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**Measuring the Service Delivery of the Primary Health Centre:
A Study on Twin-City Odisha Special Reference to
Cuttack and Bhubaneswar**

CASS

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ABSTRACT

Background: By Primary Healthcare, we mean the basic services that are essential for the fulfillment of the everyday healthcare needs. The Primary Healthcare has been identified as the first stage of contact of an individual to the national health system. The main focus of the PHC is to make the people of the country accessible to the quality healthcare services. These Primary health care services are being delivered at the PHC level in order to increase the Quality of life of the marginalized group of people.

Objective: The study was conducted to i) understand the services and the basic facilities delivered at the PHC level in order to fulfill the objective of the Primary Health Care as per the Indian Public Health Standards) ii) analyze the reasons for the non-functioning of the services and recommend the measures.

Methods: This study comprises of a descriptive research design and an exploratory approach among the 10 Primary Health Centre (PHCs) in the cities of Bhubaneswar and Cuttack, Odisha. The Primary Health Centre (PHCs) was selected randomly for assessment. The staff members of the PHCs were interviewed with the help of a pretested pro forma. As per the study necessities, the Descriptive analysis was done.

Results: The PHCs considered in this study well mostly well constructed and in good conditions but still the functionality is the major issue. Mostly the infrastructure components were proper. But, the major issue was that the PHCs were understaffed and most of them were not efficient for their tasks. This greatly affected the performance of the PHCs.

Conclusion: The Government has allocated good amount of funds in creating infrastructure but they are not functioning well. It has been observed that the PHCs do have departments and equipments funded by the government, but most of the PHCs are not providing all the services meant for the Primary Health Care Services.

Keywords: Primary Health Care, PHC, Odisha, Health, IPHC, Health,

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Introduction: Health has always been the biggest asset of any human being and when it comes to the poor then their livelihood is greatly affected by their Quality of Life. As per the Global Human Development Report of 1996, it has been observed that there has been a good direct relationship between the economic growth of a country and the holistic Human Development. Hence, it is quite essential for the Government to come up with different interventions in order to provide the citizen of the country a Quality life. In order to fulfill this objective, one should start from the foundation and the foundation of the Health Infrastructure in any country is the Primary Health Care. By Primary Healthcare, we mean the basic services that are essential for the fulfillment of the everyday healthcare needs. The Primary Healthcare has been identified as the first stage of contact of an individual to the national health system. The main focus of the PHC is to make the people of the country accessible to the quality healthcare services.

The concept of PHC was officially launched in the year 1978 at the WHO Conference in Alma Ata. According to Alma Ata Declaration, ten essential activities were identified which were clearly associated with the functioning of the PHC. These elements are as follows:

1. Health Education
2. Recognising and preventing the spread of the Controllable Disease
3. Enhancing Food Security and working on providing proper nutritional food
4. Availability of potable water and working on the maintenance of the Hygiene in the community
5. Improving Maternal and Child Healthcare
6. Vaccination of the Child and mother for protecting them from different diseases.
7. Controlling the spread of the Endemic Diseases
8. Providing right treatment for the different common diseases and injuries
9. Taking care of the Mental Wellbeing of the People
10. Availability of the essential drugs for the treatment of the common issues and also the life saving drugs.

Primary Healthcare Infrastructure was meant to provide the basic services to the community that mostly included the marginalized group comprising mother and child care and is mostly taken care by Primary Health Center and the Sub - Center. A Primary Health Center is considered to be the referral unit to 6 sub-centers. A Primary Health Center provides 24 x 7 services to the sick or ailing people. These ailing people or sick are the ones who come there either directly or may have been referred from sub centers for certain reasons. The services comprise Preventive, Curative and Promotional activities of healthcare services. A proper PHC should be able to cater to at least

20,000 people in hilly areas and tribal areas while in plains it should cater to at least 30,000 people.

A delivery of a Quality service greatly depends on its standards. Similarly the efficiency of a PHC can be gauged by the standards set by the Indian Public Health Standards (IPHS) in the year 2007 which was revised in the year 2012. This revised document of IPHS has made recommendations on the manpower, building, instruments, equipments, drugs, rules related to the special health schemes and other facilities. The changed IPHS has included in it the changed official procedure of managing the present health issues with special focus on non-communicable diseases. A number of facilities are recommended by the IPHS like medical care through OPD, and round the clock emergency facility, Maternal and Child Health facilities, minimum laboratory facility, basic facilities for small surgeries and practicing the National Health Programmes.

Scope of the Study: Among these three tiers of healthcare, Primary consists of the biggest segment of population but is also the least considered one. It has been observed that most of the budget allocation is mostly confined to the tertiary sector making the primary and secondary underfunded. Due to this people start depending on the tertiary sector for even the basic healthcare treatments that can very well be provided by the other two tiers. Hence, we can very well state that the primary healthcare sector is mostly unutilized and whatever responsibilities they do have, due to inadequate resources they are unable to fulfill their objectives.

Yet, provincial inconsistencies and crevices in the accessibility of safe drinking water, healthcare infrastructure meant for both public and private at both urban and rural areas, access to preventive and medical treatment, medical coverage, open cleanliness, accessibility of data with respect to social insurance and nourishment, human resources with appropriate skills are some zones of worry.

Objectives of the Study:

- To understand the services and the basic facilities delivered at the PHC level in order to fulfill the objective of the Primary Health Care as per the Indian Public Health Standards
- To analyze the reasons for the non-functioning of the services and recommend the measures.

Materials and Methods:

The twin cities of Odisha – Cuttack and Bhubaneswar, have been considered for the study and few of the PHCs have been randomly selected for assessment. Along with the general observation by the interviewer, the pro forma as per the IPHS guidelines has also been used to interview the health providers at the PHC level especially the Medical officers. The pro forma comprised both close ended and open ended questions regarding the infrastructure, equipment, manpower, medicines

and different services provided by the PHCs. The staff members of the PHCs were also interviewed to understand their point of view regarding the non- utilization of the services. A total of 10 PHCs were randomly selected from Bhubaneswar and Cuttack of Odisha. The data received were recorded on excel sheet and the statistical analysis was made using the Statistical package meant for social science. As per the requirement of the study, descriptive analysis has been used.

Results:

It was discovered that the surveyed PHCs that were providing services to on an average 33,400 people and were looking after the health issues of their concerned communities. As per the responses from the PHC staff members, it was discovered that on an average the daily OPD attendance for male was 47 and female was 33. All the PHCs were providing their OPD services for seven days for 6hours /day. Just for Sunday the second half is considered off, so only three hours. The practices of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH) are mostly not present due to absence of experienced practitioners. Due to absence of doctors and medical staff there were no round the clock emergency services given at the PHCs. Even the In – Patient services were not present.

Assessment Parameters	Brahmeswar	SailoBarbil	NiladriVihar	Samantapur	Ghatkia, Khandagiri	Benupur	Mahidharpur	Adaspur	Pokhariput, Ananta Vihar	Patia (Sikharchandi)	Average
Population Covered	40,000	15000	50000	52,000	45,000	10000	15,000	12,000	42,000	53,000	33,400
Daily Average OPD Attendance Male	40	40	55	50	45	35	60	55	45	45	47
Average OPD Attendance Female	30	20	45	40	35	25	20	45	35	35	33

Assessment Parameters	Brahmeswar	SailoBarbil	NiladriVihar	Samantapur	Ghatkia, Khandagiri	Benupur	Mahidharpur	Adaspur	Pokhariput, Ananta Vihar	Patia (Sikharchandi)	Percentage
OPDService - Allopath(3-Functioning, 4 - Non-Functioning)	3	3	3	3	3	3	3	3	3	3	100% Functioning
OPD Service - Ayush (3 - Functioning, 4- Non-Functioning)	4	3	4	4	4	4	4	4	4	4	10% Functioning
Emergency (3-Functioning, 4 - Non-Functioning)	4	4	4	4	4	4	4	4	4	4	0% Functioning
In-Patient(3 - Functioning, 4 - Non-	4	4	4	4	4	4	4	4	4	4	0% Functioning

Functioning)											
Referral Service (3 - Functioning, 4 - Non-Functioning)	3	3	3	3	3	3	3	3	3	3	100% Functioning

There were no proper facilities provided for Maternal Child Health (MCH) Services and Family Planning at most of the PHCs, though facilities for immunization were available at most of the PHCs. The Auxiliary Nurse Midwives (ANMs) were responsible for providing these facilities at the sub-centers and reported directly to the Community Health Centers (CHCs) or the nearest District Hospital. Most of the PHCs were not having a labour room and those with the labour rooms were not in the functioning state, due to lack of manpower. Some Auxiliary Nurse Midwives (ANM) were interviewed and they said that they encouraged and counseled women on breast feeding and immunization. The ANMs provided immunization to pregnant women and children. Regarding Family Planning, they had general preventive measures. But, for Tubectomy and Vasectomy, the patients were mostly referred to the higher referral units, especially the District hospitals. Even, the pregnant women were referred to the district hospitals for the delivery. There was no provision for Medical Termination of Pregnancy (MTP) that is meant for safe abortion services in any emergency case. Even, in most of the PHCs there was no provision of proper management of Reproductive Tract Infections/ Sexually Transmitted Infections(RTI/STI).

Assessment Parameters	Brahmeswar	SailoBarbil	Niladri Vihar	Samanapuri	Ghatkia, Khandagiri	Benapur	Mahidharpur	Adapur	Pokhari put, Ananta Vihar	Patia (Sikharchandi)	Percentage
Ante-Natal care (3 - Functioning, 4 - Non-Functioning)	4	4	4	4	4	4	4	4	4	4	0% Functioning
Intranatal Care (3 - Functioning, 4 - Non-Functioning)	4	4	4	4	4	4	4	4	4	4	0% Functioning
Post Natal(3 - Functioning, 4 - Non-Functioning)	4	4	4	4	4	4	4	4	4	4	0% Functioning
New Born Care (3 - Functioning, 4 - Non-Functioning)	4	4	4	4	4	4	4	4	4	4	0% Functioning
Family Planning (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	100% Available
Immunization (5											

Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	5	100% Available
MTP (5 - Availability, 6 - Non-Availability)	6	6	6	6	6	6	6	6	6	6	6	0% Available
Management of RTI/STI (5 - Availability, 6 - Non-Availability)	6	6	5	5	5	6	5	6	5	6	5	50% Available
Facilities under Janani Suraksha Yojana (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	5	100% Available
Facility for Tubectomy & Vasectomy (5 - Availability, 6 - Non-Availability)	6	6	6	6	6	6	6	6	6	6	6	0% Available
Regular delivery of BCG and Measles Vaccine (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	5	100% Available

The PHCs were providing the Nutrition services with the coordination of the Integrated Child Development Services. As per the responses of the staff members, prevention and control of locally Endemic Diseases like Malaria, Kala-azar, Japanese Encephalitis, etc were carried out in most of the PHCs with the help of the health workers.

Assessment Parameters	Brahmeswar	SailoBarbil	NiladriVihar	Samantapuri	Ghatkia, Khandagiri	Benupur	Mahidharpur	Adaspur	Pokhari put, Ananta Vihar	Patia (Sikharchandi)	Percentage
Nutrition Services (5 - Availability, 6 - Non-Availability)	6	6	6	6	6	6	6	6	6	6	0% Available
Prevention & Control of endemic Diseases (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	100% Available
Disease Surveillance & Control (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	100% Available
Collection & reporting of Vital	5	5	5	5	5	5	5	5	5	5	100% Available

Statistics (5-Availability, 6 - Non-Availability)											
Monitoring & Supervision activities(5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	100% Available

The PHCs are mostly accessible to all weather roads and are within the reach to almost everyone, as per the reports given by them. There were not proper rooms allocated for the waiting of the patients. There were few seats allocated for the waiting patients and in few PHCs these were also quite shabbily maintained.

The PHCs that were surveyed had good infrastructure but few of them required repair due to improper maintenance. As per views of few of the staff members- due to the funds of the government, new building and departments are constructed but they are not maintained. Water supply and electrical connections were observed to be in better conditions. For male and female they had separate toilets and they were all functioning. Hygiene and sanitation was an area of concern. The buildings of most of the surveyed PHCs were in good conditions, few of them had newly constructed departments. But, these newly constructed departments were mostly non-functional due to lack of manpower. The PHCs did not have any dedicated Patient Transportation services; they were mostly depended on the general 108 ambulance service. Regarding the waste management, though the premises did not have any open dumping area and the biomedical wastes were managed, but in most of the PHCs, they used to depend on the municipality for their waste management. Most of the PHCs did not have proper casualty departments meant for the emergency services. At most of the PHCs, laboratory facilities were not available mostly due to absence of a trained Laboratory Technician. The PHCs were mostly found to be understaffed. The activities were carried out by general untrained people. Most departments were not functioning due to absence of the manpower as no proper residential facilities are available. The PHCs which do have a facility are not proper and well equipped. The complaint box is unavailable at many of the PHCs, even if the complaint box does exist, people are not aware about the process.

Assessment Parameters	Brahmeswar	Sailo Barbi 1	Niladri Vihar	Samantapuri	Ghatkia, Khandagiri	Benu pur	Mahidhar pur	Adas pur	Pokhari put, Ananta Vihar	Patia (Sikharhan di)	Percentage
Medical Officer (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	100% Available
Pharmacist (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	100% Available
Nurse Midwife (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	100% Available
Health Worker female (5 - Availability, 6 -	5	6	5	6	6	5	5	5	6	6	50% Available

Non-Availability)											le
Health Educator (5 - Availability, 6 - Non-Availability)	6	6	6	6	6	6	6	6	6	6	0% Available
Health Assistant (5 - Availability, 6 - Non-Availability)	5	5	6	5	6	5	6	6	6	6	40% Available
Clerk (5 - Availability, 6 - Non-Availability)	5	5	5	5	5	5	5	5	5	5	100% Available
Laboratory Technician (5 - Availability, 6 - Non-Availability)	6	6	6	5	6	6	5	6	6	5	30% Available
Driver (5 - Availability, 6 - Non-Availability)	6	6	6	6	6	6	6	6	6	6	0% Available
Ayush Practitioner (5 - Availability, 6 - Non-Availability)	6	5	6	6	6	6	6	6	6	6	10% Available
Account Manager (5 - Availability, 6 - Non-Availability)	6	6	5	5	6	6	6	6	6	5	30% available

Assessment Parameters	Brahmeswar	Sailo Barbil	Niladri Vihar	Samantapuri	Ghatkia, Khanda giri	Benu pur	Mahidhar pur	Adas pur	Pokhari put, Ananta Vihar	Patia (Sikharandi)	Percentage
Routine urine, stool and blood tests (1 - yes & 2 - No)	2	2	2	1	2	2	1	2	2	2	20% Yes
Blood grouping (1 - yes & 2 - No)	2	2	2	1	2	2	1	2	2	2	20% Yes
Bleeding time, clotting time (1 - yes & 2 - No)	2	2	2	1	2	2	1	2	2	2	20% Yes
Diagnosis of RTI/STDs with wet mounting, grams stain, etc. (1 - yes & 2 - No)	2	2	2	1	2	2	2	2	2	2	10% Yes
Sputum testing for TB (1 - yes & 2 - No)	2	2	2	1	2	2	1	2	2	2	20% Yes
Blood smear examination for malaria parasite (1 - yes & 2 - No)	2	2	2	1	2	2	1	2	2	2	20% Yes
Rapid tests for pregnancy (1 - yes & 2 - No)	2	2	2	1	2	2	1	2	2	2	20% Yes
RPR test for Syphilis / YAWS surveillance (1 - yes & 2 - No)	2	2	2	1	2	2	2	2	2	2	10% Yes
Rapid tests for HIV (0 - yes & 1 - No)	2	2	2	1	2	2	2	2	2	2	10%

No)											Yes
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Assessment Parameters	Brahmeswar	SailoB arbi l	NiladriV ihar	Samantap uri	Ghatkia, Khandagi ri	Benu pu r	Mahidhar pur	Adas pu r	Pokharip ut, Ananta Vihar	Patia (Sikharch an di)	Percenta ge
Is a designated government building available for the PHC? (1 - yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% Yes
If there is no designated government building, then where is PHC located (7 - Rented premises & 8 - Other Rent Free Building (Panchayat Voluntary Organization Building))											NA
Condition of plaster on walls (9- Well plastered with plaster intact every where; 10- Plaster coming off in some places; 11- Plaster coming off in many places or no plaster)	9	9	9	9	9	10	10	11	9	9	70% Well plastered with plaster intact every where
Condition of floor (12- Floor in good condition; 13- Floor coming off in some places; 14- Floor coming off in many places or no proper flooring)	12	12	12	12	12	13	13	13	12	12	70% Floor in good condition
Cleanliness - OPD (15 - Good; 16- Fair; 17 -Poor)	15	15	15	15	15	15	16	16	15	15	80% are Good
Cleanliness - Rooms (15 - Good; 16- Fair; 17 -Poor)	15	15	15	15	15	15	16	16	15	15	80% are Good
Cleanliness - Wards (15 - Good; 16- Fair; 17 -Poor)				16							NA
Cleanliness - Toilets (15 - Good; 16 - Fair; 17 -Poor)	16	16	15	15	15	16	16	16	15	15	50% are good

Premises (compound) (15 - Good; 16 - Fair; 17 - Poor)	15	16	15	15	15	16	16	16	15	15	60% are good
Prominent display boards regarding service availability in local language (1 - yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% yes
Registration counters (1 - yes &	1	2	1	1	1	1	1	1	1	1	90% yes

2 - No)											
Pharmacy for drug dispensing and drug storage (1 - yes & 2 - No)	1	1	2	1	1	1	1	1	1	1	90% yes
Counter near entrance of PHC to obtain contraceptives, ORS packets, Vitamin A and Vaccination (1 - yes & 2 - No)	1	2	2	2	2	2	2	2	2	2	10% yes
Separate public utilities for males and females (1 - yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% yes
Suggestion / complaint box (1 - yes & 2 - No)	1	2	1	1	1	1	1	2	1	1	80% yes
OPD rooms / cubicles (1 - yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% yes
Adequate no. of windows in the room for light and air in each room (1 - yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% yes
Family Welfare Clinic (1 - yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% yes
Waiting room for patients (1 - yes & 2 - No)	2	2	2	2	2	2	2	2	2	2	0% yes
Emergency Room / Casualty (1 - yes & 2 - No)	1	2	2	2	2	2	1	1	2	2	30% yes
Separate wards for males and females (1 - yes & 2 - No)	2	2	2	2	2	2	2	2	2	2	0% yes

Operation Theatre available (1 - yes & 2 - No)	2	2	2	2	2	2	2	2	2	2	0% yes
Labour room available? (1 - yes & 2 - No)	2	1	2	2	2	2	1	1	2	2	30% yes
If labour room is present, are deliveries carried out in the labour room?(1 - YES; 2 - NO; 21 - Sometime)	2	2	2	2	2	2	2	2	2	2	0% yes
Are adequate equipment and chemicals available? (1 - yes & 2 - No)	2	1	2	2	2	2	2	2	2	2	10% yes
Is there a proper mechanism for waste disposal?(1- yes & 2 -No)	1	1	1	1	1	1	1	1	1	1	100% yes
Is there electric line in all parts of the PHC? (22 - In all Parts; 23 - In some Parts; 24 - None)	22	22	22	22	22	22	22	22	22	22	100% have electrical lines in all parts
Is PHC accessible by all whether road (1 - yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% yes

The health awareness posters are available at all the PHCs in the local language. The Charter of People's Rights are mostly available but were not seen at few of the PHCs. But even after the presence, it was observed that most of the patients were not even aware of it. Every PHC has a constitution of RोगीKalyanSamiti, a committee which is responsible for the Patient welfare. Presence of all these issues have led to a situation where even after the government interventions, the facilities are constructed, but are neither being maintained not being utilized. Hence, this creates a problem in serving the community

Assessment Parameters	Brahmeswar	SailoB arbi l	Niladri Vihar	Samanta puri	Ghatki a, Khand agiri	Ben upur	Mahidha rpur	Ada spu r	Pokhari put, Ananta Vihar	Patia (Sikhar chan di)	Percentage
Any fee for service is charged from the users? (1 - yes & 2 - No)	2	2	2	2	2	2	2	2	2	2	0% yes
If the health centre is unequipped to provide the services are the patient is referred and transported? (1 -yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% yes

Is there a publicly displayed mechanism, whereby a complaint/grievance can be registered?(1 - yes & 2 - No)	2	2	2	2	2	2	2	2	2	2	0% yes
Citizen's charter (1 - yes & 2 - No)	1	2	2	1	2	1	1	2	1	1	60% yes
Constitution of Rogi KalyanSamiti (1 - yes & 2 - No)	1	1	1	1	1	1	1	1	1	1	100% yes

Discussion:

It is common knowledge indeed that in a country like India, PHCs play an important part in providing healthcare services to marginalized group of people. There are certain rules for PHCs to be established. One of them is, that there has to be a population of at least 20,000 people for hill and tribal areas and 30,000 people for plains. But as per the research it was found that most of the PHCs catered to more than twice the recommended number in terms of population.

As far as the building is concerned, it was discovered that the condition of most of the PHCs surveyed were in a good in condition but still most of the departments were not functional especially the maternal and child health services. Even if there were waiting areas, many of these were not well maintained and sufficient for the patients. Among few of the PHCs, there were accommodation facilities, but they were not up to the mark and were not being used by the staff members. Even the Laboratory services are not being properly utilized. MCH and family planning facilities were incompetent in fulfilling the needs of the people. The component which was functioning was the immunization at the PHCs. But no deliveries or MTP ever took place. Hence, this led to a situation where, the PHCs were unable to fulfill their 24x7 quality services which are a necessity for the community.

In order to provide the best of the services to the marginalized group of people the Government of Odisha has taken initiatives in launching many schemes. Biju SwasthyaKalyanYojana is a universal health scheme meant for 70 lakh families across Odisha. According to this scheme, a beneficiary would be eligible to get medical assistance of a sum of Rs. 5 lakh and if the beneficiary is a woman, she would be getting an additional sum of Rs. 2 lakh. The programme named Sampoorna Scheme is specially meant for the pregnant women who are unable to access the 108 or 102 ambulance services. Niramaya Scheme is another flagship programme of the state which is going to provide free medicines at the different government hospitals for the needy. For making the life of the healthcare service provider at the PHC level easy. The Government of Odisha came up with the scheme like ASHA KalyanYojana, which acted as a financial motivational factor for the ASHA workers. The impact of all these schemes can be beneficial to the beneficiaries concerned when proper awareness and proper monitoring of the schemes can be done.

Conclusion and Recommendations:

The study found that even though the PHCs under the study did have quite good number of facilities but still their performance was not up to the mark to a great extent. The major concern was the PHCs being understaffed and not well experienced. And in few of the areas especially the Maternal and Child Care, the PHCs were not only understaffed but also ill equipped. Other than the OPD services most of the services were not up to the expectation. Basic facilities were there but improvement is required in order to increase the efficiency in the delivery of the services. Medical officers and the staff members had their own set of problems and issues to deal with. This also seemed to affect their attitude towards things which has greatly made their behavior casual towards the patients and their concerns. It was felt there was an immediate need to solve these issues. There was this issue of sanitation in few of the PHCs, because that was even insufficient. To make the health system and the people accountable, the Charter of Patient's Rights in local language should be made available in every PHCs. Efforts should also be made to make people aware about these rights or else this charter would not be able to fulfill its objectives. The provision of the RogiKalyanSamiti is of great help as it aids in developing the administration and the facilities provided and that too as per the instructions of Government of India. But, this should be properly monitored by different agencies.

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