

**Monitoring of Programme Implementation Plan under National Health Mission
Purba Bardhaman District, West Bangal**



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(Stats. Division)
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LIST OF ABBREVIATIONS

AD	Allopathic Dispensary	GOI	Government of India
AEFI	Adverse Effect of Immunization	HBNC	Home Based New Born Care
AMC	Annual Maintenance Contract	HCV	Hepatitis- C Virus
AMG	Annual Maintenance Grant	HFDs	High Focus Districts
ANC	Anti- Natal Care	HFWTC	Health & Family Welfare Training Centres
ANM	Auxiliary Nurse Midwife	HIV	Human Immuno-deficiency Virus
ANMT	Auxiliary Nursing Midwifery Training	HMIS	Health Management Information System
ASHA	Accredited Social Health Activist	H&WCs	Health & Wellness Centres
ARSH	Adolescent Reproductive & Sexual Health	ICDS	Integrated Child Development Scheme
AWC	Anganwadi Centre	IDD	Intellectual Developmental & Disabilities
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Sidha & Homeopathy	IDSP	Integrated Disease Surveillance program
BeMOC	Basic Emergency Obstetric Care	IEC	Information Education & Communication
BHE	Block Health Educator	IFA	Iron & Folic Acid
BHW	Block Health Worker	ILR	Implantable Loop Recorder
BMO	Block Medical Officer	IMNCI	Integrated Management of Neo-natal & Child Infections
BPL	Below Poverty Line	IMR	Infant Mortality Rate
BPMU	Block Programme Management Unit	IPD	In- Patient Department
CCU	Critical Care Unit	IPHS	Indian Public Health Standards
CBC	Complete Blood Count	ISM	Indian System of Medicine
CeMOC	Comprehensive Emergency Obstetric Care	IUD	Intra- Uterine Device
CHC	Community Health Centre	JSY	Janani Suraksha Yojna
CHE	Community Health Educator	JSSK	Janani Sishu Suraksha Karyakaram
CHO	Community Health Officer	KFT	Kidney Function Test
CMO	Chief Medical Officer	LFT	Liver Function Test
COPD	Chronic Obstructive Pulmonary Disease	LHV	Lady Health Visitor
C-Section	Caesarean Section	LMP	Last Menstrual Period
CTG	Cardiotocography	LT	Laboratory Technician
CVD	Cardiac Valvular Dysplasia	MCH	Maternal and Child Health
DEIC	District Early Intervention Centre	MD	Mission Director
DDK	Disposable Delivery Kit	MDT	Multi Drug Treatment
DDO	District Data Officer	MIS	Management Information System
SDH	District Hospital	MMPH W	Male Multi-Purpose Health Worker
SDHO	District Health Officer	MMUs	Medical Mobile Units
DOTS	Directly Observed Treatment Strategy	MO	Medical Officer
DPMU	District Programme Management Unit	MOHF W	Ministry of Health and Family Welfare
DTO	District Tuberculosis Officer	MoU	Memorandum of Understanding
ECG	Electro Cardiogram	MS	Medical Superintendent
ECP	Emergency Contraceptive Pill	MTP	Medical Termination of Pregnancy
EDD	Expected Date of Delivery	NA	Not Available
EDL	Essential Drug List	NBCC	New-born Care Unit
ENT	Ear, Nose and Throat	NCD	Non -Communicable Diseases
FDS	Fixed Day Static	NGO	Non-Governmental Organisation
FMPHW	Female Multi-Purpose Health Worker	NO	Nursing Orderly
FRU	First Referral Unit	NQAS	National Quality Assurance Scheme
GIS	Geographical Information System	NIHFW	National Institute of Health & Family Welfare
GNM	General Nursing & Midwifery	NLEP	National Leprosy Eradication Program
NPCB	National Program for Blindness Control	SNCU	Sick New-born Care Unit
NRC	National Resource Centre	SPMU	State Program Management Unit

NRHM	National Rural Health Mission	SRS	Sample Registration System
NPHCE	National Program for Health Care of the Elderly	ST	Scheduled Tribe
NSSK	Navjat Sushu Suraksha Karyakaram	STI	Sexually Transmitted Infection
NSV	Non-Scalpel Vasectomy	STLS	Senior T.B Laboratory Supervisor
NVBDCP	National Vector Born Disease Control Program	STS	Senior Treatment Supervisor
OP	Oral Contraceptive Pills	TB	Tuberculosis
OPD	Outpatient Department	TBA	Traditional Birth Attendant
OPV	Oral Polio Vaccine	TFR	Total Fertility Rate
ORS	Oral Rehydration Solution	TSH	Thyroid-stimulating hormone
OT	Operation Theatre	TT	Tetanus Toxoid
PNC	Post- Natal Care	USG	Ultra-Sonography
PCB	Pollution Control Board	VBD	Vector Born Disease
PHC	Primary Health Centre	VDRL	Venereal Disease Research Laboratory
PHN	Public Health Nurse	VHND	Village Health and Nutrition Day
PIP	Program Implementation Plan	VHSC	Village Health and Sanitation Committee
PMU	Programme Management Unit	WIFS	Weekly Iron Folic Acid Supplementation
PPI	Pulse Polio Immunization		
PPP	Public Private Partnership		
PRC	Population Research Centre		
PSC	Public Service Commission		
QAC	Quality Assurance Cells		
RBSK	Rashtriya Bal Swasthya Karyakaram		
RCH	Reproductive & Child Health		
RKS	Rogi Kalyan Samiti		
RMP	Registered Medical Practitioner		
RNTCP	Revised National Tuberculosis Control Program		
RPR	Rapid Plasma Reagin		
RTI	Reproductive Tract Infection		
SCs	Scheduled Castes		
SC	Sub Centre		
SN	Staff Nurse		

PREFACE

Since Independence various nationally designed Health and Family Welfare Programmes have been implemented in healthcare and UTs to improve the healthcare delivery system. National Health Mission (NHM) is the latest series initiated from 2005-2006. It has proved to be a very

useful intervention to support the States and UTs 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 health care delivery are plugged in. The State Programme Implementation Plan (PIP) of West Bengal, 2022-23 has been approved and the state has been assigned mutually agreed goals and targets.

The state is expected to achieve them, adhere to the key conditionalities, and implement the road map provided in the approved PIP. While approving the PIP, Ministry has also decided to regularly monitor the implementation of various components of State PIP by Population Research Centres. During 2022-23, Ministry has identified 21 Districts for PIP monitoring in consultation with PRC Srinagar in Jammu and Kashmir, Bihar and West Bengal. The staff of the PRC is visiting these districts in a phased manner and the third phase we visited Purba Bardhaman district, and the present report presents findings of the monitoring exercise in Purba Bardhaman District of West Bengal.

The study was completed due to the efforts, involvement, cooperation, support, and guidance of several officials and individuals at different levels. We wish to express our thanks to the Ministry of Health and Family Welfare, Government of India, for giving us such an opportunity to be part of this monitoring exercise of National importance. We are highly thankful to the Chief Medical Officer (Dr Pranab Kumar Roy) and Medical Superintendent (Dr Chander Shekhar Maity) of the Sub District Hospital for extending their full cooperation and sharing with us their experiences for the successful completion of this exercise. We also place on record our thanks to MS Dr Harish Chandra) of CHC Memari (RH) and MO of UPHC Ghatakpur and PHC Binodpur for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit of Purba Bardhaman District. Special thanks are also to the staff members posted at PHC and SC-H&WC Rickta Patra for sharing their inputs.

We thank Mr Bashir Ahmad Bhat, Associate Professor of the PRC for his immense support and guidance during the completion of this study. Special thanks are due to other colleagues of the PRC for providing moral support.

Last but not least credit goes to all respondents (including community leaders/ members), and those invaluable 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 Government in taking necessary changes

Srinagar

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EXECUTIVE SUMMARY

1. The purpose of this exercise was to examine whether the State is following the key conditionalities while executing the approved PIP and to what extent the key approaches are acknowledged in the PIP then are implemented and to what extent the Road Map for import action and various commitments are obeyed by the State and various districts.

2. Purba Bardhaman district of West Bengal is a flat alluvial plain area that can be divided into four prominent topographical regions. On the north, the Kanksa Ketugram Plain lies along the Ajay, which joins the Bhagirathi. The Bardhaman Plain occupies the central area district's central areamodar on the south and the southeast. On the southern part is the Khandaghosh Plain. The Bhagirathi flows along the eastern boundary of the district, and the Bhagirathi Basin occupies the eastern part of the district. The undulating laterite topography of Paschim Bardhaman district extends up to the Ausgram area of this district. The district consists of 23 medical blocks 2215 villages and has 708 health institutions of different levels. The following is the summary of the findings of the PIP study conducted in the district in the second phase of the monitoring by the PRC Srinagar.

District Purba Bardhaman Health Infrastructure

3. The health infrastructure in Purba Bardhaman district, as per 2022-23 data in 23 blocks provides health services in the public sector is provided through, 1 Medical college, 2 SSDHs, 25 CHCs, 01 UCHC, 74 PHCs, 9 UPHCs and 592 SCs. The district has converted 9 UPHCs, 74 PHCs and 311 SCs into HWCs during the past two years. There are 109 private nursing homes also providing health services.
4. Purba Bardhaman district has NCD Clinic at 2 SDH, 25 CHCs and one UCHC. There are 46 Designated Microscopic Centers (DMC) 25 TB Units and 14 CBNAAT/TruNat Sites and two SNCU at both SDHs but no DEIC under RBSK has been established. There is one NRC centre at Para BPHC in the district but not at the district headquarters. There are 117 institutions providing ultrasound facilities in PPP mode in the district.
5. The district has two sanctioned blood banks at both SDHs and 4 blood storage units. There are 3097 VHSN committees in the district and 3094 have been provided with the required training. There are 226 RKS committees also in the district.
6. The district has 52 RBSK teams but no team is with full staff strength. Though all the teams have been provided 52 vehicles to carry out the services, the staff is a big challenge to meet the set target.

7. Human Resources in the District

8. Among the doctors/specialists, 43 percent of the sanctioned positions of OBGYs, eight per cent are Paediatricians, 33 percent Anaesthetists, 17 per cent Ophthalmologists, 17 percent Orthopaedics, 50 percent of Dermatologists, 42 percent of Surgeon specialists, 33 percent of physician specialists 11 percent of MOs and 96 percent of other specialists were found vacant while as 25 percent positions of Dental surgeons are also vacant in the district.
9. From regular paramedical staff, 15 percent of pharmacists, 100 percent of OT, 44 percent of x-ray and 17 percent of lab technicians and 85 percent of AYUSH pharmacists are also vacant in the district. Similarly, 40 percent of positions of Staff Nurses (SNs), and 12 percent of FMPHWs were also vacant in the district.
10. Among the NHM staff, out of the sanctioned strength, 86 percent SNs, 100 percent MMPHW and 54 percent of medical officers 12 percent CHOs, 73 percent of pharmacists Allopathic were found vacant in the district and 16 percent of positions of MO Ayush were also found vacant in the district. There is no sanctioned position of Gynaecologist, Physician, Ophthalmology, ENT, Dermatology and Paediatricians under NHM in the district.

11. Human Resource and Infrastructure at SDH Kalna

12. The C-section deliveries are conducted only at the SDH Kalna mostly during the daytime only. SDH has 7 sanctioned positions of Gynaecologists, 4 sanctioned positions of Paediatricians, and Surgeon specialists all are in position. There are 3 sanctioned positions Pathologists, Ophthalmologists and Dental surgeons all are in position. All the 9 positions of other specialists are also in position in the district. While 100 percent of ENT and Orthopaedic surgeons are in position at the SDH.
13. There are 25 percent positions of anaesthetists and Physician specialists, 50 percent of Radiologists, 20 percent of MOs (MBBS) and 33 percent of MO AYUSH and 100 percent positions of Dermatologists vacant in the SDH Kalna.
14. While in paramedical staff all sanctioned positions of x-ray technicians, Lab Technicians, Pharmacists (Allopathic) and other Paramedic staff are in position. Under NHM SDH has only two sanctioned positions of Lab Technicians both are in position at SDH Kalna.
15. In SDH Kalna during the last month, out of the total of 620 deliveries, 347 normal deliveries and 273 C-section deliveries were performed at the facility. And At Sub DH (3372) PPIUCD and 5 IUCD have been inserted and 139 sterilizations have been performed from April to November 2022.

a. CHC Memari (Rural Hospital)

16. CHC has 2 sanctioned positions of Gynaecologists one sanctioned position of Dental Surgeon and MO AYUSH and 9 sanctioned positions of MOs (MBBS) out of these only 2 Gynaecologists. 1 Dental Surgeon and MO AYUSH and 5 MOs are in position. While in Paramedical staff CHC has only two LTs out of 3 sanctioned positions both X-ray technicians are in position, out of 21 sanctioned positions of Staff nurses 18 are in position while out of 4 sanctioned positions of Pharmacists only 3 are in position and other paramedics only 5 out of 21 sanctioned positions are in position at CHC. While there are no sanctioned positions of, Surgeon specialists, physician specialists, ENT, Orthopaedic surgeons, Anaesthetists, ophthalmologists, Dermatologists or Radiologists at CHC.
17. The C-section deliveries have been resumed after a long gap of 6 years and 6 deliveries were performed at the CHC Memari in November 2022. C- section deliveries are conducted at the CHC mostly during the daytime only. At CHC Memari a total of 264 normal deliveries were performed during the last three months.
18. The condition of the labour room, OT was found satisfactory at all the levels in the district while 20 bedded SNCU at SDH is exceptionally very good but has space constrain. The NBSU at the CHC and NBCC at PHC is also functional.
19. JSY payments at all health facilities have been transferred through the DBT scheme to all beneficiaries till November 2022. But it was also revealed that at the beginning of the financial year, the payment got delayed even one month or more due to a delay in the release of funds.
20. Regarding JSSK entitlements to beneficiaries, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery it was also found that these services are provided indeed.
21. During our interaction with such patients at various levels, it was found that various services like free medicines, diet, and transport are being given partially and above all the protocols regarding the discharging of 48 hrs of the patients after delivery are followed at every facility where the deliveries are performed.

22. PMSMA services on the 9th of every month is a routine feature at all the designated health facilities in the district since its beginning all the identified high-risk women are taken care of as per their obstructed and medical history.
23. It was found that line listing of all the high-risk pregnancies is maintained and followed consequently but such records have been maintained properly at all facilities.
24. None of the Visited PHCs or UPHCs is conducting deliveries as both the institutions are staff and without any labour room or other infrastructure required in conducting the normal deliveries.

a. Services under NHM

25. Though the district has implemented the free drug and diagnostic policy at all levels as it was reported by the concerned MSs and MOs in -a charge that free drug and diagnostic policy has been implemented to all. As we visit selected health facilities and interaction with the community at various levels, it was found that such facility was available to all.
26. The Dialysis unit has been established at Medical College, not at any SDH in the centre.
27. Most of the staff sanctioned under the scheme both for the field teams was not found in position. There are 52 sanctioned RBSK teams in the district but at present not a single team are functioning with full staff strength because the staff which was engaged for RBSK has been recruited on a regular side and which affects the field level performance badly, but the performance of RBSK teams has been restarted during the current financial year which has the limited staff. The RBSK has screened 26442 children born at delivery points for various defects in the district.
28. Overall, 3327 HBNC kits were available with ASHAs and these HBNC kits are filled on a need basis presently there are 3511 drug kits available with ASHAs in the district. They have visited 22257 new-borns from April to November 2022
29. Drug kits for ASHAs are refilled at the SC and PHC level HWCs on a need basis.
30. Based on our feedback from the community and health staff at various levels, it was conveyed to ASHA Coordinator and ASHA facilitators that ASHAs need further orientation and continuous monitoring and supervision to improve their working skills.
31. The district doesn't have any MMU but has a total of 142 ambulances on road; most of them are GPS fitted and handled through the centralized call centre (102).
32. 30. The district has 80 ambulances under 102 outsourced through NISCHAY YAN transport service 48 ambulances are outsourced at block level through local ambulance service providers which are available on a need basis 24X7.
33. 31. Though Centralized 102 has been started for the district only 80 vehicles in this regard have been provided so far to the district under this scheme.
34. 32. Providing only 142 vehicles/ambulances in the district was found insufficient for 77960 expected deliveries, and a population of 5345197 individuals and it was found that at times patients hire the vehicles, especially for JSSK which is an additional burden for them.

Comprehensive Primary Health Care (CPHC)

35. Out of sanctioned 353 SCs only 311 SCs and 74PHCs and 9 UPHCs level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase.
36. The district has computed about 1168200 individuals so far 860557 CBAC forms have been filled as per the target to date and 726126 have been screened for Hypertension and 729924 have been screened for Diabetes in the district till November 2022.

37. All the 74 PHC-HWCs, 9 UPHC -HWCs and 311 SCs have started NCD screening at their facilities in the district while 311 SCs have been upgraded to HWCs because the district has appointed all 311 MLHP/CHOs in the district. The district has achieved about a 62 percent target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer.
38. All the 311 established HWCs with 311 MLHPs in place are providing teleconsultation services and organizing all wellness activities in the district. The Telemedicine network of West Bengal state is the best in telemedicine in India with all required equipment, Desktops, Printers, Microphone (Table Mike) for Tele- consultation and sufficient medicines which satisfy the patient to the best. Universal Health Screening (UHS)
39. Under universal health screening, the district has identified a target population of 1168200 eligible persons and out of these, about 62 percent (729924 persons) population has been covered to date and Community Based Assessment Checklists (CBAC) forms (860557) have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers.
40. Overall, 22 percent (162260) of the screened population were diagnosed with hypertension and about 20 percent (142468) with diabetes in the district. Also, a large number of 984875 persons were screened for various types of Cancers; out of these, 80 were Oral, 205 were diagnosed with breast cancer, and 200 were diagnosed with cervical cancer in the district.
41. None of the visited health facilities had any trained staff of cancer services. The NCD clinics are functioning on daily basis at SC and PHC levels while at SDH and CHC, such services are provided on a routine basis to the patients on selected days in a week.
42. SC-HWC Rickta Patra has a population of 15941souls out of these 5861indivial are above the age of 30 years in their area and 2680 CBAC forms were filled since April 2022. They have screened 1717 persons for Hypertension, Diabetes and Oral cancer while 1009 have been screened for Brest cancer and 22 for Cervical cancer out of these 113 were confirmed for Hypertension,74 for Diabetes while none were confirmed for any of the three cancers.
43. SC-HWC is without a boundary wall and a security guard as all staff members are females.

Grievance Redressal

44. The grievance redressal mechanism is in place at most of the health facilities and health facilities resolve the complaints (if any) on regular basis. During the current financial year, out of the total complaints, 90 percent of them have been resolved by the authorities in the district.

Payment Status

45. There are no backlog cases of JSY beneficiaries during the current financial year in the district while SDH Kalna and CHC Memari have paid the JSY amount to the beneficiaries.
46. through DBT mode till November 2022. Delay occurs only if funds are released late by the State Health society. It was also found that ASHAs have been paid their routine recurring amount per month including phone Recharge amount till November 2022.

Communicable Diseases Programme

47. The district has been covered under the IDSP, NVBDCP, NTEP, NLEP, NPHCE, and NTCP has been implemented in the district. Under NTCP, the district has conducted a few awareness programmes under the IEC component of the ROP.
48. All the health facilities are actively involved in the eradication of TB and drug resistance tests are available in the district.
49. There are 48 DMCs, 25 Tuberculosis Units, 14 CBNAAT/TruNat Sites and one Drug Resistant TB centre in the district.

Accredited Social Health Activists (ASHAs)

50. The district has a requirement of 4397 ASHAs, and all have been selected to date. 185 of the ASHA covers 1500 or more population for urban and 3000 or more populations in urban areas. There are 530 villages or slums without an ASHA in the district.
51. Overall, 206 of the in-position ASHA facilitators have been enrolled for PMJJBY and 140 PMBSY ASHA Facilitators have been enrolled under such schemes.
52. Overall, 3097 VHSNCs have been formed and 3087 have been provided training and a MAS account has been opened in all VHSN committees in the district. There are 226 Mahila Arogya Samitis (MAS) and 26 Rogi Kalyan Samithi (RKS) and accounts have been opened in the district.

Immunization

53. The birth dose of BCG immunization is provided at SDH, CHC, and PHC only. There is a practice that if the health facilities (where the BCG is administered) do not get the requisite number of children on a particular day they do not open the BCG vial and instead ask their parents to wait for the next time till they get the requisite number of infants.
54. Outreach sessions are conducted to net in drop-out cases/left-out cases. VHNDs and outreach sessions are used to improve Pentavalent-1 Booster and Measles-2.
55. SDH has immunised 1666 new-borns BCG at the time of delivery. While CHC has provided BCG immunisation service to 264 live births from September to November 2022.

Family Planning

56. Besides SDH, CHCs and some PHCs, and SCs have also been identified and are providing IUD insertion or removal services in the district and have requisite trained manpower.
57. There is no provision for home delivery of contraceptives to beneficiaries in the district. The IEC component is very much strong on various contraceptive methods in the district.
58. Spacing methods like condoms and oral pills are available at all levels in the district.
59. SDH has provided IUCD Insertion service to 05 while PPIUCD insertion to 3372 beneficiaries from April till November 2022 while SDH has performed 139 sterilizations and CHC 30 during November 2022.

Adolescent Friendly Health Clinic (AFHC)

60. The AFHC at SDH is not functioning at SDH. The female AFHC Counsellor and the DEO are not in position. The district has an NRC but it is functioning in BPHC Para.
61. IYCF Centre has been established at the SDH where services are provided by a female councillor.

Quality Assurance

62. DQAC is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. None of the health facilities in the district is quality certified.
63. SDH has received twice for Kayakalp in 2020-21 and 2021-22 while CHC received the same award but with the 1st position in West Bengal during the year 2021-22. For NQAS only SHD has completed the external assessment and scored 84 percent while CHC has not initiated because of the non-availability of required staff. Both the SDH and CHC have completed internal and external assessments for LaQshya and now are waiting for the result.

Quality in Health Services

64. Overall, general cleanliness, practices of staff, protocols, fumigation, disinfection, and the autoclave were found Highly satisfactory in the SDH, and CHC. Cleanliness at PHC, and UPHC were good, but SC-HWC was the best among all visited facilities in the district.
65. The segregation of bio-medical waste was found satisfactory in all the visited health facilities the SDH, CHC, PHC, UPHC and the HWC. Colour-coded bins were present at all visited facilities in the district.
66. Bio-medical waste at SDH, CHC and PHC has been outsourced and regularly lifted by the concerned agency namely (Medicare Environmental Management Private Limited) for urban and SNG Environmental Solutions Private limited for the rural health facilities in the district. Both agencies lift the waste thrice on alternate days a week.
67. The display of appropriate IEC material in Health facilities was found highly satisfactory at all levels. Only at the SC-HWC level, much attention has been paid to this regard, and every piece of information is on the walls in English and Bengali CHO has played the best role in providing handmade IEC material which was very excellent.

Health Management Information System (HMIS) and (RCH)

68. Data reporting is regular on the new HMIS portal though the data quality in the district has improved to a great extent there is still a lot of scope for improvement in all the facilities in the district.
69. Most of the services provided by the SDH are well-documented and properly reported for all the services.
70. During our visit to various health facilities spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still, there is an urgent need to provide further training to all the stakeholders in this regard.
71. The concept of a One-page format was given and discussed so that information can be always ready for all the months in just one page which was also highly appreciated by all concerned stakeholders at all levels.
72. The reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at the village and field level.
73. Reporting and recording under RCH have improved and various data elements related to RCH are now being recorded regularly all-important data elements are now taken seriously by the staff while recording on RCH registers and reporting in HMIS format.

74. The documentation of all the important indicators and services is recorded and reported properly by the concerned staff on regular basis. As they know that HMIS data is specifically designed to support planning, management, and decision-making based on the Grading of facilities, and various indicators at the Block, District State as well as at National levels.

Universal Health Screening (UHS)

75. Under universal health screening, the district has identified a target population of 1168200 eligible persons and out of these, about 62 percent (729924 persons) population has been covered to date and Community Based Assessment Checklists (CBAC) forms (860557) have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers.
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Payment Status

81. There are no backlog cases of JSY beneficiaries during the current financial year in the district while SDH Kalna and CHC Memari have paid the JSY amount to the beneficiaries.
82. through DBT mode till November 2022. Delay occurs only if funds are released late by the State Health society. It was also found that ASHAs have been paid their routine recurring amount per month including phone Recharge amount till November 2022.

Status of Funds received and utilized

83. During 2021-22 district utilized about 74 percent of funds received for Maternal Health from the State Health society. The district has made about 76 percent expenditure on all the major heads including the RCH Flexi pool, Mission Flexi pool, and Immunization.
84. The district has underutilization of funds less than 60 percent in the United Fund, Infrastructure, and quality insurance in RCH components.
85. The district has been able to spend only 3 percent of released funds in the National Programme Health Care for the Elderly (NPHCE) and 57 percent under the National Tobacco Control Programme NTCP during the same financial year while funds for other

non- Communicable disease programmes have been spent more than 78 percent during 2021-2022. But funds for NTEP have been overutilized 4 percent.

86. Overall, the district has utilized 76 percent of funds that were received under different schemes of NHM. The district has utilized around 66 percent of funds received under NUHM for various programmes during 2021-22.
87. SDH Kalna has been able to utilize Rs 19291934/= (95 percent) only of the total budget released during 2021-22 while CHC Memari has spent 98 percent received amount of Rs 16309965 /= (including the opening balance) of the received amount and PHC Binodpur have spent an excess amount of Rs 13270/= in the financial year 2021-22 and UPHC Ghatak Pora has spent an excess amount of Rs 10863 and HWC/SC have received Rs 35000 funds during 2021-22 and have spent 100 percent received amount during the financial year 2021-2022.

2. INTRODUCTION

Ministry of Health and Family Welfare, Government of India accepts the state Programme Implementation Plans (PIPs) under National Health Mission (NHM) every year and the state PIP for the year 2022-23 has also been approved. While approving the PIPs, States have been assigned mutually agreed goals and targets and they are expected to achieve them, adhere to key conditionalities and implement the road map provided in each of the sections of the approved PIP document. Though States were implementing the approved PIPs since the launch of NHM, but there was hardly any mechanism in place to know how far these PIPs are implemented. However, from 2013-14, Ministry decided to continuously monitor the implementation of State PIP and has roped in Population Research Centres (PRCs) to undertake this monitoring exercise. During the last virtual meeting organised by the MoHFW in March 2021, it was decided that all the PRCs will continue to undertake qualitative monitoring of PIPs in the states/districts assigned to them on monthly bases. Our team in PRC Srinagar undertook this exercise in the district of Purba Bardhaman of West Bengal state in the month of December 2022.

2.1 Objectives

The objective of this monitoring exercise is to examine whether the State/district is observing to key conditionalities while executing the approved PIP and to what extent the key policies/schemes/programmes are identified in the PIP are executed and to what extent the Road Map for priority action and various commitments are obeyed by the State/district.

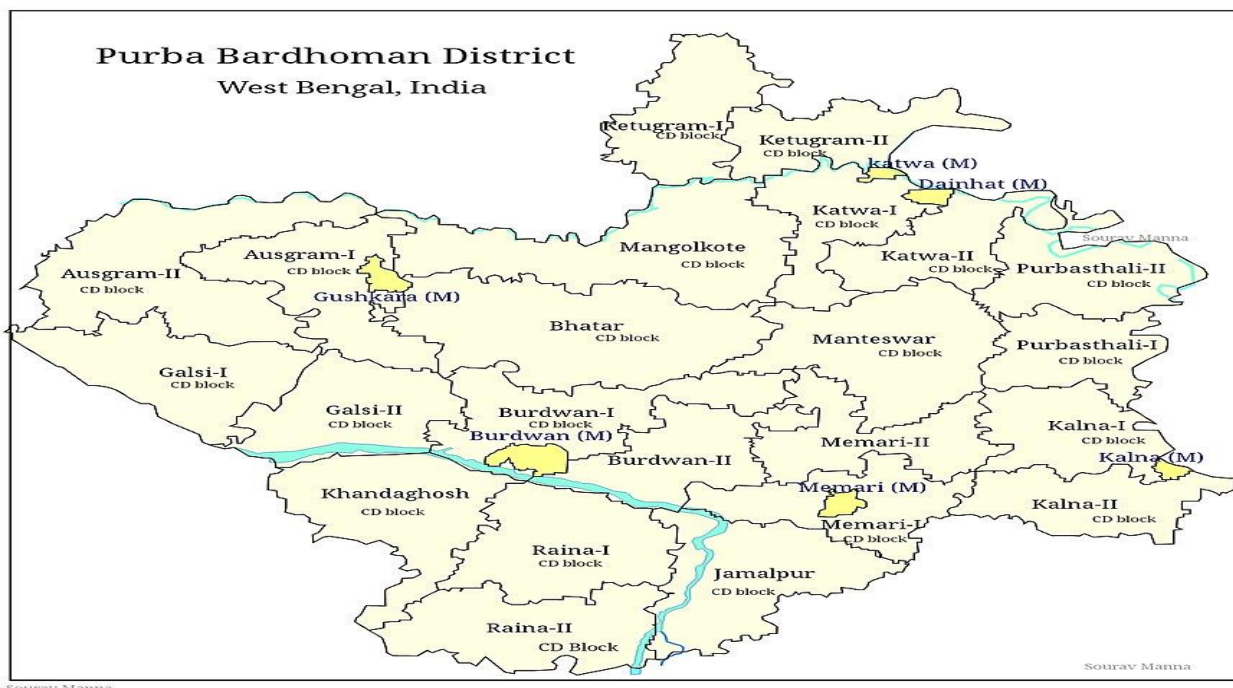
2.2 Methodology and Data Collection

The methodology for monitoring of State PIP has been worked out by the MOHFW in consultation with PRCs in workshop organized by the Ministry at NIHFW on 12-14 August, 2013. The Ministry on the endorsements of the NHSRC decided to include information from the local AWCs, schools and 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 (4 in the Union Territory (UT) of Jammu and Kashmir 12 districts in Bihar and five districts of West Bengal). The present study pertains to district Purba Bardhaman of West Bengal state. A schedule of visits was prepared by the PRC and two officials consisting of one Research Assistant and one Research Fellow-1 visited Purba Bardhaman District and collected information from the Office of CMO, District Hospital Sub-district Hospital (SDH) Community Health Center (CHC) Memari, PHC Binodpur, UPHC Gatak Pora and Health & Wellness Centre (HWC) Rickta Patra. We also interviewed some IPD and OPD patients who had come to avail of the services at various health facilities during our visit. Community interaction was also held at the CHC, PHC and HWC levels 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 the planning and implementation process as mentioned in the road map.

3. State and District Profile

West Bengal is a state in the eastern portion of India. It is situated along the Bay of Bengal, along with a population of over 91 million inhabitants within an area of 88,752 km (34,267 sq mi). West Bengal is the fourth-most populous and thirteenth-largest state by area in India, as well as the eighth-most populous

country subdivision of the world. As a part of the Bengal region of the Indian subcontinent, it borders Bangladesh in the east, and Nepal and Bhutan in the north. It also borders the Indian states of Odisha, Jharkhand, Bihar, Sikkim and Assam.



The state's 2001–2011 decennial population growth rate was 13.93%, lower than the 1991–2001 growth rate of 17.8% and lower than the national rate of 17.64%. The gender ratio is 947 females per 1,000 males. As of 2011, West Bengal had a population density of 1,029 inhabitants per square kilometers (2,670/sq mi) making it the second-most densely populated state in India, after Bihar. The literacy rate is 77.08%, higher than the national rate of 74.04%.

The district Purba Bardhaman, one of the important districts of the Burdwan Division, is situated between 23o53' N to 22o56' N Latitude and 88o25' E to 87o56' E Longitude. It contains an area of 5432.69 km as ascertained by the latest survey, and a population according to the Census of 2011 is 5345197 persons. This gives it a ranking of 7th in India (out of a total of 640). The district has a population density of 1,100 inhabitants per sq km (2,800/sq mi). Its population growth rate over the decade 2001-2011 was 12.01%. Bardhaman has a sex ratio of 945 females for every 1000 males, and a literacy rate of 76.21%. Burdwan the Principal town and administrative headquarters is situated on the north bank of Damodar river, at 23o14' N Latitude and 87o51' E Longitude. The name Bardhaman in the vernacular is a corruption of the Sanskrit Vardhamana (the present participle passive of the verb Vardh) and implies “The increasing or prosperous”.

As per the 2011 Census of India data, recast after the bifurcation of Bardhaman district in 2017, Purba Bardhaman district had a total population of 5345197. There were 2726050 (51%) males and 2619147 (49%) females. The population below 6 years was 509,855. Scheduled Castes and Scheduled Tribes made up 1,487,151 (30.75%) and 327,501 (6.77%) of the population respectively. While the rural population is 4732983 and the urban population is 612212 persons.

Table 1: Demographic Profile of District Purba Bardhaman.

Demographic Character	Number/percentage/Ratio
Total geographical area	5432.69 Sq. Km
Total Population of the district as per census 2011	5345197
Male	2726050 males
Female	2619147 females

ST Population	6.77%.
Literacy rate	76.21 %.
0-6 years population as per census 2011	509855
Population Growth rate	12.01 %
Sex ratio as per census 2011	945 females per 1000 males
Child Sex Ratio (0-6 Age)	951 females per 1000 males
Total No. of Medical blocks	23
Total Villages	2215
No. of SDHs	02
No. of CHCs	13
No. of PHCs	74
No. of UPHCs	9
No. of SCs	592
No. of Health & Wellness Centers	(74PHCs+9UPHCs+311SCs)
Total No. of ASHA's	3511
Total No. of RKS (Rogi Kalyan Samitis)	26
Total No. of village Health & Sanitation Committees	3097
Total No. of Mahila Arogya Samitis (MAS)	226

4. HEALTH INFRASTRUCTURE

The health infrastructure in Purba Bardhaman district, as per 2013-14 data, can be summed up as follows: One medical college, 2 sub-district hospitals, 25 rural hospitals, 74 primary health centres, 10 UPHCs, 311 H & WCs and 42 sub-centres. These facilities are provided by the Health and Family Welfare department of the Government of West Bengal. Additionally, 2 medical units are provided by other departments of the state government, 1 medical unit by the Central Government/ PSUs and there are 109 private nursing homes. The district had 4,360 hospital beds. Out of these 1,105 beds were in the medical college at Bardhaman and 809 beds were in the four sub-divisional towns and the balance in the rural areas in 2005–2006. Public healthcare is no longer an illusion for the poor. The district has come a long way from the colonial era. However, the scenario of undernourished mothers and babies has not vanished even in the 21st century. Health for all, the clarion call of world bodies, remains to be achieved.

Purba Bardhaman district has no DEIC under RBSK, but one DEIC is established in the medical college. There are two SNCUs functional at both SDHs. There are two sanctioned blood banks at both sub-district hospitals and 4 blood storage units in the district to meet the JSSK needs and other emergencies. Besides, these health facilities the district has also one each NCD clinics functional at SDH and CHC Memari Comprehensive 1st and 2nd-trimester abortion services are provided by 15 health facilities in the district. All 394 health and wellness centres are providing NCD service and telemedicine consultation to patients. The telemedicine programme has been implemented wisely and is working efficiently in the district.

5. DISTRICT HEALTH ACTION PLAN (SDHAP)

The PIP is mainly prepared based on the previous year's performance of various major health indicators related to RCH; accordingly, projections are being made in the PIPs. Various sources of data which include HMIS data, data from the district authorities, Family Welfare data, Census projections and other relevant sources are being considered to prepare the annual PIP for the

district. But in West Bengal PIP is prepared by the district itself after consulting the district health administration a demand is raised for three months (Quarterly) and if there is any amount unspent that is sent back to the CAN account and new demand is raised now PIP for one year is not being prepared by the district after assigning the drawing limit to the child agencies for allocation for deliveries, JSSK, JSY and other relevant indicators. Preparation of a Health Action Plan for the district involves all the stakeholders right from the SC level up to the district level functionaries as such an action plan is sought by the district authorities from all the BMO/MSs of the district. The district has also received the approved SDHAP in 2022-23, though; the 1st instalment of funds was released late in June 2022 to the district.

6. STATUS OF HUMAN RESOURCE

Appointment of human resources on regular basis is a centralized process and even many districts don't have any idea about the sanctioned strength of various regular posts for the district and thus making it difficult for the monitoring teams to ascertain the actual deficiencies of human resources at various levels in the district. The details provided by the CMO/DPMU regarding the overall staff strength separately for regular and NHM staff in the district shows that among the regular staff, from regular paramedical staff among the doctors/specialists, 43 percent of the sanctioned positions of OBGYs, 8 percent of Paediatricians 33 percent Anaesthetists 17 percent Ophthalmologist, 50 percent of Dermatologists, 42 percent of Surgeon specialists, 11 percent of MOs, 96 percent and 25 percent of dental surgeons and 96 percent of other specialists were found vacant while as 100 percent positions of Radiologists, Orthopaedics and ENT are in the position in the district. From regular paramedical staff, 15 percent of pharmacists, 85 percent of AYUSH pharmacist 17 percent of lab technicians, 44 percent of X-ray technicians, 44 percent of staff nurses and 12 percent of FMPHW are vacant in the district while there is no sanctioned position of OT technicians in the district.

Among the NHM staff, out of the sanctioned strength, 54 percent MOs, 16 percent of MO Ayush 12 SNs, 18 percent MMPHW and 86 percent of staff nurses and & 3 percent of Pharmacists were found vacant in the district. There is no sectioned position of Gynaecologist, Physician, Surgeon specialist, Ophthalmology, ENT, Dermatology and Paediatrician under NHM in the district.

Sub District Hospital Kalna

The SDH has presently 100 percent sanctioned strength of Gynaecologists, paediatricians, Surgeon specialists, Pathologists, ophthalmologists, Orthopaedics, Dental Surgeons, and other Specialist who are in positions at SDH Kalna. There are 50 percent sanctioned positions of radiologists, 25 percent of Antitheists and Physicians 20 percent of MOs and 33 percent of MOs AYUSH vacant in the sub-district hospital Kalna. While from paramedical staff all sanctioned positions of X- ray technicians, Lab technicians, Pharmacists and other positions are in place and in position. While there are only two sanctioned positions of lab Technicians under NHM which both are filled in at SDH and no other position of a medical or paramedical staff is sanctioned at the SDH level.

In SDH Kalna during the last month, out of the total of 347 deliveries were normal and 273 C-section deliveries were performed at the facility. While CHC conducted 90 deliveries, 88 deliveries were normal deliveries and only two C-Section deliveries were conducted. while no deliveries are conducted on PHC or UPHC.

The condition of the labour room, OT was found highly satisfactory at all the levels in the district while as 20 bedded SNCU at SDH is exceptionally good there are 5 MOs, 11 nurses and 8

housekeeping staff in the SNC delivering the service in three shifts to the sick neonates. NBSU at CHC and NBCC at PHC were also functional.

JSY payments at the health facility show that at SDH, level, there is no pendency till November 2022. while at CHC has completed payment till November 2022. But the district has a pendency of about 6 percent (1004 cases) while the total number of beneficiaries was 15835.

Regarding JSSK entitlements to beneficiaries, all the visited health facilities reported that they are providing all the listed benefits to the pregnant women at the time of delivery but it was found that there are serious deviations in their words and actions.

During our interaction with such patients at various levels, it was found that various services like free medicines, diet, and transport are being given partially and above all the protocols regarding the discharging of patients after delivery are not followed.

PMSMA services on the 9th of every month is a routine feature at all the designated health facilities in the district since its beginning all the identified high-risk women are taken care as per their obstructed and medical history.

It was found that line listing of all the high-risk pregnancies is maintained and pursued accordingly but such records have been maintained properly at SDH.

CHC Memari

CHC has a total of 15 positions of MOs and 51 positions of paramedical staff sanctioned from the regular side. In CHC Memari only 8 sanctioned positions of MOs are in place which includes 2 positions of gynaecologists (out of 9 sanctioned MBBS) 5 positions of MOs, one position of Dental MO and MO AYUSH is in place while all other sanctioned positions of a paediatrician, Anaesthetist, Physician and Surgeon specialists are vacant at CHC. While there is no sanctioned position of Orthopaedic, ENT and Ophthalmic Surgeon, Pathologist, Dermatologist and Radiologist at CHC. Similarly, in the case of paramedical staff 30 positions are filled and in place which include 2 lab technicians, 18 staff nurses, 3 pharmacists and 4 other paramedical staff are in place. In CHC Memari, only 5 MOs under RBSK are in place while the position of MO (MBBS) and 3 positions of Ayush pharmacists are vacant.

PHC Binodpur

PHC has been converted into a Health and Wellness Center in an old single-story building but is maintained well but now the walls have developed cracks with safe drinking water, electricity and approach road. PHC has one sanctioned position of MO (MBBS), 3 FMPHW and one pharmacist from the regular side and out of this, each position is in place. There is no position sanctioned under NHM at PHC. Due to the court case, no ASHA has been appointed in the PHC and the whole Block presently this work is carried out by Anganwadi workers in the PHC area.

UPHC Ghatak Pora

UPHC Ghatak Pora has been converted into HWC but in a single-story building with 15 rooms and is well maintained. UPHC is having facility for safe drinking water, electricity, power backup, an ASHA rest room, patients waiting room with sufficient sitting area and LCD fitted UPHC has an approach road also. PHC has one sanctioned position of MO (MBBS), from the regular side while one FMPHW, pharmacist and lab technician from the NHM side is in place. There are 10 ASHAs in the area catered by the UPHC. UPHC has been awarded in Kayakalp with 87 score points. In the facility, 45 tests are done free for all in the laboratory and 6231 tests have been performed till November 2022. UPHC has well established NCD clinic and Tele-medicine facility and has screened 892 persons for hypertension and diabetes out of these 271 have been confirmed

as hypertensive while 160 have been confirmed as diabetic and 125 with both ailments at the facility.

HWC Rickta Patra

HWC Rickta Patra has been converted into HWC. It is housed in an old single-story building with 4 rooms and a single-room new building. Both buildings are well maintained, neat and clean with sufficient IEC material displayed inside and outside on the walls of both buildings. SC is having facility of safe drinking water, electricity, an Asha rest room, clean functional toilets male and female patients waiting room with sufficient sitting areas and an approach road but without a boundary wall and power backup. SC has two sanctioned positions of the FMPHW, one from the regular side and one FMPHW and one MLHP from the NHM side and all are in position. HWC has also 9 ASHAs. There is well established NCD clinic that has screened a population of 1717 persons for hypertension and diabetes out of these 113 have been confirmed for hypertension and 74 for diabetes though 1009 women were screened for breast cancer and 22 for cervical cancer but none were confirmed and were referred higher facilities for further confirmation none out of these was detected positive.

6.1 Recruitment of various posts

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 and the positions of paramedical and other staff is recruited by the State Services Recruitment Board (SSRB). Thus, district authorities do not have any role in the recruitment of regular staff and the total number of vacant posts at the beginning of the financial were 85 posts from the NHM side and 15 posts were filled during the year 2022 and none of the posts from the regular side were sanctioned for recruitment in the district.

7. Training

In district Bardhaman chief medical officer has arranged various pieces of training during the year 2021-22 Training for various categories of health staff is being organized under NHM at the National, State, Divisional and District levels. The information about the staff deputed for this training is upheld by different deputing agencies and the CMO office maintains information about the training imparted to its workers from time to time. The information provided by the CMO office bare that almost every year various training courses are held at the district headquarters approved under the PIP in which different categories of health personnel participate. During 2021-22, 14 types of training courses for medical and paramedical staff were approved under ROP and the district was able to conduct all training during the current year 16 training were planned all were channelled in 46 batches to medical, and paramedical staff and ASHAs during 2022-23. The district received funds of Rs 510000 for training during the year 2022-23 and has utilized 40 percent of funds so far for various pieces of training.

STATUS OF SERVICE DELIVER

The district has officially implemented the free drug and diagnostic services for all but it was found that it is not being implemented by all the health facilities that we visited during our monitoring exercise. As far as the delivery points are taken into account, the information collected from the DPMU/CS office shows that no PHC, UPHC or SC is not conducting any deliveries in the district. The SDH in the district has conducted more than 1666 deliveries in the last three months while CHC has conducted 264 deliveries in the last three months while PHC, UPHC and SC have no

infrastructure and required staff to conduct normal deliveries. The C-section deliveries are conducted at the SDH and CHC during the daytime only. In case of any emergency, SDH conducts C-section deliveries during the night hours also. SDH Kalna is designated as FRU and both normal and C-section deliveries are performed in this health facility on a 24X7 basis. During the last month, out of the total of 620 deliveries, 347 were normal deliveries and 273 C-section deliveries were performed at the facility. Similarly, at CHC Memari a total of 90 deliveries were performed at the facility during the last one month and 88 were normal deliveries while only two were normal deliveries because CHC has resumed C-section deliveries after a gap of 6 years and the main building is under construction. Further, the information collected shows that none of the deliveries were performed at PHC, UPHC and HWC during the last three months because of the non-availability of staff and required infrastructure. The condition of the labour room, OT was found satisfactory at the SDH in the district while SNCU at the SDH is neat and clean but with space constrain and NBSU at CHC was found also functional with requisite staff and infrastructure. NBCC at PHC is non-functional due to the non-availability of staff, space and requisite equipment and infrastructure. During the current year 6334, inborn and 3056 out born neonates were admitted to SNCU till November 2022 and 1135 inborn and out-born were also admitted to NBSU in the district. Out of these 443 inborn and 377 out born at SNCU and 48 inborn and 18 out born died at NBSU in the district.

The district has no NRC centre but is established in Medical College in the district. During our interaction with such patients at various levels (maternity wards, post-operative wards, labour rooms, OPD, and relatives of these patients), it was found that various services like free medicines, free diet and free transport are being given and above all the protocols regarding the discharging of patients after delivery are strictly followed.

PMSMA services on the 9th of every month have been resumed as earlier due to covid -19 pandemic this service was suspended in the district. It was reported by all the selected health facilities that line listing of all the high-risk pregnancies is maintained and pursued accordingly and during our record checking exercise at visiting health facilities, it was found that such records have been maintained properly at all the health facilities. The district has screened 43247 pregnant women under the PMSMA activities and has identified 17 percent (7348) high-risk pregnancies during 2022-23.

9. CLINICAL ESTABLISHMENT ACT

The clinical establishment act is in vogue and is implemented strictly in the district both at public as well as private institutions/clinics. The district has constituted a team under the supervision of the District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics. There are 117 institutes with ultrasound facilities in the district and all are running in Public Private Partnership (PPP) Mode. These all facilities are registered under the PCPNDT act.

10. SERVICES UNDER NHM

10.1 Free Drug Policy

As per the information received from the CMO office, we were told that the district has implemented the free drug and diagnostic policy at all levels and during our visits to selected health facilities and our interaction with the community at various levels, it was found that such facility was available to all. It was found that most drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit any health facility for treatment. It was reported by the concerned MSs and MOs in charge that a free drug and diagnostic policy has been implemented for all. During our interaction with the community the same observation, of

ours was found true as most of the community members reported that they get services including diagnostics and drugs by the health facilities free of cost which are available at the facilities.

There are 462 drugs in EDL at the SDH level out of these only 139 were available at the time of our visit drugs in EDL were 230 at CHC, 173 at PHC, 173 at UPHC and 100 at HWC but out of these only 139 drugs at SDH, 181 at CHC, 68 at PHC, 33 at UPHC and 63 drugs were available at the day of our visit at HWC in the district.

10.2 Dialysis Services

The Dialysis unit has been established at the medical college which is under the direct control of the Principal medical college but not under district administration (CMO).

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

The RBSK has been implemented in the Purba Bardhaman district since March 2014 but the District Early Intervention Centre (DEIC) has not been established in SDH Kalna but in the medical college. Most of the staff sanctioned under the scheme both for the field teams was found vacant. There are 52 sanctioned RBSK teams in the district. but no team has full staff strength because there are only 46 AYUSH MOs Male, 41 MOs female 14 pharmacists and one staff nurse in position in the district. This is the reason that the performance of RBSK has been very poor. During the current financial year, 26442 children have been screened for various defects at delivery points (till November 2022). During our interaction with the district-level authorities, CMO informed us that the manpower appointed to RBSK teams was absorbed into the regular staff at various places in the district.

10.4 Special New-born Care Unit (SNCU)/New-born Stabilization Unit (NBSU)/NBCC

The SNCU has been established in the SDH Kalna and has a bed capacity of 17 beds. The SNCU has 13 radiant warm step-down care but has no Kangaroo Mother Care (KMC) unit due to space constraints. The details of the work done show that there has been a good number of admissions either in SNCU or NBSU during the current year. A total of 1057 infants have been admitted to SNCU and 119 in NBCCs in the district during the year 2021-2-22 and in the same period a total of 60 infants have died in the district. The district has one sanctioned Nutrition Rehabilitation Centre (NRC) but is in BPHC Para due to space constrain.

10.5 Home-Based New-born Care (HBNC)

Overall, 3327 HBNC kits were available with ASHAs in the district. It was reported that these HBNC kits were partially filled as some of the items from kits were missing. During the current financial year (till November, 30th 2022) a total of 22257 visits were made by ASHAs to new-borns under HBNC. 3511 drug kits for ASHAs were available in the district at the time of our visit but it was reported by the ASHAs at the SC and PHC/HWCs level that the drug kits are being refilled at their respective health facilities on a need basis.

10.6 Maternal and Infant Death Review

During the current year till November 2022, 54 maternal and 1057 infant death review has taken place while in the previous year 2021-22, 73 maternal and 1856 infant deaths were reviewed by the competent authority in the district. Further, it was also found that all the visited health facilities maintain the data regarding maternal and child deaths and report the same to the CMO and also

upload this information on the HMIS portal on monthly basis. The data is recorded and reported properly at all levels.

10.7 Peer Education (PE) Programme

Peer Education Programme has not been implemented in the district at any level as such no activity has taken place in any of the blocks of the district for this programme.

11. MOBILE MEDICAL UNIT (MMU) AND REFERRAL TRANSPORT

The district doesn't have any MMU. However, in terms of referral transport, the district has 142 vehicles (under call centre 102 district has 62 vehicles all vehicles are PPP mode provided by Nischay Yan transport company and all are on road and almost all are GPS fitted and handled through the centralized call centre. On average, each ambulance shares at least five trips per day and travels an average distance of 135 km a day. The district has all BLS ambulances with Basic Life Support (BSL) and is operational on a need basis for 24X7. Though 102 have been started for the district and 62 additional vehicles in this regard have been so far provided to the district the vehicles used in the district were found insufficient as the population of 53,45,197 and at the same time district has 77960 expected deliveries in the district and many times district need additional vehicles, especially for JSSK.

12. COMPREHENSIVE PRIMARY HEALTH CARE (CPHC)

In February 2018, the Government of India announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub Health Centres and Primary Health Centres to deliver Comprehensive Primary Health Care (CPHC) and declared this as one of the two components of Ayushman Bharat. The district has enumerated about 868000 individuals so far and 860557 CBAC forms have been filled as per the target to date. In the 353 SHC-HWCs and 74 PHC-HWCs, 9 UPHC-HWCs have started NCD screening at their facilities in the district. Further, the information collected shows that the district has achieved 99 percent target in screening the planned individuals for various types of NCDs. Teleconsultation services are available and provided through 216 HWCs while 353 HWCs are providing wellness activities in the district.

12.1 Universal Health Screening (UHS)

The district is actively involved in universal health screening under different components of NHM. Under universal health screening, the district has identified a target population of 1168200 eligible persons and out of these, about 74 percent (860557 persons) population has been covered to date and Community Based Assessment Checklists (CBAC) forms have been filled for them and have been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers. Overall, among the screened population 162260 persons were diagnosed with hypertension and about 142468 with diabetes in the district. Also, a large number of 661067 persons were screened for oral cancer 316427 for breast cancer and 7381 for cervical cancer and out of these, (80 were Oral, 205 for breast cancer and 200 for cervical cancer) were diagnosed. None of the visited health facilities had any trained staff of cancer services. The NCD clinics are functioning on daily basis at SC and PHC levels while at SDH and CHC, such services are provided on a routine basis to the patients for 3 days of a week. SC-HWC Rickta Patra has a population out of 15841 individuals 5861 are above the age of 30 years in their area and 2680 CBAC forms were filled till November 2022 by the HWC. Community Health Officer at HWC has screened a population of 1717 for both hypertension and diabetes and has 113 cases confirmed

of hypertension and 74 cases of diabetes while there is no case of oral, breast or cervical cancers in the HWC area. None of the visited health facilities had any trained staff of cancer services.

13. Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box at 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 the total complaints, 90 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 was of the opinion that all such issues are settled when brought to 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 on-board for settling such issues with maximum transparency.

14. Payment Status

The information provided by the CMO office shows that overall, the district has a backlog of 1004 JSY beneficiaries up to November 2022 during the current financial year. All the ASHAs have been paid their routine recurring amount of Rs. 4500 (2000 centre share +2500 state share) per month till November 2022 while as all of the ASHAs, any patient or Provider has received all incentives under NTEP or NLEP. The information collected from the selected health facilities shows that SDH and CHC have no pendency for payments to beneficiaries till November 2022. The delay in the disbursement of incentives to ASHAs and beneficiaries or patients has been caused by the delay in the release of funds by SHS to the district and also by assigning the drawing Limit in financial matters.

15. Communicable Diseases

The district has been covered under the Integrated Disease Surveillance Programme (IDSP) and the Rapid Response Team (RRT) has been constituted under the supervision of the District Health Officer (DHO) in the district. The information collected from the visited facility shows that the SC-HWC is reporting the data on daily basis in Form-S under IDSP in the online mode on the tablet they have been provided by the SHS while at PHC level HWC the data on IDSP is uploaded on a weekly basis as reported by the concerned MO. The composition of the IDSP team consists of Dy CMO, Dy director (ARD) one physician, Paediatrician, Epidemiologist, one person from Community Medicine, FSO, Microbiology and pathology thus 9 members constitute the full IDSP team. Further, 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.

National Tuberculosis Elimination Programme (NTEP) is also working in the district. During our visits to selected health facilities in the district, it was found that all the health facilities are actively involved in the eradication of TB and in this regard the services of ASHAs are also being utilized to ensure the supply and consumption of drugs by the identified patients. The information collected from the CMO/DPMU office indicates that the district has achieved (5426) target TB notifications. 5347 TB patients are known with HIV status. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done and 3854 cases are eligible for the district more both drug-sensitive and drug-resistance tests are available in the district.

Further, the information collected shows that 3872 patients have been notified from the public sector and the overall treatment success rate was found to be 88 percent in the district while in the private sector 1554 patients have been notified and the success rate is 86 percent in the district. There are 143 MDR TB patients in the district and treatment has been initiated in this case by the district authorities. The plan for finding the active cases is done as per the protocol set by the district. The district authorities reported that 3179 patients of TB have been brought under Nikshay Poshan Yojana (NPY) and DBT instalments have been initiated in their favour and all beneficiaries have been paid under this programme till November 2022.

The information collected shows that 46 health facilities are having a Designated Microscopy Centre (DMC) and most of these facilities (SDH, CHC, and PHC) have taken a sample of about three percent from the OPD for microscopy tests during the last 6 months. The drugs for TB patients were found available at SDH and CHC while as PHC in charge reported that the drugs for TB patients are being provided at the block level by the concerned BMOs but were available even at the HWC level. Further, the information collected shows that the district has 46 Designated Microscopic Centers (DMC), 25 Tuberculosis Units (TUs) and 14 CBNAAT/TruNat facilities at the Sub-district hospital and CHC level. Maintenance of records of TB patients on treatment, drug resistance, and notification register was found updated and satisfactory at all levels.

16. Accredited Social Health Activists (ASHAs)

The district has a requirement of 4397 ASHAs but 3511 have been selected to date. 286 among the selected ASHAs cover 1500 or more population in rural and none of the ASHA covers 3000 or more population in urban areas. While 530 villages/slams are without an ASHA in the district. Overall, 206 in-position ASHA facilitators have been enrolled under PMJJBY and 140 ASHA facilitators have been enrolled under the social benefits scheme in the district. While none of the ASHA has been enrolled on these schemes. Overall, 3097 VHSNCs, 26 RKS committees and 226 Mehla Arogya Samitis (MAS) have been formed and training has been given to all members so far in the district. Though health officials maintained that they have put in place a mechanism to monitor the performance of ASHAs and have also identified non/under-performing ASHAs, none of the ASHAs have been disengaged from the system.

17. IMMUNIZATION

The early twentieth century witnessed challenges in the expansion of smallpox vaccination, typhoid vaccine trials in Indian army personnel, and the setting up of vaccine institutes in almost each of the then Indian States. In the post-independence period, the BCG vaccine laboratory and other national institutes were established; a number of private vaccine manufacturers came up, besides the continuation of the smallpox eradication effort till the country became smallpox free in 1977. The Expanded Programme of Immunization (EPI) (1978) and then the Universal Immunization Programme (UIP) (1985) were launched in India. Though preventive efforts against diseases were practiced in India, reluctance, opposition and a slow acceptance of vaccination have been the characteristic of vaccination history in the country. The operational challenges keep the coverage inequitable in the country. The lessons from past events have been analysed and interpreted to guide immunization efforts. As per the recent nation-wide survey data, of the targeted annual cohort of 26 million infants in India, only 61 per cent had received all due vaccines. Understandably, the implementation of a vaccination programme and ensuring that the benefits of vaccines reach each and every possible beneficiary is a challenging task. This review documents

the history of vaccines and vaccination in India and analyses the past to provide policy direction for vaccination efforts in the country.

The information collected from various sources in the district regarding immunization shows that the birth dose of BCG immunization is provided at SDH, CHC, and PHC only. This practice is followed at all levels including the SDH and CHC. Outreach sessions are conducted to net in drop-out cases/left out cases. District Immunization Officer is in place in the district and is looking after the immunization. Almost all the SCs in the district have 2nd MPW/ANMs in place. Micro plans for institutional immunization services are prepared at sub centre level in the district. Rs. 1000 is provided to each block and Rs. 100 to each SC for preparing micro plans. During the last month of September to November 2022 and 1666 new-borns were immunised at SDH while at CHC 268 new-borns were immunised during the same period.

Cold Chain Mechanics for the maintenance of Cold Chain Machine and paramedic trained in Cold Chain Handling is in place in the district. During our visit to SDH and CHC, it was observed that the practice of early initiation of breastfeeding (with 1st hour of delivery) is followed at both places for normal deliveries but such practice was not followed for C-section deliveries and it was observed that few women had resorted to bottle-feed at these health facilities also.

18. Family Planning

Besides SDH, CHC and some PHCs, nine SCs have also been identified and are providing IUD insertion or removal services in the district. The district is currently providing IUCD services through a network of 27 identified health institutions of various categories in the district. There is no provision for home delivery of contraceptives to beneficiaries in the district. The IEC component is not much strong as only some information on various contraceptive methods was found available at SDH and CHC levels. The information regarding various methods of family planning is also provided through VHND sessions at the SC-HWC level. Spacing methods like condoms and oral pills are available at all levels in the district. Besides, at PHC, HWC both the SDH as well as the CHC have trained manpower for providing IUCD/PPIUCD. SDH has inserted 5 IUCDs and 3372 PPIUCD and has performed 139 sterilizations and CHC has performed 30 sterilizations up to November 2022.

19. Adolescent Friendly Health Clinic (AFHC)

The AFHC at SDH Kalna and CHC Memari has been established. One female AFHC Counsellor at both facilities is in position in the clinic. The clinic doesn't have any male counsellors or infrastructure at SDH. The district has a Nutrition and Rehabilitation Centre (NRC but due to space constrain it has been temporarily established in the medical college. The Infant and Young Child Feeding (IYCF) Centre has been not established at the SDH in the district.

20. Quality Assurance

DQAC is functional in the district and regularly monitors the quality of various services being provided by the health facilities in terms of OPD, IPD, emergency, delivery, referral, diagnostics, drugs etc. All the visited facilities in the district are Kayakalp award winners except H&WC. SDH had initiated both NQAS and LaQshay in 2021-22 and has scored 84 % in the Internal assessment

in NQAS. SDH has initiated NQAS and has LaQshay and has completed an internal assessment while CHC has initiated LaQshay has completed an internal assessment.

21. QUALITY IN HEALTH SERVICES

21.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and THE autoclave was found by and large satisfactory in the SDH and CHC. But at PHC and SC levels such issues are also taken seriously.

21.2 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in all facilities. The awareness amongst the staff was found satisfactory and the practice of segregation was being done properly at the SDH, CHC and PHC. Bio-medical waste at SDH, CHC and PHC has been outsourced and regularly lifted by Medicare Environmental Management Pvt Ltd. and SNG Environmental Solutions Pvt Ltd. the concerned agency. SC /HWC buries the sharp waste material in pits constructed for the purpose and other waste is sent to the Blockhead quarter twice in a week.

21.3 Information Education and Communication (IEC)

Information Education and Communication (IEC)

The Ministry designed a strategic framework for targeted IEC activities encompassing mass media, along with mid-media and interpersonal activities so as to disseminate information about the various health schemes to the masses. The year-long IEC/Communication Plan had a month-wise focus on health days and health themes. While some activities were taken up to coincide with 'Health Days', others were week- and month-long plans for focused multi-media campaigns on schemes of the Ministry. These centered around topics such as Integrated Diarrhea Control Fortnight (IDCF), Breastfeeding Week, Tobacco Control etc. Seasonal ailments such as Dengue, H1N1 etc., needed campaigns for a longer time. These include spreading information on preventive and primitive healthcare for adolescents, newly married couples, expectant mothers, feeding mothers, newborns and children. Along with State governments, partner agencies have contributed to making it a big success in creating enhanced awareness and inculcating health seeking behavior in the masses in these high priority districts. Significant health messages are delivered across the country through print media. The calendar covered several issues highlighting mother and newborn care. It was distributed to different departments of the central government, state government, NGOs, donor partners etc.

Display of appropriate IEC material in Health facilities was found by and large satisfactory at all levels. The IEC material related to MCH, FP- related IEC, services available, clinical protocols, etc., were displayed at the SDH and CHC levels but such material was insufficient at PHC and SC levels.

22. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) AND (RCH)

22.1 Health Management Information System (HMIS)

The State of West Bengal took an early lead in the facility reporting of HMIS and also shifted to the new portal modified by the MoHFw. Data reporting is regular. Though the data quality in the district has improved to a great extent there is still a lot of scope for improvement in all the facilities, particularly at SDH in the district. Most of the services provided by the SDH are underreported particularly for ANC visits and various doses of immunization. In the district, there is still a lot of scope in improving the recording and reporting of HMIS data so that it can be

streamlined. Though during our visit to various health facilities on spot instructions to all the stakeholders were given as to how the recording and reporting of data can be improved but still there is an urgent need to provide further training to all the stakeholders in this regard so that misconceptions regarding reporting and recording can be corrected. 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), Government of India to monitor the National Health Mission and other Health programmes and provide key inputs for policy formulation and appropriate programme interventions. HMIS has been utilised in the Grading of Health Facilities, identifications of aspirational districts, review of State Programme Implementation Plans (PIPs), etc. HMIS was launched in October 2008. Currently, around 2 lakh health facilities (across all States/UTs) are uploading facility-wise service delivery data on monthly basis, training data on a quarterly basis and infrastructure-related data on annual basis on the HMIS web portal. Service Delivery (Reproductive, Maternal and Child Health related, Immunisation family planning, Vector-borne disease, Tuberculosis, Morbidity and Mortality, OPD, IPD Services, Surgeries etc. data) on monthly basis.

The HMIS Portal facilitates the flow of physical performance from the Facility level to the Sub-district, District, State and National level using a web-based Health Management Information System (HMIS) interface. The portal provides periodic reports on the status of the health services performances and Human Resources and Infrastructure services facilities available.

22.2 Reproductive and Child Health (RCH)

Like other States in the country, the National Health Mission (NHM), the Government of West Bengal has also rolled out RCH Portal State-wide a web-based application for RCH replacing the MCTS portal. In this regard the integrated Reproductive and Child Health (RCH) Register has been developed as a service delivery recording tool for eligible couples, pregnant women and children at the village and field level.

23. STATUS OF FUNDS RECEIVED AND UTILIZED

The information collected from the CS office regarding the receipt and utilization of funds during 2020-21 shows that the district has utilized about 74 percent of funds received for Maternal Health from the State Health society. The district has made about 76 percent expenditure on all the major heads including the RCH Flexi pool, Mission Flexi pool, and Immunization. The district has underutilization of funds less than 60 percent in Untied Fund, Infrastructure, and quality insurance in RCH components. The district has been able to spend only 3 percent of released funds in the National Programme for Health Care for the Elderly (NPHCE) and 57percent under the National Tobacco Control Programme NTCP during the same financial year while funds for other non- Communicable disease programmes have been spent more than 78 percent during 2021-2022. But funds for NTEP have been overutilized by 4 percent.

Overall, the district has utilized 76 percent of funds that were received under different schemes of NHM. The district has utilized around 66 percent of funds received under NUHM for various programmes during 2021-22.

SDH Kalna has been able to utilize Rs 19291934/= (95 percent) only of the total budget released during 2021-22 while CHC Memari has spent 98 percent received amount of Rs 16309965 /= (including the opening balance) of the received amount a PHC Binodpur have spent an excessive

amount of Rs 13270/= in the financial year 2021-22 and UPHC Ghatak Pora has spent an excessive amount of Rs 10863 and HWC/SC have received Rs 35000 funds and have spent 100 percent received amount during the same financial year.

24. FACILITY-WISE BRIEF

24.1 Sub District Hospital Kalna

District Hospital Kalna is situated at a distance of km away from the centre of the town and is housed in two buildings one old building and another five storied new building. It has a bed capacity of 510 beds but in a few blocks. Almost all the necessary services which include general medicine, Obstructs & Gynaecology, paediatric, surgery, anaesthesiology, ophthalmology, dental, imaging services, SNCU, labour room complex, ICU, NCD, and emergency care are available at the hospital. Blood Bank is established and functional. The hospital doesn't provide any teleconsultation services to the patients. The accommodation for medical and para medical staff is still under construction. The hospital is getting 24X7 electricity and water supply.

The SDH is still working with the required staff as the additional staff as per the IPHS standards for the district hospital has been appointed. A large chunk of NHM staff has made their presence felt as various sections of the hospital are being helped out by this staff. Mostly all the specialised services are provided at the SDH as there are sanctioned positions in Dermatology, ENT, Pathology, and Radiology. Two doctors were found trained for EmoC and LSAS at the SDH.

Under NHM, the SDH has a functional SNCU and NCD Clinic, very few positions in these units are vacant but SNCU faces space constrain.

All the necessary equipment is available in the SDH. All the sections of the hospital were found well equipped but are running without CT-Scan and MRI facility Thyroid profile is not being done in the hospital and imaging service (USG) is done during the day time only. The hospital has a huge drug store and remains open for services from 10-4 pm only and there is fair price medical shop also which provides medicines at reasonable rates.

SDH has received the Kayakalp award twice constantly in the year 2020-2021 and 2021-2022 and have received a cash award of Rs one lakh on each award. This year SDH has initiated Kayakalp again and has received 71 points as a result of an internal assessment initiative has been taken regarding NQAS in which an 84 % score has been achieved as the internal assessment has been completed and LaQshya internal also has been completed by NHSRC national agency and are waiting for the result. A good number of 1666 new borne have been immunized for the birth dose during the last three months at SDH.

The cleanliness of the facility was found satisfactory at all levels in the hospital. The Citizen's charter, timings of the facility and list of services available are displayed properly.

Key Challenge

- a. The infrastructure for the SDH is yet incomplete as most of the blocks especially the Maternity hospital are still under construction and thus have space problems for the smooth running of various services at the facility.
- b. Staff is a measure issue at SDH. Due to staff and specialists constrain they have to manage and arrange to provide better services.
- c. DEIC and NRC are the measure issue as both the facilities are not available in the SDH.

- d. NRC is not located in the medical college Bardhaman as there is space constraint in the hospital.
- e. DEIC is the burning issue of the district hospital administration.
- f. Space is the issue of the SNCU also 20 beds are very close to each other.

24.2 Community Health Centre (CHC)

Community Health Center Memari is situated at a distance of 33 kilometres away from the district headquarter of Purba Bardhaman and is housed in an old building. It is a dedicated FRU and its next referral point is Bardhaman medical college. The functional inpatient bed capacity of the CHC is 60 beds with separate beds for males and females. As per IPHS standards out of 25 services 18 necessary services which include general surgery, ENT, Orthopaedics, Radiology, Paediatric, General Surgery, Physician, Dermatology, Ophthalmology and imaging service (USG) are not available at the CHC. A Blood Storage Facility is available at the CHC. Besides, NHM staff under various schemes, CHC Memari has a staff strength of only 8 medical positions out of (15 sanctioned positions) and 30 para-medical positions of various categories were found in place.

Under NHM, the CHC Memari has established one NCD Clinic without permissible staff in position. Besides these, the CHC has also all other permissible positions which include, 6 positions of MOs AYUSH and three AYUSH Pharmacists and one position of MO MBBS but only 5 MOs AYUSH are in positions rest all the positions are vacant.

All the necessary equipment for Labs was found available in the CHC. Some of the essential equipment like semi analyser, CBC analyser and printer were found non-functional. Thyroid profile and imaging service (USG) is not done in the hospital. All the essential drugs including drugs required during labour or delivery, and essential obstetric and emergency obstetric care were also found available at the facility under JSSK. Family planning items like condoms, OCPs and EC pills are also available at CHC. The CHC has no mechanism in place for online consultation for patients.

CHC has received the first position in west Bengal in Kayakalp scoring 89.29 % score while in NQAS and LaQshya only LaQshya has been initiated and an internal assessment has been done.

NCD clinic is functional at CHC non has been diagnosed with hypertension and diabetes at CHC during the last 6 months at the NCD clinic. It was observed that the maintenance of the NCD record is not up to the mark and the staff who record and report NCD work need further training to provide correct information on the recording and reporting of NCD.

The cleanliness of the facility was found satisfactory at all levels in the hospital. The CHC has out-sourced disposal of biomedical waste which is collected on a daily basis.

Key Challenge

- a. Under construction building needs to be completed well in time. Because CHC is running in an old building with an acute shortage of space.
- b. The facility has a dearth of medical and paramedical staff as all posts of specialists are vacant and thus affects the smooth functioning of various units of the CHC.
- c. CHC needs some more equipment which includes Elisa Reader (Thyroid Analyser), colour Doppler and Anaesthesia Work Station.
- d. CHC needs staff quarters for both medical and paramedical staff as the CHC is about 33 km away from the district head quarter and most staff members are from other places.

- e. Water lodging is the biggest challenge of CHC as the main building remains water lodged during the whole rainy season.

24.3 PHC Binodpur

PHC Binodpur is not a 24x7 PHC-HWC which was converted into a Health and Wellness Center in 2019. It is situated at a distance of 37 km from the district headquarters and 20 km from the CHC. It is 45-year functioning in a 45 - year single-story very old government building which has developed cracks and has a space constraint. The PHC caters to approximately a population of 19734 persons. There are 4 SCs and 14 villages in the PHC area. There are no ASHAs working under this PHC because of the court case. The institution has a bed capacity of one observation bed only. The institution is having no staff quarter for its medical officer and other para-medical staff. The PHC has a regular water supply and electricity connection. Backup for the electric supply is not also available at the facility. The PHC has sanctioned the strength of One Medical officer MBBS, a pharmacist from the regular side only.

Services like ANC/PNC, child immunization, and general medicine, are provided by the PHC on regular basis. Drugs for NCDs are also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. The supply of drugs was reported to be sufficient in PHC. The essential drug list is displayed in the Pharmacy. Management of the inventory of drugs is manual. The list of essential drugs is displayed in the PHC. Family planning items like OCPs and EC pills are also available at PHC. But the IUDs are not available at PHC.

Though the facility is not designated as a delivery point and none of the deliveries has been conducted by the PHC.

The cleanliness of the facility particularly the wards was satisfactory. As the building is very old and the new building is needed for the smooth functioning of then facility. Colour coded waste bins (blue and yellow) are available in the PHC for waste segregation.

Key Challenge

- a) Space shortage and Unsafe building is the main challenge .so new building needs to be constructed.
- b) Due to a shortage of staff, the health facility is not able to provide delivery services, lab facility or X-ray services on daily basis.
- c) No X-ray machine at the facility is available.
- d) There is no ambulance at the health facility and thus need a new ambulance for any emergency purposes.
- e) Electricity backup must be provided to the facility.

24.3 UPHC Ghatak Pora

- f) PHC Ghatak Pora is not 24x7 U PHC-HWC which was converted into a HWC. It is situated at a distance of 2 km from the Sub-district hospital and 65 kilometres from the district headquarters and is functioning in a single-story building with 15 rooms. The UPHC caters to approximately a population of 57056 persons. There are 10 ASHAs working under this UPHC. The institution has one observation bed only. The institution is having no staff quarter for its medical officer and other para-medical staff. The PHC has a regular water supply and electricity connection backup for the electric supply is also available at the facility.

- g) The PHC has sanctioned the strength of one Part-time Medical officer MBBS, 1FMPHW, one pharmacist and one lab technician and one public health manager from the NHM side all other than PHM which is attached at CHC Memari is in position.
- h) Services like ANC/PNC, child immunization and general medicine, are provided by the PHC on regular basis.
- i) Drugs for NCDs are also available at the PHC but multi-drug therapy for NCDs was found missing at the health facility. The supply of drugs was reported to be sufficient in PHC. The essential drug list is displayed in the Pharmacy. Management of the inventory of drugs is manual. The list of essential drugs is displayed in the PHC. Family planning items like OCPs and EC pills are also available at PHC. But the IUDs are not available at PHC.
- j) No deliveries are conducted by the UPHC.
- k) Cleanliness of the facility particularly wards was satisfactory. As the building is very old and a new building is needed for the smooth functioning of the facility. Colour-coded waste bins (blue and yellow) are available in the PHC for waste segregation.
- l) Key Challenge
- m) Due to a shortage of staff, the health facility is not able to provide delivery services, lab facility or X-ray services on daily basis.
- n) No X-ray machine at the facility is available.
- o) There is no ambulance at the health facility and thus need a new ambulance for any emergency purposes.
- p) Housekeeping and security staff is needed in the facility.

24.4 Sub Centre- Health & Wellness Center Rickta Patra.

This SC is located in a new building. This SC is within the main habitation, 12 km away from BPHC and 20 Km away from linked CHC. The HWC caters to 8 villages with a catchment population of around 15841. The SC-HWC is housed in a new building, with one room and one old building with 4 rooms two washrooms with a 24*7 water facility. One room is being utilized for OPD services and the other room is for routine immunization. OPD room is being used for Tele consultation also. It is in good physical condition.

SC-HWC Rickta Patra has a sanctioned strength of 2 ANM, and 1 position of MLHP from the NHM side all are in place. The SC-HWC needs a boundary wall.

The H&WC provides OPD /NCD screening /ANC check-ups, a short stay of patients, IFA, TT injections, routine immunization once a week, Covid vaccination, and temporary methods of family planning services (condoms and oral pills). It does not serve as a DOTs Centre for TB patients but ANM and ASHA work in the area to identify TB patients. This facility is also providing teleconsultation services to needy patients. Screening camps are conducted by the centre and under this programme, 1717 individuals were screened for hypertension and diabetes out of these, 113 cases were diagnosed with hypertension, while 74 were confirmed as diabetic from the same screened population. Overall, a total of 113 patients are on anti-hypertension drugs and 74 patients were on anti-diabetic treatment at this HWC.

On an average, about 15 to 20 patients are provided teleconsultation services every day. The general cleanliness of the SC was satisfactory. The SC have a proper mechanism for the management of bio-medical waste which is outsourced and is lifted on weekly basis. A complainant/suggestion box was also found to be available in the SC. SC has received Rs

35000 funds during 2021-22 and has utilised all funds on various activities. ASHAs reported that they have been trained in HBNC and they have received HBNC kits. All medicines for ASHA kits are available to ASHAs (except paracetamol). ASHAs are getting assured remuneration and incentives well in time.

24.5 Community

During our interaction with the community, it was found that HWC provides healthcare services for minor ailments only. They mentioned that HWC has essential drugs and diagnostics as per the protocol and the services are provided to the locals on daily basis. They were of the view that an ambulance needs to be placed at the disposal of SC-HWC for emergency referral services. Overall, the community was found satisfied with the services being provided by the PHC and SC for ANC, PNC, Contraceptive services, AH counselling, and nutrition counselling for every individual. They also reported that most of the time people have to purchase medicines from their own pockets.

Key challenge

- a. Expected pregnant ladies (For delivery) suffer from transport facility.
- b. Diabetic and hypertensive patients suffer due to one-salt drugs and insufficient medicines available at HWC.
- c. Need HWC infrastructure as per the guidelines and a government building for smooth functioning of CHC and PHC.
- d. NRC and DEIC is the demand of the public which is genuine for the SDH Kalna.
- e. Shortage of Specialists push the community to avail these services in private, having out of pocket Expenditure burden on them.
- f. All the facilities need staff to provide better services to the public.

25. RECOMMENDATIONS AND ACTION POINTS

There is a visible improvement in the district in the implementation of different components of NHM but still, there are some issues in running the programme more efficiently. Based on the monitoring exercise the followings are the recommendations and suggestions for further improvement:

- i. Human resource is among the basic pillars to run any programme and its rational use makes successful landings. Though the Purba Bardhaman district has an acute shortage of human resource from the regular but the human resource provided under different schemes of NHM to the district has been negligible as there is a need for Specialists at the SDH and CHC level. The careful use of this human resource can prove more effective. There is a need to appoint human resources (both from the regular as well as NHM side) based on workload so that health facilities can provide better services to the people. The district has one doctor available for 16,346 (5345197/327 doctors) souls.
- ii. Among the doctors/specialists, 43 percent of the sanctioned positions of OBGYs, eight per cent are Paediatricians, 33 percent Anaesthetists, 17 per cent Ophthalmologists, 17 percent Orthopaedics, 50 percent of Dermatologists, 42 percent of Surgeon specialists, 33 percent of physician specialists 11 percent of MOs and 96 percent of other specialists were found vacant while as 25 percent positions of Dental surgeons are also vacant in the district.
- iii. From regular paramedical staff, 15 percent of pharmacists, 100 percent of OT, 44 percent of x-ray and 17 percent of lab technicians and 85 percent of AYUSH pharmacists are also

vacant in the district. Similarly, 40 percent of positions of Staff Nurses (SNs), and 12 percent of FMPHWs were also vacant in the district.

- iv. Among the NHM staff, out of the sanctioned strength, 86 percent SNs, 100 percent MPMHW and 54 percent of medical officers 12 percent CHOs, 73 percent of pharmacists Allopathic were found vacant in the district and 16 percent of positions of MO Ayush were also found vacant in the district. There is no sanctioned position of Gynaecologist, Physician, Ophthalmology, ENT, Dermatology and Paediatricians under NHM in the district.
- v. Referral transport is the measure issue in the district as there are only 41 ambulances 36 under 102 available to cater for a huge population of 56,29,328 souls hence there is a need of more ambulances at all facilities so that people can be benefited and precious lives can be saved.
- vi. There are 25 percent positions of anaesthetists and Physician specialists, 50 percent of Radiologists, 20 percent of MOs (MBBS) and 33 percent of MO AYUSH and 100 percent positions of Dermatologists vacant in the SDH Kalna.
- vii. While in paramedical staff all sanctioned positions of x-ray technicians, Lab Technicians, Pharmacists (Allopathic) and other Paramedic staff are in position. Under NHM SDH has only two sanctioned positions of Lab Technicians both are in position at SDH Kalna.
- viii. CHC has 2 sanctioned positions of Gynaecologists one sanctioned position of Dental Surgeon and MO AYUSH and 9 sanctioned positions of MOs (MBBS) out of these only 2 Gynaecologists. 1 Dental Surgeon and MO AYUSH and 5 MOs are in position.
- ix. While there are no sanctioned positions of, Surgeon specialists, physician specialists, ENT, Orthopaedic surgeons, Anaesthetists, ophthalmologists, Dermatologists or Radiologists at CHC.
- x. The C-section deliveries have been resumed after a long gap of 6 years and 6 deliveries were performed at the CHC Memari in November 2022.
- xi. The district doesn't have any MMU. However, in terms of referral transport, the district has 142 vehicles. Though 102 have been started for the district and 62 additional vehicles in this regard has been so far provided to the district and as such the vehicles used in the district were found insufficient as the population of 53,45,197 and at the same time district has 77960 expected deliveries in the district and many times district need additional vehicles especially for JSSK.

PHOTO GALLERY



SDH Kalna



SNCU SDH Kalna



Interaction with Community members at Health & Wellness Center



PHC Binodpur



CHC Memari PNC Ward



Discussion Regarding Maintenance of Record and Reporting at CHC.



Maternity Ward SDH Kalna



SNCU ward SDH Kalna

