



Assessment of the Status of Rural Health Facilities: A Case Study in the Gram Panchayats of English Bazar Block, Malda District, West Bengal

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Abstract: Health is the key concept of all-round development of human beings. This paper seeks to identify the status of health facilities in the rural areas of English Bazar block. Health condition depends on multiple factors like the number of hospitals, PHC, SHC, number of ambulance, drinking water, and toilet facilities, etc. This paper shows the infrastructural gap in PHC, SHC in the rural areas and problems faced by the local people due to the lack of different health facilities that impact the lives of the local people negatively. For this purpose primary and secondary, both data have been used. It is observed that in the gram panchayats of the English Bazar block, health facilities are not so good. PHC, SHC, ambulance service, ASHA workers are not sufficient for the local people. So they are compelled to come town area for treatment. This block is divided into three categories. These are comparatively more developed panchayats, comparatively developed panchayats, and comparatively less developed panchayats.

Keywords: Health, PHC, SHC, ASHA workers, Medical Status.



1. Introduction: ‘Health is an indicator of well-being. Nutrition, health, and education are the three inputs accepted as significant for the development of human resources Not only quality of life but also indirectly production of goods and services depend upon health’ (Roy.D and Mandal.A,2015). So it is truly said, “Health is wealth.”

According to WHO, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” According to the Oxford dictionary “Health is soundness of body or mind, that conditions in which its functions are duly and efficiently discharged.” (Roy.D and Mandal.A, 2015).

Rural Health is one of the vital elements of rural life. India being a nation of villages requires an intensive approach towards rural health. Nearly 75 percent of health infrastructure and other health resources are concentrated in urban areas. (Jaysawal.N, 2015). The health infrastructure of West Bengal is very wide covering even the remote villages. There are 9 Medical College Hospitals, 16 District Hospitals, 45 Sub-divisional Hospitals, 346 Community Health Centres, 922 Primary Health Centres and 10356 Sub-Centres across West Bengal. However, the health infrastructure in West Bengal is inadequate in comparison with the total number of population. (Barman.B,2019).

There are several kinds of literature on rural health facilities which shows that conditions of the rural health facilities are not satisfactory. In a research paper conducted by Banerjee et al (2004) on health care delivery in rural Rajasthan, around 45 percent of the doctors were found absent from PHC and 56 percent from sub-centers and even in the private sector, rural health care service delivery system is not free from holes. In a study conducted by Abusaleh.s (1999) pointed out that health is an indicator of wellbeing. Not only quality of life but also indirectly the production of goods and services depends upon health. Patil et al (2004) accompanied a paper which mainly focused on current health scenario in rural India. It is observed that despite several growth-orientated policies adopted by the government, the widening economic, regional and gender disparities are posing challenges for the health sector. They stated that a paradigm shift from the current biomedical model to a socio-cultural model which should bridge the gaps and improve the quality of rural life. Majumdar et al (2009) focused on the role of geographical accessibility in women’s access to health care in which observed that best policy directives should focus on facilitating means of transportation for the population living in inaccessible parts and ensuring safety and efficacy of services provided by the informal providers remains as one of the major challenges for overall healthcare in the Sundarbans. The primacy of the health sector in augmenting the development process is an undeniable fact. Yet, access to health services has continued to remain poor. The female population stands on the back foot in comparison to the males in the access to health infrastructure. Besides this, the status of maternal health conditions among women is also in an alarming state in the country (Poddar.S, 2014). Lakshmi and Sahoo (2013) studied health care infrastructure and health indicators of Andhra Pradesh. In this paper, they have shown that the health of the people depends upon the number of service centers, number of beds, number of doctors available in Govt. hospitals, etc. They also used the health infrastructure index is developed using health inputs like the number of hospitals and dispensaries, the number of beds and the number of doctors in government hospitals (Barman.B,2019). Economic development, social development, and educational developments are dependent on good health. Health condition dependent on the number of hospitals, number of doctors, number of health centers, no of beds and number of nurses in a hospital. Public Health expenditure under the district of Malda is so low that there have been hunger and starvation deaths in different blocks of the Malda district (Roy.D & Mondol.A,2015). The poor state of the health system in rural areas is not the outcome of a particular occurrence but a consolidated outgrowth of degraded systems. It signifies not only lacunae in existing policy and infrastructure but a blockage in potential development also (Jaysawal.S,2015). This paper trying to show the status of health-related services and existing problems in English bazaar block based on both primary and secondary data analysis.

2. Objectives: The main objective of this paper is:

- To see the status of the health facility in rural area of English bazaar block.

Besides this major objective, other objectives are ---

- To find out the reasons behind people’s compulsion to come to the town area to avail of the treatment.



- To categorize the block into different zones based on their present status of a medical facility.
3. **Database:** Primary and secondary both data were collected to conduct the research.

| Data Source | Data Type |
|---------------|---------------------------------------|
| B.D.O Office | Gram Panchayat Wise Population (2011) |
| malda.govt.in | Number of SHC,ASHA Workers |
| Google Earth | Measurement of Distance |

4. **Methodology:** For the completion of the study both quantitative and qualitative data have been used. Different statistical techniques have been used to show the availability of health services. A stratified Radom survey was conducted to see the present status of the several health

centers and problems faced by the local people to access the health services or facilities in the study area with a questionnaire. Distance from the District Hospital to the gram panchayats were calculated with the health of google earth and lastly, medical status of gram panchayats have been shown with the following formula--Max Base Method= $\frac{Xi}{Xmax}$ where,

Xi = Value of individual variable $Xmax$ = maximum value of the variable

5. **Study Area:** For this paper on “Status of Rural Health Facility in the Gram Panchayats of English Bazar block” English Bazaar Block (gram panchayat wise) has chosen which is located in Malda district in the state of West Bengal. English Bazaar community development block has an area of 251.85 km². Gram panchayet of English Bazar block are: Sovanagar, Milki, Binodpur, Amrity, Phulbaria, Kazigram, Jadupur1, Jadupur2, Mhadipur, Kotwali, Narhatta. As per the 2011 census of India, English Bazaar CD Block has a total population of 274627 of which 242797 were rural and 31830 were urban. There were 140,932 males and 133695 females. In this block 3 PHCs and 31 SHCs are active.

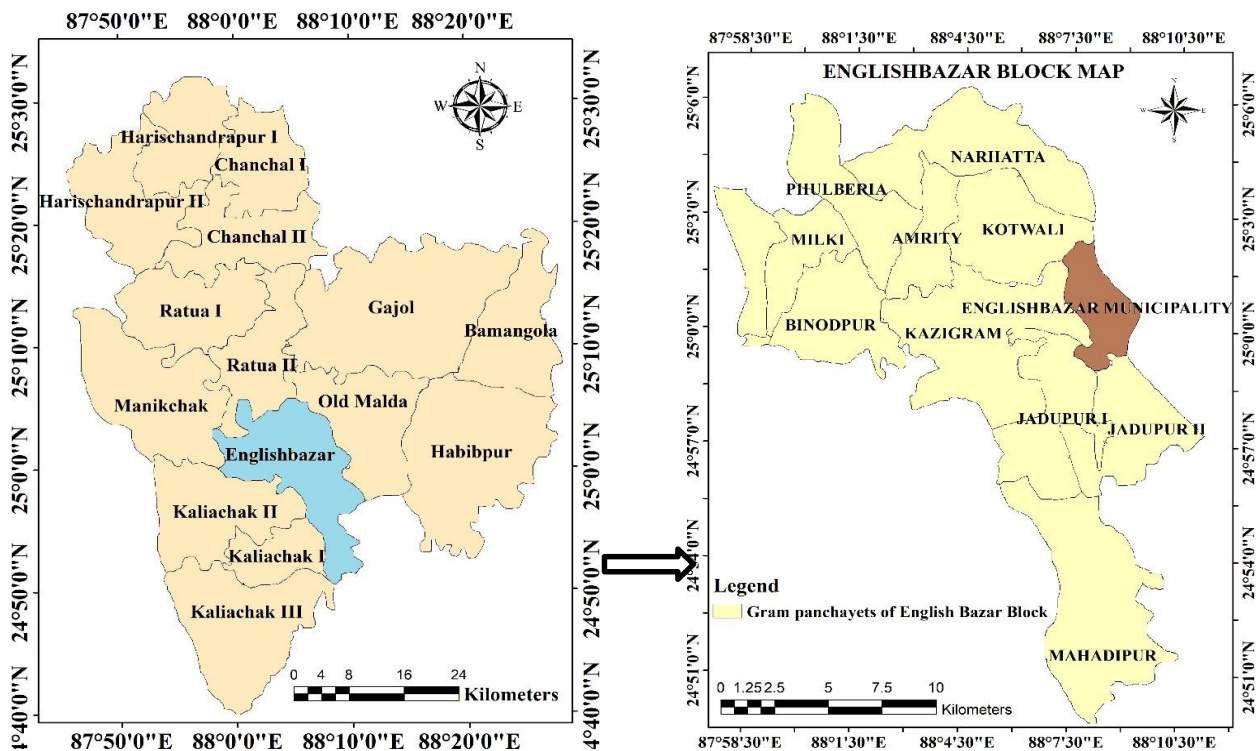


Figure 1: Location Map of English Bazar block



6. Result and Discussion of Health Facilities in the rural areas of English Bazar Block:

6.1. Demographic Profile of the Study Area

Table 1: Gram Panchayat Wise Population (2011)

| Gram Panchayet Name | Total Population(2011) |
|---------------------|------------------------|
| Amrity | 10950 |
| Binodpur | 22162 |
| Fulbaria | 24248 |
| Jadupur1 | 13159 |
| Jadupur2 | 21003 |
| Kazigram | 32978 |
| Kotwali | 11246 |
| Mahadipur | 31030 |
| Milki | 23204 |
| Narhatta | 38861 |
| Sovanagar | 33904 |

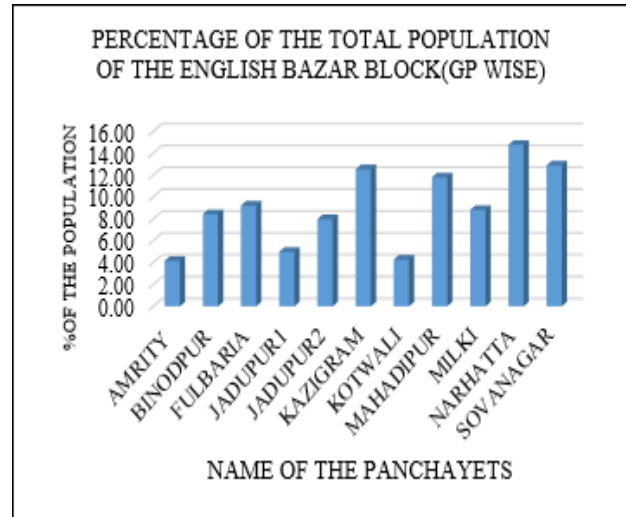


Fig 2: Gram panchayat wise % of the total population of the English Bazar block (2011)

Source: B.D.O Office

In the above diagram, I have shown the total population of gram panchayats of English Bazar blocks. Here we can see that the highest population is in Narhatta gram panchayat and the lowest population is in Amrity gram panchayat.

6.2. Status of Health Facilities in the English Bazar Block Table 2: National Norms for Rural Primary Healthcare Facilities:

| Institution | Population norm | |
|-----------------------------|-------------------------------|------------------------------|
| | Normal area | Tribal area |
| Community Health Centre | one CHC per 120000 population | one CHC per 80000 population |
| Primary Health Centre (PHC) | one PHC per 30000 population | one PHC per 20000 population |



| | | |
|-------------------------|-----------------------------|-----------------------------|
| Sub Health Centre (SHC) | one SHC per 5000 population | One SHC per 3000 population |
|-------------------------|-----------------------------|-----------------------------|

Source: Ministry of Health and Family Welfare, Govt. of India, 2015

Health care in India is distributed through a three-tier structure of health services like primary, secondary and tertiary health care facilities to convey health care services within the reach of the people of both the rural and urban areas.

Primary Health Centres (PHCs): PHC is the first contact point between the village community and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The PHCs are established and maintained by the State governments under the Minimum Needs Programme (MNP)/ Basic Minimum Services (BMS) Programme. As per the minimum requirement, a PHC is to be manned by a medical officer supported by 14 paramedical and other staff. Under NRHM, there is a provision for two additional staff nurses at PHCs on a contract basis. It acts as a referral unit for 6 sub-centers and has 4 - 6 beds for patients. The activities of PHC involve curative, preventive, promotive and family welfare services. There were 25,308 PHCs functioning in the country as on 31st March, 2015.

Community Health Centres (CHCs): CHCs are being established and maintained by the State government under the MNP/BMS program. As per minimum norms, a CHC is required to be manned by four medical specialists i.e. surgeon, physician, gynecologist and pediatrician supported by 21 paramedical and other staff. It has 30 indoor beds with one OT, X-ray, labor room and laboratory facilities. It serves as a referral center for 4 PHCs and also provides facilities for obstetric care and specialist consultations. As on 31st March, 2015, there were 5,396 CHCs functioning in the country.

Table 3: Infrastructural Gap In Rural Areas Of English Bazar Block in CHC and PHC:

| Block | Required CHC/120000 Population | Current CHC | Block | Required PHC/30000 Population | Current PHC |
|---------------|--------------------------------|-------------|---------------|-------------------------------|-------------|
| English Bazar | 2 | 0 | English Bazar | 9 | 3 |

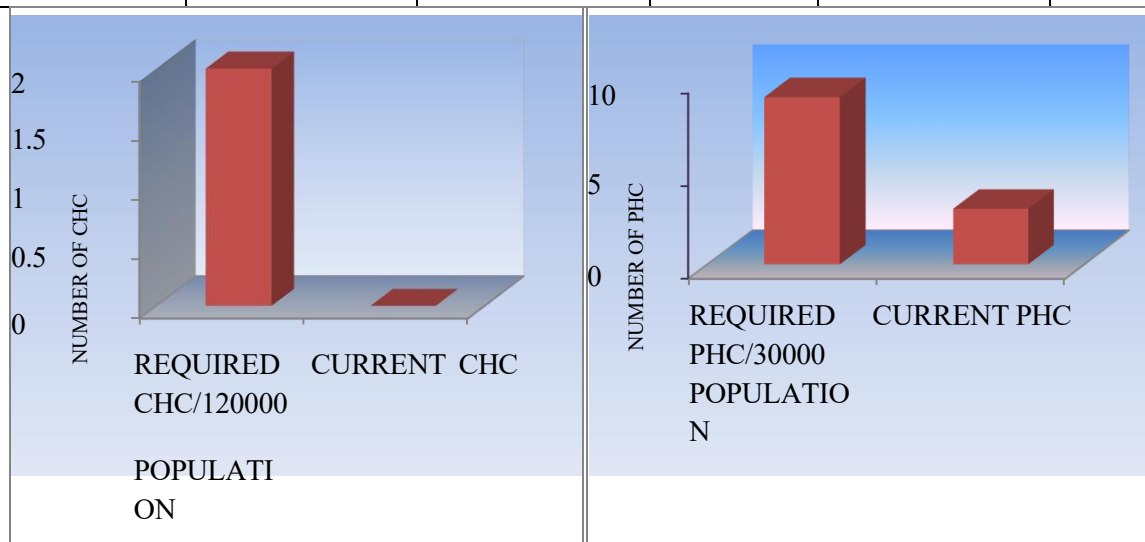


Fig 3: Infrastructural gap in CHC and PHC in English Bazar block Source: B.D.O Office

These figures show the required and existing number of CHC, PHC which shows a long-range disparity in their number. In the case of CHC, In English bazaar block there is no CHC despite population more than 120000. In this block, there are only 3 PHC which should be 9 because the population of this block is 262745. So this block has an insufficient number of PHC.

Details of the Health Sub Center (SHC) of the Block:

Sub center is the most peripheral and first contact point between the primary health care system and the community. Each

Sub-centre is required to be manned by at least one Auxiliary Nurse Midwife (ANM)/female health worker and one male health worker (MoHFW, 2015).

A health sub-center is to cover a population of 3000 in a hilly region and 5000 in the plain area.

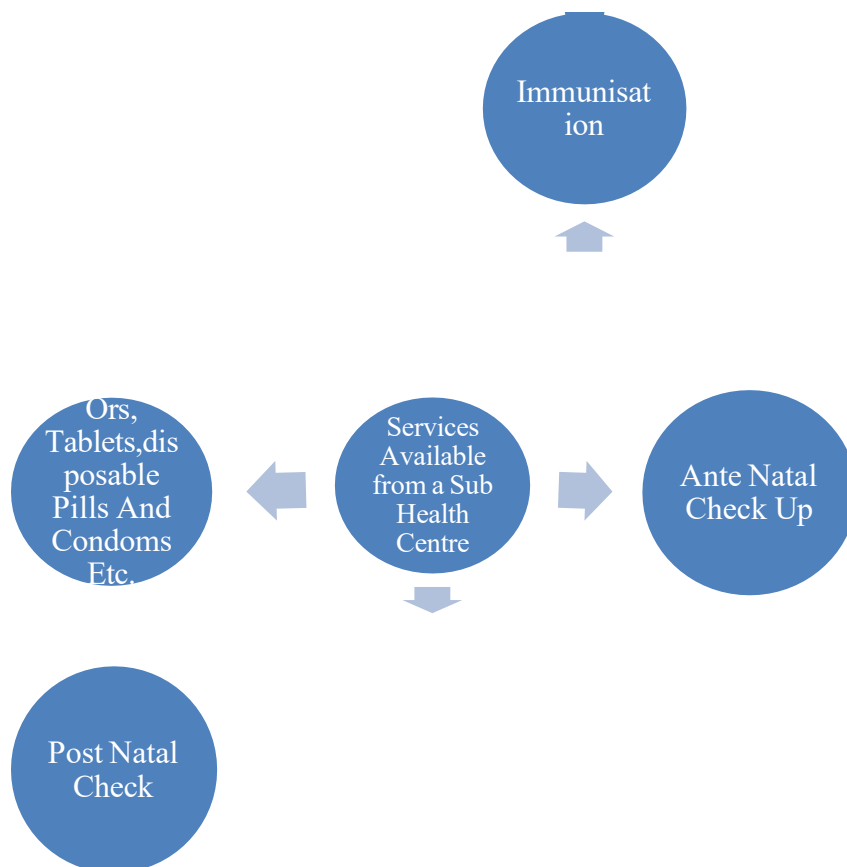
All “Minimum Assured Services” or Essential Services as envisaged in the sub-center are available, which include preventive, primitive, few curative treatment.



Photo: SHCs

Sub-centers are assigned the tasks relating to interpersonal communication to bring about behavioral change and provide services concerning Maternal and Child Health (MCH), family welfare, nutrition, immunization, diarrhea control and control of communicable diseases programs.

Services Available from the Sub Centers:





These services available for every woman from a sub-center and it also provides NISCHOI JAN for pregnant women.

Table 4: Availability of Sub Centers:

| Gram Panchayet | Required Sub Centres/5000 Population | Number of Present Sub Health Centres |
|----------------|--------------------------------------|--------------------------------------|
| Amrity | 2 | 2 |
| Binodpur | 4 | 3 |
| Fulbaria | 5 | 2 |
| Jadupur1 | 3 | 2 |
| Jadupur2 | 4 | 2 |
| Kazigram | 6 | 5 |
| Kotwali | 2 | 3 |
| Mahadipur | 6 | 2 |
| Milki | 4 | 3 |
| Narhatta | 7 | 4 |
| Sovanagar | 6 | 3 |

Source: malda.govt.in

In the above diagram, we can see that in most of the gram panchayat like Binodpur, Fulberia Jadupur 1, Jadupur 2, Kazigram, Mahadipur, Milky, Narhatta and Sovanagar where no of SHCs are not sufficient according to their population.

ASHA (Accredited Social Health Activist): ASHA workers give health services from SHC to the pregnant women and the children having the age below 5 years. So ASHA workers have an important role in the health services. 1 ASHA worker serves 1000 population in rural area.



Photo: ASHA workers in SHC

Any shortage of health workers can prevent good access to health services and is a barrier to universal coverage. When such shortages are accompanied by an unequal distribution of the workers, their impact can be even more dramatic. (Buchan et al, 2013). Most health workers especially the ‘doctors’ do not want to serve in the rural areas due to overall infrastructural inadequacy and lack of incentives. (Jaysawal.N,2015)

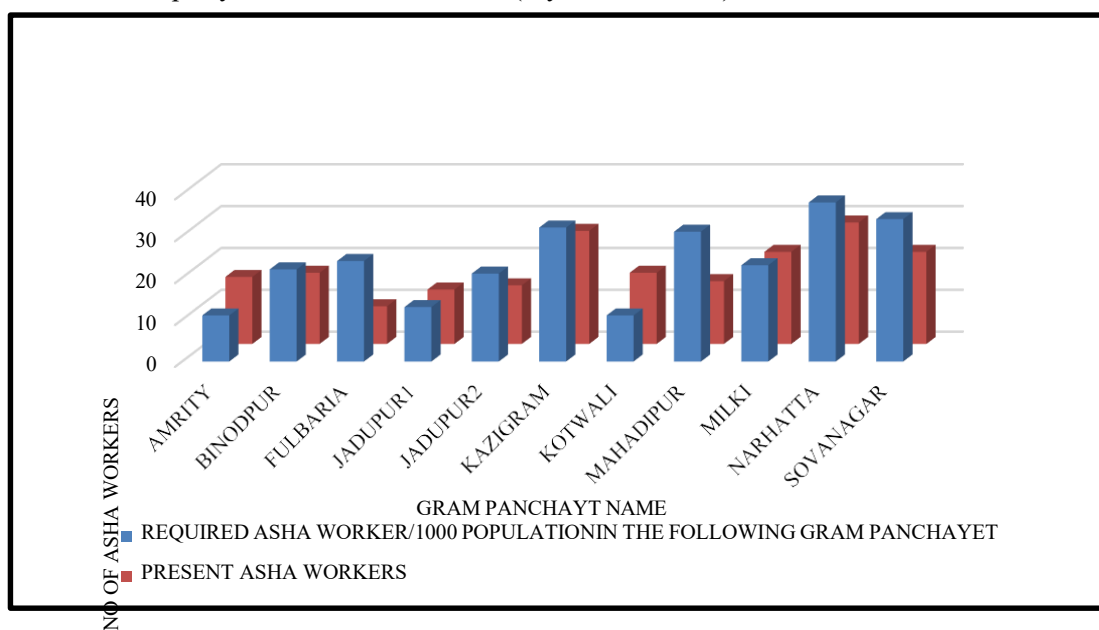


Figure 5: Required and present ASHA workers in English Bazar block

In the above diagram, we can see that most of the panchayats like Binodpur, Fulbaria, Jadupur 2, Kazigram, Mahadipur, Milki, Narhatta and Sovanagar, there are not enough ASHAS workers are present in according to population which negatively affects the health condition in those panchayats.

Details about the Primary Health Centre (PHC) of the block:

The Primary Health Centre (PHC) is the basic structural and functional unit of the public health services in developing countries. PHC was established to provide accessible, affordable and available primary health care to people, following the ALMA ATA declaration of 1978 by the member nations of the WHO.

Theoretically, there is one PHC for every 30000 population.

Each PHC has 5 or 6 sub-centers staffed by health workers for outreach services such as immunization, basic curative care services, maternal and health services, and preventive services. Apart from the regular medical treatment PHCs in India have some special focuses on –Infant Immunization Programme, Anti Epidemic program, Birth control program Pregnancy and related care.

Table 6: Milki Primary Health Centre (Milki):

In Milki PHC, there are 30 beds but the beds are not enough for the patient. If we see the bed patient ratio which is approximately 1:2 which mean 1 bed for 2 patient. Sometimes, patients are obedient to sit on the floor due to an insufficient number of beds. Mainly delivery and treatment for fever, broken hand or leg, stomach pain, etc are done in this PHC. In emergency cases, only primary treatments are done, after that the patients are transferred to the district hospital. Serious diseases like cancer, heart

Attack, dengue, severe illness, etc treatment are not done here.



| Facilities Available | Number |
|------------------------------------|--------|
| Beds | 30 |
| Doctors | 5 |
| Nurse | 8 |
| Ambulance | 2 |
| Nischoi Jan | 3 |
| Average Patient Per Day(For Admit) | 65-70 |

Photo: Milki PHC

Table 7: Chandipur Primary Health Centre (Kazigram):

In Chandipur primary health center, there is no bed. People get only primary treatments from the primary health center. Local people are

| Facilities Available | |
|-------------------------|---------|
| Beds | No |
| Doctors | 3 |
| Nurse | No |
| Ambulance | No |
| Nischoi Jan | No |
| Average Patient Per Day | 100-150 |

Source: primary survey



Photo: Chandipur PHC

said that the doctors are not regular. This PHC also has no ambulance. No bed for patient care here. only 3 doctors are available for the patients for all types of diseases.

Table 8: Mahadipur Primary Health Centre (Mahadipur):

| Facilities Available | |
|-------------------------|-----|
| Beds | No |
| Doctors | 1 |
| Nurse | 1 |
| Ambulance | No |
| Nischoi Jan | 1 |
| Average Patient Per Day | 200 |



Source: primary survey

Photo: Mahadipur PHC

In Mahadipur primary health center, there is no bed. Some doctor is not enough for the treatment. All medicines are not also available.

Table 9: Serviceable Area Covered by the PHCs:

| | |
|----------------------|---|
| Milki PHC | Manikchok, Fulbaria, Amrity, Binodpur, Milki, Sovanagar |
| Chandipur PHC | Kazigram, Jadupur 1, Binodpur, |
| Mahadipur PHC | Kaliachok 1, Kaliachok 3, Mahadipur, Jadupur 2 |

Source: primary survey

Table 10: Availability of Ambulance Services:

| Gram Panchayet | Number of Ambulance |
|----------------|---------------------|
| Amrity | 1 |
| Binodpur | 0 |
| Phulbaria | 0 |
| Jadupur 1 | 0 |
| Jadupur 2 | 0 |
| Kazigram | 1 |

| | |
|-----------|---|
| Kotwali | 0 |
| Mahadipur | 0 |
| Milki | 5 |
| Narhatta | 1 |
| Sovanagar | 0 |

Source: B.D.O Office

This table shows the number of ambulance present in the gram panchayats of the English bazar block. ambulance service places a importance role in the health service.as distance of the villages is more from the district hospital,so it is only option for the local poor people to go to the hospital but from the table it is observed that only Milki gram panchayat has the sufficient number of ambulance than other gram panchayats.in case of panchayats like Binodpur, Jadupur,Kotwali, Mahadipur, they don't have any ambulance in their Gram panchayats.so it is difficult for the patient to go the hospital as early as possible. Most of the gram panchayat don't have ambulance service. So for emergency cases, they have to reserve vehicles and have to wait for the vehicles.

Table 11: Distance from Malda Medical Hospital to all the Gram Panchayats:

| Gram Panchayets Name | Distance of District Hospital(Km) |
|----------------------|-----------------------------------|
| Amrity | 10.1 |
| Binodpur | 11.3 |
| Phulbaria | 12.9 |
| Jadupur1 | 2.46 |
| Jadupur2 | 3.58 |
| Kazigram | 6 |
| Kotwali | 5 |
| Mahadipur | 16 |
| Milki | 14.2 |
| Narhatta | 8.12 |
| Sovanagar | 17.1 |

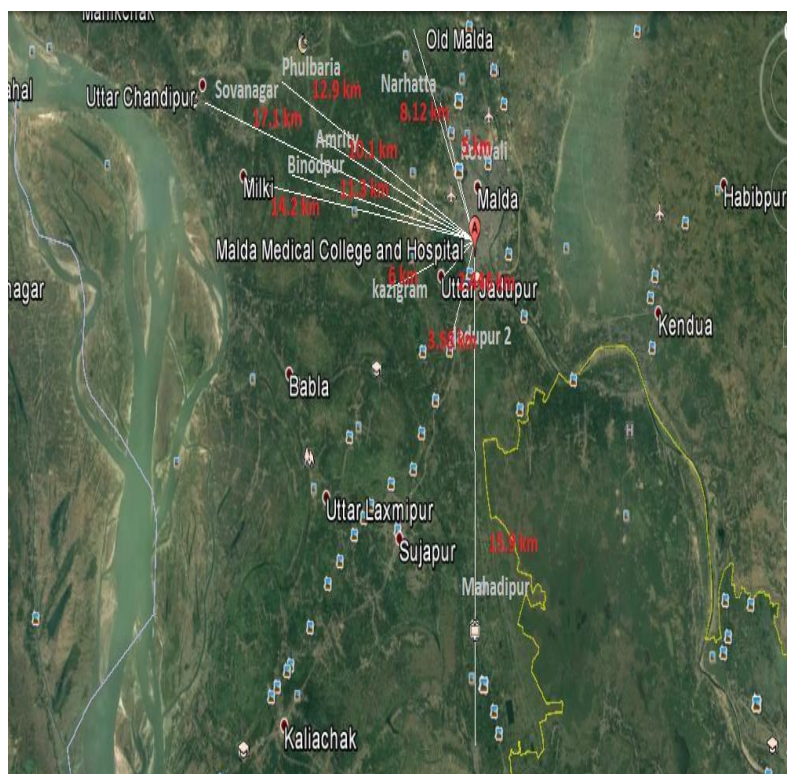


Photo: Distance from District hospital to the Gram Panchayats

This image shows that the distance between Mahadipur gram panchayat and District hospital is 20 km. for a serious condition or in case of delivery, they come to the District hospital as they don't have any rural hospital, with the mentioned inpatient treatment facility even though they have a PHC but that have only outdoor facilities. They are

compelled to come to the district hospital.

Table12: Service Available from Malda Medical College and Hospital:

| Malda Medical College And Hospital | |
|---|-----------|
| Bed for Men | 300 |
| Bed for Women | 250 |
| Bed for Children | 200 |
| Doctor | 180 |
| Nurse | 270 |
| Average Daily Indoor Patient Mainly from Rural Area | 300-350 |
| Average Daily Outdoor Patient | 2100-2200 |

Source: Medical College and Hospital



Photo: Malda Medical College and Hospital

From the above table, it is said that most patients are coming from a rural areas. Due to the lack of health facilities, they are compelled to come to the district hospital. But the number of beds is not enough. It is said by the local people that due to the maximum number of outdoor patients, treatment becomes generalized.

6.3. Health Service Related Problems alleged by the Local People

Table13: Availability of Transport and Mode of Transport in Different Gram Panchayat:



| Panchayats Name | Availability of Transport in Time | Mode of Available Transport |
|----------------------|-----------------------------------|-----------------------------|
| Amrity | All Time | Bus, Taxi, Taxi |
| Binodpur | All Time | Bus, Maxi, Taxi |
| Phulbaria | Before 7 Pm | Cycle, Toto, Ferry, Bus |
| Jadupur1(Sagardighi) | All Time(Before Evening) | Toto, Auto, Maxi |
| Jadupur2 | Before 8 Pm | Toto,Maxi, |
| Kazigram | Before 7 Pm | Auto, Toto, Cycle |
| Kotwali | Before 8 Pm | Auto, Maxi |
| Mahadipur | Before 7 Pm | Maxi, Tracker |
| Milki | All Time | Bus, Maxi, Taxi, Toto |
| Narhatta | Before Afternoon | Cycle , Toto, Auto |
| Sovanagar | All Time | Bus, Maxi, Taxi |

Source: primary survey

It is found that some villages where transport availability is not so good. In night or emergency case they have to reserve vehicles.

- **Phulberia Gram Panchayet:**

In this gram panchayat, health service-related problems are more. Such as: Some parts of this gram panchayat like Nagharia is located near Kalindi River. Local people cross the river by a temporary made bridge. But in the rainy season the water level increase such to the extent that it becomes very difficult to cross the river. There is only one boat to cross the river. So for this reason they faced great problems for treatment because they have to wait for the boat.

Another problem in this region that is drinking water scarcity. In some villages there is arsenic-free water. But parts of this gram panchayat, they are drinking arsenic water.

This gram panchayat have only 2 or 3 doctor clinic as well as medicine shop. In Nagharia village maximum birth takes place at home. So there is a very risk for both child and mother.

This gram panchayat has no ambulance. The transportation mode is Toto, a cycle, and taxi.

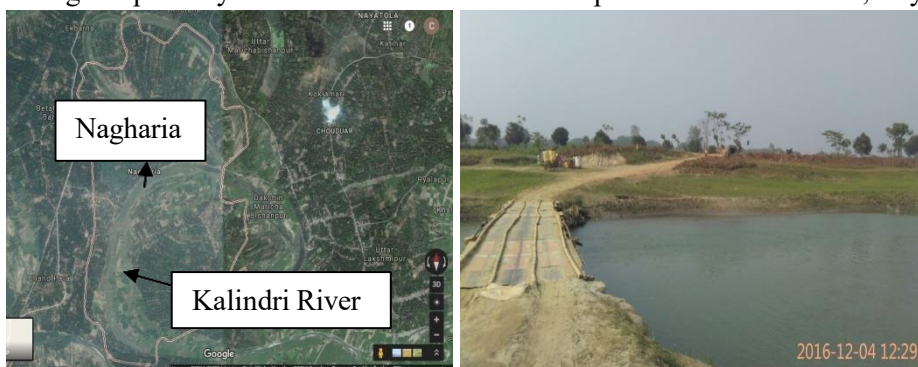


Photo: Phulberia gram panchayat and Kalindi River

- **Jadupur 1 Gram Panchayet:**

In this gram panchayat, health-related problems are as local people said---It is found that one of the major problems of this area is the drinking water problem. In Sagardighi village the local people face serious problems related to health. They don't have arsenic-free water. So they have many health diseases like Jondis, diaria, problems in the stomach, etc.

There is no doctor clinic nearby. There are some medicine shops. but all medicine is not available.

From sagardighi village distance of malady district hospital is some 10 km but after 7 pm no vehicles are available. it also a major problem.

Some of them said that Nischoi Jan also not come for pregnant women. They don't have an ambulance service also. For any treatment, they have to go to the district hospital.



Photo: local people of Sagardighi village use arsenic water for drinking and medicine shop for local people and animal

- **Narhatta Gram Panchayet:**

Health service-related problem of this gram panchayat according to the local people are----

It is said that there are some SHC but those are not functioning like Laxmipur, Nagrai, sailpur. Malihat village is not near the main road, so people have to walk to come to town. Auto, van etc are the mode of transport.

For emergency cases, they come to the district hospital. But after evening vehicle is not available. They have only one **Nischoi Jan** but no ambulance. so it is a major problem in emergency cases.

- **Kazigram Gram Panchayet:**

Health service-related problem of this gram panchayat according to the local people are----

It is found that transport is a major problem in these areas. Villages like Manikpur, kanchanpur is located very far from the main road and no vehicles are available in these regions. They use cycle, bike, etc. In case of emergency, they have to reserve an auto. Auto is the only mode of transport.

This gram panchayat has no ambulance also. Here is a PHC. But only outdoor treatment has happened there.

In Chandipur after 7 pm, no vehicle is available. They have to reserve in case of an emergency. Local people said that

doctor in the PHC is not regular.

- **Amrity Gram Panchayet:**

Health service-related problems of this gram panchayat according to the local people are---- Here is an SHC which is not working.

In Baniagram village of this gram panchayat, there is some home where there is no toilet still now. Otherwise here health facility good.

- **Mahadipur Gram Panchayet:**

Health service-related problem of this gram panchayat according to the local people are---- There is a PHC but there are not enough doctors only 1.

Local people said that they want indoor treatment as the distance from their village to the hospital is 20 km. For emergency case and delivery case they compelled to go district hospital.

There is very few medicine shop.

- **Kotwali Gram Panchayet:**

Health service-related problem of this gram panchayat according to the local people are---- This gram panchayat has no ambulance. They depend on the district hospital for treatment. The village is far away from the main road. They use cycle bike etc.

- **Milki Gram Panchayet:**

Health service-related problem of this gram panchayat according to the local people are----

Although Milki has PHC, but their number of doctor and beds are not sufficient. Here bed patient ratio is almost 1:2.No specialist doctor is here.

All the medicines are not available here. Otherwise, this is quite good in health facilities.



Photo: Line in Milki PHC

6.4. Categorizations of the Panchayets of English Bazar Block according to the Medical Facilities

Table 14: Medical Status of Gram Panchayat:



| Gram Panchayat Name | PHC | SHC | ASHA Workers | Ambulance Number | Nischoi Jan | Composite Index | Rank |
|---------------------|-----|-----|--------------|------------------|-------------|-----------------|------|
| Amrity | 0 | 2 | 16 | 1 | 0 | 1.55 | 5 |
| Binodpur | 0 | 3 | 17 | 0 | 0 | 0.59 | 11 |
| Phulbaria | 0 | 2 | 9 | 0 | 0 | 0.81 | 10 |
| Jadupur1 | 0 | 2 | 13 | 0 | 0 | 0.95 | 9 |
| Jadupur2 | 0 | 2 | 14 | 0 | 0 | 0.98 | 8 |
| Kazigram | 1 | 5 | 27 | 0 | 1 | 3.51 | 2 |
| Kotwali | 0 | 3 | 17 | 0 | 0 | 1.34 | 7 |
| Mahadipur | 1 | 2 | 15 | 0 | 1 | 2.35 | 3 |
| Milki | 1 | 3 | 22 | 2 | 3 | 4.51 | 1 |
| Narhatta | 0 | 4 | 29 | 0 | 1 | 2.33 | 4 |
| Sovanagar | 0 | 3 | 22 | 0 | 0 | 1.51 | 6 |

Table 15: Categorizations of the Panchayats of English Bazar Block according to the Medical Facilities:

| Medical Facilities Range | Category | No. of Panchayats | Name of Panchayats |
|--------------------------|---|-------------------|--|
| <1.5 | Comparatively more developed panchayats | 2 | Kazigram and Milki |
| 1.5-3 | Comparatively developed panchayats | 4 | Mahadipur, Amrity, Sovanagar, Narhatta |
| >3 | Comparatively less developed panchayats | 5 | Phulberia, Binodpur, Jadupur1, Jadupur2, kotwali |

- **Comparatively More Developed Panchayats:** Only two panchayats are included in this category e.g Kazigram and Milki. According to the medical facilities, Milkiranked first position. This panchayats have beds, doctors, the nurse in comparison to another panchayat where Kazigram don't have beds.
- **Comparatively Developed Panchayats:** 4 panchayats included in this block. These panchayats have ambulance services. But these panchayats don't have bed. Distance is more from the district hospital to the panchayats but these are quite developed than other panchayats.
- **Comparatively Less Developed Panchayats:** 5 panchayats included in these categories. There are very bad health facilities. These have no doctors, no beds, no PHC. Transport availability is also not so good.

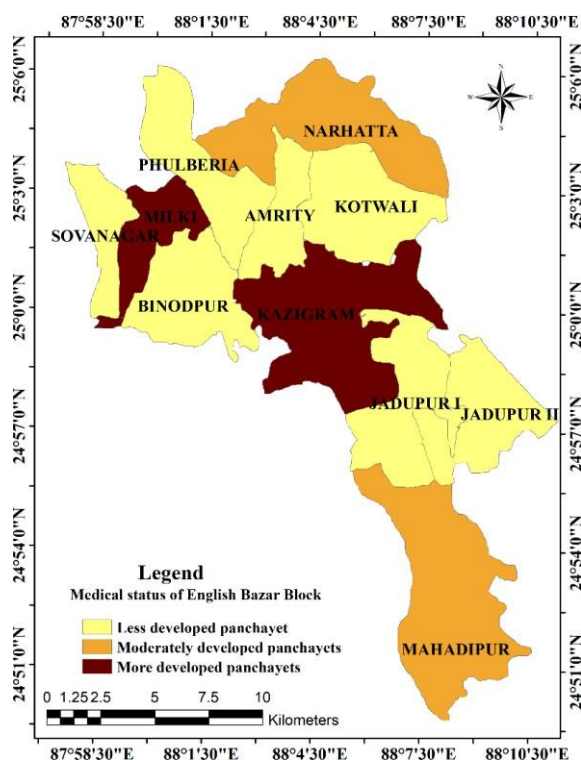


Figure 6: Categorization of the Panchayats of English Bazar block according to medical status

7. Major Findings:

1. Analyzing the data, we found that in rural areas of the English Bazar block, there are long infrastructural gaps in health services.
2. The number of PHC, SHC is not sufficient for the local peoples of the gram panchayats. Some SHC are not functioning. In the PHC like Chandipur and Mahadipur, there is no bed and the number of doctors is also not sufficient for the treatment of the serviceable area.
3. They are not even concerned about family planning.
4. There are also some villages like Sagardighi where till now people have used arsenic water for drinking which negatively affects their health.
5. Transport facility in some villages is also very bad. Vehicles are not available for all time mainly after the afternoon.
6. Because of these mentioned problems like lack of PHC, SHC, doctor, bed, proper treatment, they are compelled to come town mainly district hospital for treatment. It is also found that daily average patient is about 280-300 from rural area.
7. It is also found that comparatively more developed gram panchayats according to health facilities are Kazigram and Milki whereas Sovanagar, Amrity, Narhatta, and Mahadipur belong to moderately developed gram panchayats and Phulberia, Jadupur, Jadupur binodpur, kotwali are less developed gram panchayats.



8. Conclusion: By the above-mentioned problem, it is understood that health services in a rural area is not so good. Early improvement in health services is very much needed. Mainly there should be a hospital with available infrastructure near each panchayets. Otherwise health condition is becoming very bad day by day in the rural areas. Health workers' need for continuous professional stimulation is all the more relevant in rural or remote areas, where professional isolation can negatively influence performance. Immediate action should be taken to improve their health condition because it is an important indicator of Human Development.

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