CHAPTER 3

Healthcare Services

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Healthcare Services

Audit Objective: Whether the management and delivery of the prescribed healthcare services, were adequate, efficient, and effective.

Audit observed that none of the SCs of the State had been upgraded to facilitate delivery facilities, which was necessary to prevent instances of deliveries, in homes, unattended by Skilled Birth Attendants (SBAs). PHCs did not have assured referral services (Govt. ambulances/ PPP arrangements), in cases of complications, needing specialist services. Essential diagnostic services/ tests were not available in the test-checked CHCs. No inspections had been conducted, by the Food Safety Officers, in the hospital kitchens of seven CHCs. Bio-Medical Waste authorisation, from the WBPCB, had also not been obtained by most of the CHCs.

3.1 Line Services

3.1.1 Services delivered by the Sub-Centres

(i) General Services:

Sub-centres are expected to provide promotive, preventive and a few curative primary healthcare services. Given that the main function of the health Sub-centres is to provide outreach facilities, most services were not delivered in the Sub-centre building itself. The site of service delivery were instead, generally in the villages, through the Village Health and Nutrition Days (VHNDs)/ Immunization sessions, during house visits, house-to-house surveys and meetings and events with the community.

VHNDs were to be organised at least once in a month, in each village, with the help of the Medical Officer, Health Assistant Female (Lady Health Visitor) of the PHC, HWM, HWF, ASHA, AWW and their supervisory staff, PRI, Self Help Groups *etc.*, in order to reach every habitation/ Anganwadi centre, to deliver the following essential services:

i. Early registration and Antenatal care for pregnant women
ii. Immunization and Vitamin-A administration
iii. Supplementary nutritional services, health check-up and referral services
iv. Family planning counselling and distribution of contraceptives
v. Symptomatic care and management of persons with minor illnesses
vi. Health Communication to mothers, adolescents and other members of the community and
vii. Providing training/ support to ASHAs, as well as Registration of Births and Deaths.

These apart, the following services were to be delivered through Home Visits and House to House Surveys:

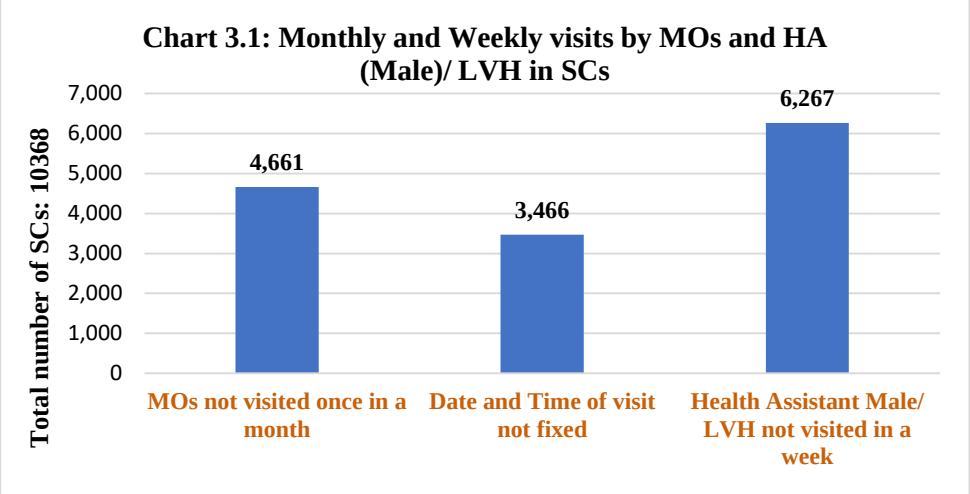
- Skilled attendance at birth
- Post-natal and newborn visits
- checking disease incidences
- Notifying the M.O., PHC, immediately, about any abnormal increase in the cases of diarrhoea/ dysentery, fever *etc.*, and taking necessary measures to prevent their spread
- Listing of the age and sex of all family members
- Assessment and listing of eligible couples and their unmet needs for contraception
- Identifying persons with skin lesions or other symptoms, suspicious of leprosy and referring them to higher health care facilities
- Identifying persons with blindness, listing them and referring them to higher health care facilities
- Identify persons with hearing impairment, deafness, listing them and referring them to higher health care facilities
- Annual mass drug administration, in filaria endemic areas.

Review, however, revealed that:

- Out of the 38 SCs test-checked in audit, in 14 SCs[19], Village Health and Nutrition Days had not been held, during the period from FYs 2016-17 to 2021-22. Records of annual surveys conducted, were not available, in three of the test-checked SCs[20], for the entire period.
- The ANM was to prepare a monthly work schedule, in the meeting of all Accredited Subsidiary Health Assistants (ASHA) workers, to be held on the 3rd Friday of every month, which was mandatory. In addition, the ANM was to take weekly/ fortnightly meetings with all ASHAs, of her area, to guide and monitor them.

  Review of records showed that, out of 38 test-checked SCs, 13 SCs[21] had conducted inadequate number of monthly meetings. No monthly meetings were found to have been conducted in four SCs[22], during 2019-2020, and/ or during 2021-2022. Weekly meetings were also not of adequate number in case of 28 SCs[23]. Weekly meetings had never been held in two SCs[24], during the entire period ***(Appendices 3.1 & 3.2)***.
- To run clinics in the SCs, the Medical Officer (MO) of the PHCs was to visit the SC, atleast once every month. The day and time of such visit needed to be fixed, so that the villagers were aware of the same.

[19] *Kankrasuti, Buruj, Jogeshganj South, Sridharkati, Boltala, Bishpur, Golamara SSK, Chayanpur SSK, Dhansura SSK, Hutmura SSK, Santuri, Pirorgoria, Balitora and Dandahit*
[20] *Surun, Majhiar and Hilla Tea Estate*
[21] *Bhadutala, Arabari, Garhmal, Satpati, Kharika PHC attached, Paschim Joynagar, Kankrasuti, Buruj, Indran, Marnai, Borote, Sulkapara and Santuri*
[22] *Bhadutala, Arabari, Garhmal and Satpati*
[23] *Bhadutala, Arabari, Garhmal, Satpati, Lokepith, Nimki Mohar, Adasimla, Kharika, Aturia, Paschim Joynagar, Kankrasuti, Buruj, Jogeshganj South, Sridharkati, Boltala, Bishpur, Indran, Marnai, Borote, Dilwarpur, Anandpur Tea Estate, Karaibari, Kalabari, Sulkapara, Looksan, Hilla Tea Estate, Pirorgoria and Dandahit*
[24] *Sridharkati and Anandapur Tea Estate*



Source: HMIS data

Review of data of SCs (10,368) of the State showed that the MOs did not visit 4,661 SCs atleast once in a month, while the days and times of visit, in respect of 3,466 SCs, had not been fixed and made known to the local population. Even the Health Assistant (Male)/ Lady Health Visitor (LHV) did not visit 6,267 SCs atleast once in a week.

- Accredited Social Health Activists (ASHA), who were engaged to support ANMs in implementing the preventive and promotive healthcare services ensuring maternal health, newborn and child health and disease control in the community, suffered a shortage of 11 to 21 *per cent*.

Table 3.1: Shortage of ASHA

As of	Sanctioned Position	In-Position	Vacancy (*per cent*)
March 2017	61,008	48,402	20.66
March 2018	61,008	50,046	17.97
March 2019	60,664	51,864	14.51
March 2020	60,664	53,149	12.39
March 2021	60,664	54,051	10.90
March 2022	63,164	55,245	12.54

Source: Records furnished by the H&FW Department

Moreover, mandatory trainings, enabling the ASHA workers to understand and discharge their responsibilities, could not be imparted to 19 to 43 *per cent* of the ASHA workers during the period 2016-2022:

Table 3.2: Shortfall in imparting training to ASHA

Sl. No.	Training programmes	2016-22		
		Target	Imparted	Shortfall (*per cent*)
1	Induction Round	11,194	9,043	19.22
2	1st to 4th round of 6th & 7th Module	98,023	59,044	39.77
3	Refresher Round	19,161	10,855	43.35
4	NCD (Non-communicable disease) Training	68,783	44,617	35.13
	Total	**1,97,161**	**1,23,559**	**37.33**

Source: Records furnished by the H& FW Department

(ii) Maternity and neonatal services

A. Non-availability of delivery facilities

As per IPHS, States were required to categorize their Sub-centre into two types and provide services and infrastructure accordingly. This was for optimum use of available resources. Type-A Sub-Centre was to provide all recommended services, except conducting delivery. However, the ANMs were to be trained in midwifery, so that they could conduct normal deliveries in cases of need. If the requirement for this service went up, the sub-centre could be considered for upgradation to Type-B, which included facilities for conducting deliveries.

Categorisation of Sub-Centres, into Type-A and Type-B, was not been provided to Audit, by the Department, though sought for. Scrutiny of records (HMIS database), however, showed that none of the 10,368 Sub-Centres of the State had any beds sanctioned and/ or functional in the SCs.

Evidently, though 55,000 deliveries had been conducted at home, across the State, during 2019-22, none of the SCs had been upgraded as Type-B, in the State.

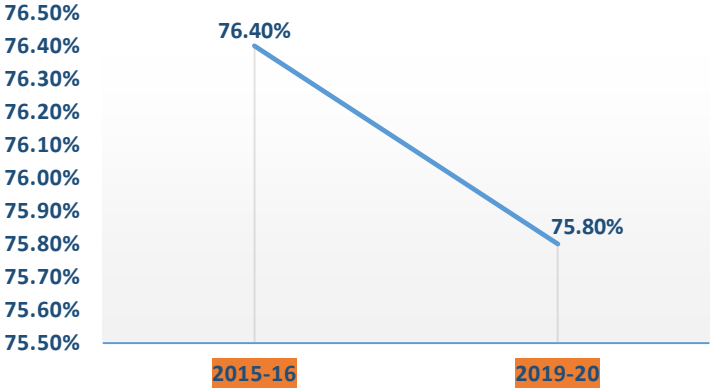
B. Ante-natal care

The SCs were to ensure early registration of all pregnant women; provide four ante-natal care services and render general examination services, like weight, BP, anaemia, iron folic acid supplements, tetanus toxoid injection *etc.*

Minimum laboratory investigations, like urine test for pregnancy confirmation, haemoglobin estimation, urine for albumin and sugar and linkages with PHCs, for other required tests, were to be ensured.

Review, of the 38 test-checked SCs, however, revealed that 1,394 (5.64 *per cent*) mothers, out of the total 24,734 number of mothers, registered between FYs 2016-17 and 2021-22, had not been registered in the 1st trimester. Further, 3,384 mothers (13.68 *per cent*) had not received four ANC check-ups ***(Appendix 3.3)***.

Chart 3.2: Percentage of mothers received at least four ANC check-ups as per NFHS-5



Source: NFHS-5 data

As per the 5th National Family Health Survey (NFHS 5), the percentage of mothers, who had received at-least four ANC check-ups, had fallen from 76.4 *per cent* in FY 2015-16, to 75.8 *per cent* in FY 2019-20.

Urine testing facility, urine test for albumin and urine test for sugar (using dipstick) was not available in Santuri SC. Haemoglobin estimation facility was

also not available in two SCs[25], out of the 38 SCs test-checked. Further, 14 SCs[26] did not have linkages with PHCs, for the required tests**.**

C. Continuation of Unassisted Non-institutional deliveries

Although the focus was on promoting institutional deliveries, the facilities for attending to home deliveries were to remain available at both types of Sub-centres. The ANMs were to be mandatorily Skilled Birth Attendant (SBA) trained.

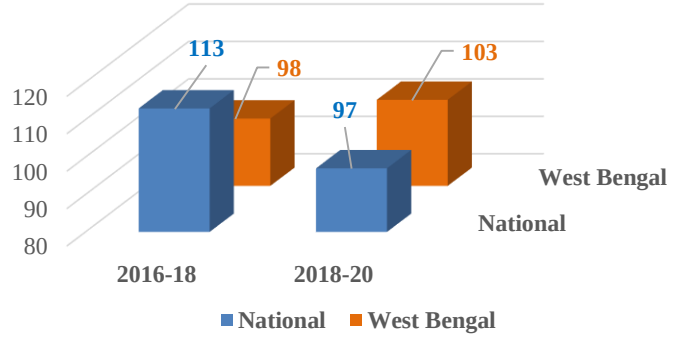
Records, however, showed that the State had failed to achieve the target of ensuring institutional deliveries. Further, out of the total 55,000 home deliveries, from FYs 2019-20 to 2021-22, 54,759 (99.56 *per cent*) deliveries at home, had remained unattended by SBAs.

Although, in HMIS data, 172 SCs were shown to have a labour room (within the SCs), 112 of them had never conducted any deliveries, while information on the rest was not available. Though none of the SCs had any functional beds, it was observed that 164 SCs had claimed to have conducted deliveries. Moreover, of these 164 SCs, 146 SCs did not have a labour room, as per HMIS. HMIS data showed that as many as 6,746 SCs did not have Intra-natal services[27]. Moreover, the Traditional Birth Attendants and ASHA had not even been trained, in 1,294 SCs.

In the test-checked SCs, no deliveries had been conducted in six years (*i.e*. the period covered under audit). Against 454 cases of home deliveries, in areas covered by these SCs, only 49 home deliveries had been assisted by ANMs ***(Appendix 3.4)***.

Under this backdrop, it is pertinent to mention here that Maternal Mortality Ratio of the State had increased not only from its earlier level but also rose above the National level in 2020:

Chart 3.3: Increase in Maternal Mortality Ratio



Source: Sample Registration System (SRS) Report

D. Referral Services

Appropriate and timely referral of such identified delivery cases which are beyond the management capacity of the SCs, were to be made.

[25] *Lokepith and Santuri*
[26] *Bhadutala, Arabari, Garhmal, Lokepith, Nimki Mohar, Kharika PHC attached, Surun, Indran, Marnai, Majhiar, Hilla Tea Estate, Dhansura SSK, Hutmura SSK and Santuri*
[27] *Care taken for mothers and newborn at the time of child birth*

However, there were 5,737 SCs which did not have 24-hour referral services, for complicated pregnancy cases. Moreover, out of 4,405 SCs (information in regard to 226 SCs was not available), where referral services were shown as being available, in 260 SCs, the mothers had not been accompanied by any ANM, or by trained personnel, during referral.

In the 38 test-checked SCs, nine SCs[28] (23.68 *per cent*) did not have assured referral services in cases of complications, during pregnancy and childbirth.

E. Post-natal care

Post-natal care includes initiation of early breastfeeding, within one hour of birth, ensuring post-natal home visits on the 0, 3rd, 7th and 42nd day for the mother and child, with additional visits being made on the 14th, 21stand 28th days, in cases of low birth weight babies *etc*.

The HMIS database, however, showed that 113 Sub-Centres had not rendered post-natal services at all. In the test-checked SCs, post-natal visits (within seven to 10 days) had not been made in 7,881 (39.69 *per cent*) deliveries, in 34 of the test-checked SCs (excluding four SCs of the Purulia district, for which no data of Post-natal visits, was provided to Audit). Further, in case of 5,687 deliveries (28.64 *per cent*), no post-natal visits had been made on the 42nd day, out of the total 19,854 deliveries, in the Sub-Centre areas for the period from FYs 2016-17 to 2021-22 ***(Appendix 3.4)***.

F. New-born, Child and Adolescent Care

The New-born Care Corner, in the Labour Room of the SC, was to provide essential newborn care. The SC was to assess the growth and development of the infants and under-five children and make timely referrals. Full immunization of all infants/ children and identification and follow-up, referral and reporting of Adverse Events Following Immunization (AEFI), were to be ensured.

Adolescent care included education, counselling, and referral; prevention and treatment of Anaemia; and counselling on the harmful effects of tobacco and its cessation.

New-born care facilities were not available in 1,231 SCs and there were no immunisation services in 53 SCs. Adolescent healthcare was not being provided in 285 SCs. None of the test-checked SCs had newborn care facilities.

In reply, against Adolescent Care, the Department mentioned (February 2024) about activities undertaken by ASHA in general like distribution of sanitary napkins, organising quarterly and monthly peer educators meeting under Rashtriya Kishore Swasth Karyakram *etc*. The Department, however, did not contradict the fact of non-availability of adolescent healthcare service in 285 SCs, as pointed out in audit.

3.1.2 Services delivered by Primary Health Centre

PHCs are the cornerstone of rural health services. They are the first point of call to a qualified doctor of the public sector, in rural areas, for the sick and those who directly report or are referred from Sub-Centres, for curative, preventive, and promotive healthcare. They act as referral units for six Sub-Centres and refer out cases to Community Health Centres (CHCs-30 bedded hospitals) and

[28] *Paschim Joynagar, Kankrasuti, Buruj, Jogeshganj South, Bishpur, Chakmoulani, Golamara, Dhansura SSK and Dandahit*

higher order public hospitals, at sub-district and district hospitals. They need to have four to six indoor beds for patients. West Bengal had[29] 916 PHCs in the State.

The following services have been classified as 'Essential' or 'Minimum Assured' Services:

(i) Medical care

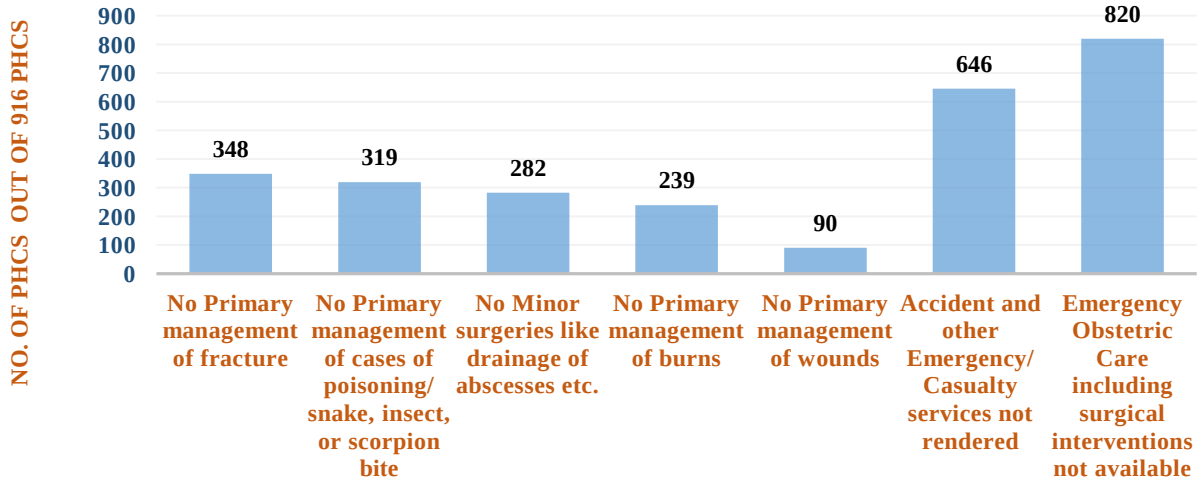
A. OPD and 24 hour emergency services

As per IPHS norms, PHCs were required to provide a total of six hours of OPD services. These included four hours in the morning and two hours in the afternoon, for six days in a week. The minimum OPD attendance was expected to be 40 patients per doctor per day.

As per IPHS, 24 hour emergency services; where appropriate, management of injuries and accidents; first aid; stitching of wounds; incision and drainage of abscesses; management of patients with dog bite/ snake bite/ scorpion bite cases, and other emergency conditions, were to be provided, for stabilization of the condition of the patients, before referral. These services were to be provided primarily by the nursing staff. However, in cases of need, MOs would be available, to attend to emergencies on call basis.

HMIS data revealed that, though only six PHCs did not have OPD services, the following basic ailments were found to have not been managed, in a considerable number of PHCs, as detailed below:

Chart 3.4: PHCs not rendering Services in State

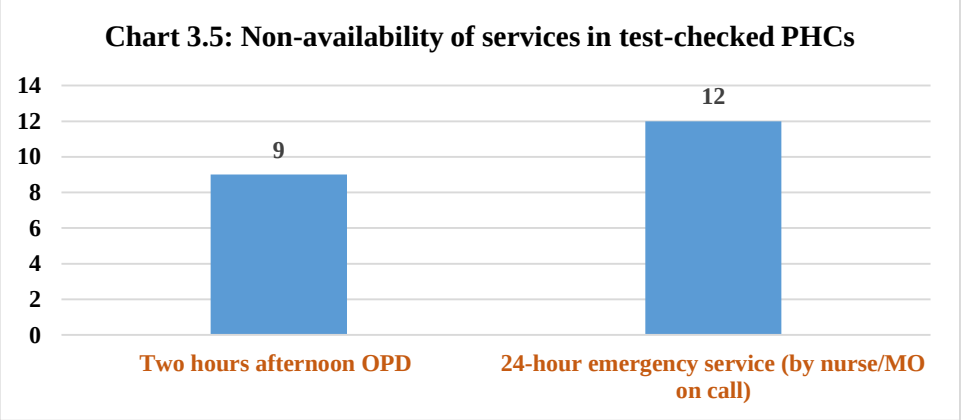


Source: HMIS data

Accident and other Emergency/ Casualty services were not rendered in 646 PHCs, while Emergency Obstetric Care, including surgical interventions like caesarean sections and other medical interventions were not available in 820 PHCs in the State.

Further, the following services were not available, in different test-checked PHCs, as detailed in ***Chart 3.5***.

[29] *As of March 2022*



Source: Reply furnished by test-checked PHCs

In the 19 test-checked PHCs, two hours afternoon OPDs were not conducted in nine PHCs (47.37 *per cent*) and 24-hour emergency services (by nurse/ MO on call) were not available in 12 PHCs[30] (63.16 *per cent*).

The Department in its reply (February 2024) offered no response in this regard.

B. In-patient services

A typical Primary Health Centre covers a population of 20,000, in hilly, tribal, or difficult areas and a population of 30,000, in plain areas, with six indoor/ observation beds.

Review, however, showed that 585 of the 916 PHCs were serving more than 30,000 population due to a shortage in the number of PHCs in the State (as discussed earlier), besides, it was also noticed that the Indoor Patient Departments of the existing PHCs were non-operational, as shown below:

Table 3.3: Non-operational IPDs in the existing PHCs

PHC status	No. of PHCs	Sanctioned bed strength	PHCs with non-functional beds	No. of PHCs having functional beds	Functional bed strength
With sanctioned bed strength	600	4,955	324	276	1,892
Without sanctioned bed strength	316	--	316	--	--
Total:	**916**	**4,955**	**640**	**276**	**1,892**

Source: HMIS data

Thus, out of the 4,955 beds, sanctioned in the existing 916 PHCs, the State department had not made 3,063 beds (4,955 *minus* 1,892) functional which is 61.82 *per cent* of the sanctioned beds. The State department had not fixed the number of sanctioned beds for 316 PHCs while, 640 PHCs, constituting 69.86 *per cent* of the PHCs, did not have functional beds.

Analysis of the HMIS database showed that 697 PHCs (including information not available against 34 PHCs) did not have IPD services. This showed that apart from the 640 PHCs which did not have functional beds, 57 such PHCs (697 *minus* 640) which had beds, were not rendering IPD services. Of the PHCs wherein beds had been sanctioned, 146 PHCs had less than 40 *per cent* of bed occupancy rate, in all 12 months, during the test-checked year (FY 2021-22).

[30] *Pirakata, Kharika, Bajitpur, Masia, Hingalganj, Majhiar, Surun, Looksan, Chayanpur, Hutmura, Santuri and Balitora*

In the 19 test-checked PHCs, 15 PHCs[31] (78.95 *per cent*) served population of more than 30,000 each and 12 PHCs (63.16 *per cent*)[32] did not have any functional bed while Mohar PHC of Paschim Medinipur and Hinganganj PHC of Bashirhat Districts though had functional beds, no deliveries actually took place.

Further, it was observed that, out of the 108 beds, sanctioned in 12 PHCs, the department could not make 52 beds (48.14 *per cent*) functional, in the 19 test-checked PHCs ***(Appendix 3.5)***.

The Department in its reply (February 2024) offered no response in this regard.

C. Maternal and Child Healthcare including Family Planning

As per IPHS, from the Service delivery angle, PHCs may be of two types, depending upon the delivery case load – Type-A and Type-B. Type-A PHCs have delivery loads of less than 20 deliveries in a month, while Type-B with delivery loads of 20 or more deliveries in a month.

The categorisation of PHCs was not provided to Audit, though sought for. Scrutiny of the HMIS database showed that 229 PHCs had been categorized as 'Delivery Points'. However, only 157 of these PHCs had functional IPD beds.

In the test-checked PHCs, eight PHCs (66.67 *per cent*)[33] did not have any functional beds, out of the 12 PHCs[34] designated as Health and Wellness Centre.

1. Ante-natal care

As per IPHS, antenatal care included early registration of all pregnancies, ideally in the first trimester (*i.e.* before the 12th week of pregnancy). Antenatal care included a minimum of four antenatal checkups; and minimum laboratory investigations, like Haemoglobin, Urine albumin and sugar, RPR test for syphilis, Blood Grouping and Rh typing and chemoprophylaxis for Malaria in high malaria endemic areas, for pregnant women *etc.*

- HMIS data showed that 168 PHCs (including information not available against 40 PHCs) had not rendered antenatal care services to the pregnant women.
- In the test-checked PHCs, 3537 registered mothers had not registered within the 1st trimester, out of the total number of 74,649 registered mothers[35], for the period from FYs 2016-17 to 2021-22.
- If not more, at least the third check-up, of the 4 Ante-Natal Care check-ups of a pregnant woman, was to be done by the MO of the PHC, instead of by the ASHA/ANM. Review, however, showed that 35 *per cent* (11,623) of the registered pregnant women, of seven PHCs, had not been checked even once by the Medical Officer, in their ante-natal phase. Further, 12,040 (16.13 *per cent*) registered mothers had not received four ANC check-ups.

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[31] *Godapiasal, Pirakata, Mohar, Kharika, Bajitpur, Masia, Jogeshganj, Hingalganj, Marnai, Surun, Moulani, Rajdanga Dakshin Hanskhali, Dhumpara, Looksan and Balitora*

[32] *Pirakata, Kharika, Bajitpur, Masia, Majhiar, Surun, Moulani, Looksan, Chayanpur, Hutmura, Santuri and Balitora*

[33] *Pirakata, Kharika, Bajitpur, Masia, Surun, Moulani, Looksan,and Santuri*

[34] *Godapiasal, Pirakata, Mohar, Kharika, Bajitpur, Masia, Jogeshganj, Surun, Moulani, Rajdanga Dakshin Hanskhali, Looksan and Santuri*

[35] *In 15 PHCs, except four PHCs in the Jalpaiguri district*

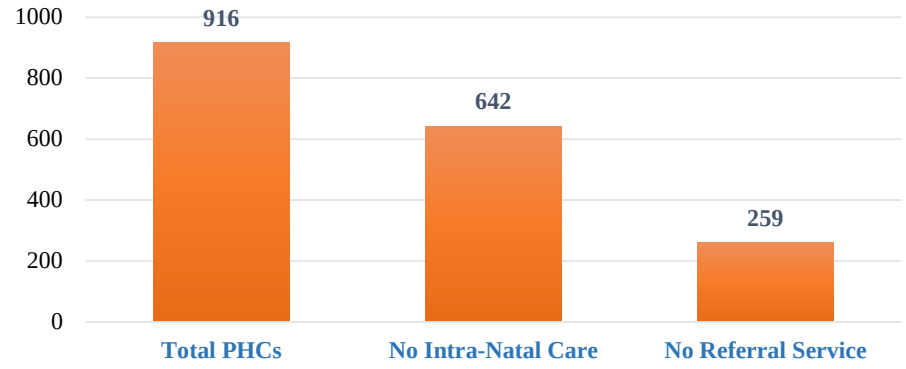
- Out of the total 74,649 registered mothers, Hb of 5,041 (6.75 *per cent*) and BP of 20,145 (26.99 *per cent*) registered mothers was not monitored. Against 54,848 registered mothers of 11 PHCs, Urine of 1,456 (2.65 *per cent*) was not examined for sugar and protein. Further, 22,018 mothers (30.42 *per cent*), against 72,384 registered mothers, had not received the 2nd dose of the Tetanus Toxoid (TT) booster ***(Appendix 3.6)***.

  The Department did not furnish any reply except stating the fact (February 2024) that the booster dose of TT/ Tetanus and adult diphtheria (Td) vaccine is given as single dose in subsequent pregnancy occurring within three years. However, the actual number of such pregnancies was not furnished.

2. Intra-natal care

As per IPHS, PHCs are required to render 24-hour delivery services, both normal and assisted, to promote institutional deliveries. Appropriate and prompt referral is to be made for cases needing specialist care. Minimum 48 hours of stay is required after delivery and labour is to be managed using partograph.

Chart 3.6: PHCs having no intra-natal and referral services



Source: HMIS data

Records showed that 642 PHCs (70.09 *per cent*) had not provided Intra-natal care services. It is pertinent to mention, that while 697 PHCs which were shown in HMIS as not having IPD services *{paragraph 3.1.2(i) B},* the figure of 642 PHCs not having Intra-natal care service was inconsistent. Moreover, 289 PHCs (31.55 *per cent)* did not have referral services for appropriate and prompt referral of needy mothers to higher facilities.

In the 19 test-checked PHCs, 16 PHCs[36] (84.21 *per cent*) did not have assured referral services (Govt. ambulance/ PPP arrangement), in cases of complications needing specialist service.

The Department in reply stated (February 2024) about availability of the ANC services but remained silent about Intra-natal services. Further, though the HMIS data of the department showed non-availability of referral services in 289 PHCs, the Department claimed to have referral transport[37] facilities in PHCs, in its reply.

[36] *Pirakata, Kharika, Bajitpur, Masia, Jogeshganj, Hingalganj, Majhiar, Surun, Marnai, Moulani, Rajdanga Dakshin Hanskhali, Looksan, Chayanpur, Hutmura, Santuri and Balitora*
[37] *102 under Janani Shishu Suraksha Karyakram scheme*

3. Post-natal Care

As per IPHS, PHCs are required to ensure post- natal care for the day 0 (*i.e.*, the day of delivery) and the 3rd day, at the health facility, both for the mother and new-born and to instruct the ANM of the concerned area, to ensure post-natal home visits on the 7th and 42nd days. Additional visits are to be paid for a low-birth-weight baby (less than 2,500 gm) on the 14th, 21st and on 28th days. As per HMIS data, 349 PHCs (38.10 *per cent*) had not provided post-natal care services to the mother and/ or the infant.

In the test-checked PHCs, postnatal services were not available in four[38] test-checked PHCs in the Purulia district and in three[39] PHCs in the Jalpaiguri district. Further, no records were available regarding the availability of postnatal care in case of three[40] PHCs in Uttar Dinajpur.

The Department only furnished replies (February 2024) against the observations of test-checked PHCs by generally stating that post-natal care is provided at delivery points for two to seven days and rest of the post-natal care are provided by ANMs and ASHA at home. However, no specific data in this regard was furnished.

4. Newborn and Child Care

As per IPHS, Facilities for Essential Newborn Care (ENBC) and resuscitation {Newborn Care Corner in Labour Room/ OT and management of neonatal hypothermia (provision of warmth/ Kangaroo Mother Care (KMC))} were also to be ensured.

Routine and emergency care of sick children, including Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and inpatient care, was to be provided, with provisions for prompt referral of sick children requiring specialist care, to assess the growth and development of the infants and under-five children. Timely referrals were to be made in such cases. Besides, full immunisation of all infants and children was to be done, against vaccine preventable diseases, as per GoI guidelines.

No Newborn care services were available in 497 PHCs (54.26 *per cent*), as shown in HMIS. However, when 642 PHCs were not rendering intra-natal (delivery) services, it was not clear how new born care could have been provided in 145 PHCs (642 *minus* 497), which were not conducting deliveries in the centres.

Childcare services, including immunisation of children, were not provided in 375 PHCs (40.94 *per cent).* Nutrition services were not available in 553 PHCs (60.37 *per cent*).

Among the test-checked PHCs, PHCs[41] in the Purulia district had not carried out immunization programmes. Immunization data was not available in case of one PHC in Uttar Dinajpur and three PHCs[42] in Jalpaiguri.

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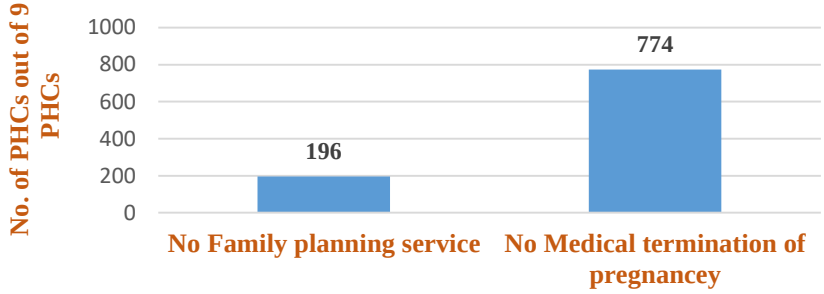
[38] *Chayanpur, Hutmura, Santuri and Balitora*
[39] *Moulani, Rajdanga Dakshin Hanskhali and Looksan*
[40] *Marnai, Majhiar and Surun*
[41] *Chayanpur, Hutmura, Santuri and Balitora*
[42] *Moulani, Rajdanga Dakshin and Looksan*

5. Family Planning

As per IPHS, Family planning services included education, motivation and counselling to adopt appropriate family planning methods. Besides, provision of contraceptives, such as condoms, oral pills, emergency contraceptives, IUCD insertions, referral and follow-up of eligible couples adopting permanent methods (Tubectomy/ Vasectomy) was to be made. In addition, counselling services and appropriate referral for couples having infertility issues, were to be provided. Permanent methods, like Tubal ligation and vasectomy/ Non-Scalpel Vasectomy (NSV), were also to be provided, where trained personnel and facility existed. Medical Termination of Pregnancy (MTP), using the Manual Vacuum Aspiration (MVA) technique was also to be provided in PHCs.

HMIS exhibited that 196 PHCs (21.40 *per cent*) had not rendered family planning services (in the PHCs), while services for Medical Termination of Pregnancy (MTP) were not available in 774 PHCs (84.50 *per cent*).

Chart 3.7: Non-availability of Family Planning Services in the State



Source: HMIS data

In the 19 test-checked PHCs, 17 PHCs[43] had not provided permanent family planning services and no PHC had conducted medical termination of pregnancy, using Manual Vacuum Aspiration (MVA).

6. School Health Programme

As per IPHS, Teachers were required to screen students on a continuous basis and ANMs/ Health Workers (Male) were to visit one school every week, for screening, treatment of minor ailments and referral. Doctors from CHCs/ PHCs were also required to visit one school per week, based on the screening reports submitted by the teams.

Review showed, that ANMs/ HW(M)/ doctors of 419 PHCs had not made the stipulated visits to any school, under the School Health Programme[44], resulting in deprivation of the school going children, under the jurisdictions of these PHCs, from screening for general health, assessment of Anaemia/ Nutritional status, visual acuity, hearing problems, dental check-up, common skin conditions, heart defects, physical disabilities, learning disorders, behaviour problems *etc.* Weekly supervised distribution of Iron-Folate tablets, biannually supervised de-worming and administration of Vitamin-A in needy cases, also remained unattended to, as a result.

[43] *Godapiasal, Pirakata, Mohar, Kharika, Masia, Hingalganj, Majhiar, Surun, Marnai, Moulani, Rajdanga Dakshin Hanskhali, Dhumpara, Looksan, Chayanpur, Hutmura, Santuri and Balitora*

[44] *To detect and treat diseases early in children and adolescents including identification of malnourished and anemic children with appropriate referrals to PHCs and hospitals.*

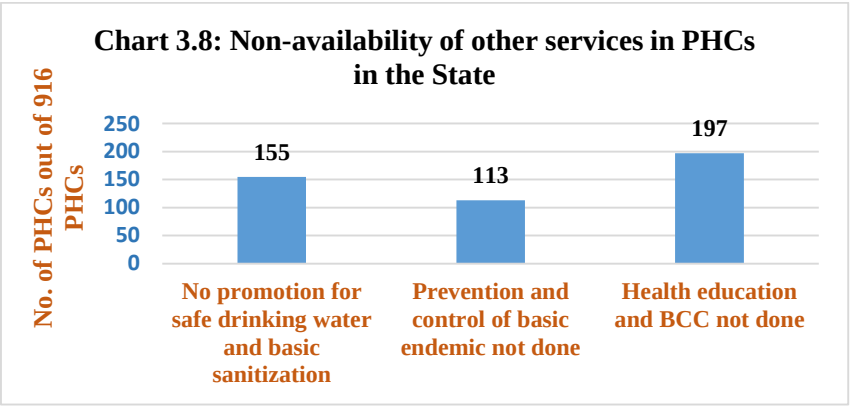
In the test-checked PHCs, the ANMs/ HWMs had not visited at least one school every week, to screen students for ailments, treatment and referral, in nine PHCs[45]. In case of 17 PHCs[46], none of the MOs, attached to the PHCs, had visited one school per week, based on the screening report.

In reply, Department stated (February 2024) that under Rashtriya Bal Swasthya Karyakram (RBSK), teams visit every school and Anganwadi Centers (AWCs) periodically for screening and identifying any defects. However, no information about actual coverage was furnished nor was it clarified that the requirements of School Health Programme were met by RBSK in entirety.

D. Other services

These apart, as per IPHS, PHCs were to render services like promotion of safe drinking water and basic sanitation; prevention and control of locally endemic diseases like malaria, Kala Azar, Japanese Encephalitis, provide health education and promote Behaviour Change Communication (BCC) *etc.*

Chart 3.8: Non-availability of other services in PHCs in the State



Source: HMIS data

Records showed that no promotion of safe drinking water and basic sanitation, had been made in 155 PHCs. Prevention and control efforts of basic endemics had not been done in 113 PHCs, while 197 PHCs had not rendered services like health education and Behaviour Change Communication (BCC) to their covered populations.

The Department in its reply (February 2024) offered no response in this regard.

E. Non-operationalisation of the Health & Wellness Centres (Su-Sasthya Kendras)

The National Health Policy, 2017, denoted an important change, from a very selective to a comprehensive primary healthcare package, which included geriatric healthcare, palliative care and rehabilitative care services. The facilities which started providing the larger package of comprehensive primary healthcare were to be called Health and Wellness Centres' (HWCs). This necessitated upgradation of the existing sub-centres and reorienting PHCs, to provide a comprehensive set of preventive, promotive, curative and rehabilitative services.

Review of the status of operationalization of HWCs (re-named as *Su-Sasthya Kendras*), in West Bengal, is given in **Table 3.4**.

[45] *Pirakata, Masia, Majhiar, Marnai, Surun, Dhumpara, Looksan, Hutmura and Santuri*
[46] *Godapiasal, Pirakata, Kharika, Bajitpur, Masia, Jogeshganj, Majhiar, Marnai, Surun, Moulani, Rajdanga Dakshin Hanskhali, Dhumpara, Looksan, Chayanpur, Hutmura, Santuri and Balitora*

Table 3.4: Status of operationalization of *Su-Sasthya Kendras*

	Target*	Functional#	Yet to be made functional
Upgradation of SCs to HWCs	8,579	4,850	3,729 (43.47%)
Re-orientation of PHCs to HWCs	913	00	913
Total:	**9,492**	**4,850**	**4,642 (48.90%)**

*Source: Target from: 'A compendium of HWC operationalization' and Functional status from: Reply of the H&FWD; * As of December 2022; #As of July 2022*

Though almost 51 *per cent* of the targeted number of conversion/ up-gradation of primary health facilities to HWCs, was shown to have achieved, in departmental records, works in regard to up-gradation/ new constructions, of none of the projects, were found to have been completed, from the status obtained from the department.

In reply, Department stated (February 2024) that, by December 2022, 7,330 SCs and 915 PHCs were made functional as HWCs. It was thus evident that target for upgradation of SCs to HWCs still remained unachieved.

3.1.3 Services delivered by Community Health Centres

CHCs, constituting the First Referral Units (FRUs), were designed to provide referral healthcare for cases from the PHC level and for cases in need of specialist care, approaching the Centre directly. Four PHCs are included under each CHC, thus catering to approximately 0.80 lakh populations in tribal/ hilly/ desert areas and 1.20 lakh population for plain areas. A CHC is required to be a 30-bedded hospital, providing specialist care in Medicine, Obstetrics and Gynaecology, Surgery, Paediatrics, Dental and AYUSH. West Bengal had[47] 348 CHCs in the State.

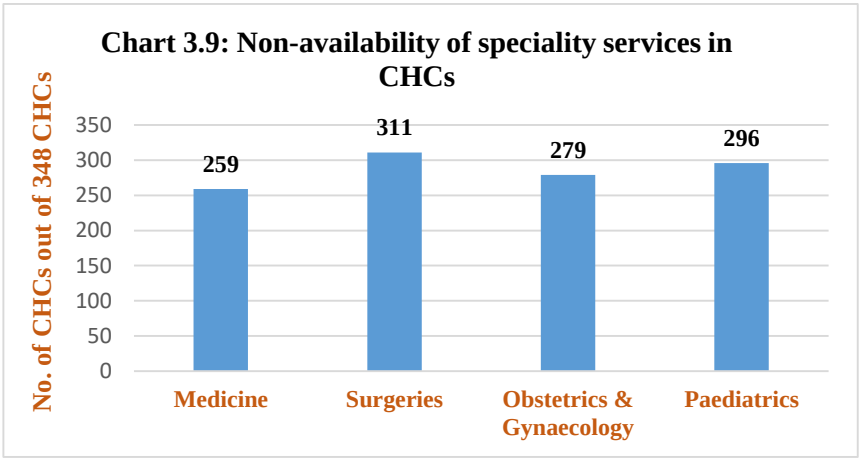
The following services, as per IPHS norms, which have been classified as 'Essential' or 'Minimum Assured' Services, are to be available in the CHCs:

(i) OPD Services and IPD Services

The CHCs should provide for General Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics and Dental services.

Analysis of HMIS records as regards Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics services, showed that a majority of CHCs (BPHCs/ RHs), had not rendered these services, as shown below:

Chart 3.9: Non-availability of speciality services in CHCs



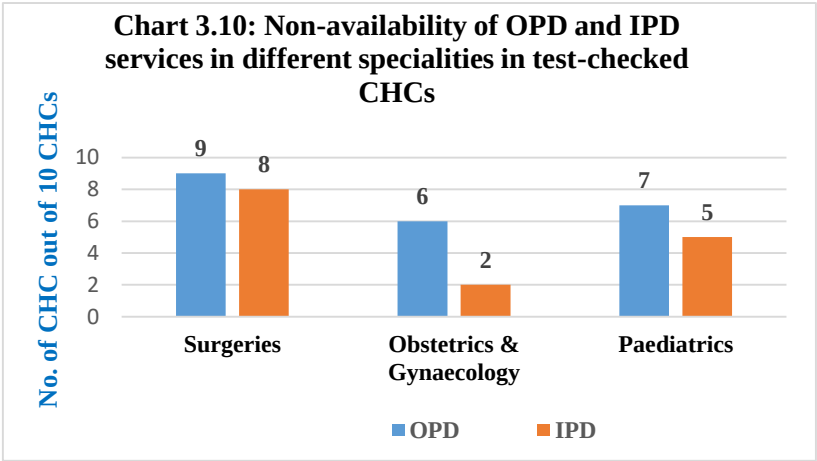
Source: HMIS data

[47] *As of March 2022*

The bed occupancy rate of 36 CHCs remained less than 40 *per cent*, while, in 80 CHCs, it remained between 40 *per cent* and 60 *per cent*, in all the 12 months, during the test-checked financial year 2021-22.

In the test-checked CHCs, OPD services for Surgeries were not rendered in nine CHCs[48], six CHCs[49] had not rendered OPD services for Obstetrics & Gynaecology and Paediatrics OPD services had not been rendered in seven CHCs[50]. Further, IPD services for Surgeries at eight CHCs[51], Obstetrics & Gynaecology at two CHCs[52] and Paediatrics at five CHCs[53], had also not been provided.

Chart 3.10: Non-availability of OPD and IPD services in different specialities in test-checked CHCs



Source: Data furnished by test-checked CHCs

It was observed in audit that a patient with breast tumor, had been treated by a Dental Surgeon in Itahar RH, Uttar Dinajpur, while, in the same RH, cases of manning of OPDs by Pharmacists were also noticed, who had issued medicines to the patients, in slips.

Thus, the population under the coverage of the CHCs had not received the essential OPD and IPD services.

The Department in its reply (February 2024) offered no response in this regard.

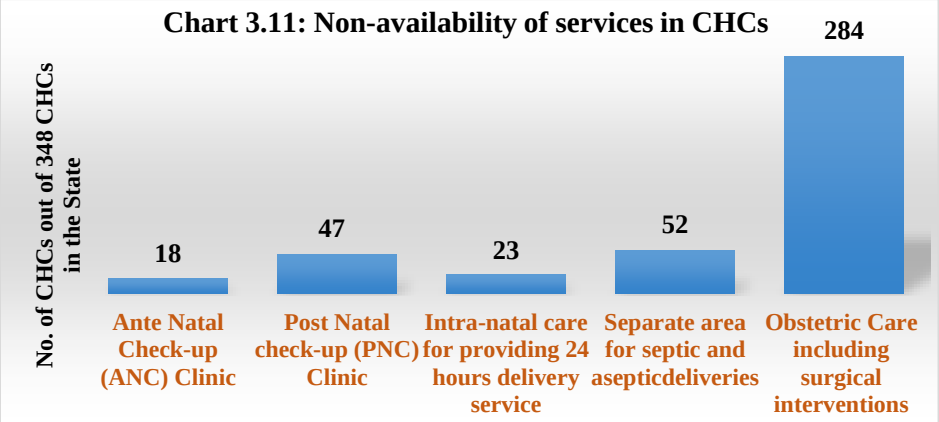
(ii) Maternal Health

The services provided in CHCs included a minimum of four ANC check-ups, including Registration & associated services; as well as 24-hour delivery services, including normal and assisted deliveries. It also included management of labour using Partographs, all referred cases of complications in pregnancy, ensuring post-natal care and providing a minimum stay of 48 hours after delivery. Proficiency in identification and management of all complications, including PPH[54], Eclampsia, Sepsis *etc.*, and ensuring essential and emergency obstetric care, including surgical interventions like caesarean sections and other medical interventions, was also included in the services.

[48] *Sulkapara RH, Odlabari BPHC, Itahar RH, Kunor BPHC, Rudrapur RH, Sandelerbil RH, Sabang RH, Kushtor RH and Muradih RH*
[49] *Sulkapara RH, Itahar RH, Kunor BPHC, Sandelerbil RH, Kushtor RH and Muradih RH*
[50] *Sulkapara RH, Odlabari BPHC, Kunor BPHC, Sandelerbil RH, Sabang RH, Kushtor RH and Muradih RH*
[51] *Sulkapara RH, Itahar RH, Kunor BPHC, Rudrapur RH, Sandelerbil RH, Sabang RH, Kushtor RH and Muradih RH*
[52] *Kushtor RH and Muradih RH*
[53] *Sulkapara RH, Kunor BPHC, Sabang RH, Kushtor RH and Muradih RH*
[54] *Post-Partum Hemorrhage*

Scrutiny of HMIS data showed that 18 CHCs did not hold Ante-Natal Clinics (ANCs) and 47 CHCs did not hold Post-Natal Clinics (PNCs) (March 2022). Intra-Natal Care, for providing 24 hours delivery services, including normal and assisted deliveries, had not been provided by 23 CHCs. Moreover, in 52 CHCs, there were no separate areas for septic and aseptic deliveries.

Chart 3.11: Non-availability of services in CHCs



Source: HMIS data

Emergency Obstetric Care, including surgical interventions like caesarean sections and other interventions, were absent in 284 CHCs in the State.

Further scrutiny showed that, though 51 CHCs[55] had Emergency Obstetric Care services, no caesarean deliveries had been conducted in 24 CHCs, during FY 2021-22.

In the test-checked CHCs, it was observed that, in Sulkapara RH of the Jalpaiguri district, the minimum period of 48 hours stay by the mothers had not been followed and in all the 7087 cases during the audit period, mothers had been released before 48 hours. Further, in test-checked CHCs in Paschim Medinipur and in Uttar Dinajpur district and Odlabari RH of the Jalpaiguri district, it was observed that the percentage of mothers discharged within 48 hours of delivery, varied between 0.06 to 24.49 *per cent* ***(Appendix 3.7)***.

Scrutiny showed that, out of the test-checked CHCs, which claimed to have Emergency Obstetric Care services, no caesarean deliveries had been conducted in two CHCs[56] of the Jalpaiguri District and Itahar RH of the Uttar Dinajpur district, during the entire period of audit. However, the Salboni RH of Paschim Medinipur had started performing caesarean deliveries w.e.f. FY 2021-22 and Sabang RH in Paschim Medinipur had started caesarean deliveries from FY 2019-20.

Scrutiny of the information furnished by the CHCs also revealed that managing labour using Partograph, was not very common and had only been followed in Itahar RH of the Uttar Dinajpur district and in the Paschim Medinipur District.

The Department furnished reply (February 2024) only against the audit observation of not having ANC, PNC and INC services in CHCs. It stated that clinics under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) were being held in 440 rural facilities and 172 urban facilities where pregnant women are examined by doctors/ specialist (G&O) on 9th of every month. The Department, however, did not furnish the list of such facilities. Further,

[55] *Information against 13 CHCs was not available in HMIS*
[56] *Sulkapara RH and Odlabari BPHC*

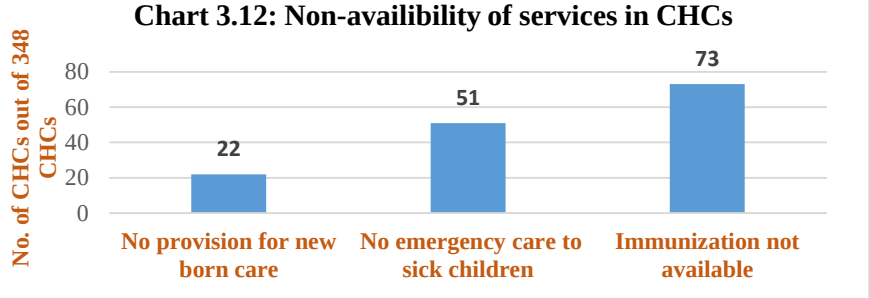
PMSMA was only meant to extend ANC services to pregnant women and not PNC and/or INC services. Moreover, non-availability of services in CHCs remained a fact.

(iii) New-born Care and Child health

To ensure essential new-born care and resuscitation a CHC was required to provide a New-born Corner in the Labour Room, an Operation Theatre (where caesarean deliveries could take place) and a New-born Stabilisation Unit. This also included routine and emergency care of sick children, by providing facilities based on the IMNCI[57] strategy and ensuring full immunisation of infants and children against Vaccine Preventable Diseases and Vitamin-A prophylaxis.

Review showed that there was no provision of new-born care in 22 CHCs, while emergency care to sick children was not being provided in 51 CHCs. Immunisation had not been done in 73 CHCs, as of March 2022.

Chart 3.12: Non-availibility of services in CHCs



Source: HMIS data

In the test-checked CHCs in Sandelerbill RH of Basirhat DH, there was no New-born Care Corner for emergency care of sick children.

In reply, Department stated (February 2024) that there were 286 Sick Newborn Stabilisation Units (SNSU) functional in the State and most of those were at CHC level. Considering 348 CHCs in the State, a bigger gap appeared to exist from the reply of the department. The Department also stated that New-born Care Corner (NBCC) in Sandelerbill RH of Bashirhat HD has now been made functional.

(iv) Family Planning

CHCs are required to ensure full range of family planning services, including IEC, counselling, provision of contraceptives, Non-Scalpel Vasectomy (NSV), Laparoscopic Sterilisation Services and their follow-up. They should also provide safe abortion services, as per the MTP[58]Act and abortion-care guidelines of MOHFW.

The full range of family planning services, including Laparoscopic Services, were not available in 179 CHCs. Safe abortion services, *i.e.* MTP, were not being rendered by 105 CHCs. In the test-checked CHCs, Non-Scalpel Vasectomy (NSV) was not being performed in three CHCs[59] and Laparoscopic Sterilization Services (LSS) were also not being conducted in three CHCs[60], during the period covered under audit.

The Department in its reply (February 2024) offered no response in this regard.

[57] *Integrated Management of Neonatal and Childhood illness*
[58] *Medical Termination of Pregnancy*
[59] *Itahar RH, Kunor BPHC and Kushtor RH*
[60] *Kunor BPHC, Kushtor RH and Rudrapur RH*

Recommendations:

4. ***Availability of Emergency Obstetric Care, including surgical interventions like caesarean section and other medical interventions, may be ensured in selected PHCs and in all CHCs, in the State.***
5. ***Provisions for new-born care and emergency care, for sick children, may be ensured, in all CHCs.***

3.1.4 Services delivered by District/ Sub-District (DH/ SDH) level hospitals

The District/ Sub-District hospital is an essential component of the district health system and functions as a secondary level of healthcare, which provides curative, preventive and promotive healthcare services to the people in the district/ sub-division. Every district is expected to have a district hospital, linked with the health centres down below the district, such as Sub-district/ Sub-divisional hospitals, Community Health Centres, Primary Health Centres and Sub-centres. West Bengal had[61] 18 District Hospitals and 36 Sub-Divisional Hospitals in the State.

(i) Non-utilisation of sanctioned beds

The standards of IPHS have been made for up to 500 beds for a District Hospital and up to 100 beds for a Sub-Divisional Hospital. In West Bengal, most of the DHs and SDHs had sanctioned beds more than that indicated in IPHS.

However, a review of the number of beds sanctioned and the number of beds actually functional in the hospitals, showed the following scenario:

Table 3.5: Number of functional beds *vis-à-vis* sanctioned beds in DHs

Name of DH	Sanctioned bed	No. of functional bed	No. of non-functional bed	Percentage of non-functional beds
M.R. Bangur DH/ SSH	1,125	717	408	36.27
Alipurduar DH/ SSH	594	500	94	15.82
Bishnupur DH/ SSH	620	433	187	30.16
Jhargram DH	600	543	57	9.50
Suri DH/ SSH	1,042	766	276	26.49
Darjeeling DH/ SSH	500	398	102	20.40
Balurghat DH/ SSH	930	751	179	19.25
Jalpaiguri DH	1,500	975	525	35.00
Nadia DH	1,018	856	162	15.91
Howrah DH	642	636	6	0.93
Bashirhat DH/ SSH	600	549	51	8.50
Siliguri SH	400	365	35	8.75
Imambara Sadar DH	650	625	25	3.85
Nandigram DH	300	211	89	29.67
Barasat DH	600	600	0	0.00
Kalimpong DH	370	370	0	0.00
Tamluk DH	500	500	0	0.00
Asansol DH	750	750	0	0.00
Total:	**12,741**	**10,545**	**2,196**	**17.24**

Source: HMIS data

While the overall non-utilisation of sanctioned beds was 17.24 *per cent*, non-utilisation was very high in respect of the M.R. Bangur, Bishnupur, Suri, Jalpaiguri and Nandigram DHs.

In respect of SDHs, the status was shown in **Table 3.6**.

[61] *As of March 2022*

Table 3.6: Number of functional beds *vis-à-vis* sanctioned beds, in SDHs

Name of SDH	Sanctioned beds	Functional beds	Non-functional beds	Percentage of non-functional beds
Barrackpore SDH (DR. B.N. Bose)	277	277	0	0.00
Bongaon SDH & SSH	600	600	0	0.00
Salt Lake SDH	122	100	22	18.03
Baruipur SDH & SSH	368	368	0	0.00
Canning SDH	166	331	-165	-99.40
Kakdwip SDH & SSH	414	414	0	0.00
Khatra SDH	146	106	40	27.40
Bolpur SDH & SSH	520	428	92	17.69
Dinhata SDH	328	277	51	15.55
Mathabhanga SDH	300	196	104	34.67
Mekhliganj SDH	120	120	0	0.00
Tufanganj SD Hospital	170	192	-22	-12.94
Kurseong SDH	120	120	0	0.00
Gangarampur SDH & SSH	600	469	131	21.83
Islampur SDH & SSH	500	373	127	25.40
Arambagh SDH (P C SEN GOVT. MCH)	594	594	0	0.00
Serampore SDH & SSH	586	570	16	2.73
Chandannagore SDH	270	254	16	5.93
Uluberia SDH (S. Ch. Chattopadhyay MCH)	442	442	0	0.00
Mal SDH & SSH	400	335	65	16.25
Chanchal SDH & SSH	426	100	326	76.53
Contai SD Hospital	300	300	0	0.00
Egra SDH & SSH	476	476	0	0.00
Haldia SD Hospital	300	200	100	33.33
Ghatal SDH & SSH	550	527	23	4.18
Kharagpur SDH	311	325	-14	-4.50
Domkol SDH	400	400	0	0.00
Kandi SDH	331	331	0	0.00
Lalbagh SDH	300	300	0	0.00
Jangipur SDH & SSH	632	632	0	0.00
Ranaghat SDH	286	251	35	12.24
Tehatta SDH	100	126	-26	-26.00
Durgapur SDH	283	350	-67	-23.67
Kalna SDH & SSH	534	503	31	5.81
Katwa SDH	284	254	30	10.56
Raghunathpur SDH/ SSH	300	300	0	0.00

Source: HMIS data

A disproportional sanction of beds was evident from the above. It could be seen that, while the SDHs at Khatra, Mathabhanga, Islampur, Chanchal, Haldia *etc.*, were not utilising the beds sanctioned for them, the SDHs at Canning, Tufanganj, Kharagpur, Tehatta and Durgapur were operating significantly higher beds, over the sanctioned number.

The Department in its reply (February 2024) offered no response in this regard.

(ii) Non-availability of OPD and IPD Services

- ***Essential services not available:***

As per IPHS, a DH was supposed to render certain minimum assured services, like General Medicine, General Surgery, Obstetrics & Gynae, Paediatrics, Emergency, ICU, Anaesthesia, Ophthalmology, ENT, Orthopaedics, Geriatric, Radiology, Dental care and Public Health services *etc.*

Review of the HMIS data, in respect of 18 DHs, showed that Paediatric services was not available in Siliguri DH and Public Health Management services were not available in the Nandigram DH, Nadia and Suri DHs ***(Appendix 3.8)*** (no information against Bishnupur DH had been uploaded in HMIS).

In regard to SDHs, it was observed that some basic essential services were not available in respect of the following SDHs ***(Appendix 3.9)***.

Table 3.7: Services not rendered by SDHs

Essential Basic Services	SDHs not rendering the services	
	Number	Name
Radiologist & Ultrasonologist	05	BN Bose, Kakdwip, Mathabhanga, Mal, Chanchal
Ayush	11	Khatra, Domkol, Lalbagh, Jangipur, Ranaghat, BN Bose, Canning, Serampore, Haldia, Kharagpur, Tehatta
Orthopaedics	02	Khatra, Kurseong
General Surgery	01	Mekhliganj
ENT	01	Tufanganj
Community Health	17	Salt Lake, Kakdwip, Khatra, Bolpur, Tufanganj, Islampur, & Chandannagar, Uluberia, Mal, Ghatal, Domkol, Lalbagh, Jangipur, Ranaghat, Kalna, Katwa and Raghunathpur

Source: HMIS data

In reply, the Department stated (February 2024) that at Tufanganj SDH, two ENT Surgeons were posted in 2022 and basic ENT services made available, though, major surgical services were not available in absence of OT equipment including operating microscope. The Department, however, remained silent about non-availability of other services.

- ***Non-availability of desirable services:***

Of the services which were desirable for a DH to render, services like Radiotherapy, Allergy and Dermatology & Venereology, were not rendered in a number of DHs, as shown below:

Table 3.8: Services not rendered by the DHs

Services	Number of DHs not having the services	Names of DHs not rendering services
Radiotherapy	12	Bashirhat, Asansol, Nadia, Tamluk, Jhargram, Jalpaiguri, Howrah, Imambara, Siliguri, Darjeeling, Suri and Alipurduar
Allergy	10	M. R. Bangur, Alipurduar, Suri, Siliguri, Bashirhat, Imambara, Jalpaiguri, Jhargram, Nandigram and Asansol
Skin & VD	1	Alipurduar

Source: HMIS data; Note: Information in regard to Bishnupur DH and Kalimpong DH had not been uploaded in HMIS

The two test-checked desirable services out of the seven services prescribed in IPHS, showed that Critical Care Services were not available in six SDHs, while eight SDHs did not have Dermatology & Venerology services.

- ***Super-speciality services not initiated:***

As per IPHS, District Hospitals were to be in a position to provide all basic speciality services and were to aim to develop super-specialty services gradually. IPHS also prescribed 16 super-specialty services, which a district hospital was to strive to render.

However, a review of HMIS data, against 13 such super-speciality/ diagnostic services, revealed:

Table 3.9: Super-Speciality services not provided in DHs

Super-Specialty service	No. of DHs not having the service	Super-Specialty service	No. of DHs not having the service
Cardiology	17	Neurology	18
Cardio thoracic & Vascular Surgery	18	Neurosurgery	18
Gastro-enterology	18	Oncology	6
Surgical Gastro-enterology	18	Endocrinology/ Metabolism	16
Plastic Surgery	17	Angiography	16
Nephrology	17	Echocardiography	16
Urology	18		

Source: HMIS data confirmed by the H&FWD

It was evident from the above table that, except for Oncology (to some extent), non-availability of super-specialty services was prevalent in 89 *per cent* to 100 *per cent* of the existing District Hospitals of the State.

In the test-checked DHs/ SDHs, the status of non-availability of essential (20), Desirable (8) and Super Specialty (16) OPD/ IPD services, was as below:

Table 3.10: Essential/ Desirable/ Super-Speciality services not provided in DHs/ SDHs

Sl. No.	Name of the hospital	No. of services not available at the hospital					
		Essential		Desirable		Super Speciality	
		OPD	IPD	OPD	IPD	OPD	IPD
1.	Jalpaiguri DH & SSH	1	0	1	2	15	15
2.	Bashirhat DH	1	1	2	2	15	15
3.	Islampur SDH	2	7	5	7	NA*	NA*
4.	Ghatal SDH	1	14	7	Not Available	NA*	NA*
5.	Raghunathpur SDH	3	2	6	6	NA*	NA*

*Source: Test-checked DHs & SDHs; **Not Applicable*

It may be mentioned here that some of the services as stated below which were found non-existent in the test-checked DHs/SDHs, were shown as available in the HMIS data ***(Appendices 3.8 and 3.9)***:

- Anesthesia OPD in Jalpaiguri DH,
- Radiology OPD/ IPD services in Bashirhat DH,
- Anesthesia OPD service and IPD services of Radiology, AYUSH and Community Health in Islampur SDH,
- IPD services of Anesthesia, Ophthalmology, ENT, Radiology, AYUSH and Community Health in Ghatal SDH, and
- AYUSH OPD services in Raghunathpur SDH

The Department in its reply (February 2024) offered no response in this regard.

(iii) Maternity services

The position of Maternal and Child Care services in the DHs and availability of beds is shown in ***Appendix 3.10***.

- ***Discharge of mothers within 48 hours:*** The first 48 hours after delivery are the most critical and most of the major complications of the post-partum period, which could lead to maternal death, occur during this period. Hence, a woman who has just delivered, needs to be closely monitored during the first 48 hours and should not be discharged in case of institutional deliveries.

However, review of records of the five selected test-checked districts (*i.e.*, excepting Uttar Dinajpur) showed that 1,00,404 (12.97 *per cent*) mothers, out of the 7,74,246 number of institutional deliveries, had been discharged within 48 hours of delivery. The rate of such discharges was highest in the Jalpaiguri district (21.74 *per cent*), which cited constraints of space and bed capacity, enforcing discharge within 48 hours.

- ***Non-institutional Deliveries:*** The objective was to ensure institutional delivery of all pregnant women. However, in the five test-checked districts 0.70 lakh (6.04 *per cent*) deliveries, out of the total 11.60 lakh deliveries, had taken place at home during 2016-22. Uttar Dinajpur district reported the highest number of home deliveries (0.48 lakh) during the period. It was followed by Purulia (0.10 lakh) and Paschim Medinipur (0.06 lakh).

  In reply, the Department (February 2024) stated that the State is promoting and striving to achieve 100 *per cent* institutional deliveries.

- ***Home deliveries not attended by Skill Birth Attendants (SBA):*** To avoid pregnancy related complications, every home delivery was required to be cared for by a Skilled Birth Attendant (SBA).

However, in the five test-checked districts, 65,614 deliveries (93.71 *per cent*), out of 69,842 home deliveries, had taken place without the assistance of Skilled Birth Attendants, during the period from FY 2016-17 to FY 2021-22. No home deliveries in four districts (Bashirhat, Jalpaiguri, Purulia and Uttar Dinajpur) had been attended by SBAs.

- ***Non-availability of Eclampsia and Septic Labour Room with New-Born Care Corner (NBCC):*** SDH, Islampur suffered from non-availability of Eclampsia and Septic Labour Room with NBCC.

- ***Doctors/ Nurses not trained:*** Doctors and nurses posted at the neonatal stabilization unit of SNCU, at Bashirhat DH and Islampur SDH, had not been trained with facility-based care.

  In reply, the Department stated (February 2024) that the care providers of SNCU were subsequently trained in 2022-23.

- ***Adolescent Friendly Health Clinic (AFHC):*** Bashirhat DH and Islampur SDH had no full time Adolescent Friendly Health Services (AFHS) trained MO, nor did they have a full-time AFHS trained ANM/ LVH. Ghatal SDH, did not have an AFHS clinic.

  In reply, the Department (February 2024) while accepting the fact of absence of full time ANM/ LVH, stated that process of recruitment of full-time medical officer in Bashirhat DH and Islampur SDH have been initiated. Non-availability of AFHC in Ghatal SDH was also accepted by the Department.

(iv) Non-availability of facilities under Emergency Services

Bashirhat DH and 3 test-checked SDHs did not have provision of separate X-ray and basic laboratory facilities at their emergency wards, neither had the hospitals allocated 5 *per cent* of the total beds as emergency beds.

The Department in its reply (February 2024) offered no response in this regard.

(v) Intensive Care Units (ICUs)/ Critical Care Units (CCUs)

The CCU of the Bashirhat DH had no facility of USG. The SDHs at Islampur and Ghatal did not have facility of ICU/ CCU. Though Raghunathpur SDH had an ICU/ CCU, it had not adopted the checklist for monitoring the quality of care like i) errors, ii) adverse drug reactions, iii) performance of individual staff *etc.* It also did not have a facility level monitoring committee, to monitor the activities of CCU.

The Department in its reply (February 2024) offered no response in this regard.

3.1.5 Services delivered by Medical College & Hospitals

(i) Non-availability of Services at Raiganj Medical Collage & Hospital (RMC&H)

Delivery of the following services in District Hospitals were prescribed in IPHS However, the following procedures, under different services, were not available in the different departments/ wards even at the RMC&H, for the reasons noted against each:

Table 3.11: Non-Availability of services/ procedures in different wards, at the RMC&H

Sl. No.	Service	Procedure	Non-availability
1	Dental	Malocclusion	Orthodontic faculty unavailable
		Light cure	Instrument unavailable
		luxation and Arthritis of Temporomandibular Joints	Faculty unavailable
		Intra oral X-ray	Technician unavailable
2	Endoscopic	--	No endoscopic service
3	Medical	Bronchoscopy	Instrument unavailable
		Pericardial tapping	Cardiologist unavailable
		Liver Biopsies	Gastroenterologist unavailable
		Fibrotic Endoscopy	Instrument unavailable
		Peritoneal Dialysis	Nephrologist unavailable
4	Paediatric	Exchange Transfusion	MO not trained
		Cut down	MO not trained
		Plural/ Ascities Tap	MO not trained
		Live Biopsy u/ s guided	MO not trained
5	Psychiatry	Modified ECT	Instrument & other facilities unavailable
		Narco analysis	Instrument & other facilities unavailable
6	ENT	Nasal Endoscopy & Endoscopic Sinus	Instrument unavailable
		Inter Nasal Antrostomy	Instrument unavailable
		Transantral procedures	Instrument unavailable
		Transantral Biopsy	Instrument unavailable
		Rhinoplasty	Instrument unavailable
		Broncoscopic Diagnostic	Instrument unavailable
		Broncoscopic & FB removal	Instrument unavailable
7	Surgical	Arthroscopy	Instrument unavailable
		Stapedotomy	Instrument unavailable
		Hip Surgery	Implant not available
		Gride stone Arthroplasty	Implant not available
		Arthroplasty	Implant not available
		Excision Arthroplasty of elbow & other major joint	Implant not available
		Operation of hallus valgua	Implant not available

Sl. No.	Service	Procedure	Non-availability
		Bone surgery	Implant not available
		Bone Grafting	Implant not available
		Arthrotomy of hip	Implant not available
		Carpal tunnel Release	Implant not available
		Dupuytrens contracture	Implant not available

Source: Test-checked MCHs

The Department in respect of non-availability of ENT equipment stated that (February 2024) that such high-end equipment are supplied based on demand/ requisition and availability of fund. However, the Department remained silent about non-availability of other services as pointed out in audit.

(ii) Other observations on services in SSKM and other test-checked MCHs

- Due to space constraints and non-availability of alternative space at the RGMC&H, the Trauma Care Unit could not be established.
- Well-equipped and updated Intensive Care Burn Unit and Surgical Post Operative Critical Care Unit were not available in the 'Surgery and Allied Specialities Department', at RMC&H.
- There was no Dental OPD, accompanied by a Dental Lab at RMC&H.
- While Audit was informed that maternal death reviews were being conducted at both SSKM and RMC&H, minutes of such meetings were not produced before Audit.
- As per provisions contained in the notification issued (September 2007) by the Ministry of Health & Family Welfare regarding compensation package to acceptors of sterilisation and IUD insertions at public and accredited private health facilities, the persons undergoing such services are to be paid monetary compensation on the same day at the facility where procedures have taken place. In the test-checked months[62], out of 129 beneficiaries, there had been delays in regard to 107 beneficiaries, in awarding monetary compensation, for adopting family planning measures, at the SSKM Hospital, having ranged between four days to 266 days.
- Beneficiaries under Pradhan Mantri Matru Vandana Yojana (PMMVY)[63] are allowed monetary benefit for institutional deliveries at Government health facilities, as per provisions contained in the guidelines of the scheme. Out of 140 test-checked cases, during 2016-22, delays in payments, at the SSKM Hospital, were observed since 2020 onwards. In 60 cases of payments made during 2020-22, the delays ranged between 10 days and 111 days.
- At RMC&H, Out of 21 test-checked cases pertaining to FY 2019-20, the delays in PMMVY payment were between 19 days and 128 days. Similarly, such delays ranged between four days and 79 days, for 19 cases, during FY 2020-21 and between 13 days and 87 days, for 21 cases, during FY 2021-22.

[62] *December 2016, June 2018, March 2018, September 2019 and December 2020*

[63] *Government of India implemented Pradhan Mantri Matru Vandana Yojana with effect from 1.1.2017. The scheme provides for financial support for pregnant and lactating mothers to improve the health and nutrition for mother and child as well as compensation for wage loss, if any*

- Patients and visitors were not being sensitized and educated through appropriate Information, Education & Communication/ Behaviour Change Communication (IEC/ BCC) approaches, at the SSKM Hospital
- The SSKM hospital did not have any enquiry window, for seeking information about available hospital services.

The Department in its reply (February 2024) offered no response in this regard.

3.1.6 Findings of beneficiary survey

- A survey of patients randomly selected in the test-checked PHCs and CHCs, carried out by Audit, depicted the following, in regard to the quality of line services of the healthcare facilities:

OPD Services:

Table 3.12: Beneficiary survey on quality of OPD services

Sl. No.	Issues raised through Survey	No. of patients surveyed	Patients confirming the issue	Percentage
1	Time for registration was more than 20 minutes	366	44	12.02
2	Waiting time for patients to consult a doctor being more than 15 minutes	179	70	39.10
3	Waiting time for patients to consult a doctor being more than 30 minutes	179	46	25.70
4	Waiting time patients to consult a doctor being more than an hour	179	9	5.02
5	Consultation time taken by the doctor being less than 10 minutes	179	98	54.75
6	Consultation time taken by the doctor being less than 5 minutes	366	83	22.68
7	Doctor not explaining the nature of the ailment in an understandable way	366	45	12.29
8	Behaviour and attitude of hospital staff being ranked below "good"	187	18	9.63

Source: Test-checked PHCs and CHCs

IPD Services:

Table 3.13: Beneficiary survey on quality of IPD services

Sl. No.	Issues raised through Survey	No. of patients surveyed	Patients response/ Patients confirming the issue	Percentage
1	Instances where admission/ information about the ongoing treatment was not shared with patients or attendants, regularly	96	16	16.67
2	Instances where consent was not taken from family member/ attendant before treatment and procedures	96	22	22.92
3	Instances where patients were not informed about his/ her rights and responsibilities	96	44	45.83
4	Instances where the doctors were not available for service during day and night, especially during emergent situations	96	17	17.71
5	Instances where the services of an attendant were not provided for patients requiring trolley/ wheelchair	96	31	32.29
6	Instances where the behaviour of staff was not dignified and respectful, during service delivery	182	20	10.99
7	Regularity of doctor's attention being ranked below “good”	86	16	18.60
8	Time spent on examination and counselling of patients being ranked below "good"	86	20	23.26

Source: Beneficiary Survey in test-checked PHCs and CHCs

It may be seen from the above that almost 31 *per cent* of the patients opined that waiting time for the patients to consult a doctor, after registration in OPD, was more than 30 minutes; while 23 *per cent* patients opined that the doctor took less than 5 minutes for examination, consultation, and advising the patient, in the OPD clinics.

Ignorance of patients about their rights and responsibilities was conspicuous. Patients requiring trolleys/ wheelchairs did not receive attendants for the services.

Further, as per the Professional Conduct, Etiquette and Ethics Regulation, 2002, of the Indian Medical Council, every physician was to maintain the medical records, pertaining to his/ her indoor patients, for a period of three years from the date of commencement of the treatment, in a standard proforma, laid down by the Medical Council of India. However, doctors' survey showed that 16 (42 *per cent*) of the 38 doctors surveyed[64] had not maintained such records. The same regulation also prescribed that, at all times, the physician was to notify the constituted public health authorities, of every case of communicable disease under his care. 14 (36.84 *per cent*) of the doctors surveyed had not complied with the same.

- A survey of patients randomly selected in the test-checked DHs and SDHs, carried out by Audit, depicted the following in regard to the quality of line services of the healthcare facilities:

Table 3.14: Patient Survey in the test-checked DHs & SDHs, regarding quality of line services

Sl. No.	Issues raised through surveys	No. of patients surveyed	No. of patient confirming the issue in Patient Satisfaction Survey (PSS)	Percentage
OPD:				
1	Neat and clean toilet facility not available	81	8	9.88
2	No. of registration counters not adequate	81	21	25.93
3	Time for registration being more than 30 minutes	81	14	17.28
4	Patient calling system not satisfactory	81	44	54.32
5	Patients having to wait more than an hour for consulting the Doctor	81	11	13.58
6	Consultation time taken by the doctor being less than 5 minutes	81	55	67.90
7	Doctor not explaining the nature of the ailment in an understandable way	81	20	24.69
IPD:				
1	Time taken by the doctor to visit the patients after admission being more than an hour	79	36	45.57
2	Admission/ information about the ongoing treatment not being shared with patients or attendants, regularly	79	8	10.13
3	Doctors visit to the patient being less than twice in a day	79	17	21.52
4	Responses of the Nurses in the ward not being prompt	79	4	5.06
5	Intravenous/ insertions like Saline drips and catheters *etc.*, not being monitored and changed, whenever needed and other prescribed medications not being given periodically by the nursing staff	79	5	6.33

Source: Beneficiary Survey in test-checked PHCs and CHCs

[64] *A survey of willing doctors of the selected DHs were carried out in audit*

In the course of Audit at SSKM hospital, a Patient Satisfaction Survey was conducted by the Audit team, on 18 indoor patients. The results of the survey were as follows:

- A majority of the patients surveyed (14 out of 18) stated that the waiting time, at the registration/ admission counter, was more than one hour. Four patients stated that it was more than 45 minutes.
- Only four out of 18 patients stated that sufficient information (regarding direction & location signage, registration counter, laboratory, Radiology Dept., dispensary *etc.*) was not available in the Hospital.
- Eight patients (44 *per cent*) stated that the time of supply of the diet and its quality ranked below "good".

Similarly, a Patient Satisfaction Survey was conducted by Audit, on 23 outdoor patients of the hospital. The results of survey were as follows:

- All of them stated that the seating arrangements, at the registration/ OPD counters, were not adequate.
- Fourteen patients who were surveyed stated that drinking water facility was not available for patients. Similarly, eight patients stated that neat and clean toilet facilities were not available at the hospital.
- Sixteen patients stated that number of registration counters was not adequate considering the patients load at the hospital.
- Considerable time was spent for registration, as 22 patients stated that they had to wait for more than 30 minutes for registration.
- The patient calling system was not satisfactory, as stated by 10 patients.
- More than 50 *per cent* of the patients surveyed (14 out of 23) said that they had to wait for more than one hour, for consulting a doctor.
- All the patients surveyed stated that not all the prescribed medicines had been made available to them, by the hospital pharmacy. Ten of them stated that the time taken for receiving the prescribed medicines was more than 30 minutes and an equal number stated that it was more than hour.
- Sixteen patients stated that the time taken by the hospital, for delivery of the test-reports, was more than five days.
- Almost all of the patients surveyed (22 out of 23) stated that complaint boxes were not available at the OPD.

The Department in its reply (February 2024) offered no response in this regard.

Recommendation:

6. The H&FW Department may maximise coverage of institutional deliveries and also ensure that all home deliveries are attended by Skilled Birth Attendants.

3.1.7 Deprivation of weaker sections from Free Treatment

As per Section 7(3)(s) of the West Bengal Clinical Establishments (Registration, Regulation and Transparency*)* Act, 2017, read with Rule 20(1)(b) of the West Bengal Clinical Establishments (Registration, Regulation and Transparency) Rules, 2017, any Clinical Establishment (CE), which has received land or any other facility from the Government, during its initiation, and in the course of continuance of its projects, shall be responsible for providing completely free treatment to 20 *per cent* of OPD patients and 10 *per cent* of IPD patients for persons belonging to weaker sections.

Furthermore, the CE has to mandatorily furnish annual return on free treatment and concessions, if any, as mentioned in Para 1.4 of Schedule-VI of the Rule[65].

Scrutiny, however, revealed that the Department had provided land to 44 CEs at different times, however, the CEs never extended the benefits to the weaker sections as per Act. Moreover, neither were the copies of the agreement with the CEs available in respect of 43 hospitals and nursing homes[66] with the Department nor the Department initiated any action to fetch the benefits receivable under the Rules.

3.2 Support Services

3.2.1 Diagnostic Services

Sub-Centres (SCs): As per IPHS, an SC is required to ensure minimum laboratory investigations, like urine test for pregnancy confirmation, haemoglobin estimation, urine for albumin and sugar and linkages with Primary Health Centres (PHCs), for other required tests.

In the 38 test-checked Sub-Centres (SCs), it was observed that 14 SCs[67] had no linkages with the concerned PHCs, for ensuring essential diagnostic facilities.

Primary Health Centres (PHCs): As per IPHS, in PHCs, the minimum laboratory investigations listed below were to be ensured

i) Routine urine, stool, and blood tests (Haemoglobin estimation, platelets count, total RBC[68], WBC[69], bleeding and clotting time and blood sugar)
ii) Diagnosis of RTI[70]/ STDs[71], with wet mounting, Grams stain *etc.*
iii) Sputum testing for mycobacterium (as per guidelines of RNTCP[72])
iv) Blood smear examination malaria
v) Blood for grouping and Rh typing
vi) RDK[73] for malaria, in endemic districts
vii) Rapid tests for pregnancy
viii) RPR test[74] for Syphilis/ Yaws[75] surveillance (endemic districts)
ix) Rapid test kit for faecal contamination of water
x) Estimation of chlorine level of water using ortho-toludine reagent.

Review of records showed that there were no laboratory facilities available in 549 of 916 PHCs in the State. Of the 269 PHCs[76] having the laboratory facility, 64 PHCs were running with inadequate numbers of equipment and chemicals, while the laboratories of 43 PHCs had not been maintained in an orderly manner.

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[65] *under Rule 20 of the Rules*
[66] *except for KPC Medical College & Hospital, Jadavpur*
[67] *Bhadutala, Arabari, Garhmal, Lokepith, Nimki Mohar, Kharika, Surun, Indran, Marnai, Majhiar, Hilla Tea Estate, Dhansura SSK, Hutmura SSK and Santuri*
[68] *Red Blood Cell*
[69] *White Blood Cell*
[70] *Respiratory Tract infection*
[71] *Sexually Transmitted diseases*
[72] *Revised National Tuberculosis Control Programme*
[73] *Rapid Diagnostic Kit*
[74] *Rapid Plasma Reagin test*
[75] *A chronic childhood infectious disease*
[76] *Information of 98 PHCs out of 916 PHCs were not available in HMIS.*

None of the 19 test-checked PHCs had diagnostic test facilities for Routine Urine tests, Routine Stool tests, Routine Blood tests (Hb *per cent*, Platelet count, total RBC, WBC, bleeding and clotting time), Diagnosis of RTI/ STD with wet mounting, Grams stain *etc.*, which were stipulated as 'essential' services under IPHS norms. 'Desirable' services, like Blood Cholesterol and ECG, were also not available.

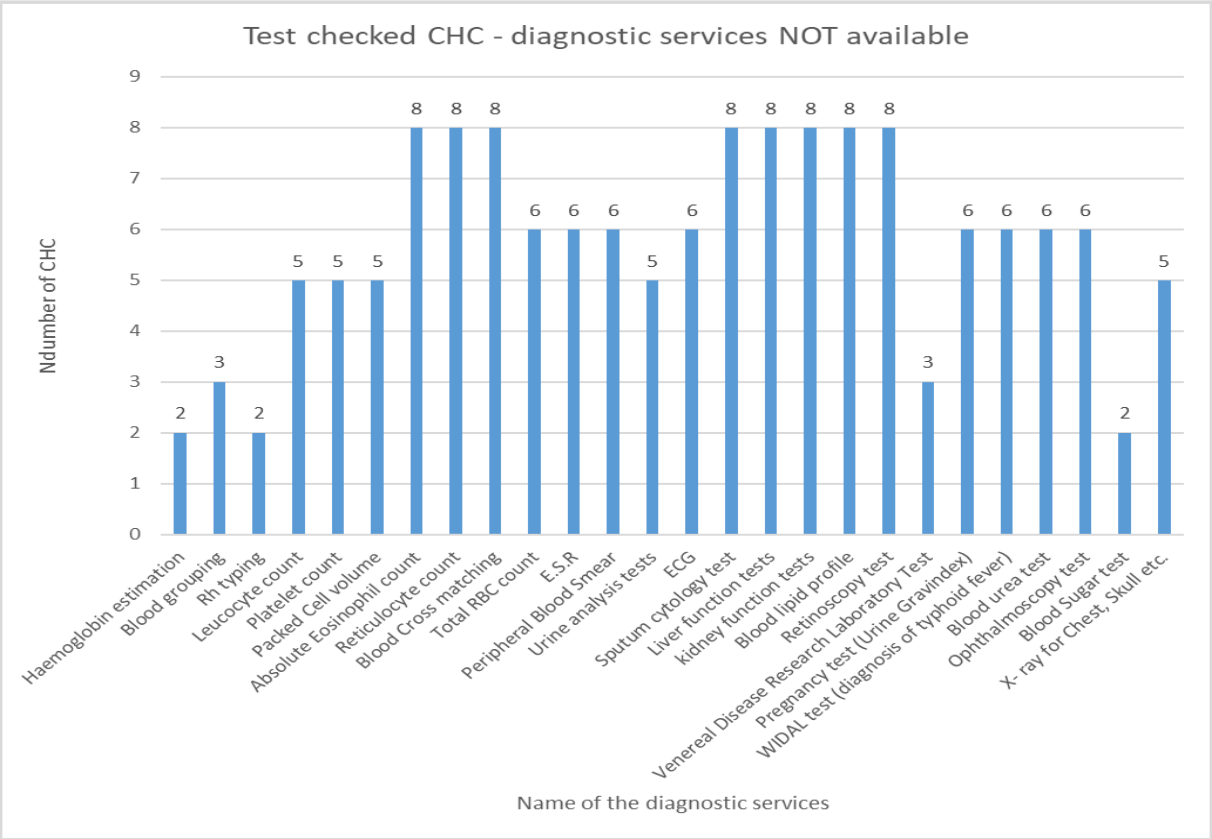
Diagnostic facilities, like Blood for Grouping and Rh Typing, RPR test for Syphilis/ Yaws surveillance (endemic districts) and Faecal contamination of water (Rapid Test Kit), were available in only one[77] PHC, out of the 19 test-checked PHCs.

Community Health Centres (CHCs): A CHC was required to ensure diagnostic facilities for various tests relating to Haematology, Urine Analysis, Stool Analysis, Pathology, Microbiology, Serology, Biochemistry, Cardiac investigations, Ophthalmology and Radiology.

Review of records showed that such laboratories were not available in nine CHCs. Out of the 323 CHCs with laboratories (the status of 16 CHCs had not been entered in HMIS), 52 CHCs suffered shortages of equipment and chemicals, while the laboratories of 34 CHCs had not been maintained in order. 128 CHCs did not have X-Ray rooms.

In the 10 test-checked CHCs, essential diagnostic facilities, under Haematology, were not available in a majority of the CHCs, as shown **Chart 3.13**.

Chart 3.13: Diagnostic services not available in the test-checked CHCs



Source: Reply furnished by test-checked CHCs

[77] *Moulani in Jalpaiguri district*

In nine of the 10 test-checked CHCs[78], diagnostic test facilities on Stool Analysis, Occult blood, Sputum cytology, Dental x-ray, Grams Stain for Throat swab, sputum *etc.*, was not available. Status of unavailability of numerous other diagnostic facilities, in CHCs, is plotted in **Chart 3.13**.

Overall, it was detected in audit that, out of 36 essential diagnostic services, tests ranging from 41.66 *per cent* to 86.11 *per cent*, were not available in the nine test-checked CHCs, as shown in ***Appendix 3.11.***

None of the CHCs had maintained register/ records relating to the Down Time of critical laboratory equipment. 90 *per cent* of the CHCs had never calculated Turn Around Time[79] (TAT) for routine laboratory investigations/ emergency investigations.

District/ Sub-Divisional (Secondary level) hospitals: The District Hospitals (DHs) were supposed to ensure the availability of 97 types of diagnostic tests, while the Sub-Divisional Hospitals (SDHs) were required to ensure the availability of 49 types of diagnostic tests, under the Haematology, Urine Analysis, Stool Analysis, Semen Analysis, CSF Analysis, Aspirated fluids, Pathology, Microbiology, Serology, Biochemistry, Cardiac investigations, Ophthalmology, ENT, Radiology, Endoscopy and Respiratory specialities.

A review of the availability of diagnostic services, across the 54 secondary level hospitals (18 DHs and 36 SDHs), showed that a number of these hospitals (ranging from 2 to 47) were not providing the prescribed essential diagnostic/ testing facilities, under the following specialities:

Table 3.15: Hospitals not providing the prescribed essential diagnostic/ testing facilities under the 54 Secondary level hospitals

Sl. No.	Specialty	No. of SDHs where services were not available	No. of DHs where services were not available
1	Haematology	5	-
2	Urine analysis	5	2
3	Stool analysis	8	3
4	Pathology	5	-
5	Microbiology	16	6
6	Serology	15	-
7	Biochemistry	4	-
8	Cardiac investigation	25	3
9	Ophthalmology	5	-
10	Radiology	5	-
11	ENT	10	1
12	Endoscopy	32	15
13	Pulmonary Function test	34	12
14	Sputum testing	-	2

Source: HMIS Data

Thus, none of the secondary level hospitals was delivering the full package of essential diagnostic services.

In these test-checked three SDHs and two test-checked DHs, the tests/ diagnostic services were not available ***(Appendices 3.12 & 3.13)***, to the extent shown in **Table 3.16**.

[78] *Information was not available in respect of Kushtor RH, Purulia.*
[79] *TAT: Time from receipt of the sample in the laboratory, to the final delivery or dispatch of the report of said test.*

Table 3.16: Diagnostic Services not available at SDHs/ DHs

SDH/ DH	Number of essential tests	No. of diagnostic services not available
Ghatal SDH	49	14 (28.57%)
Raghunathpur SDH		9 (18.37%)
Islampur SDH		16 (32.65%)
Jalpaiguri DH	97	35 (36.08%)
Bashirhat DH		50 (51.55%)

Source: Test-checked SDHs & DHs

Thus, that 18 *per cent* to 52 *per cent* of the essential diagnostic facilities were not available in the test-checked SDHs/ DHs. Further, diagnostic tests for Reticulocyte counts, Hanging drop for V. Cholera; CSF for protein and sugar; and Laparoscopy, were not being performed by any of the three test-checked SDHs. The Turn Around Time (TAT) for diagnostic and radiological services, had not been assessed by the Bashirhat DH while such information in respect of other DHs were not available.

Findings of the beneficiary survey

- A survey of patients, randomly selected in the test-checked PHCs and CHCs, conducted by Audit showed the following in regard to the quality of diagnostic facilities for the OPD and IPD patients of these PHCs and CHCs:

Table 3.17: Beneficiary survey on the quality of diagnostic services

Sl. No.	Issues raised through survey	No. of patients surveyed	Number of Patients confirming the issue	Percentage
OPD:				
1	Radiology (X-ray, Ultrasonography/ CT scan *etc*.) tests recommended by the doctors not being done by the hospital	179	161	89.94
2	Time taken by the hospital for delivery of the test reports being more than two days	179	10	5.59
IPD:				
3	Prescribed investigations (lab/ radiology) to facilities being not available at the Hospital	96	66	68.75
4	Patients having to pay out-of-pocket for diagnostic tests/ lab services	96	18	18.75
OPD & IPD:				
	Quality of diagnostic services provided in the hospitals being ranked below "good"	273	128	46.89

Source: Beneficiary Survey in the test-checked PHCs & CHCs

It emerged from the survey that services like costly radiological and other diagnostic/ laboratory tests as prescribed to the patients, were not being rendered by the hospitals. Due to this, patients had to go out and get the tests done, by incurring their own expenditure. This was true even for the IPD patients. A majority of patients were dissatisfied with the quality/ standard of the lab/ diagnostic services, being rendered by the hospitals.

- A survey of patients, randomly selected in the test-checked SDHs and DHs, carried out by Audit, showed the following in regard to the quality of diagnostic facilities for the OPD and IPD patients of these hospitals:

Table 3.18: Patient Survey in the test-checked DHs/ SDHs regarding quality of diagnostic services for OPD & IPD patients

Sl. No.	Issues raised through surveys	No. of patients surveyed	No. of patient confirming the issue in PSS	Percentage
OPD:				
1	All pathological tests recommended by the doctors not being done by the hospital	81	14	17.28
IPD:				
1	Facilities for the prescribed investigations (lab/ radiology) not being made available by the hospital	79	17	21.52
2	Patients having to pay out-of-pocket for diagnostic tests/ lab services	79	27	34.18

Source: Beneficiary Survey in the test-checked SDHs & DHs

The Department in its reply (February 2024) offered no response in this regard.

3.2.2 Dietary Services:

As per the Janani Shishu Suraksha Karyakram[80] (JSSK), a pregnant mother is entitled to free diet, during her stay in public health institutions (up to three days for normal deliveries and up to seven days for caesarean deliveries).

IPHS for PHCs prescribes that a nutritious and well-balanced diet be provided to all IPD patients. Suitable arrangements in this regard, are to be made, with a local agency, like a local women's group/ NGO/ Self-Help Group, wherever feasible and possible, for provision of nutritious and hygienic food, at reasonable rates. IPHS for CHCs states that the diet may either be outsourced or an adequate space for cooking may be provided in a separate space within the premises of the heath care facility.

Chart 3.14: Dietary Services at PHCs

Source: HMIS data

Analysis of the HMIS database showed that, though 276 PHCs had functional beds in the IPDs in the State, only 103 PHCs had provided diets to their patients. Of these 103 PHCs out of these 276, only 59 had provisions for kitchen within the Centres.

Dietary services were not being provided in 35 CHCs in the State, while there were no provisions for a kitchen, in 40 CHCs.

[80] *Entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section.*

Non-availability of diet services was likely to have impacted the patients adversely in their healing/ treatment and it could have caused them to incur out-of-pocket expenditure, to bear the diet personally.

In the test-checked PHCs and CHCs ***(Appendix 3.14)***:

- Only one[81] of the 19 test-checked PHCs had dietary services. The other 18 PHCs had no facilities for dietary services for their indoor patients.
- While one[82] of the 10 CHCs had no dietary services, dietary services in six CHCs were being provided by outsourced agencies, without statutory licences.
- Five CHCs had no policy/ procedure in place, for checking the raw materials, utensils, cooked food *etc.*, for ensuring the quality and hygiene of the supplied food.
- There was no grievance redressal cell in three CHCs. There were no records/ registers, relating to grievances in regard to the diet provided, in two CHCs, while five CHCs could not produce any related records.
- Out of the nine CHCs providing dietary services, no inspections, for ensuring that nutritious, hygienic and qualitative food was being provided therein, had been conducted by the Food Safety Officers, in the hospital kitchens of seven CHCs.
- Though dietary services were available in all the DHs/ SDHs of the State, the following violations against the clause(s) of agreements executed by the hospitals and the vendor, were noticed, in the three test-checked SDHs:
  - None of the SDHs had formed Diet Committee, for ensuring the overall monitoring of dietary services.
  - Regular quality checking of raw material, equipment, kitchen sanitation and cooked food, had not been ensured in two SDHs.[83]
  - Inspection of kitchen sites had not been done by two SDHs[84].
  - Two SDHs[85] had no grievance redressal cell, for registering patient grievances regarding the quality of supplied food.
- The status of availability of support services in the DHs of the State has been provided in ***Appendix 3.15***.
- Findings of the beneficiary survey are mentioned below:

Table 3.19: Beneficiary survey in regard to dietary services

Sl. No.	Issue raised in survey	No. of patients surveyed	Number of Patients confirming the issue	Percentage
1	Sufficient food not being provided	96	15	15.63
2	Food not being provided as per the diet prescribed by the Doctor	96	36	37.50
3	Quality and timeliness of supply of the diet being ranked below "good"	86	10	11.63

Source: Beneficiary Survey in the test-checked DHs/ SDHs

It could be seen that many of the IPD patients surveyed had confirmed not being served with the diet suggested by doctor.

[81] *Jogeshganj in Basirhat HD*
[82] *Itahar RH in Uttar Dinajpur*
[83] *Ghatal SDH and Raghunathpur SDH*
[84] *Ghatal SDH and Raghunathpur SDH*
[85] *Ghatal SDH and Raghunathpur SDH*

Dietary services at the Medical College and Hospital

- Although it was required, in terms of the operational guidelines issued by the Ministry of Health & Family Welfare for quality assurance in Public Health facilities, 2013, two hospitals, *i.e.* SSKM and RMC&H, had not prepared and adopted any standard procedures for preparation, handling, storage and distribution of clean, hygienic and nutritious diets to their indoor patients, as per their caloric requirements. Diet is prepared at the hospital but persons involved in the preparation of diet are outsourced. Financial and infrastructural requirements, based on bed occupancy and other factors, had not been assessed by the hospital authorities. Both hospitals had not adopted any system of diet counselling for their patients, formulation of caloric requirements and setting diet for their patients accordingly.

- The SSKM hospital had no policy and procedure for regular quality checking of raw materials, cooked food, equipment *etc.* The quality and quantity of food was not checked, either in the kitchen, or in the wards, before it was served to the patients. No evaluation of dietary services, in RMC&H, had been done, on indicators such as the number of complaints on food received, number of cases of food poisoning, instances of false diet *etc.* There had not been any dietician, in the SSKM hospital, since 2018.

There was no grievance redressal cell at the SSKM hospital and no complaint cell had been formed to register patients' grievances.

Pictures 3.1 & 3.2: Kitchen of SSKM hospital (March 2022)

Picture 3.3 : Spilled over flour in the SSKM Hospital (March 2022)

- During Joint Physical Verification (March-April 2022) by Audit with the hospital authorities, it was observed that the floor area of the kitchen of SSKM hospital was dirty. In some places, there were holes on the floor, filled with dirty water.

- Sacks of rice were found stacked one above another, on the floor in the SSKM hospital. The store room had no window or ventilator, to allow entry/ passage of fresh air. Rodents had cut open sacks of rice, wheat *etc.*, resulting in their being spilled on the floor.

- Persons who were outsourced for the purpose of preparation of diet in the SSKM hospital were found to be cooking food items, using their bare hands, standing barefoot on the dirty floor, without any gloves or aprons. Food items were found stored in baskets, which were rarely cleaned.

- At the entrance of the kitchen at the SSKM hospital, the roads were found to be cracked and uneven, resulting in food items getting spilt and getting mixed with one another, while they were being moved in hand driven carts.
- The minimum number of staff, required for cooking and distribution of food to IPD patients, at the SSKM hospital, had neither been specified nor had the staff been deployed accordingly.

The Department in its reply (February 2024) offered no response in this regard.

3.2.3 Bio-Medical Waste Management

As per the Bio Medical Waste Management Rules 2016, every facility handling BMW has to obtain BMW authorisation from the West Bengal Pollution Control Board (WBPCB), for the appropriate number of beds operational in the facility. Each such facility is to properly segregate the BMW, at the point of generation, in earmarked and colour coded bags and clear the same within 24 hours, from the wards and stores, in a Common Collection Site (CCS-storage for BMW) of the facility.

In case BMW treatment facilities are not available with the concerned healthcare facilities, they are required to execute agreements with Common Bio-Medical Waste Treatment Facilities (CBMWTFs), for daily collection and treatment of BMW, within 48 hours.

Each facility is also required to ensure that laboratory waste is pre-treated, before being sent to the CCS and liquid waste is treated in an Effluent Treatment Plant, before its discharge to general sewerage. Further, each facility is required to prepare and submit monthly and annual reports, on BMW, to the WBPCB.

Review of the 10 test-checked CHCs and five SDHs/ DHs showed the followings:

- BMW authorisation had not been obtained by four CHCs, from the WBPCB, out of 10 the CHCs test-checked.
- Four CHCs had no facility for pre-treatment of laboratory waste, before it was sent to the CCS.
- In three CHCs and one SDH,[86] liquid waste was not being treated in an Effluent Treatment Plant, before it was discharged to general sewerage.
- Three CHCs, out of the six CHCs which had obtained BMW authorisation from WBPCB, as well as Ghatal SDH, had not prepared any monthly and annual reports on BMW generation, for submission to the WBPCB.
- Waste was not being collected on a daily basis in five CHCs, for ensuring its treatment within 48 hours, in CBMWTFs.
- 30 IPD patients (31 *per cent*), among 96 surveyed, across the different test-checked hospitals stated that garbage was not being removed from the patient care area, on a regular basis.

[86] *Islampur SDH*

Picture 3.4: BMW lying in the open, in Sandelerbill RH, Bashirhat (April 2022)

Picture 3.5: BMW disposed in the open and irrgularly burnt, in Dhumpara PHC, Jalpaiguri (March 2022)

The following observations were made in regard to the test-checked Medical College & Hospitals:

- Bio Medical Waste (BMW) was being segregated at the point of generation, *i.e.* in the wards itself, in SSKM Hospital, from the municipal waste. It was being segregated in four colour coded (white, blue, yellow and red) plastic bags.
- SSKM hospital was maintaining (category-wise) the position in regards daily generated BMW, in a separate register. A printed receipt was being obtained, while handing over the waste to M/S Green Tech Environ Management Pvt. Ltd., a Common Bio Medical Waste Treatment Facility (CBMWTF). However, it did not have any weighing facility of its own. CBMWTF was using its own weighing facility, while lifting waste from the common collection point.
- Officers dealing with BMW management in the SSKM hospital had occasionally been imparted training, in this regard, by the Department of Health & Family Welfare, with the last such training having been held in 2018. CBMWTF management had organised an orientation programme, in this regard, for staff members.
- Liquid waste, generated in the SSKM hospital, was not being treated in any Effluent Treatment Plant, before it was discharged to the KMC sewer line.

Excess payment of ₹ 8.34 lakh towards security-scavenging services and BMW management:

- As per the decision of the department and suggestion of the District Health Committee (DHC), 119 personnel were engaged (January 2020), by outsourcing, from an agency, for housekeeping (99 personnel) and maintenance (20 personnel) of the Salbani SSH, Paschim Medinipur. The scope of work and/ directions *etc.*, in regard to the engagement of 20 maintenance staff, on the recommendations of the DHC, could not be produced before Audit, though sought for.

  During review of records, it was noticed that the West Bengal Medical Services Corporation Limited (WBMSCL) had appointed an agency namely M/s Kranti Service & Engineering Works, for the Operation, Repair and Maintenance of different systems in the Salboni SSH, from

November 2020. As a result, the services of 20 maintenance personnel were no longer required from this time onwards. However, scrutiny showed that no manpower had been reduced by the hospital, resulting in excess payment of wages of ₹ 6.26 lakh,[87] for the period from November 2020 to March 2021, to the private agency.

- Further, as per the agreement with the CBMWTF, M/s Medicare Environmental Management Pvt. Ltd., was entitled to a rate of ₹ 8 per bed per day, for 330 sanctioned beds for collection of BMW from the Salboni SSH. With the spread of the COVID pandemic, the SSH was transformed into a Level IV 150-bedded COVID hospital, in June 2020, which was then discontinued from September 2021 to December 2021, with the decrease in cases before it was again converted to a 200-bedded COVID hospital, in January 2022. As per the order of the State health department, for collection of BMW of COVID hospitals, higher charges, at the rate of ₹ 14 per bed per day, was allowed.

  Scrutiny, however, showed that, though Salbani SSH had functioned as a 150-bedded COVID hospital, from June 2020 to September 2021, CBMWTF had claimed higher charges for 200 beds. Moreover, the agency had continued to claim the charges during the period from September 2021 to December 2021, at the same rate, even though Salbani SSH had not functioned as a COVID hospital during this period. This had resulted in excess payment of ₹ 2.08 lakh,[88] during this period.

The Department in its reply (February 2024) offered no response in this regard.

3.2.4 Linen and Laundry Services

IPHS provided that provision for clean linen was to be made for admitted patients. Adequate number of lines, specially bed linen,[89] were to be maintained by the hospitals. The guidelines for the 'Kayakalp' scheme, under NHM, suggested maintaining of at least six sets of linen[90] by a hospital. Hospitals were required to adhere to the system of changing the patient's bed/ Operation Theatre linen, at the prescribed intervals. Further, the Government of West Bengal issued a bed linen changing norm (July 2017) for use of different coloured bed lines (as prescribed), in the IPD wards of hospitals on different days of the week, ensuring changing of bed linen, with fresh ones, every day.

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[87] *Total Remuneration of 99 personnel @10,000 per head per month = ₹ 9,90,000 + 9.78 per cent of ₹ 9,90,000 (service charge) i.e. ₹ 96,822 = ₹ 10,86,822*
Remuneration actually paid to 157 persons = ₹ 12,11,971
Excess payment = (12,11,971- ₹ 10,86,822) x 5 (From November 2020 to March 2021) = ***₹ 6,25,745***

[88]

Month	*Excess rate claimed per bed per day (in ₹)*	*Claimed for extra number of beds*	*Claimed for total number of days*	*Excess amount claimed (in ₹)*
May 2021	*6*	*50*	*31*	*9,300*
June to December 2021	*6*	*50*	*214*	*64,200*
September to December 2021	*6*	*200*	*112*	***1,34,400***
TOTAL				***2,07,900***

[89] *Bedsheets, pillow covers, blankets etc.*

[90] *One already in use (on bed), one ready to use (in the sub-store), one in transit route to laundry or to ward, one in the washing cycle in laundry and two in stock (in the central store).*

Of the test-checked facilities, it was observed that there was a shortage of various items of hospital linen, ranging from 24 *per cent* to 96.67 *per cent*, in Bashirhat DH, while bed linen changing norms were not being followed in Ghatal SDH.

Laundry Services were to be ensured either in-house, or they could be outsourced, to ensure uninterrupted supply of clean linen for patients, as well as protective gear for the doctors and other staff. Hospitals were required to adhere to the process of cleaning and washing of linen, as provided in the operational guidebook for Quality Assurance/ Accessors Guidebook, under the National Quality Assurance Scheme (NQAS).

Scrutiny of records of the test-checked CHCs revealed that clean bed linen, which was dry and had been iron pressed, had not been provided in three CHCs. In four CHCs, the procedure of disinfection and sluicing of soiled linen, before it was handed over to the laundry for washing, had not been followed. Further, 20 (22 *per cent*) among 86 patients surveyed in audit stated that bed linens were unclean.

The Department in its reply (February 2024) offered no response in this regard.

3.2.5 Blood Storage facility

As per the IPHS, a CHC is required to have a Blood Storage Unit (linked with the District Blood Bank), with a capacity for storing atleast 50 units of blood. One of the existing doctors and technicians, with training, is to be designated for the blood bank. The necessary equipment, consumables and reagents, for such storage units, have been prescribed in IPHS. The Blood Storage Unit must have 24 hours power backup.

Scrutiny of HMIS data showed that 285 CHCs of the State (81.89 *per cent*) did not have a Blood Storage Unit (BSU) in the Centre.

Scrutiny of records of the test-checked CHCs ***(Appendix 3.16)*** showed that in none of the CHCs, except Sabang RH of Paschim Medinipur, BSUs were available. However, the BSU at Sabang RH did not have a dedicated doctor.

The Department in its reply (February 2024) offered no response in this regard.

3.2.6 Miscellaneous

Apart from the above, the following points were observed during scrutiny of records of the Medical College and Hospital:

- **Fire Safety Arrangements at the SSKM Hospital**

(i) No Objection Certificate (NOC), from the Fire Department, had not been obtained by the hospital authorities (as of March 2022). The process of obtaining NOC from the Fire Department was under process. To meet various statutory obligations in connection with fire protection and fire safety requirements, necessary steps were being taken individual building-wise of the hospital.

(ii) In new buildings, smoke detectors and alarms had been installed at the time of construction itself. However, the older buildings had not been fitted with these devices, as such work would have to be undertaken without hampering patient safety and services.

(iii) Sand buckets and underground backup water, for fighting fires were not available at the hospital complex. However, evacuation plan routes for the fire exits, had been displayed.

(iv) No fire extinguisher had been installed in the power back up (DG room) area. However, a small set-up of fire station had been positioned at the hospital premises, for 24 hours.

- **Ambulance Services**

(i) SSKM hospital had two (2) Basic Life Support (BLS)[91] and two (2) Advanced Life Support[92] type of ambulances, during the period covered under Audit. These were being used only to carry patients from one building of the hospital to another, according to the need of the patients.

(ii) Ambulances at SSKM hospital had neither pollution control certificate nor insurance certificate.

- **Grievance/ Complaint Redressal**

(i) No institutionalised grievance/ complaint redressal system existed at the SSKM hospital, during the period covered under Audit. Further, no specific committee/ officer existed for this purpose.

(ii) No complaint register was being maintained and made available to the beneficiaries of the SSKM hospital. Complaints were being enquired into, only if the beneficiaries made written complaints.

- **Citizen's Charter**

(i) The SSKM hospital had no established citizen's charter. Notice boards, detailing the location of all services/ departments/ wards, had been placed, in the Bengali and English languages but not in adequate numbers considering the area of the hospital.

(ii) The services and entitlements available to beneficiaries in various Departments of the SSKM hospital, were displayed in a few places. The 'Rights of patient' had, however, not been displayed anywhere.

(iii) Information in regard to the department-wise OPD services available, along with their timings, had not been displayed. Similarly, lists of different type of diagnostic services had not been displayed, in the SSKM hospital.

(iv) Information about family welfare, maternity and childcare services, immunisation services *etc.*, was not visible in the hospital premises. The number of signages was also inadequate, considering the area of the Hospital.

(v) Information about the responsibilities of users had also not been displayed.

The Department in its reply (February 2024) offered no response in this regard.

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[91] *Ambulances having necessary medical support (e.g. oxygen cylinder, suction machine, patient monitoring system, stretcher, first aid kit etc.) during the transit till the patient is transported to the hospital*

[92] *Ambulance in which Advanced Life Support (ALS) is provided in situations where the patient being transported is in a more critical condition and a paramedic is required to assist in the treatment of the patient before and/or during transport to the emergency facility*

3.2.7 Non-operation of 108-Ambulance Services

Though services under '102- Ambulance services' were operational in the State, for providing transport facilities to pregnant women, there was no '108-Emergency Response Service', for providing integrated medical, police and fire emergency services in the State.

The Govt. of West Bengal had invited proposals (June 2022) for selection of an agency, for supply, operation, maintenance and management of 'Dial-108 Ambulance Services'. However, the same had not been finalised (as of February 2023).

Recommendation:

7. Basic essential diagnostic facilities may be ensured at all levels of healthcare units.