro problems.
- There is accessibility issue in the Dantewada region as 30 percent of the area is under the movement of Naxals due to which local people have the fear to access public health facilities and generally avoid for safety reasons.
- Besides these, there are issues with regards to internet connectivity in the district as it is a remote area, the internet speed and services is slow, as a consequence ambulance services don’t reach on time and lack of trust was observed amongst the local people.
- Around 30 percent of the area of the district is not connected to the motorable road and due to this the service delivery for pregnant women specially ambulance service couldn’t reach on time resulting to which the institutional deliveries are being hampered and home deliveries have increased.
- There is paucity of Human Resource for accessing Digital Medical Equipment due to which either equipment gets outdated or it remains idle as no manpower or proper training is being given to operate the equipment’s.

1. INTRODUCTION

National Health Mission (NHM) is the flagship scheme of the Government of India which aims to achieve universal public health coverage and extending service delivery to all the parts. Launched in 2005 as the National Rural Health Mission (NRHM), it was extended to urban areas in 2013, bringing both urban and rural areas under its coverage. The mission intends to guide states towards increasing the access to affordable and essential health services to those on the margins by strengthening the infrastructure, logistics, institutional set-up and service delivery.

In order to monitor the important components of NHM State Programme Implementation Plan (PIP) 2020-21, the Ministry of Health and Family Welfare (MoHFW) had commissioned Population Research Centres (PRCs) to evaluate the performance of the plans in various districts. The monitoring helps in knowing the gaps in the implementation and how efficient the resource allocation has been.

The following report is based on the PIP Monitoring visit to Dantewada district in September 2021. The PRC Delhi team visited the Chief Medical Health Officer's (CMO) Office for a brief interaction with the District Programme Manager (DPM) and Additional Chief Medical Officer (ACMO); thereafter six facilities were visited, these were the District Hospital in Dantewada, two Community Health Centre's (CHC) in Geedam and Kuankonda, two Primary Health Centre's (PHC) in Barsoor and Palnar, and Sub-Centres which was Health and Wellness Centre in Ghotpal and thereafter community interactions was also carried to gain further insights.

This report provides a review of key population, socio-economic, health and service delivery indicators of Dantewada District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, bio-medical waste management, referral transport, communicable, and non-communicable diseases. This report is based on the interviews of CMO, District Health Officials, CHO's, ANMs, ASHAs, and beneficiaries.

1.1 Objectives

The major objectives of this monitoring and evaluation of PIP study are:

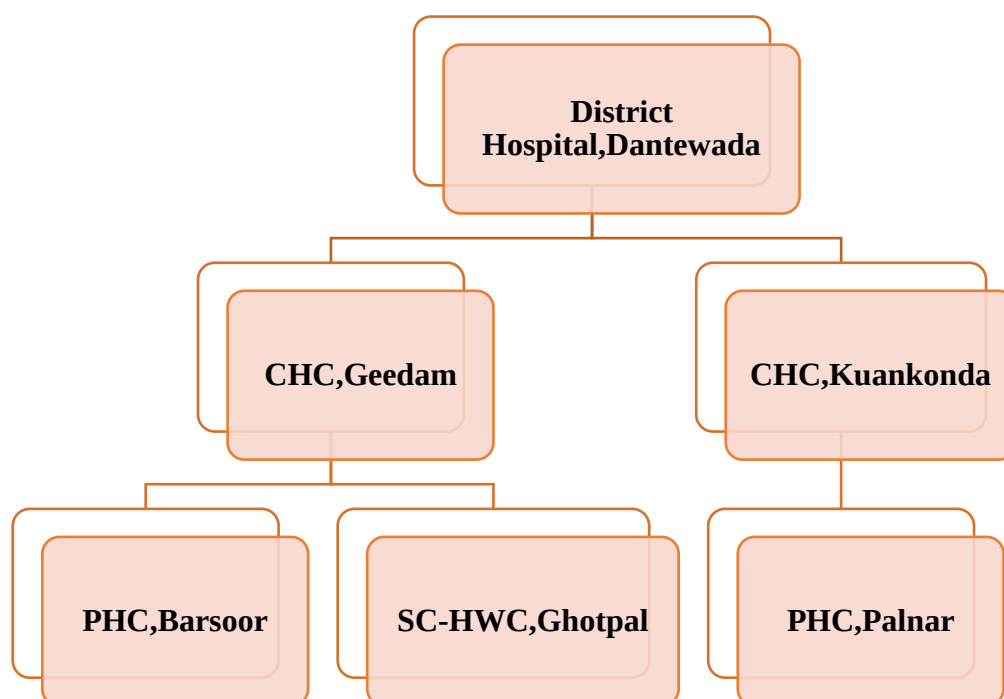
- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for imparting better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different scheme under NHM.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.

- To assess the availability of finance for the NHM activities in the district.

1.2 Methodology

Ministry of Health and Family Welfare has assigned the task of monitoring the health status of Dantewada district, Chhattisgarh to PRC Delhi. The report is based on the data collected from the CMO office and other health facilities visited. PRC, Delhi visited the district office to interact with CMO, Dy. CMO, DPM and other officers of the district. Health profile of the district was discussed intensively and higher authorities were questioned on broad areas under NHM such as maternal health, child health, family planning, human resource, infrastructure etc.

Figure 1:List of facilities visited during PIP Visit, Dantewada



The report is based on both qualitative and quantitative survey. Before visiting the field, a structured questionnaire (Annexure) prepared on various important aspects of NHM activities, were sent to the respective facilities and nodal officers. Further on the visit the questionnaire is cross checked and discussed in detail. After a valuable discussion with the district officials and thereby few selected facilities were visited for monitoring purpose. The healthcare facilities visited are depicted as above in figure-1.

1.3 Overview of the district: Dantewada

The district Dantewada is a town and a municipality as well as it is the administrative headquarters of Dantewada district. The district is the fourth largest city of Bastar division. The district has come into existence in the year 1998. Previously, it was a Tehsil of Bastar district from which it inherits their rich tribal culture and life style. Geographically, it lies in the southern part of Bastar region, thereby acquiring the name: *Dakshin Bastar Dantewada*. The district covers the total area of 8298 sq.km and has a population of 5.33 lakhs persons (Census

of India, 2011) residing across 7 tehsils. The district has a total of 608 villages. Dantewada is extremely mineral rich district.

The Census of India provides the following highlights for the district. The district of Dantewada rank 16th in terms of population, across districts in Chhattisgarh. The decadal growth rate of population of the district is 12.1 percent is lower than the state average of 22.6 percent. The percentage share of urban population in the district is 18 percent. The sex ratio of the district stands at 1020 which is higher than the state i.e., 991 females per 1000 males.

Table 1:Demographic Indicators: Dantewada and Chhattisgarh

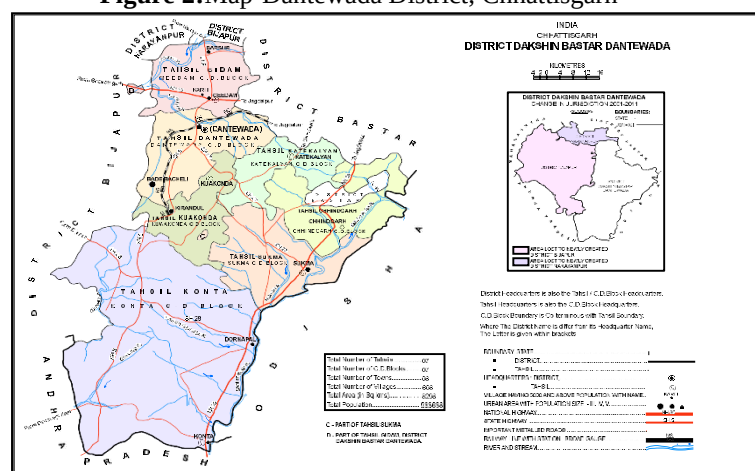
Indicators	Dantewada	Chhattisgarh
Actual Population	533,638	25554198
Male	264,142	12,832,895
Female	269,496	12,712,303
Child sex ratio (0-6 year)	1005	969
Sex ratio (females per 1000 males)	1020	991
Literacy rate (%)	42.1	70.2
Male literacy rate (%)	52	80.2
Female literacy rate (%)	32.5	60.2
Decadal population growth	12.1	22.6
Density/Km ²	64	189
Area (in sq. Km.)	8298	135192

Source: Census, 2011

Whereas, the estimated number of deliveries that took place in the last financial year (2020-21) was reported to be 7292 followed by 1093 estimated C-section deliveries, and 7282 estimated live births. However, the estimated number of eligible couples in the district was reported to be 17275 couples. The highest number for TB cases that is targeted stands out to be 820 and 113 cases of leprosy (CMHO Office, Dantewada).

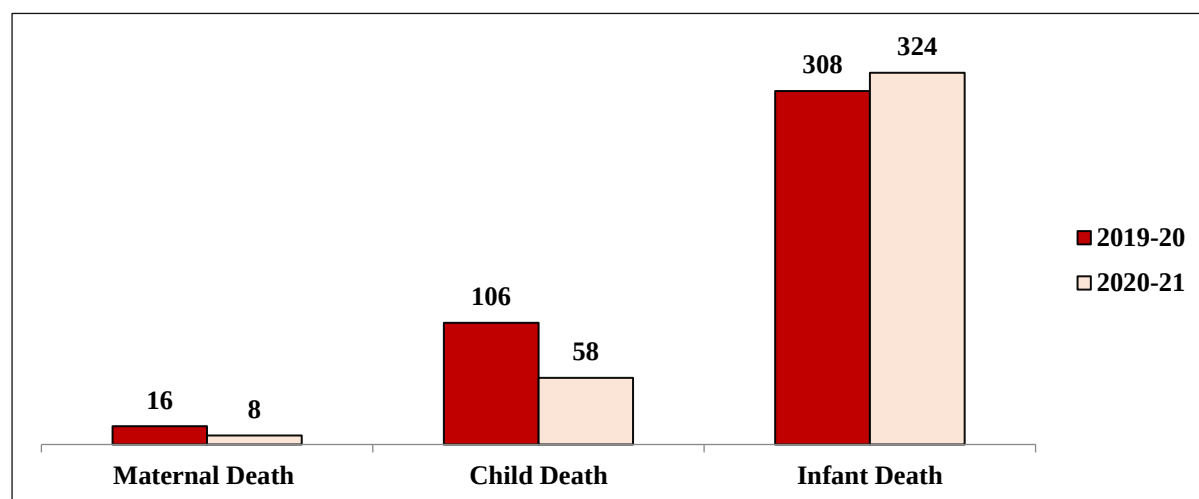
As per the National Family Health Survey (NFHS 2015-16), the sex ratio of the total population (females per 1000 males) is 1021 (rural 1045). The sex ratio at birth of children in the last five years is 1088 girls per 1000 boys with a lower estimate for rural areas (1072 girls per 1000 boys). About 74.8 percent of the children of under-five had their births registered. The district has 86.8 percent households with electricity and 94 percent with improved source of drinking water. The level of improved sanitation facility was 22.4 percent whereas 16.1 percent households used clean fuel for cooking.

Figure 2:Map-Dantewada District, Chhattisgarh



Moving forward to the mortality indicators of the district, it is evident from the graph below that the highest number of mortality in the district are observed in infant deaths i.e., 324 deaths were observed in the year 2020-21 in comparison to 2019-20 the total number of infant deaths were reported to be 308. However, there has been a decline in the number of maternal and child deaths i.e., there has been a 50 percent drop in the maternal deaths whereas, in the case of child deaths the percentage drop is observed to be around 45 percent respectively.

Figure 3: Status of Mortality Indicators



Source: CMHO Office, Dantewada

1.4 HMIS Service Delivery Indicators

Table-2 presents the health profile of the Dantewada district for the year 2020-2021. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output, and outcomes of the public health delivery system in Chhattisgarh with respect to various domains such as Maternal Health, Delivery Care, Child Health, Immunization Coverage, Family Planning and Facility Service Delivery.

In Dantewada, 92.9 percent of the ANC registrations occur in the first trimester and a similar proportion of 94 percent pregnant women receive four or more ANC check-ups. The coverage of 180 IFA tablets among pregnant women is 98.4 percent and is almost same than the state level coverage of 99.8 percent. In the district, 89.3 percent births are institutional deliveries with C-section deliveries accounting for 3.1 percent of the total institutional births. About 3.4 percent women have discharged within 48 hours of the delivery.

The HMIS report shows that 96.1 percent of the new-borns are breastfed within the first hour of the birth. About 8.6% of the births are categorized as low birth weight babies (weight below 2.5 kg). Based on the measles vaccine, it is estimated that full immunization is universal in the district. About 88.9 percent of the children received BCG vaccine. The mortality indicators are also presented in the table-2 below. With regards to family planning, female sterilization is dominant method of family planning in the district with 87.5 percent of female sterilization conducted. Whereas, the percent of male sterilization was reported to be 12.5 percent respectively.

The district reported a total of 8 maternal deaths during 2020-21. The number of infant deaths reported is 324 whereas the number of still births reported is 147. The volume of OPD services is 3.1 Lakhs per year whereas the district provides care for more than 20 thousand IPD cases in a year.

Table 2: Status of Key Maternal and Child Indicators, Dantewada and Chhattisgarh

Health and Health Care Service Delivery Indicators	Chhattisgarh	Dantewada
1. Maternal Health		
% Of beneficiaries registered for 1st trimester to total ANC registration	89.9	92.9
% Of pregnant women with 4 or more ANC checkups to total ANC registration	94.7	94
% Of pregnant women given 180 IFA to total ANC registrations	99.8	98.4
a) Institutional and Home Deliveries		
% Of SBA attended home deliveries to total home deliveries	39.6	35.1
% Of institutional deliveries to total reported deliveries	98.2	89.3
% Of institutional deliveries to total ANC registrations	75.6	62.4
% Of C-Section deliveries to total institutional deliveries	16.3	3.1
Post-natal Care		
% of women discharge in < 48 hours of delivery to total deliveries (Public)	15.8	3.4
% 1st post-partum checkups between 48 hours and 14 days to total deliveries	68.3	48.7
new-born and Child Health		
% Of new-born weighted to total live birth	98.3	99.8
% Of new-born breast fed within 1 hour of birth to total live birth	95.3	96.1
% Of new-borns having weight less than 2.5 kg to new-borns weighted at birth	12.9	25.1
2. Child Immunization & Diseases		
Number of children (9-11 months) fully immunized	592686	6871
% Of children received measles to full immunization	99.9	99.8
% Of children received BCG to full immunization	90.6	88.9
3. Family Planning		
Total Sterilization conducted	31055	112
% Of male sterilization to total sterilization	9.1	12.5
% Of female sterilization to total sterilization	90.8	87.5
4. Mortality Indicators		
Maternal Death	765	8
Child Death	979	58
Infant Death	7326	324
Still Birth	10058	147
5. Other Services		
IPD	961850	26411
OPD (Ayush + Allopathic)	20454163	316780
% IPD to OPD	4.7	8.3

Source: HMIS Report, 2020-21

2. PUBLIC HEALTH PLANNING AND STATUS OF SERVICE DELIVERY

2.1 State Resource Envelope and District Health Action Plan (DHAP)

For the financial year (FY) 2020-21, against a resource envelope of 1401.77 Crore (calculated assuming state share of 40%), Chhattisgarh received an administrative approval for an amount of Rs.1760.61 Crore. The resource envelope for FY 2020-21 consists of union government's support of Rs.568.95 Crore for flexible pool allocation including cash and kind, Rs.119.79 Crore for incentive pool based on last year's performance and Rs. 152.32 Crore for

infrastructure maintenance. The total support from Government of India is Rs. 841.06 Crore whereas the state share of 40% works out to be Rs.560.71 Crore.

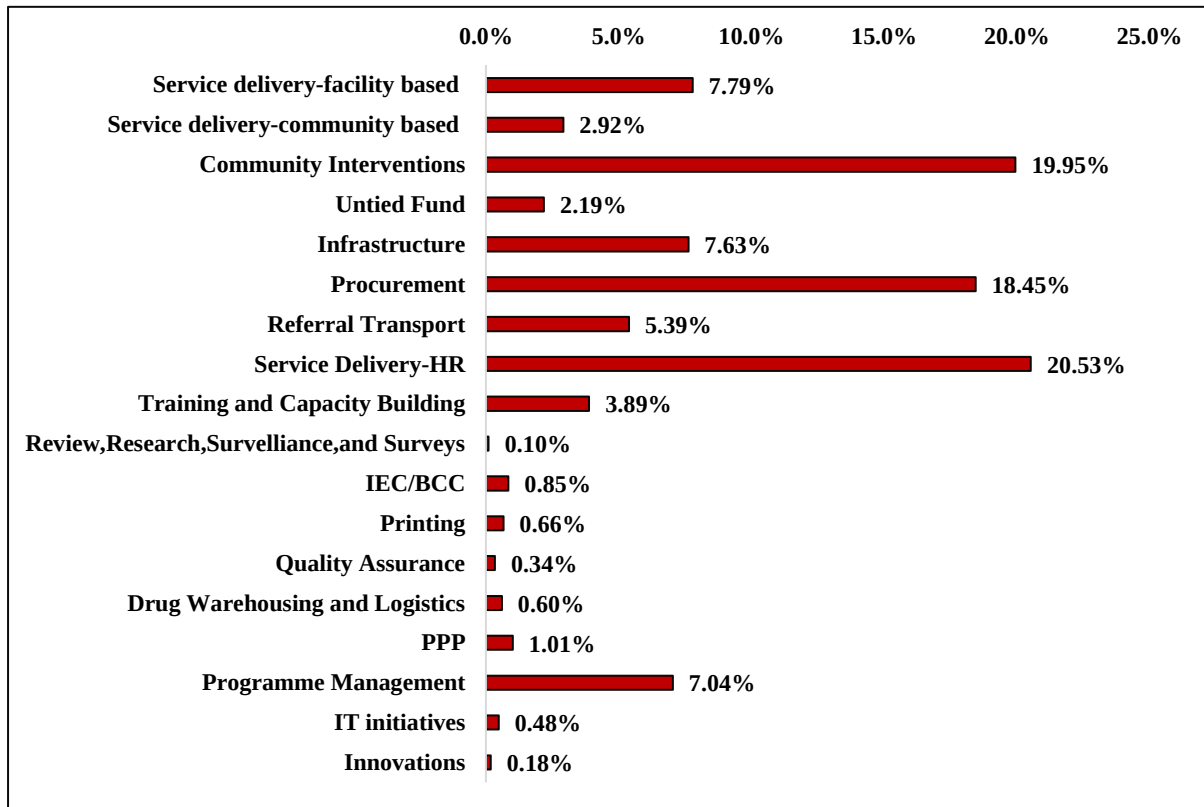
Table 3:Breakup of resource envelope, NHM FY 2020-21, Chhattisgarh

S.No.	Particulars	Amount (GoI Share)	Percent (GOI Share)	State share
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	167.70	19.9%	
1(i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	116.29	-	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunization)	51.41	-	
2	Health System Strengthening (HSS) under NRHM	410.30	48.7%	
2(i)	Other Health system Strengthening covered under NRHM	313.65	-	
2(ii)	Comprehensive Primary Health Care under HSS	44.58	-	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	52.07	-	
	Total NRHM-RCH Flexible Pool	577.99	-	
3	NUHM Flexible Pool	20.50	2.4%	560.71
3(i)	Other Health System Strengthening covered under NUHM (excluding CPHC)	14.92	-	
3(ii)	Comprehensive Primary Health Care under NUHM	5.58	-	
4	NDCP Flexible Pool (RNTCP, NVHCP, NVBDCP, NLEP, IDSP)	69.14	8.2%	
4(i)	NVBDCP (Cash & Kind)	14.15	-	
4(ii)	RNTCP (Cash & Kind)	43.93	-	
4(iii)	NVHCP (Cash & Kind)	8.37	-	
4(iv)	NLEP	1.53	-	
4(v)	IDSP	1.16	-	
5	NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	21.12	2.5%	
6	Infrastructure Maintenance (including Direction and Administration)	152.32	18.1%	
	Total Resource Envelope	841.06	100%	560.71
	Grand Total Resource Envelope (Central Allocation + State Share)	1401.77		

Source: Record of Proceedings (NHM Chhattisgarh 2020-21), MoHFW

The breakup of the total resource envelope shows that Rs.167.70 Crore is allocated for RCH Flexible Pool (including RI, IPPI, and NIDDCP), Rs.410.30 is allocated for Health System Strengthening (HSS) under NRHM. Thus, the GOI contribution toward total NRHM-RCH Flexible Pool works out to be Rs.577.99 Crore. Whereas, the GOI contribution toward NUHM Flexible Pool, NDCP Flexible Pool and NCD Flexible Pool is Rs20.50 Crore, Rs.69.14 Crore and Rs.21.12 Crore, respectively. Within NDCP Flexible Pool bulk of the resources are allocated for RNTCP activities. Finally, over one-ninth of the GOI contribution under the total resource envelope is allocated toward infrastructure maintenance (including Direction and Administration).

Figure 4:Percentage Share of Fund Approval,Chhattisgarh



Dantewada district had prepared District Programme Implementation Plan for the current year and has submitted to the state for its verification. However, the district has received the approval from the state for preparation of district health action plan. The fund under the DHAP was released in the month of July, 2021. There was no pending work related for construction in last two years which can be observed from the table-4 shown below.

Table 4:District Health Action Plan, Dantewada

Indicators	Observation
Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state(verify)	Yes, June 2021
Date of first release of fund against DHAP	July,2021
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	N/A
Details of Construction completed but not handed over	N/A

Source: CMHO Office, Dantewada

2.2 Budget Utilization

Budget utilisation under NHM is to operationalize an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district

and block level. The detail of the budget utilisation is given in table-5 as per the Financial Management Report (FMR).

As per the given records it can be observed that, the maximum number of utilizations as per the FMR is in referral transport where the percent of utilization is more than 100 percent followed by untied grants (147.5%) and Quality (139.3%). Whereas, the least percent of utilization is observed in Programme Management activities(33.9%), Printing(52.2%), and IEC material(50.5%). The district has utilized only 8.7 percent of its funds in the infrastructure in the last financial year 2020-21.

Table 5: Financial Management Report, Dantewada district, 2020-21

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	% Of utilization
1. FMR 1: Service Delivery: Facility Based	114.87	86.93	75.6
2. FMR 2: Service Delivery: Community Based	87.76	61.63	70.2
3. FMR 3: Community Intervention	529.07	461.43	87.2
4. FMR 4: Untied grants	51.31	75.69	147.5
5. FMR 5: Infrastructure	64.61	5.67	8.7
6. FMR 6: Procurement	97.83	17.32	17.7
7. FMR 7: Referral Transport	8.94	18	201.3
8. FMR 8: Human Resource (Service Delivery)	782.07	643.99	82.3
9. FMR 9: Training	112.24	17.08	15.2
10. FMR 10: Review, Research and Surveillance	0.53	0.06	11.3
11. FMR 11: IEC-BCC	21.01	10.62	50.5
12. FMR 12: Printing	3.73	1.95	52.2
13. FMR 13: Quality	8.53	11.89	139.3
14. FMR 14: Drug Warehouse & Logistic	8.19	5.77	70.4
15. FMR 15: PPP	195.42	222.20	113.7
16. FMR 16: Programme Management			
• FMR 16.1: PM Activities Sub Annexure	2.89	0.98	33.9
17. FMR 17: IT Initiatives for Service Delivery	3.35	3.91	116.7

Source: CMHO Office, Dantewada

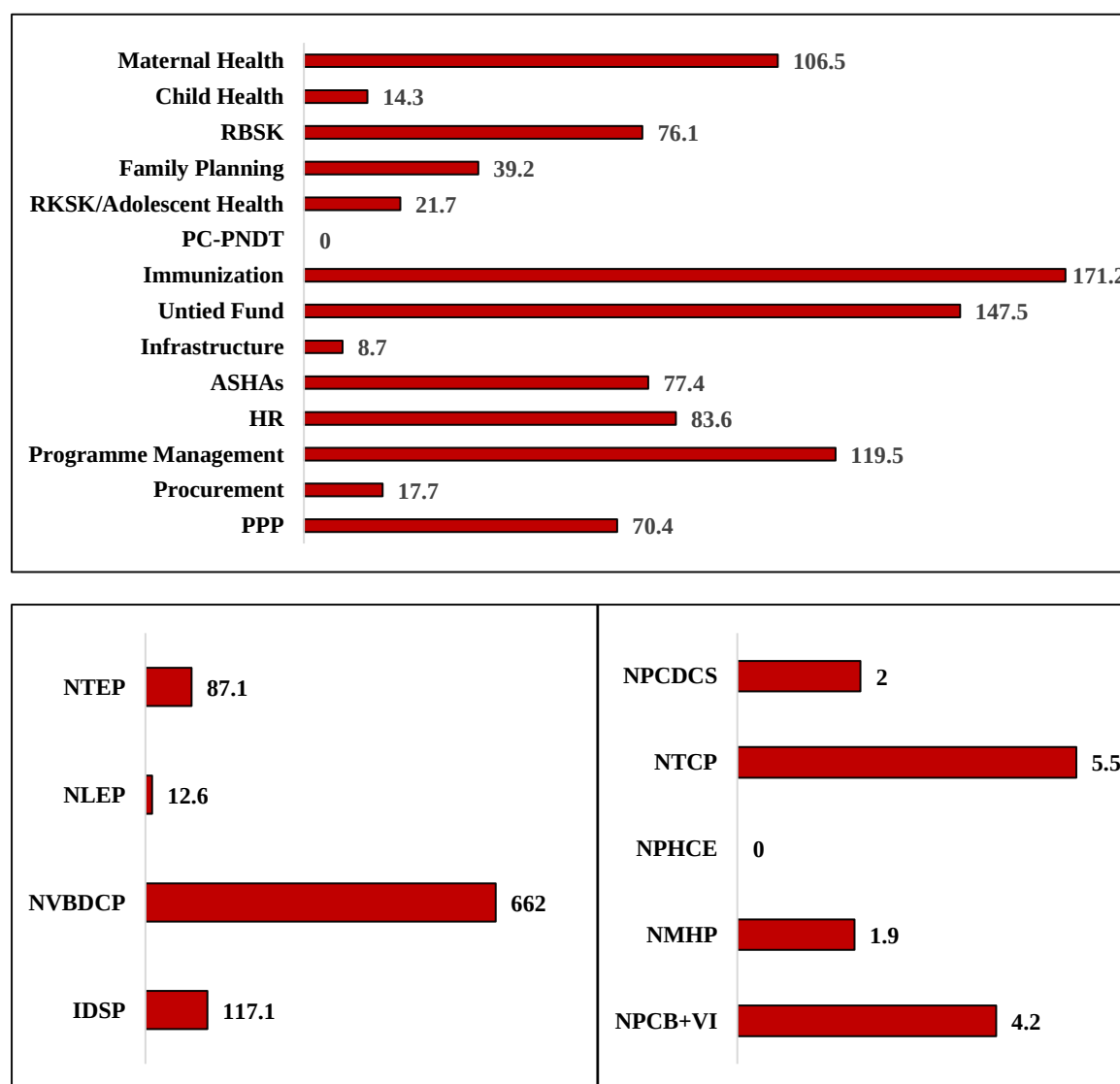
Moreover, if we observe programme wise, depicted in the figure-5 shown below, out of the RCH and Health Systems Flexi Pool about 80.7 per cent of the funds have been utilized. Of which the maximum utilization of funds is seen under Immunization (171.2%) followed by untied fund (147.5%), and programme management (119.5%). Whereas, the least percentage of utilization below 60 percent, under the said head is observed in Family Planning(39.2%), RKSK/Adolescent Health(21.7%), and Procurement(17.7%). Around 8.7% of the fund has been utilized in the infrastructure head and around 0.55 lakhs have been released for PC-PNCDT but no fund has been utilized for the same.

With regards to communicable disease pool, the highest fund utilization has been done in the National Vector Borne Disease Control Programme (NVBDCP) with more than 100 percent. Followed by Integrated Disease Surveillance Programme (IDSP) with 117.1 percent of fund utilization where the total amount of fund released stood at Rs.1.40 Lakhs as against Rs.1.64 Lakhs have been utilized. Whereas, the least utilization of fund has been observed in National Leprosy Eradication Programme (NLEP) with approx. 13 percent respectively.

However, in the case of Non-Communicable Diseases, the highest fund utilization has been reported under the head of National Tobacco Control Programme (NTCP) with around 5.5

percent of fund has been utilized in the last financial year 2020-21. Followed by 4.2 percent in National Program for Control of Blindness and Vision Impairment (NPCB+VI) and approximate of 2 percent has been utilized under the head National Programme for Prevention and Control of Diabetes, Cardiovascular disease and stroke (NPCDCS) and National Mental Health Programme (NMHP).

Figure 5:Utilization of Funds-Programme Wise



Source: CMHO Office, Dantewada

2.3 Status of Service Delivery

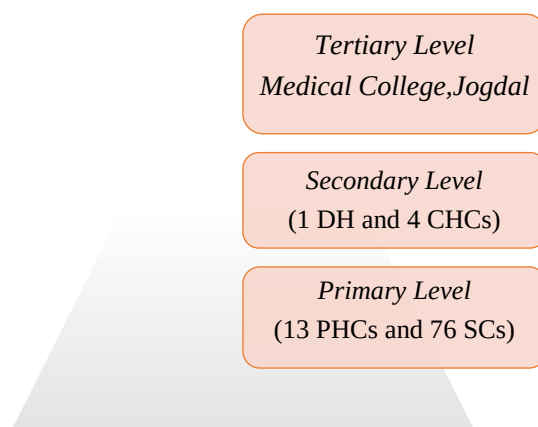
This section will talk about the status of service delivery in Dantewada district and also observe the provisions rendered under NHM for smooth service delivery. The important components that have been highlighted in the present section are physical infrastructure, Human Resource (HR) and trainings for health personnel that are meant for capacity building.

2.3.1 Status of Infrastructure

According, to the Indian Public Health Standards (IPHS), healthcare infrastructure in India comprises of three main levels i.e., primary, secondary, and tertiary healthcare. At the primary level of health care, it comprises of the Primary health centres (PHCs), and subcentres (SCs). While the District Hospitals, Sub-district hospitals, and Community Health Centres (CHC) fall under the category of secondary health care. Whereas, the tertiary level of health care includes the medical colleges and specialized Hospitals.

Figure-6 below depicts the status of health infrastructure of Dantewada district. The district has 1 District Hospitals. In total, there are 4 Community Health Centre's (CHCs) along with 13 Primary Health Centre's (PHCs), and 76 Sub-Centre's (SCs) which are operational as per the sanction.

Figure 6:Total Facilities available in the district



Source: CMHO Office, Dantewada

There are no UPHCs and UCHC's are available in the district. One Special New-Born Care Unit (SNCU) and 4 Nutrition Rehabilitation Centre is present at the district level. Moreover, only one first referral unit (FRU), 1 blood bank, and 2 blood storage units are operational in the district respectively.

All the 11 PHC's, which are operational in the district, have been converted into Health and Wellness Centres (PHC-HWC). As there are no Urban Primary Health Centres operational in the district, none of them have been transformed into HWCs. Furthermore, out of 63 SC's, only 38 SCs have been converted into HWCs.

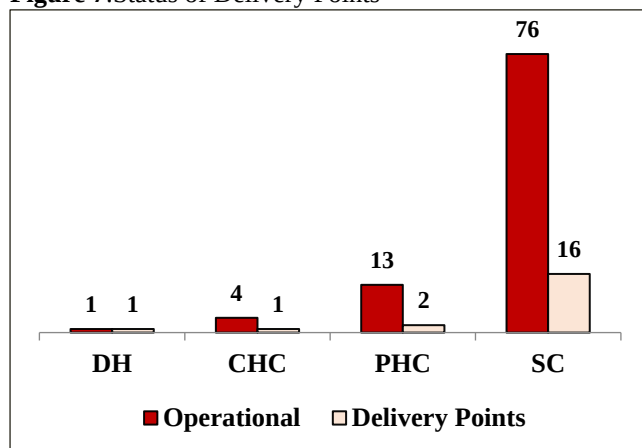
Presently, the district has 4 Tuberculosis units (Tus), 1 CBNAAT/TruNat site, and 1 drug resistant TB centre. In addition, the number of functional NCD clinic is found to be at the DH and CHC level, of which there is only 1 NCD clinic at the DH and 4 clinics functional at the CHC level.

Whereas on the other hand, the total number of institutions providing comprehensive abortion care services (CAC) are 11. Of which, 10 facilities are providing 1st trimester services and the total number of facilities providing both 1st and 2nd trimester services is only one. However, it must be noted that the district doesn't have District Early Intervention Centre (DEIC).

Table 6:Facility Details, Dantewada District

Facility Details	Sanctioned/ Planned	Operational
Urban Primary Health Centres (U-PHC)	-	-
Urban Community Health Centres (U-CHC)	-	-
Special New-born Care Units (SNCU)	1	1
Nutritional Rehabilitation Centres (NRC)	4	4
District Early intervention Centre (DEIC)	-	-
First Referral Units (FRU)	1	1
Blood Bank	1	1
Blood Storage Unit (BSU)	2	2
No. of PHC converted to HWC	11	11
No. of U-PHC converted to HWC	-	-
Number of Sub Centre converted to HWC	63	38
Designated Microscopy Centre (DMC)	16	
Tuberculosis Units (TUs)	04	
CBNAAT/TruNat Sites	01	
Drug Resistant TB Centres	01	
Functional Non-Communicable Diseases (NCD) clinic		
• At DH	DH-01	DH-01
• At SDH	SDH-0	SDH-0
• At CHC	CHC-04	CHC-04
Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	19	11
• Providing 1st trimester services		10
• Providing both 1st & 2nd trimester services	02	01

Source: CMHO Office, Dantewada

Figure 7:Status of Delivery Points

From the figure-7 shown, it clearly depicts that there is 1 operational DH conducting more than 50 deliveries per month which includes C-section deliveries as well. Surprisingly, out of the 4 CHC's that are operational, only 1 CHC is conducting more than 20 deliveries. However, the situation is extremely grim in the case of PHC's the district in total has 13 PHC's of which, only 2 PHCs are able to conduct 10 deliveries per month. Whereas, the rest are being referred to DH as per the situation. Similar, is the case of SCs only 16 SCs are

conducting more than 3 deliveries per month out of 76 SCs in the district.

2.3.2 Status of Human Resource

To ensure smooth service delivery NHM made provisions for a basic minimum Human Resource (HR) requirement along with health infrastructure. However, HR requirements should ideally depend upon the patient load and catchment population. The HR component includes the process starting from recruitment, deployment, and continued capacity building and functioning of manpower.

Lack of Human Resource is one of the major concerns of the district; more specifically the major issue in case of medical staff is reported in the case of Medical Officers (MO) with vacancy of 40 percent respectively. Interestingly, there is no vacant positions for OB&GY, Paediatrician, Anaesthetist, and Dentist as all the positions are in-place as per the sanction which is evident from the table-7 shown below.

However, the highest percent of vacant positions is observed in the case of OT Technician with no posts being in-place followed by lab technician with 28.5 percent of vacant positions respectively. Around 20 percent of Allopathic pharmacist positions are also vacant in the district.

Besides these, the shortage of HR in the district is observed in case of Staff Nurse with 71.1 percent, CHO's (52.7%), and ANMs(17.5%) respectively.

Table 7:Status of Human Resource, Dantewada

Staff Details	Sanctioned	In-place	Vacancy (%)
MO(MBBS)	10	6	40
OB&GY	1	1	-
Paediatrician	1	1	-
Anaesthetist	1	1	-
Surgeon	0	0	-
AYUSH MO	0	0	-
Radiologist	0	0	-
Dentist/Dental Surgeon/Dental MO	4	4	-
Dental Hygienist	0	0	-
Radiographer/X-ray Technician	0	0	-
OT Technician	2	0	100
Lab Technician	7	5	28.5
Pharmacist (Allopathic)	10	8	20
AYUSH Pharmacist	0	0	-
Staff Nurse (SN)	76	22	71.1
CHO/MLHP	55	26	52.7
MPW(Male)	0	0	-
ANM	40	33	17.5

Source: CMHO Office, Dantewada

In addition, no LSAS doctor has been trained in the district and 1 EmOC doctors has been trained which is posted in the FRU.

Table 8:Performance of EMOC/LSAS trained doctors

Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors	-	-	-
EmOC trained doctors	01	01	-

Source: CMHO Office, Dantewada

2.3.3 Training Status

The table-9 below provides a brief snapshot of trainings received in the last financial year i.e., 2020-21 as per the ROP approval. In total, 14 trainings were planned across various programs and sub-divisions which includes maternal health, child health, family planning, RKSK, NPPCD, NLEP, and NVBDCP. Maximum number of trainings that were conducted in the last financial year was in the sub-division of family planning.

The trainings were imparted under various heads to various health personnel's such as IMCI, NSSK training to Medical Officers (MOs), Staff Nurses, and ANMs. Besides this, NDD training was also planned for 22 batches. With regards to family planning, as per the ROP the district had planned training for PPIUCD and injectable contraceptive training that was to be imparted to SN, LHV, and ANM followed by oral pills training and Family Planning Logistics Management Information System (FPLMIS).

In addition, the district had planned a review meeting for HMIS and MCTS, capacity building and workshop on vector borne diseases. However, due to the ongoing pandemic situation none of the trainings could be conducted resulting to which the status still remains to be incomplete for the last financial year.

Table 9: Training Status as per ROP

Training Name	Planned	Completed
IMNCI	01 Batch	Incomplete
NSSK Training for MO	01 Batch	Incomplete
NSSK Training for SNs	01 Batch	Incomplete
NSSK Trainings for ANMs	01 Batch	Incomplete
NDD Training	22 Batch	Incomplete
PPIUCD Insertion Training for SN/LHV/ANM	01 Batch	Incomplete
Injectable Contraceptive Training for SN/LHV/ANM	01 Batch	Incomplete
Oral Pills Training	04 Batch	Incomplete
FPLMIS Training	02 Batch	Incomplete
WIFS Training at Block Level	03 Batch	Incomplete
NPPCD Training	01 Batch	Incomplete
NLEP Training	01 Batch	Incomplete
Training-cum-review meeting for HMIS and MCTS	01 Batch	Incomplete
Training/Capacity Building (Malaria)	03 Batch	Incomplete
Training/Workshop (Dengue and Chikungunya)	04 Batch	Incomplete

Source: CMHO Office, Dantewada

2.3.4 Referral Transport

Health infrastructure also includes transport facilities at the district for the safe and timely movements of the patients. The table-10 shown below highlights the status of MMU of the district wherein there is 1 Mobile Medical Unit in the district of which the number of trips per MMU per month is approximately 100 trips and a total 3000 Km. Around 25 camps have being organized with a manpower of 5 health personnel. The services being rendered are health check-ups and lab services wherein the average number of OPD per MMU per month stands at 1200 and average number of lab investigations are 300. On the other hand, the average number of blood smears collected or through RDT were 900 samples for Malaria. Approximately, 50-60 number of patients have been referred to higher facilities.

Table 10: Mobile Medical Units (MMU) Details of Dantewada District

Mobile Medical Unit Details	Numbers
No. of Mobile Medical Unit (MMU) and Micro-Plan	01
No. of trips per MMU per month	3000 KM
No. of camps per MMU per month	25 Camps
Average number of OPD per MMU per month	1200
Average number of lab investigations per MMU per month	300
Average number of blood smears collected/Rapid Diagnostic Test (RDT) done for Malaria per MMU per month	900
Average number of patients referred to higher facilities	50-60

Source: CMHO Office, Dantewada

Figure 8: Mobile Medical Unit Camps in Dantewada District



मोबाईल मेडिकल यूनिट द्वारा दूरस्थ क्षेत्रों में स्वास्थ्य जाँच की सुविधा



मोबाईल मेडिकल यूनिट द्वारा स्वास्थ्य शिविर का आयोजन

Source:CMHO Office,Dantewada

With the help of MMU,the main of the district is to provide healthcare services at the doorstep at extreme rural,vulnerable,and under-served areas.Till date it was reported that 8735 patients have been treated.

With regards to vehicle for referral transport,the district has 108 ambulance wherein there are 4 Basic Life Support(BLS) and 1 Advance Life Support(ALS) available in the district.Both the categories have been operationalized by the state itself and GPS is fitted and timely it is being handled through centralized call centres.On an average the number of calls received per day for ALS is around 4-5 calls whereas for BLS the number of calls are more.However,the number of trips for both ALS and BLS are same as shown in the table-11 below.

Table 11: Status of Vehicle for Referral Transport

Vehicle for Referral Transport	Number	
No. of Basic Life Support (BLS) and their distribution	4	
No. of Advance Life Support (ALS) and their distribution	1	
	ALS	BLS
Operational Agency (State/NGO/PPP)	State	State
If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
Average no. of calls received per day	4-5 per day	7-8 per day
Average no. of trips per ambulance per day	4-5 per day	4-5 per day
Average Km travelled per ambulance per day	400-500 Km	300-350 Km

Source: CMHO Office, Dantewada

Whereas in the case of 102 vehicle, in total 8 vehicles are available in the district and all of the vehicles are GPS fitted. The number of trips per ambulance is being done as per the requirement which is on an average of 3-4 trips and the kilometre travelled is done on an average of 200 Kms.

Table 12: Status of 102 Vehicle in Dantewada District

Mobile Medical Unit Details	Numbers
No. of transport vehicle/102 vehicle	08
If the ambulances are GPS fitted and handled through centralized call centre	Yes, 08
Average no. of trips per ambulance per day	According to case (3-4 trips)
Average Km travelled per ambulance per day	According to case (200 Km)

Source: CMHO Office, Dantewada

3.STATUS OF NATIONAL PROGRAMME IMPLEMENTATION IN DANTEWADA

3.1 Maternal Health

Maternal Health remains the cornerstone for every public policy. The well-being of mothers is important not only itself but also helps in breaking down the inter-generational poverty circle. The public policy being a combination of the rights-based approach and life cycle approach ensures that the well-being of the child starts at age zero along with the mother's health. Most NHM programmes have their prime focus in ensuring the well-being of mothers. These programmes range from direct cash transfers to indirect transfer programmes and universal health coverage.

The sharp decline in percentage of home deliveries and rising proportion of institutional deliveries is due to success of the schemes such as Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram launched by the Government of India.

3.1.1 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana or JSY is an integral direct cash transfer scheme aimed to incentivise women to choose institutional delivery. Launched in April 2005, this scheme aimed at reducing maternal and child mortality that may occur due to unsafe delivery. The cash transfer is conditional upon the woman choosing institutional delivery. The scheme has been effective in increasing institutional deliveries over a period of time. The scheme incentivises both mother and ASHA.

The average delay of payment is round 3-4 days and the reason being, the women beneficiaries do not have bank accounts. The other problems that occur are when beneficiaries are unable to provide identity proofs as required. Moreover, it was even mentioned that with merging of banks the beneficiaries didn't have the updated IFSC code with them due to which they couldn't avail the benefit of JSY.

3.1.2 Janani Shishu Suraksha Karyakaram(JSSK)

Janani Shishu Suraksha Karyakram (JSSK) is a rights-based policy measure to reduce the out-of-pocket expenditures of the families during child birth and new born care. This policy covers aspects such as diet, transport, drugs, diagnostics, referral and other user charges which are otherwise incurred. The scheme entitles all pregnant women free transport from their homes to the public institution both before and after birth. The delivery is free of charge which also includes C-section. Other entitlements include meals for the mother, new born care and free drugs if needed.

All the JSSK entitlements are being given to the beneficiaries and are well aware of the scheme. With regards to transport services, most of the beneficiaries have availed the free ambulance facility from their homes to facility and facility to home. There have been very less chances where the beneficiaries have paid from their own pockets.

3.2 Child Health

An integrated approach to improve health outcomes includes the interventions that reduce morbidity and mortality among children. The NHM components have carefully integrated many of these along with maternal health programmes. The early stages of development are crucial for the overall healthy growth of a child thus programmes like full immunisation lay stress on improving the child health indicators. India has committed to reduce IMR in the Sustainable Development Goals to 25 or less per 1,000 live births in under 5-year-old children and 12 or less per 1,000 live births for new-borns by 2030. Therefore, to ensure healthy child survival various thrust areas have been identified. These are:

Area 1: Neonatal Health

- Essential new born care (at every 'delivery' point at time of birth)
- Facility based sick New-born care (at FRUs & District Hospitals)
- Home Based New-born Care (HBNC)

Area 2: Nutrition

- Promotion of optimal Infant and Young Child Feeding (IYCF) practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with Severe Acute Malnutrition (SAM)

Area 3: Management of Common Childhood Illness

- Management of childhood diarrheal diseases and acute respiratory infections

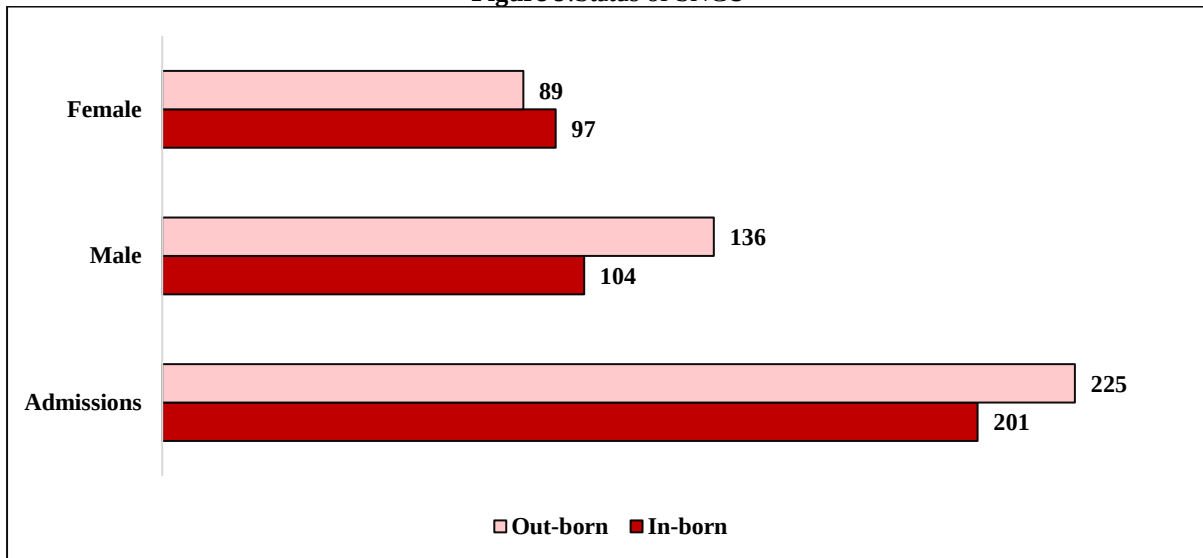
Area 4: Immunization

- Intensification of routine immunization
- Eliminating measles and Japanese encephalitis related deaths

- Polio eradication

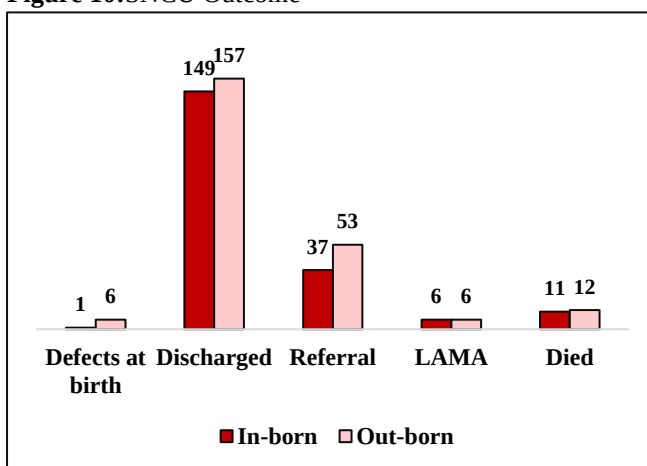
The figure-9 shown below illustrates the overall status of SNCU of Dantewada district of last financial year 2020-21. It is clearly observed that the total number of in-born and out-born admissions stand at 201 and 225 respectively. If we observe the gender-wise status, the number of males is more in comparison to females i.e., 104 males and 136 males have taken admission in the in-born and out-born section. Whereas, the number of females were more in in-born section i.e., 97 females.

Figure 9: Status of SNCU



Source: District Hospital, Dantewada

Figure 10: SNCU Outcome



It is observed that around 149 and 157 in-borns and out-borns have been discharged in the SNCU. If we talk about referrals, the number of out-borns are more than the in-borns i.e., 53 out-borns have been referred as against 37 in-borns in both the cases. Leave against medical advice (LAMA) is same and 11 in-borns and 12 out-borns have died with major cause of death reported to be respiratory distress syndrome, Asphyxia, and major congenital malformation.

Source: District Hospital, Dantewada

Many initiatives have been taken to carefully handle neonates. In the district hospital a Kangaroo Mother Care Lounge is made for low-birth-weight children. While these children are kept under observation in the SNCU, they are fed and cared for by their mother in the KMC lounge under the supervision of the staff nurses. Mothers are taught how to feed and care for the baby and keep them warm by holding them close to the mother's body and skin.

There are a total 4 NRC's in the district i.e., 1 in District Hospital and 3 in CHCs however due to COVID-19 the NRC is not functional.

3.2.1 Rashtriya Bal Swasthya Karyakaram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is a flagship programme under NHM which aims at early identification and intervention for children from the ages 0-18 to tackle the 4 D's- Defects at birth, Deficiencies, Diseases and Development Delays (including disability). The district has 1 NRC which is solely dedicated to tackle the issues clubbed under the 4 D's. NRCs work towards improving the health indicators of children suffering from severe acute malnutrition.

In Dantewada district there are a total of 10 RBSK teams, where 2 teams have been deployed in Dantewada, 2 teams in Geedam, 3 teams in Katekalyan, and 3 teams in Kuakonda, which ensure coverage of children. The vacant positions under RBSK are 9 Medical Officers, 3 ANMs, and 2 Pharmacists positions are vacant. The programme remains functional in all government schools and Anganwadis. Average of around 80-100 children are being screened per day by the team. A total of 53 children have been screened at the delivery points for defects at birth.

3.2.2 Home Based New-born Care (HBNC)

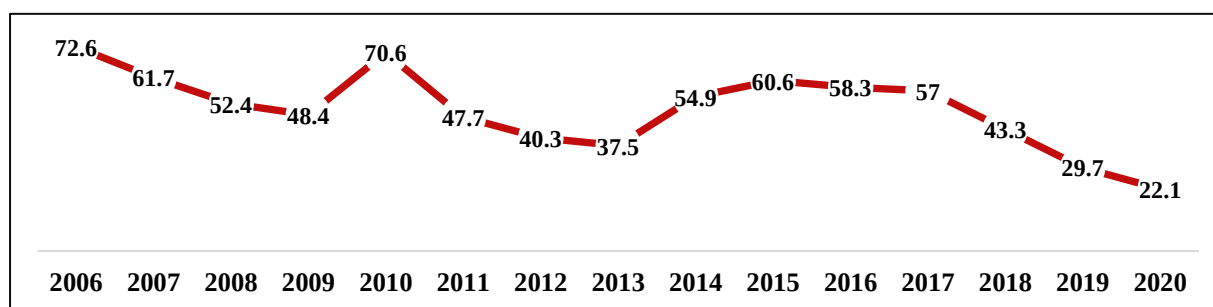
The scheme has been implemented in the year 2011, under National Rural Health Mission with the prime aim to reduce neonatal mortality in rural areas. With this scheme, the ASHA workers have incentivized for making visits to all the respective new-borns and their mothers according to the specified schedule of up to 42 days of life.

In the district, it was reported that is availability of HBNC kits with ASHAs and in the last financial year 2060 new-borns have visited under HBNC. The ASHAs have drugs kits available with them are readily available. However, due to the pandemic still around the HBNC visits were made at home by following all the COVID protocols and no delay of incentives have been reported by the ASHA workers.

3.3 National Vector Borne Disease Control Programme (NVBDCP)

The National Vector Borne Disease Control Programme is one of the most comprehensive and multi-faceted public health activities in the country and concerned with prevention and control of vector borne diseases namely Malaria, Filariasis, Kala-azar, Dengue and Japanese Encephalitis (JE)

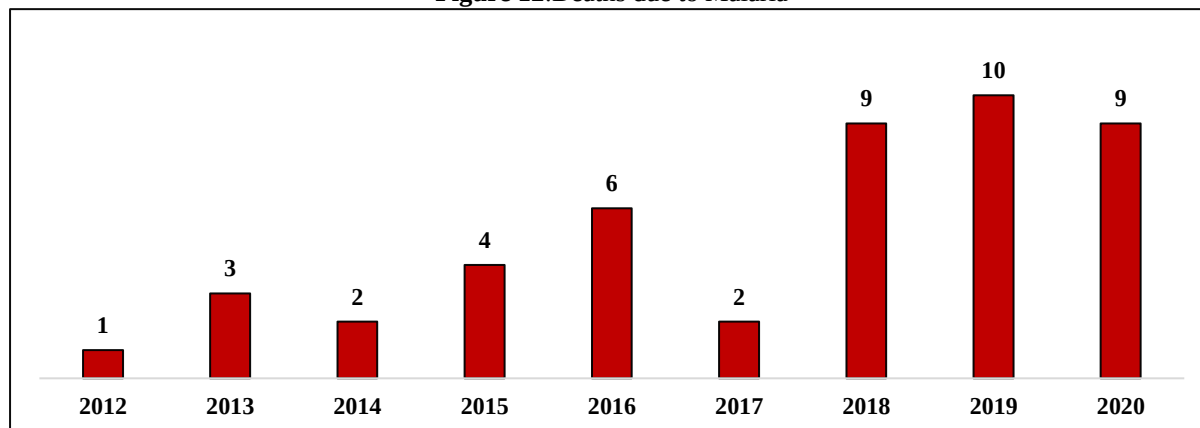
Figure 11: Annual Parasite Incidence (API), Dantewada



Source: CMHO Office, Dantewada

Over the years, Dantewada district has seen a remarkable progress in reducing the prevalence of vector borne disease. Various efforts have been made to reduce the prevalence such as the Annual Parasite Incidence (API) has seen a significant dip in the last 15 years i.e., from 2006 the API of the district stood at 72.6 to 22.1 in 2020 which is illustrated in the figure-11 above.

Figure 12:Deaths due to Malaria



Source: CMHO Office, Dantewada

The figure-12 depicts the number of deaths caused due to Malaria over the span of 9 years in the district. As per the progress report, it was cited that no deaths have been reported from the year 2006 to 2011. However, the first death due to Malaria was observed in the year 2012. Since then, there has been an increase in the number of deaths till the year 2016 where 6 deaths have occurred. Moreover, after 2017 there has been an upsurge in the number of deaths due to Malaria

Besides this, Malaria Mukht Bastar Abhiyan was carried as per the guidelines of the Directorate health services, 4 malaria Mukht Bastar Abhiyan was carried out from January,2020 to July 2021 during the non-transmission period. The main aim of the Abhiyan was to bring down the malaria incidence during non-transmission period so that the prevalence of malaria incidence could be under control during the transmission period. However, the district has been successful in achieving the aim. It appears from the epidemiological data of 4 Abhiyans that were carried, where in the 1st Abhiyan the malaria incidence stood at 14891 (API was 46.91) and in the last 4th Abhiyan the malaria incidence came down to 1215 (API was 5.05). The epidemiological data of all the 4 Abhiyan is shown below in the table-13:

Table 13:Data of 4 Abhiyans

Malaria Mukht Bastar abhiyan	Total Population	Survey Population	%	Malaria Cases			Total Positive	TPR	API
				PV	PF	Mix			
First Round	300371	317435	105.7	566	13524	801	14891	4.69	46.91
Second Round	301996	303225	100.4	151	3419	75	3645	1.20	12.02
Third Round	302331	303567	100.4	73	2262	27	2362	0.78	7.78
Fourth Round	240288	240445	100.1	26	1185	4	1215	0.51	5.05

Source: CMHO Office, Dantewada

In addition, the district distributed 178000 LLIN in the all the blocks of district and tried to cover every family of the district by distributing LLIN. The distribution of LLIN took place in the month of January,2020 to May,2021. The district had covered all the villages (229) by through indoor residual spray so that they could be successful in human mosquito contact

Figure 13: Malaria Mukht Bastar Abhiyan



मलेरिया मुक्त बस्तर अभियान के तहत मितानीनों के द्वारा मलेरिया जाँच



मलेरिया मुक्त बस्तर अभियान का निरीक्षण एवं फॉलोअप



मलेरिया मुक्त बस्तर अभियान का नूकड़ नाटक के माध्यम से प्रचार-प्रसार

Source: CMHO Office, Dantewada

Certain recommendations have been made for smooth implementation of the programme in the district i.e.

1. **Fortnightly surveillance of the population:** As the life span of vector mosquito is 8 to 14 days therefore it is essential to ensure fortnightly visit by the surveillance workers to visit every house so that we could breakdown the transmission and bring down the malaria incidence.
2. **Requirement of 3rd round of Indoor Residual Spray:** Dantewada district is having perennial transmission due to mosquito vector – *Anopheles culicifacies* and *Anopheles fluviatilis*. Due to density of *Anopheles fluviatilis*, the 2nd peak season of malaria incidence is to be observed during the month of November to March. Therefore, third round of indoor residual spray is to be done during the month November of every year so that we can prevent the human-mosquito contact.
3. **Deployment of extra human resource in the block:** Due to overburden in the field staff, the district is not able to ensure fortnightly visit of every house, therefore it is recommended to deploy surveillance staff in every block as per the proposal of block medical officer.
4. **Use of long-lasting impregnated mosquito net (LLIN):** The district is supplying LLIN to the rural population for last 10 years. The main aim of LLIN distribution is to break the chain of human mosquito contact but the major challenge the district is facing is that they are unable to convince the people to accept LLIN as their part of life. Now to control malaria incidence in the districts it is important to use LLIN judiciously. It is recommended for the district that every person of rural population should be given LLIN and legislation should be made to effective use of LLIN.
5. **Regular Entomological analysis in the district:** As the entire Dantewada district is under high risk, therefore, regular entomological analysis is imperative so that they could know the density of the vector and its behavior accordingly change the strategy.
6. **Participation of School and College Students:** Dantewada district is having 90 percent of the tribal area where illiteracy is high and people are approaching Baiga Guniya for their treatment. Therefore, students living in Pota Cabin and hostel should be involved and educate them regarding Malaria Control Measures so that they can convince the community in their local language and help them curb the prevalence for future.
7. **Appointment of Malaria Inspector in every Block:** At present all the post of Malaria Inspector is lying vacant in all every Block. It is recommended malaria inspector post should be filled up as soon as possible.

3.4 National Tuberculosis Elimination Programme (NTEP)

The target TB notification achieved by the Dantewada district in the last financial year is 58 percent. Timely HIV Status of all TB patients is known and out of 434 patients 428 TB patients are known with HIV status which accounts to be 98.6 percent respectively. The eligible TB patients with UDST testing stands out to be 64.2 percent i.e., out of 434 patients 279 patients have been tested for UDST testing. Whereas, the success rate of treatment from the patients notification of private sector stands out to be 354 and 5 MDR TB patients have initiated for the treatment.

3.5 National Leprosy Eradication Programme (NLEP)

The total number of new leprosy cases detected in the last financial year in the district is observed to be 21 cases where in 2 cases were observed in G2D. There is availability of MDT in district which is being carried without interruption. However, no reconstructive surgery for G2D cases are being conducted and no MCR footwear and self-care kit is available.

3.6 Comprehensive Primary Health Care (CPHC)

Over the years, the emergence of Universal Health Coverage has arisen as a key objective for assuring accessible, affordable, and quality health care services. One such target is being achieved through the recently launched programme that is the Ayushman Bharat-Health and Wellness Centres (HWCs). The prime aim of HWCs is to provide all the health care services under one umbrella by covering majority of the population. The Ministry of Health and Family Welfare (MoHFW) has rolled-out the programme with a view to furnish wide and expanded range of services through Comprehensive Primary Health Care (CPHC) and cater the needs specifically at the peripheral level.

As with the rapid urbanization and change in the lifestyles the epidemiology pattern of diseases is increasing day by day with non-communicable diseases being highly prevalent throughout the country. Hence, with the help of Ayushman Bharat-Health and Wellness Centres, it would play a key role in reducing the burden of Non-Communicable Diseases (NCDs) and would tackle the burden of the disease through primordial and primary prevention.

As per the plan 300,371 individuals have been enumerated of which 28,340 enumerations have been completed. Till now, 6034 (5.4%) CBAC forms have been completed but majority of the forms are still pending as the CHOs have been deployed in the COVID-19 duty due to which they are unable to update the portal and fill the CBAC forms on time.

In addition, all the SC's and PHC's which have been transformed into HWCs have started with NCD screening with no UPHC in the district the number is nil for NCD screening.

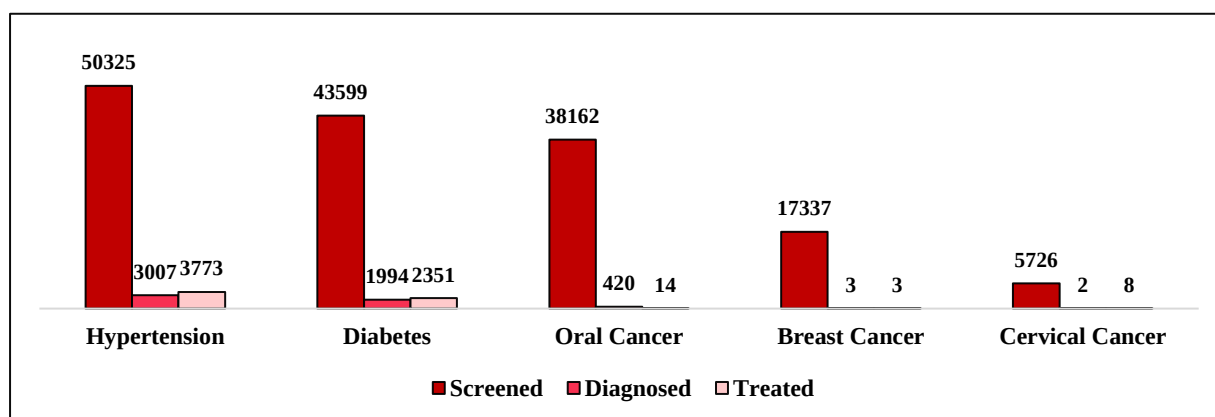
Table 14: Status of NCD Screening and CBAC forms

Indicator	Planned	Completed
No. of Individuals enumerated	300371	28340
No. of CBAC forms filled	111137	6034
No. of HWCs started NCD screening		
a. SHC-HWC	48	48
b. PHC-HWC	11	11
c. UPHC-HWC	-	-

Source: CMHO Office, Dantewada

Majority of the cases that have been screened for NCDs is majorly observed in hypertension and Diabetes with 3007 and 1994 cases have been diagnosed. Majority of the treatment that the community members are seeking is in case for Hypertension (3773) and Diabetes (2351). If we talk about the status of cancer, proper screening is being done for all the three cancers in the HWCs, wherein 420 cases are being observed in oral cancer and out of the 420 cases, 14 patients are seeking treatment for oral cancer followed by cervical cancer 8 cases, and 3 cases for breast cancer which is shown in the figure-14 below.

Figure 14:Status of Individuals Screened, Diagnosed, and Treated



Source: CMHO Office, Dantewada

4. INITIATIVES MADE BY THE STATE AND DISTRICT

Over the years the district has undertaken certain initiatives as to ensure that these services are provided to the local public of the district with a view to furnish the public health care services with easy accessibility. Below are some of the key initiatives that have been implemented in the remote areas of the Dantewada district

4.1 Chief Minister (CM) Haat Bazar Clinic Yojana

The government of Chhattisgarh has recently launched the Mukhyamantri Haat Bazaar Clinic Yojana in the Dantewada district on 19th June,2019 as a pilot project. The main aim of the yojana was to furnish proper health care facilities in the extreme far-flung areas especially scheduled tribe areas. In total the district has 19 Haat Bazaar wherein some of the Haat Bazaars have been set-up in the extreme remote areas of the district for easy accessibility of services to the local people at their door step wherein people of different age groups can get expert advice from the medical doctors. The services available at the Haat Bazaar Clinic Yojana includes Health Check-ups, Lab tests, Treatment and Counselling. From 19th June,2019 to 28th August,2021 a total of 60,864 beneficiaries have availed the service and benefitted them. Overall, the efforts have been successful in providing health-care services who are deprived of getting the basic services by the help of state government initiative.

Figure 15:Haat Bazaar Clinic Yojana



Source: CMHO Office, Dantewada

4.2 Upgradation of District Hospital, Dantewada

Through the District Mineral Foundation (DMF), the District Hospital of Dantewada has received a total amount of 2.38 crores for C.T Scan which was inaugurated by the Chief Minister of Chhattisgarh. Till date a total of 540 patients have availed the C.T scan service. Besides providing C.T Scan facility at the District Hospital, 16 beds have been received for Intensive Care Unit (ICU) wherein 310 patients lives have been saved with the provision of beds. Apart from C.T scan facility and provision of beds for ICU, the district hospital too received equipment's for Operation Theatre through DMF fund.

Figure 16: Services available at District Hospital, Dantewada



Source: CMHO Office, Dantewada

4.3 Sugam Swasth, Dantewada

The pivotal aim through Sugam Swasth is to help the villagers in Naxal affected belt of the district. Through Sugam Swasth, the district administration had launched this unique scheme on 20th July, 2020 to help and reach medical facilities and save lives of each one when needed. Due to lack of connectivity and remote areas, at times ambulances couldn't reach on time for critical patients resulting to which there is loss of critical time and the life isn't saved.

This scheme ensures that the ambulance reaches on time and would serve as "Rakshaks" for the public who would ferry critically ill patients to health facilities in emergency situations. A total of 82 vehicles have been hired and many villagers have benefitted from this scheme. Till 30th July, 2021, a total of 195 villagers have availed this service and Rs.68,700 have been given to the vehicle owners who work effortlessly for the public.

Figure 17:Sugam Swasth, Dantewada



माननीय मुख्यमंत्री जी द्वारा सुगम स्वस्थ अन्तर्गत अनुबंध निजी वाहन मालिकों भेट



Source: CMHO Office, Dantewada

4.4 Dr.Khoobchand Baghel,Swasthya Sahayata Yojana(DKBSSY)

Figure 18:Registration of Ayushman Cards under DKBSSY



स्वास्थ्य संस्थाओं में आयुष्मान कार्ड बनाते हुये



टीम द्वारा ग्रामों पहुँच कर आयुष्मान कार्ड बनाते हुये

Source: CMHO Office,Dantewada

The Dr.Khoobchand Baghel Swasthya Sahayata Yojana(DKBSSY) has been initiated with an aim to provide health assurance coverage to almost all the population of Chhattisgarh. Since the initiation to 27th August,2021 around 6243 members have enrolled into this scheme.The importance of this scheme is to make the availability of service to the general public in a simpler way as much as possible.

To avail the benefits under this scheme all the residents of the district can get treatment by enrolling themselves through the Ayushman Card. The target of enrolling the public to get the Ayushman Card stood at 3,44,303 of which only 1,05,609 cards have been made which is around 30.6 percent of the district respectively. The total claim amount of the hospitals stands at Rs. 2,70,98,305 crores of which the claim amount received is Rs. 2,16,16,241 crores.The remaining target of Ayushman Cards and claim amount is still under process.

5.SERVICE AVAILABILITY AT PUBLIC HEALTH FACILITIES AND COMMUNITY PERCEPTION

The team visited a total of 6 facilities in Dantewada district. The observations of the team are listed below. This includes points about patient load, infrastructure, manpower, drugs and equipment. The six facilities visited comprises of 1 District Hospital, 2 Community Health Centres, 2 Primary Health Centres, and 1 sub-centre.

A dedicated “Focussed Group Discussions” (FGD’s) was held to understand the community level perception on various fronts and in order to accurately capture their lifestyle, health seeking behaviour, health service accessibility, perceived behaviour of health service providers and know-how on out-of-pocket expenditure incurred while accessing public health services.

5.1 District Hospital, Dantewada



Figure 19:District Hospital, Dantewada

The District Hospital is situated in the main city area and is easily accessible by everyone. The district hospital was functioning in a government building and is a 150 bedded facility and 25 ICU beds are available. The hospital was providing all the basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services especially for women. The following observations were made in the health facility:

- District hospital fares extremely well on all assessments with respect to the infrastructure availability and maintenance. The area was optimally utilised and waiting area was well constructed and maintained.
- The services available at the DH are OPD, family Planning services, lab tests, emergency treatment, paediatric OPD, labour room, minor operation, SNCU, diet facility etc. Triage, Resuscitation, and Stabilization services for emergency are available at the facility.
- The number of units of blood currently available at the day of the visit were 20 units and 127 blood transfusions were done last month. Blood issued is free of charge for BPL,elderly,and JSSK beneficiaries.
- Moving forward to Bio-medical waste management practices there is 1 sharp pit,3 Deep Burial Pits, and 1 Incinerator.
- With regard to manpower, there is only 1 paediatrician and 2 Obstetrics & Gynaecology present in the hospital. There were 2 anaesthetists,2 surgeons,1 Ophthalmologist,1 Orthopedic,1 radiologist and 10 contractual Medical Officers who look after the entire facility and various services being rendered.
- Besides these, the facility has 1 dentist,48 staff nurses,4 LT,1 Pharmacist, and 1 Hospital Manager. There is no dental technician against 1 sanctioned post.
- The facility has been consistent in achieving Kayakalp award i.e., since 2017-18 the score is good. In the year 2017-18 the score stood at 83 percent and the facility bagged the 2nd position.Whereas,in the year 2018-19 and 2019-20 the score stood at 74.26% and 83% respectively.
- The total number of drugs in EDL were 214 and the implementation of DVDMS was done through “CGMSC”.The facility has sufficient supply of essential consumables that are needed at the facility.
- In-house tests are available at the facility 24*7 and a total of 6 tests are being performed such as RFL/LFI,CBC,TB etc.
- All the diagnostic services are free for all i.e., for BPL,elderly,and JSSK beneficiaries.
- The implementation of PM National Dialysis Programme is done in-house and the total number of tests performed are 293.An approximate of 3 patients are provided dialysis per day. In the current year(2020-21) 17 patients were provided dialysis service and in the previous year(2019-20) 15 patients were given dialysis 450 times.
- The number of deliveries performed last month in the facility were 91 and 16 C-sections were performed.
- The average delay for JSY payment is up to 4 days and till date the payment of 224 beneficiaries have been done. The reasons for delay relates to beneficiary bank account number and all the details.
- All JSSK entitlements are available at the facility such as free delivery services,free diet,drugs and consumbles,diagnostics,blood services etc
- The number of maternal deaths in the previous year were 1 and 2 deaths were observed in the current year.Whereas,the child death in the previous were 41 and current year stood at 16 deaths.
- In the last 3 months 366 new-borns were immunized with birth dose and breastfed within one hour of birth.
- In the last one month,69 sterilizations have been performed and the acceptance of female sterilization is more than male sterilizations.
- In the last 6 months 528 adolescents have been counselled at the facility for various issues.

- It was reported that 46 and 43 confirmed cases have been observed for hypertension and diabetes.
- With regards to NHM funds, the facility had received 64.12 lakhs and 87.72 lakhs have been utilized.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- Proper colour coded bins were available and the BMW is being outsourced on daily basis

5.2 Community Health Centre, Geedam



Figure 20:CHC,Geedam

The community health centre at Geedam is running in government building and needs renovation. Following are the observations of the team:

- The facility is First Referral Unit and the next referral point of this facility is District Hospital,Dantewada.The facility has 24*7 running water facility,availability of toilets,water facility,waiting area ,and drug storeroom with racks.
- The total number of bed available at the facility are 30 and has as per the IPHS norms.
- The services available at the facility are Ophthalmology,Dental,X-ray services,and NBSU.Only general emergency services are available at present.
- There is no functional blood storage unit available at the facility.
- There are 5 contractual MOs,1 Dentist,2 SNs,1 pharmacist,1 Dental assistant/hygienist of manpower available at the facility. However, there is a shortage of specialists such as for O&G,Pediatrician,and anesthesist,EmOC trained doctor,and LSAS trained doctor.
- The facility is not a Kayakalp awarded facility and has never participated for any such assessment due to non-availability of Hospital Manager.
- There is a total of 642 drugs available in the EDL and on the day of the visit 258 medicines were available.There were a shortage of 5 drugs that were mentioned i.e.,Injection Latix,PCM,Deriphyline,Pentazocm

- Diagnostic services are available for BPL,elderly,and JSSK beneficiaries with sufficient supply of testing kits.
- It was reported that there is a shortage of wheel chair,fumigators,weighing machine,and BP instrument. There is a dental chair in the dental clinic which is non-functional for more than 7 days.
- The total number of normal deliveries performed last month were 27 and there is a functional new-born care corner.
- The payment for JSY is upto date and the average delay for the payment averages around 3-4 days.Till August,2021 the payment has been done and the reasons for delay in the payment status is due to incomplete bank details of the beneficiaries.
- All JSSK entitlements are available at the facility such as free delivery services,free diet,drugs and consumbles,diagnostics,blood services etc
- On every 9th of every month high risk are identified at the facility and accordingly they are being referred to DH,Dantewada.Proper line listing of high risk pregnancies are being done.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- No maternal and child deaths have been observed over the past two years.
- In the last 3 months,79 new-borns were immunized with birth dose at the facility and breastfed within one hour of birth.
- ARSH counsellor is available at the facility and in the last 6 months 731 adolescents have been counselled.
- The facility has a Designated Microscopy Centre(DMC) and in the last 6 months 23 percent of samples were tested for TB.Whereas,61 percent of patients were tested through CBNAAT/TruNat for drug resistance in the same time period.
- Around 53 percent of the TB patients have been initiated for DBT instalments under the Nikshay Poshan Yojana.
- The fund received under NHM last year received was 5 lakhs and all the fund has been utilized for the same.
- Around 10 cases have been referred by the SC to the CHC for delivery,Routine Immunization,and Malaria testing and around 55 cases were referred by the CHC to DH for ANC checkups and RTA.

5.3 Primary Health Centre, Barsoor



Figure 21:PHC,Barsoor

PHC Barsoor is located almost 20 kilometres from the CHC,Geedam. Following are the observations made during the visit are highlighted below:

- The facility has 24*7 running water facility, ramps for geriatric and disability friendly, functional toilets, water facility, OPD waiting area, drug storeroom, branding, and power backup. However, on the day of visit it was observed that the roof of the facility was damaged.
- The number of functional beds available at the facility are 10 beds and the list of services available are OPD, vaccination, deliveries etc which are available 24-hour clock.
- The facility has tele-medicine and consultation services available
- With regards to bio-medical waste management practices, the facility has 1 sharp pit and 1 Deep burial pit available.
- The facility is armed with 1 regular Medical Officer,3 regular and 2 Contractual Staff Nurses,1 regular ANM,1 Lab Technician, and 1 Pharmacist.
- The facility is not a Kayakalp awardee facility.
- In total there are 20 drugs available in the EDL and it is displayed in OPD area. Adequate number of drugs are available for hypertension and diabetic patients.
- The total number of tests performed in the year 2020-21 were 7000 such as HIV, Sputum, Blood glucose, COVID etc
- All the diagnostic services are free for all i.e., for BPL,elderly,and JSSK beneficiaries.
- It was reported that there is shortage of BP instrument and weighing machine for more than 7 days.
- With regards to JSY payment status, the payment has been done till August,2021 and there is no delay for the payments of the beneficiaries and all the JSSK entitlements are given to the beneficiaries who avail the services from the facility.
- In the last 3 months,30 normal deliveries have been conducted and no maternal and child deaths have been observed in the past 2 years.
- In the last 3 months,60 new-borns are immunized with birth dose and are breastfed within one hour of birth.
- The number of individuals who have been screened in the last 6 months were 800 for hypertension,800 for diabetes,120 for oral cancer,40 for breast cancer, and 36 for cervical cancer. From which the confirmed cases were observed only in hypertension and diabetes i.e., 136 for hypertension and 150 for diabetes.
- As this is a Health and Wellness Centre and wellness activities being a focal point the facility performs wellness activities once in a fortnight.
- Around 40 cases were referred from sub-centre with regards to deliveries and fever and 2 cases were referred further to CHC Geedam of accidents.

5.4 Sub-Centre-Health and Wellness Centre, Ghotpal



Figure 22:SC-HWC,Ghotpal

- There are 12 services available at the facility and the overall condition of the facility is good with 24*7 water supply, OPD waiting area, ASHA rest room, drug storeroom, area for Yoga and wellness activities, and power back-up.
- Proper colour coded bins are available at the facility and are being used as per the Bio-medical waste management rules.
- The facility is armed with 2 regular ANM, 1 MPW male, 1 CHO, and 23 ASHA workers.
- The total number of drugs available at the facility are 30 and all the drugs were available on the day of the visit. It was reported that from the last 30 days there is a shortage of 5 drugs which are being given on priority i.e., Hydrochlorothiazide 25 mg, Salbutamol 5 mg, Diazepam 5 mg, Sodium Valproate, and RL 500ml. There is a shortage of tablet Glimepiride (2 mg).
- There is availability of BP instrument, Thermometer, Contraceptives, and Glucometer in the facility
- Timely line listing of Pregnant women are being done and High risks are identified on every 9th of every month.
- In the year 2020-21, 20 child deaths have occurred and reviews have been done whereas no maternal deaths have been observed in the last 2 years.
- In the last 6 months, 256 CBAC forms have been filled, out of which 220 have scored below-4 and 55 have scored above-4.
- The universal screening has started and 21 confirmed cases have been observed for hypertension and 3 cases of diabetes have been confirmed. No confirmed case of cancers were reported
- With 21 cases of confirmed hypertension the CHO advises them for lifestyle management and seeking treatment for the same. Whereas, 3 patients are seeking medicines of diabetes from the facility.
- The status of TB in the area for the year 2019-20 and 2020-21 is that 9 patients and 8 patients have been identified for presumptive TB and all of them have been referred for testing, and taking treatment under the SC area.
- With 21 ASHA workers working under the facility only 5 HBNC kits are functional and 16 are non-functional.
- There is no time lag of incentives of the ASHA workers and are aware of the incentives under NTEP and Nikshay Poshan Yojana.

5.5 Community Health Centre, Kuakonda



Figure 23:CHC,Kuakonda

The community health centre at Kuakonda is running in government building and needs renovation. Following are the observations of the team:

- The next referral point of this facility is District Hospital, Dantewada. The facility has 24*7 running water facility, and drug storeroom with racks.
- The total number of bed available at the facility are 15 which has less than the IPHS norms.
- The services available at the facility are Medicine, Dental, and NBSU. Only general emergency services are available at present. The availability of OT is available but it is not functioning and only minor cases can be catered.
- There is no functional blood storage unit available at the facility.
- There are 3 contractual MOs,1 Dentist,9 regular SNs,1 pharmacist,1 Dental assistant/hygienist of manpower available at the facility. However, there is a shortage of specialists such as EmOC trained doctor, and LSAS trained doctor.
- The facility is not a Kayakalp awarded facility and has never participated for any such assessment due to non-availability of Hospital Manager.
- There is a total of 642 drugs available in the EDL and on the day of the visit 254 medicines were available.
- Diagnostic services are available for BPL, elderly,and JSSK beneficiaries with sufficient supply of testing kits.
- The payment for JSY is upto date and the average delay for the payment averages around 3-4 days. Till August,2021 the payment has been done and the reasons for delay in the payment status is due to incomplete bank details of the beneficiaries.
- All JSSK entitlements are available at the facility such as free delivery services,free diet,drugs and consumables,diagnostics,blood services etc
- On every 9th of every month high risk are identified at the facility and accordingly they are being referred to DH,Dantewada.Proper line listing of high risk pregnancies are being done.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD etc were well maintained and updated.
- No maternal and child deaths have been observed over the past two years.
- In the last 3 months,19 new-borns were immunized with birth dose at the facility and breastfed within one hour of birth.

- The facility has a Designated Microscopy Centre(DMC) and in the last 6 months 12 percent of samples were tested for TB.
- Around 53 percent of the TB patients have been initiated for DBT instalments under the Nikshay Poshan Yojana.

5.6 Primary Health Centre, Palnar



Figure 24:PHC,Palnar

PHC Barsoor is located almost 20 kilometres from the CHC,Kuakonda. Following are the observations made during the visit are highlighted below:

- The facility has 24*7 running water facility, ramps for geriatric and disability friendly, functional toilets, water facility, OPD waiting area, drug storeroom, branding, and power backup. The facility is running in PPP mode.
- The number of functional beds available at the facility are 8 beds and the list of services available are OPD, NCD screening, vaccination, deliveries etc which are available 24-hour clock.
- The facility has tele-medicine and consultation services available and on an average 5 cases are consulted per day.
- With regards to bio-medical waste management practices, the facility has 1 sharp pit and 1 Deep burial pit available.
- The facility is armed with 1 Medical Officer(AYUSH), 2 Staff Nurses,1 ANM,1 Lab Technician, and 1 Pharmacist. All these posts are contractual posts
- The facility is not a Kayakalp awardee facility.
- There is a shortage of 5 priority drugs such as Paracetamol,Vitamin K-1,Texakind,Cefotaxim,Multivitamin.
- All the diagnostic services are free for all i.e., for BPL,elderly,and JSSK beneficiaries.
- In the last 3 months,55 normal deliveries have been conducted and no maternal and child deaths have been observed in the past 2 years.
- In the last 3 months,55 new-borns are immunized with birth dose and are breastfed within one hour of birth.
- The number of individuals who have been screened in the last 6 months were 1136 for hypertension,1031for diabetes, and 1136 for oral cancer From which the confirmed cases were observed only in hypertension and diabetes i.e., 29 for hypertension and 22 for diabetes.
- Due to non-availability of MBBS doctors,patients are being referred to further higher facilities for patient treatment.

5.7 Community Interaction

We conducted a “**Focussed Group Discussion**” to know the overall community perception regarding the accessibility of health facilities available in their district and their lifestyle choices with Mitnin (ASHAs), ANMs, Gram Pranchayat Representative and local community members. Questions related to knowledge training and incentive were asked from Mitnins. Whereas, the communication with the local people was quite difficult due to language barrier due to which the community interaction was done by the Staff Nurse who acted an interpreter between the local people and our team. The findings of the community interaction is highlighted below:

- As per the district officials, Malaria prevalence is extremely high in Dantewada district and some of the districts of Chhattisgarh have gained the status of Endemic. Asymptomatic cases of Malaria were found in this region. It was reported that, people from this region have developed some kind of immunity to Malaria and that is why people having malaria have no symptoms but are acting as a transmitter.
- One of the major concerns that has been cited by the district officials and on interaction with Mitnins (ASHA workers) is that majority of the Mitnins educational qualification is not up to the standards, either some have merely passed their schooling education or they haven't gained any education and are illiterate. Due to illiteracy or not having basic education to read and write, one of the most important programme of Universal Health Screening that is under Comprehensive Primary Health-Care (CPHC) that is being carried through “*Community Based Assessment Checklist*” form fillings is being hampered. As Mitnins are the backbone of the public health system and total dependency is on them they are unable to fill the forms and complete the target of NCD screening. Till now, Mitnin Trainer help them in completing the target of CBAC forms. Though Mitnins were helping in field work but not related to those work, which requires reading and writing.
- The major part of the population of the district belongs to the tribal community and because of that the culture and practices are totally different. They still have belief and rely on “Biga” or “Guniya” (Some sort of Ojha and Baba or quacks) for any kind of illness or treatment and have less trust on doctors. Though with constant efforts of Mitnins gradually the community members are gaining trust on the medical staff and visiting the Quacks will gradually deplete. Initially, the members of the community prefer to visit the Babas and then visit the hospital resulting to such practice the illness of the patients has become critical and few of them have even lost their life.
- Around 30 percent area in the Dantewada district is still not accessible and the major reason behind is the Naxal Movements. There is reluctance from the local people's end and try avoiding in visiting the health facilities. Chhattisgarh government and some NGOs like Rama Krishna Mission have even provided hostel facilities for Adolescent boys so that Naxals do not take them to train them as a Naxal.
- Local made alcohol trade is legal in tribal area because it is a part of their culture. They make local alcohol from ‘Mahua’ and sell their alcohol in weekly Market (Haat Bazar).

Consumption of Alcohol, Tobacco and Gudaku is very common among local community i.e., both in males as well as females. Due to consumption of alcohol, tobacco it thereby increases the chances of getting several different types of severe illness related to Liver, kidney and Gastro problems.

- Only 25 percent of the community members have started using LPG for cooking food. Whereas, around 65 percent have toilet facility in their houses. On interaction with the community members, most of them have the habit of sleeping outside of their house or in veranda and due to this practice it makes them vulnerable to get infected with Malaria.
- National Mineral Development Corporation (NMDC) has a specialised dedicated hospital in Bailadila, which has a tie up with Apollo, and they offer free services to the tribal community. Besides this, there are lots of efforts taken by the health department to render maximum services to the community. A very nice initiative was started to cover left out people for Vaccination is “Haat Bazar Clinic”, for Maternal Health, Pre-Birth, Waiting Room and giving cash incentives to the people who take pregnant women to the health facilities at the time of delivery where no Ambulance or Vehicles can be reached.



Figure 25:Community Interaction

6. CONCLUSION AND RECOMMENDATIONS

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Dantewada District of Chhattisgarh.

The following healthcare facilities in Dantewada were visited for Monitoring & Evaluation: District Hospital Dantewada, 2 CHCs one in Geedam and Kuankonda, PHC Barsoor and Palnar and 1 SC which was transformed into HWCs i.e., Ghotpal. Besides visiting the facilities, the team even interacted with the beneficiaries and Focussed Group Discussion with Mitranin (ASHAs), ANMs, Gram Pranchayat Representative and local community members. A summary of our findings in the district is presented below:

The district has 1 DH, 4 CHCs, 13 PHCs and 76 SCs. With respect to transport, the district is equipped with 4 BLS and 1 ALS ambulances. One mobile medical unit is also available in the district and around 25 camps have been organized in 30 villages for MMU. There is a vacancy for Medical Officers, Surgeons, OT Technician, Lab Technician, Allopathic Pharmacist, Staff Nurse, and CHOs.

After the roll out of NHM the district certainly had improved a lot. This was most visible on the maternal health front; wherein institutional deliveries had gone up drastically. NHM programmes also fuelled behaviour change in the common public who became aware of their rights. Quality of care had improved after proper infrastructure was built. However as mentioned by the officials that there much to be done in this regard but due to COVID there has been a diversion in some of the activities. It was cited by many health personnel that to manage the patient load there should be adequate infrastructure and manpower to handle the increasing load and crisis. Shortage of Human Resource led to delays in some major developments in the hospital.

It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, JSY, JSSK and many others. Colourful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at the visited facilities.

On interaction with the community members various valuable insights were delivered from their end with respect to service delivery, their lifestyle practices, out-of-pocket expenditure incurred and preferability on type of facility visit. Based on the monitoring the following recommendations for improving the service delivery in the district are made:

- From the last 3 years no recruitment has been done under NHM resulting to which the workers are over-burdened. The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled so that the programmes can run efficiently and effectively and coordination amongst the officials can be observed.
- All the visited facilities in the Dantewada district there is a dire need to improve the infrastructure by timely repairs and renovation as majority of the facilities had seepage issues.
- With the increase in number of cases of Malaria and API still high it is recommended that the post of Malaria Inspector should be duly filled as it is still lying vacant in all the blocks.
- As the districts is surrounded with tribal population and majority of the population residing are illiterates it is suggested that with the efforts of college students' awareness should be generated among the community members for all the programmes and

services that are being rendered in the district. This will overall improve the health status of the district.

- Multiple training programmes are not helpful as the retention among ASHAs and ANMs is less. The focus should be more on capacity building than just simple training in their local language as it was observed that there was language barrier.
- Due to shortage of manpower in the district, delivery points are made available either at DH level or CHC level. The reason being due to acute shortage of manpower the cases are being referred to the higher facilities. Hence, it is recommended that delivery facility should be carried at primary levels so that the burden can be shared on all levels. Delivery facility can also be created at the SC level by giving SBA training to the ANMs. Further, unavailability of proximate delivery point at times discourages women for institutional delivery.
- It is advised that the district administration should collaborate with the urban local bodies so that there can be connectivity within the district for the local people and access the facilities without any hassles.
- With regards to Digital Medical Equipment, either Human Resource should be hired or proper training should be given to the existing staff members so that the equipment can be used and shouldn't be left idle.