

RURAL HEALTH CARE SERVICE IN DAKSHIN DINAJPUR DISTRICT, WEST BENGAL

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Abstract

Healthy living is of one the basic needs of human being and it is the duty of a country to provide better health care facilities to its countrymen through a well designed health care system. In India, Govt. has been taking many initiatives to improve the public health care system since independence, still , people has been suffering from proper health care facilities .Inadequate health institutes , insufficient doctors lack of paramedical staffs and crises of other related facilities in every stage of health care system make the situation more critical . So, it has become a real challenge for the country to make these facilities available to all the people through a developed health care system. The present paper has attempted to examine the status of existing health care system in Dakshin Dinajpur district of West Bengal with special attention to rural health care service.

Key words: Health care service, primary health care, medical personnel.

Introduction

Health is a state of complete physical, mental and social well-being which is essential for leading a productive life, and it is not merely the absence of disease or infirmity. The provision of health care should be considered as a fundamental human right (Roy, 1985). Health care is the diagnosis, treatment and prevention of disease, illness, injury and other physical and mental impairments in humans. These health care services are delivered by health care system. Health care system may be defined as the industry which provides health services (health activities) so as to meet the health needs and demands of individuals, the family and the community (Srinivasan, 1984). Different health care providers i.e. practitioners in medicine, dentistry, nursing, pharmacy, allied health, and other care providers help to run the system smoothly.

It is the most important social goal for all nations to attain the highest level of health .But India has not succeeded to achieve this goal for the period of pre-independence .After independence, prior importance was given to the health care system and consequently the health service organizations and infrastructures underwent extensive changes. Progressive improvements were introduced in the successive plan periods to strengthen the health care system and provide proper health care services to all the countrymen including the inhabitants of the remote areas of the country .The health care system of India , at present , has a three-tier structure supported by a higher level to which the patients are referred (Bajpai and Goyal) .The first tier comprises of Rural Hospital , Block Level Primary Health Care , Primary Health Care and Sub-centre; the District Hospital and Sub-divisional Hospital lie at the second stage and Medical Colleges are at the third level.

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Objectives

The objectives of the present paper are –

- To study the existing health care infrastructure of Dakshin Dinajpur district of West Bengal.
- 2. To analyze the impact of available health care facilities on the people specially the rural people.
- 3. To compare the existing health care services of rural and urban area.
- 4. To suggest some measures to improve the existing health care system.

Database and Methods

To prepare the present paper, the data is collected from both primary and secondary sources. The primary data regarding the impact of health facilities is collected through field survey. The study of health care infrastructure is supported by secondary data which is collected from District Statistical Handbook, records of health institutions, publications of Health & Family Welfare .Relevant statistical techniques have been used for the analysis of the data.

About the study area

The study area of the present paper is Dakshin Dinajpur which is located at 25° 10'55"N latitude and 89°0'30" E longitude. The district is surrounded by Bangladesh from three sides while Uttar Dinajpur and Malda border in the west. It comprises 2 sub-divisions and 8 CD blocks .According to census 2011 , the total population of the district is 1670931 persons of which 1434856 persons are rural.

Health Care Infrastructure of Dakshin Dinajpur District

To provide health care services to the people of this district, different medical institutions have been established here. However, the health care system has not developed greatly .The tertiary health care is not available here as there is no Medical College. The District Hospital that acts as the pivot of the public health care system, is located at the district headquarter i.e. in Balurghat. All the blocks have to depend on this DH as the critical cases from other blocks are referred to the DH. The total bed strength of this hospital is 400. The only sub-divisional hospital is located at Gangarampur having bed strength of 300. The primary health care service of the district comprises of 7 RHs, 1 BPHC, 18 PHCs and 248 SCs . Except Gangarampur, all the 7 blocks have RH , each having a strength of 30 beds . Of these 7 RH, 6 have been recently upgraded from BPHC. So, at present, there is only 1 BPHC at Chaloon in Gangarampur CD block .Besides, there are some other hospitals i.e. 1 hospital under Police Department, 1 under local body and 9 under NGO/private ownership (Table 1).

Table-1, Medical Institutions and Available Beds in Dakshin Dinajpur District and West Bengal

| District Vs. state | MCH | DH | SD-H | Hospital under other Dept. | Hospitals under local body | Hospitals under NGO /Private | RH | BPHC | PHC | SC |
|-------------------------|---------------|--------------|--------------|----------------------------|----------------------------|------------------------------|---------------|--------------|---------------|---------------|
| Dakshin Dinajpur | 0 | 1(400) | 1 (300) | 1(50) | 1(32) | 9(110) | 7(210) | 1(10) | 18 (180) | 248 (NA) |
| West Bengal | 13 (13441) | 21 (9370) | 38 (7680) | 72 (6212) | 31 (1080) | 2013 (34281) | 268 (8790) | 79 (1086) | 909 (6592) | 10356 (NA) |

NB: Figure in parenthesis indicates the no. of sanctioned beds; NA: Not applicable.

Source: State Bureau of Health Intelligence, Govt. of West Bengal, march 2011-12.

Status of Health Care Services in rural areas of Dakshin Dinajpur District

In rural area, the public health care service is provided through a network of RHs, BPHC s, PHCs and SCs. They form the base of the rural health care system. Dakshin Dinajpur is actually a rural district as 85.87% of its total population lives in rural areas. So, the major portion of its population has to depend on these primary health care services. The status of health care services of the district is assessed here considering the national norms of health care on the basis of some selected parameters. These are –

- Population served per health institution,
- Population served per bed,
- Population served per doctor,
- No. of cases referred outside.

Population served per health Institution

Analyzing the data, it has been observed that a wide gap exists between the availability and expected health care facilities against the national norm and the situation is more or less same in all the blocks.

In case of Community Health Centre (including both RH & BPHC) and Primary Health Centre, no block has a favorable situation regarding the ratio of number of CHC/PHC s and the current population of the block .It is observed that all the PHCs serve 2-3 times larger population than its capacity .

In terms of SCs , the most favorable position is found in Balurghat and Kumarganj block .In all other blocks , the number of SCs is insufficient to the requirements .

However , considering the prescribed population norms of health institutions , the highest shortfall is observed in case of Gangarampur CD block . In Dakshin Dinajpur, there is only two urban centres , Balurghat and Gangarampur sub-division , where people are served by mainly DH (Balurghat), SDH (Gangarampur) .

Table-2 Status of Primary Health Care Services in Rural Areas of Dakshin Dinajpur

| CD Block | CHC | PHC | SC | Population (2011) | Service provided by each CHC | Service provided by each PHC | Service provided by each SC |
|-------------|---------|-----|----|-------------------|------------------------------|------------------------------|-----------------------------|
| Kusumandi | 1(RH) | 2 | 30 | 198724 | 198724 | 99362 | 6624 |
| Bangshihari | 1 (RH) | 1 | 19 | 141297 | 141297 | 141297 | 7437 |
| Harirampur | 1(RH) | 1 | 19 | 133893 | 133893 | 133893 | 7047 |
| Gangarampur | 1(BPHC) | 1 | 36 | 237627 | 237627 | 237627 | 6600 |
| Kumarganj | 1(RH) | 3 | 34 | 169126 | 169126 | 56375 | 4974 |
| Tapan | 1(RH) | 3 | 44 | 248595 | 248595 | 82865 | 5650 |
| Balurghat | 1(RH) | 5 | 52 | 248885 | 248885 | 49777 | 4786 |
| Hili | 1(RH) | 2 | 14 | 83760 | 83760 | 41880 | 5983 |

Source: State Bureau of Health Intelligence, Govt. of West Bengal, March 2011-12 and Census-2011.

Population served per bed

It is another parameter which shows the pressure of population on each bed. Analyzing the current data, it is observed that numbers of beds are also insufficient according to the needs of the rural population in all blocks. As a result, in all health institutes, it is a common picture of sharing a single bed by more than one patient. However, in Hili block, the situation is comparatively well (Table-2).

But in urban areas, the situation is far better as 383 persons and 187 persons are served per bed in Balurghat and Gangarampur municipality respectively (Table-3).

Availability of Medical Personnel

This paper also focuses on the status of medical personnel in Dakshin Dinajpur .The Chief Medical Officer of Health acts as the head of administrative service of health care delivery system with 3 deputy CMOH I,II and III . In case of medical institutions, the superintendent heads the DH, SDH and RH while BPHC is headed by the BMOH and PHC is headed by MO. The ratio of available doctors and current population shows the scarcity of doctors and also the nature of medical treatment obtained here. It has been observed that the pressure is maximum in rural areas .In most RH, there is shortfall of G&O, Paediatrician, Anaesthetist . G&O is present only in Kumarganj and Kusumandi RH and Paediatrician in Tapan RH . Among all the blocks ,the most favourable situation is observed in Hili block .In this district , the specialist doctors are available only in DH and SDH, however not in all the categories .So , to avail better treatment ,the rural people have to travel a long distance to reach the DH and SDH .Besides the doctors, the health

care system consists of other paramedical staff e.g. nursing staff , laboratory assistant, pharmacist , health assistant (M/F) , ANM etc.

Table 3, Population served per bed and per doctor

| CD Block | Population (2011) | No. of Beds | No. of Doctors | Pop. Served per Bed | Pop. Served per Doctor |
|--------------------------|-------------------|-------------|----------------|---------------------|------------------------|
| Kusumandi | 198724 | 50 | 9 | 3974 | 22080 |
| Bangshihari | 141297 | 40 | 8 | 3532 | 17662 |
| Harirampur | 133893 | 40 | 6 | 3347 | 22315 |
| Gangarampur | 237627 | 20 | 3 | 11881 | 79209 |
| Kumarganj | 169126 | 60 | 10 | 2818 | 16913 |
| Tapan | 248595 | 60 | 12 | 4143 | 20716 |
| Balurghat | 248885 | 80 | 12 | 3111 | 20740 |
| Hili | 83760 | 50 | 8 | 1675 | 10470 |
| Balurghat Municipality | 153049 | 400 | 40 | 383 | 3826 |
| Gangarampur Municipality | 56175 | 300 | 13 | 187 | 4321 |

Source: Office of the CMOH, Dakshin Dinajpur .

Number of cases referred to outside

To study the status of existing health care services, this is perhaps the most important parameter .Here; it has been observed that a large number of cases which cannot be detected with the limited health care are referred outside. Here, the referral system is from PHC to BPHC, from BPHC to RH, from RH to SDH, from SDH to DH and then to North Bengal Medical College.

The data reveals that in 2011-12, the maximum cases were referred from Tapan RH. From DH, about 7.1% cases are referred out of the district due to lack of proper health care facilities. (Table-4) But, largely, difficulties arise in the case of shifting the serious patients from one hospital to another because as the number of Govt. /N.G.O. running ambulance is inadequate to the demand. (Table-5).

Another major drawback is the location of Dakshin Dinajpur .Two main cities of West Bengal i.e. Kolkata and Siliguri where the treatment facilities are much better, are located about 500 km and 300 km away and as the transport system of the district is not developed and the numbers of ambulances are insufficient, many patients died on their way to the hospitals of the towns like Siliguri and Kolkata.

Table 4 : Status of case referred

| CD Block | Name of the Institution | Category | Total no. of Admission | No. of Cases Referred Out | Percentage to Total Admission |
|-------------|-------------------------|----------|------------------------|---------------------------|-------------------------------|
| Balurghat | Balurghat | DH | 39997 | 2841 | 7.1 |
| Gangarampur | Gangarampur | SDH | 30524 | 3491 | 11.44 |
| Kusumandi | Kusumandi | RH | 4739 | 237 | 5 |
| Bangshihari | Rasidpur | RH | 4647 | 433 | 9.32 |
| Harirampur | Harirampur | RH | 3133 | 265 | 8.49 |
| Kumarganj | Kumarganj | RH | 6070 | 481 | 7.92 |
| Tapan | Tapan | RH | 7393 | 1123 | 15.19 |
| Balurghat | Khaspur | RH | 983 | 134 | 13.63 |
| Hili | Hili | RH | 3151 | 393 | 12.47 |

Source: State Bureau Of Health Intelligence,
Govt. of West Bengal; March 2011-12 and Census - 2011 .

Table 5: Availability of Ambulance

| CD Block | No. of Ambulances |
|-------------|-------------------|
| Kusumandi | 1 |
| Bangshihari | 1 |
| Harirampur | 1 |
| Gangarampur | 1 |
| Kumarganj | 2 |
| Tapan | 2 |
| Balurghat | 2+1* |
| Hili | 2 |

*Only ambulance in the district for blood collection,
Source: Office of the CMOH, Dakshin Dinajpur .

Conclusion

After analyzing the data both quantitatively and qualitatively, it can be said that the people of Dakshin Dinajpur are still unable to access proper health facilities as the health care delivery system is very poor here .In every stage of the health care system, a mismatch exists between the required and available health facilities .The situation is more depressing in rural areas. Though, the NRHM has been launched for improving the health care delivery across rural India, there is lack of health institution, medical personnel, paramedical staff and other facilities in every block. Though ,the national norms say that there must be one trained *Dai* for each village , one trained Village

Health Guide for 1000 people and two ANM for each SC but the reality is vastly different .In Dakshin Dinajpur , it is the Gangarampur and Tapan CD blocks where the situation is poorer . The rural people have been badly suffering from the lack of proper health care facilities .To improve the health care system, few proposals are suggested –

- The health care infrastructure should be developed first. The number of health institutions must be increased following the national norms to cope with the pressure of population .A Medical College should be set up here as the tertiary stage of health care system is non-existent in this district.
- It has been observed that in this district, a large number of sanctioned posts, both by doctors and paramedical staffs in many health institutes are still vacant. Immediate appointment in the vacant posts will surely minimize the poor scenario of health care system of this district. The doctors must be encouraged to work in the rural areas as recently they prefer to work in the towns and cities.
- The diagnostic system which is an essential part of health institute is mostly not advanced. Consequently, it causes problems in detecting the disease and the treatment is delayed. The hospitals should be equipped with the latest diagnostic devices in order to provide better treatment to the patients.
- Insufficient stock of necessary life-saving drugs in the hospitals makes the problem more critical. In some cases, it has been found that the medicines have expired and become useless as it had not been distributed among the patients in proper time. The sheer negligence of hospital staffs deprives the patients for getting of qualitative treatment. So, proper steps should be taken.
- In 1975, WHO resolved to materialize the concept of achieving Health For All by 2000 but unfortunately still we are far away from reaching the goal. So, efforts should be given to improve the health care system immediately

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ACRONYMS

ANM – Auxiliary Nurse-cum-Midwives
BMOH – Block Medical Officer of Health
BPHC – Block Primary Health Centre
CHC – Community Health Centre
CMOH – Chief Medical Officer of Health

DH –District Hospital
G&O – Gynecologist & Obstetrician
MCH – Medical College Hospital
MO - Medical Officer
NRHM – National Rural Health Mission
PHC – Primary Health Centre
RH- Rural Hospital
SC – Sub Centre
SDH - Sub Divisional Hospital
WHO – World Health Organisation