Public Health and Family Welfare Department

2.5 Implementation of Health Schemes in Tribal Districts

2.5.1 Introduction

Tribal Sub Plan (TSP) initiated by Government of India (GoI) is seen as critical initiative in closing the development gap between the Scheduled Tribes (ST) and others. In Madhya Pradesh, tribal population is 21 *per cent* of total population (7.26 crore). As per procedure evolved by the Planning Commission, Central Ministries are to ensure appropriate earmarking of funds for various sectors (including Health Sector) under TSP in the Annual Plan proposals. However, no mechanism has been evolved for maintenance of separate accounts for TSP funds.

Under Health Sector, the flow of TSP funds was in 21 schemes of National Rural Health Mission (NRHM) and seven[1] non-NRHM schemes. Two non-NRHM schemes viz. National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) and National Programme for Health Care for the Elderly (NPHCE) were selected for performance audit (PA) covering the period 2011-14.

NPCDCS was launched in 2008 for reducing the incidences of Non-Communicable Diseases (NCDs) such as cancer, diabetes, cardiovascular diseases and stroke. The aim of the NPHCE programme launched in 2010 is to provide separate and specialised comprehensive health care services to the senior citizens at various levels of State health care units. These programmes have been implemented in five tribal districts[2] of the State.

At the State level, Principal Secretary of the Department is responsible for implementation of the programmes who is assisted by Director, Health Services and Mission Director of State Health Society (SHS). A State NCD (Non-communicable Disease) cell headed by Deputy Director and at district level a District NCD cell headed by Chief Medical and Health Officer (CMHO) were established for overall implementation and monitoring of both the programmes.

2.5.2 Audit objectives

The broad objectives of the review were to examine whether:

- planning for implementation of the programmes was well designed;
- adequate financial outlay was earmarked under TSP;
- health care services were delivered efficiently, as envisaged in the Programmes; and
- effective monitoring mechanism was in place.

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1 (i) National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, (ii) National Programme for Health Care for the Elderly, (iii) National Mental Health Programme, (iv) Assistance to State for Capacity Building (Trauma Care), (v) Human Resource for Health, (vi) Strengthening of State Drug regulatory system, (vii) Strengthening of State Food Regulatory System.

2 Chhindwara, Dhar, Hoshangabad, Jhabua and Ratlam.

2.5.3 Scope and methodology of audit

These programmes were implemented in five tribal districts out of 21 tribal districts in the State. In addition to the State NCD Cell, we test-checked record of three District NCD Cells at Chhindwara, Dhar and Ratlam, nine CHCs[3] (Community Health Centres) out of 32, 16 PHCs (Primary Health Centres) out of 138 and 34 SHCs (Sub-health Centres) out of 858 were selected for the review.

An entry conference was held in June 2014, where the audit objectives and methodology were discussed with the Director, Health Services (DHS)/Director, National Rural Health Mission (NRHM). The exit conference was held in November 2014 with the Principal Secretary alongwith other concerned officers. The views of the Department have been incorporated in the relevant paragraphs.

2.5.4 Financial management

During the period 2011-14, total budgetary allocation under TSP (Health Sector) was only seven *per cent* of total allocation under Health Sector in the State. Under the programmes NPCDCS and NPHCE, funds allotted under TSP were 20 *per cent* and 13 *per cent* respectively of total allocation for the Programme.

Year-wise details of funds available and expenditure incurred under NPCDCS and NPHCE during the period 2011-14 were as in **Table 1.**

Table 1: Funds available and expenditure incurred under NPCDCS and NPHCE

(₹ in crore)

Year	Opening balance	Central Share			State share	Interest & other receipts	Total funds available with State NCD Cell	Expenditure[4] incurred during the year	Closing balance (percentage)
		General and SCSP	TSP	Total					
NPCDCS									
2011-12	1.27	6.75	1.70	8.45	1.92	0.13	11.77	0.03	11.74 (100)
2012-13	11.74	0.07	0	0.07	0.32	0.43	12.56	2.93	9.63 (77)
2013-14	9.63	3.68	0.94	4.62	0.09	0.12	14.46	3.18	11.28 (78)
TOTAL		**10.5**	**2.64**	**13.14**	**2.33**	**0.68**	**17.42**	**6.14**	**11.28**
NPHCE									
2011-12	1.04	1.68	0	1.68	0.68	0.27	3.67	0.20	3.47 (94)
2012-13	3.47	3.78	0.79	4.57	1.14	0.20	9.38	1.51	7.87 (84)
2013-14	7.87	0	0	0	0	0	7.87	2.37	5.50 (70)
TOTAL		**5.46**	**0.79**	**6.25**	**1.82**	**0.47**	**9.58**	**4.08**	**5.50**

(Source: State NCD Cell)

- Under-utilisation of funds was 77 to 100 *per cent* under NPCDCS and 70 to 94 *per cent* under NPHCE. As a result, various activities viz. establishment of geriatric wards and clinics, procurement of machinery, equipment, drugs, deployment of human resources, training and public awareness were not carried out, as discussed in paragraphs 2.5.6 and 2.5.7.

Under-utilisation of funds during 2011-12 to 2013-14 was 77 to 100 *per cent* under NPCDCS and 70 to 94 *per cent* under NPHCE

- GoI released funds in three components viz. General Head, Tribal Sub-plan and Scheduled Caste Sub-Plan. However, these three components were mixed in a corpus fund and the State NCD Cell released the same to the districts without earmarking as TSP funds of ₹ 3.43 crore (₹ 2.64 crore under NPCDCS and ₹ 0.79 crore under NPHCE). Further, neither separate records of

[3] Damua, Dhanora, Harrai, Jamai, Kukshi, Namli, Pithampur, Sailana and Tamia.

[4] At State and District level.

expenditure were maintained at any level nor separate utilization certificate submitted to GoI for TSP funds.

- During the years 2011-12 to 2013-14, out of total Central share released for NPCDCS and NPHCE, funds earmarked under TSP component was 20 *per cent* and 13 *per cent* respectively. We observed that the five districts where programmes were implemented had 44 *per cent* tribal population.

In the exit conference Principal Secretary stated (November 2014) that the shortage of manpower was the main reason for non-utilisation of funds. It was also stated that separate plan for TSP was not prepared and no instructions were received from GoI to maintain separate accounts for TSP funds.

Optimum utilization of available financial resources may be ensured.

2.5.5 Planning

As envisaged in programme guidelines, State and District NCD cells were responsible for overall planning, implementation, monitoring and evaluation of the different activities and achievement of physical and financial targets planned under both the programmes in the State. We observed the following:

State and district action plan and database on physical, financial and epidemiological profile was not prepared

- During the years 2011-12 and 2012-13, State Action Plan or District Action Plan and database on physical and financial targets was not prepared. The State Action Plan for 2013-14 was prepared and sent to GoI, for which approval was not received (July 2014). According to the guidelines, State and district level data on physical, financial, epidemiological profile was to be maintained at State and district level for determining the priorities for action plan. However, no such data was maintained either at State NCD Cell level or by the test checked district NCD Cells.

- The guidelines provided for a wider knowledge base in the community for effective prevention, detection, referrals and treatment strategies through convergence with ongoing interventions of NRHM, NTCP[5] and AYUSH[6] etc. On an audit enquiry, the State NCD Cell stated that no plan for convergence of NPCDCS and NPHCE activities with other related programmes was prepared.

In the exit conference, Principal Secretary confirmed the fact and stated (November 2014) that convergence with other schemes would be taken into consideration during the preparation of next year's Action Plan.

2.5.6 Implementation of NPCDCS

To achieve the objectives of NPCDCS, strategies to be undertaken were prevention through behaviour change, early diagnosis, treatment, capacity building of human resource, Surveillance and Monitoring.

2.5.6.1 IEC activities for generating awareness about NCDs

To prevent the risk factors to NCD, general awareness about the NCD was to be created through mass media, community education and interpersonal communication for behaviour change. As per guidelines, Central NCD Cell was to prepare prototype Information, Education and Communication (IEC)

5 National Tobacco Control Programme.
6 Ayurveda, Yoga, Unani, Siddha and Homeopathy.

material on NCD diseases to sensitise the community about the risk factors and inform about services available through various electronic and print media. These were to be provided to States by Central NCD cell for dissemination. Further, public awareness regarding health promotion and prevention of NCD through communication messages, distribution of printed material and social mobilization were to be carried out at State, district and CHC levels.

IEC activities were not organised for public awareness

- As reported by State NCD Cell, no IEC material was received from Central NCD Cell during the period 2011-14. Further, no IEC activities were organised at State and CHC level. However, few activities were organised at district level during the years 2012-13 and 2013-14 at a cost of ₹ 1.86 lakh out of available funds of ₹ 6.13 lakh. We observed that due to non/short deployment for the posts of nurse, counselor and care coordinator, no interpersonal communication campaign in the selected districts was organised during the year 2011-12. However, only two campaigns were organised by the districts test-checked during the years 2012-13 and 2013-14, which were attended by 403 participants.

- In respect of mass media and community education for public awareness, the banners, posters etc. were not received at district level from State NCD Cell and therefore message was also not broadcasted or telecasted in two test-checked districts viz. Dhar and Ratlam.

Thus, IEC activities were not organised as envisaged and the objectives of prevention from NCDs through behaviour change could not be fully achieved.

In the exit conference Principal Secretary stated (November 2014) that due to paucity of manpower IEC activities could not be carried out in a satisfactory manner.

Awareness generation activities may be carried out for bringing behavioural change among the NCD patients.

2.5.6.2 Strategy for early diagnosis

For early diagnosis of chronic NCDs, opportunistic screening was to be carried out at DH, CHC and SHC level and suspected cases were to be either investigated or referred to higher level health facility centre. We observed the following:

Screening camps were not organised in two test checked districts and pilot study on school based screening programme for diabetes was not conducted

- Screening camps were not organized in Dhar and Ratlam Districts during the period 2011-14. In Chhindwara District, screening camps were organised during 2013-14 where 7.39 lakh individuals were screened for NCD diseases.

- GoI initiated (2011-12) a school-based screening programme for diabetes on pilot basis in the Ratlam District. The screening was primarily focused on school children in the age group of 5 to 15 years. We observed that pilot study was not conducted in Ratlam District despite availability of funds.

In the exit conference, Principal Secretary stated (November 2014) that due to shortage of manpower screening activity could not be carried out and unspent fund of pilot study would be refunded to GoI.

Thus, shortage of manpower defeated the strategy for early diagnosis of NCD diseases.

2.5.6.3 Lack of investigation facilities

Guidelines provided that nine types of investigation facilities[7] were to be available at district NCD clinics. We observed that against ₹ 8.13 crore allotted during 2012-13 and 2013-14 for procurement of investigation facilities only ₹ 4.29 crore were utilised. As a result, essential investigation facilities mainly related to Cancer diseases such as Colposcopy and mammography were not available at District NCD clinics as detailed in ***Appendix 2.37***. Further, according to the guidelines, chemotherapy facility was to be made available at each District NCD clinic. We noticed that this facility was not available in any of the three test-checked District NCD clinics.

Essential investigation facilities were not available in districts as well as CHC level NCD clinics

As per guidelines, five types[8] of essential investigation facilities were to be available at CHC level NCD clinics. We observed that ultra-sound facility was not available in any of the test checked CHC clinics. Further, lipid profile facility in eight CHCs[9], X-ray in four CHCs[10] and ECG facility in six CHCs[11] was not available, as detailed in ***Appendix 2.38***. It was also reported by the test-checked districts and CHC NCD clinics that facilities not available were not outsourced and facility for management of common CVDs, Diabetes and Stroke cases was not available in five CHCs[12] clinics.

2.5.6.4 Strengthening of Cardiac Care Unit (CCU)

Due to shortage of buildings and equipment cardiac care unit could not be strengthened

According to the guidelines, CCUs at districts were to be strengthened with seven types of equipment[13] for providing timely and emergent care to the referred patients. We observed that essential equipment for cardiac patients viz. 12 channel stress ECG test equipment treadmills were not available at Dhar and Ratlam Districts and cardiac monitor with defibrillator was not available in Ratlam Distrct. Further, separate CCU was not established in District Hospital, Ratlam and machines and the equipment procured during August 2012 to March 2014 at a cost of ₹ 41 lakh were lying idle in absence of CCU unit. Hence, intensive cardiac care was not provided to the NCD patients.

In the exit conference, Principal Secretary confirmed the fact and stated (November 2014) that a timeline for recruitment of human resources, procurement of equipment and civil works has been decided and would be completed up to December 2014, June 2015 and December 2015 respectively.

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7 Blood sugar, Lipid profile, Kidney function test, Liver function test, ECG, Ultrasound, X-Ray, Colposcopy and Mammography.

8 Blood sugar, ECG, Lipid profile, Ultra sound and X-ray.

9 Damua, Dhanora, Jamai, Kukshi, Namli, Pithampur, Sailana, and Tamia.

10 Damua, Dhanora, Namali and Tamia.

11 Damua, Dhanora, Jamai, Kukshi, Sailana and Tamia.

12 Damua, Dhanora, Kukshi, Pithampur and Sailana.

13 Computerised ECG machine, ECG machine ordinary, 12 channel stress ECG test equipment tread mill, Cardiac monitor, Cardiac monitor with defibrillator, Ventilators, Pulse oximetre.

2.5.6.5 Shortage of essential drugs

Shortages of 29 to 45 *per cent* drugs under DCS component and 91 to 100 *per cent* drugs under cancer component were noticed in District NCD clinics

As per the guidelines, 38 types of drugs for Diabetes, CVD and Stroke (DCS) component and 22 types of drugs for Cancer component were to be made available at District NCD clinics. We observed that 29 to 45 *per cent* drugs under DCS component and 91 to 100 *per cent* drugs under Cancer component were not available in the three test-checked District NCD clinics (detailed in ***Appendix 2.39***). Thus, District NCD clinics were not fully equipped to provide specialised health care services to the NCD patients.

In the exit conference, Principal Secretary stated (November 2014) that remaining drugs would be made available to the District NCD clinics.

2.5.6.6 Tertiary Cancer Centres (TCCs) for specialised Cancer care

Government did not identify any health institution as tertiary cancer centre

In view of developing regional referral cancer centres to provide specialised cancer care including training and research facilities in all types of Cancer, Government Medical Colleges/ District Hospitals/ Government Institutions were to be identified by the State Government for providing financial assistance under TCC Scheme. We observed that during the period 2011-14, no hospital or health institution was identified by the State NCD cell as TCC. Hence, the objective of providing specialized treatment was not achieved.

In the exit conference, Principal Secretary stated (November 2014) that identification of a TCC in Vidisha District was in progress.

2.5.6.7 Capacity building of human resources

As envisaged in the guidelines, NCD cells were to be supported by contractual staff at State and district levels. We noticed that against the requirement of four posts[14], no staff was deployed at State NCD cell.

There were shortage of man power at district level NCD clinics (85 *per cent*) and at CHC level NCD clinics (81 *per cent*)

Further, one post each of District Programme Officer (DPO), Programme Assistant, Finance cum Logistic Officer and Data Entry Officer was required for each District NCD Cell. We noticed that the posts of the DPOs in Dhar and Ratlam Districts and the posts of Programme Assistant in Chhindwara, Dhar and Ratlam Districts were lying vacant.

As per the guidelines, additional staff was to be recruited on contract basis to manage District and CHC NCD clinics. The position of man power in five districts and 45 CHCs was as under:

Table 2 Men in position at various levels

Sl. No.	Name of post	Required as per norms	Working	Shortage
District NCD clinics				
1	Diabetologist/Cardiologist/ M.D. Physician	5	0	5
2	Medical Oncologist	5	0	5
3	Cyto Pathologist	5	0	5
4	Cyto Pathology Technician	5	0	5
5	Nurses	20	5	15
6	Physiotherapist	5	3	2
7	Counsellor	10	1	9
8	Data Entry Operator	5	1	4
9	Care Co-ordinator	5	0	5
	Total	**65**	**10**	**55 (85 *per cent*)**

[14] **State NCD Cell-** State Programme Officer (1), Programme Assistant (1), Finance cum Logistic Officer (1) and Data Entry Operator (1).

CHC NCD clinics				
1	Doctors	45	1	44
2	Nurses	90	21	69
3	Counsellor	45	15	30
4	Data Entry Operator	45	6	39
	Total	**225**	**43**	**182 (81 *per cent*))**

(Source: State NCD Cell)

It would be seen from the above that there was 85 *per cent* shortage of manpower at District NCD clinics and 81 per cent shortage in CHC level NCD clinics. Moreover, all the posts of specialists and doctors in the district level clinics and the post of doctors in 44 CHC level clinics were lying vacant.

Acute shortage of specialists/doctors and para-medical staff in the clinics adversely impacted the implementation of the programmes.

In the exit conference Principal Secretary confirmed the fact and stated (November 2014) that a timeline for deployment of human resource has been decided and would be completed up to December 2014.

All vacant posts may be filled up expeditiously so that the health care services could be provided at health facility centres.

2.5.7 Implementation of NPHCE

To achieve the objectives of NPHCE, strategies to be undertaken were community education and public awareness, expansion of treatment facility, capacity building of the medical and paramedical professionals and continuous monitoring of the programme.

2.5.7.1 Community education and public awareness

The NPHCE guidelines also envisaged generation of public awareness as required under the programme NPCDCS. However, no IEC material was received from Central NCD Cell and the IEC activities were not carried out as already discussed in paragraph 2.5.6.1

2.5.7.2 Training for capacity building not conducted

Only 1391 personnel were imparted training against 3225

As per para 2.3.6 of NPHCE guidelines, plan for training of personnel of various facilities under the programme was to be prepared by the State NCD Cell detailing training institutions, duration, broad curriculum etc. We observed that due to non-posting of manpower, only 1391 personnel were imparted training during 2012-14 against 3225 personnel planned. Details are in ***Appendix 2.40*****.** Hence, against the available funds of ₹ 37.88 lakh during 2012-14, only ₹ 16.59 lakh could be utilised.

In the exit conference, Principal Secretary confirmed the fact and stated (November 2014) that as per guidelines Medical Colleges and other institutions would be identified for imparting training.

2.5.7.3 Non-availability of Geriatric Wards and Clinics

Geriatric wards and clinics were not established in districts and CHCs level NCD clinics for elderly people

According to the guidelines, 10 bedded geriatric ward for in-patient care of the elderly people was to be established in each District Hospital (DH) and separate geriatric clinic was also to be established at each DH, CHC and PHC. For this purpose, against the available fund of ₹ 3.40 crore in 2012-14, only ₹ 1.31 crore were utilised. We noticed that out of three test-checked districts,

geriatric ward and clinic were not established in Dhar District Hospital. Geriatric clinic was not established in eight out of nine test-checked CHCs and in any of the 16 test-checked PHCs.

Further, rehabilitation unit for physiotherapy and counselling was also not available in eight out of nine test-checked CHCs. Callipers and supportive devices were also not issued to ANMs for providing to elderly people in seven out of 16 test-checked PHCs. **(**detailed in ***Appendix 2.41*)**.**

Thus, dedicated health facilities/services were not established in terms of the programme for treatment of elderly people.

2.5.7.4 Shortage of manpower

Guidelines provided that in case of scarcity of specialists in geriatric field, the services of existing specialists in various fields like General Medicine, Orthopaedics, Ophthalmology, ENT etc. were to be utilised for managing Geriatric Clinic and Wards of DHs. Additional staff viz. Medicine consultant, Nurse, Physiotherapist etc. was also to be recruited on contractual basis. We noticed that against the requirement of 39 additional staff in the three test-checked DH, there was shortage of 24. Further, out of nine test checked CHCs Rehabilitation Worker was not posted in eight CHC[15], as detailed in ***Appendix 2.42.***

2.5.7.5 Annual check-up of elderly people

As envisaged in guidelines, annual check-up of all the elderly people at village level was to be organized by PHC/CHC in health check-up camps and information was to be updated in Standard Health card for the elderly people.

We have noticed that annual check-up of elderly people was not conducted in any of the nine test-checked CHCs and 15[16] out of 16 test-checked PHCs.

2.5.8 Supervision and monitoring under NPCDCS and NPHCE

The Central NCD Cell prescribed standard formats for recording and reporting by various health centres, District and State NCD Cells. A Management Information System was also to be developed to computerize the information. Review meetings at State level were to be organised on quarterly basis to discuss constraints in implementation of the programme.

We observed that reporting was being done from SHC to CHC, CHC to District NCD Cells and district to State NCD Cell. However, only number of patients screened and suspected cases were being reported in these formats. Total number of patients treated, details of patients for whom follow-up, physiotherapy, home based care and counselling was provided at NCD clinics were not being reported. The quarterly review meetings at State level were also not organised and the quarterly reports were not sent to Central NCD Cell.

In the exit conference (November 2014) Principal Secretary Stated that prescribed mechanism as per guidelines would be followed.

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15 Damua, Dhanora, Harrai, Jamai, Kuskshi, Namli, Sailana and Tamia.

16 Barelipar, Batkakhapa, Bilpank, Burrikhurd, Chindi, Dehri, Delakheri, Dhamnod, Dungaria, Haldi, Hanotia, Nalchha, Sagore, Sharvan and Shivgarh.

Prescribed mechanism for supervision and monitoring may be followed to ensure effective and efficient implementation of the programmes.

2.5.9 Conclusion

- Annual Action Plan for NPCDCS and NPHCE programmes and database on physical, financial and epidemiological profile was not prepared at State and district levels.

- Information, Education and Communication for general awareness of the non-communicable diseases were not carried out at State and district levels.

- There were shortages of geriatric wards, clinics, essential drugs, machinery and equipment in NCD clinics mainly due to under-utilisation of funds.

- Due to non-deployment of medical and para-medical staff, health care services could not be provided efficiently under the programmes.

Appendix-2.37
(Reference : Paragraph 2.5.6.3, page 79)
Statement showing availability of investigation facilities in District NCD clinics

Sl. No.	Name of facility	Chhindwara	Dhar	Ratlam
1.	Blood Sugar test	Available	Available	Available
2.	Lipid Profile	Available	Available	Available
3.	Kidney function test	Available	Available	Available
4.	Liver function test	Available	Available	Available
5.	ECG	Available	Available	Available
6.	Ultra Sound	Available	Not Available	Available
7	X-ray	Available	Not Available	Available
8.	Colopocopy	Available	Not Available	Available
9.	Mammography	Not Available	Not Available	Not Available

(Source: District NCD Cells)

Appendix-2.38
(Reference : Paragraph 2.5.6.3, page 79)
Statement showing availability of investigation facilities in CHC NCD clinics

Sl. No.	Name of CHC	Blood Sugar	Lipid Profile	ECG	Ultra Sound	X-ray
1.	Damua	Available	Not available	Not available	Not available	Not available
2.	Dhanaura	Not available	Not available	Not available	Not available	Not available
3.	Harai	Available	Available	Available	Not available	Available
4.	Jamai	Available	Not available	Not available	Not available	Available
5.	Kukshi	Available	Not available	Not available	Not available	Available
6.	Pithampur	Available	Not available	Available	Not available	Available
7.	Namli	Available	Not Available	Available	Not available	Not available
8.	Sailana	Available	Not available	Not available	Not available	Available
9.	Tamia	Available	Not available	Not available	Not available	Not available

(Source: CHC NCD Clinics)

Appendix-2.39
(Reference: Paragraph 2.5.6.5, page 80)
Statement showing availability of essential drugs in District NCD clinics

Sl. No.	Name of district NCD cell	Diabetes, CVD and Stroke Component			Cancer component		
		No. of drugs required	Available	Not available	No. of drugs required	Available	Not available
1.	Chhindwara	38	21	17 (45 %)	22	2	20 (91 %)
2.	Dhar	38	26	12 (32 %)	22	0	0 (100 %)
3.	Ratlam	38	27	11 (29 %)	22	0	0 (100 %)

(Source: District NCD Cell)

Appendix 2.40
(Reference: Paragraph 2.5.7.2, page 81)
Position of trained professional

Sl. No.	Posts	As per norms, number of professionals to be trained	Actually trained	Shortfall
1.	Doctor	228	5	223
2.	Nurse	466	6	460
3.	Physiotherapist	51	1	50
4.	ANM/MHW	2480	1379	1101
	Total	**3225**	**1391**	**1834 (57 %)**

(Source: State NCD Cell)

Appendix 2.41
(Reference: Paragraph 2.5.7.3, page 82)
Statement showing position of facilities at district, CHC and PHC levels

Statement showing position of facilities at District levels

Sl. No.	Name of districts	Geriatric Ward		Geriatric Clinic	
		Required	Available	Required	Available
1.	Chhindwara	01	01	01	01
2.	Dhar	01	00	01	00
3.	Ratlam	01	01	01	01
	Total	**3**	**2**	**3**	**2**

Statement showing position of facilities at CHC level

Sl. No.	Name of CHCs	Geriatric Clinic		Establishment of rehabilitation unit for physiotherapy and counseling.	
		Required	Available	Required	Available
1.	Damua	01	00	01	00
2.	Dhanora	01	00	01	00
3.	Harrai	01	00	01	00
4.	Jamai	01	00	01	00
5.	Kukshi	01	00	01	00
6.	Namli	01	00	01	00
7.	Pithampur	01	01	01	01
8.	Sailana	01	00	01	00
9.	Tamia	01	00	01	00
	Total	**9**	**1**	**9**	**1**

Statement showing position of facilities at PHC level

Sl. No.	Name of PHCs	Geriatric Clinic		Calipers and supportive devices issued to ANM/MHW for providing to elderly people
		Required	Available	
1.	Barelipar	01	00	Not issued
2.	Batkahapa	01	00	Not issued
3.	Bilpank	01	00	Issued
4.	Burrikhurd	01	00	Issued
5.	Chhindi	01	00	Issued
6.	Dehri	01	00	Not issued
7.	Delakheri	01	00	No issued
8.	Dhanmnod	01	00	Issued
9.	Dungaria	01	00	Issued
10.	Haldi	01	00	Not issued
11.	Hanotia	01	00	Issued
12.	Nalchha	01	00	Not issued
13.	Ojhaldhana	01	00	Issued
14.	Sagore	01	00	Not issued
15.	Sharvan	01	00	Issued
16.	Shivgarh	01	00	Issued
	Total	**16**	**0**	**Not issued-7**

(Source: District NCD Cells)

Appendix 2.42

(Reference: Paragraph 2.5.7.4, page 82)

Statement showing position of required and available staff

Sl. No.	Name of Health facility	Staff	Required no. of posts	Working	Shortage
1.	DH	Consultant Medicine	06	00	06
		Nurse	18	08	10
		Physiotherapist	03	03	00
		Hospital Attendants	06	02	04
		Sanitary Attendants	06	02	04
		Total	**39**	**15**	**24**
2.	CHC	Rehabilitation Worker	09	01	08

(Source: State NCD Cells)