

**Monitoring of Programme Implementation Plan (PIP) under
the National Health Mission (NHM) of District, Paschim
Medinipur of West Bengal, India**



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**Report Submitted to the Ministry of Health and Family
Welfare (MoHFW), New Delhi, Govt. of India.**



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Jan, 2023



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Preface

Since the dawn of independence, various nationally designed Health and Family Welfare Programs have been implemented in all states of India to improve the health care delivery system. National Health Mission (NHM) is the latest in the series which was initiated during 2005-2006. It has proved to be very useful intervention to support the States in improving health care by addressing the key issues of accessibility, availability, financial viability and accessibility of services during the first phase (2006-12). The second phase of NHM, which started recently, focuses on health system reforms so that critical gaps in the health care delivery are plugged in. In order to assess the performance of the flagship initiative the Ministry of Health and Family Welfare undertakes the Monitoring and Evaluation activities of the NHM. The Ministry of Health and Family Welfare has established a network of 18 PRCs for quality monitoring of State PIP components, such as the core elements like HR strengthening, infrastructure development, drugs and financial implications, etc. During 2022-23, Ministry has identified 21 districts in which 04 are in J&K, 12 in Bihar and 05 in West Bengal for PIP monitoring in consultation with PRC Srinagar. The staff of the PRC, Srinagar is visiting these districts in a phased manner. The present report is drafted to showcase the monitoring of the programs and activities under National Health Mission in context of district PASCHIM MEDINIPUR of West Bengal for the financial year 2022-23. In this report we have attempted to explore the status of health infrastructure and human resource of the district. Insights related to service availability, referral transport, role of ASHAs and perception of community has also been elaborated. The strength and weakness observed during our field visit along with the opinion of the beneficiaries are discussed in this PIP report.

Our special thanks goes to, Dy. Secretary Mrs. Smita Sanyal Shukla and Mrs. Rehana Khatoon, NHM for their cooperation and timely support rendered to us while PIP monitoring in West Bengal. We wish to place on record the coordinator of our Centre Dr. Bashir Ahmad Bhat for his timely support, guidance and encouragement. Special thanks are due to CMOH, Dy. CMOH-I & Dy. CMOH-II of district Paschim Medinipur, Medical Superintendent of Sub-divisional Hospital (SDH) Kharagpur, Incharge as well as MOs of CHC Hijli, MOs of PHC Panchkhuri, MOs of UPHC Saratpally and CHO of SH&WC Janardanpur for sharing their experiences and timely support. We would like to appreciate the cooperation rendered by the officials of District Programme Manager (DPM), Gouri Sankar Das and Data Entry operators of CHC, Sub-divisional Hospital for helping us in the collection of information. Special thanks are also to staff at CHC, Primary Health Centre (PHC), Urban Primary Health Centre (UPHC) and H&WC for sharing their inputs.

Last but not the least credit goes to all respondents (including community leaders/members), and all those persons who spent their valuable time and responded with tremendous patience to our questions. It is hoped that the findings of this study will be helpful to both the Union Ministry of Health and Family Welfare and the State Govt., of West Bengal in taking necessary changes.

Dated: 19/01/2023

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1: INTRODUCTION

All States in the country submit Programme Implementation Plan (PIP) under National Health Mission (NHM) every year covering programs, activities and interventions to be implemented during the forthcoming year, along with budget requirement to achieve the targeted goals. The Ministry of Health & Family Welfare (MoHFW), Govt., of India, initiated monitoring of PIP activities at district level throughout the country during 2012-13, by deploying 18 Population Research Centres (PRCs). Accordingly, MoHFW assigns districts (focusing on high priority/Aspirational districts) every year to all the PRCs to monitor the implementation of PIP activities. During the year 2022-23, 21 districts located in J&K, Bihar and West Bengal are assigned to PRC, Srinagar and this report pertains to district PASCHIM MEDINIPUR of West Bengal.

1.1: Main Objectives of the Study

In consonance with the Program Implementation Plan (2022-23), the objective of this monitoring exercise is to examine whether the State/district is adhering to key conditionalities while implementing the approved PIP and to what extent the key strategies identified in the PIP are implemented and also to what extent the Road Map for priority action and various commitments are adhered to by the State/district.

1.2: Data Collection & Methodology

The methodology for monitoring of State PIP has been worked out by the Ministry of Health & Family Welfare (MOHFW) in consultation with PRCs in workshop organized by the Ministry at NIHFV on 12-14 August, 2013. The Ministry on the recommendations of the NHSRC decided to include information from the local AWCs, schools and also opinion of the community leaders. The NHRC also restructured the checklists and sought comments from the PRCs and after receiving the comments from the PRCs, the checklists were finalized during a virtual meeting held by NHSRC with all the PRCs of the country. During 2022-23, this PRC has been asked to cover 21 districts (04 in Union Territory of J&K, 12 in Bihar & 05 in West Bengal). The present study pertains to district PASCHIM MEDINIPUR. A schedule of visits was prepared by the PRC and two officials consisting of one Research Investigator and one Research Fellow visited the district and collected information from the Office of Chief Medical Officer (CMOH), Sub-Divisional Hospital **Kharagpur**, CHC **Hijli**, PHC **Panchkhuri**, UPHC **Saratpally** and Health & Wellness Centre (H&WC) **Janardanpur**. We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. A community interaction was also held at the PHC and H&WC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

1.3: Overview of West Bengal

Since the aftermath of 1947, the undivided Bengal province was divided into two parts and the western part of Bengal was called West Bengal by its position and occupies an area of around 88,752 sq km which is 2.67% in respect to the total land area of the country. West Bengal is located in the eastern neck of the country and is bounded to the north by the state of Sikkim and the country of Bhutan, to the northeast by the state of Assam, to the east by the country of Bangladesh, to the south by the Bay of Bengal, to the southwest by the state of Odisha, to the west by the states of Jharkhand and Bihar, and to the northwest by the country of Nepal.

A large landmass of the country connects to its North-Eastern states through a narrow strip of land in West Bengal. This strip of land seems to be like Chicken's Neck and is commonly known as the *Siliguri Corridor* or the *Mahananda Corridor*. The width of the corridor is 9 km and is situated in Chopra of North Dinajpur district. The nature of the land is different in two aspects: the type of land on the northern part of this corridor is *mountainous* whereas the type of land on the southern part of this corridor is *plain*. In West Bengal, the Rajmahal hills are found on the North-Western border and the Shillong plateau is found on the North-Eastern border.

With 03 divisions, the State of West Bengal has 24 districts and these districts have broadly been divided into four (04) parts such as South Bengal (SB), South Coastal (SC), Greater Kolkata (GK) and North Bengal (NB). South Bengal (SB) includes 05 districts such as Bankura, Birbhum, Puruliya, Paschim Bardhaman (West Bardhaman), Purba Bardhaman (East Bardhaman). South Coastal (SC) constitutes 05 districts such as Howrah, Hooghly, Paschim Medinipur (West Medinipur), Jhargram, Purba Medinipur (East Medinipur). Greater Kolkata (GK) constitutes 05 districts such as Kolkata, Murshidabad, Nadia, North 24 Parganas and South 24 Parganas. North Bengal (NB) constitutes 09 districts such as Darjeeling, Jalpaiguri, Dakshin Dinajpur (South Dinajpur), Uttar Dinajpur (North Dinajpur), Koch Bihar, Maldah, Alipurduar, Kalimpong.

The population of West Bengal is 91,276,115 in which 46,809,027 (51.28%) are males and 44,467,088 (48.71%) are females (Census – 2011) whereas the density of population stands 1029 persons per sq km. The literacy rate of West Bengal has been estimated 61,538,281 (67.41%) persons in which 33,818,810 (54.95%) are male literacy while as 27,719,471 (45.04%) are female literacy as per the latest population Census of West Bengal (Source: uidai.gov.in/Dec 2023)

With regard to the vital statistics of West Bengal, the crude birth rate (CBR) was estimated 21.2 births per thousand of inhabitants and the crude death rate (CDR) was 6.3 deaths per thousand of inhabitants whereas the infant mortality rate (IMR) stands 22.0 child deaths per thousand of live births and under 5, the mortality rate has been estimated 25.0 child deaths per thousand live births (Source: NFHS-5). The maternal mortality rate was estimated 305 deaths per one lakhs of pregnant women (Source: SRS). The average fertility rate of West Bengal stands 1.6 children per women. The overall sex ratio of West Bengal has been estimated 1049 females per thousand of

males and the Child sex ratio (under 07 years of age) was estimated 992 female child per thousand of male child whereas the sex ratio at birth is 908 female children born per thousand of male children born (Source: NFHS-5).

1.4: Overview of District Paschim Medinipur

The erstwhile Medinipur district of West Bengal was divided into two parts such as Paschim Medinipur and Purba Medinipur on 1st January, 2002. The district Paschim Medinipur was further divided into two – Paschim Medinipur and Jhargram on 4th April 2017. Paschim Medinipur district is located in the south-west part of West Bengal, surrounded by Bankura in the north, Balasore in the south, Howrah, Hoogly and Purba Medinipur in the east and Jhargram in the west. The district Paschim Medinipur was divided into three (03) sub-divisions such as Medinipur Sadar, Kharagpur and Ghatal, twenty one blocks and seven municipalities. The Kharagpur subdivision consists of Kharagpur municipality and ten blocks: Dantan–I, Dantan–II, Pingla, Kharagpur–I, Kharagpur–II, Sabang, Mohanpur, Narayangarh, Keshiary and Debra. Medinipur Sadar subdivision consists of Medinipur municipality and six blocks: Medinipur Sadar, Garhbeta–I, Garhbeta–II, Garhbeta–III, Keshpur and Salboni. Ghatal subdivision consists of five municipalities (Ramjibanpur, Chandrakona, Khirpai, Kharar and Ghatal) and five blocks: Chandrakona–I, Chandrakona–II, Daspur–I, Daspur–II and Ghatal.

The district Paschim Medinipur geographically occupies an area of 9,368 sq. km in which 253.32 (2.70%) sq. km are urban and 9114.68 (97.29%) sq. km are rural area. Given the demographic nature, the population of the district was estimated 5,913,457 in which 3,007,885 (50.86%) are male and 2,905,572 (49.13%) are female whereas as the density of population stands 631 inhabitants per square kilometer (Census-2011). Of the given population, district Paschim Medinipur has 892,763 (18.69%) Scheduled Castes and 546,167 (11.43%) are Scheduled Tribes (Census–2011). Out of the given population, the district has 6, 85,012 inhabitants of children between 0-6 age in which 3, 49,031 (50.95%) are male children and 3, 35,981 (49.04%) are female children which simply indicates 11.58% of the total population of district Paschim Medinipur. However, the estimated population of Paschim Medinipur stands 7,805,764 inhabitants in 2022 whereas 8,219,706 inhabitants in 2023 (Source: uidai.gov.in/Dec 2022/23). The district Paschim Medinipur has a sex ratio of around 963 females for every 1000 males whereas the child sex ration stands 963 female children for every 1000 male children and sex ratio at birth stands 923. The average literacy rate of the district was estimated 85.96% of which 90.45% are males and 81.35 % are females (Census-2011).

With regard to the vital statistics of Paschim Medinipur, the crude birth rate (CBR) was estimated 28.7 births per thousand of inhabitants and the crude death rate (CDR) was 6.9 deaths per thousand of inhabitants while as the infant mortality rate (IMR) stands 34.0 child deaths per thousand of live births and under 5, the mortality rate has been estimated 77.0 child deaths per thousand live births while as the maternal mortality rate was estimated 165 deaths per one lakh of pregnant women (Source: NFHS-5).

The district Paschim Medinipur, has estimated 1, 076, 53 deliveries in which 78,010 (72.46%) are normal and 29,643 (27.53%) are C-sections during 2022-23. The district has estimated 70,410 live births out of the 6, 72,919 eligible couples during 2022-23. The district has estimated 6,39 leprosy cases during 2022-23. The district has targeted to notify 6,210 TB cases from both private as well as public sector and has estimated to conduct 13,340 cataract surgeries during 2022-23 and had targeted to conduct 11,638 cataract surgeries during 2021-22 (Source: CMOH).

1.5: Health Infrastructure of Paschim Medinipur:

With 5709 villages, district Paschim Medinipur has been divided into 21 medical blocks. Without private health facilities, the health services are being provided through a network of 912 established health institutions including two (02) Sub-divisional hospitals, twenty one (21) Community health centres (CHCs), fifty eight (58) Primary health centers (PHCs), ten (10) Urban Primary Health Centres and eight hundred twenty one (821) Sub-health & Wellness Centers (Source: CHOM, Paschim Medinipur).

Besides these established health facilities, the district has two (02) Special Newborn Care Units (SNCU), three (03) Nutritional Rehabilitation Centre (NRC) functional with the required facilities, three (03) District Early intervention Centre (DEIC), four (04) First Referral Units (FRUs), fifty one (51) Designated Microscopy Centers, twenty four (24) Tuberculosis units, eighteen (18) CBNAAT/TruNat Sites, one (01) Drug Resistant TB Centre, four (04) Blood Banks and two (02) Blood Storage units functional with the required facilities.

Moreover, the district has converted/upgraded fifty eight (58) PHCs, twenty four (24) UPHCs and five hundred forty three (543) Sub-centres to Health & Wellness Centres (HWCs) till 31/12/2022. In addition, the district has twenty three (23) non-communicable disease clinics in which two (02) are functional with the required manpower at Sub-divisional Hospital and twenty one (21) at different Community Health Centres (CHCs). Nevertheless, a comprehensive first and second trimester abortion services are being provided by twenty four (24) health centres which are functional with the required manpower as well as the basic amenities.

1.6: District Health Action Plan (DHAP):

District Health Action plan (DHAP) is a principal instrument for planning, implementation & monitoring, formulated through a participatory and bottom-up planning process. It is a document that depicts the need at sub-district level units for programme implementation in terms of infrastructure, Human Resource, procurement, trainings and various schemes running and provides an overall budget required to execute those activities. The CMOH of the district said that the State of West Bengal exclusively prepares a District Health Action Plan (SHAP) itself on the basis of performance of various health indicators and accordingly prepares the budget for the same. However, the State administration constitutes an executive body including the CHOM, Dy. CMOHs, Medical Superintendents and some other essential persons of the district for the

preparation of the District Health Action Plan (DHAP). As such district has no role in the process and preparation of DHAP.

1.7: Recruitment Policy in District Paschim Medinipur

Since recruitment of regular staff is a centralized process and all regular positions are advertised and filled-in by the concerned authorities at the State level. The positions of doctors are filled through State Public Service Commission (SPSC) and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB) of West Bengal. Similarly, recruitment of various positions under NHM are also done at two levels as all the higher-level positions are filled up by the office of the Mission Director (DM) at the Central level while as some lower-level positions are recruited by the District Health Society (DHS) under the Chairmanship of concerned District Development Commissioner. The system for recruitment of NHM staff is transparent as the list of appointed staff is published in the local newspapers for any grievances. However, in district Paschim Medinipur, despite the various rounds of recruitment as well as the announcements for the vacant seats, a total of 146 posts remained vacant since the couple of years given the sanctioned positions from NHM side (Source: CMOH).

1.8: Status of Human Resource of District Paschim Medinipur

On the regular side, Paschim Medinipur has 640 sanctioned posts of specialists in which 349 (54.53%) posts are in place which means that 291 (45.46%) posts of specialists are vacant including 29(9.96%) Gynaecologists/Obstetrician, 15(5.15%) Paediatricians, 28(9.62%) Anaesthetist, 04(1.37%) Surgeons, 16(5.49%) Physicians, 07(2.40%) Radiologists, 04(1.37%) Pathologists, 06(2.06%) ophthalmologists, 09(3.09%) orthopaedics, 02(0.68%) ENTs, 07 (2.40%) Dermatologists, 08(2.74%) Dental Surgeons, 25(8.59%) other specialists, 116(39.86%) Medical Officers (MBBS) and 15(5.15%) AYUSH MOs.

On the other hand, Paschim Medinipur has 3,398 sanctioned posts of paramedical staff on the regular side in which only 2242 (65.97%) posts are in place which means that 1156 (34.02%) posts are vacant including 06 (0.51%) Radiographer/X-ray technician, 15 (1.29%) Laboratory technician, 06 (0.51%) X-ray technicians, 214 (18.54%) are CHO/MLHPs, 01(0.08%) AYUSH Pharmacist, 20(1.73%) are ANM/FMPHWs, 691(59.87%) MPW(Male), 173(14.99%) Staff Nurses/JSN, 12 (1.03%) Pharmacist(Allopathic) and 18(1.56%) other Paramedical (i.e., staffs including MT-ECG, MT-CCU and ophthalmologist).

On the NHM side, district Paschim Medinipur has 129 sanctioned posts of specialists in which only 97 (75.19%) posts are in place which means 32 (24.80%) posts of specialists are vacant including 01 (3.12%) Dental Surgeon, 05(15.62%) Medical Officers (MBBS) and 26 (81.25%) AYUSH MOs. On the other hand, Paschim Medinipur has 814 sanctioned posts of paramedical staff from NHM side in which only 700 (85.99%) posts of paramedical staff are in place which means that 114 (14.004%) posts have been left vacant including 04(3.50%) laboratory

technicians, 31(27.19%) AYUSH Pharmacists, and 78(68.42%) ANM/FMPHWs. In addition, the district is gifted with 01 trained super specialist in Life Saving Anesthesia Skills (LSAS) who is posted at the Medical College but is not performing C-section deliveries.

1.9: Status of Budget Utilization/Program wise status of Expenditure:

District Paschim Medinipur has received Rs. 55,75,02,715 from different sources in which only Rs. 48,15,90,082 (86.38%) have been utilized in 2021-22 whereas the district has received 34,08,24,767 in which only 29,20,22,896 (85.68%) have been utilized on all the major heads including RCH Flexible pool, Mission Flexible pool and Immunization which makes it implicit that the district is actively involved in the regular activities proposed by the National Health Mission. The maximum fund utilization was observed in infrastructure, followed by Printing (114.36%), followed by Programme Management (107.46%), followed by service delivery of facility based (89.21%), followed by human resource of service delivery (85.90%). However, the least fund utilization was observed in Quality Assurance, followed by Procurement, followed by Trainings and IEC-BCC due to budget release issue from the state (Source: CMOH).

However, district has received Rs. 45, 62, 93,584 under the RCH and health system Flexipool in which Rs. 38, 45, 66,001 (84.28%) have been utilized whereas Rs. 53, 96, 37, 43 has been received under Communicable Disease Pool in which 39,43,6,795 (73.08%) have been utilized so far. The district has also received Rs. 95,85,530 under the Non-Communicable Disease in which 99,04,814 (103.34%) have been utilized whereas Rs.3,22,17,087 have been received under NUMH in which Rs. 2,99,19,518.95 (92.87%) have been utilized for different programs during 2022-23.

1.10: Status of Trainings:

As per the CMOH's statement since the outbreak of Covid-19, most of the proposed trainings could not be organized in the district. However, out of 11 proposed trainings in 2021-22, all were organized up to the benchmark in which 07(63.64%) was on ANC/PNC activities, 01(90.9%) was on injectable contraceptive training, 01(9.09%) was on PCV activities and 01(9.09%) was on Maternal Deaths whereas out of 11 proposed training in 2022-23, all 11 trainings were organized in which 10 (90.91%) was on immunization and 01(9.09%) was on IUCD.

2: STATUS OF DELIVERY SERVICES IN PASCHIM MEDINIPUR

The status of services delivery under different programmes and schemes of Paschim Medinipur district of West Bengal are discussed herewith:

2.1: Free Drugs & Diagnostic Services:

In order to improve the quality of health care services and to address the out of pocket expenditure on drug-n-diagnostics, the government of West Bengal under the National Health Mission launched the free drug and diagnostic initiatives since the couple of years back. The essential drug lists (EDLs) have been prepared for all types of health facilities and drugs are

centrally procured by the State Govt., of West Bengal. Govt of West Bengal has notified (462 at SDH, 271 at CHC, 161 at PHC, 112 at UPHC and 100 at SC) drugs in EDLs and all the drugs in the EDLs were not found available during the day of visit at all the visited health facilities. However, it was found that all the drugs prescribed by the doctors at CHC and SDH were provided free of cost to all the patients.

So far as diagnostics are concerned, the district has notified 14,731 lab tests in general but SDH has notified 51 lab tests, CHCs has only 15 notified lab tests and UPHC has 21 notified lab tests whereas the PHCs and SCs perform only rapid tests because they do not have any instruments for lab tests. However, whatever diagnostic facilities are available at the visited facilities, they were provided free of cost to all and all the services (at all the public health facilities) are free of cost to all patients irrespective of Golden Card Holders, JSSK, BPL, NCDs, HTN, ANC and maternal mothers (Source: CMOH).

2.2: Reproductive Health Care (RHC) Services:

In line with the record of delivery points, district Paschim Medinipur has two (02) PHCs which are conducting > 10 deliveries per month, fifteen (15) CHCs conducting > 20 deliveries per month whereas one (01) Medical College conducting > 50 deliveries per month and one (01) Medical College is conducting C-section in the District. Besides, the district has one hundred fifty three (153) institutes with Ultrasound facilities in which eighteen (18) are public whereas one hundred thirty three (135) are private and all these facilities are registered under PC-PNDT Act. Moreover, in order to identify the high risk pregnancies and provide them comprehensive and quality antenatal care, free of cost to all the pregnant women on the 9th of every month. District Paschim Medinipur has thirty (30) designated health facilities for PMSMA activities in which all these facilities provides the quality services to Pregnant Women on 9th of every month as per the given procedure and protocol since their inception and all the identified high-risk women are taken care as per their obstructed and medical history. The district has investigated 28,769 pregnant women in which 4,014 pregnant women have been diagnosed high risk during 2022-23.

2.3: Rashtriya Bal Swasthya Karyakaram (RBSK)

In-line with the record, Paschim Medinipur has twenty one (21) medical blocks with 47 sanctioned as well as functional RBSK teams and out of these 47 teams in which only thirty nine (39) teams are functional with the required human resource whereas the remaining eight (08) RBSK teams are functional but sans the required resources like specialists, Pharmacists, nurses and vehicles etc. Moreover, the district has 68 medical officers (MOs), 16 pharmacists and 01 nurse for these 39 functional RBSK teams. In district Paschim Medinipur, all the medical blocks have functional RBSK teams and no block is without dedicated RBSK teams. However, 21 medical blocks have 02(02x21=42 teams) functional RBSK teams whereas 01 medical block (urban) has 05(01x05=05 teams) functional RBSK teams with the required instruments and manpower. In order to screen and identify the defects of children at birth, each RBSK team is

being provided a vehicle for visiting various schools and Anganwadi Centres and on an average, each team screens almost 160 children per day. Since the last seven months in district Paschim Medinipur, 23,596 children are screened in which 211(0.89%) children have been found defects at birth and the same were referred to the appropriate health care facilities for the advanced treatment.

2.4: Special New-born Care Unit (SNCU)

Paschim Medinipur has 02 Special New-born Care Units (SNCUs) in which one is established at SDH Kharagpur while as the other one is established at District Hospital which has recently been upgraded to Medical Collage. These Special New-born Care Units (SNCUs) have 96 beds with 96 radiant warmers and 01 Kangaroo Mother Care (KMC) Unit. However, twenty four (24) of the radiant warmers and five (05) phototherapy units remained non-functional since last eleven months which has largely affected the delivery services. Although, the hospital administration have service maintenance contact with the manufacturer but these instruments have not been serviced till date. During the visit, it has been observed that the overall cleanliness and the staff nurses are exemplary in all respects.

In these two Special New-born Care Units (SNCU) of Paschim Medinipur, 2764 babies have been admitted in which 1366 (49.42%) babies were inborn whereas 1398 (50.57%) were outborn babies during 2022-23. However, out of the 1366 inborn babies who have been admitted, 1128 (82.58%) were discharged after the proper treatment, 108 (7.90%) babies died due to one or the other cause, 11 (0.80%) babies were left at Medical Advice (LAMA) whereas 42 (3.07%) babies have been diagnosed some kind of defects at birth in which 40 (95.23%) babies were referred for the advanced and special treatment to the tertiary health care. Moreover, of the 1398 outborn babies who were admitted in which 1095 (38.32%) babies have been discharged after the proper treatment, 182 (13.01%) babies died due to one or the other cause, 43 (3.07%) have been left at Medical Advice (LAMA) whereas 78 (5.57%) babies have been diagnosed some kind defects at birth in which 72 (92.30%) babies were referred for the advanced and special treatment to the territory health care.

2.5: Newborn Stabilization Unit (NBSU)

District Paschim Medinipur, has fourteen (14) established Newborn Stabilization Units (NBSUs) functional with the required infrastructure as well as manpower at all the CHCs and some of the sub-divisional hospitals. In these Newborn Stabilization Units (NBSUs), 942 babies were admitted in which 840 (89.17%) were inborn babies whereas 102 (10.82%) were outborn babies during 2022-23.

However, out of the 840 inborn babies, 111(13.21%) were discharged after the proper treatment, 03 (0.35%) babies died due to one or the other cause, 15 (1.78%) babies have left at Medical Advice (LAMA) whereas 711(84.64%) babies have been referred for the advanced treatment to the territory health care. Moreover, of the 102 outborn babies, 13 (12.74%) were discharged after

the proper treatment, 0(0.0%) babies died due to one or the other cause, 02 (1.96%) babies have left at Medical Advice (LAMA) whereas 87(85.29%) babies have been referred for the advanced treatment to the territory health care.

2.6: Nutrition Rehabilitation Centre (NRC)

The district Paschim Medinipur has 03 established Nutritional Rehabilitation Centres (NRCs) which is functional with the required human resources as well as other facilities. In these Nutritional Rehabilitation Centres (NRCs), 167 babies have been admitted during 2022-23 in which 20 (11.97%) babies have MUAC < 115mm disease, 144 (86.22%) babies have < -3SD WFH disease, 01 (0.59%) baby have TB and 02 (1.19%) have other related diseases. However, out of 167 admitted babies, 109 (65.26%) babies were identified and referred by the frontline workers like ASHAs, 53 (31.73%) babies were admitted by the concerned parents themselves whereas the remaining 05 (2.99%) babies have been identified and referred by the RBSK teams. Moreover, all these 167 babies have been discharged after the specialised nutritional as well as advanced treatment. During the visit, it has been observed that the community people as well as the parents of these babies is highly satisfied with the workdone, cleanliness, nutritional ethics, behaviour of the staff as well as the infrastructural facilities provided to them.

2.7: Home-Based New-born Care (HBNC)

In line with the record, it was found that 18,7,49 home based newborn babies have been visited by the concerned ASHAs and almost 3,494 HBNC kits were found available with the ASHAs till date but it was reported by the ASHAs that HBNC kits are being refilled at their respective health facilities on need basis. However, based on the feedback, society seemed to be satisfied with the knowledge, conduct, work culture and nature of visits of ASHAs as it appears that ASHAs are well versed with the knowledge and objectives of activities associated to home based newborn babies (HBNC).

2.8: Review of Maternal and Infant Deaths

As per the record, received from the Chief Medical Officer of Health (CMOH), shows that 2,7,40 deaths were reported during 2021-22 in which 64 (2.33%) were maternal deaths, 1039 (37.91%) were child deaths, 917 (33.46%) were infant deaths and 720 (26.27%) were still deaths whereas 1535 deaths were reported during 2022-23 in which 36 (2.34%) were maternal deaths, 516 (33.61%) were child deaths, 445 (28.99%) were infant deaths and 538 (35.04%) were still deaths. However, out of the 64 maternal deaths which were reported during 2021-22 in which only 60 (93.75%) deaths were reviewed whereas out of 36 maternal deaths which were reported during 2022-23 in which only 22 (61.11%) deaths were reviewed as per the given protocol. Moreover, no child death has been reviewed either in 2021-22 or in 2022-23 due to the unknown reasons. However, during the visit, it was found that all the health facilities of the district, updates the data on the HMIS portal and same has been reported to the concerned CMOH of the district.

2.9: Peer Education Program (PEP)

Peer Education Program has not been launched in Paschim Medinipur district due to the unknown cause.

2.10: Mobile Medical Unit (MMU)

In line with the record, district Paschim Medinipur has 03 Mobile Medical Units (MMU) which are function with 17 staff strength in which 03 (17.64%) are specialists, 03 (17.64%) are nurses, 03 (17.64%) are pharmacists, 03 (17.64%) are lab technician, 01 (5.88%) is X-ray technicians, 01 (5.88%) is coordinator and 03 (17.64%) are drivers. These 03 Mobile Medical Units have covered 20 villages during 2022-23 and have arranged 26 campuses including 26 trips per month. On an average, 1588 OPD patients have been screened in which 18 (1.13%) patients were diagnosed some kind of disease and same were referred for the advanced treatment to the territory health care. Moreover, these MMUs have collected 98 blood smears for the rapid diagnostic tests and in addition to this they have done 399 lab tests, 22 X-rays during the same year.

2.11: Status of Referral Transport

Given the load of health services, the district has 118 ambulances available for referral transport in which all 114 are Basic Life Support (BLS) and 04 are Advanced Life Support (ALS) ambulances which are available 24x7 on need based. On an average each Basic Life Support (BLS) ambulance are supposed to have at least 06 trips with 28 kms while as ALS 06 trips with 28 kms per day and each ambulance are supposed to receive approximately 30 to 40 calls per day respectively. However, these ambulances are working on PPP mode with a private agency namely **Nikshay Yan** of West Bengal. Moreover, the district has 44 ambulances of 102 which are connected with GPS and are controlled through centralized call centre and on an average performs 06 trips with 28 kms per day.

2.12: Universal Health Screening (UHS)/CPHC:

Under the Ayushman Bharat, district Paschim Medinipur has converted a sizeable number of Sub-health Centres, Primary health Centres and Urban Primary Health Centres into Health & Wellness Centres and have initiated the process of screening for various non-communicable diseases in the first phase. In the district, different Health & Wellness Centres have planned to enumerate 48,57,091 individuals for various non communicable diseases in which only 64,571 (1.32%) target were completed whereas these Wellness Centres have also targeted to fill up 1,79,7,124 CBAC forms but out of which only 5,05,930 (28.15%) CBAC forms have been completed during 2022-23.

In this regard, 625 Health & Wellness Centres of the district including 543 (86.88%) Sub-Health & Wellness Centres (SHC-HWCs), 58 (9.28%) Primary Health & Wellness Centres (PHC-HWCs) and 24(3.84%) Urban Primary Health & Wellness Centres (UPH-HWCs) have planned to start the process of screening for various non communicable diseases. However, out of these

Health & Wellness Centres, 489 (90.05%) Sub-Health & Wellness Centres (SHC-HWCs) and 10 (17.24%) Urban Primary Health & Wellness Centres (UPH-HWCs) have completed the process of screening whereas all the Primary Health & Wellness Centres (PHC-HWCs) have completed the 100% of their target in the process of screening.

The record reveals that, out of 5,12,966 suspected patients whom have been taken randomly for screening in which 78,704 (15.34%) were diagnosed hypertension whereas 39,049 (7.61%) patients were diagnosed diabetes and same were treated accordingly till date. In addition to this, 3,07,970 follow patients were treated since the couple of years in which 2,08,702 (67.76%) were hypertensive and 99,268 (32.23%) were diabetic patients.

In case of various types of Cancers, however, out of 427055 suspected patients whom have been taken randomly for screening in which no one has been reported to any type of cancers while as 1503 suspected persons have also been taken randomly for the screening of cervical cancers but no one has been reported for the same which simply indicates that the health sector of Paschim Medinipur is progressing well.

So far as the teli-consultation services as well as the organising wellness activities by Health & Wellness Centres are concerned, it was reported that 497 HWCs have planned to provide tele-consultation services and 557 HWCs have planned to organize wellness activities in the district during 2022-23 but out of these Health & Wellness Centres, only 402 (80.89%) HWCs were providing teli-consultation services whereas all the 557 HWCs have completed their target in organising the wellness activities till date.

2.13: Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. During the current financial year, out of total complaints, 89 percent of them have been resolved by the authorities in the district. No call centre has been established by the district in this regard so far. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken onboard for settling such issues with maximum transparency. However, it has been found that “Mera-Aspatal” aap has not been initiated at any of the visited health facilities of the district.

2.14: Status of Payments of ASHAs & JSY

In case of JSK payments, the information, reveals that out of 12,579 beneficiaries of JSK in which only 11,626 (92.42%) received the benefits through DBT which means that 953 (7.57%) remained backlog due to the fact that they do not have either correct bank account numbers or

some other issues in their documents. In case of payments and incentives of different categories such as incentives and payments of ASHAs, pregnant women, children and eligible couples, all is being recorded and is being directly transferred in their accounts through DBT system by the State **MATRIM Portal** and therefore, the *DPMU* does not have any information available related to the ASHAs payments. However, the staff member of various visited health facilities, were of the opinion that the *MATRIM Portal* has so many limitations such as no edit option, not updated and many more issues.

In case of beneficiaries who are receiving routine and recurring amount of Rs. 2000 per month, out of 3,678 beneficiaries in which only 3,494 (94.99%) beneficiaries have received incentives which means 184(5.002%) beneficiaries remained backlog till 30/11/2022 whereas in case of ASHA facilitators payments, nothing has been shown in backlog as per the revised norms (of a minimum of Rs 300 per visit). In case of incentives under different health programmes, out of 2,561 beneficiaries in which only 473 (18.46%) beneficiaries have received the incentives under National Tuberculosis Eradication Programme(NTEP) which means 2088 (81.53%) remained in backlog till date.

In case of patient incentives under National Leprosy Eradication Program (NTEP), out of 410 beneficiaries, in which only 374 (91.21%) beneficiaries received the incentives which means only 36 (8.78%) beneficiaries remained in backlog till date whereas in case of provider's incentive NTEP programme, out of 3646 beneficiaries, in which only 1259(34.53%) beneficiaries received the incentives which means 2387(65.46%) beneficiaries remained in backlog till 30/11/2022.

3: STATUS OF COMMUNICABLE DISEASES PROGRAMMES

In order to identify and examine the eventuality of diseases, district Paschim Medinipur has implemented various surveillance programmes under the National Health Mission (NHM) in which some of the programmes have been reviewed as:

3.1: Integrated Disease Surveillance:

District Paschim Medinipur has constituted a Rapid Response Team (RRT) under the Integrated Disease Surveillance Programme (IDSP) both at district as well as at the block level. The Rapid Response Team has been constituted under the supervision of CMOH including the different specialists such as Dy. CHOH-II, District Epidemiologist, Entomologist, ADD ARD(DI), Specialized doctors(Medicine & Paediatric), Microbiologist and members from Com. Med(MMCH) under the supervision of CMOH of the district. In district Paschim Medinipur 14 outbreaks has been reported in which 04 (28.57%) outbreaks have been investigated in 2021 whereas 10 (71.42%) outbreaks has been investigated in 2022. All the designated health facilities in the district are regularly uploading the weekly data under the IDSP on the portal. The data is continuously monitored, and early signs of epidemics are being detected in time.

The information collected from the visited health facilities shows that SC-HWC is reporting the data on daily basis in form-S under IDSP in the online mode on the tablet that they have been provided by the SHS while as at the APHC level HWC the data on IDSP has been uploaded on weekly basis as reported by the concerned MOs. Moreover, the information collected from the CHC indicates that the data on P, S, and L forms under IDSP is being updated on weekly basis but it was found that the SDH is not providing such information on the portal for IDSP.

In Paschim Medinipur, the online data of IDSP is utilized to for planning and implementation of health programs and to detect the various health related issues or major outbreaks in the areas which are proven to diseases. However, in district Paschim Medinipur, the IDSP data has been utilized for disease surveillances mainly fever (including Dengue & Malaria) as well as diarrhea investigations and preventions.

With regard to the proportion of private health facilities reporting weekly data of IDSP, on an average 01-02 per cent of private health facilities are regularly providing the weekly data under IDSP in the district.

3.2: National Vector Borne Disease Control:

In case of National Vector Borne Disease Control Programme, the information reveals that district is prone to different types of fever like malaria & dengue and therefore National Vector Borne Diseases Control Programme has much importance for the district but the programme was adversely affected due the global outbreak of Covid-19 due to which authorities failed to provide us a copy of any micro or macro plan regarding the programme. However, the annual blood examination rate under the programme has decreased such as 10.62 percent in 2019, 07.3 percent in 2020 and 07.71 percent in 2021.

No Sub-centre has been achieved for IRS as per the API stratification. However, it was observed that second round of IRS was started in the district and has started in spraying as a method for anti-larval like Bio Larvicide(10000kg), Chemical Larvicide(4000 liters), LLIN(20000 unit) and Guppy fish. The programme has been monitored on weekly basis and overall the programme has picked-up the pace on the expectations of community.

In district Paschim Medinipur, contingency plan for epidemic preparedness and monitoring of weekly epidemiological and entomological situation is being done but no round of MDR has been observed till date in the district. Moreover, district has not yet achieved <1% mf rate for lymphatic filaria.

3.3: National Tuberculosis Elimination:

District PASCHIM MEDINIPUR has implemented the national tuberculosis elimination program and the district has notified a target to screen 6,210 persons from the given load of population but due to one or the other reason, the district has completed the screening of only 4,860 (78.26%) persons in which 4,707(96.85%) patients are known with HIV. However, out of

the given HIV known (4,707) TB patients, in which only 2297 (48.79%) patients are eligible for UDST testing and drugs for both such as drug sensitive and drug resistant TB patients are available in the district.

Out of the notified 4,860 TB patients, in which 3,835 (78.90%) patients have been notified by the public sector whereas 1,025 (21.09%) persons have been notified by the private sector. So far as the public sector is concern, out of 3,835 notified patients in which 82 (2.13%) patients were identified as MDR which have been kept on for the special surveillance-n-treatment whereas from the private sector, out of 3,4,65 notified patients, no one has been detected for MDR patient.

In line with the record, the success rate for the treatment of TB patients in public sector is 82.0% whereas the success rate for the treatment of TB patients in public sector is 82.0% out of the notified TB patients respectively. In case of payments of beneficiaries, out of the 4,860 notified TB patients in which 4,121(84.79%) beneficiaries have been brought under the Nikshay Poshan Yojana (NPY) by district PASCHIM MEDINIPUR and DBT installments have been initiated in their favour and Rs. 73,79,000 amount have paid to them till 30/11/2022.

3.4: National Leprosy Eradication:

National Leprosy Eradication Programme (NLEP) is in vogue in the district and under this programme 426 new cases of leprosy and no G2D case has been reported in the district during the current year. The district has conducted only 09(90.0%) reconstructive surgeries for G2D cases out of the 15 eligible RCH cases and MCR footwear or self-care kits are available in the district without any disruption. The district has 01 Model Treatment Centre (MTC) for viral hepatitis at the Medical College of Health which is functional with the required infrastructure and human resources. The health workers in the district are fully vaccinated against hepatitis “B” such as in first dose 56 per cent, in second dose 42 percent and in third dose 27 per cent have been completed till date.

Under National Tobacco Control Programme, the district has conducted 85 awareness programs under the IEC component of the ROP at facility as well as at Panchayat level. Out of these **85** awareness programmers, in which 01(1.17%) is training of health Professionals, 04(4.70%) are Orientation of Law Enforcers, 31(36.47%) are Coverage of Public Schools, 07(8.23%) are Coverage of Private Schools, 09(10.58%) are Sensitization campaign for college students, 01(1.17%) is DLCC, 01(1.17%) is DLMC meeting, 10(11.76%) are Enforcement Squads, 06(7.05%) are Sensitization Programme for FGD, and 15(17.64%) are Monthly meeting with the hospital staff.

3.5: Accredited Social Health Activists (ASHAs)

The district has the requirement of 4,210 Accredited Social Health Activist (ASHA) workers as per the given population but in which only 3,695(87.76%) ASHAs are in position which simply means that 515 (12.23%) posts of ASHAs have been remained vacant till date. However, out of

the in position ASHAs, in which only 466 (12.61%) ASHA covers the 1500 rural as well as the 3000 urban population. The information reveals that in district there are 706 rural and 86 urban slum areas without any ASHA.

A sizable number of ASHAs and ASHA Facilitators have been brought under various social benefit schemes in the district such as out of 3,695 in position ASHAs, in which only 127 (3.43%) ASHAs and no ASHAs Facilitators have been enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) whereas 68 (1.84%) ASHAs and no ASHA Facilitators have been brought under Pradhan Mantri Suraksha Bima Yojana (PMSBY). Moreover, 174 (4.70%) ASHAs and no ASHAs Facilitators have been enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY).

The role of ASHA workers is also highlighted in the Mahila Arogya Samiti's (MAS) where they are expected to create awareness regarding the health facilities and services in the communities where they have been placed in. Since the district has limited urban/slum population but NUHM has extended the district for the same and thus 404 MAS have been formed in which all 404 were trained and accounts have been opened in case of all 404 MAS in the district for the direct benefit transfers (DBT).

3.6: Village Health Sanitation and Nutrition Committee (VHSNC):

The role of identifying the children in the early malnutrition stage and attaching them to the NRC alongside assuring regular follow up is one of the key responsibilities of the VHSNC. Therefore, in district Paschim Medinipur, 3092 Village Health Sanitation and Nutrition Committees (VHSNCs) have been formed in which all 3092 VHSNC were trained and accounts have been opened in case of all 3092 VHSNCs for the direct benefit transfers(DBT).

3.7: Quality Assurance

A District Level Quality Assurance Committee (DQAC) is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of services like OPD, IPD, emergency, delivery, referral, diagnostics, drugs, etc. DQAC hold meetings on regular basis to ensure the rollout of standard protocols for RMNCHC+A services, disseminate quality assurance guidelines and tools, monitor health facilities for improving quality measures by mentors, payment of family planning compensation, and compile and collate outcomes as well as complications in maternal, neonatal and child health. In order to address the issue of low-quality of services in the healthcare premises, the Govt., of India has introduced a set of quality-oriented programs under the National Health Mission. Quality care improvement initiatives i.e., Indian Public Health Standard, NQAS, KAYAKALP, MERA ASPATAAL, LaQshya, have revolutionized the pathways of public healthcare service delivery in the country. As such it was found that the district has exemplary progressed in LaQshya as well as in NQAS program implementation across all the health facilities. The district has eleven (11) Community Health Centres (CHCs), twenty (20) Primary Health Centres (PHCs), six (06) Urban Primary

Health Centres (UPHCs) which are certified under Kayakalp. In addition, the district has certified all the Labour Rooms as well as OTs under LaQshya with highest score whereas the district has also initiated the external assessment for NQAS. However, keeping in view the performance under various quality assurance initiatives, recently the government of West Bengal has also started *XV-FC-2022*, under which all the downtime instruments, labor rooms, operation theatres & etc., have started to fill in the gaps in infrastructure so that all the facilities are in a position to apply for NQAS.

3.8: Biomedical Waste Management:

The Government of West Bengal has outsourced the disposal of Biomedical Waste to various private agencies who usually collect the waste from health facilities, transport it and dispose it. Bio medical waste is segregated in colour coded bins which were found available in all most all the visited health facilities. The awareness amongst the staff regarding segregation of waste was found satisfactory and practice of segregation by staff was being done properly at the SDH and CHC and it was found that patients and their attendants have full knowledge about the proper segregation of waste and they follow the guidelines for dumping waste material in these bins. All the visited health facilities have outsourced the biomedical waste management to a private agency namely **Ramky Enviro** of West Bengal.

3.9: Information Education and Communication:

By and large the display of appropriate IEC material in health facilities was found satisfactory at all the levels. Most of the health facilities have increased their visibility in terms of IEC by putting up hoardings and banners for various services they are providing. The IEC material related to NCDs, MCH, FP, services available, clinical protocols, etc., were displayed at the SDH, CHC, SC and PHC as well as UPHC levels also.

3.10: Health Management Information System:

HMIS is a Government-to-Government (G2G) web-based Monitoring Information System that has been put in place by the Ministry of Health & Family Welfare (MoHFW). Data on this website is regularly uploaded by all the health facilities of the district. Though, the data quality in the district has improved to a great extent, but there is still a lot of scope for improvement in all the facilities, particularly at SDH in the district. During our visit to various health facilities, a few on-the-spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved. However, there is a need to provide further training to all the stakeholders in this regard so that misconceptions regarding reporting and recording can be corrected.

4: STATUS OF SERVICES AT THE VISITED HEALTH FACILITIES

Keeping in view the program implementation plan visits to the mentioned health facilities, following health centres have been taken for the case studies in district Paschim Medinipur of West Bengal:

4.1: SUB-DIVISIONAL HOSPITAL, KHARAGPUR

Sub-divisional Hospital, Kharagpur is first referral unit standalone institute accessible from the nearest road connectivity with the capacity of 299 functional beds including 10 Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of Kharagpur town and is housed in a spacious but repairable (renovation of windows, indoor as well as outdoor white wash) building with enough space without a boundary wall. The hospital complex consists of three buildings and the main building is four stories but requires an immediate renovation because the condition of interior is worst as the last renovation were done before ten years. However, hospital administration initiated the process for renovation this year. The first referral point for Sub-divisional hospital is Medinipur Medical College and Hospital (MMCH) of district Paschim Medinipur which is located 15 kms away from Kharagpur town. The hospital operates from 9:00 AM – 2:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is not maintained cleanly but it has all basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases and has a dedicated back-up for both electricity and water supply. The hospital has color coded bins for segregation of waste are available and the biomedical waste management is outsourced to a private agency namely **Ramky Enviro of West Bengal**.

On the regular side, Sub-divisional hospital has 46 sanctioned strength of specialists which include 03 Gynaecologist/Obstetricians, 03 Paediatricians, 03 Anaesthetists, 03 Surgeons, 03 Physicians, 02 Radiologists, 02 Pathologists, 03 Ophthalmologists, 02 Orthopaedics, 02 ENTs, 01 Dermatologist, 16 Medical Officers, 01 AYUSH Medical Officer, 01 Dental MO and 01 Dental Surgeon. Presently, the hospital has 44 in place specialist which include 05 Gynaecologist/Obstetricians, 04 Paediatricians, 02 Anaesthetists, 03 Surgeons, 05 Physicians, 01 Radiologist, 02 Pathologists, 03 Ophthalmologists, 02 Orthopaedics, 02 ENTs, 01 Dermatologist, 04 other specialists, 07 Medical Officers, 01 AYUSH Medical Officer, 01 Dental MO and 01 Dental Surgeon. Therefore, the hospital has 02 vacant posts of specialists. On the other hand, Sub-divisional hospital has 25 sanctioned posts of paramedical staff which include 08 Radiographer/X-ray technicians, 09 laboratory technicians, and 09 Pharmacist (Allopathic) but presently the hospital has 21 posts which include 07 posts of Radiographer/X-ray technicians, 08 posts of Laboratory technicians and 06 posts of Pharmacist (Allopathic). Therefore, the hospital has 05 vacant posts of paramedical staff. On the NHM side, sub-divisional hospital has 04 positions including 01 Surgeon, 02 Laboratory technicians and 01 AYUSH Pharmacist whom are posted at the SDH Kharagpur of district Paschim Medinipur.

The hospital has dedicated desktops for data entry and internet connectivity is exemplary. The hospital has not yet undertaken any activity for getting certification under NQAS but the hospital is Kayakalp qualified and obtained the score of 74.43% with the award price of Rs. 1,00,000 through peer assessment in 2021-22. However, the hospital was not able to get the highest score

due to the old building, human resource and some infrastructure issues. The hospital has not initiated the external assessment for LaQshya in case of labour room because the conditions of the labour room were not good whereas the hospital has initiated the process for LaQshya in case of Operation theatre. Recently first meeting of NQAS was held at the SDH for assessment of infrastructure and service delivery gaps, so that the same can be plugged to get the SDH, NQAS certified.

Status of Services:

Apart from emergency services, the SDH provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning and laboratory services. The hospital provides services for general medicine, O&G, pediatrics, general surgery, Anesthesiology, Ophthalmology, ENT, Dermatology, Orthopedics, Radiology, dental, imaging services, labour room complex, ICU, Emergency care OTs and AYUSH services are available at the hospital except some of the services such as DEIC, NRC, SNCU, CLMC, NICU, PICU, Burnt Unit, dialysis unit, teaching block for medical, nursing as well as paramedical staff and skill lab services. Therefore, without these facilities, the hospital is facing a critical challenge. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year. As the labour room as well as the OT is functional with the required infrastructure, Sub-divisional Hospital of Kharagpur has done 206 normal deliveries and 104 C-section deliveries during the last six months. A total of 8,74 newborns have been immunized for the birth dose during the last three months while as out of these only 844 were breastfed within one hour during the same period.

The Sub-divisional Hospital, Kharagpur has a registered Blood Bank and is functional with the required manpower and other infrastructure like storage facility. On the day of our visit 246 blood units were available and 365 blood transfusions were done during the last one month in the hospital. The blood is free for all irrespective of any category. OTs for general, Anesthesiology, orthopedic, ophthalmology and ENT were found available at Sub-divisional Hospital Kharagpur. Given the availability of Operational theatres, the hospital has done 3029 operations in which 1203 (39.71%) are Gynecology & Obstetrics, 98(3.23%) are Elective OT-Major (General), 24 (0.79%) are Elective OT-Major (Ortho.), 623(20.56%) are Ophthalmology, 600 (19.80%) are ENT and 479(15.81%) are Emergency operations during 2022-23. The hospital is providing tele-consultation services to the patients and a very efficient team of doctors have been put on the panel for tele-consultation and on an average attend 40 – 50 cases per day.

District Early Intervention Centre (DEIC) has become non-functional due to the Covid-19 and other administrative issues such as lack of space and human resource. The SNCU, an Adolescent Friendly Health Clinic (AFHC) and DNB programmes are not running at the Sub-divisional Hospital Kharagpur. However, the screening for non-communicable diseases such as diabetes, hypertension and their treatment is also available at the SDH. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referral and follow up patients.

The SDH is also organising various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA.

All the JSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status. Registers for entering births and deaths have been maintained. The hospital reported 01 maternal death and 13 child deaths in 2021-22 while as 01 maternal death and 07 child deaths in 2022-23. It has been reported that vaccines, hub cutters are available and staff is aware about the open vial policy.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 3.07% of the OPD cases are tested for the same. The anti tuberculosis drugs are available in adequate quantity and the confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital has 02 instruments of CBNAATs for drug resistance and 1.3% of patients have been tested through CBNAAT since the last six months. The transport mechanism is in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes. The facility had some issues in the disbursement of Nikshay Poshan instalment and therefore, only 66.67% have received DBT instalments since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The SDH had received a total amount of Rs. 1,25,91,813 under NHM during 2022-23 and has utilized Rs. 1,35,96,920 with an opening balance of Rs. 10,05,107 during the same year. The hospital has utilized this amount in buying the emergency medicine and equipments, campus cleaning and buying contingency items and printing various forms and IEC etc. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The sub-divisional hospital Kharagpur has a designed laboratory manned by 10 lab technicians and remains functional from 9:00 AM – 2:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 53 test services like blood chemistry, Platelet, PCV, MCV, MCH, MCHC, BT, CT, CBC, Blood sugar, Urine albumin and sugar, TB, HIV, VDRL, Malaria, Dengue(elisa), Kala-azar, LFT and KFT, Creatinine, Uric Acid, TSH, RA, ASO, CRP, HPLC, TG, HDL, LDL, Semen, VDRL, HBsAg, Covid..... etc. It was observed that SDH has adequate supplies of reagents and consumables for conducting these investigations. The imaging service such as X-ray and USG are available on daily basis and is functional with the required infrastructure but the hospital does not have the availability important services like MRI and CT scan on daily basis but have been outsourced due to the unknown cause. However, most of the necessary and advanced instruments of OT, Labs, Labour room and other sections equipments were found available up to the benchmark.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 462 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 271(58.65%) drugs were available out of the EDL drug list. As such no shortage of essential drugs has been found since last one month. Management of the inventory of drugs is manual and all drugs are provided free of cost to all irrespective of economic status. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 76 IUDs and 1,733 PPIUCDs were available at the SDH Kharagpur. A total of 58 female sterilizations were performed at the Sub-divisional Hospital during the last one month.

Workload and Utilization of Services:

The services which are available at the sub-divisional hospital have been optimally utilized as the hospital has huge rush of patients especially OPD as well as IPD. On an average, more than 3000 patients' visits the OPDs and 1358 admissions have been reported in the IPD at the Sub-divisional hospital Kharagpur of West Bengal. The surgical facilities are optimally utilized because all types of specialists are in place. Around 4,503 institutional deliveries and 358 C-section deliveries have been reported at the SDH during 2022-23. As per the record that almost 1, 95,806 lab investigations (in house tests) were done during the last six months of 2022-23. During the last one month prior to this monitoring activity, Sub-divisional Hospital has referred more than 102 patients to various higher level health facilities for treatment of various severe ailments such as include surgical, Medical, delivery related issues and other emergencies whereas 148 cases were referred from various health facilities including Neurosurgical cases, very sick new born babies, sever burn injury cases and complicated delivery cases. However, all these patients were given referral transport by the hospital. Sub-divisional Hospital has only (01) dedicated ambulance for referral services under toll free numbers of 102. The hospital has outsourced the ambulance services with a private agency of West Bengal namely *NISCHAY YAN*. These services are available free to JSK and children only.

During the last one month, a total of 1, 95,806 in-house and 658 out sourced tests were conducted at the Sub-divisional Hospital. As per the records of the NCD at Sub-divisional Hospital, a total of 581 suspected patients have been screened for hypertension, diabetes and out of these, 311 patients have been confirmed as hypertensive whereas 94 patients have been diagnosed diabetes since the last six months prior to our visit. However, the hospital has not initiated the process of screening for various types of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers by the Sub-divisional Hospital.

Achievements of Sub-divisional Hospital

The sub-divisional hospital got first position in PPIUD services in the district. The hospital is successfully running the geriatric clinic. The hospital has done 608 Cataract surgeries which is

the highest number of Eye OT through Chokher Alo Programme (CAP) in the district. The hospital has collected 8280 units of blood through different organized blood donation campus during 2022-23. The hospital has successfully done 1000 Autopsy examinations during 2022-23.

Key Challenges of Sub-divisional Hospital

In consonance with the field visit and observations regarding various components, following challenges have been identified:

Besides, the lack of some basic services, the Sub-divisional Hospital, Kharagpur is facing with the shortage of some of the important wards and units such as Truma Care Unit(TCU), Burn Unit(BU), Dialysis Unit(DU), Paediatric intensive care Unit(PICU), Neonatal Intensive Care Unit(NICU), Lactation Management Unit(LMU), Special Newborn Care Unit(SNCU), District Early Intervention Centre(DEIC), Nutritional Rehabilitation Centre(NRC), Teaching-n-training block for medical nursing and paramedical staff as well as skill lab.

The hospital is housed in an old and congested building due to which, the hospital has space constraint in the maternity ward, and at times more than two maternal mothers have to be arranged in a single bed;

The condition of Sub-district Hospital Kharagpur is not good as some of the decayed instruments & beds lying in worst conditions, dusted & corroded and not functional. The toilets and bathrooms inside the hospital premises appeared to have particularly low satisfaction rating on hygiene. Most of the toilets are unclean with broken doors and windows and little or no facilities like water or dustbins. The window panes seemed to be decayed and have de-shaped the hospitals look. It seems no one, not even the authorities are interested in keeping the hospital premises clean;

Although the operation theatre of the Sub-district hospital of Benipur was functional with the required infrastructure since April 2022 but due to the shortage of OT Assistant, Assistant of Anesthetists, Assistant of Gynecologist, Dresser as well as the ward boy, most of the services got adversely affected. So an additional reinforcement is the need of the hour to avail the opportunity satisfactorily;

Due to the less human resources including doctors, specialists such as Anesthetists, Ophthalmologists, ENT, Dermatologists, Dental Surgeon, Pathologists, Orthopedics, dresser, grade four staff, dental assistant and many others, the hospital administration are unable to do many procedures properly which leads to over exertion of the available strength;

Having the shortage of imaging services especially MRI as well as CT scan facility which are not available in the hospital and insufficient residential accommodations for doctors and paramedics have adversely affected the delivery of services of Sub-district Hospital;

The hospital is facing an acute shortage of GDA, scavenging and security personal due to which various health care services have been adversely affected so far.

4.2: COMMUNITY HEALTH CENTRE, HIJLI

Community Health Centre (CHC) of Hijli is first referral unit, co-located institute accessible from the nearest road connectivity with the capacity of 60 functional beds and no Intensive Care Unit (ICU) beds. The Hospital is situated at the centre of Hijli town and is housed in a spacious but repairable (renovation of windows, indoor as well as outdoor white wash) building with enough space without a boundary wall. The hospital complex consists of one main building with single story but requires an immediate renovation because the condition of interior is worst as the last renovation were done before four (04) years. The first referral point for CHC is KGP-SDH which is located 5.5 kms away from Hijli town. Under this CHC, there are 03 PHCs, 21 HWC and 34 SCs and covers 1, 83,767 population of the area. The hospital operates from 9:00 AM – 2:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the hospital is not maintained cleanly but it has all basic amenities such as 24x7 running water, geriatric friendly facilities, functional toilets, drinking water, OPD waiting area, drug store room and a complete power back up which is maintained through a generator. The hospital is getting electricity and water supply on 24x7 bases and has a dedicated back-up for both electricity and water supply. The hospital has color coded bins for segregation of waste are available and the biomedical waste management is outsourced to a private agency namely Ramky Enviro of West Bengal.

Community Health Centre (CHC) has 07 sanctioned posts of Medical Officers in which 05 are in place and 02 posts of MOs are vacant. In addition, 01 Dental MO is also posted at CHC Hijli on the deputation basis. In case of paramedical staff, the hospital has 60 sanctioned paramedical staff including 02 laboratory technicians, 02 X-ray technicians, 02 ANM/FMPHWs, 03 Pharmacist(Allopathic), 25 Staff Nurse/JSN and 26 other Paramedics. Presently, the hospital has 37 posts in place which include 02 laboratory technicians, 01 X-ray technician, 02 ANM/FMPHWs, 02 Pharmacist(Allopathic), 14 Staff Nurses/JSN and 16 other Paramedics. There are 23 vacant posts of paramedical staff at the CHC Hijli. The hospital does not have any staff from NHM side.

The hospital has dedicated desktops for data entry and internet connectivity is exemplary. The hospital has not yet undertaken any activity for getting certification under NQAS but the hospital is Kayakalp qualified and obtained the score of 77.14% with the award price of Rs. 1,00000 through peer assessment in 2021-22. However, the hospital was not able to get the highest score due to the old building, human resource and some infrastructure issues. The hospital has not initiated the external assessment for LaQshya in case of labour room because the conditions of the labour room were not good whereas the hospital has not also initiated the process for LaQshya in case of Operation theatre too due to the shortage of specialists. The hospital has not initiated for the NQAS certification due to the infrastructure issues.

Status of Services:

Apart from emergency services, the CHC provides services like ANC, General OPD, Delivery, PNC, Immunization, Family Planning and laboratory services but the hospital does not provide services for general medicine, O&G, pediatrics, general surgery, Anesthesiology, Ophthalmology, ENT, Dermatology, Orthopedics, Radiology, dental, imaging services, labour room complex, ICU, Emergency care OTs, AYUSH services, DEIC, NRC, SNCU, CLMC, NICU, PICU, Burnt Unit, dialysis unit, teaching block for medical, nursing as well as paramedical staff and skill lab except some of the services such as imaging services like X-ray, USG, Labour room and Skill Lab. Therefore, without these facilities, the hospital is facing a critical challenge. However, the hospital administration has initiated the process for the same and shall be functional these units in the next financial year. As the labour room is functional with the required infrastructure, CHC Hijli has done 274 normal deliveries whereas no C-section delivery has been reported at CHC during the last six months due to the shortage of Gynecologist. A total of 136 newborns have been immunized for the birth dose during the last three months while as out of these only 127 were breastfed within one hour during the same period.

The CHC, Hijli neither has a registered Blood Bank nor has designed blood storage unit. The hospital does have OTs available for general, Anesthesiology, orthopedic, ophthalmology and ENT. Therefore, neither the major nor the minor operations is being done at the CHC Hijli. The hospital is providing tele-consultation services to the patients and a very efficient team of the doctors have been put on the panel for the tele-consultation and on an average 10 cases may be attend per day.

The CHC, Hijli does not have District Early Intervention Centre (DEIC) has become non-functional due to the Covid-19 and other administrative issues such as lack of space and human resource. The SNCU and Adolescent Friendly Health Clinic (AFHC) and DNB programmes are not running at the CHC Hijli. However, the screening for non-communicable diseases such as diabetes, hypertension and their treatment is also available at the CHC Hijli. The NCD clinic has an optimal workload and is performing well in terms of screening, treatment, referral and follow up patients. The CHC Hijli is also organising various national health programs such as HIV/AIDS, control of water borne disease, jaundice, control of blindness, elimination of tuberculosis, leprosy, RBSK, PMJA and PMSMA activities.

All the JSSK entitlements including free delivery services, diet, drugs and diagnostics, transport, PMSMA services are provided free of cost irrespective of economic status of the patients. The food for JSSK is being served by **MAA SITALA SELF HELF GROUP** which is being run by the village women registered in Panchayat Samity. Registers for entering births and deaths have been maintained. The hospital reported no maternal death or child death in 2021-22 whereas 01 child death has been reported in 2022-23 dated 21/06/2022. It has been reported that vaccines, hub cutters are available and the staff is aware about the open vial policy.

Under Integrated Disease Surveillance Programme, the hospital uploads the weekly data through P & L forms. The hospital is designated a microscopy centre (DMC) for Tuberculosis and 2.68% of the OPD cases are tested for the same. The anti tuberculosis drugs are available in adequate quantity and the confirmed tuberculosis patients are taking anti-tuberculosis drugs from the hospital. The hospital has does not have any instruments of CBNAAT/TruNat for drug resistance and 4.8% of patients have been tested through CBNAAT/TruNat since the last six months through PPP mode. The transport mechanism is in place for investigations within the public sector for tuberculosis testing and for others too. All the tuberculosis patients are tested for HIV and diabetes. The facility had some issues in the disbursement of Nikshay Poshan instalment and therefore, only 96.1% have received DBT instalments since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy. The CHC Hijli had identified 51 Leprosy cases through the RBSK teams since the last six months. The CHC had received a total amount of Rs. 25,40,52,12 under NHM during 2022-23 and has utilized Rs. 2,57,13,332 with an opening balance of Rs. 30,81,20 during the same year. The hospital has utilized this amount in buying the emergency medicine and equipments, campus cleaning and buying contingency items and printing various forms and IEC etc. Citizen's charter, timings of the facility and list of services available are displayed properly. Complaint box is available. Mostly the complaints are reported verbally and solved on spot.

Status of Drug and Diagnostics:

The CHC Hijli has a designed laboratory manned by 02 Lab technicians and remains functional from 9:15AM – 2:00 PM for OPD patients whereas the lab remains open 24x7 for IPD patients. The lab provides almost 15 test services like BLhb%, grouping, Uric Acid, Creatinine, FBS, PPBS, LFT, KFT, Lipid Profile, HIV, Covid(RAT), HbsAg, BT, CT, Urine alb, Sugar, Sputum AFB, Malaria(Slid & RAT), VDRL, VDRL & etc. It was observed that CHC has adequate supplies of reagents and consumables for conducting these investigations. The imaging service such as X-ray and USG are not available on daily basis and is not functional due to the fact that the X-ray machine of the hospital was out of order since the last six months because of some technical fault. The hospital does not have the availability of some important services like MRI and CT scan on daily basis. Therefore, the hospital has been outsourced these imaging services to a private agency. However, most of the necessary and advanced instruments of Labs, Labour room and other sections equipments were found available up to the benchmark.

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 271 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 170 (62.73%) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been found since last one month. Management of the inventory of drugs is manual and all drugs are provided free of cost to all irrespective of economic status of the patients. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the

hospital under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 67 IUDs and 711 PPIUCDs were available at the CHC Hijli. A total of 56 female sterilizations were performed at the CHC during the last six months.

Workload and Utilization of Services:

The services are which available at the CHC Hijli have been optimally utilized as the hospital has huge rush of patients especially OPD as well as IPD. On an average, more than 1500 patients' visits the OPDs and 358 admissions have been reported in the IPD at CHC Hijli on the monthly basis. As per the record that almost 24,772 lab investigations (in house tests) were done during the last eight months of 2022-23. During the last one month prior to this monitoring activity, CHC Hijli has referred more than 131 patients to various higher level health facilities for treatment of various severe ailments such as maternal and general related issues and other emergencies whereas 66 cases were referred from various health facilities including HTN, TB, ANC, and Ligation. However, all these patients were given referral transport by the hospital. Sub-divisional Hospital has only (01) dedicated ambulance for referral services under toll free numbers of 102. The hospital has outsourced the ambulance services with a private agency of West Bengal namely *NISCHAY YAN*. These services are available free to JSSK and children only

As per the records of the NCD at CHC Hijli, a total of 6200 suspected patients have been screened for hypertension, diabetes and out of these, 995 patients have been confirmed as hypertensive whereas 301 patients have been diagnosed diabetes since the last six months prior to our visit. However, the hospital has not initiated the process of screening for various types of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers by the CHC Hijli.

Key Challenges of CHC Hijli

In consonance with the field visit and observations regarding various components, following challenges have been identified:

Even though the CHC Hijli is designated as first referral unit (FRU) but due to the less manpower including specialists like Anesthetics, General Surgeon, laboratory as well as X-ray technicians, grade four staff and many others, the hospital administration are unable to do many procedures properly which leads to over exertion of the available strength. So an additional manpower is required.

Some patients and specially their attendants make the hospital a centre of chaos in emergency cases as well as in examining of expectant mothers which leads to difficulty in fulfilling the duties. Some strict norms are needed for proper functioning of this community health Centre.

The security provided at the hospital required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases. At times of critical medical situation as hospital staff maintained that the response of the community is very bad.

The CHC Hijli has been constructed in a congested area without any boundary wall. In order to protect the CHC from trespassing and aggressions of public during the medico-legal cases, the hospital is required a boundary wall, and at times, the water logging has kept the hospital in a bad shape.

The CHC Hijli has some outdated as well as downtime instruments since last six months such as X-ray machine and at the same time, the Medical Officers of CHC claimed that residential quarters need to be constructed for the specialists as well as the paramedical staff so that their services would be utilized judiciously.

The medical officers desired that the area for emergency ward need to be well equipped such as emergency kits with instruments of basic life support and inside the emergency ward there must have a separate area with privacy for lady doctors to do their paper work of medicological cases. Nevertheless, the hospital staff mentioned that a separate room needs to be kept for security guards for their night stay because they have to sleep in OPD rooms.

The room for doctors duty is functional but without any basic infrastructure. At times, it is being used by all the staff members of CHC which infringed upon the privacy of the female Medical Officers (MOs) and putting their dignity at risk. Therefore, in order to maintain the dignity of maternal mothers, a separate area need to be kept for breast feed as is desired by the senior MO (Dr. Madhumita Pal) of CHC Hijli.

The CHC Hijli does not have some important wards and buildings such Post-operative ward, Office as well as outdoor building, staff quarters and Ambulance. Due to the shortage of these wards and building, the quality of delivery services has been adversely affected. Therefore, the hospital staff desired that they need these wards and building.

4.3: PRIMARY HEALTH CENTRE (PHC), PANCHKHURI:

The Primary Health Centre is located at a distance of 31 kms from first referral point of CHC Hijli and 08 kms from the next referral of Medinipur Medical College & Hospital (MMCH). This Primary Health Centre covers almost 48,950 population of the area including 36 villages. This PHC is 24x7 designated and 05 Sub-Centres and 37 ASHAs are attached with Primary Health Centre. The PHC is standalone housed in a government building with bad conditions and limited space sans the boundary fencing. However, a new building has been constructed but has not been handed over for the use of PHC. Currently, this Primary Health Centre has 10 functional beds without residential quarters for the doctors as well as for the nursing staff. The PHC has some basic facilities like drinking water, functional toilets, running water, drug store room and a

designated power backup. However, the conditions of the toilets were not good. The PHC operates from 9:00 AM – 2:00 PM for OPD patients whereas it remains 24x7 for IPD patients. The premises of the PHC has not maintained cleanly due to the fact that it does not have boundary. The PHC does not have color coded bins for segregation of waste. However, the biomedical waste management has been outsourced to a private agency namely Ramky Enviro of West Bengal.

The PHC has a desktop which is functional with the required instruments whereas tablets are given to all the ANMs and smart phones are also available with ASHAs. Internet connection is available with 5G speed through mobile net. The PHC has initiated Kayakalp assessment and have scored 73% in external assessment (State award) with 1st position in the district during 2020-21. The facility has not initiated for NQAS assessment, but has initiated for LaQshya assessment as the normal deliveries were conducted at the facility.

The information reveals that PHC Panchkhuri has 11 sanctioned posts of varied categories from regular side including 02 Medical Officers, 07 SNs/GNMs, 01 ANM, and 01 Pharmacist. Currently, 02 Medical Officers, 05 GNMs, 01 ANM and 01 Pharmacist are in place which means that only 02 posts of GNMs have been left vacant till date. In case of NHM, 01 MO and 01 ANM is also in place.

Status of Services:

The basic services such as medical as well as essential OPD, referral, delivery, antenatal care, post natal care, immunization, basic laboratory services, treatment for minor ailments, screening as well as treatment of hypertension and diabetes, spacing methods of family planning, counseling for ANC and telemedicine/consultation are available at this primary health centre.

The NCD services are being held regularly but the GNMs are not trained in screening of breast as well as Cervical Cancers. However, the PHC has screened 520 suspected patients for hypertension as well as diabetes. Of these, 48 patients have been diagnosed hypertension whereas 104 patients have been diagnosed diabetes during the last six months. The registers for different aspects have been maintained properly but the registers for follow-ups as well as referrals were not maintained. However, the PHC has not initiated the process of screening for various types of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers at the PHC. The PHC does not organize wellness activities regularly.

The PHC Panchkhuri is not Microscopy Designated Centre (DMC) but the percent of OPD whose samples were tested for tuberculosis is 0.3%. Anti tuberculosis drugs were available at the facility and currently 52 patients are taking drugs. Since the last six months 13% of patients were tested through TruNat and all the tuberculosis patients were tested for HIV and Diabetes. The facility had some issues in the disbursement of Nikshay Poshan installment and therefore, only 96.1% have received DBT installments since the last six months. The CHC Hijli had identified 15 Leprosy cases through the RBSK teams since the last six months. Records are maintained for

tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy.

Under the Integrated Disease Surveillance Programme, the PHC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS and HWC portals. The PHC organizes monthly RKS meetings but the minutes of the meetings were not available on the day of visit. On an average, the PHC organizes 03 meeting per month. Since the last one month there were 07 referred cases and 08 referred out cases related to hypertensions.

Status of Drugs and Diagnostics

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 161 drugs was displayed at the entrance of the hospital as well as in the store room which is clearly visible to all. On the day of the visit, 80 (49.68%) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been reported since the last one month. Drugs for hypertension and diabetes are available in sufficient quantity. It was observed that PHC is in a position to meet almost 97% of the demand of drugs and other consumables. Management of the inventory of drugs is manual and all drugs are provided free of cost to all irrespective of economic status of the patients. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were found available at the PHC under JSSK. Family planning items like IUDs, Condoms, OCPs and EC pills are also available in adequacy. However, on the day of visit, 113 IUDs and 117 PPIUCDs were available at the PHC. A total of 05 female sterilizations were performed at the PHC during the last six months.

The PHC is providing in house essential diagnostics and the timing of these tests is from 9:15 AM – 2:00PM. The PHC does not have any imaging services available such as X-ray or USG and therefore, these services have been outsourced to a private company. In total the facility has done 537 investigations which include in house as well as outsourced and all these investigation are free of cost to all the patients irrespective of economic status. During the day of visit, it was observed that the facility has shortage of various necessary instruments such as Portable X-ray Machine, ECG Machine, Digital Thermal Gun and Digital Baby weighting Machine etc.

Workload and Utilization of Services:

Looking at the utilization of services from the PHC, Panchkhuri, it was found that OPD, ANC, Delivery, NCD, and immunization services have been optimally utilized. However, the record for referrals as well as follow Ups patients have not been maintained. The labour room of the PHC is functional with the required instrument such as born care, radiant warmer with neo-natal ambu bag. Since the last one month, the PHC has done 87 normal deliveries. On an average, the facility provides ANC services to almost 69 expectant mothers and have immunized 97 new born babies, of which 95 breastfed within one hour of birth. Overall the services provided by this facility have been seen fully utilized.

Key Challenges of PHC

In consonance with the field visit and observations regarding various components, following challenges have been identified:

The PHC **Panchkhuri** is critically facing the shortage of all required basic instruments such as portable x-ray Machine, ECG Machine, Digital Thermal Gun and Digital Baby weighting Machine, Digital autoclave Machine, Plus oximeter (spare set), Baby warmer (spare set), Suction both electric as well as foot, Food Rest (iron), Oxygen Concentrator, High Scale, ANC table, radiant warmer, auto clave machine and needle holder forcep etc.

Basic Lab services such as basic Pathology lab facilities are not available at the PHC due to the non-availability of lab technician because the post has been kept vacant since the couple of years. However, only rapid tests have been done at this PHC.

The community people stressed that their area is known for some outbreaks as well as deadly diseases. Therefore, a team of medical experts need to be designated under the supervision of block medical officer to visit the area wherever the outbreaks takes place.

The condition of the building is not good as most of the staff claimed that the ceiling of the building was made by steel which provides tremendous amount of heat during the summer seasons. Therefore, they demand that the building needs an immediate renovation.

Most of the staff claimed that the building has not been fenced and lacks a separate space for expectant mothers of examination, even at times drunkards appears in the labour room or in emergency ward. Therefore, PHC has privacy as well as security issues for both the patients as well as the female staff. In this regard, the staff desired that the facility requires boundary fencing and a security personal with an immediate effect.

The security provided at the PHC required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases.

4.4: URBAN PRIMARY HEALTH CENTRE (UPHC), SARATPALLY

The Urban Primary Health Centre is located at a distance of 15 kms from first referral point of Medinipur Medical College & Hospital (MMCH). This Urban Primary Health Centre covers almost 70,621 population of the area and 14 ASHAs are attached with Centre. The UPHC is standalone housed in a government building with exemplary conditions but has limited space sans the boundary fencing. This Centre has not been designated 24x7 and therefore, this Centre is non-bedded UPHC. The UPHC has some basic facilities like drinking water, functional toilets, running water, drug store room and a designated power backup. The UPHC operates from 9:00 AM – 2:00 PM for OPD patients. The UPHC has color coded bins for segregation of waste and

the biomedical waste management has been outsourced to a private agency namely Ramky Enviro of West Bengal.

The UPHC has a desktop which is functional with the required instruments whereas tablets are given to all the ANMs and smart phones are also available with ASHAs. Internet connection is available with 5G speed through mobile net. The UPHC has initiated Kayakalp assessment and have scored 74% in external assessment (State award) with the award price of Rs. 50,000 during 2020-21. The facility has not initiated for NQAS and LaQshya assessment because this Centre is non-bedded one.

The record reveals that UPHC Saratpally has 14 sanctioned posts of varied categories from NHM side including 02 Medical Officers, 02 SNs/GNMs, 06 ANMs, and 01 Lab technician, 01 Pharmacist and 02 others. Currently, 01 Medical Officers, 01 GNM, 05 ANMs, 01 Lab technician, 01 Pharmacist and 02 others are in place which means that only 02 posts of ANMs and 01 post of MOs have been left vacant till date. However, as per the record, no staff member has been posted at this Centre from regular side.

Status of Services:

The basic services such as medical as well as essential OPD, referral, delivery, antenatal care, post natal care, immunization, basic laboratory services, treatment for minor ailments, screening as well as treatment of hypertension and diabetes, spacing methods of family planning, counseling for ANC and telemedicine/consultation are available at this primary health centre.

The NCD services are being held regularly but the GNMs are not trained in screening of breast as well as Cervical Cancers. However, the UPHC has screened 1218 suspected patients for hypertension as well as diabetes. Of these, 94 patients have been diagnosed hypertension whereas 63 patients have been diagnosed diabetes during the last six months. The registers for different aspects have been maintained properly but the registers for follow-ups as well as referrals were not maintained. However, the UPHC has not initiated the process of screening for various types of cancers and therefore, no patient has been reported Oral, breast or any other type of Cancers at the UPHC. The UPHC organizes wellness activities regularly 02 days in a week.

The UPHC Saratpally is Microscopy Designated Centre (DMC) and the percent of OPD whose samples were tested for tuberculosis is 11.8%. Anti tuberculosis drugs were available at the facility and currently 13 patients are taking drugs. Since the last six months 17 patients were tested through TruNat and all the tuberculosis patients were tested for HIV and Diabetes. The facility had some issues in the disbursement of Nikshay Poshan installment and therefore, only 57.13% have received DBT installments since the last six months. The UPH had not identified any Leprosy case through the RBSK teams since the last six months. Records are maintained for tuberculosis notification, tuberculosis treatment, malaria, palliative care, dengue, chikungunya and Leprosy.

Under the Integrated Disease Surveillance Programme, the UPHC uploads the weekly data through P & L forms and also updates the information on all portals such as HMIS and HWC portals. The UPHC organizes monthly RKS meetings and the minutes of the meetings were found available on the day of visit. On an average, the UPHC organizes 01 meeting per month. Since the last one month there were 02 referred cases and 05 referred out cases related to injuries.

Status of Drugs and Diagnostics

Supply of drugs was reported to be sufficient and the essential drug list (EDL) which consists of 121 drugs was displayed at the entrance of the UPHC as well as in the store room which is clearly visible to all. On the day of the visit, 32 (26.44%) drugs were available out of the EDL drugs. As such no shortage of essential drugs has been reported since the last one month. Drugs for hypertension and diabetes are available in sufficient quantity. It was observed that UPHC is in a position to meet almost 87% of the demand of drugs and other consumables. Management of the inventory of drugs is manual and all drugs are provided free of cost to all irrespective of economic status of the patients. Family planning items like condoms, OCPs and EC pills are also available in adequacy.

The UPHC is providing in house essential diagnostics and the timing of these tests is from 9:00 AM – 2:00 PM. The UPHC does not have any imaging services available such as X-ray or USG and therefore, these services have been outsourced to a private company. The facility has designated lab manned by 01 lab technician and the basic investigations which are available at this Centre include LFT, Lipid Profile, CBC, Sugar Profile, ANC Profile, UR, CR, Serology, Uric Acid, ACID, NA+, K+, Urine for RE/ME. In total the facility has done 12,967 investigations which include in house as well as outsourced and all these investigation are free of cost to all the patients irrespective of economic status.

Workload and Utilization of Services:

Looking at the utilization of services from the UPHC, Saratpally, it was found that OPD, ANC, Delivery, NCD, and immunization services have been optimally utilized. However, the record for referrals as well as follow Ups patients have not been maintained. On an average, the facility provides ANC services to almost 43 expectant mothers and have immunized 07 new born babies, of which all breastfed within one hour of birth. Overall the services provided by this facility have been seen fully utilized.

Key Challenges of UPHC

In consonance with the field visit and observations regarding various components, following challenges have been identified:

The PHC Saratpally is critically facing the shortage of basic instruments such as portable x-ray machine, ECG Machine, Digital Thermal Gun and USG facility etc.

The staff stressed that this UPHC need to be designated 24x7 with the required human resource and infrastructure.

The facility have some funding issues with the municipality, therefore, they desired that they should be given disbursement authority of fund utilization.

During the discussion with ASHA workers, they desired that the number of ASHAs associated in this UPHC is less as per the population and workload. Therefore, they stressed that more ASHAs workers need to be associated in this Centre. Moreover, they desired that their incentives need to be increased with an immediate effect.

During the interaction, the ASHAs as well as the ANMs of the facility claimed that neither the ASHAs have been given smart cell phones nor the tablets have been given to ANMs due which most of their work was affected badly.

The security provided at the UPHC required to be strengthened with the arms as at times they have to face challenges and pressure of local people which leads to fearful work environment in medico-legal cases.

4.5: SUB-HEALTH & WELLNESS CENTRE (SH&WC), JANARDANPUR

This Sub-health and Wellness Centre (SH & HWC) is located at a distance of 32 kms away from the CHC Hijli. The sub-centre caters to the population of around 8,4,96 and 11 villages and 07 ASHA workers are associated with this Centre. This Sub-Centre is housed in a government building, with 06 rooms and 01 wash room. One room is being utilized for OPD services, the other has been dedicated for meetings and yoga/other HWC activities while as 3rd room is utilized for other immunization, drug store, rapid tests and other activities. The condition of this double story building was found exemplary. The branding of the facility has been done and washrooms have been made fully functional. The facility had 24x7 running water facility and electricity supply. The sanctioned strength of this Sub-centre constitutes 02 ANMs and 01 CHO besides one position of nursing orderly from the regular side and all of them are in place.

Status of Services

This sub-centre used to provide OPD for ANC and other ailments, NCD screening, ANC checkup, short stay of patients, tele-consultation, IFA, TT injections, routine immunization once a week, Covid vaccination, temporary methods of family planning services such as condoms and oral pills, treatment of minor ailments like cough and cold, fever, diaherra, worm infection and first aid are available at this Sub-centre. The facility helps in the control of local epidemics, diaherra, dysentery, jaundice. The Centre has started the screening of adult population for hypertension as well as diabetes. The CHO as well as the ANMs of the Centre has given the functional tablets to upload the data of various schemes of NHM on regular basis.

There are 1898 individuals above 30 years of age in the population of HWC and out of which 1265 CBAC forms were filled during the last six months of 2022-23. However, of these 1265 individuals whose CBAC forms have been filled, 90(7.11%) individuals have scored below 04 whereas 1175(92.89%) have score above 04. The facility was screened 1034 suspected patients for hypertension and diabetes. Of these screened cases 112(10.83%) were identified with hypertension whereas 25(2.41%) were diagnosed diabetes. The facility has screened 379 suspected patients for oral cancer and 186 suspected patients for breast cancers but as such no one has been diagnosed any type of cancers. The record reveals that the facility has received an amount of Rs 61225 under NHM and has utilized Rs 27853(45.49%) during 2022-23. The ambulance is not available at this Sub-centre but CHO manages in case of emergency through transport referral system 108 services. No maternal as well as child death has been reported at this sub-centre. Line listing of all the eligible couples in the area is available. The ANM of the Sub-Centre is experienced well trained for different activities such as family planning and other ANC activities.

Status of Drugs and Diagnostics

The facility has displayed the essential drug list on the entrance as well as in the drug store which is visible and clear to all. The drug list which was displayed in the drug store contains 100 essential drugs as per the guidelines but on the day of the visit, only 75 (75 %) drugs were found available. As such no shortage of drugs has been reported since the last one month. NCD and Tuberculosis drugs were available in adequacy at this Sub-centre. The facility has sufficient supply of testing kits for checking hemoglobin, pregnancy status and blood sugar. Digital Thermometer and BP apparatus is available at this Sub-centre. The sub-centre has other functional equipments such as examination table, screen, digital weighing machine (infant as well as adult and etc

Workload and Utilization of Services

Looking at the utilization of services from the Sub-centre, it was found that the services are optimally utilized. CHO as well as ANMs are working at the Sub-centre and on average 23 patients' visits the facility for minor treatment of minor ailments like fever, cough, diarrhoea & etc. The populace generally would like to visit this sub-centre because they are satisfied the conduct and behaviour of the staff. The people are highly satisfied with immunization services as well as ANC services and on an average the facility provides ANC services to almost 39 expectant mothers and immunization to around 59 newborn children. The expectant mothers would love to visit this facility for ANC services which seems that the services are being fully utilized. It has been reported that large number of women are visiting this Sub-centre for spacing methods like condoms and contraceptives & others. The record of the visited health facility shows that the documentation and records regarding the line-listing of severely anemic and filling of MCP cards was satisfactory. The general cleanliness of the H&WC was satisfactory. The HWC has a proper mechanism for management of bio-medical waste as deep burial pit for

waste management is available. Complaint/suggestion box was not found to be available in the HWC. ASHAs are getting assured remuneration in time but incentives get delayed.

Challenges of the Sub-Health & Wellness Centre:

In consonance with the field visit and observations regarding various components, following challenges have been identified:

After threadbare conversation with the ASHAs facilitator, they mentioned that ASHAs requires a comprehensive trainings pertaining to CBAC as well as other basic duties which they are supposed to perform in the field and their remuneration as well as their HBNC visit allowances need to be increased because they (ASHAs) have to travel hundred kilometers to reach a particular destination.

The medical staff claimed that the Sub-Centre is located far-away from the locality and is surrounded by grazing pastures as well as jungle like area. Therefore, in order to protect the Centre from trespassing of wild animals like bulls, cows etc., and the staff on duty from vicious animals like Snakes and Scorpion, a boundary wall is urgently need so that the SC may not get adversely affected.

No data entry operator is available in the health and wellness centre. The ANM is doing this responsibility. So, a data entry operator is required. This Health & wellness Centre does not have power facility backed by an inverter and is facing the shortage of human resources as per the given rules of HWCs.

Some logistics such as Mother and Child Protection Care (MCPC), clinic registers such as ANC register, Child immunization register and Public Health register etc., are not available in regular basis.

The health and wellness centre does not have the authority for the disbursement of fund utilization. Therefore, at times it turns difficult for the Centre to allot any amount for the construction of boundary wall and gardening, safe drinking water (acquaguard) etc., which are the basic requirements of any health and wellness centre.

The biggest challenge for the Sub-centre to provide health services to the migrated population (brick field area) because most of them are tribal and came from UP, Bihar, and Jharkhand with higher communicable diseases like ARI, Diarrhea, malaria, fever, dysentery. Mostly these people have language barrier, therefore, they can't talk in a local language to communicate us about their ailment.

They used to come without Mother and Child Protection Cards (MCPC). So, we do not get their previous history of routine immunization (RI). As they are doing work with dust of bricks, they

are the high risk community for **silicosis**. They are also the high risk community for HIV screening for their behavioral approach or improper life style.

Though, the ANMs are doing all public health programs such as, Reproductive & Child Health Care (RCH) programs, National Planning for Prevention and Control of Cardiovascular Disease, diabetes, Cervical Cancer and Stock (NPCDCS) programs. But they are not eligible for CHO (Community health officer) posts and they desired that they should be given a chance either on the basis of experience or through examination for the same.

No risk allowance or insurance coverage to ANM for dealing the patients to tuberculosis, leprosy or managing any epidemic situation

An incentive of Rs. 1500/month/ANM is provided whereas Rs. 5000/month is provided to CHO under Performance Linked Incentive (PLI), though ANMs participated in all criteria of PLI. This discrimination needs to be considered. The ANM desired that their salary profile need to be revised in an immediate effect because they have to do so much of work.

5: RECOMMENDATIONS AND OBSERVATIONS

Keeping in view the observations, challenges of the visited health facilities, discussions with the concerned health authorities such as CMOH, DPMUs, Dy. CMOH, MOs, CHOs, data entry operators, NHM staff, local staff as well as the community perceptions including the school teachers, migrated population, shopkeepers, health seekers and front line workers like ANMs, ASHAs and ASHA facilitators, following observations were deduced:

It was desired by the community that screening of non-communicable diseases particularly different types of cancers need to be initiated on Sub-centres and PHCs levels. They were of the opinion that 89% of cancers are treatable if it can be identified at the early stage. In this regard, they stressed that a trained staff with the advanced instruments need to be provided to all the Sub-centres as well as primary health centres of the district with an immediate effect.

The community also desired that advanced imaging services such as x-ray machine, USG machine, CT scan machine, MRI machine and CBC Analyzers etc., need to be kept available at all the Sub-Centres as well as Primary Health Centres of the district because most of the expectant mothers, ANC patients and NCD patients visits these primary health centres first. Therefore, the sign and eventuality of any serious ailment could be diagnosed at the earliest stage.

The government needs to keep a separate section for accommodating expectant women with necessary medical facilities and health care specialists such as gynecologists, obstetricians, physicians, anesthetists, and neonatologists. It need to be strictly ensured that these measures are adopted both at the district as well as block level.

The medical officers desired that the area for emergency ward need to be well equipped such as emergency kits with instruments of basic life support and inside the emergency ward there must have a separate area with privacy for lady doctors to do their paper work of medicological cases. Nevertheless, the hospital staff mentioned that a separate room need to be kept for security guards for their night stay because they have to sleep in OPD rooms.

The community people stressed that their area is known for some outbreaks as well as deadly diseases. Therefore, a team of medical experts need to be designated under the supervision of block medical officer to visit the area wherever the outbreaks takes place.

The medical staff claimed that the PHC Panchkhuri has been located far-away from the locality and is surrounded by grazing pastures as well as jungle like area. Therefore, in order to protect the Centre from trespassing of wild animals like bulls, cows etc., and the staff on duty from vicious animals like Snakes and Scorpion, a boundary wall is urgently need so that the PHC may not get adversely affected.

During the field visits it has been observed that quality of training and post training follow-ups seemed to be very strong in district Paschim Medinipur and it is evident that ANMs and senior ASHAs were found performing normal deliveries that are posted at the Sub-Centres and PHCs. However, while having an interaction with them regarding the birth skills, deliveries, CBAC and uploading data, we were extremely impressed by their skill and sense of their hard work even though they were found illiterate.

After having a threadbare discussion with some of the community people including the health seekers they were of the opinion that timing for the OPD should be changed at least from 9:30am to 4:30pm instead of 9:00am to 2:00pm as they maintained that due to the huge rush of OPD patients on the one side and on the other doctors won't be able to screen or check a patient with satisfaction due to the time constraint. So need of the hour is to modify the timing of OPD as desired by the community.

While having an interaction with some of the health seekers, they argued that in most of the health facilities of Paschim Medinipur, the NCD clinics are functional only once in a week that leads to the over burdening as well as overcrowding of the population at the health facility. In this regard, the NCD screening need to be made functional throughout the week and some awareness announcements should also be done from the health departments regarding life style ailments.

During the visit, it has been observed that hospitals had to refer majority of the defected babies (on an average 93.34%) for the advanced and specialized treatment to the territory health care facilities due to the non-availability of specialized doctors, infrastructure as well as the advanced machinery. During the visit, it has been observed that the maternal mothers as well as the

community is highly satisfied with the nature and workdone of the staff as well as the other facilities available like free medicine, advices and diagnostic checkups and etc.

During the visit, it has been observed that the performance of NBSUs established at various CHCs were not good due to the lack of infrastructure as well as the required human resources, therefore, the concerned prefers to visit private health facilities.

PHOTO GALLERY

Community visit at Sub-centre, Janardanpur



Interaction with the Staff at the Sub-centre, Janardanpur



Photo with the staff of Sub-centre, Janardanpur



Condition of windows at SDH Kharagpur,



Interior conditions of SDH, Kharagpur



Photo with the staff Member of SDH, Kharagpur



Photo with the CHC Hijli Staff Members



Photo with the PHC, Panchkhuri



Interaction with the patients in Maternity Ward at SDH, Kharagpur



Interaction and Feedback with CMOH of District Paschim Medinipur



Interior view of Maternity Ward at SDH Kharagpur



Interaction with Labour Room staff at SDH, Kharagpur



Interaction with OT Staff at SDH, Kharagpur

