



Piramal
School of Leadership

Stakeholder Mapping Consultation Process (As per Operational Guidelines)

- Ensure Empanelment
- Disease Screening
- Job mentoring of ASHA /MPWs
- Case management as asked by MO
- Facilitating Referrals
- Monitoring, Management, Administration of HWC
- Report data to the next level
- Coordinate with VHSNC/MAS
- Indent medicines
- Coordinate Health Promotion activities

**MLHP (CHO)
at SHC-HWC**



RKS



MO at PHC

- Consultation for acute illness
- Referral support: Refer to higher facilities
- Administrative/Technical mentoring
- Review and mentor service delivery
- Sending monthly performance reports for monitoring to DHO
- Ensure regular supply of medicines

Block Nodal Officer

- Periodic review meeting with HWC and PHC,
- Generate and submit monthly and quarterly block and facility-wise report to SNO

**District Nodal Officer
State Nodal Officer**

- Generate district-wise report of service delivery
- Identify Best Practices



Specialist at CHC/DH

- Examine patient and modify treatment plan
- Referral support: Refer to higher facilities

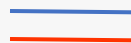
**Family/ Individual:
Healthy and Patients**



VHSNC/MAS/SHG

- Demand generation for HWCs
- Health promotion
- Engage with Panchayati Raj Representatives

Information Flow
Reporting



MPW (1M & 1F)

- Frontline workers
- House visits
- Empanelment
- Provide clinical care at HWC
- Disease screening
- Early diagnosis
- Follow up for compliance to treatment



ASHA Worker

- Frontline workers
- House visits
- Empanelment
- Supports MPW
- Mobilization
- Counselling



CUSTOMER	OUTPUT	PROCESS	INPUT	SUPPLIER
Beneficiary MPW/ASHA Worker MLHP (CHO)	Unique Beneficiary ID Beneficiary assigned to the HWC	Enumeration and Empanelment	Personal details including name, age, sex, address etc.	Beneficiary
MPW/MLHP Beneficiary	Screening Result/Chief Complaint Used testing Kits	Disease Screening	Initial Symptoms and Sample Testing Kits Diagnostics questions	Beneficiary MPW/MLHP
Beneficiary	Prescription of test and medicines	Consultation/OPD	Patient's records & Screening results	MLHP/Beneficiary
MLHP Beneficiary	Conditions diagnosed Prescribed medicines/treatment/test/ Referral Lab Test Results	Diagnostics	Sample Patient's personal details Draft Prescription/Slip Prescribed lab test	Beneficiary MLHP/MPW
Beneficiary	Medicine delivered with Intake Details	Disbursement of medicines	Medicine sanctioned Prescription with intake details	Pharmacist/MLHP
Beneficiary	Referral details and Referral document/slip	Referral	Patient's history Specialist details and referral point Level of urgency	MLHP/Beneficiary
MPH/ASHA Worker	No. of follow up completed List of patients who need further treatment List of patient who did not follow the treatment List of patients who did not visit the referred facility	Follow-up	List of patients requiring follow-up	MLHP/MPW/ASHA
DNO/SNO	Performance monitored Incentives disbursed Best practices and gaps identified	Performance evaluation and Monitoring at Block/District/State Level	Block and Facility level Reports	BNO



Since 2018, for CHO:

- It takes more administrative time (3-4 hours) on daily basis to perform data recording and reporting.
- Unable to take data-based decisions to track and monitor the implementation of 12 CPHC services.
- Low accessibility of patients' health records at each level (community, sub-health center and referral site)



Conducted 200+ Interviews in Assam, Karnataka and Chhattisgarh



Assam

- **Number of Interviews:** 43+
- **Districts:** 2 (Kamrup and Darrang)

Karnataka

- **Number of Interviews:** 22+
- **Districts:** 2 (Kolar and Bengaluru)

Chhattisgarh

- **Number of Interviews:** 150+
- **Districts:** Mahasamund

Type of Centre	Assam	Karnataka	Chhattisgarh
Sub-Centre (SHC-HWC)	<i>Kharupetia (ANM, CHO, ASHA)</i> <i>Balabari (ANM, CHO, ASHA, Volunteer)</i>	<i>Margenahalli (PHCO, CHO, ASHA)</i> <i>Manigatta (CHO, ASHA, HIO)</i> <i>Toradevandalli (ASHA, CHO)</i>	CHO, ANM, MPW, ASHA, ASHA Facilitator
PHC-HWC	<i>Dhula (MO, Registrar, ANM/GNM, ASHA, MPW, ASHA Supervisor)</i>	<i>Annihalli (MO, ANM/GNM, DEO, LT)</i>	MO, ANM, GNM, Registrar, LT
UHC	<i>Rangia (MO, ANM/GNM)</i> <i>Mangaldai (Clerk, Pharmacist, MO, ANM/GNM, LT)</i>	1 <i>NAMMA Clinic in BBMP Region (MO, Group D)</i>	NA
UPHC-HWC	UPHC does not exist in these districts	UPHC does not exist in these districts	NA



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

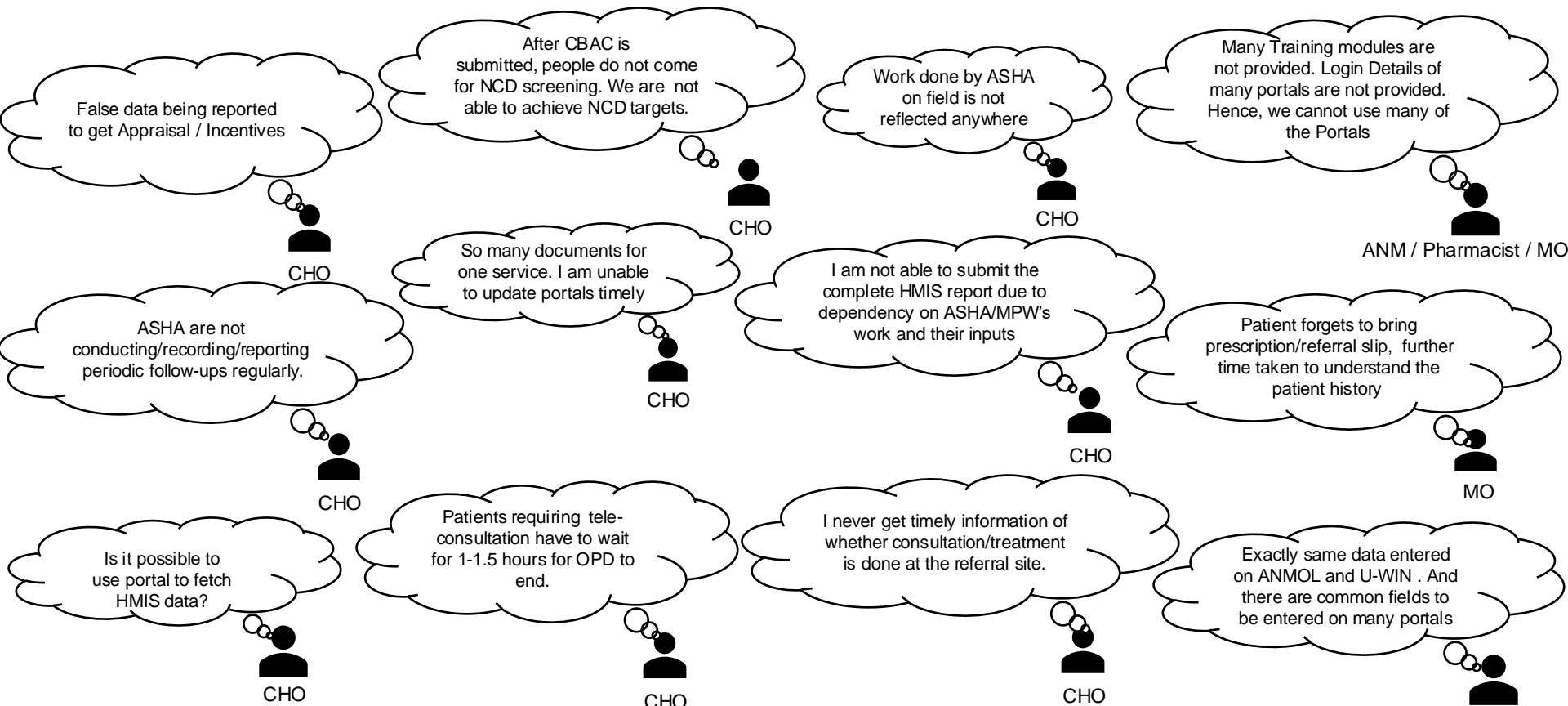


Survey based and Opportunistic screening are happening



Only Opportunistic Screening is happening







Services Available

1. ANC
2. NCD
3. General OPD
4. Eye and ENT
5. Geriatric
6. Communicable Diseases
7. Family Planning
8. Neonatal and Post-natal care

Tests Available

In case of SHC-HWC:

RBS, Haemoglobin, Blood Pressure, Urine Sugar Albumin, HIV (If kit is available), Malaria, Pregnancy test, Height, Weight, BMI

In case of UHWC:

Blood sugar, Haemoglobin, Blood Group, Malaria, Typhoid, VDRL, HIV, Hepatitis B, Hepatitis C, Urine Sugar Albumin, HCG, BT and CT

Number of Drugs available varies from **31 to 71**

SHC-HWCs are involved in Screening, Referral, Follow-up and Treatment compliance

UHWC and PHC-HWC are involved in Screening, Treatment, Referral, Treatment compliance

Total Count of Registers/Documents/Portals being used at HWC is 51

- **10** Portals are filled at HWC
- **14** Registers/Documents/Portals filled by CHO
- **11** Registers/Documents/Portals filled by ANM
- **7** Registers/Documents/Portals filled by ASHA
- **14** Registers/Documents/Portals filled by Pharmacist

Out of the total 54 Steps identified,

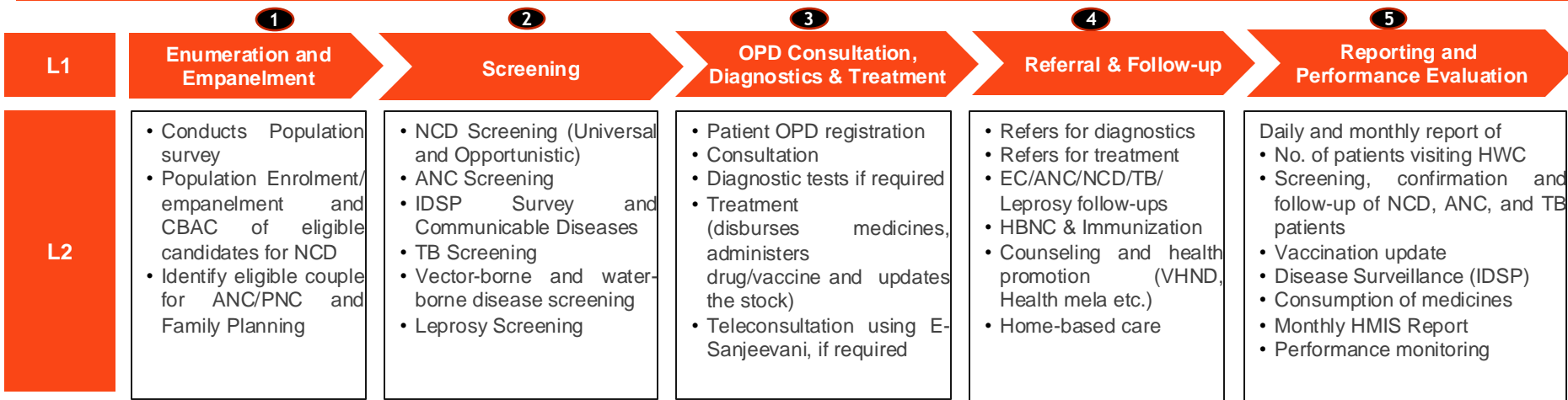
- **11** steps are done both offline and online
- **2** steps are done completely online, which are purely for reporting purpose
- **41** steps are done manually

8 fields in each portal and registers that staff needs to fill **every time:** Name, SI Number, Age, Sex, Address, Name of ASHA (where ASHA provides support), Name and Type of HWC, Date of Visit

Turnaround time for NCD cases from empanelment to first treatment: **Approximately 22 days**

Turnaround time for other services are yet to be calculated

Functioning of HWCs and Gaps



COMMON GAPS IDENTIFIED DURING STUDY ACROSS TWO STATES

	PEOPLE	PROCESS	TECHNOLOGY	INFRA/POLICY
GAPS	<ul style="list-style-type: none"> Prescription Slip and Referral slip are not brought by beneficiary. Hence, MOI can't see patient history. Many training modules are yet to be provided to the staff. Incorrect number of screened cases being entered in many portals. Test referrals are not recorded in all sub centres, Hence, follow-up of test referral cases is not done. 	<ul style="list-style-type: none"> NCD Enrolment, CBAC filled offline first & then online. And maintaining registers & portals simultaneously. No mechanism to check if CBAC is filled more than once by ASHA No set schedule to submit CBAC to GNM/CHO High wait time to filter probable NCD cases Multiple registers being for recording the test results (3-8) No record maintained for general OPD referral in some centres Same information to be entered in RCH Portal and U-WIN. Same information entered in many portals High time (7 days) to create HMIS Report) 	<ul style="list-style-type: none"> No real time mechanism exists to identify the eligible case for disease screening based on population enumeration. Survey done by ASHA on field is not reflected to CHO in any APP. CHO not able to monitor ASHA's work on field. Does not have efficient mechanism to see patients' history (if AMRIT is not used) No control mechanism for teleconsultation. Sometimes, calls last for as less as 5 seconds No mechanism to identify that a particular patient is a referred case from HWC It takes more time to identify repeat patient because of manual work. 	<ul style="list-style-type: none"> Personal mobile phones used for accessing the concerned APPs Multiple records for NQAS maintained (60+ registers) No timeline specified for repeating the enumeration process No set timelines for screening is defined. Manpower shortage at sub-centres. Many diagnostic tests are unavailable both at Sub-centre and PHC level. No defined timeline for referral consultation