

West Bengal

1. District Purulia:

Major observations of Regional Evaluation Team, Kolkata about the Evaluation work in Purulia of West Bengal in April, 2010.

I. Details of the visited Institutions:

District visited	BPHCs, RH, PPCs and NGOs visited	SCs visited
Purulia	D.H.: Purulia BPHC: Chakoltore RH: Harmadih	Purulia Urban Area, Manara, Harmardih and Chakoltore

II. Major observations:

1. Health Human Resources:

- Medical personnel at the various health centres were reported lying vacant i.e. 49 MOs (out of 221 sanctioned), 89 specialist (out of 147 sanctioned) in the district.
- Under the category of para-medical, 48 posts (out of 119 sanctioned) of LHV/HS (F), 6 posts (out of 51 sanctioned) of HS (M), 86 post (out of 566 sanctioned) of Staff Nurse and 20 posts (out of 57 sanctioned) of Lab Technician were also lying vacant in the various institutions/centres in the district.

2. Functioning of Rogi Kalyan Samiti (RKS):

- It was reported that the Institutions/Centres which are functioning in rural and urban places in the district were having Rogi Kalyan Samiti (RKS) in the district and also members of RKS meet quarterly.
- During the year 2009-10, out of Rs. 1,06,36,665 provided under the scheme, only an amount of Rs. 25,86,898 spent up to February, 2010 by RKS.

3. Functioning of ASHA Scheme:

- In view of total 2945 villages in the district, 662 ASHAs had been selected and all ASHAs were provided up to 5th modules of training.
- The distribution of Drug kits to all the ASHAs have not been completed So far.
- It was observed that role of ASHAs particularly in escorting the mothers for institutional delivery was not upto the mark. During field visit, it was observed that many births had occurred in home in rural areas.

4. Untied Funds:

- The District Health Society Purulia distributed Untied Funds during 2009-10 to SCs, PHCs, CHCs and District Hospital in the district. It was observed that submission of SOE and utilization certificate from the funds receiving centres was very irregular.
- Out of an amount Rs. 1,31,56,561 at sub centre level, Rs. 36,20,479 at PHC level and Rs.12,70,606 at CHC level in the year 2009-10(up to Feb. 2010), the district report an expenditure Rs. 24,41,526 at Sub centres, Rs. 4,31,515 at PHCs and Rs. 3,80,803 at CHCs level during the year.

5. Services of Janani Suraksha Yojana:

- During visit to the Sub centres, it was observed that JSY fund was not provided in proper time, while JSY allocated amount was also insufficient as reported by the ANMs.
- It was reported that the district had spent Rs. 25557218 out of allotted funds Rs. 34901461 for the year 2009-10. During the year 19492 beneficiaries @ Rs. 500 and 30902 beneficiaries @ Rs. 1400 were paid with the cash incentives up to Feb. 2010.

- c. 33 recently delivered mothers were contacted in the district and based on the replies, it was assured that most of them were happy with the services only though their payment of JSY packages was not paid in prescribed time due to irregular allotment of funds. Mothers who availed institutional delivery facilities were not mostly accompanied by the ANMs or ASHAs while going to the hospital for delivery purpose.

6. Physical infrastructure (HSC/PHC/RH)

(i) Health Sub Centres:

- a. The Sub centres visited at Manara and Chakaltore were functioning in Govt. buildings. Electricity supply was not there in Manara sub centre.
- b. Labour room facility, DDKs, Ampicillin capsule and Gentamycin injection etc. were not available in both the sub centres visited.
- c. No supply of Delivery table, McIntosh sheet and Ambu bag/suction found at Manara sub centre.
- d. Skilled Birth Attendance training was not provided to the Auxiliary Nurse Midwives of Sub centres at Manara and Chakaltore.

(ii) BPHC/ RH and DH:

- a. The visited RH at Harmardih, BPHC at Chakaltore and District Hospital, Purulia have own Govt. buildings.
- b. Emergency tray, stock of DT vaccine and Vitamin- A tablets were not available at BPHC Chakaltore.
- c. Regular Water supply connection in the Hospital was not available. Residential quarter for MO and para-medical staff of the hospital was not in sufficient number in DH Purulia.

7. Opinion of the Community on the Health Services:

- a. 10 mothers having upto one year old child were interviewed in the area of each sub centre at Manara and Chakaltore to assess their opinion and knowledge about the services provided by the concerned ANMs. Most of the mother informed that ANM is available as and when required.
- b. As the mothers expressed they had no idea about ARI sufficiently. It was observed that quality of AN & PN Check up, counselling to the mothers etc. need to gear up for increasing quality of services.
- c. The work of MPW (M) of Manara Sub centre assessed in the village and different level persons through interviewed. It was observed that the MPW (M) participates in the programmes relating to Public Health, Immunisation camp and collection of blood smear of fever patients and also visits some time nearby primary school for school health programme. Community of the village expected more involvement in male health activities in this area.
- d. Mothers, AWW, ASHA and villagers in the area of visited PHCs were interviewed by the team and found they were not fully aware about ARI, ORT and also HIV and STD diseases.

8. Registers, records and reports maintained at the visited centres:

- a. Updated Eligible couple register neither maintained nor made available to the team at all the visited institutions.
- b. Service registers for Sterilization cases was not found to be maintained properly and updated at District Hospital Purulia and RH at Harmardih.
- c. The reported figures under CuT could not be verified due to non maintenance of complete service register at the DH/BPHCs/RH visited in the district.
- d. Oral Pills and Nirodh distribution registers at the performing units were not being maintained properly in the centres visited.
- e. Stock register of contraceptive items was not maintained properly in all the institutions visited.
- f. Annual District Health Plan (DPIP) for the year 2010-11 have not been prepared at district level. Revised reporting format of HMIS was also not introduced in the district.

9. Miscellaneous observation and suggestions:

- a. In the selected PHC areas, health personnel were not giving proper attention to improve the number of users of CuT, Oral Pills and Nirodh.
- b. Monitoring and regular supervision at periphery level can improve the performance and record keeping at all the centres in the district.

2. District Bankura:

Major observations of Regional Evaluation Team, Kolkata about the Evaluation work in Bankura of West Bengal in April, 2010.

II. Details of the visited Institutions:

District visited	BPHCs, RH, PPCs and NGOs visited	SCs visited
Bankura	SDH: Bishunpur BPHC: Chatna PHC: Sonamukhi	Basantpur, Chatna (HQ), L.N. Pur, Harmadih, Katasol, Dubrajpur, Rampur and Rapartganj

II. Major observations:

1. Health Human Resources:

- Human resources in respect of vital posts under the category of para-medical was not satisfactory in the district. The details that are provided in the district indicated that 387 posts (out of 564 sanctioned) of MPW (M), 19 posts (out of 133 sanctioned) of LHV/HS (F), 85 post (out of 523 sanctioned) of Staff Nurse and 4 posts (out of 70 sanctioned) of Lab Technician were lying vacant in the various institutions/ centres in the district.
- However, it was also observed that 21 Medical officers were surplus against the sanctioned strength of 271 in the district.

2. Functioning of Rogi Kalyan Samiti (RKS):

- Rogi Kalyan Samiti (RKS) has been constituted at all the BPHCs, RHs and also other institutions in the district.
- As reported, the regular meeting of RKSs was not being held in all the visited institutions.
- During the year 2009-10, the district was provided with the amount of Rs. 1,36,76,937 under RKS scheme and out of that expenditure of Rs. 32,18,199 only could be incurred up to March, 2010.

3. Functioning of ASHA Scheme:

- In view of total 5187 villages in the district, 1256 ASHAs had been selected and out of that 258 ASHAs were provided up to 5th modules of training.
- Drug kits have not been distributed to the ASHAs so far.

4. Untied Funds:

- The District Health Society Bankura distributed Untied Funds during 2009-10 to SCs, PHCs, CHCs and District Hospital in the district. It was observed that receipt of SOE and utilization certificate from the funds receiving centres was very irregular.
- Out of an amount Rs. 1,35,76,291 at sub centre level, Rs. 1,20,38,262 at PHC level and Rs. 16,64,065 at CHC level in the year 2009-10 (up to Feb. 2010), the district report an expenditure Rs. 30,66,164, at Sub centres, Rs. 10,80,639 at PHCs and Rs. 10,80,639 at CHCs level during the year.

5. Services of Janani Suraksha Yojana (JSY):

- During visit to the centres and also some of the beneficiaries under JSY in the district, it was observed that there was no scarcity of funds and the beneficiaries (75.61%) were getting cash benefits. It was reported that the district had spent Rs. 26800171 out of allotted funds Rs. 38981850 for the year 2009-10.
- During sample check, 41 mothers out of 53 selected JSY beneficiaries were contacted in the area of visited centres and most of them were registered in early stage of pregnancy. MCH cards were filed up; some of the mothers didn't receive 3 ANC while PN visits by the health personnel need to be increased.
- It was also observed that JSY allocated amount to the sub centres was not reaching in time.

6. Physical infrastructure (HSC/PHC/RH)

(i) Health Sub Centres:

- The Sub centres visited at L.N. Pur and Dubrajpur were functioning in Govt. buildings.
- Labour room facility, Ampicillin capsule and Gentamycin injection etc. were not available in both the sub centres. No supply of Delivery table, McIntosh sheet, Ambu bag/suction, Steam Sterilizer, Delivery Kit, Thermometer and EC pills was found at L.N. Pur sub centre.
- The ANMs kept their sub centre cleans and maintained properly for clinic purposes. The higher level supervisors hardly inspect the sub centre for reviewing their performances and guide them for improving services. They had adequate support from locality to organize VHND in their villages.
- Skilled Birth Attendance training was not provided to the Auxiliary Nurse Midwives in the Sub centres visited.

(ii) BPHC/ RH and DH:

- The visited institutions at Sonamukhi, Chatna and S.D. Hospital Bishnupur have own Govt. buildings.
- Stock of DT vaccine and Vitamin- A tablets were not available at RH Sonamukhi on the day of visit. Similarly, Resuscitation equipment, IFA syrup and Vitamin- A tablets were not available in PHC Chatna.
- Facility of Ambulance or Jeep was not there at S. D. Hospital Bishnupur. Incinerator was also not installed in the Hospital. Residential quarters for MO and para-medical staff were not sufficient at S. D. Hospital Bishnupur. BP apparatus was also not in working condition.

7. Opinion of the Community on the Health Services:

- 10 mothers in each sub centre having upto one year old child were interviewed at L.N. Pur and Dubrajpur to assess the opinion and knowledge about the services provided by the concerned ANMs.
- Most of respondents were satisfied with the activities covered by the ANMs in respect of health services. It was observed that ANC/PNC checkups need to be geared up for improving the quality of services in the areas.
- The work of MPW (M) of L.N. Pur Sub centre was assessed from different persons in the village through interviewed in this regard. As revealed by some of the persons, HW (M) was not staying in their SC area. However, they visit their locality frequently for health programme like PPI, environment and sanitation etc.
- Some of the mothers and villagers in the area of visited PHCs interviewed and found they were getting proper services in the PHCs. Ante Natal Care was given to the pregnant mothers but early registration was very poor in the district. However, eligible couples need to be educated on health programmes as mothers mostly were not aware about institutional delivery, ARI & ORT. They had no knowledge about HIV/STD and AIDS.

8. Reconciliation of the reporting performance under Sterilization:

- Sterilization, CuT and Oral Pills performance reported by district office for S.D. Hospital at Bishnupur, BPHC at Chatna and RH Sonamukhi did not tally with the reported figures of respective centres.
- The data of the performance report received in the district is showed varying figures as given below-

Name of Centres	During the year 2008-09								
	Sterilizations reported by			CuT reported by			Oral Pills distribution reported by		
	District office	Reporting Centres	Recorded in registers	District office	Reporting Centres	Recorded in registers	District office	Reporting Centres	Recorded in registers
SD Hospital Bishnupur	1734	1910	NV	47	47	52	5987	6309	NV
BPHC Chatna	526	697	611	58	64	64	19776	22014	NV
RH Sonamukhi	-	-	-	104	90	90	37668	37668	NV

NV- Figures not verified due to absence of service register.

9. Sample verification of FP acceptors:

- a. The team contacted 171 FW acceptors for sample verification out of that only 91 (53.22%) cases could be verified and 80 (46.78%) could not be verified due to various reasons. The 57 (33.33%) acceptors could not be contacted for sample check due to non availability of correct and complete addresses of the acceptors.
- b. It was also observed that 62 (68%) acceptors did not receive any follow up service after having accepted the services.
- c. Minor discrepancies in the age of acceptors, spouse of the acceptors, total no. of children and no. of male children of the acceptors was noticed during sample check. In this connection proper attention should be given to record the demographic data of the acceptors in the registers.
- d. There was 55 NSV acceptors selected among the total 171 cases of FW acceptor for sample check in the district and out of that only 28 NSV acceptors could be contacted. "It has been found that out of these acceptors, 3 were ineligible due to their spouse had already been undergone sterilization operation for Family Planning. Moreover, 4 cases out of 28 NSV acceptors contacted in the district denied accepting NSV services. This may be treated as serious and take urgent step to improve the quality of reporting services."

10. Registers, records and reports maintained at the visited centres:

- a. Updated Eligible couple register were not maintained at S.D. Hospital Bishunpur and RH Sonamukhi.
- b. Service registers for Sterilization cases and CuT acceptors were not found to be maintained properly and updated at all the visited institutions.
- c. Oral Pills and Nirodh distribution registers at the performing units were not being maintained properly in the centres visited.
- d. Stock register of contraceptive items was not maintained properly in all the institutions visited. Some essential information like date of manufacture & expiry, Bach No. and model No. etc. were not recorded.
- e. Annual District Health Plan (DPIP) for the year 2010-11 have not been prepared at district level.

11. Miscellaneous observation and suggestions:

- a. Cleanliness of SD Hospital Bishunpur and RH Sonamukhi was very poor in OPD, Indoor Labour Room, Maternity wards etc. The BMOH of SD Hospital Bishunpur reported that due to poor manpower it was not possible for him to maintain cleanliness, security of the hospital premises and OPD management. The computer room of data entry operator of Program Management Support Unit of the Rural Hospital was full of dust and unwanted waste papers. The space for Sub Centre attached to the BPHC was not sufficient to conduct ANC/PNC services.
- b. Monitoring and regular supervision at periphery level can improve the performance and record keeping at all the centres in the district.
- c. Maintenance of records and register was very poor in entire district. Some printed register those supplied by the State HQ but not utilized in proper way. For example, printed immunization register was being used as condom distribution register by pharmacist whereas Family Planning printed register was already available.

3.District Howrah:

Major observations of Regional Evaluation Team, Kolkata about the Evaluation work in Howrah of West Bengal in August, 2010.

I. Details of the visited Institutions:

District visited	BPHCs, RH, PPCs and NGOs visited	SCs visited
Howrah	BPHCs: Hazi S.T. Mallick, Mugkalyan RH: Jagat Ballavpur, Amta PHC: Sankarhati New PHC	Sankrail, Jagat Ballavpur, Sankarhati, Muktichak, Amta, Mugkalyan and Antilla

II. Major observations:

1. Health Human Resources:

- Manpower availability in the district was not up to the mark. Posts of Medical specialist and General Duty Medical officers were lying vacant. There were shortage of Staff Nurse and GNM in BPHC, RH and New PHCs.
- Most of the sub centres having more than 5000 population were functioning with single HA (F) or ANM in the district. It was observed that cleanliness and security in the visited centres/hospitals was not up to the mark due to shortage of Group "D" and sweepers.

2. Functioning of Rogi Kalyan Samiti (RKS):

It was reported that the Institutions/Centres which are functioning in rural and urban places in the district were having Rogi Kalyan Samiti (RKS) and members of RKS meet as and when required.

3. Services of Janani Suraksha Yojana (JSY):

- The district had spent Rs. 1,73,54,283 out of allotted funds of Rs. 2,66,58,787 under the scheme during 2009-10 and this amount was Rs. 65,93,188 and Rs. 2,13,04,504 respectively up to July, 2010 during 2010-11.
- It was also reported that total 43,355 beneficiaries during the year 2009-10 and total 24,817 beneficiaries in the year 2010-11 (up to July 2010) were paid with the cash incentives in the district.
- 35 recently delivered mothers and JSY beneficiaries were contacted in the district for verification. All contacted beneficiaries had received cash incentives in time and also availed services under the scheme. However, quality of Post Natal visit by field workers is required to be increased by involving ASHAs/ AWW etc.

4. Untied Funds:

- The District Health Society Howrah distributed Untied Funds during 2009-10 to SCs, PHCs, CHCs in the district.
- Out of an amount of Rs. 94,22,417 provided at sub centre level, Rs. 22,18,928 spent in the year 2009-10 and Rs.12,23,749 spent out of Rs. 1,16,83,489 provided in the year 2010-11(up to July, 2010).
- As regards Untied fund to the PHC, the district has spent all funds provided to the PHCs during last two years.
- It was reported that the health facilities were submitting SOE, after repeated reminders. The team observed that the Submission of utilization certificate and statement of expenditure etc. was very irregular and whatever submitted was not according to guidelines as prescribed formats were not supplied to the SC, PHC/CHC and District Hospital.

5. 24 hours delivery care system:

The 24 hours delivery care scheme was implemented in only 15 institutions like Block PHC and Rural Hospital etc in the district.

6. Physical infrastructure (HSC/PHC/RH)

(i) Health Sub Centres:

- a. The Sub centres visited at Sankarhati, Jagat Ballavpur, Antilla and Mugkalyan were functioning in Govt. buildings.
- b. Labour room facility, Foot stool, Delivery table, McIntsh sheet, Ambu bag/suction, Steam sterilizer, Delivery Kit, DDKs, Metronidazole, Misofrostol, Magsulth, Oxitocine tablets, Ampicillin capsule and Gentamycin injection etc. were not available in the visited sub centres.
- c. Skilled Birth Attendance training was not provided to the Auxiliary Nurse Midwives of Sub centres of the visited sub-centres at Sankarhati, Jagat Ballavpur, Antilla and Mugkalyan.

(ii) BPHC/RH:

- a. The visited BPHCs at Mugkalyan, Sankrail and RHs at Jagat Ballavpur and Amta have own Govt. buildings but maintenance of the hospital building was not satisfactory.
- b. Stock of IUD was not available at BPHC Sankrail. Vitamin- A tablets were not available in almost all the visited centres.
- c. Residential quarter for MOs was not adequate and 24x7 services were not provided in RH Amata.

7. Opinion of the Community on the Health Services:

- a. 10 mothers having child upto one year old were interviewed in the area of each sub centre at Sankarhati, Jagat Ballavpur, Antilla and Mugkalyan to assess their opinion and knowledge about the services provided by the concerned ANMs. Most of the mother informed that ANM is available as and when required.
- b. It was observed that awareness and counselling to the mothers for use of contraceptive methods and side effect is required to be increased at SC level. Also most of the methods were not aware about the public health facilities where they can get the health services.
- c. The work of MPW (M) of Sankarhati Sub centre assessed from the opinion of different category of persons in the village through interview. It was observed that the MPW (M) participates in the programmes relating to Health care issues and also conducts field work regularly.
- d. The team interviewed some women having one/two children and recently delivered mothers. As reported by interviewed mothers, they were not informed about the danger sign of pregnancy during ANC. But they were informed regarding referral transport and nearest health facility for institutional delivery. Interviewed mothers were not adopting any FP method till the date of interview and also they had no knowledge about HIV/STD/AIDS.
- e. MOs were not visiting villages in the area of BPHCs at Hazi S.T. Mallick, Mugkalyan and Sankarhati New PHC, RHs at Jagat Ballavpur and Amta a regular basis.

8. Reconciliation of the reporting performance under Sterilization:

The reported performance of CuT for the year 2009-10 could not be verified by the team as no service register was maintained at Block PHC office Sankrail and RHs at Jagat Ballarpur and Amata.

9. Registers, records and reports maintained at the visited centres:

- a. Service registers for Sterilization cases was not found to be maintained properly and updated at all the visited BPHCs in the district.
- b. Oral Pills and Nirodh distribution registers at the performing units was maintained properly in the centres visited. The team observed that no prescribed Govt. Performa was maintained in respect of CuT, Oral Pills and Nirodh distribution and ANC/PNC registers in selected institutions in the district.
- c. Stock register of contraceptive items was not maintained properly in all the institutions visited.
- d. Cash book of Untied Fund at SCs level was maintained without counter sign of concerned officer.

10. Miscellaneous observation and suggestions:

- a. Monitoring and regular supervision at periphery level can improve the performance and record keeping at all the centres in the district.
- b. Actual Family Plannanig performance vis a vis Expected Level of Achievement (ELA) for 2010-11 was very poor. The district had achieved 5.3% of NSV, 24% of Female sterilisation, 14% of CuT, 28% of Oral Pills and 20% of Nirodh up to July, 2010. In the selected PHC areas, health personnel were not giving proper attention to FP Programme.

4. District Darjeeling:

Major observations of Regional Evaluation Team, Kolkata about the Evaluation work in Darjeeling District of West Bengal in October, 2010.

I. Details of the visited Institutions:

District visited	BPHCs, RH, PPCs and NGOs visited	SCs visited
Darjeeling	D.H.: Darjeeling BPHCs: Phansidewa and Matigara PHC: Sonada	Railway Station area, Rajbari area, Sonada, Matigara and Nabinjote

II. Major observations:

Darjeeling district has two parts, one part is Siliguri Makhuma Parisad (SMP) in jurisdiction of Siliguri Sub- district area and another part is Darjeeling Gorkha Hill Council (DGHC) in Darjeeling Kalimpong and Kursiang Sub District jurisdiction.

1. Health Human Resources

- :
- 76 posts of MO out of 159 sanctioned and 43 posts of specialists out of 127 sanctioned for the strength of whole district were lying unfilled.
 - Under the category of para-medical, 45 posts (out of 268 sanctioned) of LHV/HS (F) and HS (M), 91 posts (out of 230 sanctioned) of MPW (M), 23 posts (out of 230 sanctioned) of ANMs were also lying vacant in various institutions/ centres in the district.

2. Functioning of Rogi Kalyan Samiti (RKS):

- Rogi Kalyan samiti has been constituted in the visited institutes. Meetings of RKS were also being held regularly in the visited institutes.
- It was reported that the district had spent Rs. 3,05,173 out of allotted funds of Rs. 47,40,367 under the scheme during 2009-10.

3. Functioning of ASHA:

- As reported, the district had identified requirement of 804 ASHAs for covering all 708 villages in the district. It was reported that 354 ASHAs were in position in the district and all of them provided training up to 5th modules.
- All ASHAs have been provided with Drug kits.

4. Services of Janani Suraksha Yojana (JSY):

- The DGHC Siliguri had spent Rs. 18,58,483 out of allotted funds of Rs. 79,13,219 under the scheme during 2009-10 and Rs. 8,84,600 was incurred (up to July, 2010) against available amount of Rs. 84,26,736 during 2010-11.
- Similarly, the SMP Darjeeling had spent Rs. 45,71,000 out of allotted funds of Rs. 1,44,24,076 under the scheme during 2009-10 and an expenditure of Rs. 32,56,435 was incurred (up to July, 2010) against available amount of Rs. 1,23,53,076 during 2010-11.
- 33 recently delivered mothers under JSY were contacted in the district. All contacted mothers had delivered at Government Hospital, but involvement of ASHA particularly in escorting mothers for institutional delivery was almost absent in the district. MCH cards were issued to all of them and most of them were registered in earlier stage of pregnancy and they had received three ANC checkups in time. However, quality of Post Natal visit by field workers is

required to be increased by involving ASHAs/ AWW etc. As reported, JSY incentive was not paid in prescribed time.

5. Untied Funds:

- a. As the district is divided in two parts, many of the administrative heads are functioning separately. Funds are also being provided separately to them for implementing the activities through the Subordinate institutions/centres. The District Health Society Darjeeling distributed Untied Funds through DGHC Darjeeling and SPM Siliguri during 2009-10 & 2010-11 for providing fund to the SCs, PHCs, CHCs under their jurisdiction.
- b. It was reported that utilization certificate and statement of expenditure etc. have been submitted by the funds receiving centres to the district.

6. Physical infrastructure (HSC/PHC/RH)

(i) Health Sub Centres:

- a. The Sub centres visited at Matigora- II and Nabinjote were functioning in Govt. buildings.
- b. Labour room facility, Cupboard for drugs, Delivery table, Ambu bag/suction, Delivery Kit, DDKs, EC pills, Oxitocine tablets, Ampicillin capsule and Gentamycin injection etc. were not available in these sub centres. Foot stool, McIntsh sheet and Kerosene oil were not available in the sub centre at Nabinjote.
- c. Skilled Birth Attendance training was not provided to the Auxiliary Nurse Midwives of Sub centres at Matigora- II and Nabinjote.

(ii) BPHC/CHC/DH:

- a. The visited BPHCs at Sonada, Phansidawa and Matigora have own Govt. buildings. Post of AYUSH MO was filled in these PHCs.
- b. Vitamin- A tablets were not in stock on the day of visit in the PHCs. Stock of contraceptives items like IUD, Oral Pills, Nirodh and Prophylactic drugs i.e. IFA Large Tablets/Syrup and Vitamin- A syrup were not available at BPHC Sonada. OT table was not available at BPHC Matigora.
- c. Vehicle facility and cold chain equipments were not available at Sonada BPHC.
- d. District Hospital, Darjeeling was well equipped but there was no regular Water supply in the Hospital. Residential quarters for MO and para-medical staff were not in sufficient number in this hospital. As appraised by the Hospital Superintendent, the Ambulance facility was very poor. The Vehicles were very old and need replacement. Blood storage facility was a very big problem for the hospital.

7. Opinion of the Community on the Health Services:

- a. 20 mothers having child upto one year old were interviewed in the area of sub centres at Matigora- II and Nabinjote to assess their opinion and knowledge about the services provided by the concerned ANMs. Most of the mother informed that ANM was available as and when required.
- b. It was observed that mothers were not aware fully about ARI.
- c. Some villagers at the Sub centres area of Matigara- II were interviewed for assessing the work opinion about Male Health Worker posted there. The worker did not stay at Sub centre village and he was not available as and when needed. His activities for health services and group discussion etc. were almost nil.
- d. Opinion of the community regarding the behaviour of the PHC staff, staying at PHC regularly, time spend in examining the patient and disbursement of drugs were found satisfactory, but the visit by Medical officer to the villages during last 6 month was found poor at the visited PHCs.

8. Reconciliation of the reported performance under Sterilization:

- a. Sterilization figures reported for District Hospital at Darjeeling and Sterilization and CuT figures reported for Matigara BPHC by the district office for 2009-10 did not tally with the reported figures at District Hospital Darjeeling and at BPHC Matigara. The discrepancy between the reported figures of district and the individual institutions was also observed for the year 2010-11 (up to August, 2010).
- b. The data of the performance report received in the district show varying figures as given below-

During 2009-10

Name of the Centres	Sterilizations reported by		CuT reported by	
	District office	Reporting Centre	District office	Reporting Centre
DH: Darjeeling	726	298	73	73
BPHC: Matigora	1971	Nil	48	33

During 2010-11 (up to October, 2010)

Name of the Centres	Sterilizations reported by		CuT reported by	
	District office	Reporting Centre	District office	Reporting Centre
DH: Darjeeling	277	56	17	17
BPHC: Matigora	1469	Nil	24	9

- c. The reported performance of CuT for the year 2009-10 and 2010-11 (upto October, 2010) could not be verified by the team as no service register was maintained in the visited BPHCs at Phansidewa and Matigara.

9. Registers, records and reports maintained at the visited centres:

- Service register for Sterilization cases was not found to be maintained/ updated properly at Matigara BPHC and District Hospital Darjeeling.
- Oral Pills distribution register at Sonata sub centre was maintained properly. Nirodh distribution is mostly done through Condom corner. ASHA also distributed it but records were not kept properly at Sub centres.
- JSY beneficiaries register was not maintained properly and was not upto date in all the visited centres. Name of the concern ASHA was recorded neither in JSY payment register nor in delivery log book. So, it was very difficult to assess the involvement of ASHA in promoting of institutional delivery.

10. Miscellaneous observation and suggestions:

- Monitoring and regular supervision at periphery level can improve the performance and record keeping at all the centres in the district.
- It was observed that during the visit to BPHC at Matigara, a newly delivered mother with new born baby was accommodated in part of room with other female diarrhea patients and another part of the same room utilized as store without any partition.
- All Block PHC (treated as CHC) and Rural Hospital had conducted 24x7 services in the district, but no such services available at PHC level due to insufficient infrastructure. The district had 22 PHC (Sector Level) where 7 PHCs were functioning without Medical officer.
- ANM/HA (F) needed effective guidance and supervision in maintaining Cash Book and to keep Bill/payment vouchers whatever spent periodically under untied funds.

5. District: Mursidabad:

Major observations of Regional Evaluation Team, Kolkata about the Evaluation work in Mursidabad District of West Bengal in October, 2010.

II. Details of the visited Institutions:

District visited	BPHCs, RH, PPCs and NGOs visited	SCs visited
Mursidabad	RH: Sagardighi & Sandi Khan's Dearh BPHC: Beldanga	Beldanga, Bhabta, S.K. Dearh, Shahebrampur and Po-para

II. Major observations:

1. Health Human Resources:

- There are 4 SDHs, 1 DH, 27 CHCs, 1 FRU, 26 BPHCs, 70 PHCs and 832 HSCs functioning in Public Sector to cater to the health services to 58,66,569 population of the district but the district was observed to be facing great difficulty in providing services due to large number of vacancy in medical & paramedical personnel. As reported, 360 posts of MO out of 458 sanctioned and 56 posts of specialist out of 108 sanctioned were lying vacant in the district.
- In the category of para-medical, 15 of 176 sanctioned posts of LHV/HS (F), 29 of 78 sanctioned posts of HS (M), 156 of 832 sanctioned posts of MPW (M), 713 of 864 sanctioned posts of GNMs and 34 of 59 sanctioned posts of Lab Technician were lying vacant in the various institutions/ centres in the district.

2. Functioning of Rogi Kalyan Samiti (RKS):

- It was reported that Rogi Kalyan Samitis had been constituted in various institutions of the district but regular meetings of Rogi Kalyan Samiti in the visited centres were not being conducted regularly as per norms.
- The district had spent Rs. 41,62,518 out of allotted funds of Rs. 1,49,46,422 during 2009-10. Similarly, the expenditure was incurred to the tune of Rs. 31,87,433 out of available funds of Rs. 2,14,83,904 during 2010-11 (upto September 2010).
- The RKSs had submitted the utilization certificate to the respective institutions till September, 2010 for the year 2010-11, as reported.

3. Functioning of ASHA and Village Health & Sanitation Committee (VHSC):

- In view of total 2210 villages in the district, as against the target of 4360 ASHAs, 3246 ASHAs were in position with Drug kits in the district.
- 1883 ASHAs have been provided training up to 5th modules in the district.
- As reported, 1295 VHSCs were functioning in the district.

4. Services of Janani Suraksha Yojana (JSY):

- The district was utilizing the maximum funds under the scheme. Rs. 3,97,08,500 out of allotted funds Rs. 4,16,88,355 under the scheme were spent during 2009-10 and an expenditure to the tune of Rs. 1,67,26,600 was incurred against available amount of Rs. 2,62,08,956 during 2010-11 (up to September, 2010).
- During visit to BPHCs and Sub centres, Block MO and ANMs at Sub centres reported that they had a lot of back log cases lying due to insufficient fund allotment. Also the ANM of visited SCs reported that they had not received JSY fund since August, 2010.
- 60 recently delivered mothers and JSY beneficiaries were contacted in the district. MCH cards were issued to all of them and most of them were registered in earlier stage of pregnancy. All contacted mothers had delivered at Government Hospital, but involvement of ASHA particularly escorting mothers for institutional delivery was almost nil in the district. Quality of Post Natal visit by field workers is required to be increased by involving ANM/ASHAs/ AWW etc.

5. Untied Funds:

- a. Out of an amount of Rs. 2,67,93,571 provided at CHCs/PHCs and Sub centres level, Rs. 81,28,448 were spent in the year 2009-10 and Rs. 31,81,716 spent out of Rs. 3,04,44,550 provided during the year 2010-11 up to the month of visit.

Detail information regarding Untied Fund is given below:

Particulars	During 2009-10			During 2010-11		
	CHCs	PHCs	Sub centres	CHCs	PHCs	Sub centres
Total fund provided	18,84,901	51,14,646	1,97,94,024	25,53,614	61,60,590	2,17,30,346
Total amount incurred	6,81,287	7,23,483	67,23,678	5,68,175	3,36,197	22,77,344
Total balance amount	12,03,614	43,91,163	1,30,70,346	19,85,439	58,24,393	1,94,53,002

- b. It was reported that utilization certificate was submitted by the fund receiving centres to the district.

6. 24 hours delivery care system:

- a. All Block PHCs/CHCs and Rural Hospital were providing 24x7 services in the district, but no such services available at PHC level due to insufficient infrastructure.
- b. It was also observed that the district had 70 PHC, out of these 19 PHC were functioning without Medical officer. However, 41 PHCs were functioning 24x7 basis.

7. Physical infrastructure (HSC/PHC/RH)

(i) Health Sub Centres:

- a. The Sub centres visited at Bhabta and Beldanga were functioning in Govt. buildings.
- b. Cupboard for drugs, Delivery table, McIntosh sheet, Ambu bag/suction, Delivery Kit, DDKs, NPT kit, EC pills, Oxitocine tablets, Ampicillin capsule and Gentamycin injection etc. were not available in both the visited sub centres.
- c. Electricity connection, Toilet facility, Rapid Diagnostic kit for malaria and Haemoglobinometer were also not available in visited sub centre at Bhabta.
- d. Skilled Birth Attendance training was not provided to the Auxiliary Nurse Midwives of Sub centres at Bhabta and Beldanga.

(ii) PHC/CHC/RH:

- a. The visited PHC at Beldanga and RH at Sagardighi were functioning in Govt. buildings.
- b. Vitamin- A tablets were not in stock at RH Sagardighi. AYUSH MO was not available in visited RH at Sagardighi.
- c. Functional Operation table, Emergency Tray, Stock of contraceptives items like Nirodh and Prophylactic drugs i.e. IFA (L & S) Tablets/Syrup and Vitamin- A tablets were not available at PHC Beldanga. OT was not functioning in this PHC.
- d. Neo-natal Resuscitation equipment, Anesthesia equipment and Incinerator were not available at Sadikhans Dearth Hospital at Jallangi. Residential quarters for MO and para-medical staff were not in sufficient number in this hospital.

8. Opinion of the Community on the Health Services:

- a. 20 mothers having child upto one year old were interviewed in the area of sub centres at Bhabta and Beldanga to assess their opinion and knowledge about the services provided by the concerned ANMs. Most of the mother informed that ANM is available as and when required.
- b. It was observed that mothers were not aware about ARI and ORT properly.
- c. The work of MPWs (M) of Bhabta and Beldanga Sub centres was assessed from the village and different level persons through the interview. It was observed that both the workers stay near to Sub centre. Contacted Health Workers (M) were involved in activities of family planning particularly for motivation of Vasectomy operation. The involvement for motivation of condom users was poor. They are normally conducting Malaria activities i.e. collection of blood smear of fever patient from field and clinic.

- d. The team interviewed some women of one/two children and recently delivered mothers, AWW, ASHA and also village leaders. Ante natal care was given to the mothers but early registration was very poor in the district. As reported by interviewed mothers they were not informed regarding danger sign of ARI and use of ORT. The children were not being taken in right time to hospital for routine immunisation. However, most of the mothers had no clear idea about the nearest health facility for institutional delivery. Interviewed mothers had no knowledge about HIV/STD/AIDS.
- e. MOs were not visiting villages in the area of the visited PHC/CHC and RH on a regular basis.

9. Reconciliation of the reporting performance of CuT:

The performance of CuT received in the district did not tally with the figures maintained in the reporting units in the service register.

Name of the Centres	During 2009-10 CuT reported by		During 2010-11 CuT reported by	
	District office	Verified in the register	District office	Verified in the register
BPHC: Beldanga	227	51	64	11
RH: Sadikhana Dearh	253	Nil	31	Nil
RH: Sagardighi	216	Nil	48	Nil

10. Miscellaneous observation and suggestions:

- a. HIMS format was utilized at block level hospitals and for sending data/information regularly to higher authorities. Also, MCH tracking system has started at grass root level sub centres and BPHC/RH level. However, re-orientation training needs to be provided to the ANMs in MCTS.
- b. Monitoring and regular supervision at periphery level can improve the performance and record keeping at all the centres in the district.
- c. IN RH Sandikhan's Dearh, the physical condition of the building particularly indoor part was pathetic and different wards of the hospital were too dirty. Pan eaters spitted on floor, wall corner and corridor. Nobody bothers to keep the hospital clean. The hospital is 30 bedded but more beds are required to meeting the demand of the patient. Most of the patients had to sleep on dirty floor. The ceiling of the building was full of spider's net, window glass were broken and no curtains were there at doors and windows. Labour room and maternity ward were also in same condition.
- d. The visited institutions namely BPHC at Beldanga and RH at Sagardighi also had the problem for shortage of beds, space of wards and cleanliness.
- e. ANM/HA (F) needed effective guidance and supervision in maintaining Cash Book and to keep Bill/payment vouchers whatever spent periodically under untied funds.