

“CHHATTISGARH HEALTH SYSTEMS STRENGTHENING INITIATIVE” IMPACT ASSESSMENT STUDY



TATA TRUSTS

“MODEL URBAN PRIMARY HEALTH CENTRES & SUPPORT FOR EARLY SCREENING & TREATMENT OF CONGENITAL HEART DISEASES (CHD)”

**Assessment done by:
Department of Community Medicine,
Pt. JNM Medical College, Raipur, Chhattisgarh.**

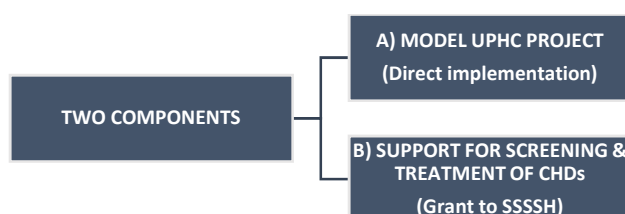


Full Report of Independent Assessment

INTRODUCTION:

The Chhattisgarh Health Systems Strengthening Initiative (CG-HSS), is a collaborative effort between Tata Trusts and National Health Mission, Government of Chhattisgarh. Under this, there are two broad components – “Model Urban Primary Health Care Project” being implemented by Collectives for Integrated livelihoods Initiatives (CINI), an associate organisation of Tata Trusts and “Strengthening Screening & Treatment for Congenital Heart Diseases (CHDs)” with the grant support to Sri Sathya Sai Sanjeevani Hospital (SSSSH), Naya Raipur.

The study aims at looking the overall impact of the interventions under these two components.



A) MODEL UPHC PROJECT

Background:

Access to public health services is compromised in both, remote rural and urban areas. Over the past eight years, the National Urban Health Mission (NUHM) has targeted the revival of service delivery in primary care for the urban poor living in slums and vulnerable pockets in all major cities of the country. The National Health Policy, 2017, recommended strengthening the delivery of Comprehensive Primary Health Care (CPHC), and called for a commitment of two thirds of the health budget towards the same.

In September 2019, based on an invitation from the State Government of Chhattisgarh, the Tata Trusts initiated an engagement with the National Health Mission (NHM), Chhattisgarh to develop 20 Model Model Urban Primary Health Centers (UPHCs). Towards this end, Collectives for Integrated Livelihood Initiatives (CINI), an associate of Tata Trusts, has demonstrated a set of 20 Model UPHCs across the state.

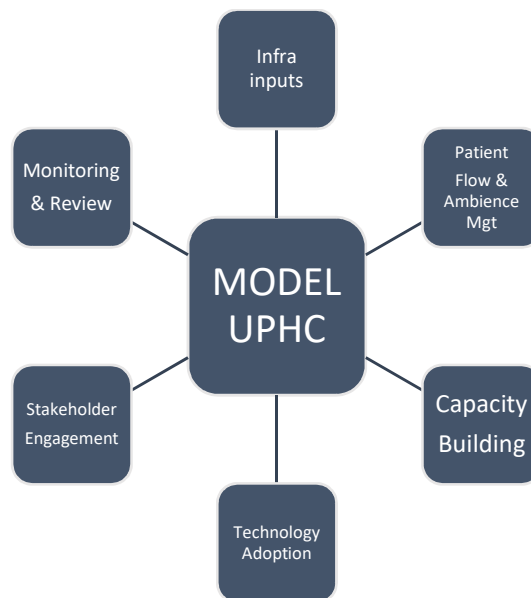
The key components of these include an efficient patient flow & ambience management; Development of Model Immunization Rooms; Support for technology adoption (NCD &

DPDMIS) and capacity building of healthcare workforce for improving quality of care.

The ultimate objective of this intervention is to create a replicable model, which can be scaled up in other facilities across the State. Overall, the project undertook upgradation of 20 UPHCs (05 through Tata Trusts' Direct Implementation and 15 through CInI).

Model Approach:

The Approach followed for the upgradation of centres consists of six main pillars:



Aim of this approach was to improve the overall Quality of Comprehensive Primary Healthcare Services in the select UPHCs by improving the infra; providing good ambience; building capacities of healthcare workers; enabling technology adoption and supporting with monitoring & reviews.

Study Design:

As a third-party evaluator, with prior approval from NHM, Department of Community Medicine, Pt. JNM, Medical College, Raipur, Chhattisgarh did conducted the impact assessment study for the 20 intervention UPHCs (Charoda, Potiya Kala, New Khursipar, Baikunthdham, Budhamahadev, Rajkishor Nagar, Gandhi Chowk, Dhodipara, Gopalpur, Nawapara, Hirapur, Kanshiram Nagar, Mathpuraina, Devpuri, Aamasivani, Labhandi, Bhanpuri, Bhatagaon, Rajatalab, Gudhiyari).

For this, the Cross-sectional survey was conducted between 12th June – 25th June 2023. A team of 16 assessors (Investigators, Scientists, Doctors, and other supporting staff) from the medical college visited all these centers in person for data collection. Predesigned, semi- structured questionnaire (mixed approached) was used to collect all-data. Data was checked for its completeness and further analyzed using the composite scoring system. All the results collected based on pre-designed questionnaire were calculated based on the scoring system.

For this score, measurable elements (Patient flow and ambiance, Infra inputs/ Internal Reorganization, Stakeholder engagement, Technology Adoption, Capacity building, monitoring & Review) were assessed using checkpoints and marking compliance score for each one of them. Rules of scoring-All checkpoints have equal weight to keep scoring uniform.

2 Marks	for each compliance
1 mark	for each partial compliance
0 mark	For every noncompliance

Calculation of the percentage is as follows-

$$\frac{\text{Score obtained} \times 100}{\text{No of checkpoints in the checklist} \times 2}$$

Based on this scoring, the performance of individual UPHCs was further categorized as excellent (>90% score), good (60-89% score), poor (<60% score).

Excerpts from Interviews:

Interviews were taken from the eighty (80) staff of twenty (20) UPHCs. This includes Medical Officers, Staff Nurses, Pharmacists ANMs, and Sweepers. Most of them stated that “due to the Model UPHC project facilities have become systematic; there is improved ambience; patients’ inflow and outflow became smooth; all signages are put

in place; staff is very motivated; received regular trainings (BMWM, NCD-PHC portals, DPDIMS) there by improving skills; waiting areas are being maintained clean; laboratories are well organized according to SOPs; Pharmacies are well maintained and following LASA; storage issues related to files, consumables have been taken care of.”

One Medical officer in charge (name not to disclose) of the UPHC shared the experience during interview as, ***“I feel happy to serve from this UPHC as its infrastructure give me a decent workplace environment and ambience, patients are also happy with services as working staff is motivated, even we like to spend time with our patient’s in extended hours. We don’t even count the duty hours because of good infra & ambience. We feel inspired credit goes to state government-NUHM and TATA Trust”***

Staff nurse from another UPHC from Bilaspur stated that ***“Time to time skill trainings on BMWM practics, digital portals helped a lot. We also received neatly designed cupboards for the proper storage of the files and record keeping. Overall infra and ambience has been improved than earlier. Immunization room is now pleasant for children and they are very playful & comfortable during vaccination. All bins & signages are at place. I am happy with services initiated by State Govt. & Tata Trusts”***

Pharmacist from UPHC, Raipur stated that ***“we are well trained technology portals and able to maintain our pharmacy in good shape due to time-to-time trainings, skills and awareness given, medicines are being store properly as per recommendation”***.

Other said ***“Regular training of NCD portal, BMW management, DPDMS portal led to better management of online patient entry, Drug entry being done in proper manner with the support of Govt. of CG, NUHM & Tata Trust”***

A total 102 beneficiary (patients who visited OPD during survey) interviews were also taken to know the patient’s satisfaction. Most of them stated ***“ there is less time consumption in que due to token and display system; cleanliness in waiting area along with sitting arrangements make them comfortable; they can locate OPDs, Pharmacy & laboratory with less efforts; due to attractive wall paintings their children are now less anxious in the immunization room and this is leading to improvement in their compliance”***. They are satisfied with the services provided and there is ***no out of pocket expenditure*** except that of transport, food & beverages.

Key Findings:

Cumulatively 84% increment has been seen against the overall deliverables of this project. Out of 20 intervention UPHCs, 11 UPHCs namely Potiyakala (Durg), New Khursipar (Durg), Budhamahadev (Kabeerdhaam), Rajkishor nagar (Bilaspur), Gopalpur (Korba), Nawapara (Sarguja), Amaseoni (Raipur), Labhandi (Raipur), Bhanpuri (Raipur), Bhatagaon (Raipur), Rajatalab (Raipur) graded as excellent in all approaches. Seven (07) UPHCs namely Charoda (Durg), Baikunthdham (Durg), Kashiram Nagar (Raipur), Gudhiyari (Raipur), Gandhi Chowk (Bilaspur), Hirapur (Raipur), Mathpurena (Raipur) were graded as good. Only two (02) UPHCs namely Devpuri (Raipur) and Dhodipara (Korba) were graded as poor. Additionally, a cumulative increase of 37 % in OPD footfall 37.7 % in uptake of immunization services was found due to this intervention.

On survey, we found that the overall efforts for developing twenty (20) UPHCs are significantly helping the slum population and urban poor living in the catchment area of these UPHCs. This intervention provided additional support for improving quality of care and thereby patient's satisfaction; upgrading Infra & ambience; enabling technology adoption; building capacities of health workers and demonstrating model immunization rooms.

On independent assessment, we observed the patient's satisfaction towards this support is very satisfactory and they consider this as a real value addition. Overall quality of these UPHCs has increased and such continuous support with periodic monitoring is recommended to make this model sustainable. By doing this intervention quality of care has been improved. There is positive perception among the patients and service providers. So, it is advised to make every UPHC a model centre as per the model approach. Such model facilities should have reduced turnaround time for patients, better management of BMW, good Infra/ambience, regular trainings to sharpen skills of working staff in UPHCs, good pharmacy, laboratories & immunization room to cater to all primary healthcare requirement of the citizens.

Further awareness about immunization room and services to be done. Technology adoption and best practices to improve quality of service delivery needs to be strengthened. Continuous capacity building is an essential aspect and should be done with the help of quality champions / master trainers.

Results for individual UPHCs are given in below tables & graphs:

Table 1: Improvement (in percentage %) in different elements of Model UPHC Project

DURG DISTRICT		
UPHC Chaoda		
1	Patient flow and ambience	93%
2	Infra inputs / Internal Reorganization	88%
3	Stakeholder engagement	60%
4	Technology adaptation	83%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	16%
11	Immunization of children	50%
DURG DISTRICT		
UPHC Potiyakala		
1	Patient flow and ambience	100%
2	Infra inputs / Internal Reorganization	98%
3	Stakeholder engagement	80%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	50%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	5%
11	Immunization of children	40%
DURG DISTRICT		
UPHC New Khursipar		
1	Patient flow and ambience	100%
2	Infra inputs / Internal Reorganization	96%
3	Stakeholder engagement	100%
4	Technology adaptation	83%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	35%
11	Immunization of children	41%

DURG DISTRICT		
UPHC Baikunthdham		
1	Patient flow and ambience	97%
2	Infra inputs / Internal Reorganization	98%
3	Stakeholder engagement	50%
4	Technology adaptation	92%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	66%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	41%
11	Immunization of children	50%
KABEERDHAM DISTRICT		
UPHC BudhaMahadev		
1	Patient flow and ambience	100%
2	Infra inputs / Internal Reorganization	68%
3	Stakeholder engagement	100%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	80%
11	Immunization of children	14%
BILASPUR DISTRICT		
UPHC Gandhi Chowk		
1	Patient flow and ambience	73%
2	Infra inputs / Internal Reorganization	82%
3	Stakeholder engagement	100%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	66%
7	Staff nurse	50%
8	ANM	50%
9	Sweeper	00%
Monitoring and Review		
10	OPDs	34%
11	Immunization of children	25%

BILASPUR DISTRICT		
UPHC Rajkishore Nagar		
1	Patient flow and ambience	100%
2	Infra inputs / Internal Reorganization	98%
3	Stakeholder engagement	100%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	103%
11	Immunization of children	140%
KORBA DISTRICT		
UPHC Dhodhipara		
1	Patient flow and ambience	56%
2	Infra inputs / Internal Reorganization	78%
3	Stakeholder engagement	20%
4	Technology adaptation	67%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	00%
9	Sweeper	50%
Monitoring and Review		
10	OPDs	58%
11	Immunization of children	28%
KORBA DISTRICT		
UPHC Gopalpur		
1	Patient flow and ambience	100%
2	Infra inputs / Internal Reorganization	100%
3	Stakeholder engagement	100%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	58%
11	Immunization of children	29%
AMBIKAPUR DISTRICT		
UPHC Nawapara		
1	Patient flow and ambience	80%
2	Infra inputs / Internal Reorganization	96%

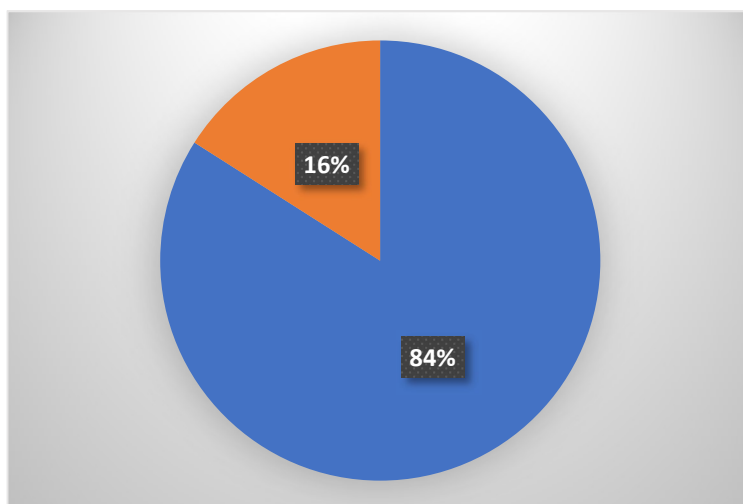
3	Stakeholder engagement	100%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	25%
11	Immunization of children	20%
RAIPUR DISTRICT		
UPHC Gudiyari		
1	Patient flow and ambience	100%
2	Infra inputs / Internal Reorganization	90%
3	Stakeholder engagement	50%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	66%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	87%
11	Immunization of children	25%
RAIPUR DISTRICT		
UPHC Bhanpuri		
1	Patient flow and ambience	92%
2	Infra inputs / Internal Reorganization	92%
3	Stakeholder engagement	100%
4	Technology adaptation	92%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	66%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	84%
11	Immunization of children	140%
RAIPUR DISTRICT		
UPHC Bhatagaon		
1	Patient flow and ambience	93%
2	Infra inputs / Internal Reorganization	86%
3	Stakeholder engagement	100%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%

6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	68%
11	Immunization of children	56%
RAIPUR DISTRICT		
UPHC Amasivani		
1	Patient flow and ambience	90%
2	Infra inputs / Internal Reorganization	94%
3	Stakeholder engagement	80%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	34%
11	Immunization of children	59%
RAIPUR DISTRICT		
UPHC Rajatalab		
1	Patient flow and ambience	93%
2	Infra inputs / Internal Reorganization	98%
3	Stakeholder engagement	100%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	82%
11	Immunization of children	46%
RAIPUR DISTRICT		
UPHC Labhandi		
1	Patient flow and ambience	90%
2	Infra inputs / Internal Reorganization	98%
3	Stakeholder engagement	80%
4	Technology adaptation	100%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%

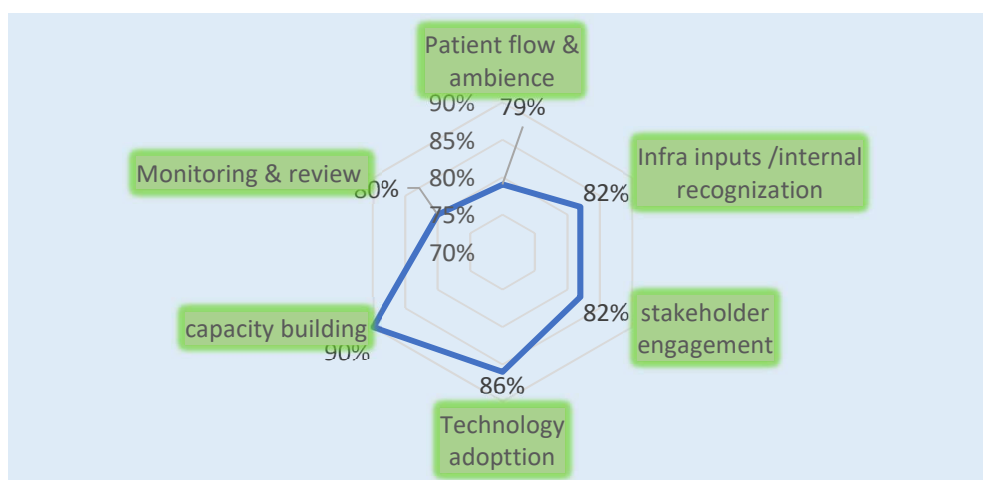
Monitoring and Review		
10	OPDs	23%
11	Immunization of children	58%
RAIPUR DISTRICT		
UPHC Kanshiram Nagar		
1	Patient flow and ambience	76%
2	Infra inputs / Internal Reorganization	100%
3	Stakeholder engagement	80%
4	Technology adaptation	50%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	32%
11	Immunization of children	53%
RAIPUR DISTRICT		
UPHC Hirapur		
1	Patient flow and ambience	93%
2	Infra inputs / Internal Reorganization	90%
3	Stakeholder engagement	80%
4	Technology adaptation	83%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	50%
6	Pharmacist	50%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	26%
11	Immunization of children	54%
RAIPUR DISTRICT		
UPHC Mathpuraina		
1	Patient flow and ambience	91%
2	Infra inputs / Internal Reorganization	94%
3	Stakeholder engagement	100%
4	Technology adaptation	59%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	100%
6	Pharmacist	100%
7	Staff nurse	100%
8	ANM	100%
9	Sweeper	100%
Monitoring and Review		
10	OPDs	17%
11	Immunization of children	41%

RAIPUR DISTRICT		
UPHC Devpuri		
1	Patient flow and ambience	33%
2	Infra inputs / Internal Reorganization	30%
3	Stakeholder engagement	60%
4	Technology adaptation	9%
Capacity Building (NCD Portal training, Drug & inventory management training and BMW Training)		
5	Medical officer	50%
6	Pharmacist	50%
7	Staff nurse	50%
8	ANM	00%
9	Sweeper	00%
Monitoring and Review		
10	OPDs	31%
11	Immunization of children	24%

Graph 1: Overall achievement of deliverables under Model UPHC Project

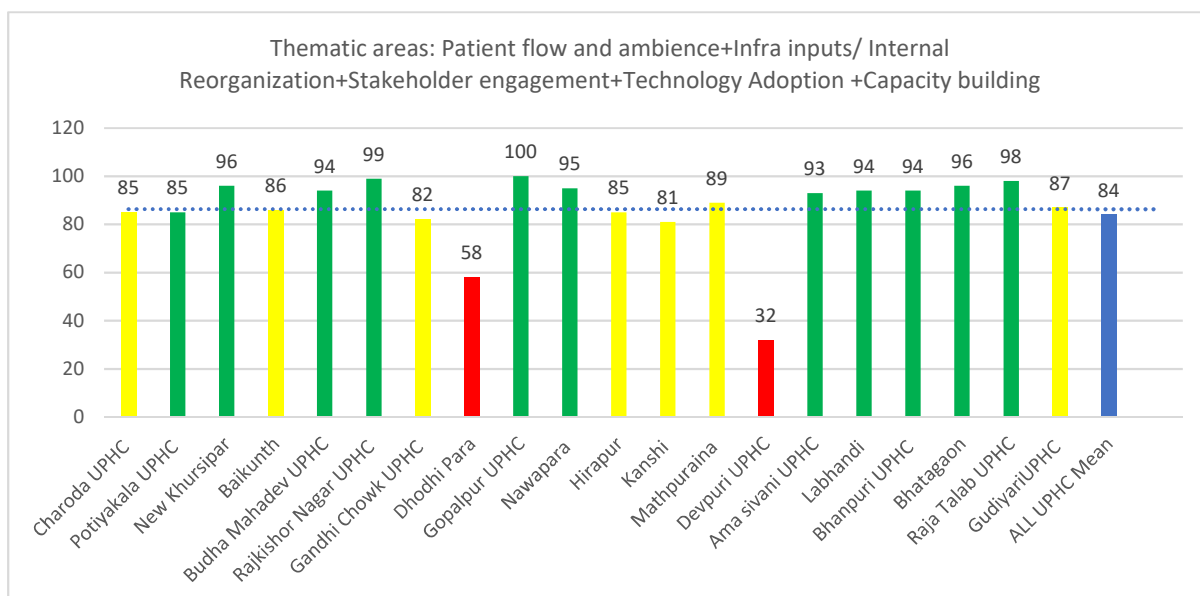


Graph 2: Overall Improvement in six different components of Model UPHC Project:

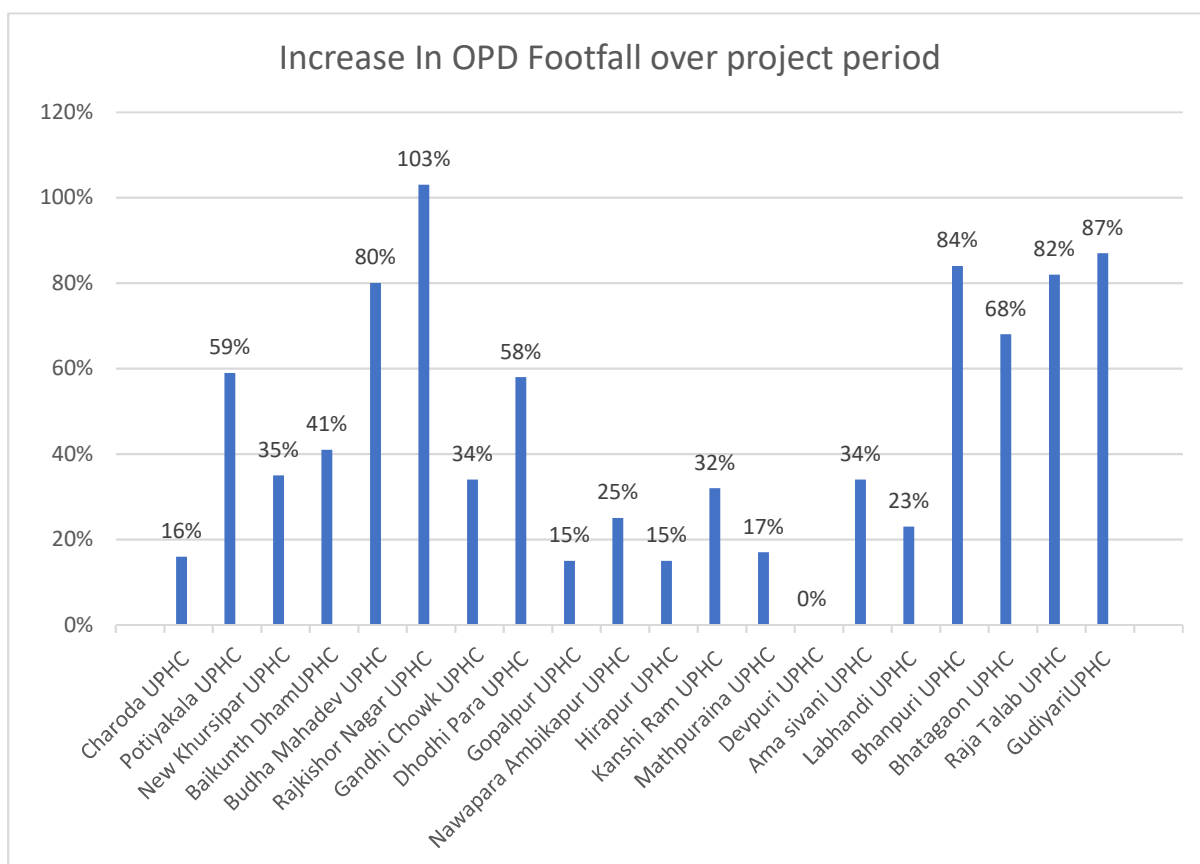


***Note: Overall 84% achievement of deliverables across 20 UPHCs**

Graph 3: Improvement in each of the 20 Intervention UPHCs for select thematic areas

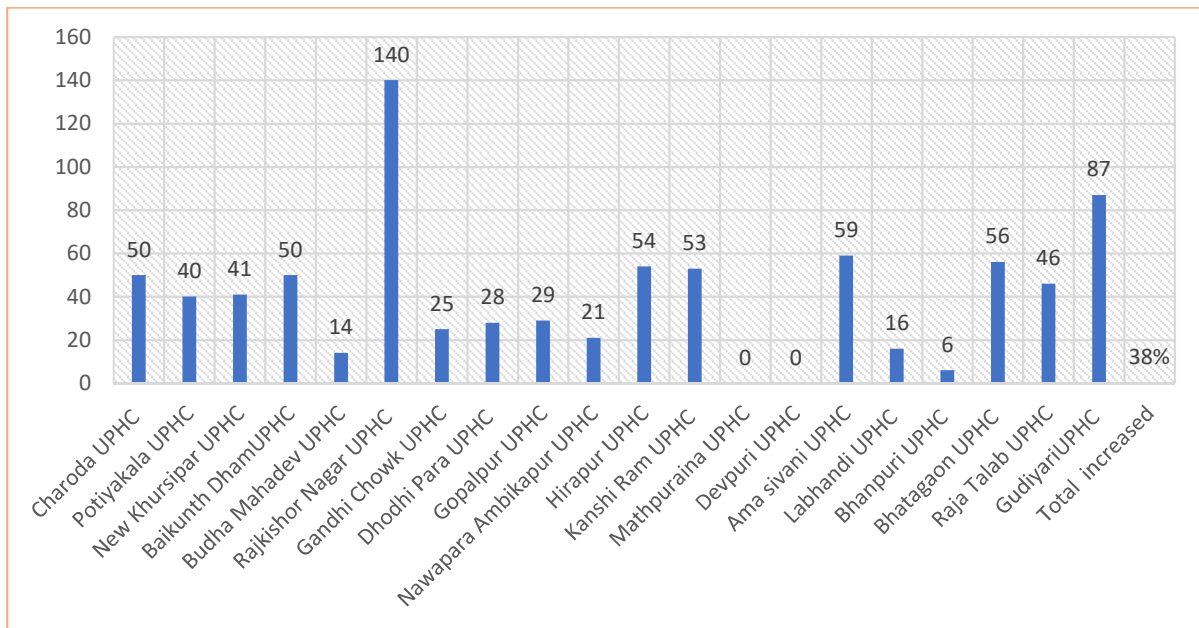


Graph 4: Percentage (%) increase in total OPD footfall after intervention.



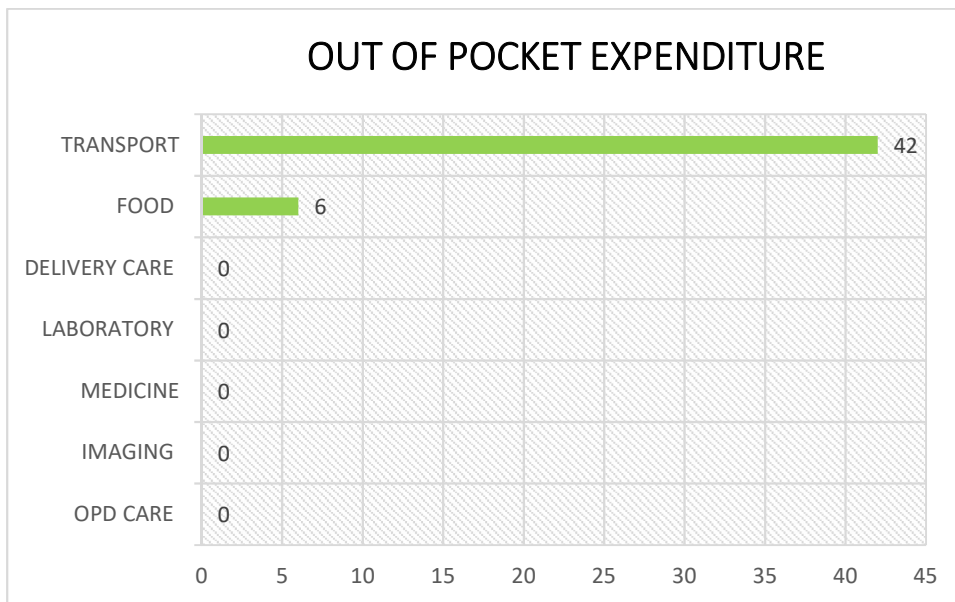
***Note: OPD footfall increased by 37% on an average. Devpuri UPHC does not show increase owing to the ongoing construction**

Graph 5: Increase in Immunization services in UPHCs



Note: Immunization services increased by increased by 38%. Mathpuraina and Devpuri UPHC does not show increase owing to the ongoing construction

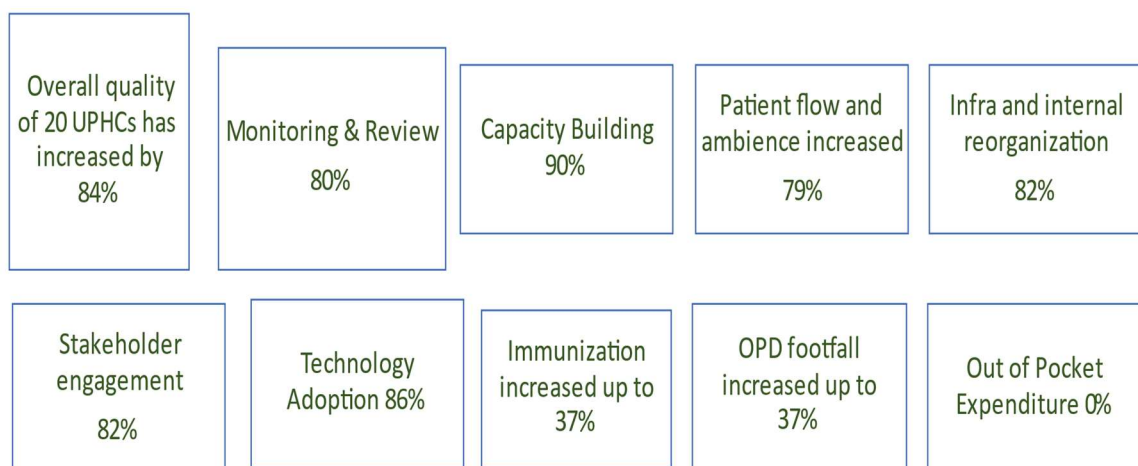
Graph 6: Out of pocket expenditure



**Note: Amongst the patients visiting the facilities, OOPE observed mainly for Transportation & Food. There is no OOPE for OPD care, medicines, laboratory services & imaging*

CONCLUSIONS:

- 20 UPHCs experienced an overall 84% achievement of deliverables after TATA Trusts' engagement.
- OPD footfall & uptake of immunization services increased by 37%. Devpuri UPHC does not show increase owing to the ongoing construction
- Immunization services increased by increased by 38%. Mathpuraina and Devpuri UPHC does not show increase owing to the ongoing construction
- Amongst the patients visiting the facilities, OOPE observed mainly for Transportation & Food.
- For OPD care, medications, laboratory testing, and imaging, there is no OOPE.



RECOMMENDATIONS:

Government ownership and continuous support is required to make this model sustainable

Technology adoption and best practices / training (Portals / BMWM) should be continued to improve quality of service delivery

Capacity building is essential part of improving quality and should be conducted regularly under the leadership of **Quality Champions & Master Trainers**

To achieve larger impact and their sustenance, intensive engagement of at least 2-3 years is essential



UPHC Rajatalab, Raipur, Before and After



UPHC Gandhichowk , Bilaspur



Visit to UPHC, Dhodipara, Korba



Visit to UPHC, Devpuri, Raipur



Visit to UPHC, Rajatalab, Raipur



Visit to UPHC, Bhatagaon



Pharmacy Counter, UPHC Mathpurena



Waiting area, UPHC Mathpurena



Ward area, UPHC Mathpurena



OPD, UPHC Charoda



Drug Storage room, UPHC, Rajatalab



Model Immunisation Room,
UPHC Hirapur



Registration Counter, UPHC
Gandhi Chawk



Well organized Laboratory with Storage & proper functioning,
UPHC Mathpuren



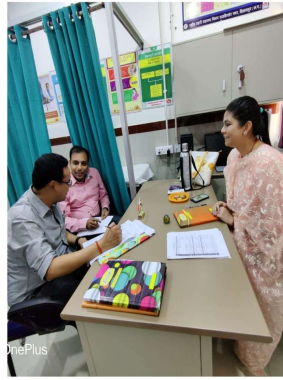
BMW, Storage, UPHC Mathpuren



Bins and Sinages, UPHC,
Kashiramnagar



Review and monitoring of records, UPHC, Kashiramnagar



Interview from MO and SN, UPHC, Gandhi Chawk



Visit to Pharmacy, UPHC, Kashiramnagar

B: SUPPORT FOR SCREENING & TREATMENT OF CONGENITAL HEART DISEASES (CHDs)

In India, eight in every thousand children are born with congenital heart disease (CHD), contributing to higher Infant and Child Mortality Rate. With an estimate of 2.4 Lakh children added every year, a large number of these conditions remain either undetected or unattended and are unaffordable for most families. Burden of CHD is higher in Central Northern India (19.14 per 1000 individuals). Delayed detection, unavailability of trained doctors and nurses, poor diagnostic facilities, unaffordable cure and absence of timely linkages result in higher morbidity and mortality – which is avoidable with appropriate care.

Chhattisgarh Government (GoCG) initiated “Mukhyamantri Bal Hridaya Yojana” under “Chirayu Chhattisgarh” in 2018 to identify and treat children with congenital heart diseases. Nearly 70,000 children have been screened and await heart surgeries in the State. GoCG had requested Tata Trusts to strengthen the Chirayu Chhattisgarh Initiative through development of capabilities to screen, detect early and treat the children suffering from CHDs and further support the 50% of operating expenses of 1000 surgeries.

Sri Sathya Sai Sanjeevani Hospital (SSSSH), is a past grantee of Tata Trusts, and operates through three such hospitals dedicated for child heart care. All services are provided free of cost to the patients. Since its commencement in 2012, SSSSH Naya Raipur Center has screened and treated over 17,000 children for congenital heart disease. Thus, as part of this initiative, GoCG entered in MoU with Sri Sathya Sai Sanjeevani Hospital (SSSSH) Naya Raipur on March 6, 2018.

Aim of the supporting SSSSH through grant mode was to improve the screening and early diagnosis of Children for Congenital Heart Diseases (CHD) and expediting surgical intervention. As a third-party evaluator, on the request of CINI-Tata Trusts and with prior approval from NHM, Department of Community Medicine, Pt. JNM, Medical College, Raipur, Chhattisgarh conducted this impact study.

A group of sixteen (16) assessors (Investigators, Scientists, Doctors, and other supporting staff) from the medical college visited SSSSH (nodal center) and 4 other satellite centers developed at government district hospitals (Ambikapur, Ranjanadgaon

Raipur & Jagdalpur) under this intervention.

On visit, based on the interview with the chairman of SSSSH, doctors, Nurses and patients, we came to know that intervention of TATA Trusts was helpful in screening and early diagnosis of the CHDs. Under the intervention four (05) Echo machines have been installed, one in the nodal center and four in the satellite centers.

Till May 2023, total of 127731 screenings for CHD were done and total of 14894 cases operated successfully, at SSSSH, New Raipur. Screening for CHD at periphery is important support system for early detection. With the support of TATA Trusts, Echo machine provided in satellite centers which can help for CHD screenings and referrals of the suspected cases to the nodal center for further management. For example, The satellite center at Ambikapur conducted screening of about 438 cases of which 297 were suspected with the CHD and hence further referred to SSSSH, New Raipur.

Timely detection of the CHDs is very critical and can help in saving many lives. TATA Trusts supported 50% cost of the 1000 surgeries (for children from Chhattisgarh state) conducted in SSSSH, New, Raipur.

- TATA Trusts' grant allowed provisioning of Echo machines in peripheral satellite centres. Further, the doctors from these satellite centres were given hands on trainings to detect the CHDs. This helped in doing CHD screenings at peripheral satellite centres itself thereby reducing the cost to travel and burden on the nodal centre. Additionally, the suspected cases were referred for further management in timely manner.
- Looking into prevalence of CHD patients, every district hospital should have Echo machine installed with trained doctors. There should be a dedicated day per week for such screening activities at the district hospitals. This will ensure early detection and treatment.

RESULTS & FINDINGS:

Intervention of TATA Trusts was helpful in screening and early diagnosis of the CHD

04 Satellite Centres were operationalized by installing Echo machines and training the doctors

At DH Jagdalpur Ambikapur, Ranjanadgaon and Raipur

~1000 Children successfully operated for CHD with 50% cost support by Tata Trusts

Ambikapur Satellite Center screened a total of **438 cases** of which, **297** were detected with the CHD and referred to SSSSH, New Raipur

Total number of screenings for CHD is **127731** and total **14894** cases operated usefully, from SSSSH, New Raipur till May 2023

Medical professionals enrolled for fellowships and trained in different areas of Pediatric Cardiac Care

RECOMMENDATIONS

Capacity Building for Early Detection and Treatment Linkage for Congenital Heart Diseases at Peripheral Centers Needs to be Strengthened

There should be a dedicated OPD day for screening and diagnosis every week at district hospitals

Looking into prevalence of CHD patients every district hospital should have Echo machine facility and trained medical specialist.

Executive committee to set up at the districts and periodic reviews to monitor the screenings, diagnosis and referrals from satellite centers



Visit to SSSSH, New Raipur for beneficiaries' interview, Activated in Jun'22



Satellite center Ambikapur:
Activated in Jun'22



Satellite center Ambikapur:
Activated in Jun'22



Raipur super specialty: Activated in Jul'22



Satellite center Rajnandgaon,
Activated in Mar'23



Satellite center Jagdalpur: Activated
in Jan'21



Capacity Building medical
professionals enrolled & trained in
different areas of Pediatric Cardiac
Care

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