Report

of

Common NRHM Review Mission

–West Bengal

submitted
to

NRHM

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The review mission composed of three members, namely:

1. Mr.S.K. Das Add. DG
2. Dr. P. L. Joshi DDG-L
3. Mr. Sushil Pal, National Consultant-Finance

The mission arrived at Kolkata on 14th November 2007 and had meeting with the key nodal officers of NRHM.

Meeting with Add. Chief Secretary:

The Add. Chief Secretary welcomed the review mission and briefed about the initiatives taken by the State for the effective operationalization of NRHM in the State of West Bengal. He said that in the initial stage, the State of West Bengal was not included under NRHM except the tribal population. Later on Govt. of India acceded to the request of State and sanctioned the NRHM for the whole State. This caused delay in approval and sanction of various contractual positions under NRHM by Government of India. Hence, the implementations of NRHM activities have been delayed in the State.

The Govt. of West Bengal had formulated the health sector strategy (HSS) for the period 2004-2013 with the mission of 'Improving the health status of all the people of West Bengal, especially the poorest and those in greatest need'. The major thrust areas under HSS were decentralization, capacity building, identifying the special need and ensuring demand and access through health awareness and programme Strategy.

The HSS seeks to align the resources and address shortcomings in the provision, access and quality of services. The different partners like Department of Panchayat and Rural Development, Women and Child Development and Social Welfare and Public Health Engineering were involved. The bilateral donor agencies namely, DFID and GTZ also provided technical and financial support. The HSS helped in bringing down the key health parameters like IMR, MMR and TFR. With the implementation of NRHM, the health profile of the State particularly rural population would improve further.

Some of the new initiatives taken by the State for effective implementation of NRHM are as below:

1. Placement of second ANM at the Sub-centers. The Govt. has taken the decision to appoint married women residing in local area, so that the service delivery could be maintained without any disruption.
2. Construction of residence for ANM in sub-center building.
3. It is estimated that sum of Rs. 8.5 lakh would be required for constructing the Sub-Centre building including the residents of ANM. Govt. of West Bengal is contributing 3.6 lakh from the State fund and the rest from NRHM fund.
4. Augmentation of ANMs' training: The State has established 49 ANM Schools from April 2007 including 18 existing ANM schools. 3527 ANMs trainees have been admitted in these schools.
5. Coordination with PRIs. For better Coordination realignment of Sub-centers is being done so that there is good coordination with Gram Panchayats.

6. Hiring of services of specialists: Efforts are being made to hire the specialist doctors on contractual basis, but the response was not very encouraging. State had initiated the open interview process and roughly 8000 applicants appeared for the interview. Out of this, the joining rate is only 15-20%. State expressed that the remuneration is not sufficient for attracting doctors for the rural areas. The state has increased the remuneration for specialist to attract them.
7. Divisional Review Meeting: For monitoring of NRHM, quarterly meeting are being organized under the chairmanship of Minister of Health & Family Welfare and Panchayat.
8. Logistics and supply: Currently the tender processes for procurement of drugs and equipments is finalized at State level and rates are communicated to Dist. CMOH. The budgets are also allocated to the districts and they are supposed to procure from the given suppliers list as the rate contract. This system is functioning well in the state. The Government is considering establishing West Bengal Warehouse Corporation for management of logistics and supply, which would be functional by the next financial year. This should be able to take care of the procurement of equipment and drugs as well as the AMC of the high-end medical equipments.
9. Convergence at State level. The Chief Minister heads the State Health Mission and the Minister of Health & Family Welfare is vice-chairman. So far one meeting has been held instead of Quarterly meetings. However, the coordination with Panchayati Raj and Rural Development is satisfactory, as the Health Minister looks after both the Departments.
10. Engagement of Laboratory technicians. The State is facing difficulty in recruiting the laboratory technician due to pending case in the Supreme Court.

Various programme managers discussing the impact of NRHM on to their respective programmes made brief presentations. The Jt. Secretary NRHM presented the timeline for NRHM activities. Special mention was made about the Societies already registered and functioning before the launching of NRHM.

TIME LINE FOR NRHM ACTIVITIES

Sl. No.	Activity	Phasing and Time line	Our present status
1	Fully trained ASHAs for every 1000 population / large isolated habitations. No. of ITDP blocks of the State : 113	30% by 2007 60% by 2009 100% by 2010	2302 selected 2011 received first phase training. Another batch of 2620 selected. Blocks covered 49
2	Village Health and Sanitation Committees constituted in 44,145 villages (Gram Sansads) and untied grants provided to them.	30% by 2007 100% by 2010	16,770 VH&SCs constituted. Additional 12,000 during this year.
3	Second ANM Sub-health Centres strengthened / established to provide service guarantees as per IPHS, in 10,356 places (Sub-centres).	30% by 2007 60% by 2009 100% by 2010	First batch of 3529 trainees undergoing trainees from 16.04.2007.Another batch of 941 trainees will start from 15.12.2007.

TIME LINE FOR NRHM ACTIVITIES

Sl. No.	Activity	Phasing and Time line	Our present status
4	922 PHCs strengthened / established with 3 staff nurses to provide service guarantees as per IPHS.	30% by 2007 60% by 2009 100% by 2010	128 PHCs already upgraded under different programmes. Program for upgradation of additional 296 (42 from NRHM) PHCs has been taken.
5	346 CHCs strengthened / established with 7 Specialists and 9 staff nurses to provide service guarantees as per IPHS.	30% by 2007 50% by 2009 100% by 2010	93 BPHCs have been upgraded to RH status. Additional 82 BPHCs have been upgraded. Programme for upgradation 98 BPHCs (32 from NRHM) has been taken.
6	44 Taluka / Sub-divisional Hospitals strengthened to provide quality health services.	30% by 2007 50% by 2009 100% by 2010	Already taken up under SHSDP-II

TIME LINE FOR NRHM ACTIVITIES

Sl. No.	Activity	Phasing and Time line	Our present status
7	16 District Hospitals strengthened to provide quality health services.	30% by 2007 60% by 2009 100% by 2010	Already taken up under SHSDP - II
8	Rogi Kalyan Samitis / Hospital Management Committees established in all CHCs / Sub-divisional Hospitals/District Hospitals.	50% by 2007 100% by 2009	Rogi Kalyan Samitis for all the health facilities down to the PHC level already formed. Separate Bank Accounts opened.
9	District Health Action Plan 2005-2012 prepared by each district of the country.	50% by 2007 100% by 2008	District Health Plans for all the districts for 2007-08 have been done. Those for 2008-09 have been initiated.

TIME LINE FOR NRHM ACTIVITIES

Sl. No.	Activity	Phasing and Time line	Our present status
10	Untied grants provided to each Village Health and Sanitation Committee, Sub-centre, PHC, CHC to promote local health action.	50% by 2007 100% by 2008	Untied Grants provided for 16,770 VH&SCs (Gram Unnayan Samitis), 10,356 Sub-centres, 922 PHCs, 346 BPHCs and RHs. Untied grants for 28,770 VH&SCs will be provided in this year.
11	Annual Maintenance Grant provided to every Sub-centre, PHC, CHC and one time support to RKSs at Sub-divisional / District Hospitals.	50% by 2007 100% by 2008	Annual Maintenance Grant provided for 922 PHCs, 346 BPHCs / RHs. Untied funds for RKSs of DH/SDH/SGH provided.
12	State and District Health Society established and fully functional with requisite management skills.	50% by 2007 100% by 2008	State and District Societies have already been formed and these are fully functional. In addition, Block Societies have been formed. Functional; required personnel in place.

TIME LINE FOR NRHM ACTIVITIES

Sl. No.	Activity	Phasing and Time line	Our present status
13	Systems of community monitoring put in place	50% by 2007 100% by 2008	With all the activities of NRHM PRI at different levels are closely involved and they are monitoring
14	Procurement and logistics streamlined to ensure availability of drugs and medicines at Sub-centres / PHCs / CHCs.	50% by 2007 100% by 2008	Procurement of medicines for the sub-centres & FRUs is being done following the Govt. norms.
15	SHCs / PHCs / CHCs / Sub-divisional Hospitals / District Hospitals fully equipped to develop intra health sector convergence, coordination and service guarantees for family welfare, vector borne disease programmes, TB, HOV/AIDS etc.	30% by 2007 50% by 2008 70% by 2009 100% by 2012	Intra Health Sector convergence and coordination are already there in all the health facilities.

TIME LINE FOR NRHM ACTIVITIES

Sl. No.	Activity	Phasing and Time line	Our present status
16	District Health Plans reflects the convergence with wider determinants of health like drinking water, sanitation, women's empowerment, child development, adolescents, school education, female literacy etc.	30% by 2007 60% by 2008 100% by 2010	Yes.
17	Facility and household surveys carried out in each and every district of the country.	50% by 2007 100% by 2008	Facility Survey already done
18	Annual State and District specific public report on health published.	30% by 2008 60% by 2009 100% by 2010	

TIME LINE FOR NRHM ACTIVITIES

Sl. No.	Activity	Phasing and Time line	Our present status
19	Institution-wise assessment of performance against assured service guarantees carried out.	30% by 2008 60% by 2009 100% by 2010	
20	Mobile Medical Units provided to each district of the country.	30% by 2007 60% by 2008 100% by 2009	Adequate ambulance services are available up to BPHC/RH level. Those services for 171 PHCs will be introduced during this year.

Challenge: Addl Chief Secretary expressed that State is faced with the challenge of absorbing enormity of funds given the limited human resource capacity in the state. He emphasized that the human resource capacity in the state needs to be stepped up if the State aims to absorb this fund.

GOOD PRACTICES:

Steps taken to improve Human Resource in Health Sector in WB:

1. State has got a post of Account Officer (from Audit and Accounts cadre) approved and posted in all the districts keeping in view the enormity of fund flow at the districts. Account Officer is responsible for overall supervision of finance and accounts in the district.
2. In addition, State has hired an Executive Director level post on contract, who is responsible for the overall finance and accounts at the State level.
3. State has hired Block Accounts Manager in all the Blocks @ Rs 8000/- pm. The good practice is that one of the conditions in the TOR was that the applicant for the post of Block Accounts Manager should be a resident of the Block or at least of the adjacent blocks.
4. State is in the process of getting sanctioned 2 posts of Accounts Officer from the Audit and Accounts department for the State Health Society. This will help fill up the human resource gap at the State level.
5. Enhancing training capacity for training the ANM. This has been enhanced from 600 in 2005 to 3500 in 2007 in collaboration with the private sector.
6. State took open interview for Medical Officer in which aprox 8000 people had applied. But the response during the joining was not so encouraging and roughly 70-80 persons were likely to join. As told by Additional Chief Secretary, the reason for low joining rate was low remuneration offered to the doctors.
7. State is also hiring Lab Technicians on contract, as it can't recruit LT due to Supreme Court order.

Integration of disease control progrmme: It was heartening to note that block PMU is reporting and accounting not only for RCH and Mission flexible pool, but also for other disease control progammes such as NLEP. Clear-cut instruction for involvement of dist. PMU and Block PMUs in monitoring and reporting of physical and financial performance of the leprosy progarmme have been issued by the State. *In short, the integration was more visible at District and Sub-district level than at the State level.*

State of the art SNCU (Sick New Born Care Units) and Stabilization Units: State has initiated establishing sick new born care units at district and sub-district level hospitals and Stabilization units at block PHCs. So far five sick new borne care units have been operationalized in the districts of Purulia, Birbhum, Uttar Dinajpur, Bankura and Coochbehar. Each SNCU provides training to nine newborn aids for six-month period. Newborn aids are women selected from the community. After this training they are posted to the stabilization units at the BPHCs. Such training has been completed in Purulia. Each district hospital having SNCU is provided with the additional manpower of 4 MOs and 6 staff nurses who are responsible for running the SNCU and also for training to the newborn aids. The team visited the SNCU at Birbhum district hospital. The SNCU in Birbhum district was a state of the art facility with almost 70% bed occupancy. *The success of SNCU is critically dependent on the committed manpower (4 MOs and 6 Staff Nurses) provided by the State.*

Public Private Partnership: The State Govt. has come out with a document on PPP policy with the aim of consolidating the strength of public sector as well as private sector and addressing the weaknesses of both the sectors. The PPP initiatives undertaken by the State are:

1. Tertiary/ Secondary Level Health care:
   - CT scan and MRI Units in Medical Colleges setup
   - Establishment of Medical College and Nursing College
   - Referral to Private Sector Facilities for dialysis and MRI
   - Establishment of three Mechanized Laundry Units for 30 Govt. Hospitals in Kolkata
   - Construction and Maintenance of Night Shelter & toilet complex in Medical Colleges and District hospitals
2. Primary Health Care:
   - Establishment of Diagnostic Units under PPP in 30 rural hospitals
   - Establishment in 57 rural hospitals in progress
   - Selection of Private partners for establishment of diagnostic units in 74 upgraded BPHCs in progress
3. Under PPP initiative for diagnostic infrastructure for setting laboratory is provided by the Government, while the private sector is responsible for equipments, reagents etc. charges for each diagnostic test have been fixed by the CMOH of the districts which are same as applicable to the district and sub-district hospitals. 20% of tests are to be done free of cost to the BPL patients in this setups to ensure safety net to the BPL.
4. Emergency Transport: An innovative scheme of Ambulance services in primary health care system introduced under basic health project and later rolled out across the state under HSDI. The ambulance under the scheme are managed by NGO/CBO/Trust etc. so far 334 ambulances have been procured and handed over to NGOs for operation in all BPHCs of the State in last two years. This is proposed to be extended to other selected PHCs. The ambulance scheme has substantially reduced the gap of emergency transport in primary health care.

State's Focus on Diarrhea: State has been giving the special focus on diarrhea given the fact that death due to diarrhoea had increased not only among the infants but also among the people in prime of their life. Due to special focus, the State has been able to reduce the death due to diarrhoea by around 800 during past 3-4 years (from 1700 death due to diarrhoea in 2003-04 to 900 in 2006-7)

COMMUTIZATION OF HEALTH SERVICES: Hiring Powers of MOs to Gram Panchayats (GPs): *Due to vibrant PRI system in the State, State has initiated a novel process of empowering 300 Gram Panchayats (GPs) with the powers to recruit Medical Officers in priority (underserved) areas for outreach services for 3 days in week.*

Health Awareness & Promotion Strategy: State is rolling a comprehensive Health awareness and promotion strategy for making people aware and increase peer to peer communication for enhancing the health seeking behavior among the people.

CONCERN AREAS:

HR Issues:

1. Although State has taken lots of initiative in hiring the staff but it does not have a clear cut HR Policy for managing the human resource it has. This is clearly reflected by the fact that the contractual staffs in DPMU and SPMU have not got any raise in

past 2 years. There is no provision of any annual increment for SPMU, DPMU and BPMU staff.

2. Also there is no clear-cut guideline for appraisal of the staff in DPMU, BPMU. As a result, DPMU and BPMU staff are not aware about their appraisal position.
3. State does not have sufficient finance and accounts staff at the State level. State may initiate action for hiring finance and accounts at the earliest.

Since State has put in lots of hard work in putting people in the system and given the fact that these are highly familiar with the programme after spending 1-2 years, State must come out with the clear cut HR policy for the SPMU, DPMU and BPMU staff so that State do not loose them due to its own indifference.

Sanction of ANM Posts on 1991 Census: *It was highlighted by the Addl Chief Secretary that the huge manpower gap is also due to late sanctioning of ANM strength by Government of India. Till 2002-03, the sanctioned strength of ANM was based on 1981 population. Now even in 2007-08, the sanctioned strength of ANM is still based on only 1991 census. There should be effort on part of GoI to revise the sanctioned ANM strength based on latest available population census.*

Pilot Scheme for Additional Nutrition Package: State has launched Pilot Scheme for Additional Nutrition Package for malnourished children. This is almost replication of nutritional package under ICDS. State may ensure that there is no duplication of efforts with the ICDS programme. With the convergence under NRHM, it becomes further important to avoid duplication and tap on the resources of ICDS (core programme for nutrition).

DECLINING STATE BUDGET SUPPORT:

It was noted from the State budget support to the Illambazar BPHC, Birbhum that the State budget for the salary, TA, Electricity, telephone, office expenses, diet supplement to the patients and other charges have declined since 2005-06. It may be noted that the decline is State budget support is has begun after the launch of NRHM. It must be pointed out to the state that NRHM funds are providing the additional resources to the State Govt. rather than for substituting the State Govt. budget

Flow of Funds:

1. State is transferring electronically to the Districts. Funds transfer below the district is through physical transfer. State should endeavour to send funds electronically at the sub-district level as well.
2. **Untied Funds for VHSC funds:** VHSC funds are transferred from State to Panchayat and Rural Development Department in the State, which in turn transfers the funds to Zila Parishad. From Zila Parishad in turn transfers the funds to all the VHSC under it. ***District authorities were not clear as to how the reporting back of the Untied funds for VHSC would take place. As per their understanding, the reporting back Untied funds for VHSC should be through Zila Parishad. State Government may like to send clear cut instruction to the districts and ensure at the same time that this some how gets reflected in the accounts of Block and Districts.***
3. **Funds Flow at PHC:** Funds flow at PHCs goes to 3 accounts.
    a. First one is through treasury which they get from the sub-divisional headquarters.

b. Second one through Society account

c. Third one to RKS of PHC. ***Untied Fund for PHC goes to RKS of PHC.*** **While the Annual Maintenance Grant of PHC is transferred directly from the District to Panchayat Samiti of the Block. This is a major departure from the practices in other State.** In West Bengal due to inactivity of Public Works Department, the State has transferred the maintenance and repair work of PHCs to Panchayat Samitis of the Block. ***Transferring the Annual Maintenance Grant Fund of PHCs to the Block Panchayat Samiti has advantages that it offers enough flexibility to the Block Panchayat Samiti to allocate the funds for repair and maintenance from one PHC to other PHC rather than fitting every PHCs in the Rs 50,000/- jacket.***

4. Annual Maintenance Grants:

a. For Sub-Health Centres – The maintenance and repair work of SHCs have been transferred to Gram Panchayat.

b. For PHC – the maintenance and repair works have been transferred to Panchayat Samiti.

c. For Block PHC and Rural Hospital: State has identified the State specific institutions for repair and upgradation work.

d. For other facilities – State Public Works Department is looking after the maintenance and repair work.

Unawareness about untied fund at BPHC:

It was noticed that the BPHCs (which are equivalents of CHCs), in the state has not received untied grant, while PHCs in the State have received the untied grant. This seems to be primarily due to difference in nomenclature of the facilities**. West Bengal Government may be advised to claim Untied funds for BPHCs (as per the CHC criterions).**

NO Awareness of RKS Funds At PHCs:

Also, none of the PHC of the state have been given untied fund for RKS (Rs 1 Lakhs for each RKS PHC). It is advised that State may seek and provide the untied fund for RKS to the PHCs.

CONSTRAINTS Expressed by State Governments:

1. State is facing tremendous constraints in providing ANM Training. As per State Government, State has sent a request to GoI for allowing the Doctor and GNMs (with more than 10 year experience) to be allowed to work as faculty in ANM Training School. If this is allowed then ANM Training can really be stepped up.
2. State also expressed that it is facing acute shortage of Measles Antigen as well as Hepatitis B vaccines. The request is pending for more than 3-4 months with GoI.

USER CHARGES COLLECTION: User charges are collected only at District Hospital, Sub-District Hospital and State General Hospital. However, no user charges are collected for RCH services at this hospitals.

At hospitals below State General Hospital such as RH, BPHC, PHC, SCs there is no provision of user charges from anybody for any services.

State, however, follows a unique practice of sharing the user charge collection with the facilities, which do not collect the user charges. 40% of user charges collection is retained by the facility generating the resource and 60% is distributed to those facilities, which do not collect the user charges.

Field Visits:

The review mission visited districts Birbhum and Bankura from 16 to 18 November 2007.

Birbhum: The district has three sub-divisions, 19, blocks, 6 Municipalities, 167 Gram Pancvhayats and 225 villages. The total population catered by the district is 30,15,422. The sex ration of the district is 949 and density 663 per sq. KM. The literacy rate is 61.5 % (female 51.6%). The schedule caste population of the district is 29.5% and Schedule tribal is 6.7% **(Annexure I to VII).**

The health infrastructure in the district is as below:

Facility	No.
Total Sub-centers	484
-GP headquarter SC	167
PHCs	57
With indoor facility	15
With only OPD facility	42
BPHCs	15
RH	04
SD Hospitals	02
Dist. Hospital	01

Out of the total SCs, 177 (36 %) were located in rented buildings, 212 (43 %)were without electricity, 189 (38%) without toilets and 33 (7%) without water supply. The State has planned to construct 114 GP headquarter Sub-center buildings on priority basis.

In addition to above the district have 7 allopathic dispensaries and 28 homeopathic dispensaries. All the 19 blocks are covered under ICDS. The number of nursing homes in the district was 39 with total number of beds 378. There are 115 diagnostic facilities in private sectors in the district. Number of X-ray centers are 45.

Health manpower position is indicated below:

Staff	Number sanctioned	Number in position	Number lying vacant
Doctors at BPHC	74	59	15
Doctors at PHC	78	43	35
BPHN	19	12	07
PHN	221	18	04
Health Supervisors	117	104	13
GNM in BPHC /PHC	316	276	40
HA (F)	484	450	34
HA (M)	484	---	-- (60%)
Group D	299	242	

The State has started 2nd ANM recruitment. It has already been completed for 11 blocks and presently they are undergoing training in different training schools. During the current year another three blocks have been identified for the recruitment of 2nd ANM and the process of selection will be completed by November 2007. The District has acute shortage of HA Male

due to which the national programme like Malaria, NLEP, IDSP, IDDCP etc. are not being effectively implemented, although the district has involved health assistant female for their involvement in this programme. There were 34 SCs, which are without the ANMs. Shortage of GNMs (65) was also found. Besides, vacancies of 57 group D and 33 sweepers was also there at BPHC and PHCs.

Coordination with Panchayati Raj Institutes:
The State of West Bengal has very strong three tier system of PRI. At the village level there is a gram sansad for every 1000-1500 popultaion headed by an elected member. For 6 to 10 villages covering 15 to 20,000 populations, there is gram panchayat, which is headed by Gram Panchayat Pradhan. At the block level there is block panchayat samiti headed by block sabhapati and at District level there is Zilla Parishad headed by Sabhadhipati. There is direct election for members of gram, block and Zilla Panchyat.

The district health & F.W Society governing board is headed by the Sabhadhipati, while at block level the block H & F.W. Samiti by the Sabhapati. At Gram panchyat level there is one gram panchayart SC and the office of the Health Supervisor is located in gram panchyat office at the village level Gram Unnayan Samiti headed by the gramsansad. These samities have been now redesignated as village health and Sanination committee. In this way the health services have been decentralized to the PRIs up to village level who are responsible for monitoring of the health programme activities. There are 44,145 gram unnayan samities in the State. Out of them 16,770 have been converted into Village Health and Sanitation Samities and are functional. The State is under the process of converting 12,000 more such samities into village sanitation and health samities by the end of current financial year.

Block PHC Illambazar:
The BPHC serves over 1,90,000 population, having 24 sub-centers. Rogi Kalyan Samity has been established and three meetings have been held so far. The last meeting was held on 12-10-2007. Various agenda item discussed in the meeting were JSY, fund distribution mechanism, observance of Block level Leprosy Awareness Campaign, filarial day and district assistance fund for BPL beneficiaries. The governing board of the block health and F. W. Samiti is headed by the Sabhapati with BDO as vice chairman and BMOH as member secretary. The other members of the samiti are Swasthya Karmadhkshya (elected panchayat member), local MLA, BPHN, BSI, CDPO, MO, 2 NGO representatives, DM representative, Representative of sabhadhipati, Sub-Asst. Engineer (PWD) and all GP Pradhans. The executive body of the health and F. W. Samiti is chaired by the BDO with BMOH as member secretary. The meeting of the governing board is scheduled on quarterly basis while executive body once in a month.

BPHC infra structure: the BPHC is headed by Block medical Officer of Health (West Bengal Public Health cum Administrative services). Other health functionaries are 4 GDMO, 1 Dental surgeon, 8 GNMs,1 pharmacist, 8 group D workers and 3 sweepers. There are 25 indoor beds all of which were occupied at the time of visit to the HC. The common ailmentas for which the patients were admitted were fever, diarrhoea, asthma, pneumonia, bronchiolities, skin diseases etc. it was observed during the visit that infants and children were admitted mostly for fever and respiratory tract infection, but there was no posting of pediatrician due to which these cases were being treated symptomatically. There is also proposal to establish a Sick newborn stabilization care unit for the initial care of low birth weight and sick babies. The overall maintenance of the ward was not satisfactory.

Laboratory services: There was only one laboratory technician posted at PHC who was engaged for RNTCP (sputum examination at RNTCP MC) and malaria microscopy. However, there was no routine investigation facilities for test like urine, HB, TLC, DLC, stool etc., due to which all needy patients were getting these test done from private laboratories. There were two functional binocular microscopes available in the laboratory. The general cleanliness and upkeep of the laboratory was not satisfactory.

Although there has been improvement is supply of medicines to this PHC during the current year as compared to last year, some of the indoor patients were reported purchasing medicines from outside which indicates that there is no proper planning for inventory management. For the transportation of the patients, the state has arranged public-private partnership. Under this arrangement an NGO has been identifies by the CMOH for running and maintenance of the ambulance (Tata Sumo), which was given by the State. At the time of visit, it was under repair for more than one week. No alternative arrangement was made. Patients have to pay the charges for ambulance according the distance traveled by them, the rate for which has been fixed by the district administration.

There are 24 SCs under this PHC with the following infra structure: 20 ANM, 6 Male worker, 6 Health supervisor, 3 male supervisors. 4 post of ANNM were lying vacant. All the nine supervisors were posted at respective 9 GP offices.

Second ANMs: 22 Second ANMs have been selected under NRHM through the process of advertisement. The eligibility criteria were married/widow, local resident of the SC area with matriculation. The selection committee was headed by the BDO with BMOH, Representative of GP and BPHN as members. The selected ANMs are getting their training at the SD hospital Bolpur Training center that has been newly established by the district.

ASHA: the selection of ASHA is yet to be initiated.

Rogi Kalyan samiti: a sum of Rs. 1,00,000 was received by the BPHC in the year 2006. the funds have been utilized for the purchase of mattresses, inverter, cleanliness etc. and there was a balance of Rs. 2000 available with the PHC.

Maintenance Fund of Rs. 1,00,000 has been received for the minor repair works. The BPHC has not received any untied fund.

Janani Suraksha Yojana: during year 2006-07 up to the month of September, 1207 deliveries were registered, out of which 280 (23.3%) were institutional deliveries. This year 323 (24.34%) institutional deliveries were reported for the same period of current year. Funds under the scheme have been received by the BPHC and being provided to the ANM for making payment to the beneficiaries after three ANC check up (Rs. 500). Rs. 200 is paid by the institute per delivery for SC/ST and BPLs families. The transpiration charges are paid to the cases at the rate of Rs. 150, 250 and 350 depending upon the distance of their residence to the PHC.

Ruppur Sub-center:
This sub-center comes under Bolpur BPHC. The SC is located in a pacca building with adequate space. There is electricity as well as water supply (hand pump). The total

population covered by SC is 8156. During this year up to 15th November, 101 mothers were registered for ANC out of which 49 belong to BPL/SC/ST who had completed three ANC visits and were given assistance of Rs. 500 under JSY. Total number of deliveries conducted under SC was 52 out of which 5 were delivered at SCs by the ANM. The ANM was not residing at the SC. SC clinics were reported to be held on Monday, Wednesday and Friday, while on remaining three days the ANM go to field for outreach services. Upkeep of the SC was satisfactory.

The ANM was involved in leprosy programme activities. There were 2 leprosy cases (1 PB, 1 MB) under treatment at the SC. She was trained and having good knowledge of the programme. She was also involved in RNTCP as DOTS provider. At the time of visit, eight TB patients were registered and receiving treatment from the SC. She has received training for IDSP but was not clear about her role. The reporting formats were not available at the SC. She was also preparing slides from the fever cases, which aree sent to PHC Bolpur on weekly basis.

The ANM has good coordination with ICDS worker. There was overall improvement in performance under family welfare. In October 2006, only 30 children were immunized for measles while in 2007 it was 87. the sterilization has gone up from 6 to 17 cases, IUD from nil to 3 cases, OCP from 20 to 32 cycles and nirodh provision from 200 to 450. the SC has received Rs. 10,000 under untied fund, which is used for payment of electricity bill, kerosene, stationary and furniture. There was balance of Rs 234 at present. The account is jointly operated with the GP Pradhan.

Sattore PHC:
This is a 24X7 PHC having 1 MO, 6 GNM, 3 group-D and 2 sweepers as staff. The GP level meeting is held every fourth Saturday. They have received maintenance grant of Rs. 50,000/- and untied fund of 25,000/- . The PHC has spent this money for purchase of inverter, glow sign board, mattresses. The headquarter SC at the PHC is having 7 TB cases and 4 leprosy cases (no deformity). The MO and other staff have also received training under IDSP. Interaction with the supervisor revealed that he is supposed to submit weekly report under IDSP for respiratory diseases, GI diseases, fever, skin diseases, RTI, STDs etc,. However, due to non- availability of reporting format, the report is not submitted. It was also reported that AWW and community health guide have also been trained under IDSP for reporting of cases of above diseases. The supervisor was also conducting salt test under IDDCP. So far he has conducted 22 tests out of which 3 sample were below the standard for Iodine content. The ANM was not available at the SC as she has gone for mass drug under Filaria control programme. Short supply was reported for OPV and the stock of hepatitis was nil. No. of deliveries at this PHC has gone up from 183 in 2006 to 250 in 2007 up to October. Oxygen cylinder was available, but there was no oxygen in it at the time of visit

Labpur RH: This is a block level PHC that is being upgraded to Rural Hospital covering over 193,000 population. There are 3 GDMOs, 1 Gynecologists, 1 pediatrician, 14 staff nurse, 1 BPHN and 1 PHN posted in this hospital. There are 31 SCs under this BPHC, out of which 2 are without ANMs. The number of HA is 10, HS 11, block sanitary inspector 1, HA (male) 10. This has also been identified as First Referral Unit. The blood storage center was not functioning, although the equipments like blood storage cabinet, centrifuge machines, sterilizers, binocular microscope and incubator were received by the center. One laboratory

technician under NRHM has also been posted, besides another for malaria and TB progammes.

PPP Lab services: under the PPP initiative a MOU has been signed with the Chittaranjan Advance medical and referral institute, Burdwan for providing laboratory services. The rates are fixed by the CMOH. The laboratory provides services from 9 am to 4 pm. 20% of cases are provided free of charge services at this laboratory for BPL/SC/ST families.

PPP for Ultra Sonography: Ultra sonography services are provided under this initiative on every Wednesday at the rate fixed by the district authority.

In general all the medicines were available at the RH for the management of the patients except for the few medicines of pediatric dose and OG cases. The comparative performance of RH Labpur is as below:

service	**2005-06**	**2006-07**	**2007-08 (upto 16th Nov)**
Institutional delivery	1748	2543	2707
Vasectomy	NIl	Nil	10
Tubectomy	912	499	426 (upto Octo0
IUD	139	110	120

Rogi Kalyan Samiti has been constituted and the RH received Rs. 1,00,000 during 2006-07, out of which Rs. 86,408 have been spent. During 2007-08, Rs.1,00,000 has been received, out of which Rs. 70,000 has been spent. The expenditure has been made on various items such as repair of equipments, improvement of water supply, plantation, purchase of mattresses and furniture etc. The hospital has not received any untied fund. There was fully functional Block Management Unit with Block Accounts manager and two data entry operators with 2 computers. Funds for computerization and labour room upgradation (1,00,000) has also been received by this center. The mobility support (Rs. 36,000 during 2006-07 and 2007-08) has also been received by the center.

The activities of NLEP and RNTCP are integrated with the primary health care and regular reporting was done by the center. Under IDSP the training has been conducted, but due to non-availability of reporting format, weekly reporting is not done.

ANM Training center Suri:
The center is currently running three training courses namely, GNM (3 yr), ANM (1.5 yr) and 2nd ANM (1.5 yr). The number of participants for second ANM training course was 45 per year and for ANM 35. The teaching faculty available were – 4 Sister Tutors, and 1 PNO. The post of Vice-Principal was lying vacant. The training of 2nd ANM was being managed by 5 sister tutors. They were receiving additional remuneration for this purpose. The center has received funds for renovation of the building which has been transferred to the PWD for undertaking the work.

Sick New born care unit, Dist. Hosp. Suri:
10 bedded sick new born care unit has been established in District hospital at Suri. 4 post of additional MOs and 10 GNMs have been created for managing this unit by the State. 4 community aides were also being trained at this center with the support of Indian Red Cross

Society. After training these aides, their services will be utilized at the BPHC where stabilization units are to be established for the sick new born. The functioning of the unit was very good and should be supported adequately and replicated in other districts.

Meeting with the District Magistrate:
The meeting with the DM was held to brief him about the implementation of NRHM in the district. He was requested to take necessary steps to make the blood storage center functional so that the FRUs could be fully operationalized. The DM expressed his concern about the utility of ASHA on account of their demand for regular appointment in future. He cited some example where CMOH was 'gheraoed' by the political activists in this regard and he has to intervene.

District Bankura:

The district Bankura, the fourth largest district of West Bengal, is located in the western part of State. It has an area of 6882 Sq. Km. and a population of 31,92,695(2001 census). The administrative and demographic profile of the district is as below:
S.D. 3, Blocks 22, Muni. 3, Gram Panchayats 190, village: 5187**(Annexure VIII to XVIII).**

The health infrastructure in the district is as below:

Facility	No.
Total Sub-centers	564
PHCs	70
BPHCs	17
RH	05
SD Hospitals	02
Medical College	01

Health manpower position is indicated below:

Staff	Number sanctioned	Number in position	Number lying vacant
Medical College			
Doctors at BPHC	182	156	26
BPHN	46	39	07
HS Female	133	88	45
Health Supervisors male	57	57	57
GNM in BPHC /PHC	405	385	20
HA (F)	564	544	20
HA (M)	588	264	324
Medical technologist			

The performance of the District as reported by CMOH is as below:
Construction of SCs:
1 under Health System Development Initiave: Sanctioned: 66, completed 50:

2. Under HSDI Second phase: Sanctioned: 66, completed 8.
3. NRHM Sanctioned: 30, completed Nil.

Up gradation of PHC through GTZ-2/KFW Project 5
Beneficiary of Janani Suraksha Yojana: Rs. 500 : 12940
Rs. 200: 3,374
Beneficiary of referral transport for pregnant women: 3088
Institutional deliveries in district:
2004-05: 38,076
2005-06: 40,286
Januaray to October 2006: 14,992
Januaray to October 2006: 15,105

Meeting with CMOH and other District Programme Officers:
A meeting was held with CMOH and other programme officers to discuss about the implementation of NRHM on 17th evening.

Bankura Sammelini Medical College Hospital:
The medical college hospital has constituted Rogi Kalyan Samiti under the chairmanship of Minister Shri Partho Dey, Minister of Education. The other member of the samiti are chairman Bankura Municipality., principal, BMC, Medical Superintendent and vice principal- BSMCH, account officer BSMC, Nursing Superintend and other Medical Officers from BMC. The proceedings of the meeting of Rogi Kalyan Samiti are enclosed **(Annexure XI).**
The Medical college hospital has received fund from State Govt., but the details was not made available

Sick Newborn Care Unit:
A 30 bedded sick new born care unit is functioning in Medical College Hospital for last 2.5 months. Out of 30 beds, 10 beds are for step down care for those children who get improved at intensive sick newborn child unit. This unit functions under the department of pediatrics. 3 MO, 3 residents, 2 RMOs and 15 GNMs have been exclusively sanctioned for functioning of this unit. The performance of this unit revealed that there has been reduction in mortality of new born child in the hospital. During the months of Sep.- Octo-07, 57 deaths were reported as compared to 128 during same period last year. The unit will require more manpower for effective working.

Janani Suraksha Yojana
The Medical college has not received fund under this scheme so far. CMOH was asked to include this hospital under the scheme as the district hospital has been merged with the Medical College.

Nursing Training Center, Bankura
The center has taken up the training of 2nd ANM (1.5 Yr course) with the existing infrastructure. The total number of teaching faculty sanctioned for the center is 14, out of which 10 were in position and four posts were vacant. The center runs regular GNM training courses. The annual admission strength is 60 students. Currently 109 ANMs are being trained at the center. It was suggested to the Principal that for the teaching and field demonstration

the help of District Programme officers (VBD, RNTCP, NLEP, RCH etc.) may also be taken. The center has received the following funds for training of 2nd ANM.

March 2007: Rs. 3.25 Lakh
Rs. 7.32 Lakh for stipend of ANM
October 2007 Rs. 7.10 Lakh for stipend of ANM
Rs. 18.57 lakkh for Construction purpose

The center has no telephone facility due to which the principal in charge faces difficulty in communication. The CMOH and Med. Supdt. was requested to provide this facility to the center from Rogi Kalyan Samiti.

RLTRI Gauripur,

Visit to RLTRI revealed that the services of Institute are underutilized. The institute has good infra structure for research and training. The institute has 46.5 acre land. The number of beds are 50 out of which 30 are in use. Govt. of India and Govt. of West Bengal should decide how this institute can be effectively used for training and research purpose.

Amarkanan BPHC (RH):

The BPHC caters a population of 1,78,736 including 60, 483 SC and 7251 ST populations. The numbers of PHC under this BPHC are 3, SC 30 and 200 villages. The center has 30 beds for indoor admission. Rogi Kalyan Samiti has been constituted under NRHM. There are five GDMOs and 1 Dental surgeon posted at the BPHC. The number of GNMs is 10, HS is 8 (4 M, 4 –F), HA-F is 30 and HA-M is 20 (sanctioned 30).

Service	**April to Oct. -06**	**April to Oct.-07**
OPV-3	1726	1222
DPT -3	1750	1219
Fully immunized	1693	1458
Vitamin A	1099	1068

On inquiry from the MO and CMOH about the decline in performance of immunization in the PHC it was informed that there was short supply of vaccine, particularly OPV and Hepatitis B.

Achievements in use of Contraceptive methods:

	Achievement (%)	**Achievement (%)**
Service	**Up to Sept. 2006**	**Up to Sept. 2007**
Sterilization	00.00	17.75
IUD	49	25
OCP cycles	28.65	27.92
CC	22.71	33.45

There was slight improvement in institutional delivery. Institutional delivery in this RH during 2006-(Jan-Oct.) was 883 and 939 during the same period in this year. The performance during the second quarter was higher than the first quarter during the current year.

There is fully functional Block Programme Mangement Unit with Block Accounts manager and two data entry operators with 2 computers. The expenditure of the funds received from Govt. of India under NRHM/ RCH are as follows:

Name of Progrmme	**Total fund received**	**Total Expenditure**
Janani Suraksha Yojana	9,00,000	8,97,400
JSY referral transport	1,00,000	30,982
School health programme	20,700	1,816
Tubectomy Operation	50,000	42,223
Mobility support for supervisors	10,000	9,860
Alternative Vaccine Delivery	1,08,000	83,650
GP based Mobile Health camps	36,000	24,403
Minor civil works under 24 hr. delivery services	1,00,000	49,870
Repair & renovation of SC	44,000	00,000
Computerization of BMOH office	1,00,000	1,00,000
BPHC annual maintenance grant	1,00,000	70,000
PHC annual Maintenance grant	1,50,000	1,50,000
Mobility support for BMOH	72,000	25,042
Rogi Kalyan Samiti	1,00,000	86,408

The above figures show that there is good progress in utilization of the fund by the RH.

Public Private partnership for diagnostic services: The district has signed MoU with the Shamayita Jeevan Surya Diagnostics for providing diagnostic services for required tests for those attending this center. The rates for various tests (Annexure) are fixed by the district authority. The services are also provided to private practitioners of the area, however, at higher rates than that for patient's attending the center- but also have been fixed for each test by district authority.

PPP for ambulance services: the ambulance provided by the Governemnt to identify NGO was functional. The telephone number of the driver of the ambulance was widely disseminated.

Beliatod PHC: This is a 24X7 PHC functioning before the introduction of NRHM. There are 10 beds for indoor admissions. The manpower available for PHC are: 2 MO (1 Lady MO), 1 GNM, 4 ANM, Group D, 1 Pharmacist, 1 Homeopathy MO and 1 eye technician. On an average, the OPD attendance of the center was 200 per day. Most of the patients attending the center are suffering from fever, diarrhoea, amoebisis, skin problems and respiratory infection. There was no residence for the MO. The attendance in homeopathic OPD was also quite high (150/day). The supply of the drugs was also satisfactory except that there was stock out of inj. Methergin, decadrone, cap amoxicillin. There has been incrasing trend of institutional deliveries. In 2006-07 360 deliveries up to Nov. 2007 this year 303 delivery have already been conducted at the center. The center has received fund for Rogi Kalyan Samiti (Rs. 50,000), untied fund 25,000 and annual maintenance grant RS. 50,000. there was Lab. Technician posted at the center for sputum examination only. As he was getting a salary under RNTCP, the malaria slides prepared at PHC were being sent to BPHC Barjora for examination. The center was also facing the problem of shortage of water supply. All the

vaccine were available in adequate quantity at the store with fully functional ILR. The funds provided under NRHM has been utilized for the procurement of items like emergency light, furnitures, fan , mattresses etc.

Beliatod SC West: The ANM of the SC was fully knowledgable about national programmes and JSY. She was trained in NLEP, RNTCP, RCH and IDSP. And had weekly reporting format, in which she was submitting weekly report. Upto Oct. 2007 she had conducted 43 institutional deliveries out of which 3 were Low Birth weight Babies and reported 2 Neonatal deaths. The format to be filled under IDSP was available in this Centre**(Annexure XIX).**

Debriefing meeting with the State Officers: The debriefing meeting was held with the Add. Chief Secretary, Mission Director, Commissioner-Family Welfare, DHS and Jt. Secretary NRHM on 18-11-07 at 6.30 p.m.

Following Salient observations, strengths and constraints of the public health programme implementations were discussed with them:

- Janani Suraksha yojana:
- Performance of Family welfare activities
- Immunization
- Coordination with the PRIs
- Public Private Partnership
- Sick New born Care units
- Functioning of PMUs and BMUs
- Manpower planning and HR policy
- Laboratory services
- National Health Programmes
- Increasing budget allocation by State Government etc.
- ANM and GNM Training centers

They were informed that laboratory services at BPHC are weak as the Laboratory Technicians posted there are mainly working for RNTCP and malaria. The routine tests such TLC, DLC, Urine, etc. are not being carried out by them. The PPP initiative for laboratory services is an innovative initiative by the State Government, but it should be up-scaled from the pilot phase so that services are available at all BPHCs. A team of experts should also monitor the quality of the services from such laboratory. Although there is provision of 20% free test for BPL and SC/ST beneficiaries, the State should also analyze the benefits being given to vulnerable groups so that free diagnostic services could be provided to them. Similarly, safety net aspect for the vulnerable group should also be looked into for making ambulance services available under the PPP initiative. Although the district PMU and BPMUs are in place in most of the places, the State should closely monitor the functioning of the PMUs for their efficiency and effectiveness. They also require orientation about the data management under various National Health Programmes. The State should also have manpower planning and HR policy to ensure that the vacant positions are timely filled up.

The involvement of primary healthcare worker was encouraging except in IDSP. The State may gear up the implementations of this programme at various levels. Regarding the decline in performance of immunization particularly measles and OPV it was clarified that this is due to the shortage of the vaccines.

As far as decline in IUD performance it was informed that acceptance is less in the State, however, the State is making efforts to improve it. Additional Chief Secretary was also appraised about the shortage of male health worker, due to which the malaria surveillance and treatment is being affected particularly in PF dominated areas. It was informed that the State Govt. is making efforts to appoint 1000 male health workers in vulnerable districts.

The team impressed upon the State for increasing the health budget allocation to meet the NRHM goals. The ACS said that Govt. of West Bengal has already increased the budget manifold during last four to five years, however due to repayment of loans, the additional budget provision is being mainly utilized for its repayment.

Conclusion:

There has been improvement in the overall performance of the health sector in the State of West Bengal after the launch of Health Sector strategy launched in 2004. With the introduction of NRHM there is acceleration in improvement in the health care delivery particularly to the vulnerable segments of the society. The implantation of the Janani Suraksha Yojana is in the right direction and the fund allocated by the Government of India has reached to peripheral units and utilized for the purpose it was given.

The new PPP initiatives for laboratory service and ambulance services are quite encouraging. However, the State should expand these facilities to all BPHCs/PHCs. The quality of services rendered under PPP need close monitoring.

Regular monitoring of PF incidence at the highest level also impressed the mission. However, more action is needed at the peripheral level to tackle the disease effectively.

The Mission expressed its thanks for facilitating the visit of the review Mission in the State.