

# **WEST BENGAL STATE REPORT**

## West Bengal

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**WEST BENGAL**

**Summary of Approvals**

<b>Financial Management under NRHM (Rs. in crore)</b>					
<b>Years</b>	<b>Allocation</b>	<b>Release</b>	<b>Expenditure</b>	<b>% Release against Allocation</b>	<b>% Expenditure against Release</b>
2005-06	277.29	299.87	188.86	108.14	62.98
2006-07	433.26	440.50	353.77	101.67	80.31
2007-08	540.20	548.68	449.29	101.57	81.89
2008-09	603.85	593.80	432.48	98.33	72.83
2009-10	569.13			0.00	
<b>Total</b>	<b>2423.72</b>	<b>1882.84</b>	<b>1424.41</b>	<b>77.68</b>	<b>75.65</b>

<b>S. No.</b>	<b>Timeline Activities</b>	<b>Achievement</b>	<b>%</b>
1	ASHA	Selection	12765
		Training	13613
2	VHSC	13312	33
3	24X7 PHCs	168	18
4	Mobile Medical Unit	0	0
5	Rogi Kalyan Samiti	532	39

<b>Budget Allocations (2005-09) ( Amount in Crores)</b>			
	<b>Allocation</b>	<b>Releases</b>	<b>Expenditure</b>
<b>RCH Flexi pool</b>			
2005-06	95.13	59.83	3.97
2006-07	129.57	65.82	59.61
2007-08	107.38	71.10	67.00
2008-09	159.01	157.02	91.44
2009-10	162.53		
<b>Total (A)</b>	<b>653.62</b>	<b>0.00</b>	<b>222.02</b>
<b>NRHM Flexi pool</b>			
2005-06		36.10	4.17
2006-07	109.03	115.71	54.35
2007-08	190.60	233.71	155.26
2008-09	138.52	160.77	102.24
2009-10	143.41		
<b>Total (B)</b>	<b>581.56</b>	<b>546.29</b>	<b>316.02</b>
<b>National Disease Control Programme</b>			
2005-06	33.26	32.21	34.69
2006-07	44.59	36.40	37.14
2007-08	55.20	27.75	24.79
2008-09	85.68	36.76	19.00
2009-10	77.31	2.30	0.00
<b>Total (C)</b>	<b>296.04</b>	<b>135.42</b>	<b>115.62</b>
<b>Grand Total (A + B + C)</b>	<b>1531.22</b>	<b>681.71</b>	<b>653.66</b>

**Record of Proceedings (2005-2009) for Mission Flexible Pool**

<b>Approval for Infrastructure Facilities (Rs. in Crore)</b>						
<b>S. No</b>	<b>Health Facilities</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Sub C	10.36	14.25	62.64	0.00	89.46
2	PHC		1.353	13.28	13.28	80.72
3	CHC	10.80	8.20	0.00	0.00	16.50
4	DH			0.00	0.00	1.20
5	Equipment			0.00	0.00	1.17
6	Others		6.88	3.97	35.68	1.42
	<b>Total</b>	<b>21.16</b>	<b>30.683</b>	<b>79.89</b>	<b>48.96</b>	<b>190.47</b>

<b>Approval for Human Resource Support (Rs. in Crore)</b>						
<b>S. No</b>	<b>Personnel</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
1	Doctors		0.18	3.60	1.43	6.61
2	Specialists			0.00	3.54	9.18
3	Staff Nurses			0.00	0.00	4.39
4	ANM		5.25	9.09	22.82	37.69
5	Others			2.36	5.50	19.36
	<b>Total</b>	<b>0.00</b>	<b>5.43</b>	<b>15.05</b>	<b>33.29</b>	<b>77.22</b>

<b>Approval of other activities (2005-2009) in Rs. Lakh</b>							
<b>S.No</b>	<b>Initiative</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>Remarks</b>
		<b>Released</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	
<b>ASHAs</b>							
1	ASHA		360	1120.00	517.29	572.46	
	<b>TOTAL</b>		<b>360</b>	<b>1120.00</b>	<b>517.29</b>	<b>572.46</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS funds related matters</b>							
2	Rogi Kalyan Samiti		530	500.00	569.00	1344.00	
3	Untied Fund for PHC		293.25		1265.85	1439.1	
4	Untied Fund for SC	1036	1035.6				
5	Untied Fund for VHSC		1677	2877.00		4078.20	
6	Untied Fund for SCs,PHCs,CHCs			1433.00			
7	Untied grants/RKS and AMG to SHCs, PHCs, CHCs and District Hospitals and Sub District Hospitals						

8	Annual Maintenance Grant - CHC		341	334	348	348	
9	Annual Maintenance Grant -PHC		586.5	461	460.5	460.5	
10	Annual Maintenance Grant- SC			1035.60			
	<b>TOTAL</b>	<b>1036</b>	<b>4463.35</b>	<b>6640.6</b>	<b>2643.35</b>	<b>7669.8</b>	
<b>Infrastructure related matters</b>							
11	MMUs		683.1		683.1	1366.2	
	<b>TOTAL</b>		<b>683.1</b>		<b>683.1</b>	<b>1366.2</b>	

**Status of Infrastructure 2005-2010**

Health facilities	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	10356	624	0
Number of PHC	924	0	13
Number of CHC	349	0	33
Number of DH	15	0	18
	As per State Data Sheet, NRHM		

**Status of NRHM as on 15.05.2009**

1	ASHA	Selection	12765
		Training	13613
2	VHSC		13312
3	Joint A/C @ Sub Centre and VHSC		6670
4	24X7 Facility		610
5	FRU		61
6	Contractual Manpower	Doctors & Specialist	60
		AYUSH Doctors	0
		Staff Nurse	0
		Paramedics	51
		ANM	0
7	JSY Beneficiaries (in Lakhs)		11.46

## **National Disease Control Programme**

### **NLEP**

The state has achieved the goal of elimination of leprosy. The state is advised to carry out in depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions.

### **IDSP**

West Bengal is a phase-II state under IDSP. All districts are reporting weekly Surveillance data and Outbreak Reports in time but these data need to be entered in IDSP portal.

### **NBCP**

Physical performance report for Cataract and school Eye Screening Programme and Eye Donation for April and May, 2007 are awaited. Performance of School Eye Screening Programme needs to be improved.

### **NVBDCP**

Kala-azar is major problem in the state. During 2008, 1038 cases and 7 deaths were reported. During 2008, there were 17898 suspected cases of Chikungunya fever were reported. Out of 2789 samples sent, 593 were confirmed for Chikungunya and no death was reported. State needs to intensify efforts to reduce malaria mortality by establishing proper effective referral mechanism and treatment facilities for severe cases. Capacity building for case management and strengthening of health facilities need to be taken on priority basis for diagnosis and case management.

### **RNTCP**

Overall performance of the State is satisfactory. Total Case Detection and cure rate need to be improved. This appears to be due to gaps in key HR.

## Demographic, Socio-economic and Health profile

### HEALTH INDICATORS OF WEST BENGAL

The Total Fertility Rate of the State is 1.9. The Infant Mortality Rate is 37 and Maternal Mortality Ratio is 141 (SRS 2004 - 06) which are lower than the National average. The Sex Ratio in the State is 934 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

**Table I: Demographic, Socio-economic and Health profile of West Bengal State as compared to India figures**

S. No.	Item	West Bengal	India
1	Total population (Census 2001) (in million)	80.18	1028.61
2	Decadal Growth (Census 2001) (%)	17.77	21.54
3	Crude Birth Rate (SRS 2007)	17.9	23.1
4	Crude Death Rate (SRS 2007)	6.3	7.4
5	Total Fertility Rate (SRS 2007)	1.9	2.7
6	Infant Mortality Rate (SRS 2007)	37	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	141	254
8	Sex Ratio (Census 2001)	934	933
9	Population below Poverty line (%)	27.02	26.10
10	Schedule Caste population (in million)	18.45	166.64
11	Schedule Tribe population (in million)	4.41	84.33
12	Female Literacy Rate (Census 2001) (%)	59.6	53.7

**Table II: Health Infrastructure of West Bengal**

Particulars	Required	In position	shortfall
Sub-centre	12101	10356	1745
Primary Health Centre	1993	924	1069
Community Health Centre	498	349	149
Multipurpose worker (Female)/ANM at Sub Centres & PHCs	11280	6051	5229
Health Worker (Male) MPW(M) at Sub Centres	10356	4215	6141
Health Assistant (Female)/LHV at PHCs	924	300	624
Health Assistant (Male) at PHCs	924	225	699
Doctor at PHCs	924	810	114
Obstetricians & Gynaecologists at CHCs	349	38	311
Physicians at CHCs	349	107	242
Paediatricians at CHCs	349	25	324
Total specialists at CHCs	1396	186	1210
Radiographers	349	127	222
Pharmacist	1273	830	443
Laboratory Technicians	1273	441	832
Nurse/Midwife	3367	5215	-

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

**The other Health Institution in the State are detailed as under:**

<b>Health Institution</b>	<b>Number</b>
Medical College	9
District Hospitals	15
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	4
Ayurvedic Dispensaries	295
Unani Hospitals	1
Unani Dispensaries	3
Homeopathic Hospitals	12
Homeopathic Dispensary	1220

## **Note on Progress of NRHM in West Bengal (June 2009)**

West Bengal has implemented the activities of National Rural Health Mission efficiently and effectively for attaining the goals and objectives of National Population Policy and Millennium Development Goals. NRHM has transformed public health service delivery in the State. The decentralization, responsiveness to local needs, paradigm shift in health system management and availability of untied funds has improved the facilities and their credibility among members of the public. The performance of JSY, community mobilization by ASHAs, increased number of deliveries, drug procurement have significantly improved and a larger portion of societies are getting benefit under Mission. Brief information on progress vis-a-vi issues have been highlighted which are as follows:

### **Institutional Framework of NRHM**

Meeting of State & District Health Mission have been held regularly. Meeting of State Health Mission held 3 times and of District Health Mission held 247 times. Merger of societies is completed in 18 districts. 13312 VHSCs have been constituted & 6670 Joint Accounts have been operationalised. Rogi Kalyan Samities are operational at 15 DH, 346 CHCs & 921 PHCs. 18 districts have started developing their own IDHAP, out of 19 districts.

### **Infrastructure Improvements**

A total of 168 PHC have been strengthened with three Staff Nurses to make them functional for 24x7 work. State has 346 CHC functioning on 24X7 basis & facility survey completed in 163 (including others health institution below district level). A total of 39 SDH, 15 District Hospitals, 7 CHCs and others equal to and below district level are functioning as FRUs. No Mobile Medical Unit (MMU) in the state.

### **Human Resources**

A total of 12765 ASHAs have been selected & are trained upto 1st Module. The State need to initiate the process of providing the drug kits to the trained ASHAs. A total of 9900 Sub-centres are functional with an ANM. The State should accelerate the process of appointment for 2<sup>nd</sup> ANM in the Sub Centres. As far as Manpower augmentation is concerned, 29 specialists, 31 Doctors recruited on contractual basis

### **Services**

Institutional deliveries improved from 7.31 lakhs (2006-07) to 8.33 lakhs (2007-08) and further 8.85 lakhs Institutional deliveries in the state during the year 2008-09. JSY beneficiaries have increased from 2.25 lakhs (2006-07) to 5.73 lakhs (07-08). The numbers of JSY beneficiaries was 3.17 lakh during the year 2008-09. Female sterilizations have increased from 1.35 lakh (2006-07) to 2.70 lakh (2007-08) and male sterilisation has increased from 1828 (2006-07) to 20718 (2007-08). During year 2008-09, 83945 female & 16941 male sterilization have been reported. 6 districts are implementing IMNCI & no trained personnel so far. 74845 VHND held since the launch of NRHM.

## **General**

Overall improvement in health system since NRHM

### **Achievements Made**

- RKS formed in each and every institution up to PHC level.
- Panchayats are fully involved in this process of improving quality of services
- Sub-centre is doing fixed day clinics in the State.
- Increased institutional deliveries.
- Physical infrastructure handed over to Panchayats for maintenance.
- VHSC constituted and are operational with joint accounts.
- Almost all the Sub Centres are functional with ANM.

### **Areas for Further improvement**

- The State need to initiate MMUs in the districts to cater the unserved and underserved areas.
- Shortage of lab technician's need to be addressed.
- The State need to integrate data sets effectively.
- Full immunisation coverage need to be improved.
- ASHAs need to equip with the drug kits to improve the health services in the rural areas.
- Need to strengthen sub centres with 2<sup>nd</sup> ANM.
- Mainstreaming of AYUSH at the facilities need to be addressed.

### **Infrastructure**

- The Civil works development is through PWD. The State need to improve the pace of infrastructure development.
- Up gradation of PHCs and BPHCs along with the untied funds have also helped in improving the infrastructure

### **Human Resources**

- West Bengal has taken major steps to meet its requirements for doctors, ANMs and training.
- Positioning of specialists in the State need to be improved.

### **Service Delivery**

- There is an increase in the female and male sterilisation.
- Except DPT 3, there is low performance of immunisation in the year 2008-09.
- Need to improve the IMNCI implementation and training of people to make it fully functional.

## An Analysis of Financial Monitoring Report for the FY 2008-09

### A. RCH Flexible Pool

#### Component wise expenditure & Utilization under RCH against the approved PIP

Rs. in Lakhs

Activities	SPIP	Expenditure	% Utilization against PIP
Maternal Health	7891.96	5076.52	64.33
Child Health	2103.82	288.98	13.74
Family Planning Services	2300.00	2006.19	87.23
Adolescent Reproductive and Sexual Health/ ARSH	181.96	165.01	90.68
Urban RCH	200.54	0.00	N.A.
Tribal RCH	256.25	82.67	32.26
Innovations/PPP/NGO	1473.00	224.61	15.25
Infrastructure & Human Resources	1549.64	557.10	35.95
Institutional Strengthening	650.00	51.95	7.99
Training	1682.70	309.80	18.41
BCC / IEC	200.00	75.55	37.78
Procurement	112.00	166.19	148.38
Programme Management	441.04	139.58	31.65
<b>Total</b>	<b>19042.91</b>	<b>9144.15</b>	<b>48.02</b>

Based on table above and record available in FMG, observations are as under:-

#### General Observations:-

1. There is 25% increase in total expenditure as compared to last year 2007-08, but the same (48% of PIP) is less as compared to overall utilization at National Level which is 71%.
2. Family Planning services has improved as expenditure on this activity is 87% of approved PIP, which is appreciable.
3. Since the launch of RCH-II Programme, you have spent Rs. 196.94 Crore i.e. 56% against the release of Rs. 353.77 Crore during the year 2005-06 to 2008-09.

#### Areas of Concern:-

1. No expenditure has been incurred under Urban RCH as against the approved PIP of Rs.2.00 Crores.
2. Expenditure under Child Health and Institutional Strengthening is just 13.74% and 7.99% respectively of approved PIP, which is very less and needs to be looked into.
3. In spite of JSY, the Expenditure under Maternal Health is 64% of approved PIP, which is very less as compared with other States.
4. Approved PIP for Innovation/PPP/NGO is Rs. 14.73 crores while expenditure is just Rs. 2.25 crores only. This activity should be improved.
5. The performance under Tribal RCH and Training also needs to be improved.

### A. Mission Flexible Pool:-

#### Component wise expenditure & Utilization under NRHM against the approved PIP

Rs. In Lakhs

Activities	SPIP	Expenditure	% Utilisation against PIP
ASHA	517.29	170.06	32.88
Untied Funds	1265.85	2459.31	194.28
Hospital Strengthening	2739.00	2583.26	94.31
Annual Maintenance Grants	808.50	266.04	32.91
New Constructions/ Renovation and Setting up	2376.00	745.36	31.37
Corpus Grants to HMS/RKS	569.00	374.91	65.89
District Action Plans	0.00	10.46	
IEC-BCC NRHM	23.00	1444.98	6282.52
Additional Contractual Staff (Selection, Training, Remuneration)	1797.24	563.80	31.37
PPP/NGOs	0.00	30.66	N.A.
Training	1769.46	0.00	0.00
Planning, Implementation and Monitoring	31.75	0.00	0.00
Procurements	0.00	106.01	
New Initiatives/Strategic Interventions	2676.75	251.85	9.41
Support Services	0.00	403.58	
NRHM Management Costs/ Contingencies	2345.14	813.26	34.68
<b>Total</b>	<b>16918.98</b>	<b>10223.54</b>	<b>60.43</b>

Based on table on previous page and records available in FMG, observations are as under:-

#### General Observation:-

1. Out of total Rs.169.19 Crore approved by the NPCC and released amount of Rs. 160.77 Crore, the state has utilised Rs.102.24 Crores i.e. 60% of approved PIP. There is 128% increase in the expenditure as compared to last year 2007-08.
2. Since the start of the programme Rs.546.29 Crore were released to the State, however, the utilized amount is only Rs.169.69 Crore (31%) and Rs.376.60 Crores (69%) remains unutilized.
3. Untied Funds have been utilized by almost two times of the approved budget.
4. The State has strengthened health infrastructure by spending Rs.25.83 Crores i.e. 94% of approved PIP on Hospital Strengthening.

#### Areas of Concern:-

1. State should improve the capacity to absorb the unutilized funds.
2. The State has not provided budget for District Action Plans in your PIP which is an important activity though expenditure of Rs. 0.10 Crore has been incurred.
3. Expenditure under IEC/BCC is 14.45 Crore as against the approved PIP of just Rs. 0.23 Crore, this may be looked into whether it is because of wrong booking of the expenditure or the State has done some mass publicity campaign etc.

4. Approved PIP of PPP/NGO, Procurement and Support Services is NIL while their expenditure is Rs. 0.31 Crore, Rs.1.06 Crore and Rs. 4.04 Crore respectively.
5. New Initiatives were planned for Rs.23.76 Crore, while the expenditure is just 9.41% of the approved PIP.
6. Expenditure of Rs. 3.40 Crore has been wrongly booked under JSY instead of Infrastructure & Human Resource;
7. Expenditure of Rs. 0.64 Crore on ASHA Training has been booked in RCH Flexible Pool under the head Programme Management instead of Mission Flexible Pool;
8. Bifurcation of Expenditure under RKS of Rs. 3.75 Crore have not been provided
9. Format of FMR is not in the prescribed one.
10. Under Family Planning Component, Compensation for Sterilization expenditure is not shown separately.

## BRIEFING NOTE ON RCH II: WEST BENGAL

### A. Background/ current status

#### 1. RCH II Goals

West Bengal's MMR at 141 (SRS 04-06) has improved from 194 in SRS 01-03. The IMR (SRS 2007) at 37 has reduced from 46 (SRS 2003). With a TFR of 1.9 (SRS 2007), the state has already achieved the RCH II goal of 2.1 for 2012 (refer Annex 1).

#### 2. RCH II Outcomes

West Bengal's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is mixed (refer Annex 1):

- Mothers having full ANC's has increased from 14.8% to 19.5%.
- Institutional deliveries have marginally increased from 47.0% to 49.2%.
- Full immunisation in children 12-23 months have increased markedly from 50.3% to 75.8%.
- Children with diarrhoea receiving ORS has increased from 34.9% to 46.5%.
- Unmet need for family planning has increased from 11.2% to 11.6%. Further, use of modern contraceptives has marginally increased from 51.2% to 53.3%.

#### 3. Expenditure

Audited expenditure has increased sharply from Rs. 3.97 crores in 05-06 to Rs. 28.39 crores in 06-07 to Rs. 77.03 crores in 07-08; reported expenditure in 08-09 has increased to Rs. 91.44 crores i.e. 48% of allocation (Rs. 190.42 crores). JSY accounted for 43.09% of the reported expenditure in 08-09.

### B. Key achievements

#### 1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 0.31 lakh in 05-06 to 2.25 lakh in 06-07 and 5.73 lakhs in 07-08. A total of 3.17 lakhs beneficiaries have availed of the services in 08-09. State has accredited 66 private facilities under the scheme.
- Delivery centres in Sunderbans areas are managed by NGOs under PPP.
- Maternal and infant death investigations are carried out in the districts.
- The Ayushmati scheme for accreditation of private facilities at district/sub-divisional level for institutional delivery is operational in all 24 districts.
- State has operationalised 61 FRUs (against the target of 170) and 168 PHCs upgraded to provide 24-hour services (against the target of 461).
- Considering shortage of personnel, state has taken up multi skilling of doctors, with 4 medical officers trained in comprehensive Emergency Obstetric Care (EmOC) against the target of 170 and 14 in life saving anaesthesia skills (LSAS) against the target of 170.
- 757 SNs/ANMs/LHVs have been trained in SBA against the target of 830.
- State has carried out 74,845 Village Health & Nutrition Days (VHNDs) so far.

#### 2. Child Health

- Integrated Management of Neonatal & Childhood Illness (IMNCI) is ongoing in 6 (out of 19) districts of the state, however status of IMNCI training is not known.
- There are six SNCUs functioning in the state.

#### 3. Other initiatives

- Community Health Care Management Initiative for installing sustainable systems and processes for community action for health care management is being piloted in 400 Gram Panchayats.

## C. Key issues

### 1. Maternal Health, including JSY

While number of institutional deliveries under JSY has increased to 3.17 lakhs in 08-09, West Bengal is yet to adequately gear up facilities to meet the load:

- State has operationalised 168 PHCs as 24x7 so far against the target of 461 PHCs by 2010 and 61 facilities have been operationalised as FRUs as against the target of 170.
- Although the state has good RCH outcome indicators, it has not been able to sustain the performances and several indicators have shown a decline in performance between DLHS-2 and 3 e.g. a sharp drop in safe deliveries (65.2% to 51.6%). The high use of ANC services and contacts with the health care system is not translating into institutional deliveries (only 49.2%) or safe deliveries/ deliveries by skilled health personnel (only 51.6%). State needs to investigate the reasons for the significant decline in deliveries by skilled health personnel in spite of a large number SBA trained Staff Nurses and ANM/LHVs (1364 SNs & 195 ANMs/LHVs).
- State is utilizing 29 training centres for SBA training out of 50 identified training centres.
- The number of FRUs in West Bengal is 78 as against the target 170 and the number of 24x7 PHCs are 193 as against the target 461.
- Pace of multi skill training is slow in the state. Additionally, during the recent review of the state, it was observed that a total of 171 anaesthetists are available in the public facilities; however their rational placement seems to be an issue.

### 2. Child Health

- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 28 (SRS 2007) accounts for 75.7% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 23 (SRS 2007) accounts for 82.1% of the NMR. Considering increase in institutional delivery focus now should be on 48 hours stay of mother after delivery.
- Care seeking for children with ARI has declined from 81.9% to 77.1% (DLHS 2-3).

**A. Progress on Key Indicators***1. RCH II Goals*

INDICATOR	WEST BENGAL		INDIA	
	Trend (year & source)		Current status	RCH II/ NRHM (2012) goal
Maternal Mortality Ratio (MMR)	194 (SRS 01-03)	141 (SRS 04-06)	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	46 (SRS 2003)	37 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	2.3 (SRS 2003)	1.9 (SRS 2007)	2.7 (SRS 2007)	2.1

*2. RCH II Outcomes*

S. No.	RCH OUTCOME INDICATOR	WEST BENGAL		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	62.7	67.0	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	14.8	19.5	16.5	19.1
3.	Institutional deliveries (%)	47.0	49.2	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	50.3	75.8	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	15.9	26.1	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	34.9	46.5	30.3	33.7
7.	Use of any modern contraceptive method (%)	51.2	53.3	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	11.2	11.6	21.4	21.5

\* - Provisional results for DLHS-3

**B. Trends in Financial Expenditure***(Rs. crores)*

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	59.83	65.82	71.09	157.02
Audited Expenditure	3.97	28.39	77.03	91.44*

\* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 190.42 crores.

**C. Progress on Key Strategies***1. Demand side interventions*

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1	Janani Suraksha Yojana	31,363	2,24,863	5,72,651	3,17,000
2	Total Sterilisation	1,94,993	1,36,757	2,66,155	na
3	IUD Insertions	76,468	74,842	87,213	na

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

<b>S. No.</b>	<b>Indicators</b>	<b>Achievement upto March 2009</b>
1.	No. of First Referral Units (FRUs) operationalised	61
2.	No. of PHCs operationalised to provide 24-hour services	168
3.	No. of private institutions accredited under JSY	66
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	6
5.	No. of people trained in IMNCI	0
6.	No. of Village Health & Nutrition Days (VHNDs) held	74,845

*(Source: NRHM MIS report, April 2009)*

## Immunization

### West Bengal

#### Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	34.2	43.8	64.3	54.4	71.2	50.3	75.8
BCG	63.1	76.5	<b>90.1</b>	<b>94.4</b>	<b>98.0</b>	<b>87.2</b>	<b>96.2</b>
Measles	42.5	52.4	74.7	72.6	<b>85.5</b>	65.0	<b>82.8</b>
DPT 3	51.9	58.3	71.5	66.0	77.5	68.8	<b>83.6</b>

#### Progress

- As per the various evaluated surveys the immunization coverage shows an improving trend with **BCG** coverage at impressive **96.2 %** and **Measles coverage** of **82.8** as per the DLHS-3 Survey.
- The state has identified 9 districts/urban areas with poor coverage for strengthening immunization with assistance from UNICEF-KFO through West Bengal State Immunization Support Cell (WBSISC).
- The State is yet to constitute AEFI committees in the districts.
- The state has to communicate the progress in training of health workers.

#### Issues

- The State continues to have **high dropout from BCG to DPT 3** which is critical for further improvement in full immunization coverage.
- The **fund utilization under Immunization** is low for the year 2008-09.
- There is need to accelerate the **trainings of health workers** as well as plan the refresher trainings of medical officers and other staff related to immunization.
- The state needs to improve the AEFI surveillance, as reported numbers of AEFI are not commensurate with the immunization coverage.

#### Comments

The State needs to further improve service delivery and other infrastructure as **Rubella** vaccine is going to be introduced shortly in form of **MR vaccine** for children of 16-24 months

## Brief on Revised National TB Control Programme in West Bengal

### 1. Infrastructure

Total Population	–	889 lakh
No. of districts	–	19
No. of Tuberculosis Units (Tus)	–	188
No. of Designated Microscopy Centres (DMCs)	–	851

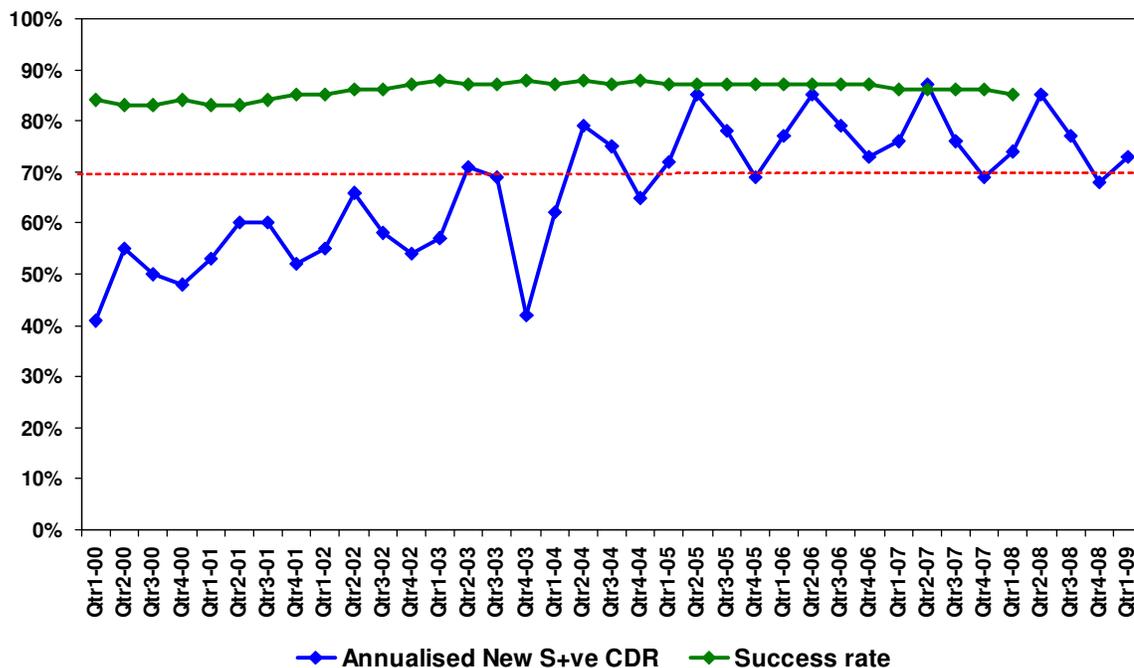
### 2. Status of Implementation

- All the 19 districts are implementing RNTCP.

### 3. State level Performance (Based on quarterly reports for 1<sup>st</sup> quarter 2009)

- Overall performance of the State remains as a year back and is near satisfactory. 169 TB suspects examined/lakh population which is satisfactory. TCD rate of 117/lakh has dropped and is low. In 4 districts (Bankura, Medinipur East, South 24 Parganas and Uttar Dinajpur) it is very low and less than 102/lakh (50%). New sputum positive (NSP) case detection rate of 55/lakh (73%) is good.
- Total case detection rate of 117/lakh continues to remain low because of less number of new sputum negative (NSN) patients (only 29% of all new pulmonary TB patients) and sputum positive retreatment patients (only 20% of all sputum positive patients). It seems **quality of microscopy is not good** or the **State is not able to capture all the new sputum negative patients and sputum positive patients are not categorized correctly** in some districts.
- Sputum conversion rate of 90% and cure rate of 84% in new sputum positive cases is also satisfactory.

## Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, West Bengal, 2000-2009\*



•Population projected from 2001 census

•Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)

#### 4. District-wise Performance (Based on quarterly reports for 1<sup>st</sup> quarter 2009)

- Referral of TB suspects is almost satisfactory in all the districts.
- TCD rate is low in all the districts except 4 districts but NSP case detection rate is slightly low in only 8 districts.
- Sputum conversion rate is very low in Kolkata and cure rate is very low in Haora and Kolkata.

Districts	TB Suspects examined per lakh population (against 149/lakh)	Annualised total case detection rate (against >144/lakh)	Annualised new sputum positive case detection rate (against >53/lakh)	Sputum conversion rate in new cases (against >90%)	Cure rate in new cases (against >85%)
Bankura	162	101	53 71%	92%	87%
Bardhaman	159	118	49 66%	88%	84%
Birbhum	171	118	60 80%	89%	84%
Dakshin Dinajpur	190	127	72 96%	89%	81%
Darjiling	226	199	69 93%	91%	80%
Haora	170	128	52 69%	90%	77%
Hugli	142	107	54 72%	90%	82%

Jalpaiguri	221	174	87	116%	91%	88%
Koch Bihar	195	117	54	72%	93%	82%
Kolkata	220	154	59	78%	<b>83%</b>	<b>78%</b>
Maldah	184	126	67	90%	92%	80%
Medinipur East	139	<b>68</b>	40	53%	86%	80%
Medinipur West	133	113	49	65%	91%	86%
Murshidabad	187	121	60	80%	91%	86%
Nadia	193	105	45	61%	92%	87%
North 24 Parganas	156	111	55	73%	90%	86%
Puruliya	162	142	57	76%	92%	86%
South 24 Parganas	154	<b>94</b>	48	64%	92%	85%
Uttar Dinajpur	145	<b>100</b>	49	65%	90%	85%
<b>Total</b>	<b>169</b>	<b>117</b>	<b>55</b>	<b>73%</b>	<b>90%</b>	<b>84%</b>

5. **Funds Status as on 31<sup>st</sup> March 2009** (Rs. in lakh)

C/F	Release	Other Income	Expenditure	Balance
<b>87.14</b>	<b>1425.00</b>	<b>11.12</b>	<b>1348.27</b>	<b>174.99</b>

6. **Drugs**

Anti TB drugs released as per the requirement of the state reflected in the quarterly report.

7. **Issues**

- **Infrastructure**
  - In a few districts, number of DMCs is not as per population norms.
  - Some of the TB Units in the State are large enough in area and population and need reorganization for better functioning.
  - State drug store of Kolkata has short of space in storing full quota of RNTCP Medicines it gets.
  - District and TU level drug store in some of the first year districts need relocation and upgradation.
  - Some of the DMCs were not upgraded and need upgradation.
- **Human Resource**
  - Posts of 2 MOs in STDC, 7 MO-DTCs, 12 MO-TCs and 2 STSs are vacant. The vacant posts of these key personnel need to be filled on priority & untrained staff trained.
  - There is no shortage of LTs but many LTs are redeployed in other places resulting in shortage of LTs in more DMCs than reported.
  - Post of DEO in SDS & DOTS Plus Site are vacant and need to be filled.
- **Supervision and Monitoring** – Supervision and monitoring is suboptimal. There is need to improve the motivation of the field staff to carry out quality supervision.
- **Drugs and Logistics**
  - System of transportation of drugs within minimum time to the districts from the SDS needs to be streamlined.

- AMC for Binocular Microscopes with an established agency and repair of the repairable BMs (210 BMs) to be streamlined.
- Many two wheeler in the State (19 two wheeler) are unserviceable and need repair/replacement.
- **Performance**
  - TCD rate of 117/lakh is low and has dropped as compared to the corresponding quarter last year and 4 districts (Bankura, Medinipur East, South 24 Parganas and Uttar Dinajpur) have very low TCD rate of <102/lakh (50%). NSP case detection rate of 55/lakh (73%) is good but due to wrong categorization of sputum positive patients. However, NSP case detection rate is only slightly low in 8 districts.
  - New Sputum negative (NSN) patients are only 29% of all new pulmonary TB patients. It reflects seems that either **quality of microscopy is not good** or **the State is not able to capture all the NSN patients.**
  - Sputum positive retreatment patients remain only **20%** of all sputum positive patients which is very low. In 12 districts retreatment sputum positive patients are <20%. It appears that **sputum positive patients are also not categorized correctly.** RNTCP diagnostic algorithm needs to be religiously followed.
  - Sputum conversion rate is very low in Kolkata and cure rate is marginally low in Hoara and Kolkata.
- **Recording and Reporting** – Introduction of new reporting formats in all the districts and update training of all users should be ensured.
- **TB-HIV Collaboration**
  - The State TB-HIV Coordination Committee met on 28<sup>th</sup> May 09 and identified the following weak area:-
    - District level coordination Committee meetings need to be covered periodically.
    - Training of untrained counselors of newly opened ICTCs.
    - Reports for ICTCs to DTC to be consistent and should come timely.
- **Intermediate Reference Laboratory (IRL)**
  - IRL has started functioning. It had already sent 106 samples to NRL for Culture & DST under DOTS Plus. IRL expected to be accredited for Culture & DST this month.
  - Walk in incubator is needed as it will cater to the needs of the whole State.
  - Power back up in rare case of power failure also required.
- **DOTS Plus**
  - Till now 35 patients have been identified as having MDR and 16 of them have been put on DOTS Plus.
  - The programme is being implemented till now only in Kolkata district catering to 5 million population.
- **ACSM**
  - Need based and area specific approach for IEC activities to be intensified. **Communication facilitators, under the programme, not appointed to support the same**
  - Sub-optimal fund utilization in ACSM activities.
- **Involvement of NGOs and Private sectors** - Only 89 NGOs and 398 Private Sector Hospitals/Private Medical Practitioners are participating in the programme which is low as compared to their number in State.

- **Involvement of Medical colleges** - All 9 Govt. Medical colleges are participating. **One Private Medical College is not yet participating.**
- **Involvement of Railways & ESI** - Level of involvement of Railways & ESI in the State is much to be desired. The ownership of the programme is lacking in these public sector health facilities.

## Fact Sheet on-West Bengal

### Background Information

- West Bengal has 19 districts with a population of about 80.18 million. There are 346 CHCs, 922 PHCs, 10356 Sub-centres and 40782 villages. There are 9900 Multipurpose Workers (Female)/ANM, 5178 Health Worker (Male), 1227 Health Assistants (Female)/LHV, 550 Health Assistant (Male) and 1031 Laboratory Technician. In addition, the state has 7702 functioning Fever Treatment Depots (FTDs).

### Malaria

#### Epidemiological Situation

Year	Total Slide examined	Total Malaria Cases	Total Pf Cases	Deaths
2006	5271645	159646	43448	203
2007	4656392	87754	21974	96
2008	4452637	104757	24058	101
2009(Upto Mar.)	857450	4408	1594	6

- 6 districts are being covered under GFATM supported project.
- State is being provided Rapid Diagnostic Kits for early diagnosis of Pf cases and Artesunate Combination Therapy (ACT) for effective treatment of *P.falciparum* cases.

### Elimination of Lymphatic Filariasis

- Government of India during 2004 initiated massive campaign of Mass Drug Administration (MDA) with annual single dose of DEC tablets to all the population living at the risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. The population coverage of MDA in West Bengal was 39.58% in 2004, 51.24% in 2005, 76.63% in 2007 and 77.79% in 2008. The state could not observe MDA in 2008 which need to be observed to avoid gap in MDA.
- Line listing of Lymphoedema and Hydrocele cases was also initiated in 2004 for morbidity management and as per updated report (2007), there are 51314 Lymphoedema and 32406 Hydrocele cases.

**Kala-azar:** Kala-azar is a serious public health problem in 11 districts of West Bengal. Kala-azar trend as reported is given below:

Year	Cases	Deaths
2006	1843	10
2007	1817	9
2008	1256	3
2009(up to March)	0	0

**Japanese Encephalitis :** During 2008, 58 AES Cases with no death have been reported from the state. In West Bengal, Birbhum district was covered with J.E. vaccination during 2007 with 74.54% coverage. In 2008, Paschim Midnapur has been covered during September, however, the coverage report is yet to be receive from immunization division. In 2009 no case has been reported till March. The cases and death due to J.E./AES in the state are indicated below:

Year	Cases	Deaths
2006	0	0
2007	16	2
2008.	58	0
2009(prov. upto March)	0	0

## Dengue

Total of 1230 Dengue cases and 8 deaths were reported during the year 2006. In the year 2007, total of 95 dengue cases and 4 deaths were reported. During 2008, 1038 cases and 7 deaths were reported and in 2009 till 27<sup>th</sup> May, 81 cases and no death have been reported. Epidemiological data for last four years are as under:

Year	Cases	Deaths
2006	1230	8
2007	95	4
2008	1038	7
2009(Upto. 27 <sup>th</sup> May)	81	0

## Chikungunya

Total of 21 confirmed Chikungunya fever cases and no death were reported during 2006. In the year 2007, Total of 347 confirmed Chikungunya fever cases and no deaths were reported. During 2008, 17898 suspected Chikungunya fever cases were reported. Out of 2789 samples sent, 593 were confirmed for Chikungunya and no death was reported. In 2009 till 27<sup>th</sup> May, 35 suspected Chikungunya fever cases were reported. Out of 35 samples sent, 11 were confirmed for Chikungunya and no death has been reported.

## Action taken by Govt. of India

- For proactive surveillance 2 Sentinel Surveillance Hospitals with laboratory support have been identified in the state during 2007, another 6 SSH has been identified in 2009. All these 8 linked with ICMR Virus unit, National Institute of Cholera & Enteric Diseases, Kolkata which has been identified as Apex Referral Laboratory. NIV Pune has been entrusted the supply of IgM ELISA test kits Dengue, Chikungunya & JE to the identified institutes.

## Central Assistance:

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	149.62	709.03	858.65	112.22	495.63	607.85
2005-06	164.02	710.67	874.69	297.60	730.23	1027.83
2006-07	584.80	1553.37	2138.17	476.54	956.66	1433.20
2007-08	708.75	1804.92	2513.67	279.37	1071.59	1350.96
2008-09	995.49	4377.57	5373.06	528.11	911.36	1439.47
2009-10(B.E.)	817.83	3358.60	4176.43			

**Issues:****Malaria**

- The state has not filled up all 10 posts of Malaria Technical Supervisors, 7 posts of Technicians provided under GFATM Project. The staff of project monitoring unit has not filled up by the states even after 3 & 1/2 years of project period.
- The state has to yet to fill up all 500 contractual male MPW posts sanctioned by NVBDCP. Apart from it vacant post of surveillance workers/ MPW (Male) should be filled up immediately.
- Assistance is being provided for performance based incentive in two high malaria endemic districts by the Centre. For remaining malaria high endemic districts, similar provision may be made through the funds provided to village sanitation committee.
- State needs to intensify efforts to reduce malaria mortality by establishing proper effective referral mechanism and treatment facilities for severe cases.
- The quality spray has to be ensured through intensive supervised spray activities.
- Out of 12767 sanction numbers of ASHAs only 5373 have been deployed and train remaining should be engaged and trained immediately.

**Filaria**

- State needs to gear up for hydrocele operation and complete the mapping to show the updated number of lymphoedema and hydrocele.

**Kala-azar**

- The monitoring and supervision of IRS activities
- Strengthening case management with regular follow up.

## STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN WEST BENGAL

- **Epidemiological scenario-**  
The state has achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 8932 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**  
During 2008-09, a total of 11,891 new leprosy cases were detected as compared to 13,551 new cases detected during the corresponding period of previous year. Out of 12558 cases discharged during the year, 10465 cases (83.3%) were released as cured after completing treatment.
- **Reconstructive Surgery for leprosy affected persons-**  
There are 3 Govt. institutions viz. SSKM Hospital, RG Kar Medical College and NRS Medical College in Kolkatta and 2 NGO institution providing reconstructive surgery services to leprosy affected persons with disability in the state. In the year 2008-09, 42 reconstructive surgeries were performed in these institutions.
- During 2008-09, NLEP action plan amounting to Rs.247.55 lakh has been approved for the State.

### Issues -

1. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
  - (i) Ensuring completion of treatment in each of the new cases detected.
  - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
  - (iii) Carrying out family contact survey against all multibacillary and child cases.
2. The State has listed around 2000 grade II disability cases in the last 5 years. RCS services are being provided by 5 institutions recognized by GOI. The state should utilize the services of these institutions effectively for conducting RCS so that the backlog of leprosy cases with disability could be reduced.
3. The state has reported low treatment completion. It needs to be ensured by repeated follow up and absentee retrieval that every case complete treatment.
4. There are about 30 leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.

**State: West Bengal**  
**Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009**

The state of West Bengal has an area of 88,752 sq. km. and a population of 80.18 million. There are 19 districts, 341 blocks and 40782 villages. The State has population density of 903 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 17.77% (against 21.54% for the country) and the population of the state is growing at a slower rate than the national rate.

West Bengal is a phase-II state under IDSP and has been inducted in the program during April 2005. Dr Bhaskar Bhattacharya, from Directorate Health Services, Govt of West Bengal has been designated as the State Surveillance Officer (IDSP).

The component wise action points are as under

**1. Manpower**

Surveillance Officer and RRT team at state and district Headquarter designated.  
 Consultant finance, Consultant Training, Administrative assistant and Accountant appointed at State Surveillance Unit.

The offer letter to the recommended candidates for the positions of state/district epidemiologists, microbiologists and state entomologists to be issued by state/district NRHM society.

**2. IT & EDUSAT**

EDUSAT (Total=13)  
 SIT equipments installed and functional in all sites except AIIPH, Kolkata.

**3. Laboratory Strengthening**

Two priority district laboratory identified by the state were surveyed and state was given sanction in February 2009 to procure required equipments for those two laboratories. This procurement is under progress.

**4. Data Reporting**

West Bengal has 19 districts. All districts are reporting weekly Surveillance data and Outbreak Reports in time but these data need to be entered in IDSP portal i.e. [www.idsp.nic.in](http://www.idsp.nic.in)

**5. Outbreaks**

Year	Number	Type
2008	49	Measles, Acute Diarrhoeal Disease, Malaria, Acute Respiratory Illness, Dengue, chikungunya
2009 (upto May)	5	Acute Diarrhoeal Disease, Malaria

**6. Training**

Training of Medical officers, Health Workers, DLTs And PLTs completed.  
 State is yet to identify and suggest names of core trainers for undertaking trainings at all levels under IDSP.

**7. Finance**

Year	Release(in lakhs)	Expenditure(in lakhs)
2005-06	241.70	
2006-07		
2007-08	7.71	118.31
2008-09	4.06	65.47
<b>Total</b>	<b>253.47</b>	<b>183.78</b>

Balance amount 69.69 lakhs

FMR received upto March 2009

Audited Accounts and Utilization Certificate for the year 2007-08 received.

## NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

### NOTE ON STATUS IN WEST BENGAL

#### Magnitude:

Prevalence of blindness:	2001	1.19%
Estimated blind persons		9.55 lakh

#### Infrastructure developed

Regional Institute of Ophthalmology	1	
Upgraded Medical Colleges	6	
Upgraded District Hospitals	15	
District Blindness Control Societies	16	
Mobile Eye Care Units	9	
Eye Banks		2
Upgraded PHC's	409	

#### Cataract Performance

YEAR	TARGET	ACHIEVEMENT
2007-2008	300000	393929
2008-2009	325000	281326

#### School Eye Screening

YEAR	TEACHER TRAINED IN SCREENING FOR REFRACTIVE ERRORS	SCHOOL GOING CHILDREN SCREENED	DETECTED WITH REFRACTIVE ERRORS	PROVIDED FREE GLASSES
2007-08	9849	1507009	44786	15592
2008-09	4047	946978	28414	10369

#### GIA released to Distt. Blindness Control Societies/State Blindness Control Society

(Rs in lakhs)

YEAR	RELEASED	EXPENDITURE	BALANCE
2007-2008	380.75	353.59	27.16
2008-2009	895.75	678.54	217.27

#### Issues

- 1 Physical performance report for Cataract and school Eye Screening Programme and Eye Donation for April and May, 2007 are awaited.
- 2 Performance of School Eye Screening Programme needs to be improved.

**NIDDCP****West Bengal**

(In lakhs)

<b>Activity proposed</b>	<b>Amount proposed</b>	<b>Amount Approved</b>	<b>Remarks</b>
Establishment of IDD Control Cell	6.00	6.00	There is no provision for sending salt samples to state lab.  The State Government may carry out the activities as per the fund allocation of GOI.
Establishment of IDD Monitoring Lab	5.00	3.50	
Health Education and Publicity	23.00	6.00	
IDD surveys	3.90	2.50	
Expenses for sending salt samples to State Lab	1.10		
<b>Total</b>	<b>39.00</b>	<b>18.00</b>	

## Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

NATIONAL RURAL HEALTH MISSION							
West Bengal							
Total MFP Approvals		9978.87	23386.93	22786	42912.59		
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
<b>ASHAs</b>							
1	ASHA		360	1120.00	517.29	572.46	
	<b>TOTAL</b>		<b>360</b>	<b>1120.00</b>	<b>517.29</b>	<b>572.46</b>	
<b>Infrastructure related matters</b>							
2	Construction of Sub Centres		1402.05	6264		2561.29	
3	Construction of 300 Non-Gram Panchayat Head Quarter Sub Centres @ Rs. 12.47 lakh per Sub Centre					6384.64	
4	Upgradation of CHC to IPHS	1080	820				
5	Upgradation of BPHCs		135.3		2376.00	5400.00	
6	Upgradation of BPHCs (State Plan Funds)				2739.00		
7	Upgradation of PHCs			1328.00	1328.00		
8	Operationalisation of PHCs into 24x7		95.25				

9	Upgradation of 30 PHCs to IPH Standard @ Rs. 80.00 lakh per PHC					2400	
10	Balance Fund required for Upgradation of PHC					272	
11	Additional expenditure (due to price escalation) for upgradation of already taken up 33 BPHCs					1,650.00	
12	Upgradation of ANMTC			70.00	100.00	141.69	
13	Strengthening of Health & Family Welfare Samitis			327.36	409.2		
14	MMUs		683.1		683.1		
	<b>TOTAL</b>	<b>1080</b>	<b>3135.7</b>	<b>7989.36</b>	<b>7635.3</b>	<b>18809.62</b>	
<b>Human Resources related matters</b>							
15	Contractual remuneration of the Specialists in BPHCs				354.24	917.76	
16	Contractual remunerations of the GDMOs in PHC		18		142.8	500.64	
17	Hiring of Medical Officers for Medical Camps			360		100	
18	Hiring the services of one physician of either specialization under ISM&H (Indian System of Medicine and Homeopathy).					120	
19	Remuneration to Block Public Health Officers			164.00			
20	Engagement of facility managers on contractual basis				516		
21	Engagement of Lab Technicians			72.00			
22	ANM		520.53	909	2281.88	3768.52	
23	Engagement of Assistant-cum-store Keepers on contractual				33.6		
	<b>TOTAL</b>		<b>538.53</b>	<b>1505</b>	<b>3328.52</b>	<b>5406.92</b>	
<b>Programme Management related matters</b>							
24	SHSRC		5				
25	State Mission Directorate			282.38		253.42	
26	Strengthening DPMU			43.00			
27	Support to BPMU			327.36		441.93	
28	Support for Block PMU				327.36		
29	Programme Management		654.68		917.2	148.2	
30	Preparation of DHP	4100		36.00	100.00	36.00	
31	Monitoring & Evaluation		140	200	340		

32	Strengthening of Block Health and Family Welfare Samitis - contractual remuneration for 682 Data Entry Operator @ Rs. 6750/- per month.					552.42	
	<b>TOTAL</b>	<b>4100</b>	<b>794.68</b>	<b>888.74</b>	<b>1684.56</b>	<b>1431.97</b>	
<b>Untied Funds, Annual Maintenance Grants and RKS funds related matters</b>							
33	Rogi Kalyan Samiti		530	500.00	569.00	1344.00	
34	Untied Fund for PHC		293.25		1265.85	1439.1	
35	Untied Fund for SC	1036	1035.6				
36	Untied Fund for VHSC		1677	2877.00		4078.20	
37	Untied Fund for SCs,PHCs,CHCs			1433.00			
38	Untied grants/RKS and AMG to SHCs, PHCs, CHCs and District Hospitals and Sub District Hospitals						
39	Annual Maintenance Grant - CHC		341	334	348	348	
40	Annual Maintenance Grant -PHC		586.5	461	460.5	460.5	
41	Annual Maintenance Grant- SC			1035.60			
	<b>TOTAL</b>	<b>1036</b>	<b>4463.35</b>	<b>6640.6</b>	<b>2643.35</b>	<b>7669.8</b>	
<b>Training &amp; Capacity Building related matters</b>							
42	Capacity building needs at all levels		50				
43	Orientation meeting with Panchyat Samiti, Zila Parishad, Gram Unnavan Samiti			1000.00			
	<b>TOTAL</b>		<b>50</b>	<b>1000.00</b>			
<b>Innovations related matters</b>							
44	Health Melas		336			336	
45	Innovative schemes under Public Health Programme.					500	
46	Innovative Scheme				1000		
47	Grant-in-Aid to NGOS		70	221.00	221.00	121.09	
48	Research Studies		7		50		
49	Support to P&RD department		50		1553.71	936.82	
50	Accreditation of private health facilities for safe delivery		168.61				
51	Additional nutrition package			460	460	313.6	
52	Health Awareness and Promotion Strategy			3100.5	1652.83	758	

53	Drinking Water Quality Testing			250.00	200.00	234.00	
54	Screening Programme for Blindness Control			135.00	177.35		
55	ISM&H			27.00	100.00		
56	Programme for Handicapped			44	175	150	
57	Procurement of computers along with accessories, stationeries				37.8		
58	Procurement of Drugs under Kit-A, Kit-B & CHC, FRU Kits				1292		
59	Procurement of instruments and equipments for operationalization of 72 upgraded BPHCs @ Rs. 22.00 lakh					1584	
60	Procurement of instruments and equipments for operationalization of 164 upgraded PHCs @ Rs. 8.00 lakh					1312	
61	Procurement of ANM kits and CHC/FRU kits					1,400.00	
62	Procurement of RTI/STI Diagnostic kits					50	
63	Supply of IFA & Deworming tab. To Angwadi Centres					225	
64	Procurement of Mag Sulph					5	
65	Procurement of consumables for FRUs					30	
66	Procurement of consumables for 70 PHCs running 24 X 7 hours					296	
67	Procurement FP: equipment					60	
68	Drugs & supplies for CH					20	
69	Procurement of Bed nets					567.55	
70	Maternal Health: RTI/STI services at health facilities					122.76	
71	Special programme to improve Health and Nutritional Status of Tea garden Workers/Non-workers of Jalpaiguri District				58.98		
72	Drug supply for CHC/FRU	190.34					
	<b>TOTAL</b>	<b>190.34</b>	<b>631.61</b>	<b>4237.5</b>	<b>6978.67</b>	<b>9021.82</b>	

**District wise Information on West Bengal under some RCH indicators**

<b>Districts</b>	<b>Mother received at least one TT injection</b>	<b>Institutional Deliveries</b>	<b>Full Vaccination</b>	<b>Contraceptive Use</b>
<b>India</b>	<b>73.5</b>	<b>47</b>	<b>69.6</b>	<b>54.1</b>
<b>West Bengal</b>	<b>95</b>	<b>49.2</b>	<b>82.8</b>	<b>72.7</b>
Bankura	93.5	61.4	93.1	67.6
Bardhaman	95.4	58	79.5	68.4
Birbhum	90.3	48.7	96.7	69.6
Puruliya	91.1	39.9	88.4	54
Dakshin Dinajpur	96.2	40.3	91.2	68.2
Darjiling	97.9	72.4	89	67
Dinajpur	96.2	40.3	91.2	68.2
Haora	98.5	65.7	76.3	70.6
Hugli	98.7	80.1	97.5	74.2
Jalpaiguri	97.4	48.4	93	68.5
Koch Bihar	96	46.4	89.1	71.2
Kolkata	97.7	87.7	85.9	68.9
Malda	93.7	28.6	78.6	57.1
Murshidabad	97.3	41.6	75.6	68.5
Nadia	97.9	69.9	98	71.2
North 24 Parganas	98.4	62.8	82.8	66.9
Paschim Medinipur	88.4	45.1	92	74.8
Purba Medinipur	98	40.7	94.2	71.2
Uttar Dinajpur	89.3	27.6	61	51.8

source DLHS-III