

Key Findings of the CHO Phone Survey for the State of Maharashtra

Summary of Phase one of the survey conducted in March 2019

Summary of call Analysis

Total calls done	Survey completed	Received and Disconnected	Received and refused	Did not connect/disconnected	Out of coverage area/ Wrong Number	Switch off
73	14	7	13	24	13	1

- As per the information entered in the AB-HWC portal, total 73 CHOs were contacted of which survey was completed with 14 CHOs.
- About 24 CHOs disconnected the calls and 20 received the call but either refused (13) to participate or disconnected (24) the call.
- For the remaining calls, number were either incorrect or out of coverage.

Key findings of successful calls:

- Primary health care team:**

- All the CHOs were BAMS candidates, with a 6-month Certificate Programme in Community Health certified by state specific university.
- The training of the ASHAs and MPWs-Females positioned at these Sub-Centres for Universal Screening of Non-Communicable Diseases was completed in 10 of 14 facilities. Table below illustrates the status of training in the facilities which were contacted successfully.

Training status in Universal Screening of NCDs	Completed	Do not know	Ongoing	Planned but not started
ASHAs	11	3	0	0
MPWs- Female	11	2	1	0

- Information about the Facility:**

- The process of upgradation of infrastructure was reported to be complete for only for three facilities, whereas, for 10, it was either ongoing or was only planned started.
- To strengthen the IT infrastructure, only 5 facilities had tablets available.

- Availability of Medicines and Diagnostics:**

- a. Discrepancies were observed in the data shared for availability of medicines and diabetes. Only one facilities confirmed to have amlodipine 2.5 mg for hypertension and glimepiride 1mg for diabetes.
 - b. Among the essential point of care diagnostics, haemoglobin, urine pregnancy kits, urine dipstick and blood glucose were available at all the facilities. In addition, RDK for malaria were only available at six facilities. However, RDK for dengue and sickle cell available only at few facilities. Only four out of 14 facilities reported as a sputum collection site.
- **Service Delivery**
 - a. Even though ASHAs and MPWs have been trained in Universal screening of NCDs, population enumeration and filling of CBAC forms had commenced at only four facilities.
 - b. Screening for diabetes and hypertension has been started at only nine facilities. Only three facilities reported for screening for breast cancer.
 - c. Activities for health promotion through yoga had been initiated in 9 facilities.
- **Support and supervision**
 - a. Almost all (13 of 14) CHOs reported to have attended the PHC review meeting in last three months.
 - b. Visit by the Block/district officials and PHC-MO was confirmed by 13 and 12 CHOs respectively.
 - c. Discrepancies were observed in the data shared regarding the fixed salary ranging from Rs. 20000 to Rs. 40000. The performance linked payments were Rs. 10000 to Rs. 15000, however, none of the CHOs reported receipt of their performance linked payments yet.

Summary of Phase two of the survey conducted in May 2019

Summary of call Analysis

Survey Done	Received And Disconnected	Received And Refused	Ringin g but not receive d	Call Back done but not receive d	Out Of Coverag e Area	Switc h Off	Wrong Numbe r	MLHP Under Trainin g	Tota l calls don e
80	91	27	306	42	147	38	33	8	772

Around 772 calls were made, of which survey was completed for only 80 respondents. Duplication in reporting same contact details for multiple health facilities has been observed.

Key findings of successful calls

1. Primary health care team:

- a. Of these 80, 75 CHOs are Ayurveda practitioners and five reported to be from other category.
- b. 77 CHOs reported that they have completed their six months Certificate Programme in Community Health.
- c. The training in Universal Screening of NCDs MPWs posted at the HWCs contacted was completed in 19 facilities whereas training of ASHAs was completed in 57 facilities.

2. Information about the Facility:

- a. The process of upgradation of infrastructure was reported to be complete for 43 facilities, whereas, for 35 HWC it was under process and has not been initiated at 7 HWCs.
- b. Infrastructure for IT was not available at 74 facilities. Desktop was available in 3 facilities and tablet in 2 HWCs

3. Availability of Medicines and Diagnostics:

- a. Medicines for hypertension were available in 13 facilities and diabetes in 10 facilities.
- b. Among the essential point of care diagnostics, haemoglobin and urine pregnancy kits, blood glucose and sputum collection were available at over 50% facilities. However, tests like urine dipstick, RDK for malaria, dengue and sickle cell were not conducted at most of the facilities.

4. Service Delivery

- a. The average OPD footfall reported after the posting of CHOs at HWC-SHCs was-
 - ✓ Less than 50 in 30 facilities,
 - ✓ 50-100 in eight facilities,
 - ✓ More than 100 in 32 facilities.
- b. Most common diseases for which patient visit HWC are fever, cold/ cough, anaemia, hypertension, diabetes, pain, vomiting, diarrhoea and skin infection

- c. Population enumeration started in 68 facilities and filling of CBAC forms started in 29 facilities. CBAC forms were not available at 18 facilities.
- d. Activities for health promotion like yoga etc. started at 14 facilities (18%).

5. Key issues highlighted by CHOs were-

- a. Non availability of medicines,
- b. Poor building infrastructure,
- c. Non availability of instruments and diagnostics,
- d. Human resource shortage
- e. Issues with electricity and water supply.

6. Support and supervision

- a. Around 85% of the CHOs attended the PHC review meeting in last three months.
- b. Visit by the Block/district officials was done in 30 facilities and by PHC-MO in 51 facilities for supportive supervision as reported by CHOs.