

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



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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	HFWT C	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&WC s	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	Sub District Hospital	MMPHW	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
FMPH W	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
NVBDP	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 all the states 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 5 Districts for PIP monitoring in West Bengal by PRC Srinagar. The staff of the PRC is visiting these districts in a phased manner and the present report presents findings of the monitoring exercise pertaining to the Purulia District of West Bengal.

The study was successfully 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 Kunal Kanti) and Medical Superintendent (Dr Somnath Das) of the Sub District Hospital Raghunathpur 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.Sushmita) of CHC Kustaur (RH) and MO of UPHC Raja Bandh And PHC Hutmura for their cooperation in data collection. We also appreciate the cooperation rendered to us by the officials of the District Programme Management Unit of Purulia District. Special thanks are also to the staff members posted at PHC and SC-HWC Belma 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 PRC for providing moral support.

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

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1. EXECUTIVE SUMMARY

The objective of this monitoring exercise is to examine whether the State/district is observing key conditionalities while executing the approved PIP and to what extent the key policies/schemes/programmes 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. The present study was conducted in the Purulia district of West Bengal. The district consists of 20 medical blocks 2459 villages and has 562 health institutions of different levels. The following is the summary of the findings of the PIP study conducted in the district by the PRC Srinagar.

District Purulia Health Infrastructure

- a. The health infrastructure in Purulia district, as per 2022-23 data in 20 blocks provides health services in the public sector is provided through, 1 Medical college, one SDH, 20 CHCs, 54 PHCs, 03 UPHCs and 485 SCs. The district has converted 03UPHCs,53 PHCs and 302 SCs into HWCs during the past two years.
- b. Purulia district has NCD Clinic at SDH and 20 CHCs. There are 21 Designated Microscopic Centers (DMC) 20 TB Units and 8 CBNAAT/TruNat Sites and two SNCU at both SDHs but no DEIC under RBSK has been established. There is one NRC centre at BPHC in the district but not at the district headquarters. There are two public and 18 institutions providing ultrasound facilities in PPP mode in the district.
- c. The district has two sanctioned blood banks at both SDHs and 2 blood storage units. There are about 2400 VHSN committees in the district and all have been provided with the required training. There are 226 RKS committees also in the district.
- d. The district has 43 RBSK teams but only one team has full staff strength. Only 20 teams have been provided vehicles to carry out the services, the staff is a big challenge to meet the set target.

Human Resources in the District

- e. Among the doctors/specialists, 61 percent of the sanctioned positions of OBGYs, 20 percent of Paediatricians, 50 percent of Radiologists, 100 percent of ENT specialists and Dermatologists, 57 percent of MOs and 33 percent of Dental MOs were found vacant in the district. While sanctioned positions of Anaesthetists, Ophthalmologists, Orthopaedics, Surgeon specialists, physician specialists, and pathologists are in a position in the district.
- f. From regular side, 26 percent of pharmacists and 20 percent of AYUSH pharmacists are vacant in the district. Similarly, out of 485 sanctioned positions of Staff Nurses (SNs), 482 positions are in a position in the district.
- g. Among the NHM staff, out of the sanctioned strength, 379 SNs, 51 positions of MMPHW and 41 positions of CHOs, are filled in the district. There is no sanctioned position of Gynaecologist, Physician, Ophthalmology, ENT, Dermatology and Paediatricians under NHM in the district while there are only 5 MOs MBBS in position in the district from the NHM side.

Human Resource and Infrastructure and Services at SDH Raghunathpur

- h. The C-section deliveries are conducted only at the SDH Raghunathpur mostly during the daytime only. SDH has 6 sanctioned positions of Gynaecologists, 5 sanctioned positions of Paediatricians, 4 positions of anaesthetists, 2 positions of Surgeon specialists, ENT and Ophthalmologist surgeons are in position. There is one positions of Pathologist, and orthopaedic specialist in place in the district. while 4 positions of MOs (MBBS) and 3 positions of Dental surgeons are also in position at SDH but actual position of sanctioned strength is not known.
- i. While in paramedical staff all sanctioned positions of x-ray technicians, 9 positions of Lab Technicians, 10 positions of Pharmacists (Allopathic) and 3 positions of other Paramedic staff are in position. Under NHM there are only two sanctioned positions of Lab Technicians and both are in position at SDH.
- j. In SDH Raghunathpur during the last month, out of the total of 622 deliveries, 425 normal deliveries and 197 C-section deliveries were performed at the facility. And At SDH (69) PPIUCD and 2 IUCD have been inserted and 92 sterilizations have been performed during the month of November 2022.

CHC Kustaur (Rural Hospital)

- k. CHC has a total strength of 6 doctors out of these one position of BMO, 4 MOs (MBBS) one MO AYUSH are from regular side while one positions of MO (MBBS) is from NHM side. While in Paramedical staff CHC has only two LTs, 13 sanctioned positions GNM, one position of pharmacist (Allopathic) and one pharmacist AYUSH both from regular side and NHM and 4 positions of other paramedical staff are in position. While there are no sanctioned positions of, Gynaecologists, Dental Surgeon. Surgeon specialists, physician specialists, ENT, Orthopaedic surgeons, Anaesthetists, ophthalmologists, Dermatologists or Radiologists at CHC.
- l. The C-section deliveries are not performed at the CHC Kustaur because of non-availability of staff. At CHC Kustaur a total of 310 normal deliveries were performed during the last three months September to November 2022.
- m. The condition of the labour room, OT was found satisfactory at all the levels in the district while 18 bedded SNCU at SDH is exceptionally very good. The NBSU at the CHC and is also functional.
- n. 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.
- o. 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.
- p. 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.
- q. 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.

- r. 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.
- s. 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.

b. Services under NHM

- a. 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.
- b. The Dialysis unit has been established at Medical College, not at SDH in the district.
- c. Most of the staff sanctioned under the scheme both for the field teams was not found in position. There are 43 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 20973 children born at delivery points for various defects in the district.
- d. Overall, 1894 HBNC kits were available with ASHAs and these HBNC kits are filled on a need basis presently there are 1894 drug kits available with ASHAs in the district. They have visited 2292 new-borns from April to November 2022
- e. Drug kits for ASHAs are refilled at the SC and PHC level HWCs on a need basis.
- f. 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.
- g. The district has 8 MMU and a total of 150 ambulances on road and most of them are GPS fitted and are handled through the centralized call centre.
- h. The district has 114 ambulances under 102 outsourced through NISCHAY YAN transport service 32 ambulances are outsourced at block level through local ambulance service providers which are available on a need basis 24X7.
- i. Though Centralized 102 has been started for the district only 114 vehicles in this regard have been provided so far to the district under this scheme. Providing only 150 vehicles/ambulances in the district was found insufficient for 52330 expected deliveries, and a population of 3228949 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)

- j. Out of sanctioned 485SCs only 302 SCs and 53 PHCs and 3 UPHCs level health facilities have been converted into HWCs and have initiated the screening for NCDs in the 1st phase.
- k. The district has computed about 1 individual so far 93914 CBAC forms have been filled as per the target to date and 153451 have been screened for Hypertension and screened for Diabetes in the district till November 2022.
- l. All the 53 PHC-HWCs,3 UPHC -HWCs and 302 SCs have started NCD screening at their facilities in the district while 302 SCs have been upgraded to HWCs because the district has appointed all 302 MLHP/CHOs in the district. The district has achieved about a 15 percent

target in screening the planned individuals for various types of NCDs which include hypertension, diabetes, oral cancer, breast cancer, and cervical cancer.

- m. Out of 302 established HWCs 171 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)

- n. Under universal health screening, the district has identified a target population of 1048144 eligible persons and out of these, about 17percent (156718 persons) population has been covered to date and Community Based Assessment Checklists (CBAC) forms (93914) have been filled for them and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers.
- o. Overall, among the screened population 16 percent (153451) persons were diagnosed with hypertension and about 15 persons (7058) with diabetes in the district. Also, a large number of 148103 persons were screened for various types of Cancers and out of these, 129 were Oral, 69 were diagnosed with breast cancer and 8 were diagnosed with cervical cancer in the district.
- p. 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.
- q. SC-HWC Belma has a population of 7212 souls out of these 2668 individual are above the age of 30 years in their area and 662 CBAC forms were filled since April 2022. They have screened 827 persons for Hypertension, Diabetes and Oral cancer while 490 have been screened for Breast cancer and non for Cervical cancer out of these 95 were confirmed for Hypertension, 29 for Diabetes while none were confirmed for any of the three cancers.
- r. SC-HWC is without a boundary wall and a security guard as all staff members are females.

Grievance Redressal

- s. 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

- c. There are no backlog cases of JSY beneficiaries during the current financial year in the district while SDH Raghunathpur and CHC Kustaur have paid the JSY amount to the beneficiaries 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

- a. 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.

- b. All the health facilities are actively involved in the eradication of TB and drug resistance tests are available in the district.
- c. There are 35 DMCs, 25 Tuberculosis Units, 12 CBNAAT/TruNat Sites and one Drug Resistant TB centre in the district.
- d.

Accredited Social Health Activists (ASHAs)

- e. The district has a requirement of 3120 ASHAs, and 1894 have been selected to date. In the district, about 500 of the ASHA covers 1500 or more population for urban and 3000 or more population in urban areas. There are 19 villages or slums without an ASHA in the district.
- f. Overall, 500 of the in-position ASHA and ASHA facilitators have been enrolled for PMJJBY and 500 ASHAs for PMSBY have been enrolled under such schemes.

Immunization

- g. 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.
- h. 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.
- i. SDH has immunised 1766 newborns with BCG at the time of delivery. While CHC has provided BCG immunisation service to 276 live births from September to November 2022.

Family Planning

- j. Besides SDH, CHCs, some PHCs, and SCs have also been identified and are providing IUD insertion or removal services in the district and have requisite trained manpower.
- k. 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.
- l. Spacing methods like condoms and oral pills are available at all levels in the district.
- m. SDH has provided IUCD Insertion service to 02 while PPIUCD insertion to 69 beneficiaries in the month of November 2022 while SDH has performed 92 sterilizations and CHC 12 during the same period.

Adolescent Friendly Health Clinic (AFHC)

- n. The AFHC at SDH is not functioning at SDH. The female AFHC Counsellor and the DEO are not in position. The district has 9 NRC at all block headquarters BPHCs.
- o. IYCF Centre has not been established at the SDH hence such services are not provided in the district.

Quality Assurance

- p. 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.
- q. SDH has received awards for Kayakalp, NQAS and LaQshya in 2020-21 and 2021-22 while CHC received Kayakalp the award in October 2022. CHC has not initiated NQAS and LaQshya due to the non-availability of required staff.

- r. 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.
- s. 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.

Health Management Information System (HMIS) and (RCH)

- t. 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.
- u. Most of the services provided by the SDH are well-documented and properly reported. Information about the availability of services is written on the walls both in English and Bengali.
- v. 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.
- w. 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.
- x. 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.

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 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 Purulia 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 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 Purulia 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 Purulia District and collected information from the Office of CMO, District Hospital Sub district Hospital (SDH) Community Health Center (CHC) Kustaur , PHC Hutmura, UPHC Gatak Pora and Health & Wellness Centre (HWC) Belma We also interviewed some IPD and OPD patients who had come to avail the services at various health facilities during our visit. A community interaction was also held at the CHC, PHC and HWC level to discuss various health related issues with them. The following sections present a brief report of the findings related to mandatory disclosures and strategic areas of planning and implementation process as mentioned in the road map.

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 km² (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%.

Purulia is a district in West Bengal State of India. It has a total of 20 Blocks in this district. The district has a total area of 6,259 sq km. There are 28 towns and 210 villages in this district. Purulia population is estimated to be 4,072,860 in 2023.

The district has a total area of 6,259 sq km., 147.53 sq km is urban and 6111.47 sq km is rural. Out of total population of Purulia, 3,252,428 in the district, 373,314 are in urban area and 2,556,801 are in rural area. 71,988 households are in urban, 495,836 are in rural area. 250,045 literate people are in urban, 1,374,860 are in rural area.

Literacy percentage of this district is 56.14 % (excluding 0-6 years population). The male literacy percentage is 74.18% and female literacy percentage is 37.15 %. In rural and urban area the literacy percentages are 53.82 and 75.96 respectively. The male literacy percentage has been increased from 62.17 % in 1991 to 74.18% in 2001. The female literacy has been increased form 23.24 % in 1991 to 37.15% in 2001. In case of rural areas female literacy has been increased to 14.34 % over 1991 and in urban areas it is 7.36 % over 1991. Purulia sex ratio is 957 females per 1000 of males. Next Purulia Census will be in 2022-2023. At present District possesses one District Hospital, one Sub-Divisional Hospital, one Mental Hospital, one jail Hospital, one Police Hospital, 5 Rural Hospitals /20 CHC, 54 PHC ,2 PHCs and 485 functioning Sub-Centers.

Table 1: Demographic Profile of District Purulia.

Demographic Character	Number/percentage/Ratio
Total geographical area	6.259 Sq. Kms
Total Population of the district as per census 2011	2,930,115
Male	1,496,996 males
Female	1,433,119 females
ST Population	19.38%.
Literacy rate	56.14 %.
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	20
Total Villages	2459
No. of SDHs	01
No. of CHCs	20
No. of PHCs	54
No. of UPHCs	02
No. of SCs	485
No. of Health & Wellness Centers	(54PHCs+2UPHCs+302SCs)
Total No. of ASHA's	3511
Total No. of RKS (Rogi Kalyan Samitis)	26
Total No. of village Health & Sanitation Committees	2402
Total No. of Mahila Arogya Samitis (MAS)	226

HEALTH INFRASTRUCTURE

The health infrastructure in Purulia district, as per 2013-14 data, can be summed up as follows: One medical college, 1 sub district hospitals, 20 rural hospitals, 54 primary health centres, 2 UPHCs, 358 H & WCs and 485 sub centres. These facilities are provided by the Health and Family Welfare department of the Government of West Bengal. 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.

Purulia district has one DEIC established in the medical college. There is a SNCUs functional at DHs. There are two sanctioned blood banks one at the medical college and another at a sub-district hospital and 2 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 Kustaur Comprehensive 1st trimester abortion services are provided by 21 facilities and both 1st and 2nd-trimester abortion services are provided by only one health facility in the district. Out of 302 health and wellness centers all are providing NCD service and 171 are providing telemedicine consultation and 192 are organising wellness activities to the patients in the district. The tele medicine programme has been implemented wisely and is working efficiently in the district.

5. DISTRICT HEALTH ACTION PLAN (DHAP)

The DHAP is primarily prepared based on the previous year performance and accomplishments of various major health indicators related to RCH. In West Bengal, DHAP was prepared by the State Health Society (SHS). The state health society of West Bengal (SHS) has taken five-year consent from all the districts health societies for the preparation of DHAP. The district health society had no direct role in the preparation of DHAP. District Purulia, has received its DHAP from the state in November 2022 and to date, there is not any construction pending in 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 this makes it difficult for the monitoring teams to ascertain the actual deficiencies of human resource 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 a 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 of 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 Raghunathpur

The SDH has presently 100 percent sanctioned strength of Gynaecologists, paediatricians, Surgeon specialists, Pathologists, ophthalmologists, Orthopaedics, Dental Surgeons, and other Specialist positions at SDH Raghunathpur. 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 Raghunathpur. While from paramedical staff all sanctioned positions of X-ray technicians, Lab technicians, Pharmacists and other positions are in place and in position. Both sanctioned positions of Lab technicians from the NHM side were found in- positions at SDH, while as there is no any other position of medical or paramedical staff is sanctioned at SDH level.

In SDH Raghunathpur during the last month, out of the total of 622 deliveries 425 deliveries were normal and 197 C-section deliveries were performed at the facility. While at CHC 310 deliveries were normal deliveries. The condition of labour room, of T was found highly satisfactory at all the levels in the district while as 06 bedded SNCU at SDH is exceptionally good. NBSU at CHC and NBCC at PHC were also functional.

JSY payments at health facility level shows that at SDH, level, there is no pendency till November, 2022. while at CHC has completed payment till November, 2022.

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. During our interaction with such patients at various levels, it was found that various services like free medicines, diet, and transport are being given fully and above all the protocols regarding the discharging of patients after delivery was followed properly.

PMSMA services on 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 Kustaur

CHC Kustaur has a total bed capacity of 30 beds. CHC has a total of 06 positions of MOs and 25 positions of para-medical staff sanctioned from the regular side. In CHC Kustaur only 06 sanctioned positions of MOs are in place which, five are MBBS MOs, and one is AYUSH MO. Also, from the NHM side, there is one MO (MBBS) and two RBSK MOs (AYUSH). There is no sanctioned post of any specialist in the CHC from the regular side. Also from the NHM side, there is not any approved position of any specialist, and among the paramedical staff, there is only one RBSK staff nurse.

PHC Hutmura

PHC Hutmura is housed in an old building with multiple cracks in the walls and one side is damaged. PHC is functioning in a single room with limited staff and infrastructure. In immunization room a tree has emerged with roots side of the room and has damaged the wall.

In PHC Hutmura there is some dispute between the CMOH offices and locals. The PHC has remained closed for more than 5 years, though there is a facility of good infrastructure that includes one separate buildings for labour room, PICU and other lab facilities. There are also three residential quarters. The PHC is non-functional. There is only one MBBS MO, one ANM, one GNM and one pharmacy the sweeper from the regular side, while from NHM side, there is only one FMPHW and one sweeper on contractual basis.

UPHC Raja Banda

UPHC Raja Banda had 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, ASHA rest room, a patient waiting room with sufficient sitting area and LCD fitted UPHC has an approach road also. In the UPHC, there is one MO, one GNM, two NMs and one pharmacist from the NHM side, and from the regular side, there is only one LVH. In facility, there is no record of NCD.

HWC Belma

HWC Belma has been converted into HWC with 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 the buildings. SC is having facility of safe drinking water, electricity, Asha rest room, clean functional toilets male and female patients waiting room with sufficient sitting area and has an approach road but without a boundary wall and power backup. In the SC/HWC, a dedicated CHO was found there, who is performing 100 percent at the ground level. The CHO is conducting teleconsultation on daily basis, and she also maintained a

good record of NCD patients. On the day of the visit, the CHO was fully busy with teleconsultation. In the HWC, there is a record of NCD patients who are taking consultations from private clinics also. SC has two sanctioned positions of FMPHW, one from the regular side and one FMPHW and one MLHP from the NHM side and all are in position. HWC has 6 ASHAs also. There is a well-established screening mechanism and have screened a population of 827 persons for hypertension and diabetes out of these 95 have been confirmed for hypertension and 29 for diabetes.

6.1 Recruitment of various posts

There is a well-established procedure for the recruitment of regular staff through a centralized process and all regular positions are advertised in all national and local newspapers. The positions of doctors are filled through West Bengal Public Service Commission and the posts of paramedical and other staff are recruited by the Health Recruitment Board of West Bengal. Similarly, the recruitment of various positions under NHM is filled by the office of the district level selection committee (DLSC). The DLSC is composed of the District Magistrate, CMOH, Program officer and a panel of experts. The selection process for NHM staff has to follow the number of steps, that includes academic score, written test, competitive test, experience and viva-voce.

7. Trainings

NHM organizes a variety of training programmes for various categories of health staff at the National, State, Divisional, and District level. The information collected from DPMU office about various training programmes conducted for the staff during the year 2021-22, revealed that almost every year, various training courses are conducted in the district that are approved under the ROP in which different categories of health personal participate. During 2021-22, and 2022-23, 19 training courses were approved under ROP for medical and paramedical staff, and all the training programmes were conducted by the district in different batches. The trainings imparted to the health workers during the same time. Various types of training were conducted; like Maternal Death Review, Skill Birth Attendant, ANC, PNC Training, NSSK training, training for MOs in safe Abortion, IYCF training, training on PPIUCD insertion, FP training, PCV, NID, SMIS etc.

8. STATUS OF SERVICE DELIVERY

The district has officially implemented the free drug and diagnostic services for all but it was found that it was not being implemented at PHC Hutmura due to some dispute between locals and the health officials. Deliveries are not conducted at DH, SDH and CHCs. Deliveries are not conducted at any PHC, UPHC and SC because of non-availability of staff and required infrastructure. The SDH in the district has conducted more than 622 deliveries in last three months while CHC has conducted 310 deliveries in the last three months. C-section deliveries are conducted at the SDH and CHC during the day time only. In case of any emergency, SDH conducts C-section deliveries during the night hours also. SDH Raghunathpur is designated as FRU and both normal and C-section deliveries are performed in this health facility on 24X7 basis. During the last month, out of the total of 622 deliveries, 425 were normal deliveries and 197 C-section deliveries were performed at the facility. Similarly, at CHC Kustaur, no C-section delivery was performed due the lack of infrastructure and Gynaecologist, and only normal deliveries are performed there. The condition of labour room, OT was found satisfactory at SDH in the district while as SNCU at 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 non-availability of staff, space and requisite equipment and infrastructure.

District has one NRC located in Para, established in 2019. It has 20 beds and on the day of visit five children are admitted there. A balanced diet is provided to the patients. There are ten staff members in the NR. 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. All the normal delivery patients were discharged after 48 hours and C-section delivery patients were discharged after six days.

PMSMA services on 9th of every month has 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.

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 District Health Officer (DHO) in this regard which makes surprise checks to private USG clinics. There are 20 institutes with ultra sound facilities in the district and all are running in Public Private Partnership mode. These all facilities are registered under 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 mostly drugs (out of the total medicines prescribed by the doctor) are being provided to the patients when they visit to any health facility for treatment. It was reported by the concerned MSs and MOs in charge that free drug and diagnostic policy has been implemented to 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 SDH level out of these only 139 were available at the time of our visit and 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 Principal medical college but not under district administration.

10.3 Rashtriya Bal Swasthya Karyakaram (RBSK)

The RBSK has been implemented in Purulia district. There are 43 sanctioned RBSK teams in the district, but only one team has full staff strength. There are 20 vehicles for RBSK team and two teams for each block. On an average five children screened per day and till date 20973 children

born in delivery points were screened for defect at birth. , This is the reason that the performance of RBSK has been very poor.

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

During current year 1163 inborn and 643 out born neonates were admitted in SNCU till November 2022 and 2563 inborn and 590 out born were also admitted in NBSUs in the district. Out of these 784 inborn and 440 out born were discharged from SNCU and 1693 inborn discharged from NBSUs in the district.

The SNCU has been established in the SDH Raghunathpur and has a bed capacity of 20 beds, with 12 radiant warmer. On the day of visit, 18 beds were occupied among 12 inborn and six out born patients. Shortage of staff is the main challenge of SNCU at SDH.

10.5 Home-Based New-born Care (HBNC)

Overall, 1894 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 2292 visits were made by ASHAs to new-borns under HBNC. 1894 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 need basis.

10.6 Maternal and Infant Death Review

During the current year till November 2022, 55 maternal, 110 child deaths, 890 still births and 763 infant death review has taken place while in the previous year 2021-22, Further, it was also found that all the visited health facilities maintain the data regarding the maternal and child deaths and report the same to the CMO and also upload this information on HMIS portal on monthly basis. The data is recorded and reported properly at all levels. In the district, no committee was framed for reviewing any maternal or infant death.

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

There are 8 mobile medical teams in the district. On a monthly basis, the MMU staff performs a variety of activities, including, camps, visits to various villages as per the roster they on average perform 25 trips and cover 200 villages and perform investigations as per requirement. visited, and eight lab investigations. DPMU office failed to provide us with the information regarding the X-ray investigations, the number of blood smears collected, the number of sputum collected and an average number of patients referred.

In terms of referral transport, the district has a limited number of vehicles with various health facilities for JSSK and other referral patients. The district has a functional 102 toll-free number under the centralized system of transportation, but 150 available ambulances in the district are used for the same, which are fitted with GPS and handled through a centralized call center (102). The vehicles were found insufficient, and the district was forced to outsource the hiring of vehicles, especially for JSSK to cater 52330 estimated pregnancies and a population of 3228949 souls.

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 156718 individuals so far and 93914 CBAC forms have been filled as per the target till date. In the 302 SHC-HWCs, and 54 PHC-HWCs, 2 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 171 HWCs while 192 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 1048144 and 93914 CBAC forms filled and has been screened for various non-communicable diseases including hypertension, diabetes, and various types of cancers. Overall, among the screened population 153451 persons were screened for hypertension, and diabetes, out of them nine percent were diagnosed with hypertension and about five percent with diabetes in the district. Also, a large number of 148103 persons were screened for oral cancer 86796 for breast cancer and 11470 for cervical cancer and out of these, (129 were oral, 69 for breast cancer and 8 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 a week.

SC-HWC Belma has a population out of 827 individuals were screened for hypertension, diabetes and oral cancer, out of them 11 percent were diagnosed with hypertension and four percent with diabetes. A total number of 2668 CBAC forms were filled till November 2022 by the HWC.

13. Grievance Redressal

The grievance redressal mechanism is in place at most of the health facilities as they have placed a complaint box on the entrance of each facility and these boxes are opened on regular basis by the officials of concerned health facilities to resolve the complaints if any. None of the visited health facility was found much serious about the grievance redressal set-up and were of the opinion that all such issues are settled when brought in the notice of these health facilities but the community was not satisfied with this argument at any level and were of the opinion that community members need to be taken on-board for settling such issues with maximum transparency.

14. Payment Status

During 2021-22 district utilized about 96 percent of funds received for Maternal Health from the State Health society. The district has made about 96 percent expenditure on all the major heads including the RCH Flexi pool, Mission Flexi pool, and Immunization.

The district has over utilization of funds more than 102.67 percent in Untied Fund, more than 507 percent in Infrastructure, and quality insurance in RCH components. The district has received no

funds under the National Programme for Health Care for the Elderly (NPHCE) and 83 percent of funds under the national Tobacco Control Programme NTCP have been spent during the same financial year while funds for other non- Communicable disease programmes have been spent more than 118.74 percent during 2021-2022. But funds for NTEP have been overutilized by 28 percent. Overall, the district has utilized 94 percent of funds that were received under different schemes of NHM. The district has utilized around 61 percent of funds received under NUHM for various programmes during 2021-22.

SDH Raghunathpur has been able to utilize Rs 8680336/= (70 percent) only of the total budget released during 2021-22 while CHC Kustaur has spent excessive budget by 2 percent of the received amount of Rs 21495527/= (including the opening balance) of the received amount while PHC Hutmura has received no funds in the financial year 2021-22 and UPHC Raja Banda and HWC/SC have received Rs 35000 funds during 2021-22 and have spent 100 percent received amount during the financial year 2021-2022.

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 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 weekly basis as reported by the concerned MO. The composition of the IDSP team consists of Dy CMO, Dy director (ARD), one each 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. Universal Drug Susceptibility Testing (UDST) for Rifampicin to achieve the elimination status is being done.

The information collected shows that 30 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 HWC level. Further, the information collected shows that district has 30 Designated Microscopic Center (DMC) but one is non-functional, 21 Tuberculosis Units (TUs) and 11 CBNAAT/TruNat facilities again one is non-functional in the district while there is only one drug resistant centre in the district. 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 3120 ASHAs, and 1894 have been selected to date. In the district about 500 of the ASHA covers 1500 or more population for urban and 3000 or more population in urban areas. There are 19 villages or slums without an ASHA in the district. Overall, 500 of the in-position ASHA and ASHA facilitators have been enrolled for PMJJBY and 500 ASHAs for PMSBY have been enrolled under such schemes.

17. IMMUNIZATION

The BCG birth dose 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. Outreach sessions are conducted to net in drop-out cases/left-out cases. VHNDs and outreach sessions are used to improve Pantavelent-1 Booster and Measles-2. SDH has immunised 1766 new-borns with BCG at the facility. While CHC has given BCG to 276 live births from September to November 2022.

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 the 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 breastfeed (with 1st hour of delivery) is followed at both the 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, 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. 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. Spacing methods like condoms and oral pills are available at all levels in the district. SDH has provided IUCD Insertion service to 02 while PPIUCD insertion to 69 beneficiaries in the month of November 2022 while SDH has performed 92 sterilizations and CHC 12 during the same period.

19. Adolescent Friendly Health Clinic (AFHC)

The AFHC at SDH Raghunathpur and CHC Kustaur has not been established. The clinic doesn't have any 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. None of the health facilities in the district is quality certified. SDH received all three awards for Kayakalp, NQAS and LaQshya in 2020-21 and 2021-22 while CHC has received the Kayakalp award in October 2022. CHC has not been initiated because of the non-availability of the required staff. 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.

21. QUALITY IN HEALTH SERVICES

21.1 Infection Control

Overall, the general cleanliness, practices of health staff, protocols, fumigation, disinfection, and autoclave was found by and large satisfactory in the SDH and CHC. But at PHC level such issues are also taken seriously because the building is 35 years old. But at SC-HWC these things are taken very serious and it was observed on seeing neat and clean HW Belma.

21.2 Biomedical Waste Management

The segregation of bio-medical waste was found satisfactory in all the facilities. The awareness amongst the staff was found satisfactory and 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 is regularly lifted by Medicare Environmental Management Pvt Ltd. And SNG Environmental Solutions Pvt Ltd. SC /HWC buries the sharp waste material in pits constructed for the purpose and other waste is sent to Block head 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 inter-personal activities so as to disseminate information about the various health schemes in the masses. The year-long IEC/Communication Plan had 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 the preventive and primitive healthcare for the 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 a 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 central government, state government, NGOs, donor partners etc.

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

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 on the new portal modified by the MoHFW. Data reporting is regular. Though the data quality in the district has improved to a great extent but there is still a lot of scope for improvement in all the facilities particularly at SDH in the district. 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 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 Grading of Health Facilities, identifications of aspirational districts, review of State Programme Implementation Plan (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 quarterly basis and infrastructure related data on annual basis on 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, National Health Mission (NHM), Government of West Bengal has also rolled out RCH Portal State wide—a web-based application for RCH replacing 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 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 National programme for health Care for the Elderly (NPHCE) and 57percent under 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 over utilized 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 Raghunathpur has been able to utilize Rs 19291934/= (95 percent) only of the total budget released during 2021-22 while CHC Kustaur has spent 98 percent received amount of Rs 16309965 /=(including the opening balance) of the received amount and PHC Hutmura have spent an excess amount of Rs 13270/= in the financial year 2021-22 and UPHC Raja Bandahas spent an excess amount of Rs 10863 and HWC/SC have received Rs 35000 funds

24. HEALTH INFRASTRUCTURE

The health infrastructure in Purulia district, as per 2013-14 data, can be summed up as follows: One medical college, 1 sub district hospitals, 20 rural hospitals, 54 primary health centres, 2 UPHCs, 358 H & WCs and 485 sub centres. These facilities are provided by the Health and Family Welfare department of the Government of West Bengal. 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.

Purulia district has one DEIC established in medical college. There is a SNCUs functional at DHs. There are two sanctioned blood banks at both sub district hospitals and 2 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 Kustaur Comprehensive 1st trimester abortion services are provided by 21 and both 1st and 2nd trimester abortion services are provided by only one health facility in the district. Out of 302 health and wellness centers all are providing NCD service and 171 are providing tele medicine consultation and 192 are organising wellness activities to the patients in the district. The tele medicine programme has been implemented wisely and is working efficiently in the district.

5. DISTRICT HEALTH ACTION PLAN (DHAP)

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 DHAP in 2022-23, though; the 1st instalment of funds was released late in June 2022 to the district.

24. FACILITY-WISE BRIEF

24.1 Sub District Hospital Raghunathpur

District Hospital Raghunathpur 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 300 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 well established and functional. The hospital doesn't provide any teleconsultation services to the patients. The accommodation for medical and para medical staff is still an issue. 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 sub district hospital has been appointed. Mostly all the specialised services are provided at the SDH as there are sanctioned positions in ENT, Pathology, General Medicine, Surgery, Pathology, ENT, Ophthalmology, Orthopaedics and Radiology. Two doctors were found trained for EmoC and LSAS at the SDH.

Under NHM, the SDH has a functional well established SNCU and NCD Clinic, very few positions in these units are vacant but SNCU has nice space and infrastructure and was very neat and clean. 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 big drug store and remains open for services from 10-4 pm only and there is also a Fair Price Medical shop inside the hospital which provides medicines at reasonable rates.

SDH has received Kayakalp, NQAS and LaQshya award during 2021-2022 and has received a cash award also. This year SDH has initiated Kayakalp again and has received 95 points as a result of an internal assessment initiative has been taken regarding NQAS in which 81.3 % 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 1766 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. Staff is a measure issue at SDH. Due to staff and specialists constrain they have to manage and arrange to provide better services.
- b. DEIC and NRC are the measure issue as both the facilities are not available in the SDH.
- c. NRC is located in the BPHC Para more than 30 kms from the SDH.
- d. DEIC is the burning issue of the district hospital administration.
- e. Staff quarts are the need of this facility as mostly staff comes from far away areas.

24.2 Community Health Centre (CHC)

Community Health Center Memari is situated at a distance of 17 kilometres away from the district headquarter of Purulia and is housed in an old building. It is a dedicated FRU and its

next referral point is Purulia Medical College. The functional inpatient bed capacity of the CHC is 30 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 not available at the CHC. Besides, NHM staff under various schemes, CHC Kustaur has a staff strength of only 5 medical positions out of (15 sanctioned positions) and 20 para-medical positions of various categories were found in place.

Under NHM, the CHC Kustaur has established one NCD Clinic without permissible staff in position. Besides these, the CHC has also all other permissible positions which include, one positions of MOs AYUSH and one AYUSH Pharmacists 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 94 % score while in NQAS and LaQshya hospital is not eligible because of non-availability of requisite staff.

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. The CHC is DMC centre with CBNAAT/TruNat facility and 58 patients have been tested during last six months.

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. There is need to complete the electrification and plumbing work in the present building.
- 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. NBCC is required at CHC at present there are only two radiant warmers one in labour room and the other in post-natal ward.

24.3 PHC Hutmura

PHC Hutmura is not a 24x7 PHC-HWC which was converted into a Health and Wellness Center in 2019. It is situated at a distance of 12 km from the district headquarters and 10 km from the CHC It is functioning in an old single-story government building which has developed cracks and a tree has deep roots in the Immunisation room and has space constraint. The PHC caters to approximately a population of 50882 persons. There are 8 SCs and 8 villages in the PHC area. There are 8 ASHAs working under this PHC. This PHC has Been almost closed for ANC services in year 2018 due to a conflict and is still in same

condition though it is only 12 kms away from district head quarter. 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 neither regular water supply nor 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, one MMPHW and two GNMs one from regular side and one from NHM side .PHC has no lab facility 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 in sufficient 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 for last 5 years.

The cleanliness of the facility particularly the wards was not 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 also 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.
- f) Water supply is the main issue in the PHC. No wash room is functional in the PHC.

24.3 UPHC Raj Bandh

- g) Urban PHC Raj Bandh is not 24x7 U PHC-HWC which was converted into a HWC. It is situated at a distance of 2 km from Medical College Purulia and is functioning in a single-story building with 15 rooms. The UPHC caters to approximately a population of 68438 persons. There are 11 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 power backup is not available at the facility.
- h) The PHC has sanctioned the strength of one Part-time Medical officer MBBS, two FMPHWs, one pharmacist, PHM and staff nurse . The only position of lab technician, one position of MO ,staff nurse and 3 positions of MMPHW are vacant in UPHC .
- i) Services like ANC/PNC, child immunization and general medicine, are provided by the PHC on regular basis.
- j) 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.

- k) Family planning items like OCPs and EC pills are also available at PHC. But the IUDs are not available at PH. Tele-medicine consultation is provided at the facility.
- l) No deliveries are conducted by the UPHC.
- m) Cleanliness of the facility particularly waiting room was satisfactory. As the building is new all rooms are neat and clean. Colour-coded waste bins (blue and yellow) are available in the UPHC for waste segregation.

Key Challenge

- n) 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.
- o) No X-ray machine at the facility is available.
- p) There is no ambulance at the health facility and thus need a new ambulance for any emergency purposes.
- q) Housekeeping and security staff is needed in the facility.

24.4 Sub Centre- Health & Wellness Center Belma

This SC is located in a new building. This SC is within the main habitation, 5 km away from BPHC and 35 Km away from linked CHC. The HWC caters to 5 villages with a catchment population of around 7212 persons. The SC-HWC is housed in a new building, with one room and one old building with 3 rooms and two washrooms but with a bore well 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 Belma has a sanctioned strength of 2 ANMs (one from NHM and one from the regular side), and 1 position of CHO from the regular side all are the positions are in place. The SC-HWC has a trained Dai. The SC-HWC needs a boundary wall.

The HWC 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, 827 individuals were screened for hypertension and diabetes out of these, 95 cases were diagnosed with hypertension, while 29 were confirmed as diabetic from the same screened population. Overall, a total of 782 patients are on anti-hypertension drugs and 264 patients were on anti-diabetic treatment at this HWC.

On 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 for 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 Raghunathpur.
- 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.
- g. The Community of village Hutmura pressed hard for the reopening of the PHC and providing all ANC and delivery services at the facility.

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 Purulia 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 9553 (3228949/338 doctors) souls.
- ii. Among the doctors/specialists, 61 percent of the sanctioned positions of OBGYs, 20 percent of Paediatricians, 50 percent of Radiologists, 100 percent of ENT specialists and Dermatologists, 57 percent of MOs and 33 percent of Dental MOs were found vacant in the district. Hence these positions should be filled at the earliest.
- iii. From regular paramedical staff, 26 percent of pharmacists and 20 percent of AYUSH pharmacists are also vacant in the district. While there are no sanctioned positions for OT technician these positions are necessary and needs to be sanctioned and filled in the district.
- iv. Among the NHM staff, out of the sanctioned strength, 379 SNs, 51 positions of MMPHW and 41 positions of CHOs, are filled in the district. There is no sanctioned position of Gynaecologist, Physician, Ophthalmology, ENT, Dermatology and Paediatricians under

NHM in the district while there are only 5 MOs MBBS in position in the district from NHM side.

- 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 3228949 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 CHC has no sanctioned positions of, Gynaecologists, Dental Surgeon. Surgeon specialists, physician specialists, ENT, Orthopaedic surgeons, Anaesthetists, ophthalmologists, Dermatologists or Radiologists hence these specialists should be provided for better services.
- vii None of the Visited PHCs or UPHCs is conducting deliveries as both the institutions are without requisite staff and infrastructure like labour room and required equipment in conducting the normal deliveries.
- viii PHC Hutmura Needs a special attention as the service of normal delivery has been stopped in year 2018.

PHOTO GALLERY



SNCU SDH Raghunathpur



Roots of Tree in Immunization Room in PHC



Ambulance Service at SDH Raghunathpur



Tele Consultation at Health & Wellness Centre Belma



Labour Room At SDH Raghunathpur



NRC at BPHC Para



Maternity Ward SDH Raghunathpur



SNCU ward SDH Raghunathpur