Health & Family Welfare

The Health & Family Welfare Department aims to provide accessible, affordable, responsive and standardized health care services to all. The department's strategy focuses on improvement of reproductive and child health, health care needs of residents of underserved areas, reduction of out of pocket expenditure of common people and increasing accountability among all health care providers.

Basic Health Indicators of Bengal have started to improve. Infant Mortality Rate has gone down from 33 in 2010 to 31 in 2011. Death rate has gone down from 6.2 in 2010 to 6 in 2011. All India position in certain select indicators is here :

Basic Health Indicators

Indicator	Data received in December, 2010			Data received in December, 2011		
	West Bengal	India	Rank of West Bengal among major states*	West Bengal	India	Rank of West Bengal among major states*
Birth Rate	17.2	22.5	4	16.8	22.1	4
Death Rate	6.2	7.3	1	6	7.2	1
Infant Mortality Rate	33	50	4	31	47	4
Total Fertility Rate	1.9	2.6	3	1.9	2.6	2

Maternal Mortality Ratio (MMR) is 145 for the years 2007-09 as per RGI 2011 – 4th lowest in India/ *Major States – population 20 million or more as per Census data.

Nearly 3000 beds have increased during last one year.

Type of Institution	Total no. of Beds		
	2009-10	2010-11	2011-10 (Tentative)
Medical College Hospitals	11210	12641	12641
District Hospital	7762	8204	9513
Sub-divisional Hospitals	8888	9901	11372
State General Hospitals	5030	4899	4957
Other Hospitals	6504	6504	6504
Rural Hospitals	8820	8820	8960
Block Primary Health Centres	1086	1086	1086
Primary Health Centres	6592	6592	6612
Sub-Centres	0	0	0
Total	**55892**	**58647**	**61645**

Admission in hospitals and number of outpatients during 2011-12 have increased by over 4.5% and 8%respectively compared to 2010-11.

Type of Hospital	No. of outpatients (In Lakh)		
	2009-10	2010-11	2011-12
MHC	45.43	49.80	54.04
DH	43.24	44.85	46.06
SDH	69.46	72.70	71.14
SGH	24.38	25.22	25.44
Other Hospitals	10.50	10.20	10.62
RH	85.53	85.87	84.67
BPHC	166.2	162.57	157.32
PHC	208.93	224.22	239.71
SC	280.65	281.70	345.21
Total	934.41	957.15	1034.21

Type of Hospital	No. of outpatients (In Lakh)		
	2009-10	2010-11	2011-12
MCH	5.66	6.08	6.69
DH	6.79	7.34	7.82
SDH	10.09	10.54	11.05
SDH	2.59	2.65	2.62
Other Hospitals	0.76	0.95	0.89
RH	6.19	5.89	5.85
BPHC	6.43	6.40	6.57
PHC	0.60	0.63	0.81
Total	39.11	40.48	42.30

Number of institutional deliveries in 2011-12 increasedby about 9.5 % compared to 2010-11.

Type of Hospital	No. of outpatients (In Lakh)		
	2009-10	2010-11	2011-12
MCH	1.03	0.99	1.12
DH	1.14	1.19	1.31
SDH	1.78	1.85	2.01
SGH	0.38	0.37	0.37
Other Hospitals	0.06	0.04	0.07
RH	1.15	1.18	1.19
BPHC	1.32	1.38	1.57
PHC	0.18	0.20	0.26
SC	0.06	0.07	0.06
Total	**7.10**	**7.27**	**7.96**

Major Policy Decisions/ Reforms since June 2011

1. **Formation of Multi-disciplinary Expert Group**

   This Expert Group, constituted under the Chairmanship of Dr. Subrata Maitra, is to provide a road map for improved patient care services in government run hospitals. An Implementation Committee will thereafter follow up.

2. **Formation of High Level Task Force:** Under the Chairmanship of Dr. Tridib Banerjee, this Task Force is mandated with the task of monitoring service delivery aimed at mothers and children. This Task Force oversees the functioning of existing units including SNCUs, Neo Natal Care Units etc and advises on creation of new such units.

3. **Creation of Seven New Health Districts : -** Seven New Health Districts have been created at Nandigram, Jhargram, Bishnupur, Rampurhat, Diamond Harbour, Basirhat and Asansol. Posts have been created and the postings shall be made soon.

4. **Drug Procurement Policy :** Aimed at improving and maintaining availability of quality drugs in healthcare facilities, a new drug procurement policy has been put in place that specifically aims at preventing entry of spurious drugs/ drugs from dubious sources. The new policy shall allow speedy procurement of high value drugs and double per capita drug outlay in OPD. The next steps will be to have in place an online 'e-Drug Procurement' mechanism aimed at improved efficiency and more transparency. 'Fair Price Chemist Shops' in hospitals shall be another innovation aimed at the good of the common man in the state.

5. **Tie-up of peripheral Hospitals with Medical Colleges :-** In order to disseminate skills and provide tertiary care support to peripheral hospitals an experiment has been initiated wherein peripheral hospitals are formally linked to a selected Medical College. In this, already, Baghajatin SGH has been tied up with National Medical College and Hospital while Salt Lake Sub-divisional Hospital has been tied up with NRS Medical College and Hospital. In a similar exercise, the Abinash Dutta Maternity Home has been transformed into a satellite campus of RG Kar Medical College & Hospitals and the results have been quite encouraging.

6. **Setting up of West Bengal Health Recruitment Board (WBHRB) :-** The WBHRB has been setup to recruit primarily Group B and Group C staff.

7. **Polio Eradication :-** The Government has intensified its efforts in participation with citizens and public representatives to improve the outreach and quality of the Polio Eradication Programs. Similar initiatives are underway in tackling Vector borne diseases and the initial results are encouraging.

8. **OPD Tracking & Mother and Child Tracking:-**

Superintendents of Hospitals having 100 beds or more are to inform through a structured SMS by 9.30am every morning when OPD started as against when it was to start. The SMS also provides information regarding attendance of doctors. Operationalized for more than six months now, this tracking system is giving good results insofar as timely starting of OPDs is concerned and in ensuring timely attendance by doctors. As an extension of this tracking system, a SMS based solution to gather real time data from different health facilities in West Bengal regarding infant deaths, maternity deaths and total deliveries and even more has been started. This Mother & Child Tracking system is likely to prove to be a useful tool in formulating tactical responses to events and also give a baseline in formulating strategic interventions.

9. **Citizen Centric Fortnights :-** Citizen Centric Fortnights have been conducted recently with encouraging results. These were aimed at the G-C interface and along with issuing Citizen Charters, guidelines for free transport, drugs and consumables and providing diet for all mothers and infants was attended to. Removal of long accumulated bio-medical wastes, providing seating and drinking water facilities in OPDS and outside labour rooms were also a part of these drives. Cleaning up of hospital premises, painting the wards and ensuring clean toilets were also a part of this exercise. The results have been positive and it is intended that these drives shall be continued with.

10. **Procurement of High end Equipment :** The healthcare sector and its requirements demand regular infusion of high quality high-end instruments and built-up area having niche requirements. To ensure objectivity, transparency and prudent financial management, the West Bengal Medical Service Corporation is working with experts to ensure timely and proper procurement and construction.

11. **West Bengal Medical Council :** In a state of suspended animation for long, efforts are underway to revive, revamp and make more effective the West Bengal Medical Council, so that it functions as an ombudsman in the sector as originally envisaged.

12. **Delegation of Financial Powers :** To bring in higher levels of operational efficiency in day to day functioning the Finance Department has been convinced to delegate department approval committee (DAC) powers to Principals of Medical Colleges.

13. **Improvement of Reproductive & Child Health facilities : Operationalization of Comprehensive Emergency Obstetric Care Centre (CEmOC) & Basic Emergency Obstetric Care Centre (BEmOC) Facilities:**

- 121 CEmOC & 572 BEmOC facilities have been identified; 95 CEmOC & 355 BEmOC facilities are operational now.
- Each BEmOC facility will cater to areas within a 6Km radial distance and services shall be available 24 x 7; similarly each CEmOC facility will cater to an area within 25 Km radial distance.
- 11 MCH Hubs will be established in non BRGF districts.
- To motivate more institutional deliveries 15 PHCs and 50 BPHCs and RHs (where most number of institutional deliveries were recorded-minimum 1500/year in case of a BPHC and minimum 300/year in case of a PHC) have been awarded .

14. **Recruitment, Promotion & Transfer Policies :**

- The State Government has been conducting large scale recruitments in the health sector since May 2011. Till date 402 General Duty Medical Officers (Including 91 for SNCUs), 19 Medical Officers, 73 Specialist Doctors (including 8 for SNCUs), 332 Medical Teachers, 50 Dental Surgeons, 179 Homeopathy Medical Officers and 1308 Nursing personnel have been recruited. Moreover recruitments have also been made to the posts of Engineers (8), Nutritionists (12), Data Entry Operator (24), Managerial Staff (2), Store Assistant (1), Lab Technicians (6), Accounts Assistant (1) and Counselors (6).
- The Government has come out with a more rational and practical transfer and promotion policy for doctors serving in rural areas. All transfers and promotions are being guided by these policies.
- In order to reduce stagnation of officers of the West Bengal Public Health and Administrative Services (WBPH & AS), three new posts of 'Director' have been created under the DHS.

15. **Backward Region Grant Fund (BRGF):** Rs. 2280 crore has been sanctioned for the development of advanced healthcare facilities in the 11 backward districts. District, sub-divisional and rural hospitals in 34 locations have been identified for upgradation to super speciality level. Out of 34 identified locations, preliminary activities have already been started at 13 sites, namely Onda, Chhatna, Nandigram, Purulia, Metiaburz, Sagardighi, Kakdwip, Islampur, Bolpur, Gangarampur, Falakata, Debra and Salboni.

16. **Input for North Bengal :-** Improvement of facilities in the Mental Hospital, Tufangunj, upgradation of the MJN Hospital, Coochbehar and setting up of a second campus of the Siliguri District Hospital, all using assistance provided by the Uttarbanga Unnayan Parishad are just few of the efforts made to provide better health care facilities in North Bengal.

17. **Rashtriya Swasthya Bima Yojana (RSBY) :-** As a first time initiative, the GoI scheme of RSBY has been extended to Howrah district of the state. This scheme facilitates low cost medical insurance to disadvantaged social sections. The promise of the scheme being immense, it shall be extended soon to other parts of the state.

18. **Mobile Medical Units :-** In a bid to gain confidence of populations in far flung and Left Wing Extremism affected areas and to ensure availability of health care services at the doorstep, GIS based monitoring for 11 Mobile medical Units has been started in Jangalmahal region.

19. **Public Private Partnerships (PPP) :-** The constantly changing expection and aspiration sets of the citizens requires that administrators and development managers think out of the box. PPPs are one such mechanisms where market driven innovations and energies can be channelized in public good. Our experience in PPP in diagnostics being excellent, we aim to extend the same in this plan period to Digital X- rays and Dialysis in all tertiary health care units. The High Level Task Force itself is a PPP in its own way aimed at monitoring and directing quality of health service delivery to mothers and children in government facilities. It is expected that in this Plan period, 5 specialty health care facilities shall come up in the state through PPP. PPP is not just to be restricted to hospitals but also shall be extended to medical education facilities.

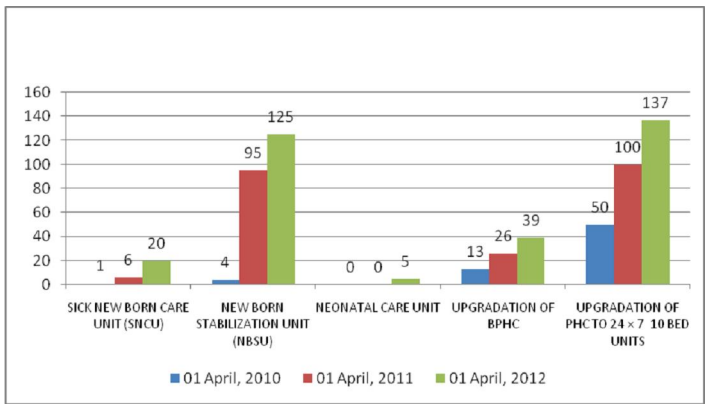
20. **Clearing of state share backlog under NRHM :-** For successive years, the state government failed to release its share in National Rural Health Mission (NRHM) and this led to drying up of fund flow from the Union Government. This has now been rectified. Despite an overall financial crunch, the State Government has released Rs. 202.5 crore as state share of which Rs. 115.3 crore is against the accumulated State Share from 2007 to 2010-11. Moreover, in the year 2012-13 Rs. 280 crore has been budgeted. This measure should allow much better program delivery in NRHM.

21. **Biometric Attendance :-** Biometric attendance has been introduced at Swasthya Bhavan. It is expected that this system will be extended to all Medical Colleges & Hospitals and also in the District Hospitals in phase.

22. **Use of resources provided by the 13th Finance Commission :-** The 13th FC has been generous in their allocation to the sector and the funds being made available are being prudently used in strengthening physical infrastructure and equipment in healthcare facilities, in blood banks, new CMOH offices, mental hospitals, upgrading of PHCs, accommodation for doctors, infection management and other items that shall strengthen public sector health care in the state.

23. **Health Services Infrastructure Strengthened :** Due to lack of proper infrastructure, even for ordinary health problems which are to be handled in the primary/secondary level hospitals, patients have to be taken to teritary hospitals leading to huge additional expenditure for the patients and overcrowding in the tertiary hospitals and medical colleges. We have been trying our best to upgrade the lower tier hospitals even in remotest rural areas so the common minimum diagnostic and treatment facilities are available in those health care facilities. At the same time we are trying to improve the infrastructure in the tertiary hospitals so that they can be used more as critical care and referral unit in a real sense. The present government has also been trying to emphasize efforts towards mother and children care. The state has already made 20 SNCUs operational as promised last year and another three SNCUs will be made operational very soon, we have also made plan to create 20 more SNCUs during financial year 2012-13. A decision has also been taken to set up SNCUs at all the Medical Colleges, so that at tertiary facilities we shall have both level II and level III care units for neonates.

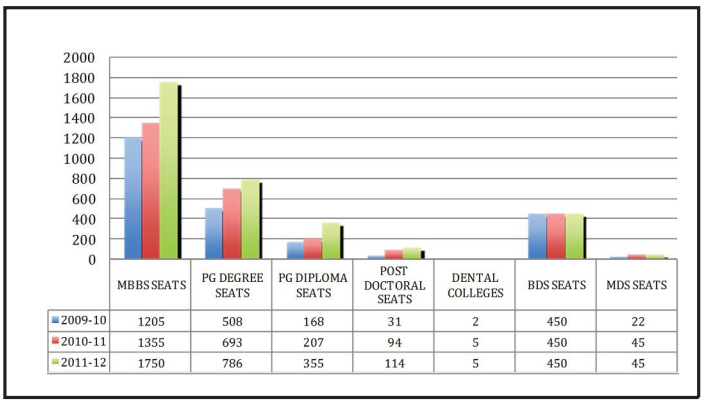
No of UNITS CREATED



For the first time a, hundred seated Night Shelter for patient parties is being constructed next to Beliaghata B C Roy Polio Hospital, Kolkata.

Seats for MBBS course in 2011-12 have increased by 395 over 2010-11. Seats for PG Degree, PG Diploma, Post Doctoral Courses etc. have also increased.

Medical Education- Seats



Plans have been drawn to start certificate programs and a **postgraduate course in Family Medicine in collaboration with Royal College of General Practitioners.** In addition, certificate courses in neonatology and anaesthesia are being planned under the aegis of the WBUHS.

The State Government has also been working to revive the systems of alternative medicines under the banner 'AYUSH'. Essential infrastructure like teaching and non-teaching staff, medical equipments, clinical laboratory and related facilities will be provided. The present Government has also decided to open new 60 AYUSH dispensaries in different hospitals especially in backward ares.

Position of family welfare programmes, immunization, maternal health and disease control are shown here :

Progress of Family Welfare Programmes in West Bengal

Year	Methods				
	Sterilisation	IUD	C.C. Users	O.P. Users	Total acceptors
2009 -10	286674	82156	560360	651373	1580563
2010 -11	274878	78803	601149	657330	1612160
2011 -12 (P)	281778	83478	610754	659352	1635362

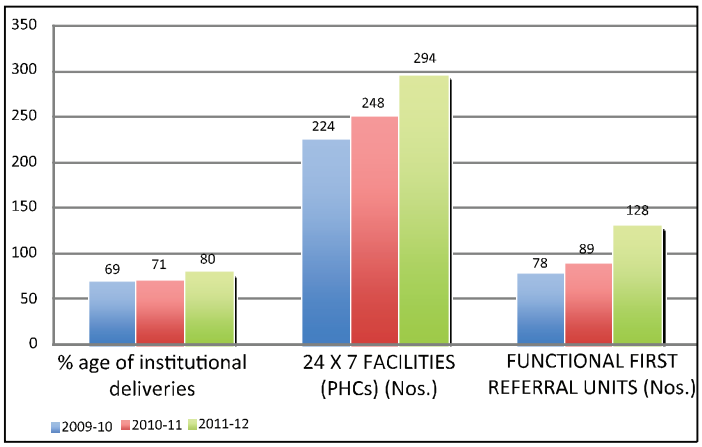
P- Provisional. Number of total acceptors has been increased by about 2% in 2010-11 as compared to 2009-10 whereas the same is increased by about 1.4% in 2011-12 compared to 2010-11.

Progress of Major Immunization Programs in West Bengal

Year	TT(PW)	DPT	POLIO	BCG	MEASLES
2009 -10	1502713	1678522	1600142	1719572	1552782
2010 -11	1526529	1468044	1462452	1654042	1423533
2011 -12 (P)	1534621	1673283	1533287	1697817	1490157

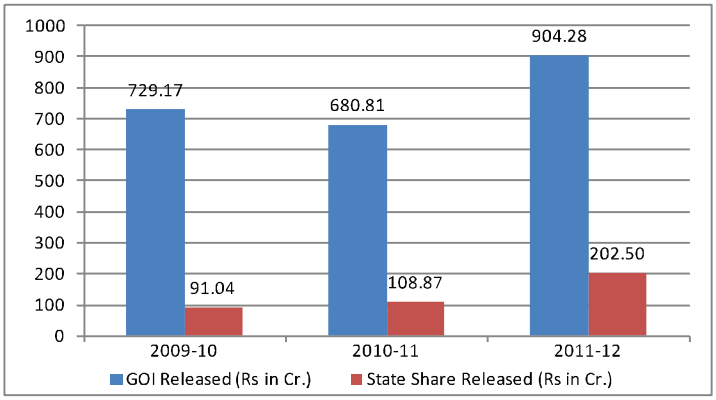
Observation: Progress in immunization in 2011-12 shows an increasing trend in respect of all the methods as compared to 2010-11.

Maternal Health

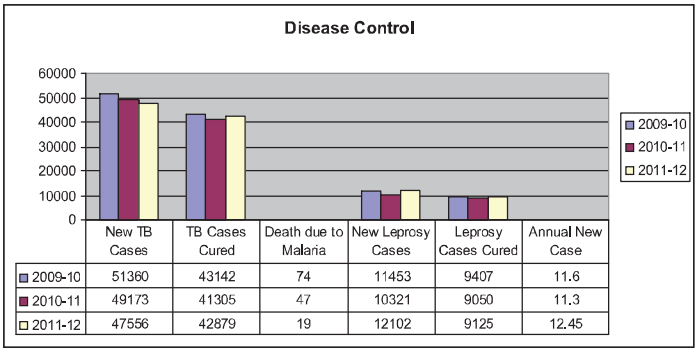


* Tentative

National Rural Health Mission (NRHM)



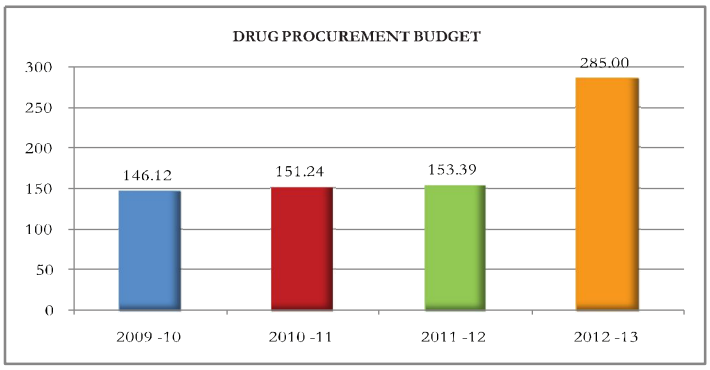
Disease Control



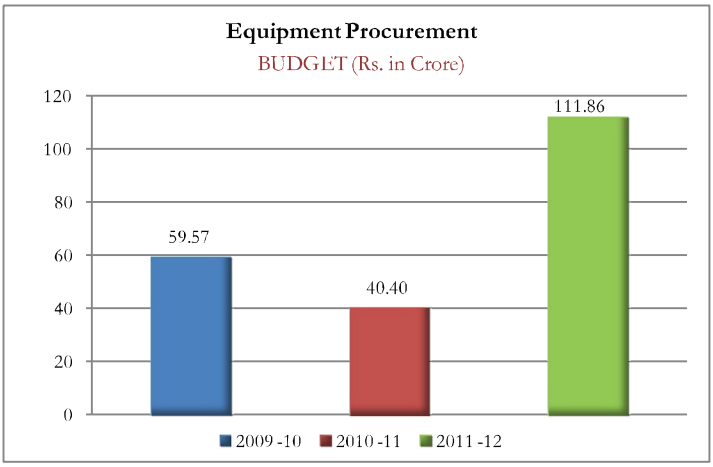
	New TB Cases	TB Cases Cured	Death due to Malaria	New Leprosy Cases	Leprosy Cases Cured	Annual New Case
2009-10	51360	43142	74	11453	9407	11.6
2010-11	49173	41305	47	10321	9050	11.3
2011-12	47556	42879	19	12102	9125	12.45

Position of utilization of funds and allocation of resources for drugs and equiments purchased are shown here. **Drug procurement budget has been hiked to Rs. 285 crores in 2012-13 from Rs. 153.39 crores in 2011-12**

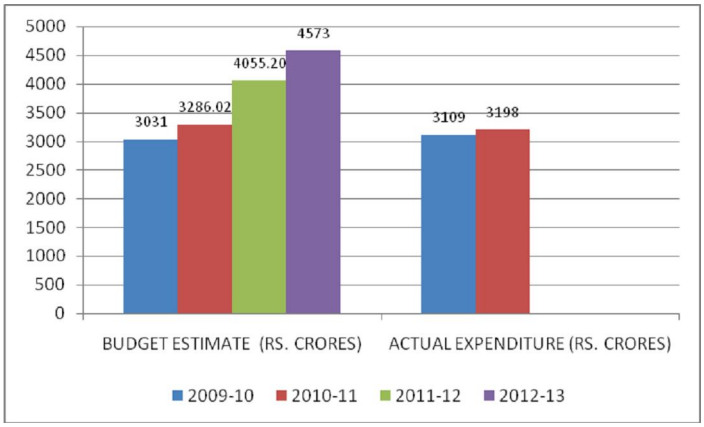
Drug Procurement



Equipment Procurement



State Budget



With a renewed sense of commitment to the public, we are trying our best to reach the scope of health facilities to the remotest corner of the state with a view to fulfil our objective of the targeted march towards **'health for all'.**