

## **Chapter VI**

### **Nature of Health Care Programmes: Evaluation on the Basis of Reports of the Subcentre in the Villages Under Study**

#### **6.1 Introduction**

Health policies are formulated to improve the health status of the people, among whom the poorest and those in greatest need are given utmost importance. According to the policies formulated, the subsidiary center (SC) is supposed to be accessible to the poor and unreached groups to provide curative, preventive, promotive and rehabilitative health services. In addition, it is also supposed to render services related to maternal and child health, communicable, non-communicable, nutrition related diseases and disorders.

The strategies mentioned in the policies are based on Health Outcome indicators viz. neonatal mortality, infant mortality, maternal mortality, deliveries by trained birth attendants, institutional deliveries, HIV/AIDS, total fertility rate, couple protection rate and immunization of children. The SC is the primary institution which provide the above outcomes.

Department of Health and Family Welfare, Government of West Bengal on “The Health Sector Strategy 2004-2013” has worked out the strategies for training of health workers to improve the quality of health workers to provide non-emergency and emergency neonatal and maternal care skills. Another strategy established, is to promote and supervise a cadre of private medicines and skilled birth attendants with strong links with government health services. The thrust area is to strengthen vital registration and the early registration of all programme<sup>1</sup>.

The Kalkut SC is the nearest government institution providing health service delivery to the studied villages. The chapter V reflects upon the perception of villagers in accessing the SC. The service rendered by the SC in the two villages is not appreciable. From this outcome, it can be said that, the SC provides the same service to all the twelve villages it covers. This SC is supposed to provide the services as initiated by the policies. In this

section a detailed study of health service delivery has been carried out on the basis of the information collected from the sub-centre monthly report from April 2004 to January 2005.

## 6.2 Number of Clinics Conducted and Total Clinic Attendance

Preventive cure is given during the clinic days, which includes mainly immunization of mother and children. Other works include preliminary treatment of malaria, TB and gastroenteritis. The following analysis will help in understanding the ground reality of the services provided by the government. Though this SC covers 12 villages including the two studied villages, only a few cases have been found who have availed the facility from the SC.

**Table 6.1**  
**Number of Clinics Conducted and Total Clinic attendance (April 2004 to Jan 2005)**

Month	Number of Clinics days	Total Clinic Attendance
April	11	203
May	13	327
June	13	328
July	13	264
August	15	371
September	13	395
October	9	255
November	12	320
December	5	358
January	6	269
<b>Total</b>	<b>110</b>	<b>3090</b>

*Source: Sub-centre monthly report from Kalkut SC.*

If we calculate, we can find from the above table (table 6.1) that the average clinic days for 10 months is 11 and attendance is 309. It means in a single day 28 patients are attended. The people residing near the SC have complained that the SC opens at 12 noon and winds up at 3.00 p.m (as mentioned earlier), which shows that, to attend one patient they can give only 6 minutes. The findings also reveal that lowest number of clinics were conducted in December and January, so per day 40 to 70 patients might have attended, during those two months.

### 6.3 Malaria

According to the health assistants, for eradication of malaria, their job is to collect blood slides and send them to Rural Hospital, Naxalbari to get them examined. In the meantime, they give preventive medicine, when they find some symptoms of malaria such as fever, momentary shivering and sporadic rise in temperature. If the report is positive, they search the person in the village and give him medicines according to the detected case (PV or PF).

**Table 6.2**  
**Number of Blood slides Collected (April 2004 to Jan 2005)**

Month	Active	Passive	Total Slides Collected
April	NA	9	9
May	4	7	11
June	12	20	32
July	103	10	113
August	58	20	78
September	23	49	72
October	0	0	0
November	6	30	36
December	6	20	26
January	3	10	13

*Source: Sub-centre monthly report from Kalkut SC.*

Table 6.2 reveals that, prevalence of malaria is high in July and August (i.e. during monsoon). In the studied villages it is found that prevalence of malaria is quite high among the diseases.

### 6.4 Consumption of anti-Malarial Drugs

**Table 6.3**  
**Consumption of anti-Malarial Drugs (April 2004 to January 2005)**

Month	Consumption of 4 AQ Tab (Chloroquine or Amodiaquine)	Consumption of Quinine
April	75	9
May	89	22
June	270	64
July	400	226
August	515	156
September	318	144
October	0	0
November	238	65
December	216	52
January	90	26
Total	2211	764

*Source: Sub-centre Monthly Report from Kalkut SC*

The above information does not match with the records of the SC, because though the slides have been collected but not a single slide has been examined. Without examining, it is not clear, how drugs have been issued to the patients. However, it is found that anti-malaria drugs (Quinine) have been delivered to the patients (Table 6.3) which shows that treatment has been symptomatic. Moreover, in these reports there are no records of consumption of other anti-malaria drugs like 8AQ (7.5 mg) Tab, Primaquin, 8AQ (2.5 mg) Tab, Paracetamol Tab, any reaction after taking medicines; age-wise positive cases; detail information regarding positive cases; treatment in cases of local out-break; and deaths due to malaria.

### 6.5 Gastro Enteritis/Diarrhoeal disease (under 5 years)

Diarrhoea is quite common in the studied villages (Sisabari- 14.9 percent and Polash- 19 percent). This SC covers 12 villages, it can be said that other villages are also affected by these diseases, but only 446 packets of ORS have been issued.

**Table 6.4**  
**Number of Diarrhoeal Cases attended, treated by ORS (April 2004 to January 2005)**

Month	Diarrhoeal Cases Attended	Treated by ORS
April	35	35
May	94	94
June	57	57
July	31	31
August	25	25
September	42	42
October	53	53
November	42	42
December	42	42
January	25	25
<b>Total</b>	<b>446</b>	<b>446</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

Regarding diarrhoeal cases, there are no records of diarrhoeal cases referred to BPHC/PHC and death associated with diarrhoea. The interesting fact is that according to the reports, all the diarrhoeal cases have been treated by ORS (Oral Rehydration Salt), whereas during the study in the villages it was found that the villagers hardly get ORS and most of the children recovered by treatment from private sources and other

government institutions. Table 6.4 shows the reports of sub-centre regarding diarrhoeal cases. We can understand from the table that like malaria, the prevalence of diarrhoea is high in May and June (i.e. during pre-monsoon and monsoon season).

Another interesting fact may be that even if some children might have got ORS, there is no way of ascertaining that they have recovered due to ORS. As there is no system of reporting back to the SC. So just providing the ORS is taken as an indicator of being cured. In the studied villages it was found that most of them sought treatment from quacks and private sources.

## 6.6 Family Welfare

This is the primary programme which the SC is running.

### 1) Eligible Couple Contact

During the field duties, one of the major works of FHA is to find out the eligible couple for registration.

**Table 6.5**  
**Number of Eligible Couple Registered (April 2004 to January 2005)**

Months	Number of Couples Registered during the Month
April	20
May	10
June	10
July	20
August	25
September	15
October	1
November	10
December	10
January	10
<b>Total</b>	<b>131</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

Eligible couples are registered on the basis of married women, who are not more than 45 years of age; whose husbands are alive; have children; have new born babies; and are newly married. Table 6.5 shows 131 couples have been registered eligible for accessing family welfare services in 10 months.

One of the strategies of the Block Health and Family Welfare Samiti is to prepare and implement Block Family Welfare Plan based on demographic profile and character of

eligible couples in accordance with the National Socio-Demographic goals. Among 8500, only 131 eligible couples were registered in 10 months which is a very small fraction of the total, so it is uncertain what plan is to be formulated.

## 2) Sterilization

According to the reports, there were no records of male and female sterilization. The health assistants said that male sterilization has been stopped since 1990 and female sterilization has been stopped since three years. Even cases of IUD insertions were not evident in the records. The female health assistant said that not a single woman has been inserted IUD since the SC had been established. Though the health assistant is trained with IUD insertion, she is not able to do the job due to lack of proper equipment and referral services. In both villages it is found that 32.4 percent of women have undergone sterilization, which clearly shows that they have undergone it from private sources.

## 3) Total Oral Pill Users

**Table 6.6**  
**Total Number of Oral Pill Users (April 2004 to January 2005)**

Month	During the Months		Total Users	Total Eligible Couples Registered	Percentage
	Old Users	New Users			
April	3	3	6	20	30
May	1		1	10	10
June	4	3	7	10	70
July	5	2	7	20	35
August	8	2	10	25	40
September	3	1	4	15	26.6
October	5*	5*	10*	1*	0
November	1	0	1	10	10
December	0	0	0	10	0
January	0	0	0	10	0
<b>Total</b>	<b>25</b>	<b>11</b>	<b>36</b>	<b>130</b>	<b>27.6</b>

Source: Sub-centre Monthly Report from Kalkut SC

*\*This raises the question of authenticity of the records of SC. If only one eligible couple has been registered in the month of October, how can there be 10 oral pill users.*

Excluding the month of October, we can see from the table that percentage of total oral pill users is 27.6. Apart from this there are no records of complication (if any) arising due to use of oral pills or if they have been discontinued. As we come downwards we can see

the number of users are decreasing and in the last three months, there are no new users. The reason may be due to side effects, as it is quite reflected in the studied villages.

#### 4) Total Condoms Users

**Table 6.7**  
**Total Number of Condom Users (April 2004 to January 2005)**

Month	Total Condom Users	Number of Nirodh pieces distributed	Total Eligible Couples	Percentage of total condom users
April	7	70	20	35
May	10	100	10	100
June	9	100	10	90
July	6	60	20	30
August	10	100	25	40
September	7	70	15	46.6
October	6*	60*	1*	*
November	4	40	10	40
December	9	69	10	90
January	8	80	10	80
<b>Total</b>	<b>70</b>	<b>689</b>	<b>130</b>	<b>53.8</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

*\* The figure is not correct.*

In Table 6.7 we can see total condom users are 53.8 percent of eligible couples (excluding the month of October). The couple protection rate (CPR) is 81.5 percent. However, the FHA said that women insists for permanent method i.e., sterilization, because oral pills lead to side effect.

The SC report does not possess any record regarding abortion, number of women referred for MTP, number of MTP done, followed up cases and information regarding complication and deaths. Regarding the IEC activities, in six months only once meeting was held with Panchayat Health Committee and Anganwadi workers.

The above table reveals that the total number of pregnant women who had three check-ups in the last ten months is only 34.4 percent which is not encouraging. Worth adding to it: though the record mentioned three checks, but the third vaccine booster is not administered to any women. Moreover, there is no record of high risk pregnant women referred to other government institutions.

### 3) Number of TT (Tetanus Toxoide) Cases

**Table 6.10**  
**Total number of TT cases (April 2004 to January 2005)**

Month	TT 1	Percentage	TT 2	Total number of antenatal cases registered
April	6	75	11	8
May	15	100	7	15
June	16	100	10	16
July	21	91.6	16	21
August	22	93.7	14	24
September	15	93.7	14	16
October	16	100	13	16
November	7	100	10	7
December	24	100	12	24
January	7	100	20	7
<b>Total</b>	149	96.7	127	154

*Source: Sub-centre Monthly Report from Kalkut SC*

Table 6.9 shows that almost 100 percent of pregnant women have been injected TT1. The percentage of TT2 could not be calculated, because these cases were not registered in the current month. In addition, all the pregnant women registered for antenatal care has been given prophylaxis for anemia (Table 6.8).



#### 4) Number of Pregnant Women given prophylaxis against Nutritional Anemia

**Table 6.11**

**Number of Pregnant Women given prophylaxis against Nutritional Anemia (April 2004 to January 2005)**

Month	New Beneficiaries Initiated		Beneficiaries who completed the course	
	ANC	PNC	ANC	PNC
April	8	9	2	4
May	15	19	6	6
June	16	16	6	6
July	21	11	5	5
August	24	6	3	0
September	16	12	8	8
October	16	15	9	10
November	7	28	5	5
December	24	33	4	6
January	7	16	7	16
<b>Total</b>	<b>154</b>	<b>165</b>	<b>55</b>	<b>66</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

#### 5) Natal Care

**Table 6.12**

**Total Number of Deliveries (April 2004 to January 2005)**

Month	Delivery at Home (by trained birth attendant)	Percentage	Delivery at Hospital (both government and private hospital)	Percentage	Total number of deliveries
April	9	69.2	4	30.7	13
May	12	63.1	7	36.8	19
June	9	53.2	7	43.7	16
July	6	100	0	0	9
August	6	100	0	0	6
September	3	100	0	0	3
October	15	100	0	0	15
November	18	64.2	10	35.7	28
December	19	57.5	14	42.4	33
January	9	56.2	7	43.7	16
<b>Total</b>	<b>109</b>	<b>68.9</b>	<b>49</b>	<b>31</b>	<b>158</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

If we relate it with ANC, we can see that out of the ANC (antenatal cases) registered in the first four months (60), the total deliveries took place in the last four months are 92. Though these figures do not give a clear picture of the relation between ANC and deliveries, it can be said that most of the cases are registered corresponding to the

deliveries. Secondly, in the earlier section, it was mentioned that per month the TBA assists three deliveries, so it does not meet true with the figures in the table. Table 6.12 shows that 68.9 percent of birth took place at home, whereas only 31 percent were hospital delivery. According to the reports, the home delivery is assisted by trained birth attendant (it does not meet true to the statement of TBA as mentioned earlier). DHFW (Department of Health and Family Welfare), Government of West Bengal's strategy on institutional delivery on health outcome goal is 80 percent till 2010. But here we can see it is only 31 percent. Moreover, the records in the SC report revealed that there is no evidence of delivery assisted by ANM, LHV, and untrained birth attendant. The SC does not possess any report of complication during delivery or any patient referred to PHC/FRU.

**Table 6.13**  
**Total Number of Male and Female births (April 2004 to January 2005)**

Month	Number of male Births	Percentage	Number of Female Birth	Percentage	Total Number of Births
April	6	46.1	7	53.8	13
May	11	57.8	8	42.1	19
June	9	56.2	7	43.7	16
July	6	66.6	3	33.4	9
August	4	66.6	2	33.4	6
September	3	100	0	0	3
October	9	60	6	40	15
November	19	67.8	9	32.1	28
December	20	60.6	13	39.3	33
January	10	62.5	6	37.5	16
<b>Total</b>	<b>97</b>	<b>61.3</b>	<b>61</b>	<b>38.6</b>	<b>158</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

We can see from table 6.13 that the high percentage of birth is male i.e. 61.3 percent, but it is not possible to identify the reason behind it. According to the reports, all the above mentioned births are live births.

## 6) Order of Birth

**Table 6.14**  
**Order of Birth (April 2004 to January 2005)**

Month	Order of Birth						Total
	Male			Female			
	First	Second	Third	First	Second	Third	
April	3	1	2	2	3	2	13
May	4	5	2	3	2	3	19
June	3	4	2	2	3	2	16
July	3	1	2	2	1	0	9
August	1	2	1	1	0	1	6
September	1	1	1	0	0	0	3
October	3	5	1	2	3	1	15
November	8	5	6	4	3	2	28
December	5	10	5	5	6	2	33
January	3	2	5	3	2	1	16
<b>Total</b>	<b>34</b>	<b>36</b>	<b>27</b>	<b>24</b>	<b>23</b>	<b>14</b>	<b>158</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

The above table shows that preference of third birth is lowest among the order of births. Interestingly, all the children born are more than 2.5kg. The reports do not show any records of high risk new born referred to PHC/FRU.

## 7) Post Natal Care

**Table 6.15**  
**Total Number of Women given three Post Natal check ups (April 2004 to January 2005)**

Month	Number of women given three post natal check ups	Percentage	Total number of births
April	5	38.4	13
May	8	42.1	19
June	3	18.7	16
July	0	0	9
August	0	0	6
September	0	0	3
October	0	0	15
November	0	0	28
December	6	18.1	33
January	6	37.5	16
<b>Total</b>	<b>28</b>	<b>17.7</b>	<b>158</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

The above table shows that only 17.7 percent had gone for post-natal check-up. So, it can be said that after delivery, if they do not have any problem, they do not go for post-natal check-up. It is also found that even health workers do not take initiatives to motivate the mothers for post-natal check-up. This is substantiated by the fieldwork carried out for the study. The SC does not have any record of complicated cases referred to PHC/FRU. Apart from this, in the records there are no evidences of maternal deaths during pregnancy, during delivery or within 5 weeks of delivery or any cases of RTI/STI (Reproductive or Sexual Tract Infection) detected, treated and referred.

## 8) Immunization

**Table 6.16**  
**Total Number of Immunization sessions held (April 2004 to January 2005)**

Month	Number of Immunization Sessions	
	Planned	Held
April	9	7
May	8	8
June	9	9
July	9	9
August	10	10
September	9	9
October	6	6
November	8	8
December	6	6
January	6	6
<b>Total</b>	<b>80</b>	<b>78</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

Generally, a vaccine loses its potency if it is kept for more than 24 hours without refrigeration. Such a facility is necessary because if vaccines are available in the refrigerator, they can be given at any time to all needy children. As the FHA resides in Matigara, she brings the vaccines from PHC Matigara in a vaccine carrier, which preserves the vaccine for 8 to ten hours.

It is clear from Table 6.16 that in 10 months, immunization was held only in 78 days. On an average per month immunization was held only in 8 days. It shows that delivery of immunization service is too nominal in comparison to the number of people they are

catering to. If 158 children got immunized in 78 days, it means only 2 children are immunized per day.

**Table 6.17**  
**Total Number of Vaccine Administered to Males (Infant to 10 years)**

Name of Vaccine	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total
BCG	8	2	6	3	4	8	3	8	14	4	60 (10%)
DPT 1	21	7	9	4	14	5	2	8	11	6	87 (14.5%)
DPT 2	18	11	7	6	7	8	4	4	12	3	80 (13.4%)
DPT 3	4	17	6	5	7	7	3	10	2	7	68 (11.4%)
OPV 1	22	7	9	5	13	5	2	8	11	6	88 (14.7%)
OPV 2	16	11	7	7	7	8	4	4	12	3	79 (13.1%)
OPV 3	5	17	6	5	7	8	3	10	2	7	70 (11.7%)
Measles	7	2	4	2	5	5	10	15	4	7	61 (10.2%)
<b>Total</b>	101 (16.9%)	74 (12.4%)	54 (9%)	37 (6.2%)	67 (11.2%)	54 (9%)	31 (5.2%)	67 (11.2%)	68 (11.4%)	43 (7.2%)	593 (100%)

Source: Sub-centre Monthly Report from Kalkut SC

**Table 6.18**  
**Total Number of Vaccine Administered to Females (Infant to 10 years)**

Name of Vaccine	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total
BCG	4	13	5	1	6	7	5	16	21	7	85 (16.2%)
DPT 1	5	12	8	4	8	2	3	12	26	15	95 (18.1%)
DPT 2	9	3	5	5	5	5	2	7	13	18	72 (13.7%)
DPT 3	6	7	3	4	1	7	4	4	4	5	45 (8.6%)
OPV 1	5	6	8	3	5	3	3	12	26	15	86 (16.4%)
OPV 2	4	3	5	5	2	3	2	7	13	18	62 (11.8%)
OPV 3	6	7	3	4	1	7	4	4	4	5	45 (8.6%)
Measles	2	7	2	1	7	1	3	5	3	2	33 (6.3%)
<b>Total</b>	41 (7.8%)	58 (11%)	39 (7.4%)	27 (5.1%)	35 (6.6%)	35 (6.6%)	26 (4.9%)	67 (12.8%)	110 (21%)	85 (16.2%)	523 (100%)

Source: Sub-centre Monthly Report from Kalkut SC

Table 6.17 examines the number of male children administered required vaccines. It reveals that the highest percentage of vaccine administered was OPV1 (Oral Polio Vaccine) i.e. 14.7 percent whereas lowest is BCG i.e. 10 percent. The highest coverage is in April (16.9 percent) whereas the lowest is in October (5.2 percent). The reason behind is that most of the working days were holiday in October. As immunization has a specific time, so, during October there might be gap in serially providing immunization. Unfortunately administration does not take any step regarding it. In the studied villages it is found that highest percent of vaccine administered was OPV.

We can find out from the two tables (6.17 and 6.18) that vaccines administered to females are (523) less as compared to the males (593). In case of females, the coverage of OPV1 is highest (16.4 percent) whereas coverage of measles is lowest (6.3 percent). Moreover, we can see, highest coverage is in December whereas, lowest is in October (because most of the days were holidays in October).

**Table 6.19**  
**Total Number of DPT Booster and OPV Booster Administered to Children of more than 18 Months (April 2004 to January 2005)**

Month	DPT Booster		OPV Booster	
	Male	Female	Male	Female
April	3	3	3	4
May	3	2	3	2
June	3	2	3	2
July	4	2	4	2
August	7	7	7	6
September	9	4	0	3
October	2	2	1	2
November	3	3	3	3
December	4	12	4	12
January	9	3	9	3
<b>Total</b> <sup>o</sup>	47	40	45	39

*Source: Sub-centre Monthly Report from Kalkut SC*

Table 6.19 also shows that coverage of these two vaccines is less in females than males (45.9 percent and 46.4 percent). Likewise, in previous tables, December shows high coverage whereas, October shows low coverage.

**Table 6.20**  
**Total Number of Children Administered DT (more than 5 years) from April 2004 to Jan 2005**

Month	Male	Female	Total
April	3	2	5 (12.8%)
May	1	0	1 (2.5%)
June	1	0	1 (2.5%)
July	0	0	0
August	0	0	0
September	2	1	3 (7.6%)
October	3	2	5 (12.8%)
November	5	2	7 (17.9%)
December	6	3	9 (23%)
January	5	3	8 (20.5%)
<b>Total</b>	<b>26 (66.7%)</b>	<b>13 (33.3%)</b>	<b>39 (100%)</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

Table 6.20 also shows that the coverage of females are half of the males. In this case, we can see in the month of June and July, not a single children have been administered DT.

**Table 6.21**  
**Number of Children Administered TT (more than 10 years) from April 2004 to January 2005)**

Month	Male	Female	Total
April	0	0	0
May	3	2	5 (12.8%)
June	1	1	2 (5.1%)
July	0	0	0
August	1	1	2 (5.1%)
September	2	2	4 (10.2%)
October	5	3	8 (20.5%)
November	3	2	5 (12.8%)
December	5	2	7 (17.9%)
January	4	2	6 (15.3%)
<b>Total</b>	<b>24 (61.5%)</b>	<b>15 (38.4%)</b>	<b>39 (100%)</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

Interestingly, here we can see, the month of October shows no coverage (20.5 percent) whereas April and July shows no coverage. Like other vaccines here also, we can see vaccines administered to females are lower than males.

**Table 6.22**  
**Total Number of TT Vaccine Administered to more than 16 years of Age (April 2004 to January 2005)**

Month	Male	Female	Total
April	0	0	0
May	0	0	0
June	0	0	0
July	2	0	2 (8.6%)
August	2	0	2 (8.6%)
September	1	1	2 (8.6%)
October	2	2	4 (17.3%)
November	2	0	2 (8.6%)
December	4	3	7 (30.4%)
January	2	2	4 (17.3%)
<b>Total</b>	<b>15 (65.2%)</b>	<b>8 (34.7%)</b>	<b>23 (100%)</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

In this table, we can see the month of December shows highest coverage. The figures in Table 6.22 shows nominal acceptance of government services by villagers. Besides, females are more reluctant to use the services. Apart from this, there are no records of adverse reaction reported after immunization.

**Table 6.23**  
**Vitamin A Administered (9 months to 3 years) from April 2004 and January 2005)**

Month	Male			Female			Total
	Dose 1	Dose 2	Dose 3-5	Dose 1	Dose 2	Dose 3-5	
April	5	1	1	2	1	1	11 (5%)
May	2	2	4	7	6	3	24 (10.9%)
June	4	6	4	2	0	2	18 (8.1%)
July	3	4	1	1	4	0	13 (5.9%)
August	7	5	4	7	4	3	30 (13.6%)
September	7	8	8	1	4	5	33 (15%)
October	3	3	0	1	0	2	9 (4%)
November	14	2	3	4	4	6	33 (15%)
December	5	2	5	4	5	3	24 (10.9%)
January	7	7	4	4	2	1	25 (11.3%)
<b>Total</b>	<b>57 (25.9%)</b>	<b>40 (18.1%)</b>	<b>34 (15.4%)</b>	<b>33 (15%)</b>	<b>30 (13.6%)</b>	<b>26 (11.8%)</b>	<b>220 (100%)</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

After analyzing Table 6.23 it is found that Vitamin A administration to females is 40.4 percent whereas in males it is 59.5 percent. All the above tables clearly throw light on the



sex differentials on the utilization of immunization services. The SC reports do not show any record of childhood diseases existing in the villages, such as, diptheria, poliomyelitis, neonatal tetanus, measles or child death occurring within one week to 5 years.

## 6.8 Vaccines Received from BPHC/Rural Hospital, Naxalbari

**Table 6.24**  
**Total Number of Vaccines Received from BPHC/Rural Hospital (April 2004 to January 2005)**

Month	DPT (ml)	OPV (ml)	DT (ml)	TT (ml)	BCG (ml)	Measles (ml)	Total
April	4	3	1	2	2	3	15 (6.6%)
May	8	6	0	8	4	7	33 (14.6%)
June	6	6	0	5	4	4	25 (11%)
July	8	4	0	8	2	4	26 (11.5%)
August	8	4	0	10	3	3	28 (12.3%)
September	8	4	1	8	4	3	28 (12.3%)
October	4	2	0	4	2	2	14 (6.1%)
November	9	3	1	6	3	3	25 (11%)
December	8	7	1	9	5	2	32 (14.1%)
January	6	4	0	6	3	5	24 (10.6%)
<b>Total</b>	69 (30.5%)	43 (19%)	4 (1.7%)	66 (29.2%)	32 (14.1%)	34 (15%)	226 (100%)

*Source: Sub-centre Monthly Report from Kalkut SC*

The lowest supply of vaccine is DT i.e. 1.7 percent and the highest supply is DPT i.e. 30.7 percent. While the month of May received the highest supply of vaccine (14.6 percent), October received the lowest supply (6.1percent). The data seems contradictory because only 4 ml of DT is administered to 39 children (Table 6.24). On the other hand, only 145 children have been administered BCG whereas the supply is 32 ml (Table 6.17 and 6.18). The above understanding raises the question of authenticity of the records.

## 6.9 Acute Respiratory Infection (ARI) (Under 5 years)

**Table 6.25**  
**Total Number of ARI Cases Attended and Given Co-trimoxazole Syrup (April 2004 to January 2005)**

Month	Total Number of ARI Cases Attended and Given Co-trimoxazole Syrup
April	5
May	5
June	2
July	3
August	37
September	27
October	23
November	36
December	50
January	34
<b>Total</b>	<b>222</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

In this case, the SC reports do not possess any record of total number of cases treated by home care, cases referred to health center /hospital and death associated with ARI. However, records are available on total number of ARI cases attended and total number of cases given Co-trimoxazole Syrup. Table 6.25 gives a picture of the above case.

## 6.10 Prophylaxis against Nutritional Anemia for Non-Pregnant Women and Children

**Table 6.26**  
**Number of Non-Pregnant women and Children given Prophylaxis against Nutritional Anemia (September 2004 to January 2005)**

Month	Non-pregnant women	Children
September	10	20
October	15	50
November	0	6
December	0	23
January	0	47
<b>Total</b>	<b>25</b>	<b>146</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

Table 6.26 examines the record of prophylaxis from September 2004 to January 2005. The reports showed that from April 2004 to August 2005 no prophylaxis have been given

to non-pregnant women and children. However, we can see that only 25 women (in September and October) and 146 children have been given prophylaxis from September 2004 and January 2005. This does not mean that women are not suffering from anemia. The fact is that these cases are rarely reported. Same reason remains true for children also.

## 6.11 Environmental Sanitation

**Table 6.27**  
**Total Number of Wells Chlorinated (April 2004 to January 2005)**  
**Total number of Wells=386**

Month	Total Number of Wells chlorinated
April	100 (25.9%)
May	100 (25.9%)
June	100 (25.9%)
July	86 (22.2%)
August	0
September	200 (51.8%)
October	150 (38.8%)
November	150 (38.8%)
December	0
January	0

*Source: Sub-centre Monthly Report from Kalkut SC*

Table 6.27 depicts the chlorination of wells. The 10 months record of SC showed that the total number of tube wells and wells in the villages are 33 and 386 respectively. The chlorination is not done every month. It is also evident from the records that halogen tablets (950 tablets) have been distributed only in April. After this month there is no distribution. According to the health assistants, they start the chlorination during monsoon, and ends up after the monsoon. But the data from the table shows that all the wells are not chlorinated at a time. The bleaching powders are distributed to households and accordingly the record is maintained.

## 6.12 Treatment of Minor Ailments

**Table 6.28**  
**Total Number of Cases Treated and Referred to Nearest Government Health Institutions (April 2004 to January 2005)**

Month	Number of Cases treated	Number of cases Referred
April	203	2 (0.9%)
May	327	13 (6.4%)
June	328	25 (11.9%)
July	264	23 (10.9%)
August	371	22 (10.4%)
September	395	28 (13.3%)
October	255	37 (17.6%)
November	320	20 (9.5%)
December	358	30 (14.2%)
January	269	10 (4.7%)
<b>Total</b>	<b>3090</b>	<b>210 (6.7%)</b>

*Source: Sub-centre Monthly Report from Kalkut SC*

Table 6.28 depicts that only 6.7 percent cases have been referred to nearest government institutions.

## 6.13 Stock Position of Drugs etc. at Sub-Centre

These drugs are supplied from BPHC Naxalbari.

### 1) Stock Position of 4 Amino Tabs (Chloroquin)

**Table 6.29**  
**Stock Position of 4 Amino Tabs (Chloroquin) from April 2004 to January 2005**

Month	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
April	1164	0	75	1089
May	1089	0	89	1000
June	1000	0	270	730
July	730	0	400	330
August	330	400	515	215
September	215	1000	318	897
October	897	0	347*	550
November	550	1000	238	1312
*December	550	0	216	534
January	534	0	90	444

*Source: Sub-centre Monthly Report from Kalkut SC*

We can see from Table 6.29 that records of the months of October and December do not show the correct figure. The quantity issued in October (i.e. 347) is confusing because in table 4, we can see, no drug is consumed in October. The highest number of quantity

issued is in the month of July and August because prevalence of malaria is high in these months. The above table also shows adequate supply of this drug. Apart from this there is no evidence of other malaria drug like 8 Amino Tablets within 10 months.

## 2) Stock Position of Paracetamol

**Table 6.30**  
**Stock Position of Paracetamol Tablets from April 2004 to January 2005)**

Month	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
April	240	0	176	64
May	64	400	442	22
June	22	60	440	182
July	182	1300	484	998
August	998	200	592	606
September	606	200	423	323
October	323	200	256	267
November	267	400	410	357*
December	267*	300	432	135
January	135	300	358	77

*Source: Sub-centre Monthly Report from Kalkut SC*

*Figures are not accurate.*

Like the previous table, in Table 6.30 also months of July and August show high consumption of these drugs. It is amply clear from table that during the monsoon, prevalence of diseases like fever and headache is more than any other months. Because this drug is given to the patients suffering from fever with cold, cough and headache.

### 3) Stock Position of Microslides

**Table 6.31**  
**Stock Position of Microslides from April 2004 to January 2005**

Months	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
April	24	0	9	15
May	15	0	11	4
June*	50	0	32	18
July	18	576	113	481
August	481	75	78	478
September	478	0	72	406
October	406	0	19	387
November*	387	0	36	351
December*	387	0	26	361
January*	387	0	13	374

Source: Sub-centre Monthly Report from Kalkut SC

\*Figures are not accurate.

Microslides are used for blood test of malaria patient (positive or negative). Months of July, August, September show high prevalence of malaria, hence from the table it is clear that microslides are used more in those months (but it was found that not a single blood slide has been examined, as mentioned earlier). The reports do not possess any records of drugs like Fanaidar or Quinine, which are supposed to be given to malaria patients.

### 4) Stock Position of Iron and Folic Tablets

**Table 6.32**  
**Stock Position of Iron and Folic tablets (large) from April 2004 to January 2005**

Month	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
April	5000	0	1150	3850
May	3850	0	1580	2270
June	2270	0	1520	750
July	750	15000	2400	13350
August	13350	0	1570	11780
September	11780	0	1317	10463
October	10468	0	2470	7998
November	7998	0	3500	4498
December*	7998	0	3060	4938
January	4938	0	1820	3118

Source: Sub-centre Monthly Report from Kalkut SC

\*Figure is not accurate.

If we relate it to the antenatal cases registered we can find that, the iron tablets are supplied more than the ANC registered.

**Table 6.33**  
**Stock Supply of Iron and Folic tablets (small) from April 2004 to January 2005)**

Month	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
April	11230	0	0	11230
May	11230	0	0	11230
June	11230	0	0	11230
July	11230	0	0	11230
August	11230	0	0	11230
September	11230	0	2430	8800
October	8800	0	1800	7000
November	7000	0	180	6820
December*	7000	0	1380	5620
January	5620	0	1410	4210

Source: Sub-centre Monthly Report from Kalkut SC

\* Figure is not accurate.

Tables 6.32 and 6.33 revealed the adequate supply of iron and folic tablets but it also shows a lower level of distribution of iron and folic tablets of small size.

#### 5) Stock Position of Vitamin A solution

**Table 6.34**  
**Stock Position of Vitamin A solution from (April 2004 to January 2005)**

Month	Balance at the end of the Previous Month (ml)	Quantity received during the month (ml)	Quantity issued during the month (ml)	Balance end of the Month (ml)
April	104	0	22	82
May	82	0	34	48
June	48	0	36	12
July	12	0	0	NA
August*	586	0	60	526
September	526	0	86	440
October	440	0	18	422
November	422	0	0	NA
December	422	0	44	378
January	378	0	50	328

Source: Sub-centre Monthly Report from Kalkut SC

\* It seems that in July some quantity might have been received but it is not mentioned in the records.

From Table 6.34 we can see that the total quantity issued during the months is only 350ml, which has been administered to 220 children. It appears that if 3ml (for three dose) is administered to 220 children, the 350ml is not sufficient to complete the dose.

#### 6) Stock Position of Nirodh Pieces

**Table 6.35**  
**Stock Position of Nirodh pieces from April 2004 to January 2005**

Month	Balance at the end of the Previous Month (pieces)	Quantity received during the month (pieces)	Quantity issued during the month (pieces)	Balance end of the Month (pieces)
April	1130	0	70	1060
May	1060	0	170	890
June	890	0	100	790
July	790	0	60	730
August	730	0	100	630
September	630	0	70	560
October	560	0	60	500
November	500	0	40	460
December*	500	0	120	380
January	380	0	80	300

*Source: Sub-centre Monthly Report from Kalkut SC*

*\*Figure is not correct.*

It is evident from the table that 870 pieces of nirodh pieces have been distributed to 689 males. So, it can be said that supply is quite adequate.



## 7) Stock Position of Oral Pill Cycles

**Table 6.36**  
**Stock Position of Oral Pill Cycles from April 2004 to January 2005**

Month	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
April	83	0	6	77
May*	0	0	0	0
June*	0	50	7	43
July	43	0	7	36
August	36	50	10	76
September	76	0	4	72
October	72	0	10	62
November*	0	0	0	0
December	0	0	0	0
January	0	0	0	0

Source: Sub-centre Monthly Report from Kalkut SC

\* The balance at the end of April month is not mentioned in May and June. Similarly, the balance at the end of October is not mentioned in the next months.

Table 6.36 reveals that only 44 packets of oral pill cycles have been issued to 36 women during the months. It seems that these pills are not adequate to fulfill even this nominal target. Moreover, as this SC does not deal with IUD insertion, hence, no records of Copper 'T' is evident.

## 8) Stock Position of ORS (Oral Rehydration Salt)

**Table 6.37**  
**Stock Position of ORS from April 2004 to January 2005**

Month	Balance at the end of the Previous Month (packets)	Quantity received during the month (packets)	Quantity issued during the month (packets)	Balance at the end of the Month (packets)
April	50	0	35	15
May	15	100	0*	41*
June	41	50	57	34
July	34	50	31	53
August	33	50	25	58
September	58	50	42	66
October	66	0	53	10
November	10	250	42	218
December*	10	50	42	18
January	18	50	25	43

Source: Sub-centre Monthly Report from Kalkut SC

\*Figures are not correct.

In table 6.37 we can see that 352 packets of ORS have been issued to 446 children. Hence, it is clear from the table that records are quite confusing to draw a proper conclusion.

#### 9) Stock Position of Co-trimoxazole

**Table 6.38**  
**Stock Position of Co-trimoxazole from April 2004 to January 2005**

Month	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
August	0	0	0	0
September	0	0	0	0
October	1000	0	130	875
November	870	0	80	790
December*	870	0	135	735
January	735	0	74	661

*Source: Sub-centre Monthly Report from Kalkut SC*

*\*Figure is not correct.*

This drug is an antibiotic for infection. The above table does not show any record of stock position of this tablet from April to September. It seems the reluctance of health assistants to keep records accurate. Because in October if balance at the end of previous month is 1000, in the earlier months certainly some quantity have been issued. However, the reports do not possess any record of methylegometrine tablets or injection (drugs for menstrual problem) and anti-spasmodic tablets (for stomach ache).

## 10) Stock Position of Chlorphenaramine

Table 6.39

### Stock Position of Chlorphenaramine from April 2004 to January 2005

Month	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
April	634	0	0	634
May	634	0	16	618
June	618	0	131	487
July	487	0	190	297
August	297	0	215	82
September	82	0	82	0
October	0	0	0	0
November	0	300	120	180
December*	0	300	165	135
January	135	0	130	5

Source: Sub-centre Monthly Report from Kalkut SC

\*Figure is not correct.

## 11) Stock Position of Mebandazole

Table 6.40

### Stock Position of Mebandazole from April 2004 to January 2005

Month	Balance at the end of the Previous Month	Quantity received during the month	Quantity issued during the month	Balance end of the Month
November	120	0	0	0
December	0	200	54	146
January	146	0	78	68

Source: Sub-centre Monthly Report from Kalkut SC

The reports show the stock position of Mebandazole (for worms) is only for last three months. In Table 6.40 the records of November and December do not show any relation. Apparently, this raises question regarding the authenticity of the records. Secondly, the balance in October is 120, but it has no records. It shows the inadequate functioning of SC.

Interestingly, the reports show the stock position of syringes and needles remain intact in all the 10 months. There is no evidence of quantity received or issued during the months. If syringes needles are not used then it is uncertain how bloodstains are taken for malaria

test and vaccines are injected. However, the SC has one vaccine carrier and one sterilizer, but no supply of chloramphenical (eye capsule) and cetrimide powder (anti-dandruff).

The SC also has one disposable delivery kit, but like the above item Providone ointment (for cut and injury) and cotton bandages remain intact during the months. The reports also have provision of providing detail information regarding IUD acceptors and educational status of husband and wife. But this information is absolutely absent as the SC does not deal with IUD insertion as mentioned earlier.

#### **6.14 National Leprosy Eradication Problem**

The leprosy patients are detected on two categories- Pausibacilliary (six month course) and Multibacilliary (one year course). In the 10 months report it is found only one Multibacilliary (adult) case has been detected who belongs to ST (Scheduled Tribe). So, one drug was available for Multibacilliary (adult) during the months. Though there was no case Multibacilliary (children), one drug was still available from April 2004 to August 2004. Similarly, is the case of Pausibacilliary (adult). Though no case was reported regarding Pausibacilliary (A), the SC showed a stock of 8 drugs from April 2004 to August 2004.

The evaluation of the reports from the SC shows that vertical programmes implemented in the rural areas are not effectively dealing with the requirements of the rural people. The report shows prevalence of malaria and diarrhoeal cases are quite high in the villages. In case of malaria it is found that blood slides collected are not examined properly. Though this is the situation, NHP 2002 has set up goals of reducing mortality by 50 percent on account of these diseases by 2010.

Though family welfare service is the primary programme running in the SC, it lacks basic services like sterilization and IUD insertion. The percentage of oral pill users is less as compared to the number of people the SC is catering to. Even number of eligible couple registered and antenatal cases registered are not encouraging. The NHP 2002 has not mentioned anything of improving the family welfare services. However, Government of West Bengal in the health sector strategy of 2004-2013 has set up goals of 90 percent

couple protection rate by 2010, without explaining how the above problems will be dealt with which is a common phenomena in rural areas of West Bengal. The reports also show low level of institutional deliveries, while health sector strategy of West Bengal Government mentioned 80 percent institutional deliveries by 2010. Similarly, coverage of immunization in case of children is also not encouraging whereas, the strategy of Government of West Bengal in health sector shows 100 percent coverage of immunization. In spite of these shortcomings, government is strengthening privatization in health sector. The evaluation also reflects upon the ignorance of these problems while formulating a new policy.

### **Reference**

1. Department of Health and Family Welfare, 2003. Government of India.