

Office Of The Municipal Councillors

Jalpaiguri Municipality

Office Phone-230050

24 JAN 2005



No. / M

Dated... 24/1/2005

Minutes of the Municipal Level Health and Family Welfare Committee, Jalpaiguri Municipality dt-20/01/05 held at the meeting hall of the Chairman Jalpaiguri Municipality.

The members Present:-

- (1) Sri Mohan Bose, The Chairman, Jalpaiguri Municipality,
- (2) " Arun Kr. Nandi, Councillor in Charge of Health, Jalpaiguri Municipality
- (3) Smt. Kallayani Das Gupta, Representative of Indian Red Cross Society JPG,
- (4) Dr. Debabrata Mukherjee, A.C.M.O.H.(Sadar), Jalpaiguri
- (5) Dr. Pralay Kr. Saha, Health Officer, Jalpaiguri Municipality.

The meeting started with sri Mohan Bose, Chairman Jalpaiguri Municipality in the Chair. The following agenda were discussed in

decision taken:- It was noticed and discussed by the members that then is ^{no} Govt. (a) Health infrastructure at Municipal area to take prevention measure against public health problem and to combat crisis with definite teams though there such provision in rural areas (block areas) like multipurpose health worker, subcentres etc. There is only curative arrangement at District Hospital. A.C.M.O.H. Pointed out that public health preventive measure should be taken by the municipality only. But Jalpaiguri Municipality has no such provisions. It was decided in the meeting that S.H.P.S under IPP-VIII(Extn) project may be strenthend with the help of Govt. through manpower and materials.

(b) The recent G.O. allowing specialist doctors, technicians of state Health Deptt. to extend their services for the IPP-VIII(Extn) was discussed. It was decided on discussion that the specialised doctors and technician necessary for IPP-VIII(Extn) work would be sought from the C.M.O.H. Jalpaiguri

Minimum such requirement are as bellow:-

- (i) Pathologist - 01
- (ii) Gynaecologist - 01
- (iii) Physician - 01
- (iv) Eye Surgeon - 01
- (v) E.N.T. Surgeon - 01
- (vi) Dermatologist - 01
- (vii) Neurologist - 01

(viii) and X-Ray, USG Technician - 01

(ix) O.T. Nurse - 01

A.C.M.O.H. pointed that X-Ray technician present at Students Health Home(JPG Branch) may be tied with the C.P.D.-MH Labanya Matri Sadan also.

(c) It was decided that Two LOT centres, one at Bhatia building SHP and the other at Surya sen SHP would be opened as requested by DTC Jalpaiguri.

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(d) Lions Club of Jalpaiguri proposed to utilised the CPD-MH as their venue for regular eye check up and OCC eye operation Camp. It was decided that ~~previous~~ discussion with the health authority will be necessary in this regard.

(e) Measure against street dogs:- The Chairman informed that an N.C.O. has expressed their willing to participate in the management of street dogs.

(f) Immunisation :- It was discussed that 2nd immunisation centre opened at CPD-MH on 23rd Dec, 2004 to extend the service to the people.

The A.C.M.O.H. expressed his desire to take up the matter with Deputy C.M.O.H.,-IInd procuring a deep freezer and an I.L.R. for the purpose.

The meeting was ended with vote of thanks to all the members.

Memo no. 3362(4)/M at 21/01/05

[Signature]
Chairman
Jalpaiguri Municipality

Copy forwarded to:-

- (1) The P.O. Health Wing, SUDA.
- (2) The A.C.M.O.H. (Sdar) ,Jalpaiguri.
- (3) Sri Arun Kr. Nandi, Chairman in Council, Health J.M.
- (4) Smt. Kalyani Dasgupta, Member.

[Signature]
Chairman
Jalpaiguri Municipality.

[Signature]

STATUS REPORT
IPP-VIII-(Extn.) - O & M

- **Date of Launching** : January, 2000
- **Project cost** : Rs. 3527.42 Lakhs
- **World Bank's Assistance has ended on** : June, 2002
- **On O & M Phase** : Since July, 2002
- **The Municipalities covered under the Project** : Alipurduar, Darjeeling, Jalpaiguri, Siliguri, Raiganj, Balurghat, English Bazar, Bardhaman, Durgapur, Kharagpur.
- **Total BPL Population covered** : 8.13 lakhs
- **Health Facilities & Health Manpower under the project.**

Health Facilities	No.	Health Manpower	No.
Block	1090	Honorary Health Worker (HHWs)	387
Sub-Health Post	250	First Tier Supervisor	250
Health Post	35	PTMO	70
		ANM	70
		Clerk cum SK	35
		Attendant	35
		Sweeper	35
OPD cum Maternity Home including Diagnostic Centre	11	Medical Officer	22
		Nurse	33
		Specialist Doctor	33
		Laboratory Tech.	11
		Attendant	22
		Sweeper	22
		Night Guard	22

● Impact of Services Rendered

a) Improving Maternal Health

(Fig. In %)

ULBs	Maternal Health					
	At least 3 ANC		TTPW		Institutional Delivery	
	B	A	B	A	B	A
IPP-VIII-(Extn.)						
Alipurduar	49.5	95.9	40.3	95.7	50.3	91.2
Darjeeling	34.1	95.2	38.4	95.4	54.0	90.3
Jalpaiguri	42.9	94.5	42.5	94.9	40.8	90.9
Siliguri	45.5	95.7	45.5	95.9	45.0	93.6
Raiganj	37.7	95.6	38.5	95.1	35.5	94.6
Balurghat	51.5	98.9	31.2	98.4	47.0	98.8
English Bazar	18.8	95.2	57.2	94.9	43.0	90.8
Burdwan	49.4	96.1	58.6	95.9	50.2	93.2
Durgapur	39.2	94.8	38.4	94.0	40.4	94.4
Kharagpur	49.5	96.4	58.2	96.6	55.3	92.3

b) Improving Child health

(Fig. In %)

ULBs	Child Health							
	BCG		DPT III		OPV III		Measles	
	B	A	B	A	B	A	B	A
IPP-VIII-(Extn.)								
Alipurduar	47.9	96.6	45.0	95.7	44.9	96.5	34.9	93.3
Darjeeling	52.0	97.4	45.0	97.5	46.0	97.5	35.0	93.5
Jalpaiguri	30.3	97.3	23.3	97.5	21.6	97.5	16.4	94.0
Siliguri	42.1	97.1	39.7	95.8	41.9	96.0	22.3	85.2
Raiganj	35.7	98.7	33.8	97.9	34.5	97.9	30.3	95.0
Balurghat	38.9	95.5	36.9	91.2	36.0	91.7	30.2	87.0
English Bazar	41.3	97.1	36.8	97.0	35.6	97.0	18.1	94.8
Burdwan	23.3	97.1	20.2	92.2	43.8	92.6	14.6	90.2
Durgapur	19.2	97.3	15.9	92.3	15.8	92.3	9.7	85.6
Kharagpur	47.5	98.6	48.6	94.0	47.5	94.0	30.8	89.5

c) Contraception Coverage :

ULBs	Contraception Coverage				(Fig. In %)	
	Permanent Method (Ligation)		Temporary Method (IUD, OCP, Condom)		Couple Protection Rate (CPR)	
	B	A	B	A	B	A
IPP-VIII-(Extn.)						
Alipurduar	20.0	31.7	24.1	44.2	35.2	75.9
Darjeeling	20.3	26.4	19.3	54.6	45.7	74.9
Jalpaiguri	16.1	37.5	21.0	31.7	36.6	69.2
Siliguri	17.0	26.8	16.3	41.1	33.3	67.9
Raiganj	16.0	21.1	18.1	48.1	41.1	69.2
Balurghat	20.8	46.1	25.3	31.3	38.1	77.4
English Bazar	20.6	22.1	21.1	45.6	43.2	66.2
Burdwan	19.1	25.6	20.4	47.4	39.5	73.0
Durgapur	17.5	19.3	18.6	49.2	36.1	68.5
Kharagpur	18.2	29.5	19.0	34.9	37.2	64.4

d) Vital Statistics

ULBs	Vital Statistics							
	Crude Birth Rate (CBR)		Crude Death Rate (CDR)		Infant Mortality Rate (IMR)		Maternal Mortality Rate (MMR)	
	B	A	B	A	B	A	B	A
IPP-VIII-(Extn.)								
Alipurduar	20.0	15.0	8.0	4.2	53.8	22.2	6.0	2.1
Darjeeling	20.4	15.1	6.2	4.8	74.0	22.3	6.0	2.3
Jalpaiguri	18.1	16.3	9.6	4.1	52.0	15.9	7.0	2.3
Siliguri	20.0	10.3	10.3	2.3	54.0	18.8	8.0	2.2
Raiganj	15.0	13.2	9.0	4.8	51.0	22.7	6.0	2.2
Balurghat	20.7	18.1	8.3	4.1	60.0	19.6	6.0	2.2
English Bazar	24.2	16.5	6.0	4.4	41.0	29.6	6.0	2.5
Burdwan	20.7	18.8	8.1	4.7	51.0	34.0	4.0	1.9
Durgapur	17.1	14.0	3.2	2.2	37.0	13.3	4.0	1.8
Kharagpur	27.1	16.7	7.3	4.5	66.0	26.7	7.0	1.8

N.B. : B - Base Line (1999-2000)
A - Achievement (2003-2004)

IPP-VIII-(Extn.) : Speciality-wise cases treated in OPD (April to December, 2004)

ULBs	Obstetrics & * Gynaecology		Paediatrics *		Medicine *		Others **									
	B	N-B	B	N-B	B	N-B	Eye		ENT		Surgery		Dental		Dermatology	
							B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
Alipurduar	273	81	408	98	1376	407	90	40	82	36	0	0	156	69	101	35
Burdwan	209	48	995	41	1629	58	0	0	34	2	0	0	28	6	0	0
Balughat	497	46	41	27	98	11	58	105	0	0	73	61	0	0	0	0
Darjeeling	52	12	64	15	480	82	4	0	20	2	44	10	4	0	46	7
Durgapur	317	145	1811	231	2509	292	0	0	0	0	0	0	0	0	0	0
English Bazar	450	33	499	17	914	31	243	22	76	10	543	75	14	2	187	22
Jalpaiguri	383	90	305	15	1615	168	20	0	0	0	209	51	109	10	0	0
Kharagpur	1241	310	2702	159	303	250	13	0	0	0	258	31	0	0	353	15
Raiganj	255	3	451	2	184	0	0	0	0	0	31	0	0	0	246	0
Siliguri	730	411	196	25	522	51	0	0	0	0	0	0	0	0	0	0
Total	4407	1179	7472	630	9830	1350	428	167	212	50	1158	228	311	87	933	79

B - BPL
N-B - Non BPL
N.B. :
 * These specialities were included in the project.
 ** The ULBs were given option to run these additional specialities.

IPP-VIII-(Extn.) : Functioning of M.H. [April to December, 2004]

ULB	Functioning Status	Total Admission		Speciality wise Admission						Outcome of Maternity Cases					
				Maternity		Gynaecology		Others		Normal Delivery		Caesarean		Forceps	
				B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
Allpurdwar	Yes	18	0	0	0	0	0	18	0	0	0	0	0	0	0
Burdwan	Yes	103	16	9	9	48	7	46	0	7	7	2	2	0	0
Balurghat	Yes	66	155	22	28	29	35	20	87	22	10	0	18	0	0
Darjeling	Yes	19	4	0	0	0	0	19	4	0	0	0	0	0	0
Durgapur	Yes	58	32	50	27	8	5	0	0	50	27	0	0	0	0
English Bazar	Yes	17	144	10	12	2	7	5	125	10	4	0	8	0	0
Jalpaiguri	Yes	16	5	0	0	6	0	10	5	0	0	0	0	0	0
Kharagpur	Yes	160	84	128	64	6	3	26	17	91	36	36	26	0	1
Raiganj	Yes	54	6	29	0	2	1	23	5	23	0	4	0	1	0
Siliguri	Yes	280	144	118	88	0	0	162	56	85	43	27	42	6	3
Total		791	590	366	228	101	58	329	299	288	127	69	96	7	4

B - BPL
N-B - Non BPL

IPP-VIII-(Extn.) : Functioning of Diagnostic Centre (April to December, 2004)

ULB	Routine Test		Bio-Chemistry		X-ray		USG		ECG	
	Pathology & Haematology		B	N-B	B	N-B	B	N-B	B	N-B
Alipurduar	342	128	109	56	106	57	95	129	41	33
Burdwan	555	172	319	139	542	139	179	43	49	24
Balurghat	177	2530	273	3753	59	909	61	1325	9	131
Darjeeling	124	21	133	33	14	0	23	1	5	0
Durgapur	804	1049	475	721	672	843	439	861	97	95
English Bazar	689	123	288	81	346	78	4	0	82	10
Jalpaiguri	1232	1476	780	666	407	247	218	247	92	109
Khargapur	1644	505	438	132	246	28	88	44	6	8
Raiganj	446	10	264	6	308	5	135	0	40	0
Siliguri	267	46	25	9	50	10	232	244	0	0
Total	6280	6060	3104	5596	2750	2316	1474	2894	421	410

B - BPL
N-B - Non BPL

Health fund raised by the ULBs :

ULBs	Upto March, 2004	April to December, 2004	Total Health Fund raised
Alipurduar	248144.00	183281.00	431425.00
Balurghat	459771.00	1161126.00	1620897.00
Burdwan	1403905.00	1655977.00	3059882.00
Darjeeling	320317.00	85906.00	406223.00
Durgapur	2377133.00	980311.00	3357444.00
English Bazar	558103.00	334251.00	892354.00
Jalpaiguri	201842.00	261362.00	463204.00
Kharagpur	4166475.00	1254158.00	5420633.00
Raiganj	449931.00	140149.00	590080.00
Siliguri	1608437.00	582410.00	2190847.00
TOTAL	117,94,058.00	66,38,931.00	184,32,989.00

STATUS REPORT
R.C.H. Sub-Project, Asansol

- **Date of Launching** : August, 1998
- **Project cost** : Rs. 854.57 Lakhs
- **World Bank's Assistance has ended on** : 31st March, 2004
- **O & M Phase** : Since April, 2004
- **Total Population covered** : 2.53 lakhs
- **Health Facilities and Health Manpower under the project :**

Facilities	Nos.	Health Manpower	Nos.
Blocks	387	Honorary Health Worker (HHW)	387
Sub Health Centre	97	First Tier Supervisor (FTS)	97
Health Centre	13	- Part time Medical Officer (PTMO)	26
		- Second Tier Supervisor	26
		- Clerk cum Store Keeper	13
		- Attendant	13
		- Sweeper	13
Out Patient Dept. cum Maternity Home	2	- Full Time Medical Officer	4
		- Nurse	6
		- Specialist Doctors in 3 disciplines (i.e. Obs. & Gyn., Paediatrics and General Medicine)	6
		- Attendant	4
		- Sweeper	4
		- Night Guard	2
Diagnostic Centre along with one OPD cum Maternity Home	1	- Laboratory Technician cum Store Keeper	1

• **Impact of Services Rendered :**

A. Improving Maternal and Child Health

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004 (%)
Maternal Health		
At least 3 Antenatal Check Ups	43.8	93.2
TT (Pregnant Women)	51.8	92.9
Institutional Deliveries	57.3	86.9
Immunisation Coverage of Infant		
BCG	42.6	97.3
DPT III	40.9	96.6
OPV III	41.9	96.6
Measles	30.9	87.2

B. Reducing Fertility

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004
Sterilisation	19.3	22.9
IUD	0.8	1.5
CC Users	5.2	13.1
OP Users	16.1	31.8

C. Vital Statistics

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004
CBR (Per 1000 Population)	23.9	18.1
CDR (Per 1000 Population)	12.4	6.2
MMR (Per 1000 Live Births)	3.0	1.0
IMR (Per 1000 Live Births)	60.0	26.3
CPR (Per 100 Eligible Couple)	41.4	69.3

Health fund raised by the ULBs :

Upto March, 2004	During the period April to December, 2004			
	House hold level beneficiary charges	Other service charges	Mobilisation of NSDP fund	Total Health Fund
175000.00	94030.00	223173.00	-	317203.00

Service Performance

A. Functioning of M.H (April - December, 2004)

Total	Admission						Assisted							
	Maternity	Gynaecology	Others		Normal Delivery		Forceps		Caesarean					
	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B				
391	14	206	2	0	0	185	12	206	2	0	0	0	0	0

B. Speciality-wise cases treated in OPD (April -- December, 2004)

Obstetrics & Gynaecology	Paediatrics *	Medicine *	Others **				
			Surgery				
B	N-B	B	N-B	B	N-B		
2126	0	643	0	11078	0	133	0

N.B. : * These specialities are included in the project.

** The ULB given option to run these additional specialities.

C. Functioning of Laboratory (April -- December, 2004)

Routine Test	Bio-Chemistry		X-ray		USG		ECG				
	Blood	Urine / Stool	B	N-B	B	N-B	B	N-B			
783	1	135	1	519	0	228	0	313	0	0	0

B : BPL

N-B : Non-BPL

**Brief notes on Health Facilities and Services therefrom
in respect of
O & M Phase of IPP-VIII-(Extn.) and
R.C.H. Sub-Project, Asansol**

A. Health Facilities

Programmes	No. of Health Facilities			
	Blocks	Sub-Centre	HAU	ESOPD cum Maternity Home
IPP-VIII-(Extn.)	1090	250	35	11
R.C.H. Sub - Project, Asansol	387	97	13	2

B. Services at Health Facilities

Health Facilities	Services
Block - 1 block covering 750 - 1000 BPL population, manned by 1 HHW.	<p>HHW is to</p> <ul style="list-style-type: none"> • Carry out fortnightly home visit of each family. • Treatment of minor ailments at the door step of the beneficiaries and referral whenever needed. • Home distribution of ORS packet, Vitamin 'A', Iron and Folic Acid tablet, Condom and Oral Pill etc. • Motivate the community to avail health services. • Ensure active participation of the community in all health activities. • Conduct participatory group discussion, 1 such discussion per month with the target BPL population on various health issues i.e. <ul style="list-style-type: none"> - Age of marriage and first maternity, family size, temporary and permanent contraceptive methods. - Pregnancy care, danger signs, institutional delivery. - Child care i.e. breast feeding, weaning, immunisation including Vitamin 'A' in oil. - Management of diarrhoea and ARI. - RTI / STI / HIV / AIDs. - Adolescent Health Care. - Personal and environmental hygiene. • Arrange for immunisation of pregnant women and infants. • Mother and child nutritional care. • Awareness on National Health Programmes and its follow up. • Collect data on Mother and Child Health and fill the Family Schedule, prepare of HMIS reports and submit to FTS. • Have meeting with FTS fortnightly. • Collect Rs. 1 per visit and deposit in the Health Fund of the municipality. • Actively participate in implementation of different State Health Programmes.

Health Facilities	Services
<p>Sub - Centre (SC) - 1 SC covering 4000 - 5000 BPL population, manned by 1 FTS.</p>	<ul style="list-style-type: none"> • Antenatal / Postnatal Care. • Identification and referral of all pregnant women with danger signs and complicated postnatal cases. • Immunization clinic for pregnant women and infants. • Administration of Vitamin 'A'. • Growth monitoring. • Treatment of referred cases and referral of all complicated cases to referral centre. • Follow-up cases who are receiving drugs for treatment of malaria, TB, leprosy and other communicable diseases. • Distribution of Condom and Oral pill. • Organise awareness programmes on various issues of mother and child health and National Health Programmes with community women and mother leaders. • Monthly compilation of HMIS report received from HHWs.
<p>Health Administrative Unit (HAU) - Covering 30000 to 40000 BPL population, manned by HO / AHO assisted by PTMO - 2, STS / ANM - 2,</p>	<ul style="list-style-type: none"> • 1 Sub-Health Centre is functioning from HAU. • All the functions of a sub-centre are carried out from the HAU. • Conduction of orientation, re-orientation training for different category of health personnel. • Monthly meeting with Health Officer/ Assistant Health Officer, Part-time medical officer, STS / ANM, First Tier Supervisor and Honorary Health Workers. • Preparation of action plan for sub-centres. • Preparation of municipality wise monthly reports and onward submission. • Adolescent health care. • Refer difficult cases to referral centres. • Store for logistics i.e. drugs, equipment etc. • Conduction of various I.E.C. programmes. • Extension of health activities of NGOs and CBOs. • Liaison with Govt. Health Offices / facilities.
<p>OPD cum Maternity Home including Diagnostic Centre - 1 per ULB, manned by MO - 2, Nurse - 3, Spl. Doctor - 3, Lab. Tech. - 1.</p>	<ul style="list-style-type: none"> • Services with regard to 3 Specialities like general medicine, G & O and Paediatrics provided from all the OPDs which are approved by the Dept. • In addition to above, most of the ULBs are also running other specialist services i.e. Eye, ENT, Surgery, Dental, Dermatology etc. out of their own fund. • 1 Diagnostic Centre is attached to each OPD where routine test for Pathology, Haematology, Biochemistry, X-ray, ECG, USG are being done. • 1 Maternity Home with 10 beds has been established for institutional delivery. Provision for surgical invention (caesarean) has also been kept. • In addition to maternity cases, some gynecological and other cases are also admitted for indoor treatment. • Collection of service charges and deposit in health fund account.

C. Target

i) At Block Level :

- 100% antenatal care.
- 100% institutional deliveries.
- 100% immunisation coverage of under 1 year children and pregnant women.
- 1 participatory and interactive discussion session per month.
- Couple protection rate to increase by 10%.

ii) At SC and HAU Level :

- 12 clinics per SC per month.
- 100% coverage of antenatal / postnatal care.
- 100% coverage of immunisation.
- Awareness programme 2 per month.

iii) At OPD cum MH Level :

- OPD and Diagnostic centre are functioning in all the municipalities.
- Maternity Home is under utilisation in few ULBs.
- Reasons for under utilisation are as under :
 - 2 MOs, 3 Nurses, 2 Attendants, 1 Store Keeper and 1 Night Guard at the remuneration of Rs 5500/-, Rs 3500/-, Rs 650/- and Rs 450/- respectively per head per month have been sanctioned by the Dept. for running a Maternity Home. Of late an additional amount of Rs 250/- has been sanctioned by the Dept. for each head with effect from 1st October, 2004.
 - This approved staff strength is too minimum to run a Maternity Home smoothly and effectively.
 - Non availability of M.O. (full time) and Nurse due to fixed underrated remuneration.
 - To provide round-the-clock service at Maternity Home, it requires full time availability of G & O specialist services which are not available for the instant cases.
 - The above matter was taken up with Health Dept. An instruction was issued by the Health Dept. for deputation of such specialist to the Municipal run MH which didn't click.
 - Non availability of O.T. Nurse.
 - As the Govt. run hospital and MH are closely situated and the services at Govt. Hospital are free for BPL population, the project beneficiaries mostly utilise Govt. facilities.
 - The ULBs who are running their MHs effectively, have engaged additional Doctors, Nurses and other supporting staff (expenditure being provided by the Municipal Health Fund)
- With provision of proper logistics the admission rate be increased by 50% in the 1st year.

Status Report
DFID assisted Honorary Health Worker scheme
in 11 new municipalities of West Bengal
As on January, 2005

- The Project has been extended upto 30.06.2005.
- Project Budget : Rs. 5.90 Crores
- BPL population coverage : 2.58 Lakhs
- Proposed Health facilities and Health Manpower at Grass-root Level are as under :

Health Facilities	No.	Health Manpower	No.
Block	260	Honorary Health Worker (HHW)	260
Sub Health Post (SHP)	55	First Tier Supervisor(FTS)	55
Health Post (HP)	11	PTMO	27
		ANM	27
		Clerk cum Store Keeper	11

* *There will be no new construction for health facilities. The ULBs are to arrange for the accommodation.*

- **Status on main Actions undertaken during February, 2004 - January, 2005.**

Actions	Target	Achievement
Formation of Municipal level Health & F W Committee	By March, 2004	Completed in 11 ULBs
Detailment of Project Director at 11 ULBs	-do-	Completed in 11 ULBs
Formation of Municipal Management Cell (MMC) at 11 ULBs	-do-	Completed in 11 ULBs
Preparation of micro plan and formulation of project proposal by ULBs and submission of final project proposal.	By April, 2004	<ul style="list-style-type: none"> • 3 ULBs (Suri, Kalna, Berhampur) submitted in August '04. • 4 ULBs (Purulia, Cooch Behar, Krishnagar & Jangipur) submitted in September, '04. • 3 ULBs (Bankura, Bolpur, Medinipur) submitted in October '04. • Bishnupur submitted in January, 2005.

Actions	Target	Achievement
Training of HHWs initiated	By May '04	<ul style="list-style-type: none"> • 10 ULBs initiated during August to October, 2004. • Bishnupur will initiate in last week of January, 2005.
Training of HHWs completed	By July '04	<ul style="list-style-type: none"> • 10 ULBs completed during October to December, 2004.
Collection of base line information at house hold level by HHWs.	-	<ul style="list-style-type: none"> • Completed in 10 ULBs except Bishnupur.
House hold visit by HHWs.	-	<ul style="list-style-type: none"> • Started in 10 ULBs.
Immunisation clinic at SHP.	-	<ul style="list-style-type: none"> • Started in 5 ULBs.
Equipment & Furniture for training - procurement by ULBs.	For 11 ULBs	<ul style="list-style-type: none"> • 10 ULBs completed procurement except Bishnupur.
HHWs kit - procurement by Central Co ordinating Cell (CCC), SUDA	For 11 ULBs	<ul style="list-style-type: none"> • Has already been supplied to 10 ULBs except Bishnupur.
Drugs for treatment of minor ailments - procurement by ULBs	For 11 ULBs	<ul style="list-style-type: none"> • 10 ULBs initiated process.
Opening of Separate Bank A/C for the scheme by the ULBs	By March, 2004	<ul style="list-style-type: none"> • 11 ULBs completed by June.
CCC received fund from DHFW on requisition and submit expenditure statement to DHFW	-	<ul style="list-style-type: none"> • Received 1st installment of fund of Rs. 87.82 lakhs from DHFW on 24.03.2004. • Rs. 46.84 lakhs have been released to ULBs and CCC incurred expenditure of Rs. 8.99 lakhs as on 01.01.2005. • SOE submitted to DHFW for Rs. 29.60 lakhs.

Brief notes on Health activities along with design in the 1st year under KUSP health component

- HHW programme review by ISC completed.
- Key findings and recommendations shared with Steering Committee of health constituted for KUSP.
- 2nd meeting of Health Steering Committee held on 11.01.2005.

A) Activities envisaged and approved by DFID for 40 KMA ULBs and 21 Non-KMA ULBs :

Activities	Main Points of Design
Provision of Uniform to grass root level health functionaries (HHWs, FTSs & STSs).	<ul style="list-style-type: none"> • 1 set of uniform will consist of 1 saree, 1 petticoat and 1 blouse. • 2 sets for each HHW, FTS and STS. • CMU to procure 70 nos. of such set for providing samples to ULBs. • ULB to procure at their level as per the sample provided. • Estimated cost involvement Rs 55.59 lacs.
Provision of HHW Kit bag.	<ul style="list-style-type: none"> • 1 Kit bag with contents to be provided to each HHW. • CMU to procure HHW Kit bag with contents for providing sample to ULBs. • ULB to procure at their level. • Estimated cost Rs 18.87 lacs.
Re-training for different level of health care providers i.e. HHW, FTS, STS / ANM, PTMO, HO, AHO and UHIO for updating of technical knowledge and skill and strengthening of primary health care services at door step.	<ul style="list-style-type: none"> • Training of HOs and AHOs in public health. • Trainers training of HO, AHO & PTMO (3 - 4 from each ULB) at centrally by CMU. • Training of HHWs and FTSs at ULB level where course Co-ordinator will be HO / AHO. • Training of STSs, PTMOs & UHIOs - Centrally by CMU. • Re-training in respect of DFID assisted Honorary Health Worker Scheme in 11 Non-KMA ULBs is not required in 1st year since such training have recently been completed. • Estimated cost Rs 150.00 lacs.

Contd. to P-2.

Activities	Main Points of Design
I.E.C. activities.	<ul style="list-style-type: none">• Group discussion at block level quarterly with female and male members of the community.• Installation of hoarding / repair and re-painting of existing message boards.• Baby show (1 per HAU).• Use of electronic media i.e. Cable Channel.• Deployment of folk media (2 programmes per HAU per year).• I.E.C. materials of DHFW be utilised.• Estimated cost both for KMA and Non-KMA ULBs for one year Rs. 100.97 lakhs.

B) Pilot Activity with regard to health insurance scheme in 2 KMA ULBs.

Discussed in the meeting of Health Steering Committee regarding feasibility and selection of the ULB. Name of the two pilot ULBs will be intimated by the Chairman, New Barrackpore Municipality. Designing will be done after negotiation with Health Insurance Co.

C) Refurbication of Sub-Centre.

To examine cost effectiveness and levels of utilisation etc. at ULB level which is under study by Interim Support Consultants as directed by DFID.

D) Provision of improved mobility or contingency in the form of a "Referral Fund" for grass root level health functionaries.

Discussed in the meeting of Health Steering Committee. It was recommended that financial incentive may be placed to the ULBs which will be disbursed to the grass root level health functionaries.

E) Communication had already been made by the Project Director, CMU, KUSP to 40 KMA and 21 Non-KMA ULBs with regard to provision of uniform to grass root level health functionaries, provision of HHW Kit bag, re-training and I.E.C. activities.

Fund Released under NSDP during 2003-04

SL. No.	Name of Town	District	Amount (Rs. In Lakhs)
1	Alipurduar	JALPAIGURI	25.01
2	Balurghat	DAKSHIN DINAJPUR	45.92
3	Barddhaman	BARDDHAMAN	93.96
4	Darjeeling	DARJEELING	28.00
5	Asansol MC	BARDDHAMAN	182.12
6	Durgapur	BARDDHAMAN	163.23
7	English Bazar	MALDA	53.35
8	Jalpaiguri	JALPAIGURI	34.81
9	Kharagpur	MIDNAPORE	67.65
10	Raiganj	UTTAR DINAJPUR	57.89
11	Siliguri MC	DARJEELING	144.33

● Health fund raised by the ULBs :

ULBs	Upto March, 2004	During the period April to December, 2004			
		House hold level beneficiary charges	Other service charges	Mobilisation of NSDP fund	Total Health Fund raised
Alipurduar	248144.00	32596.00	150685.00	0.00	183281.00
Balurghat	459771.00	29388.00	554773.00	576965.00	1161126.00
Burdwan	1403905.00	175464.00	554773.00	925740.00	1655977.00
Darjeeling	320317.00	29220.00	56686.00	0.00	85906.00
Durgapur	2377133.00	350073.00	630238.00	0.00	980311.00
English Bazar	558103.00	74978.00	259273.00	0.00	334251.00
Jalpaiguri	201842.00	28610.00	232752.00	0.00	261362.00
Kharagpur	4166475.00	261150.00	993008.00	0.00	1254158.00
Raiganj	449931.00	52100.00	88049.00	0.00	140149.00
Siliguri	1608437.00	0.00	527450.00	54960.00	582410.00
TOTAL	11794058.00	1033579.00	4047687.00	1557665.00	6638931.00

Review of the follow up actions of the decision of 6th Apex Advisory Committee meeting.

Item No. 2

- **Constitution of Municipal Level Health & Family Welfare Committee**
The minutes of the 6th Apex Advisory Committee meeting were circulated to the ULBs concerned for taking necessary action for constitution of Municipal Level Health & Family Welfare Committee. Separate letter also issued to the respective ULBs in this regard.

- **Non functioning of the Maternity Home constructed under IPP-VIII-(Extn.).**
Maternity Home both at Burdwan and Alipurduar has since been operationalised with effect from September, 2004. Their functioning status has been incorporated in the progress report for functioning of MH.

Agenda Item No. IV :

- (b) One installment of Rs 25.00 lacs has been received from MA Dept. during 2004 and the same amount has been released to Asansol Municipal Corporation.
- (c) DFID assisted Honorary Health Worker Scheme in 11 new municipalities.
Municipal Management Cell (MMC) has been constituted in all the 11 ULBs. Project Proposal of all the ULBs has already been submitted to DHFW.
Status Report in detail is annexed.

Agenda Item No. VI :

- (iii) **Formulation of Municipal Health Policy.**
 - Order from Health Dept. had been issued to ULBs for constitution of Municipal Level Health & Family Welfare Committee.
 - Information regarding existing health resources i.e. health infrastructure and manpower of Govt., Municipal, NGO and Private had been collected by SUDA and submitted to Health Dept. for policy making.

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

**H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**

Ref No.

SUDA-Health/DFID/04/409

Date

19.01.2005

**From : Dr. Shibani Goswami
Project Officer
Health, SUDA**

**To : Shri M.M. Saha
OSD, Health, KMDA
Unnayan Bhavan,
Salt Lake City**

**Re : Agenda items from Health Wing, SUDA and CMU for inclusion in
the agenda of ensuing 7th Apex Advisory Committee Meeting.**

Sir,

Reference is invited to your communication bearing no. 1198/A-5/KMDA/UHIPU/04(7th Meeting) dt. 19.01.2001. 15 copies * of brief notes on each of the agenda items are submitted for inclusion in the booklet to be prepared by KMDA for ensuing 7th meeting of the Apex Advisory Committee.

Encl. : *

Yours faithfully,


Project Officer

SUDA-Health/DFID/04/409(1)

19.01.2005

CC

Director, SUDA - apropos discussion held on 19.01.2005.


Project Officer



27 JAN 2005



Kolkata Metropolitan Development Authority

URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd & 3rd floor, Kolkata - 700 091.

☎ 2334-5257/2337-0697/2358-6771 2337-4103. FAX No.: 2358-3931 & 2458-7368 E-mail: kmdaippk@vsnl.net

No. A-5/KMDA/UHPU/04

Dated 25.01.2005

NOTICE

The 7th meeting of the Apex Advisory Committee on Urban Health Improvement Programme to be chaired by Hon'ble Minister, UD & MA Depts. will be held at the VIP Conference Room, Unnayan Bhavan, Salt Lake on 28th January 2005 at 1.30 PM instead of 2 PM as earlier notified vide memo no. 1199/I(10)/A-5 / KMDA/UHPU/04

You are, therefore, requested kindly to note it and make it convenient to attend the said meeting on 28.01.2005 at 1-30 P.M. at the VIP Conference Room, Unnayan Bhavan, Salt Lake.

(Nandini Chakravorty)

Special Secretary, KMDA &

Member Secretary

Apex Advisory Committee on

Urban Health Improvement Programme.

Dated 25.01.2005

No. 1209/I(11)/A-5/KMDA/UHPU/04

Copy forwarded for favour of information and necessary action to :-

1. P.S. to MIC, UD & MA Departments, Govt. of West Bengal. With the request to bring the notice to the kind attention of MIC for favour of his information and necessary action.
2. Principal Secretary, UD Department, Govt. of West Bengal, Nagaryan Bhavan, Salt Lake.
3. Principal Secretary, Health & Family Welfare Department, Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata - 700 091.
4. Secretary, MA Department, Govt. of West Bengal, Writers' Buildings, Kolkata - 700 001.
5. Chief Executive Officer, KMDA, Prasashan Bhavan, Block, DD-I, Sector - I, Kolkata - 700 064.
6. Shri Rajees Dube, IAS, Special Secretary (Project) & Programme Director, SIP&HSDI, Govt. of West Bengal, Health & Family Welfare Department, Swasthya Bhavan, 4th Floor, Project Branch, GN-29, Sector-V, Bidhannagar, Kolkata - 700 091.
7. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality, North 24 Parganas.
8. Chief Health Officer, Kolkata Municipal Corporation, 5 S.N. Banerjee Road, Kolkata - 700 013.

Contd..

-2-

9. Director, SUDA, II GUS Bldg, HC Block, Sector III, Kolkata - 700 097

✓ 10. Dr. N. G. Gangopadhyay, Member

11. Shri Rathin Roy, Mayor, Durgam Municipal Corporation, Durgapur.



(Nandini Chakravorty)
Special Secretary, KMDA &
Member - Secretary
Apex Advisory Committee on
Urban Health Improvement Programme.

No. 1209/2(1)/A-5/KMDA/UHIPC/04

Dated 25.01.2005

Copy forwarded for favour of information to :

1. Shri Arnab Roy, IAS, Project Director, KUSP with a request to kindly attend the meeting.



(Nandini Chakravorty)
Special Secretary, KMDA &
Member - Secretary
Apex Advisory Committee on
Urban Health Improvement Programme.

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING
"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No SUDA-Health/DFID/04/414

Date25.01.2005

From : Dr. Shibani Goswami
Project Officer
Health, SUDA

To : Shri M.M. Saha
OSD, Health, KMDA
Unnayan Bhavan,
Salt Lake City

Re : Submission of brief notes on Health Facilities and services
therefrom along with target in connection with IPP-VIII-(Extn.)
and R.C.H. Sub-Project, Asansol.

Sir,

As per telephonic instruction on 24.01.2005, the brief notes * on Health Facilities and its services
along with target are forwarded herewith for inclusion in the Report to be prepared in connection with 7th
meeting of the Apex Advisory Committee to be held on 28.01.2005.

Encl. : *

Yours faithfully,



Project Officer

Sub. : Submission of Status Report with regard to O & M Phase of IPP-VIII-(Extn.) & R.C.H. Sub-Project, Asansol, Implementation phase of DFID assisted Honorary Health Worker Scheme in 11 municipalities and Health Component of KUSP.

The above mentioned Status Report have been prepared in connection with ensuing 7th Apex Advisory Committee meeting to be held on 28.01.2005 at Unnayan Bhavan, KMDA.

The said report is placed below for your kind perusal and further necessary action for onward submission to the Hon'ble MIC, MA & UD for his kind information, as desired by him in his meeting held on 13.01.2005 at his chamber.

Submitted.

Subramaniam
24.1.05

UOMD-SUDA/15198
(A-44) 1149 & t -
24.1.05
Director, SUDA



Kolkata Metropolitan Development Authority

URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd & 3rd floor, Kolkata - 700 091.

☎ 2334-5257/2337-0697/2358-6771/2337-4103. FAX No. : 2358-3931 & 2358-7368 E-mail : cmdaipp8@vsnl.net

No. A-5/KMDA/UHIPU/04

Dated 19.01.2005

NOTICE

The 7th meeting of the Apex Advisory Committee on Urban Health Improvement Programme will be held at the **VIP Conference Room, Unnayan Bhavan, Salt Lake** on **28th January 2005 at 2 PM** to consider the following agenda:-

1. Follow up actions of the decisions of the 6th meeting of the Apex Advisory Committee held on 02.09.2004.
2. Status of Health component under KUSP.
3. Review of IPP-VIII (Extn.) during post project maintenance.
4. Review of RCH Sub-project, Asansol during post project maintenance.
5. Status of DFID assisted Honorary Health Worker Scheme in 11 non-KMA ULBs.
6. Review of the on-going Urban Health Improvement Plan.
7. Review of the Post Project Maintenance of IPP-VIII, CUDP-III and CSIP - 1(a) & 1(b).
8. Miscellaneous.

A copy of the brief note on the agenda items for consideration in the meeting is being sent separately.

You are, therefore, requested kindly to make it convenient to attend the said meeting on the above mentioned date and time.

Sd/-

(Nandini Chakravorty)
Special Secretary, KMDA &
Member - Secretary
Apex Advisory Committee on
Urban Health Improvement Programme.

Dated 19.01.2005

No. /1(10)/A-5/KMDA/UHIPU/04

Copy forwarded for favour of information and necessary action to :-

1. P.S. to MIC, UD & MA Departments, Govt. of West Bengal

With the request to bring the notice to the kind attention of MIC for favour of his information and necessary action.

2. Principal Secretary, UD Department, Govt. of West Bengal, Nagaryan Bhavan, Salt Lake.
3. Principal Secretary, Health & Family Welfare Department, Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata - 700 091.

Contd..

Om
24/1/05
PM
Dr. S. Goswami
1. Pl attend with me
2. We may discuss on 25 on reg. on presentation at the meeting
aj
24/1

4. Secretary, MA Department, Govt. of West Bengal, Writers' Buildings, Kolkata – 700 001.
5. Chief Executive Officer, KMDA, Prasashan Bhavan, Block, DD-I, Sector – I, Kolkata – 700 064.
6. Shri Rajeev Dube, IAS, Special Secretary (Project) & Programme Director, SIP&HSDI, Govt. of West Bengal, Health & Family Welfare Department, Swasthya Bhavan, 4th Floor, Project Branch, GN-29, Sector-V, Bidhannagar, Kolkata – 700 091.
7. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality, North 24 Parganas.
8. Chief Health Officer, Kolkata Municipal Corporation, 5 S.N. Banerjee Road, Kolkata – 700 013.
9. Director, SUDA, ILGUS Bhavan, HC Block, Sector-III, Kolkata – 700 097.
10. Dr. N. G. Gangopadhyay, Member.

sdf

(Nandini Chakravorty)
Special Secretary, KMDA &
Member – Secretary
Apex Advisory Committee on
Urban Health Improvement Programme.

No. *1199* /2(1)/A-5/KMDA/UHIPU/04

Dated 19.01.2005

Copy forwarded for favour of information to :

- ✓ 1. Shri Arunab Roy, IAS, Project Director, KUSP with a request to kindly attend the meeting.

Nandini

19/1/05

(Nandini Chakravorty)
Special Secretary, KMDA &
Member – Secretary
Apex Advisory Committee on
Urban Health Improvement Programme.

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

**H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**

Ref No.

SUDA-Health/DFID/04/409

Date

19.01.2005

**From : Dr. Shibani Goswami
Project Officer
Health, SUDA**

**To : Shri M.M. Saha
OSD, Health, KMDA
Unnayan Bhavan,
Salt Lake City**

**Re : Agenda items from Health Wing, SUDA and CMU for inclusion in
the agenda of ensuing 7th Apex Advisory Committee Meeting.**

Sir,

Reference is invited to your communication bearing no. 1198/A-5/KMDA/UHIPU/04(7th Meeting) dt. 19.01.2001. 15 copies * of brief notes on each of the agenda items are submitted for inclusion in the booklet to be prepared by KMDA for ensuing 7th meeting of the Apex Advisory Committee.

Encl. : *

Yours faithfully,

SL
Project Officer

19.01.2005

✓ **SUDA-Health/DFID/04/409(1)**

CC

Director, SUDA - apropos discussion held on 19.01.2005.

SL
Project Officer



Kolkata Metropolitan Development Authority



URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd & 3rd floor, Kolkata - 700 091.

☎ 2334-5257/2337-0697/2358-6771/2337-4103. FAX No. : 2358-3931 & 2358-7368 E-mail : cmdaipp8@vsnl.net

No. A-5/KMDA/UHIPU/04

Dated 19.01.2005

NOTICE

The 7th meeting of the Apex Advisory Committee on Urban Health Improvement Programme will be held at the **VIP Conference Room, Unnayan Bhavan, Salt Lake** on **28th January 2005 at 2 PM** to consider the following agenda:-

1. Follow up actions of the decisions of the 6th meeting of the Apex Advisory Committee held on 02.09.2004.
2. Status of Health component under KUSP.
3. Review of IPP-VIII (Extn.) during post project maintenance.
4. Review of RCH Sub-project. Asansol during post project maintenance.
5. Status of DFID assisted Honorary Health Worker Scheme in 11 non-KMA ULBs.
6. Review of the on-going Urban Health Improvement Plan.
7. Review of the Post Project Maintenance of IPP-VIII, CUDP-III and CSIP - 1(a) & 1(b).
8. Miscellaneous.

A copy of the brief note on the agenda items for consideration in the meeting is being sent separately.

You are, therefore, requested kindly to make it convenient to attend the said meeting on the above mentioned date and time.

sd/-
(Nandini Chakravorty)
Special Secretary, KMDA &
Member - Secretary
Apex Advisory Committee on
Urban Health Improvement Programme.
Dated 19.01.2005

No. 1199/1(10)/A-5/KMDA/UHIPU/04

Copy forwarded for favour of information and necessary action to :-

1. P.S. to MIC, UD & MA Departments, Govt. of West Bengal | With the request to bring the notice to the kind attention of MIC for favour of his information and necessary action.
2. Principal Secretary, UD Department, Govt. of West Bengal, Nagaryan Bhavan, Salt Lake.
3. Principal Secretary, Health & Family Welfare Department, Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata - 700 091.

Contd..

4. Secretary, MA Department, Govt. of West Bengal, Writers' Buildings, Kolkata – 700 001.
5. Chief Executive Officer, KMDA, Prasashan Bhavan, Block, DD-I, Sector – I, Kolkata – 700 064.
6. Shri Rajeev Dube, IAS, Special Secretary (Project) & Programme Director, SIP&HSDI, Govt. of West Bengal, Health & Family Welfare Department, Swasthya Bhavan, 4th Floor, Project Branch, GN-29, Sector-V, Bidhannagar, Kolkata – 700 091.
7. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality, North 24 Parganas.
8. Chief Health Officer, Kolkata Municipal Corporation, 5 S.N. Banerjee Road, Kolkata – 700 013.
9. Director, SUDA, ILGUS Bhavan, HC Block, Sector-III, Kolkata – 700 097.
- ✓ 10. Dr. N. G. Gangopadhyay, Member.

Nandini

19/1/05
(Nandini Chakravorty)
Special Secretary, KMDA &
Member – Secretary
Apex Advisory Committee on
Urban Health Improvement Programme.

No. /2(1)/A-5/KMDA/UHIPU/04

Dated 19.01.2005

Copy forwarded for favour of information to :

1. Shri Ansh Roy, IAS, Project Director, KUSP with a request to kindly attend the meeting.

(Nandini Chakravorty)
Special Secretary, KMDA &
Member – Secretary
Apex Advisory Committee on
Urban Health Improvement Programme.

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

**H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal**

Ref No.

SUDA-Health/DFID/04/409

Date

19.01.2005

**From : Dr. Shibani Goswami
Project Officer
Health, SUDA**

**To : Shri M.M. Saha
OSD, Health, KMDA
Unnayan Bhavan,
Salt Lake City**

**Re : Agenda items from Health Wing, SUDA and CMU for inclusion in
the agenda of ensuing 7th Apex Advisory Committee Meeting.**

Sir,

Reference is invited to your communication bearing no. 1198/A-5/KMDA/UHIPU/04(7th Meeting) dt. 19.01.2001. 15 copies * of brief notes on each of the agenda items are submitted for inclusion in the booklet to be prepared by KMDA for ensuing 7th meeting of the Apex Advisory Committee.

Encl. : *

SUDA-Health/DFID/04/409(1)

CC

Director, SUDA - apropos discussion held on 19.01.2005.



Yours faithfully,

[Handwritten Signature]
Project Officer

19.01.2005

Project Officer



Kolkata Metropolitan Development Authority



URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd & 3rd floor, Kolkata - 700 091.

☎ 2334-5257/2337-0697/2358-6771/2337-4103. FAX No. : 2358-3931 & 2358-7368 E-mail : cmdaipp8@vsnl.net

No. **1198**/A-5/KMDA/UHIPU/04 (7th Meeting)

Dated 19.01.2005

From : Officer on Special Duty,
UHIPU, KMDA.

To : Dr. Shibani Goswami
Project Officer,
Health, SUDA.

Re.: Agenda items from Health Wing, SUDA and CMU for inclusion in the agenda of ensuing 7th Apex Advisory Committee Meeting.

Ref.: Your letter No. DA-Health/DFID/04/377 dated 21.12.2004.

Madam.

This is to inform you that the 7th meeting of the Apex Advisory Committee on Urban Health Improvement Programme will be held on **28.01.2005 at 2 PM at the VIP Conference Room of Unnayan Bhavan, Salt Lake, Kolkata.**

You are requested to kindly submit notes on the agenda items as submitted by you vide your memo no. quoted above for consideration in the meeting.

You may also kindly send a brief note on the follow-up actions on the decisions of the 6th meeting of the Apex Advisory Committee pertaining to SUDA including the latest status of the formulation of the Municipal Health Policy vide agenda item no. VII(III).

15(fifteen) copies of brief note on each of the agenda items may kindly be submitted to this office by **20.01.2005 to enable this office to prepare the comprehensive agenda notes for circulation among the members.**

This may kindly be treated as **extremely urgent.**

Yours faithfully,


OSD, UHIPU, KMDA

19/01/05

No. /A-5/KMDA/UHIPU/04 (7th Meeting)

Dated 19.01.2005

Copy forwarded to Director, SUDA, Health Wing, Ilgus Bhavan, HC Block, Sector-III, Bidhannagar, Kolkata - 700 091 for favour of information and necessary action.


OSD, UHIPU, KMDA

SUDA-Health/DFID/04/377

28.12.2004

From : Dr. Shibani Goswami
Project Officer
Health, SUDA

To : The Officer on Special Duty
HHPH, KMDA

Sub : ~~Appendix from Health Wing, SUDA and CMT for~~
inclusion in the agenda of ensuing Apex Advisory
Committee meeting.

Sir,

AT THE REQUESTED CONVECTION WITH YOU ON DATE THE FOLLOWING POINTS WERE RAISED FOR
DISCUSSION IN THE MEETING OF THE APPEX ADVISORY COMMITTEE MEETING :

1. REVIEW OF INV-VII (EAM) DURING POST PROJECT MAINTENANCE.
2. REVIEW OF R.C.H. SUB-PROJECT, Asansol during post project maintenance.
3. Status of DFID assisted Honorary Health Worker Scheme in 11 non-KMA ULBs.
4. Status of Health component under KUSP.

Yours faithfully,

Project Officer

28.12.2004

SUDA-Health/DFID/04/377(1)

CC

Director, SUDA - for favour of kind information.

SUDA-Health/DFID/04/377(2)

Project Director, CIVIL, KMDA - for favour of kind information.

~~Dr. Shibani Goswami~~
28.12.2004
Project Officer



DIAL : { 2683 0772 office
2683 2562 office
2683 6133 Resi.
(STD033)

FAX : 2683 5068

Chandernagore Municipal Corporation, 712 136

FROM : AMIYA DAS
Mayor

From : Dr. Shilpani Goswami
Project Officer

No. VII/HAU/MISC/CMC/119/04-05

January 14, 2005.

To,
Sri Arnab Roy,
Project Director, CMU
ILGUS PHAVAN, HC BLOCK, SECTOR 3,
Bidhannagar,
Kolkata-700 106.

Sub :- Re-training of Health functionaries of the ULBs
under KUSP Health component.

Ref :- Your Memo No. CMU-94/2003/509(40).

Sir,

In reference to your above memo, I am sending
herewith the information as per your table (Category of
Health functionaries under CUDP-III & IPP-VIII).

Category of Health Functionaries	Actual no. functioning at present under		
	CUDP III	IPP VIII	Total
MHW	49	33	82
ITS	6+6 = 12	6	18
STS	NIL	2	2
PTMO	NIL	2	2
UHI	-	-	-
HO	NIL	1	1
AHO	1	NIL	1

Thanking you,

Yours faithfully,

Amiya Das
Mayor 14/01/2005
Chandernagore Municipal
Corporation.

db/



Kolkata Metropolitan Development Authority



URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd & 3rd floor, Kolkata - 700 091.

☎ 2334-5257/2337-0697/2358-6771/2337-4103. FAX No. : 2358-3931 & 2358-7368 E-mail : cmdaipp8@vsnl.net

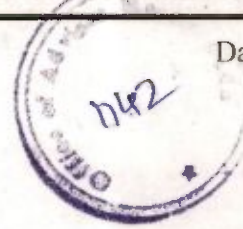
PO (Health)
19/1

No. /A-5/KMDA/UHIPU/04 (7th Meeting)

Dated 19.01.2005

From : Officer on Special Duty,
UHIPU, KMDA.

To : Dr. Shibani Goswami
Project Officer,
Health, SUDA.



20 JAN 2005



Re.: Agenda items from Health Wing, SUDA and CMU for inclusion in the agenda of ensuing 7th Apex Advisory Committee Meeting.

Ref.: Your letter No. DA-Health/DFID/04/377 dated 21.12.2004.

Madam,

This is to inform you that the 7th meeting of the Apex Advisory Committee on Urban Health Improvement Programme will be held on 28.01.2005 at 2 PM at the VIP Conference Room of Unnayan Bhavan, Salt Lake, Kolkata.

You are requested to kindly submit notes on the agenda items as submitted by you vide your memo no. quoted above for consideration in the meeting.

You may also kindly send a brief note on the follow-up actions on the decisions of the 6th meeting of the Apex Advisory Committee pertaining to SUDA including the latest status of the formulation of the Municipal Health Policy vide agenda item no. VII(III).

15(fifteen) copies of brief note on each of the agenda items may kindly be submitted to this office by 20.01.2005 to enable this office to prepare the comprehensive agenda notes for circulation among the members.

This may kindly be treated as **extremely urgent**.

Yours faithfully,

Sat

OSD,UHIPU,KMDA

No. 1198/A-5/KMDA/UHIPU/04 (7th Meeting)

Dated 19.01.2005

Copy forwarded to Director, SUDA, Health Wing, Ilgus Bhavan, HC Block, Sector-III, Bidhannagar, Kolkata - 700 091 for favour of information and necessary action.

[Signature]
OSD,UHIPU,KMDA

19/01/05

Proceedings of the 6th Meeting of the Apex Advisory Committee on Urban Health Improvement Programmes held on 02.09.2004 at 2 P.M. at the Chamber of the MIC, MA & UD Deptts., Govt. of West Bengal, Writers' Buildings.

Members Present :-

1. Shri Asok Bhattacharyya, Minister In-Charge, Urban Development & Municipal Affairs Deptt.s, Govt. of West Bengal Chairperson
2. Shri Dipankar Mukhopadhyay, IAS, Secretary, M.A. Deptt.
3. Shri Arun Misra, IAS, Commissioner, Family Welfare, Health & Family Welfare Deptt.
4. Shri Rajeev Dube, IAS, Special Secretary, (Projects), SIP & HSDI, H&F Welfare Deptt.
5. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality
6. Shri Rathin Roy, Mayor, Durgapur Municipal Corpn.
7. Shri S. Ghosh, Chief Health Officer, KMC
8. Smt. Chhanda Sarkar, Director, SUDA
9. Dr. N.G. Gangopadhyay
10. Shri A.R. Bardhan, IAS, Secretary, KMDA Member - Governor

Special Invitee :-

1. Shri Arnab Roy, IAS, Project Director, CMU, KUSP

Other Present:-

1. Project Officer, Health Wing, SUDA
2. Dy. Chief of Health, UHIPU, KMDA.
3. Programme Co-Ordinator, UHIPU, KMDA.
4. Officer on Special Duty, UHIPU, KMDA.

Shri Asok Bhattacharyya, Minister In-charge, Municipal Affairs and Urban Development Deptts. and Chairman, Apex Advisory Committee presided over the meeting.

The items outlined in the agenda were taken up for discussion and decisions are as follows:-

1. Confirmation of the proceedings of the 5th meeting of the Apex Advisory Committee held on 22.03.2004.

The Committee confirmed the proceedings of the 5th meeting of the Apex Advisory Committee held on 22.03.2004

2. Review of the Follow-up actions on the decisions of the 5th Apex Advisory Committee meeting.

- **Strengthening of MIES :-** Secretary, M.A Deptt. gave an over-view of the current status of strengthening of MIES of the health set up of KMDA. The committee discussed the issue and was of the opinion that the strengthening process of MIES was being delayed and requested Secretary, KMDA to identify the grey areas in the implementation process and take it up with Shri T. Ghatak, Geophysicist (Sr.) of KMDA so that the entire system of computerization of health data could be made functional within September 2004.

Creation of Health Development Fund :- The Committee noted that Kanchrapara, Barasat, Howrah Municipal Corporation, Baruipur, Baidyabati and Kolkata Municipal Corporation in the KMA were yet to open a separate bank account styled as "Health Development Fund" and make it functional with the collection of registration fees from the beneficiary families and user charges from other health facilities. The Committee requested the concerned Urban Local Bodies to open the Health Development Fund Account and make it functional early.

Collection of Registration Fees :- The latest status as given in the Agenda Note was reviewed by the Committee. The Committee noted that 16 (sixteen) Urban Local Bodies in the KMA were yet to introduce the system of collection of registration fees from the beneficiary families. The Committee observed that collection of registration fees @ Re. 1/- per fortnightly visit by each health worker from each beneficiary family was of vital importance to sustain the relationship between the Honorary Health Worker and the beneficiary family which is the bedrock of the Community based Health Care Delivery model.

Health Fund Account together with the collection of registration fees from the beneficiary families and User Charges from other health facilities of the Urban Local Bodies was central to the capacity building of the ULBs to sustain the Municipal health activities and support other health related programmes in the ULBs. The Committee desired that all the ULBs should regularly collect registration fees from the beneficiary families and deposit the same into the Health Development Fund and the ULBs who had not as yet introduced the system of collection of Registration fees should do it immediately.

- **Municipal level Health & Family Welfare Committee** : The latest status of the functioning of the Municipal level Health & Family Welfare Committee was taken note of. 4(four) ULBs in the KMA and 3(three) ULBs in the IPP-VIII Extension area were yet to set up Health & Family Welfare Committee at the municipal level.

The members noted that the municipal level Health & Family welfare Committee was not functioning satisfactorily for lack of support and assistance from the concerned Government Agencies. The issue was discussed at length and it was decided that the Health & Family Welfare Deptt. should reiterate to all concerned the importance of the Municipal level Health & Family Welfare Committee for integration of all health activities between Urban Local Bodies and the Deptt. of Health & Family Welfare Deptt. for optimal utilization of resources and maximization of output as stipulated in the G.O. No. HF/O/PHP/658/O-23/98 dated 25.10.2002 issued by the Health & Family Welfare Deptt. and Municipal level Health & Family welfare Committee should meet at least once in a month so that such integration of all health related activities and maximization of output was possible for the benefit of urban poor.

- **Baseline Survey on RCH** : The final report on baseline survey on RCH was placed in the meeting and it was decided that a copy of the final report on RCH should be sent to Commissioner, Family Welfare, Health & Family Welfare Deptt..

- **Non-functioning of the Maternity Home constructed under IPP-VIII** : The Committee noted that Baranagar Municipality had assured that the Maternity Home constructed under IPP-VIII would be made functional from 1st November 2004 and Burdwan and Alipurduar Municipalities in the IPP-VIII (Extension) Area reported that the newly constructed Maternity Home would be operationalized from September 2004.
- **Study on Municipal capacity for resource generation and health service delivery** : The Committee took note of that the notification issued by the Development & Planning Department, Government of West Bengal vide No. 2445/1(8)/1B-18/2004 dated 18.08.2004 constituting a Core Committee for conducting an Evaluation Study on Urban Health Improvement Programmes implemented by KMDA as decided in the 142nd Authority meeting and the 4th Apex Advisory Committee meeting. A copy of the TORs for the said evaluation Study was also placed in the meeting for information of the Committee.
- **Utilization of HAU building under IPP-VIII by the KMC**: The Committee was apprised that the HAU building constructed under IPP-VIII at 42, Jannagar Road, Ward No. 61 under Kolkata Municipal Corporation was yet to be made functional and the issue was hanging fire for a pretty long time. The Committee requested KMC to take urgent steps to make the IPP-VIII HAU building at 42, Jannagar Road, Ward No. 61 under Borough VI functional without any further loss of time.

Agenda Item No. III: Review of the Post Project Maintenance of IPP-VIII, CUDP-III and CSIP I(a) and I(b) Health Programmes :-

The Committee noted that the decentralized health care models had emerged quite successful, being low cost, participatory and community oriented as evident from the measurable impacts in respect of various health indicators for 2003 - 04.

MIC, MA & UD Depts. desired that a concerted effort should be made to improve upon the performance in respect of institutional delivery and immunization. He desired that all eligible children should be covered under different immunization programmes.

Agenda Item No. IV : Review of (a) Post Project Maintenance of IPP-VIII (Extn.), (b) Status report on RCH Sub-Project Asansol and (c) Status report on DFID assisted Honorary Health Worker Scheme :

- (a) The Committee noted the performance report of all the Urban Local Bodies for 2003-2004 in the IPP-VIII Extension Area and stressed the necessity of involving Community Development Societies (CDS) under SJSRY for generation of Health awareness among the Urban Poor to enhance performance in diverse areas of preventive health care.
- (b) The Committee considered the status report on RCH Sub project at Asansol and it was agreed that O&M fund for post project maintenance of the RCH Sub project would be available from the Municipal Affairs Deptt.
- (c) Initiating the discussion Special Secretary (Projects) SIP & HSID, Health & Family Welfare Deptt. gave an outline of the Project in 11 (eleven) Urban Local Bodies covering a total population of 2.53 lakhs with a budget support of about 6.0 Crore. In the initial year the institutional system would be developed in the 11 (eleven) Urban Local Bodies with the constitution of Municipal Management Cell. Selection and training of HHWs, procurement of equipments and furniture, printed materials, drugs etc.

The Committee observed that the institutional arrangement was yet to be set up in some of the ULBs and there was inordinate delay by some ULBs in the selection of supportive man power, furnishing project report etc.

MIC, MA & UD Deptts. desired that all the issues should be discussed with the 11 (eleven) ULBs and a time-table fixed for each activity in a meeting to be convened by Secretary, M.A. Deptt. for the purpose.

Agenda Item No. V : Review of the Performance of the ongoing E.C. assisted Urban Health Improvement Plan :

The Committee took note of the performance of the on-going E.C. assisted Urban Health improvement Plan in 6(six) identified municipalities and it was pointed out that it would take some more time to make the UHIP Services operational at different levels of health facilities and the target date was to be extended upto December 2004. The Committee approved the proposal.


Agenda Item No. VI : Miscellaneous :

- i) **Support to Health Sector under KUSP :** The health components to be included in the Support to Health sector under KUSP were discussed in detail. Project Director, KUSP reported that a Consultant Firm had been assigned the task of designing components for inclusion in the support to health sector under KUSP. MIC, MA & UD Deptts. desired that KUSP should contribute to the strengthening of grass root level services under different health care models. The thrust should be on strengthening the sub-centres, HAUs, IEC and awareness campaign with the participation of the Community Development Societies (CDS) so that health care model might be a people's movement in the true sense of the term. He desired to have a meeting with the KUSP Interim Support Consultant on health in this regard and requested Project Director, KUSP to do the needful.
- ii) **Agreement entered into with an NGO by Baranagar Municipality to run the ESOPD in the ground floor of the Maternity Home Building constructed under IPP-VIII :** The Committee noted that Baranagar Municipality had executed a Memorandum of Agreement with an NGO on 14.1.2003 allowing the NGO to use the ESOPD Building under IPP-VIII alongwith all hospital equipments, machineries, furniture and fixture and pharmaceuticals of the IPP-VIII Project without any permission from Government. The Committee was of the opinion that such an Agreement with an NGO without necessary permission was violative of the existing norms and the municipality should immediately desist from implementing it.

MIC, UD & MA desired that a team of Apex Committee members comprising Dr. N.G. Gangopadhyay and Shri Mrinalendu Bandopadhyay, Chairperson of New Barrackpore Municipality would immediately look into the issue and submit a report with necessary recommendations at the earliest.

iii) **Formulation of Municipal Health Policy** : MIC, MA & UD Deptts. desired that a clear perception was necessary at all levels as to the role of the ULBs in the Health Care Delivery System. It was necessary to have a municipal health policy so that all misgivings/misconception regarding the focused areas of the ULBs in respect of health related activities could be removed.

He requested M.A. Deptt. to work on it and develop a municipal health policy consistent with the statute and the extant municipal health scenario so that it could be a useful document for all concerned to preempt any confusion, misconception regarding the role of the ULB in the Health Care Delivery System.


(Asok Bhattacharyya)

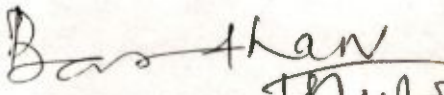
MIC, M.A. & UD. Deptts.,
and Chairperson, Apex Advisory Committee
for Urban Health Improvement Programme

No. 857/(6) KMDA/M-29/FW(US)/2002(Pt.)

Dated : 18.10.2004

Copy forwarded for favour of information to :

1. P.S. to MIC, UD & MA Departments, Govt. of West Bengal, Writers' Buildings, Kolkata - 700 001.
 2. Principal Secretary, U.D. Department, Govt. of West Bengal, Nagaryan Bhavan, Salt Lake, Kolkata - 700 064.
 3. Principal Secretary, Health & Family Welfare Department, Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata - 700'091.
 4. Secretary, M.A. Department, Govt. of West Bengal, Writers' Buildings, Kolkata - 700 001.
 5. Chief Executive Officer, KMDA, Prasashan Bhavan, Kolkata - 700 064.
 6. Shri Rajeev Dube, IAS, Special Secretary (Project) & Programme Director, SIP & HSDI, Govt. of West Bengal, H&FW Department, Swasthya Bhavan, 4th Floor, Project Branch, GN-29, Sector-V, Bidhannagar, Kolkata - 700 091.
 7. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality, North 24-Parganas.
 8. Shri Rathin Roy, Mayor, Durgapur Municipal Corporation, Durgapur, Burdwan, Kollkata - 700 013.
 9. Shri Sujit Ghosh, Chief Health Officer, KMC, 5, S.N. Banerjee Road, Kolkata - 700 013.
 10. Director, SUDA, ILGUS Bhavan, HC Block, Sector-III, Kolkata - 700 097.
- ✓ 11. Dr. N. G. Gangopadhyay, Member.


(Shri A.R. Bardhan)
Secretary, KMDA &
Member-Secretary

Apex Advisory Committee on
Urban Health Improvement Programme

Notes in pre-page bottom.

A copy of the minutes of the meeting of 6th Apex Advisory Committee is being forwarded to the Chairperson of the ULBs implementing IPP-VIII-(Extn.), R.C.H. Sub-Project, Asansol and DFID assisted Honorary Health Worker Scheme for information and further necessary action vide this office memo no. SUDA-15/98(Pt. VI)/505, SUDA-120/96(Pt. IV)/506 and SUDA-Health/DFID/04/278 dt. 29.10.2004. Copies of the communication are placed in the file for kind perusal.

Agenda item no. 2 :

Non-functioning on the Maternity Home constructed under IPP-VIII-(Extn.).

The status on Operationalisation of Maternity Home at Burdwan and Alipurduar Municipality will be pursued.

Agenda item no. IV :

- 2
- (a) The ULBs will be requested to involve CDS under SJSRY for generation of Health awareness among the Urban Poor to enhance performance.
- (c) Pursuant to the meeting of 6th Apex Advisory Committee on 02.09.2004, activity wise status report was prepared for 11 ULBs under DFID assisted Honorary Health Worker Scheme and placed before the Competent Authority. Subsequently, apropos instruction, a meeting was scheduled with the four ULBs i.e. Bolpur, Bishnupur, Bankura & Purulia with Director, SUDA in Chair. In this meeting Bishnupur municipality was absent. Chairman, Bishnupur Municipality intimated Director, SUDA that they will meet shortly though no response has yet been received. The delaying issues were discussed thoroughly in the meeting. Further to that, trainers training and sensitisation meeting was organised with the concerned three ULBs (except Bishnupur). Training of HHWs have already been initiated by the said ULBs. Purulia Municipality already submitted Project Proposal which had been forwarded to DHFW. Bolpur & Bankura Municipality submitted draft Project Proposal which are under scrutiny.

Engagement of manpower at MMC had been completed in Bolpur and Bankura but in case of Purulia, the process of selection has been started, confirmation on writing regarding engagement is awaited.

40-SUDA 75/98
(A-VI)/135 dt
29.10.04

Director, SUDA.

Submitted.

S. S. S. S. S.
29.10.04

Kolkata Metropolitan Development Authority



URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd & 3rd Floor, Kolkata - 700 091.

☎ : 2334-5257/2337-0697/2358-6771/2337-4103. FAX Nos. : 2358-3939/2358-7368 E-mail : cmdaipp8@vsnl.net

No. /KMDA/M-29/FW(US)/2002(Pt.)

Dated: 23.08.2004

NOTICE

The 6th meeting of the Apex Advisory Committee on Urban Health Improvement Programme will be held at the Chamber of Hon'ble Minister, Municipal Affairs and Urban Development Deptt.s, Govt. of West Bengal at Writers' Buildings, Kolkata - 700 001 on 31st August, 2004 at 3 PM to consider the following Agenda :-

1. Confirmation of the Minutes of the 5th meeting of the Apex Advisory Committee held on 22.03.2004.
2. Review of the Follow-up actions on the decisions of the 5th Apex Advisory Committee Meeting.
3. Review of the Post Project Maintenance of IPP-VIII, CUDP-III and CSIP-1(a) & 1(b).
4. Review of (a) Post Project Maintenance of IPP-VIII (Extension) (b) Status report on RCH Sub-project, Asansol and (c) Status report on DFID assisted Honorary Health Worker Scheme.
5. Review of the Performance of the ongoing E.C. assisted Urban Health Improvement Plan.
6. Miscellaneous

A copy of the brief note on the agenda items for consideration in the meeting is being sent separately.

You are, therefore, requested kindly to make it convenient to attend the said meeting on the above mentioned date and time.

sd/-

(Shri A.R. Bardhan)

Secretary, KMDA &

Member - Secretary

Apex Advisory Committee on

Urban Health Improvement Programme

No. *640/1(11)* /KMDA/M-29/FW(US)/2002(Pt.)

Dated: 23.08.2004

Copy forwarded for favour of information and necessary action to :-

1. P.S. to MIC, UD & MA Deptt.s, Govt. of West Bengal

with the request to bring the notice to the kind attention of MIC for favour of his information and necessary action.

2. Principal Secretary, U.D. Deptt. Govt. of West Bengal, Nagaryan Bhavan, Salt Lake.

3. Principal Secretary, Health & Family Welfare Deptt. Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata - 700 091.

Contd..

4. Secretary , MA Deptt., Govt. of West Bengal , Writers' Buildings,Kolkata-700 001.
 5. Chief Executive Officer, KMDA, Prasashan Bhavan,Block-DD-1, Sector-1, Kolkata-700 064.
 6. Shri Rajeev Dube, IAS, Special Secretary (Project) & Programme Director, SIP & HSDI, Government of West Bengal, Health & Family Welfare Deptt., Swasthya Bhawan, 4th floor, Project Branch. GN-29, Sector-V, Bidhannagar, Kolkata-700 091.
 7. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality, North 24-Parganas.
 8. Shri Rathin Roy, Mayor, Durgapur Municipal Corporation, Durgapur, Burdwan.
 9. Shri Sujit Ghosh, Chief Health Officer, Kolkata Municipal Corporation, 5, S.N. Banerjee Road, Kolkata-700 013.
 10. Director, SUDA, ILGUS Bhavan, HC Block, Sector-III, Kolkata-700 097.
- Mr. Dr. N. G. Gangopadhyay, Member.

Bardhan
22/11/04

(Shri A.R. Bardhan)
Secretary, KMDA &
Member – Secretary
Apex Advisory Committee on
Urban Health Improvement Programme ✓

Progress Report & Discussion items

on

**IPP-VIII (Extn) – O & M
during 3rd Meeting of the
Apex Advisory Committee**

Contents

Serial No.	Content	Annexure
1	Functioning status of O.P.D., M.H., and Diagnostic Centre - Highlights.	A
2	MIS report - Salient Feature	B
3	Service Performance for the month of April - May, 2003	C
4	Financial Statement on IPP-VIII (Extn)-VIII (Extn)-VIII (Extn) - O & M	D
5	Status of Health Fund raised	E
6	Status of engagement of Urban Health Improvement Organiser	F
7	Agenda for 3 rd Apex Committee Meeting	G

IPP-VIII-(Extn.) : Speciality-wise cases treated in OPD [Cumulative Figure upto June, 2003]

ULBs	Obstetrics & * Gynaecology		Paediatrics *		Medicine *		Others **									
	B	N-B	B	N-B	B	N-B	Eye		ENT		Surgery		Dental		Dermatology	
							B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
Allpurduar	599	29	892	51	2742	479	39	17	49	26	19	4	65	9	0	0
Burdwan	320	19	3187	21	5839	10	0	0	4	5	0	0	0	0	0	0
Balurghat	1258	24	313	21	1078	16	0	0	0	0	0	0	0	0	0	0
Darjeeling	223	68	196	20	1392	145	14	3	31	9	15	7	5	11	29	2
Durgapur	1597	550	1080	253	1906	332	0	0	0	0	267	119	0	0	0	0
English Bazar	2300	328	1071	97	10215	565	439	56	127	32	397	118	0	0	369	81
Jalpalguri	814	45	797	18	1788	67	0	0	0	0	0	0	0	0	0	0
Kharagpur	1780	151	691	34	1937	220	0	0	0	0	0	0	0	0	0	0
Raiganj	1154	0	1852	0	10	0	0	0	0	0	0	0	0	0	0	0
Siliguri	14850	5958	1024	154	1480	235	0	0	0	0	0	0	0	0	0	0
Total	24895	7172	11103	669	28387	2069	492	76	211	72	698	248	70	20	398	83

B - BPL
N-B - Non BPL

N.B. :

* These specialities were included in the project.

** The ULBs were given option to run these additional specialities.

IPP-VIII-(Extn.) : Functioning of M.H. [Cumulative Figure upto June, 2003]

ULB	Functioning Status	Total		Admission						Normal Delivery				Assisted					
		B	N-B	Maternity		Gynaecology		Others		B	N-B	B	N-B	Caesarean		Forceps			
				B	N-B	B	N-B	B	N-B					B	N-B	B	N-B		
Allpurdwar	No																		
Burdwan	No																		
Balurghat	Yes	68	2	53	2	0	0	15	0	51	2	0	0	0	0	2	0		
Darjelling	No																		
Durgapur *	Yes	3	0	3	0	0	0	0	0	3	0	0	0	0	0	0	0		
English Bazar	Yes	380	51	209	11	0	0	171	40	177	7	0	0	0	32	4			
Jalpalguri	No																		
Kharagpur	Yes	237	48	173	31	3	0	61	17	134	19	36	10	3	2				
Ralganj	Yes	177	0	174	0	0	0	3	0	135	0	1	0	0	0	0			
Siliguri	Yes	493	60	465	54	0	0	29	6	364	17	41	20	50	17				
Total		1358	161	1077	98	3	0	279	63	864	45	78	30	87	23				

B - BPL
N-B - Non BPL

N.B. : Reasons for non functioning :

- Non availability of M. O. (full time) due to fixed remuneration (Rs. 5500/- f pm)
- Requirement of additional M. O. to run the round-the-clock service.
- Doctors in Govt. Hospitals are not available for full time engagement in MHs.
- Non availability of O. T. Nurse.
- Full time G & O specialist also not in position in any of the MHs. The specialist in functioning MHs are managed temporarily.

* One MH has been made operational recently wef. 23.06.2003.

IPP-VIII-(Extn.) : Functioning of Diagnostic Centre [Cumulative Figure upto June, 2003]

ULB	Routine Test		Bio-Chemistry		X-ray		USG		ECG	
	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
Alipurduar	722	227	202	5	34	13	0	0	50	52
Burdwan	183	26	25	5	103	34	0	0	0	0
Balurghat	0	0	0	0	0	0	0	0	0	0
Darjeeling	69	25	37	12	127	17	8	0	0	0
Durgapur	337	1054	174	734	208	581	54	227	0	1
English Bazar	0	0	0	0	24	2	107	16	73	11
Jalpaiguri	335	56	86	6	25	11	0	0	0	0
Kharagpur	506	81	173	28	0	0	0	0	2	12
Raiganj	22	1	1	0	7	1	26	1	0	0
Siliguri	619	168	52	0	210	54	59	27	55	25
Total	2793	1638	750	790	738	713	254	271	180	101

B - BPL

N-B - Non BPL

N.B. :

No technician could be provided as yet. The centre are run by adhoc arrangements of technicians.

IPP-VIII (Extn)

VITAL INDICATORS

Sl. No.	Indicators	Base Line 1998-99	Achievement during the year of 2002-03	Unit
1.	Crude Birth Rate (CBR)	20.3	15.5	Per '000 population
2.	Crude Death Rate (CDR)	7.6	4.1	-do-
3.	Infant Mortality Rate (IMR)	54.0	22.8	Per '000 live birth
4.	Maternal Mortality Rate (MMR)	6.0	2.3	-do-
5	Eligible Couple Protection rate (CPR)	38.6	69.3	Per'00' E.C

SERVICE INDICATORS

Sl. No.	Indicators	Base Line 1998-99 (%)	Achievement during the year of 2002-03 (%)
1.	Pregnant Women having 3 antenatal Check-ups	43.1	91.6
2.	TT (PW)	47.2	91.8
3.	Institutional Deliveries	46.8	88.2
4.	BCG	36.8	93.4
5.	DPT (III)	34.4	89.0
6.	OPV (III)	37.5	89.2
7.	Measles	22.4	84.1

IPP-VIII-(Extn.) MIS [HPs]
Service Performance
For the month of April - May, 2003

ULB	ANC (3- Check ups)	T.T.1	T.T.2/B	Deliveries		L.B.W.	Immunisation			
				Inst	Home		BCG	DPT3	OPV3	Mea-sles
Allpurdwar	54	53	42	43	5	9	41	52	51	25
Burdwan	120	134	124	110	22	4	153	149	146	158
Balurghat	118	124	105	86	2	0	66	41	76	71
Darjeeling	79	70	65	66	12	4	70	84	84	67
Durgapur	33	232	439	197	31	33	102	130	130	101
English Bazar	42	19	23	124	12	0	37	45	45	24
Jalpaiguri	93	39	31	57	5	2	46	33	33	48
Kharagpur	274	245	236	140	32	11	185	158	158	106
Raiganj	102	109	91	82	3	0	84	83	83	80
Siliguri	127	97	89	320	16	11	34	48	44	39
Total	1042	1122	1245	1225	140	74	818	823	850	719

**IPP-VIII-(Extn.) MIS [HPS]
Contraception
Service Performance
For the month of April - May, 2003**

ULB	Use of Contraception			
	Sterilisation	IUD	OCP	Nirodh
Allpurdwar	11	2	773	570
Burdwan	21	0	2788	555
Balurghat	3	15	735	186
Darjeeling	11	35	611	517
Durgapur	22	10	6378	2520
English Bazar	35	3	610	186
Jalpalguri	12	2	18	23
Kharagpur	6	2	297	149
Raiganj	11	2	3112	1133
Siliguri	182	6	429	75
Total	314	77	15751	5914

Financial Statement on IPP-VIII (Extn) – O & M

As on 07.07.2003

(Amount in Rs.)

Name of ULBs	Fund Released from July, 02 to March, 03	U.C. received by Health Wing, SUDA	Remarks
Alipurduar	800548.00	754722.00	U.C. due for Rs. 45826/-
Balurghat	1104716.00	482548.00	U.C. due for Rs. 622168/-
Burdwan	2312600.00	1954286.00	U.C. due for Rs. 358314/-
Darjeeling	1361400.00	1272210.00	U.C. due for Rs. 89190/-
Durgapur	3733195.00	3400105.00	U.C. due for Rs. 333090/-
English Bazar	1364450.00	1326558.00	U.C. due for Rs. 37892/-
Jalpaiguri	964205.00	905202.00	U.C. due for Rs. 590031/-
Kharagpur	2105900.00	2122524.00	Excess expenditure for Rs. 16624/- met out of ULB fund.
Raiganj	1334250.00	1300520.00	U.C. due for Rs. 33730/-
Siliguri	3873850.00	4666698.00	Excess expenditure for Rs. 792848/- met out of ULB fund.
Total	18955114.00	18185373.00	

**STATUS OF HEALTH FUND RAISED
UNDER IPP-VIII (Extn)**

(As on June, 2003)

Name of ULBs	Health Fund Raised	Imposition of House-hold Level Beneficiary Charges	Mobilisation of NSDP Fund
Alipurduar	112788/-	Yes	--
Balurghat	72868/-	Yes	Yes
Burdwan	366081/-	Yes	Yes
Darjeeling	98842/-	Yes	Yes
Durgapur	278717/-	--	--
English Bazar	414922/-	Yes	Yes
Jalpaiguri	50595/-	Yes	--
Kharagpur	1372583/-	Yes	Yes
Raiganj	262055/-	Yes	Yes
Siliguri	753582/-	---	Yes

IPP-VIII (Extn)
STATUS OF ENGAGEMENT OF
URBAN HEALTH IMPROVEMENT ORGANISER

Name of ULBs	Status	Remarks
Alipurduar	Engaged	--
Balurghat	Engaged	--
Burdwan	Engaged	--
Darjeeling	Not yet engaged	Identified - Awaiting engagement.
Durgapur	Engaged	--
English Bazar	Engaged	--
Jalpaiguri	Engaged	--
Kharagpur	Engaged	--
Raiganj	Engaged	--
Siliguri	Engaged	--

Agenda for 3rd Apex Committee Meeting

1. As R.C.H. Sub-Project, Asansol has been extended upto 31st March, 2004 vide GOI communication bearing memo no. L.19012/40/96-API dt. 22nd April, 2003 , Health Wing at SUDA to continue beyond September , 2003. The said Cell will look after both the Projects i.e active phase of R.C.H. Sub-Project, Asansol and O & M phase of IPP-VIII-(Extn.). The establishment of Health Wing, SUDA will be met out of R.C.H. Sub-Project fund provided by the World Bank / GOI . There will be no financial burden on the State Govt.
 Simultaneously extension of tenure of existing man-power (Dr.Shibani Goswami, PO, Sri S.Pal - F.O, Sri S.K.Lahiri - MIES Officer, Sri P.R.Majumder- Clerk cum Typist) for Health Wing, SUDA to be approved beyond September, 2003 upto March, 2004 on contractual basis with existing terms and conditions.
2. Modification of Annexure -II of G.O bearing no. 631/ MA/N/C-10 dt. 28th April, 2003 in respect of grass-root level functionaries of IPP-VIII-(Extn.) to be approved as under:
 - a. Under the head OPD cum Maternity level " Laboratory Technician" be replaced with " Laboratory Technician cum Store Keeper".
 - b. The nomenclature " Storekeeper" be deleted and replaced with " Sweeper".
 - c. Inclusion of man-power for running Diagnostic Centre under IPP-VIII-(Extn.) as per approved categories of man-power for IPP-VIII.
3. Posting of Health Officer at Darjeeling, Durgapur, Kharagpur, Raiganj still outstanding. Post of HO at Balurghat has fallen vacant recently which also needs to be filled up.
4. The problem of posting of G & O Specialist, Laboratory Technician at OPD cum MH still continuing resulting in difficulty in functioning of the Facilities properly. Some solutions to this problem are required to be evolved urgently.
5. Approval for inter-municipal transfer of unused medicines.

HEALTH MAN POWER AT GRASS-ROOT LEVEL

Sl. No.	Name of City	Health Man Power at									
		Block Level (HHWs)		SHP Level (FTSs)		H.P. Level					
		T	A	T	A	MO Part Time		A.N.M.		Clerk cum SK	
				T	A	T	A	T	A	T	A
1.	Alipurduar	39	39	7	7	2	2	2	2	1	1
2.	Balurghat	65	65	12	12	4	4	4	4	2	2
3.	Bardhaman	136	136	27	27	10	10	10	10	5	5
4.	Darjeeling	78	78	16	16	4	4	4	4	2	2
5.	Durgapur	229	229	57	57	16	16	16	16	8	8
6.	English Bazar	71	71	14	14	4	4	4	4	2	2
7.	Jalpaiguri	46	46	12	12	2	1	2	2	1	1
8.	Kharagpur	112	112	30	30	8	6	8	6	4	4
9.	Raiganj	70	70	14	14	4	4	4	4	2	2
10.	Siliguri	244	244	61	61	16	16	16	13	8	8
TOTAL		1090	1090	250	250	70	67	70	65	35	35

N.B. : T = Target, A = Achievement

HEALTH MAN POWER AT GRASS-ROOT LEVEL

Sl. No.	Name of City	Health Man Power at									
		Block Level (HHWs)		SHP Level (FTSs)		H.P. Level					
						MO Part Time		A.N.M		Clerk cum SK	
		T	A	T	A	T	A	T	A	T	A
1.	Alipurduar	39	39	7	7	2	2	2	2	1	1
2.	Balurghat	65	65	12	12	4	4	4	4	2	2
3.	Bardhaman	136	136	27	27	10	10	10	10	5	5
4.	Darjeeling	78	78	16	16	4	4	4	4	2	2
5.	Durgapur	229	229	57	57	16	16	16	16	8	8
6.	English Bazar	71	71	14	14	4	4	4	4	2	2
7.	Jalpaiguri	46	46	12	12	2	1	2	2	1	1
8.	Kharagpur	112	112	30	30	8	6	8	6	4	4
9.	Raiganj	70	70	14	14	4	4	4	4	2	2
10.	Siliguri	244	244	61	61	16	16	16	13	8	8
TOTAL		1090	1090	250	250	70	67	70	65	35	35

N.B. : T = Target, A = Achievement

IPP-VIII (Extn)

Health Man - Power

Sl.No.	Particulars	Target	Achievement
A.	At Block Level		
	HHWs	1090	1090
B.	At SHP Level		
	FTS	250	250
C	At HP Level		
	MO (Pt-time)	70	67
	ANM	70	65
	Clerk-cum-Store Keeper	35	35
D	O.P.D. cum M.H.		
	Specialist Doctor	33	25
	Medical Officer	22	16
	Nurse	33	33
	Lab. Technician	11	11

IPP-VIII (Extn)

Health Man - Power

Sl.No.	Particulars	Target	Achievement
A.	At Block Level		
	HHWs	1090	1090
B.	At SHP Level		
	FTS	250	250
C	At HP Level		
	MO (Pt-time)	70	67
	ANM	70	65
	Clerk-cum-Store Keeper	35	35
D	O.P.D. cum M.H.		
	Specialist Doctor	33	25
	Medical Officer	22	16
	Nurse	33	33
	Lab. Technician	11	11

WORLD BANK ASSISTED RCH-Sub Project Asansol

Date of launching : August-1998

End of Project with World Bank's Assistance : March, 2004

Overall status

1. **Population under the project** : 2.54 Lakhs
2. **No. of Blocks** : 387
3. **No. of Health Facilities** :

SL. No.	Particulars	Target	Achievement
1.	Blocks	387	387
2.	Health Administrative Unit	13	13
3.	Sub Health Centre	97	97
4.	O.P.D. cum M.H.	2	2
5.	Medical Store	1	1

4. **Health Man Power** :

SL. No.	Particulars	Target	Achievement
A.	At Block Level		
	Honorary Health Worker	387	387
B.	At S.C. Level		
	First Tier Supervisor	97	97
C.	At H.A.U. Level		
	MO (Part time)	26	11
	ANM	26	10
	Clerk Cum Store Keeper	13	Under Process
D.	At O.P.D. cum M.H. Level		
	M.O.	4	2
	Nurse	6	3
	Laboratory Technician	2	2
	Specialist Doctors (General Medicine, Paediatrics, Obs. & Gyn.)	6	6
E.	At Medical Store Level		
	Store Keeper	1	1
F.	At Management and Supervision cell at ULB Level		
	Assistant Health Officer	1	1
	Medical Supervisor	1	1
	P.H.N. training	1	1
	Account Assistant	1	1
	Statistical Assistant	1	1

WORLD BANK ASSISTED RCH-Sub Project Asansol

Date of launching : August-1998

End of Project with World Bank's Assistance : March, 2004

Overall status

1. Population under the project : 2.54 Lakhs
2. No. of Blocks : 387
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2.	Health Administrative Unit	13	13
3.	Sub Health Centre	97	97
4.	O.P.D. cum M.H.	2	2
5.	Medical Store	1	1

4. Health Man Power :

SL. No.	Particulars	Target	Achievement
A.	At Block Level		
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B.	At S.C. Level		
	First Tier Supervisor	97	97
C.	At H.A.U. Level		
	MO (Part time)	26	11
	ANM	26	10
	Clerk Cum Store Keeper	13	Under Process
D.	At O.P.D. cum M.H. Level		
	M.O.	4	2
	Nurse	6	3
	Laboratory Technician	2	2
	Specialist Doctors (General Medicine, Paediatrics, Obs. & Gyn.)	6	6
E.	At Medical Store Level		
	Store Keeper	1	1
F.	At Management and Supervision cell at ULB Level		
	Assistant Health Officer	1	1
	Medical Supervisor	1	1
	P.H.N. training	1	1
	Account Assistant	1	1
	Statistical Assistant	1	1



UHIP • KMDA

URBAN HEALTH IMPROVEMENT PROGRAMME

Kolkata Metropolitan Development Authority

Unnayan Bhavan, Bidhannagar, 'G' Block, 3rd floor, Kolkata-700 091

☎ 334-5257/337-0697/358-6771, FAX No. : 358-3931 E-mail : cmdaipp8@vsnl.net

No.

Date : _____

No. 17 /KMDA/UHIP/M-29/03

Dated: 03.04.2003

The undersigned will take a meeting with all the concerned officers attached to Urban Health Improvement Programme under KMDA in the VIP Conference Room of Unnayan Bhavan, KMDA on Monday, the 7th April, 2003 at 5 PM to discuss among others the on-going activities envisaged under the programme.

All the officers concerned associated with the U.H.I.P. and HPU are cordially invited to attend the meeting.

Roshni Sen
Special Secretary
K.M.D.A.

No. 17/11(25)/KMDA/UHIP/M-29/03

Dated: 3.04.2003

Copy forwarded for information and necessary action to:

Dr (Mrs) Shibani Goswami, P.O., SUDA

Roshni Sen
Special Secretary
K.M.D.A.

Proceedings of the meeting taken by the Special Secretary ,KMDA for review of the activities relating to Urban Health Improvement Programmes under KMDA at 11-00 AM on 03.03.2003 in the Conference Room of Prasashan Bhavan, Salt Lake.

P R E S E N T

1. Dr. B. Bhattacharjee, Chief of Health, IPP-VIII,KMDA
2. Dr. K.L. Mukherjee, Dy. Chief of Health, IPP-VIII,KMDA
3. Shri J. K. Saha, Dy. Chief of Health, IPP-VIII,KMDA
4. Dr. P. N. Chakrabarti, Asst. Chief of Health, IPP-VIII,KMDA
5. Dr. B. N. Tripathi, Asst. Chief of Health, IPP-VIII,KMDA
6. Shri P. Bhattacharya, Asst. Chief of Health, IPP-VIII,KMDA
7. Dr. R. N.Kar, Project Officer, SUDA
8. Dr. Shibani Goswami, Project Officer, SUDA
9. Shri S.Chakrabarti , Accounts Professional, IPP-VIII
10. Shri S. Ghosh, Accounts Officer, IPP-VIII,KMDA

The meeting was presided over by Ms. Roshni Sen, IAS, Special Secretary, KMDA.

Initiating the discussion, the Special Secretary, KMDA observed that the purpose of the meeting is to review the actions taken for sustaining the health activities in the municipalities covered by IPP-VIII and CUDP-III during the Post Project Period and the progress so far made for implementing the EC supported UHIP Programme in 6 (six) identified municipalities.

The following relevant issues were thereafter taken up for discussion and deliberated upon.

1. Sustaining of Urban health activities of IPP-VIII and CUDP-III during Post Project Period.

Chief of Health presented a brief overview of the actions taken for sustaining the health activities during the post project period in pursuance of the decisions taken in the 1st. meeting of the Apex Advisory Committee held on 20.11.2002 which are summarized below:

1.1 Decentralization of authority to the local bodies:

The urban local bodies have been apprised that decentralized management of the health infrastructures at the ULB level should continue on a sustainable basis during the post project period with optimum utilization of the existing facilities .

1.2 **Mobilization of local resources and rationalization of user fees:**

A rationalised fee structure has been circulated to the ULBs. The ULBs have been further requested a) to introduce registration fee @ Rs. 2/- per month per beneficiary family b) to ensure apportionment of a part of NSDP fund and c) to open a separate bank account as Health Development Fund for crediting all the receipts available by generating local resources.

26 (65%) Local bodies (out of 40) have opened a Separate Bank Account and 14 (35%) of them have introduced collection of Registration fees @ Rs. 2/- per month per beneficiary family. However, the defaulting local bodies are being pursued to follow this suit.

1.3 **Local procurement of drugs and equipment.**

As part of the decentralization process, guidelines have been issued to the ULBs in consultation with the Chairpersons for procurement of drugs locally by observing the financial norms. As regards procurement of additional equipment and furniture etc., the ULBs have been requested to furnish proposals with necessary specification and cost estimate that would be needed for providing services under UHIP . Response in this regard is still awaited. The matter requires to be pursued.

1.4 **Optimum utilization of the facilities created.**

In order to provide regular supervision and monitoring services, the MA Deptt., Govt. of West Bengal needs to be moved to take action for posting of 8 Health Officers and creation of 3 posts of Health Officers. Besides the respective Chairpersons are to take action for filling up 10 vacant posts of Asstt. Health Officers.

1.5 **Maintenance of buildings and equipments.**

Buildings: Minor repair of buildings may be taken care of by the local bodies. Besides, 13 HAUs and 2 ESOPDs under CUDP-III which are in a dilapidated condition are required to be taken up for renovation for which UD Deptt. of the State Govt. have been approached for release of Rs. 33.33 lakhs. The matter is to be followed up by the HPU.

Equipments: For preventive maintenance of sophisticated equipments the MA Deptt. has been requested to release Rs. 33.85 lakhs. The matter requires to be pursued.

1.6 **Engagement of Urban Health Improvement Organizer.**

Necessary order (No. 85/MA/F/C-10/25-2/2003 dated 14.01.2003) has been issued by the State M.A. Deptt.. As per the Govt. Order, the respective local bodies will select the candidate.

1.7 Operationalization of infrastructures created under IPP-VIII,KMDA

As revealed from a recent inspection report (Copy enclosed) all the facilities created under different municipalities have been made functional by them save and except one local body i.e. Baranagar Municipality.

2. EC supported Urban Health Improvement Programme (UHIP)

2.1. Financial assistance received and utilized :-

The E.C. supported UHIP Programme has been formulated with a total outlay of Rs. 58.40 crores covering, in phases, 40 Municipalities in the Kolkata Metropolitan Area of which 6 municipalities have been taken up initially with an estimated cost of Rs. 7.03 crores. E.C. assistance of Rs. 1.00 crore was received on 10.05.2002 which has since been utilised for meeting the startup expenses of the UHIP Programme. In the meantime the action plan for UHIP has been finally submitted by KMDA incorporating the modifications suggested by the appropriate authority and a further allotment of Rs. 3.00 crores has been released by the Govt. of India with the direction that the amount should not be diverted for any other purpose. Of the said sum Rs. 1.5 crores has since been received by KMDA from the State Health & Family Welfare Society for voluntary sector, West Bengal. Reasons for withholding of balance amount of Rs. 1.50 crores is not known.

The actions taken / proposed to be taken for utilisation of the fund by accelerating the activities are indicated hereunder.

2.2. Baseline Survey of RCH component in 6 identified municipalities :-

For baseline survey of RCH components under UHIP, a cost estimate of Rs. 4.68 lakhs was approved in October, 2002.

Field activities envisaged under the survey have been completed and the draft survey report is expected by 31st March, 2003.

3. Strengthening of MIES :-

As emphasised by the Apex Advisory Committee, action has already been initiated for systemizing the data collection process from the field for building up an effective MIES base. For this purpose, a uniform reporting format has been devised for data collection and compilation at various levels in the Health set-up of the 6 identified municipalities in the first instance.

To cope up with the work for collection of data and its compilation for proper coordination, monitoring and reporting, each of the municipalities have requested for placement of one Computer assistant at their disposal.

Similarly, the Headquarters MIES unit need to be strengthened for the purpose with one additional Computer Asstt. and one Asstt. Statistician. Fixed remuneration of

Rs. 3000/- (consolidated) per month each for 7 Computer Asstt. and Rs. 5000/- (consolidated) per month for 1 Asstt. Statistician is proposed.

In addition, a Software package to generate computerised reports is to be developed for which an agency is to be selected at an approximate cost of Rs. 30,000/- who will also provide necessary training to the Computer assistant.

A proposal for strengthening of the existing MIES as indicated above will be prepared.

The proposal may be placed before the next Apex Advisory Committee meeting for approval.

Sd/-

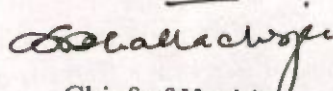
Special Secretary, KMDA

No. 449/1(12)UHIP/KMDA/Proceedings/P-123

Dated: 27.03.2003

Copy forwarded for information and necessary action to :

1. Shri Mitra Chatterjee, PS to MIC,UD & MA Deptt.
2. Shri Atanu Paladhi, PS to MOS,MA.
3. Dr. B. Bhattacharjee, Chief of Health,IPP-VIII,KMDA
4. Dr. K.L.Mukherjee, Dy. Chief of Health,IPP-VIII,KMDA.
5. Shri J.K. Saha, Dy. Chief of Health,IPP-VIII,KMDA
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11. Shri S. Chakrabarti, Accounts Professional,IPP-VIII,KMDA
12. Shri S.Ghosh, Accounts Officer,IPP-VIII,KMDA.


Chief of Health
IPP-VIII,KMDA.

27/3/2003

RCH-Sub Project Asansol
Work plan for the extended period, April to September, 2003

Sl. No.	Activity	Year 2003					
		April	May	June	July	August	September
1	Full operationalisation of Constructed Health Facilities						→
2	Hospital waste management			→			
3	IEC a) Nutrition Awareness b) Adolescent health care c) RTI / STI d) Safe mother hood & child health						→ → → →
4	Procurement of Drugs and supplies			→			
5	Endline Survey by NGO						→
6	Strengthening / continuing of existing services						→

**FINANCIAL REQUISITION FOR RCH-Sub Project Asansol (W.B.)
DURING THE EXTENDED PERIOD (APRIL - SEPTEMBER, 2003)**

SL. No.	ACTIVITY	LIKELY EXPEN. APR. TO SEP., 03 (Rs. in lakhs)	JUSTIFICATION
1	CIVIL WORKS		
2	EQUIPMENTS		
3	FURNITURE		
4	VEHICLES		
5	REVOLVING FUND FOR MOBILITY		
6	I.E.C.	4.00	Development of printed materials, indigenouse media and Inter personal communication commensurate with local situation towards achievement of objective of RCH- package.
7	MONITORING & EVALUATION		
8	CONSULTANCIES		
9	INNOVATIVE SCHEMES	6.58	As thereis no existence of hospital waste management, effective and hygenic management of hospital waste is necessary to control cross infection as well as health and safety of patients, health workers, visitors and general public at large.
10	N.G.O. SUPPORT	1.5	As advised by World Bank / GOI, Endline Survey is to be conducted by an independent agency.
11	OTHER NON-RECURRING		
12	SALARIES, T.A./D.A. AND HONORARIUM	44.77	To support full compliment of manpower engaged at different tiers of health facility as well as existing monitoring and supervision cell.
13	CONTRACTUAL SERVICES		
14	DRUGS & SUPPLIES	4.09	In context to Urban RCH, drugs required for subcentres apropos national RCH list of drug items, requisition was placed to State Health Department as advised by GOI. Of late it is learnt that thereis no provision of such supply from the said department. A corospondence had already been made by State Health Department to GOI for such supply. Under the circumstance, budgetary provision for procurement of drugs for 97 sub-centres has been kept.
15	RENT		
16	OPERATING COST	51.18	The expenditure is incumbent for running the services effectively by full operationalisatin of all the Health Facilities.
	TOTAL	112.12	

Sub : Progress Report & Discussion Items on
IPP-VIII-(Extn.) - O & M during 2nd Meeting
of the Apex Advisory Committee.

In the light of discussions on 5.3.2003, the following Report * apropos proceedings of the 1st meeting of the Apex Advisory Committee as also new items are listed hereunder. These may be considered for inclusion in the agenda of 2nd meeting of the Apex Advisory Committee.

- * 1. Functioning Status of OPD, MH, and Laboratory - Highlights --
"Annexure - A"
2. MIS Report- Salient Feature -- " Annexure - B"
3. Financial Statement on IPP-VIII-(Extn.)- O & M --
" Annexure- C"
4. Status of Health Fund raised -- " Annexure - D"
5. New Items for inclusion -- " Annexure -- E"

Submitted for favour of kind perusal and further necessary action.

Sub-15798(A4V)/58
dated 10.3.2003

**Progress Report & Discussion items/on
IPP-VIII (Extn) – O & M
during 2nd Meeting of the
Apex Advisory Committee**

**Progress Report & Discussion items on
IPP-VIII (Extn) – O & M
during 2nd Meeting of the
Apex Advisory Committee**

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5	New Items for inclusion	E
6	Status of engagement of Urban Health Improvement Organiser	F
7	Priority for placement of Specialist - Obs & Gynae at MHS under IPP-VIII (Extn) / RCH-Sub Project Asansol	G1
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7	Priority for placement of Specialist - Obs & Gynaec at MHS under IPP-VIII (Extn) / RCH-Sub Project Asansol	G1
8	Priority for placement of Laboratory technician at Diagnostic Centre attached to M.H. under IPP-VIII (Extn) / RCH-Sub Project Asansol	G2

/ from Dept. of Health & FH, Govt of N.B.

**Priority for placement of Laboratory technician at Diagnostic Centre
attached to MH under IPP-VIII (Extn) / RCH-Sub Project Asansol**

[Based on performance]

Priority No.	Name of ULBs
1.	Siliguri
2.	English Bazar
3.	Alipurduar
4.	Durgapur
5.	Jalpaiguri
6.	Darjeeling
7.	Kharagpur
8.	Burdwan
9.	Raiganj
10.	Balurghat
11.	Asansol

**Priority for placement of Specialist –Obs & Gynae at MHS
under IPP-VIII (Extn) / RCH-Sub Project Asansol**

[Based on performance criteria viz. Antenatal Care, admission of maternity cases in project Maternity Home, reported institutional deliveries].

Priority No.	Name of ULBs
1	Siliguri
2.	English Bazar'
3.	Raiganj
4.	Balurghat
5.	Kharagpur
6.	Alipurduar
7.	Darjeeling
8.	Burdwan
9.	Durgapur (2-MHS)
10.	Jalpaiguri
11.	Asansol (2-MHS) – Still in active project period - funded by World Bank - extended for 6 months at present beyond March, 2003.

IPP-VIII-(Extn.) : Speciality-wise cases treated in OPD [Cumulative Figure upto February, 2003]

Annexure-A

ULBs	Obstetrics & * Gynaecology		Paediatrics *		Medicine *		Others **									
	B	N-B	B	N-B	B	N-B	Eye		ENT		Surgery		Dental		Dermatology	
							B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
Alipurduar	449	8	634	10	1588	208	18	9	19	13	7	0	18	0	0	0
Burdwan	206	0	1893	0	4572	0	0	0	0	0	0	0	0	0	0	0
Balurghat	1115	17	289	21	1045	16	0	0	0	0	0	0	0	0	0	0
Darjeeling	123	15	116	12	796	63	0	0	0	0	0	0	0	0	0	0
Durgapur	486	245	637	52	665	59	57	0	92	0	88	10	37	0	201	0
English Bazar	1972	288	905	88	9160	524	265	35	78	32	240	106	0	0	205	55
Jalpaiguri	597	38	521	7	1035	52	0	0	0	0	0	0	0	0	0	0
Kharagpur	1059	16	243	38	34	22	0	0	0	0	0	0	0	0	0	0
Raiganj	813	0	1509	0	1754	0	0	0	0	0	0	0	0	0	0	0
Siliguri	6327	805	723	120	445	65	0	0	0	0	0	0	0	0	0	0
Total	13147	1432	7470	348	21094	1009	340	44	189	45	335	116	55	0	406	55

B - BPL

N-B - Non BPL

N.B. :

* These specialities were included in the project.

** The ULBs were given option to run these additional specialities.

IPP-VIII-(Extn.) : Functioning of M.H. [Cumulative Figure upto February, 2003]

Annexure - A

ULB	Functioning Status	Total		Admission						Normal Delivery		Assisted						
		B	N-B	Maternity		Gynaecology		Others		B	N-B	Forceps		Caesarean				
				B	N-B	B	N-B	B	N-B			B	N-B	B	N-B			
Alipurduar	No																	
Burdwan	No																	
Balurghat	Yes	63	2	48	2	0	0	15	0	40	2	0	0	0	0	0	0	0
Darjeeling	No																	
Durgapur	No																	
English Bazar	Yes	324	30	260	10	0	0	124	20	218	6	32	4	0	0	0	0	0
Jalpalguri	No																	
Kharagpur	Yes	150	5	138	4	0	0	12	1	105	3	32	2	2	2	0	0	
Ralganj	Yes	151	0	151	0	0	0	0	0	117	0	0	0	0	1	0	0	
Siliguri	Yes	298	12	298	12	0	0	0	0	231	6	41	4	26	2	2	2	
Total	0	986	49	885	28	0	0	151	21	711	17	105	10	29	2	2	2	

B - BPL
N-B - Non BPL

N.B. : Reasons for non functioning :

- Non availability of M.O. (full time) due to fixed remuneration (Rs. 5500.00 pm)
- Requirement of additional M.O. to run the round-the-clock service.
- Doctors in Govt. Hospitals are not available for full time engagement in MHS.
- Non availability of O.T. Nurse.
- Full time G & O specialist also not in position in any of the MHS. The specialist in functioning MHS are managed temporarily.

IPP-VIII-(Extn.) : Functioning of Laboratory [Cumulative Figure upto February, 2003]

ULB	Routine Test											
	Blood		Urine / Stool		Bio-Chemistry		X-ray		USG		ECG	
	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
Alipurduar	393	100	0	0	11	0	0	0	0	0	8	16
Burdwan	23	6	15	2	16	8	0	0	0	0	0	0
Balurghat	0	0	0	0	0	0	0	0	0	0	0	0
Darjeeling	26	0	26	0	62	0	0	0	0	0	8	0
Durgapur	22	18	12	7	11	16	8	13	0	0	2	5
English Bazar	0	0	0	0	0	0	20	5	25	4	6	0
Jalpaiguri	382	97	88	15	36	6	0	0	0	0	0	0
Kharagpur	274	12	27	1	60	5	0	0	0	0	2	3
Raiganj	22	1	0	0	7	1	26	1	0	0	0	0
Siliguri	319	0	92	0	177	32	1	0	15	0	0	0
Total	1461	234	260	25	380	68	55	19	40	4	26	24

N.B. :

B - BPL
N-B - Non BPL

No technician could be provided as yet. The laboratories are run by adhoc arrangements of technicians.

**IPP-VIII-(Extn.) MIS [HPS]
2002 - 03 (upto February, 2003)**

ULB	Project Population	Pregnancies	ANC (3-check ups)	T.T. ₂ /B	Deliveries		L.B.W.	Infants	Immunisation			Measles
					Inst.	Home			BCG	DPT3	OPV3	
Alipurduar	31104	968	768	774	624	130	52	592	505	524	516	446
Burdwan	99695	1864	1714	1720	1552	158	93	1694	1598	1484	1480	1388
Balurghat	50479	1095	971	980	839	85	50	881	786	760	750	675
Darjeeling	32065	819	719	747	618	98	24	404	368	351	345	302
Durgapur	173030	2540	2290	2297	2015	285	134	2823	2693	2059	2083	1902
English Bazar	54418	1105	991	947	852	126	55	871	811	832	824	797
Jalpaiguri	35938	748	648	651	549	147	46	575	518	508	513	449
Kharagpur	90921	1622	1477	1486	1438	158	11	1455	1395	1277	1282	1199
Raiganj	60494	927	827	823	797	152	52	913	881	849	861	791
Siliguri	186971	2164	1914	1922	1863	152	91	2430	2285	2157	2178	2022
Total	815115	13852	12319	12347	11147	1491	608	12638	11840	10801	10832	9971

**IPP-VIII-(Extn.) MIS [HPS]
2002 - 03 (upto February, 2003)**

ULB	Eligible Couples	Sterilisation		Use of Contraception				
		M	F	IUD	OCP	Nirodh		
Alipurduar	5287	75	1486	79	1619	737		
Burdwan	15638	62	3716	150	5295	2175		
Balurghat	8763	80	4065	597	1504	518		
Darjeeling	5363	24	1966	910	601	515		
Durgapur	26924	149	4922	556	8864	3907		
English Bazar	10296	39	2497	64	2933	1266		
Jalpaiguri	6037	80	1815	138	1617	507		
Kharagpur	15051	87	3915	163	3365	1984		
Raiganj	9679	21	1977	51	2587	2049		
Siliguri	27298	492	7007	42	8149	2841		
Total	130336	1109	33366	2750	36534	16499		

**IPP-VIII-(Extn.) : MIS [HPS]
Morbidity & Mortality Profile
2002 - 03 (upto February, 2003)**

ULB	U - 5 Population	U - 5 Morbidity						U - 5 Mortality	Births	Maternal Mortality
		Diarrhoea	ARI	Measles	Whooping Cough	T.B.	Other VPDs			
Alipurdhara	4177	117	192	116	7	39	-	22	754	2
Burdwan	12960	266	493	274	8	238	2	123	1710	4
Darjeeling	4168	131	101	51	-	4	-	16	716	-
English Bazar	7074	427	174	26	-	5	-	29	978	11
Jalpaiguri	4744	5326	6784	241	3	222	2	9	696	1
Kharagpur	9183	3787	16528	121	4	56	-	59	1596	1
Raiganj	7924	13739	16280	81	-	29	-	5	949	3
Siliguri	26419	4004	4789	170	2	21	-	14	2015	1
Durgapur	22840	436	2581	66	-	50	-	33	2300	1
Balurghat	6462	2568	1559	31	-	19	-	9	924	-
Total	105951	30801	49481	1177	24	683	4	319	12638	24

Financial Statement on IPP-VIII-(Extn.) - O & M

Name of ULBs	Fund Released for July, 02 to March, 03
Alipurduar	861148.00
Balurghat	671950.00
Burdwan	2312600.00
Darjeeling	702850.00
Durgapur	3733195.00
English Bazar	1364450.00
Jalpaiguri	914205.00
Kharagpur	2105900.00
Raiganj	1334250.00
Siliguri	3860350.00
Total	17860898.00

**STATUS OF HEALTH FUND RAISED
UNDER IPP-VIII (Extn)**

Name of ULBs	Health Fund Raised	Imposition of House- hold Level Beneficiary Charges	Mobilisation of NSDP Fund
Alipurduar	40,000/-	Yes	Not yet responded
Balurghat	45,252	Not yet responded	Not yet responded
Burdwan	2,02,456/-	Yes	1,65,790/-
Darjeeling	10,500/-	Not yet responded	Not yet responded
Durgapur	60,786/-	Not yet responded	Not yet responded
English Bazar	79,252/-	Yes	Yes
Jalpaiguri	7000/-	Not yet responded	Not yet responded
Kharagpur	9,93,672/-	Yes	50,000/-
Raiganj	2,08,055/-	Not yet responded	Not yet responded
Siliguri	2,26,218/-	Not yet responded	Yes

New Items for inclusion :-

1. Health Wing at SUDA to continue beyond March, 2003 till September, 2003. Govt of India have recently decided to continue R.C.H. Sub-Project, Asansol. beyond March, 2003 upto September, 2003. The establishment of Health Wing, SUDA will be met out of the R.C.H. Sub-Project, Asansol Fund, provided by the World Bank / Govt. of India. There will be no financial burden on the State Govt. . Therefore, the Health Wing, at SUDA may continue till September, 2003 looking after both the projects viz. R.C.H. Sub-Project, Asansol and IPP-VIII-(Extn.)- O & M. Proposal accordingly have been submitted to MA Dept.
2. The sanction of O & M for both IPP-VIII and IPP-VIII-(Extn.) is upto June, 2003. Similar sanction may be accorded for further period , at least one year.
3. Posting of Health Officer at Darjeeling, Durgapur, and Kharagpur is necessary.
4. Paucity of Gynaecologist and Technicians at OPD cum MHs - as decided the proposal is under submission to Health Dept. for issuance of necessary orders.

IPP-VIII (Extn)
STATUS OF ENGAGEMENT OF
URBAN HEALTH IMPROVEMENT ORGANISER

Name of ULBs	Status	Remarks
Alipurduar	Not yet engaged	Yet to identify
Balurghat	Not yet engaged	Yet to identify
Burdwan	Not yet engaged	Advertisement already made. Awaiting meeting of selection Committee for finalisation.
Darjeeling	Not yet engaged	Yet to identify
Durgapur	Not yet engaged	Advertisement already made. Awaiting meeting of selection Committee for finalisation.
English Bazar	Not yet engaged	Identified - awaiting meeting of selection Committee for finalisation.
Jalpaiguri	Engaged	--
Kharagpur	Engaged	--
Raiganj	Not yet engaged	Yet to identify
Siliguri	Engaged	--



-Copy-
D.O.No.1.19012/12/2002-API(Vol.III)
December 11, 2002.

28 FEB 2003

Dear Sir,

Two RCH Sub Projects are under implementation in the Asansole city and Murshidabad District of your State since September 1997 at a total cost of Rs.22.10 crores. Against the release of Rs.18.00 crores by Government of India, the Sub Projects has reported an expenditure of Rs. 12.00 crores only. In order to enable the States to complete the approved activities within the component wise approved budget ceilings, the Government of India has decided to continue these Sub-Projects till the launching of RCH Phase-II which is likely to take place during 2nd half of next financial year. I therefore suggest you to kindly review the progress of implementation at your level and send us the latest physical and financial progress report, likely achievement by the end of the march, 2003 and proposed plan for the extended period after March, 2003 along with the requisite financial requirement with justification. All these details are to be sent component-wise.

With regards,

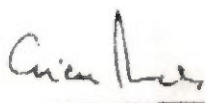
Yours sincerely,

Sd/-
Secretary (FW)

Shri R.P.S. Kahlon
Commissioner Family Welfare,
Govt. Of West Bengal
Writers Building,
Kolkata-700 001.

Copy to:

Dr. N.G. Gangopadhyay,
Adviser Health,
State Urban Development Agency,
H-C Block, (J.G.U.S. Bhawan)
Sector III, Salt Lake, Bidhannagar,
CALCUTTA
Fax. no 23370695


(A.K. Mehra)
DIRECTOR (AP)



UHIP • KMDA

URBAN HEALTH IMPROVEMENT PROGRAMME

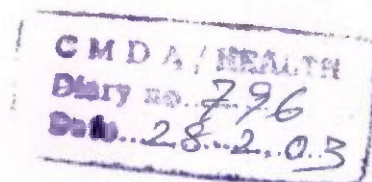
Kolkata Metropolitan Development Authority

Unnayan Bhavan, Bidhannagar, 'G' Block, 3rd floor, Kolkata-700 091

☎ 334-5257/337-0697/358-6771, FAX No. : 358-3931 E-mail : cmdaipp8@vsnl.net

No. 404 | KMDA | N-29 | UHIP | 02

Date: 28.02.03.



Special Secretary, KMDA will take a meeting with the following officers attached to Urban Health Improvement Programme under KMDA in the Conference Room of Prasashan Bhavan, Salt Lake on Monday, the 3rd March, 2003 at 11-00 A.M. to discuss about the follow-up of the 1st meeting of the Apex Advisory Committee held on 20.11.2002 and for preparation of agenda papers for the next meeting of the said committee scheduled to be held on Friday, the 7th March, 2003.

1. ✓ Dr.N.G.Gangopadhyay, Director, HPU & Advisor Health, SUDA
2. Dr. K.L. Mukherjee, DCOH, IPP-VIII, KMDA
3. Shri J.K. Saha, DCOH, IPP-VIII, KMDA
4. Shri S. Ghosh, Accounts Officer, IPP-VIII, KMDA
5. Shri S. Chakrabarti, Accounts Professional, IPP-VIII, KMDA

The undersigned shall also remain present in the said meeting.

Abhaya 28/2/03
Chief of Health
IPP-VIII, KMDA.

No. 404/1 | KMDA | N-29 | UHIP | 02

Date: 28.02.2003

Copy forwarded to the Special Secretary, KMDA for favour of information.

Abhaya 28/2/03
Chief of Health
IPP-VIII, KMDA

Discard with SpM Day 10/11 on 5/3/03

- 1) Corporation - Municipality-wise
- 2) MLES Report - have a status - Tuberculosis
- 3) New Report format (MHA Report) at present. Old ones were continued.

- 4) Arrenic - update.
- 5) Community Organik selars in Budget of 2003-2004

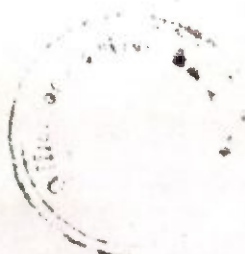
- 6) What is staffing with Ambulance & Jayanti?
- 7) New items for inclusion in Agenda

(like Health Plan, contribution of 100-1000 (Ext) & New for the 1000-10000 (Ext) & New for 10000-100000 (Ext) beyond June 03

To check whether we taken work for rationalizing work for the latest decision of the Standing Committee

Yes

100-1000 (Ext)
 Budget for 2003-2004.
 Total Amount!?
 [A copy for me] → given



-Copy-
D.O.No.L. 19012/12/2002-API(Vol.III)
December 11, 2002.

28 FEB 2003

Dear Sir,

Two RCH Sub Projects are under implementation in the Asansole city and Murshidabad District of your State since September 1997 at a total cost of Rs.22.10 crores. Against the release of Rs.18.00 crores by Government of India, the Sub Projects has reported an expenditure of Rs. 12.00 crores only. In order to enable the States to complete the approved activities within the component wise approved budget ceilings, the Government of India has decided to continue these Sub-Projects till the launching of RCH Phase-II which is likely to take place during 2nd half of next financial year. I therefore suggest you to kindly review the progress of implementation at your level and send us the latest physical and financial progress report likely achievement by the end of the march, 2003 and proposed plan for the extended period after March, 2003 along with the requisite financial requirement with justification. All these details are to be sent component-wise

With regards

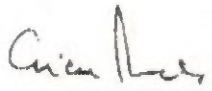
Yours sincerely,

Sd/-
Secretary (FW)

Shri R.P.S. Kahlon
Commissioner Family Welfare,
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Writers Building,
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Copy to:

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Advisor Health,
State Urban Development Agency,
H-C Block, (ILGUS Bhawan)
Sector III, Salt Lake, Bidhannagar,
CALCUTTA
Fax. No 23370695


(A.K. Mehra)
DIRECTOR (AP)



URBAN HEALTH IMPROVEMENT PROGRAMME

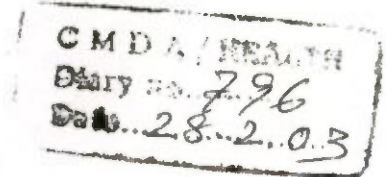
Kolkata Metropolitan Development Authority

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☎ 334-5257/337-0697/358-6771, FAX No. : 358-3931 E-mail : cmdaipp8@vsnl.net

No. 404 | KMDA | R-29 | UH 98 | 02

Date : 28.02.03.



Special Secretary, KMDA will take a meeting with the following officers attached to Urban Health Improvement Programme under KMDA in the Conference Room of Prasashan Bhavan, Salt Lake on Monday, the 3rd March, 2003 at 11-00 A.M. to discuss about the follow-up of the 1st meeting of the Apex Advisory Committee held on 20.11.2002 and for preparation of agenda papers for the next meeting of the said committee scheduled to be held on Friday, the 7th March, 2003.

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4. Shri S. Ghosh, Accounts Officer, IPP-VIII, KMDA
5. Shri S. Chakrabarti, Accounts Professional, IPP-VIII, KMDA

The undersigned shall also remain present in the said meeting.

Abhayanji 28/2/03
Chief of Health
IPP-VIII, KMDA.

No. 404/1 | KMDA | R-29 | UH 98 | 02

Date: 28.02.2003

Copy forwarded to the Special Secretary, KMDA for favour of information.

Abhayanji 28/2/03
Chief of Health
IPP-VIII, KMDA

18-02-03 15:54

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URBAN HEALTH IMPROVEMENT PROGRAMME

Kolkata Metropolitan Development Authority

Unnayan Bhavan, Bidharnagar, 'G' Block, 3rd floor, Kolkata-700 091

☎ 334-5257/337-0697/358-6771, FAX No. : 358-3931 E-mail : cindalpp8@vsnl.net



No.

No. 380(6)/KMDA/MIES-FUHIP/2003

From: Chief of Health
UHIP, KMDA

To: The Chairperson,
North Barrackpore/ New Barrackpore/ Bhadreswar/ Mahdyamgram/ South Dum Dum /
Naihati Municipality

Date: 1/2/03

Dated: 11.02.2003

Sub. : Reporting of Performances of Service Delivery under UHIP.

Sir,

Kindly recall the discussion held at Madhyamgram Municipality on 15.01.2003 relating to submission of report (both physical and financial) under this programme. On this issue also kindly refer the letter no. 366/KMDA/MIES - I/UHIP/2003 dated 20.01.2003 wherein the last para may please be read. For your ready reference the last para is as follows :-

" Since submission of report (both physical and financial) in the new format will have to be communicated to KMDA from the month of February, 2003 onwards to satisfy the norms of E.C. assisted programme and the reporting requirements of the Apex Advisory Committee of UHIP you are requested kindly to treat it to be extremely urgent and take personal intervention in the matter".

In view of the above, no reports should be submitted in the old formats. The reports for the month of January, 2003 should be reported on the enclosed new formats. These formats are applicable to all Health Infrastructures functioning under CUDP-III and IPP-VIII. However, in the new format a few data may not be readily available as the said data have not yet been started collection by different concerned workers. They should mark as 'NYC'(not yet collected) against those items. This system will be continued till the collection of required data starts from the field during the month of February, 2003.

It has been decided that the future reporting system will be on monthly basis. The level of such reporting remains unchanged i.e. Block, Subcentre and HAU. Henceforth the reports of each individual HAUs are not to be sent to Headquarters. HAU level reports separately for CUDP-III & IPP-VIII are to be prepared and retained at the units concerned as usual. Only the consolidated report of all the HAUs is required to be submitted to Headquarters within the specified time period. For the present data on the new format should be validated with available data generated from GIS where this system is in operation.

The Bengali Version of the Monthly report for Block & Subcentre level is under preparation and will be sent to you shortly.

Yours faithfully,

Chief of Health
UHIP, KMDA

[Handwritten signature]
11/2/03

No. 38006-1017-KMDA/US-PHHP/2003

Dated: 11.02.2003

Copy forwarded for layout of information to :-

1. Special Secretary & Project Director, KMDA. This refers to her discussion on 10.02.2003.

2. Dr. N. C. Sanganahally, Director, HPD, KMDA. This refers to the discussion with Dy. Chief of Health and Project Officer MIS on 4.2.2003.

3. Health Officer, _____ Municipality.

4. Dr. K. T. Mukherjee, Dy. Chief of Health, UHHP, KMDA.

5. Shri T. K. Ghatak, Geophysicist, Environment Cell, KMDA for information. The existing GIS formats will require revision / modification in due course to include the additional component.

000 0

CMDA, CSIP-10

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15:55

18-02-03

GOVERNMENT OF WEST BENGAL
HEALTH & FAMILY WELFARE DEPARTMENT
P.H.P. BRANCH

No. HF/O/PHP/658/O-23/98

Dated, 25th October, 2002

RESOLUTION

Many Urban Local Bodies in West Bengal implement Family Welfare, immunization and public health programmes under various externally aided Projects or centrally sponsored schemes with or without the involvement of Health & Family Welfare Department, Government of West Bengal. In order to ensure integration of all health activities between the Urban Local Bodies and the Department of Health & Family Welfare for optimal utilization of resources and maximum output, it has been felt that there should be a Municipal level Health & Family Welfare Committee, which will function under the supervision of District Health & Family Welfare Samiti constituted in every district in pursuance of Memo No. HF/O/PHP/322/O-23/98 dated 20.05.2002.

2. Therefore, the Governor is pleased to constitute a Municipal level Health & Family Welfare Committee for every Municipality/Corporation except Calcutta Municipal Corporation with the following members:

- i. Chairperson of Urban Local Body – President
- ii. Councillor-in-Charge of Health / Assisted Project – Member
- iii. One Representative from KMDA in Kolkata Metropolitan Area – Member
- iv. One Representative of the District Magistrate – Member
- v. 2-3 Representatives of local NGOs like Red Cross, Lions' Club – Members
- vi. Assistant Chief Medical Officer of Health of the Sub-division – Member
- vii. Health Officer of the Municipality – Secretary-Convener

[If there is no Health Officer, the Secretary-Convener will be nominated from among the members by the Chairperson of the Municipality]

3. The Committee would be responsible for coordination, supervision and implementation of all the health activities in an integrated manner at different levels of the existing health infrastructures within the Municipal area. Further, the Committee will participate in all public health programmes and activities under the overall guidance of the District Health & Family Welfare Samiti.

4. Henceforth all existing committee(s) for coordinating, supervising and implementing the health activities in Municipal Areas except Kolkata Municipal Corporation, will cease to function.

5. This order issues with the concurrence of the Municipal Affairs & Urban Development Departments.

Sd/-
(Asim Barman)
Principal Secretary
Health & F.W. Department
Government of West Bengal

Copy forwarded for information and/or necessary action to:

1. P.S. to M.I.C., Health & Family Welfare.
2. P.S. to M.O.S., Health & Family Welfare.
3. Principal Secretary, Urban Development Department, GoWB.
4. Secretary, Municipal Affairs Department, GoWB.
5. Project Director, SHSDP-II.
6. Director of Health Services, West Bengal.
7. Director of Medical Education, West Bengal.
8. Commissioner, Family Welfare.
9. Chief Executive Officer, KMDA.
10. Secretary, KMDA.
11. Sabhadhipati of Zilla Parishad (all).....
12. District Magistrate (all).....
13. Mayor/Chairperson Corporation/Municipality.
14. Joint Secretary (Project) & Joint Programme Director, Basic Health Project.
15. Joint Secretary (PHP).
16. Joint Secretary (P&B).
17. Addl. Director of Health Services (TB).
18. Addl. Director of Health Services (Admn.) & SLO.
19. Addl. Director of Health Service (AA&V).
20. Addl. Director (HMIS).
21. Joint Director of Health Services (PH&CD).
22. Assistant Director of Health Services (Ophamology).
23. State Family Welfare Officer.
24. Chief Medical Officer of Health (all).....
25. Assistant Secretary (PHP).
26. P.A. to Principal Secretary, Health & Family Welfare Department.
27. Office File.


(R. S. Shukla)

Special Secretary (Project & PHP)
Health & F.W. Department
Government of West Bengal

Data generated at various levels - Information flow & preparation of reports :-

A. Block level

i) Maintenance of Family Health cards and subsequent updating of records

It will provide basic information about Home visits and services rendered by HHW and updated position on the following items :-

AN Care, Natal Care, PN Care, Immunisation Coverage, Safe abortion Care, reproductive Health Care, FW Disease Surveillance, Management of RTI

Remarks
Family Health Cards will replace Family Schedules (booklet containing 11 pages) as existed in Health Programme-IPP-8.

A Single Card per family will be convenient for recording the relevant information by the HHWs at the time of field visits.

ii) Fortnightly meeting day of all HHWs & STS and introduction of feed back system.

It will help the HHWs -

To update their records.

To clear their doubts in dealing any matter.

To get corrected position about various services rendered through HHW & S.C level clinics.

It was observed in Health Programme IPP-8 that preparation of weekly reports at block levels and submission of the same to STS only increased the paper work at those levels. Midterm evaluation and End-line evaluation of IPP-8 also recommended for modification of the arrangement.

Hence, arrangements may be made to obtain fortnightly reports from block level.

Advantages :-

1. More time for field work may be available to HHWs.

2. Load of paper work at those levels may be reduced.

iii) Compilation of data on activities under service delivery (as per prescribed format)

iv) Submission of the report to PTMO through Supervisor S.C. level.

v) Half yearly/yearly updating of all the above records and preparation of relevant reports for submission to PTMO through Supervisor S.C. level.

(B) S.C. level

i) Maintenance of all relevant records and register including E.C.C.R.

ii) Scrutiny and compilation of data on activities under service delivery of all the blocks under the S.C.

iii) Preparation of S.C. level monthly reports as per specified formats and submission of the same to PTMO for onward transmission to H.O. on or before 5th of the following month to which the report relates.

iv) Half yearly/yearly updating of all relevant records and preparation of reports (S.C. level) for submission to H.O.

(C) HIAU level :

- i) Scrutiny of reports received from S.C. level.
- ii) Preparation of HIAU level monthly reports and submission of reports to H.O. on or before 7th of the following months to which the report relates.
- iii) Preparation of Half yearly/yearly report (HIAU level) and submission of the same to H.O.

(D) Municipality level :

- i) Preparation of consolidated monthly reports on activities under Service Delivery and submission of reports to COH on or before 10th of the following month to which the report relates.
- ii) Preparation of Half yearly/yearly reports (Municipality level) and submission of the same to COH.
- iii) Preparation of Performance reports of Special Clinics for MTP / RTI/ Malaria and submission of the same to COH.

(E) Maternity Home level :

- i) Maintenance of relevant records and preparation of monthly reports on utilization of beds in Maternity Homes as per prescribed format.
- ii) Submission of reports to COH on or before 10th of the following month.

(F) ESOPD level :-

- i) Maintenance of records showing discipline wise break up of patients (New & Old) treated in ESOPD.
- ii) Preparation of monthly report on the patient treated in ESOPD and submission of the same to COH.

(G) RDC/ Laboratory set-up attached to ESOPD/Mat. Home :-

- i) Maintenance of relevant records and preparation of monthly performance records as per prescribed format.
- ii) Submission of the same to COH.

পৌরসভা

মিউনি

এইচ হ ইউ

এস সি

রুক

পরিবার ক্রঃ সঃ

১.০ স্বাস্থ্যসেবী স্বাস্থ্য কর্মীর নাম

১.১ পরিবার পরিক্রমের তারিখ :-

১.২ পরিবারের কর্তা / কর্তার নাম

পেশা

ঠিকানা

১ম বর্ষ

২য় বর্ষ

৩য় বর্ষ

২.০ পরিবারের সদস্য সংখ্যা

[বি = বিবাহিত, অবি = অবিবাহিত,
অনা = অন্যান্য]

বি	অবি	অনা	১ম বর্ষ			
			বয়স	পুং	স্ত্রী	
			< ১	১-৫	১০-১৯	২০+

বি	অবি	অনা	২য় বর্ষ			
			বয়স	পুং	স্ত্রী	
			< ১	১-৫	১০-১৯	২০+

বি	অবি	অনা	৩য় বর্ষ			
			বয়স	পুং	স্ত্রী	
			< ১	১-৫	১০-১৯	২০+

২.১ পরিবারের জন্ম, মৃত্যু ও বিবাহের খবর

ক্রম	জন্ম তারিখ	মৃত্যু তারিখ	প্রসব স্থান	বিবাহ	
				তারিখ	বয়স
	পুং/স্ত্রী	তারিখ	তারিখ	পুং/স্ত্রী	বয়স

* বা = বাড়ি, হাসঃ = হাসপাতাল
ক) আক্রান্ত খ) প্রসবজনিত গ) সংক্রামক ব্যাধি
ঘ) হৃদরোগ
ঙ) হ
চ) হ
ছ) হ

৩.০ শিশু ও অন্যান্যদের সংক্রামক ব্যাধির অনুসন্ধান ও চিকিৎসার খবর

আক্রান্ত হওয়ার তারিখ	রোগের নাম	আক্রান্তের সংখ্যা	চিকিৎসা বা/হাসঃ	ফলাফল মৃত্যু/মৃত (তারিখ সহ)

৪.০ নিয়মিত রোগ প্রতিরোধক (টিকা) ও ভিটামিন-এ সেওয়ার বিবরণ - (নির্দিষ্ট ঘরে তারিখ লিখুন)

যাদের টিকা দেওয়া তাদের নাম ও জন্ম তারিখ	বিস্তার	ডিপিটি				পোলিও			হাম				
		১ম	২য়	৩য়	৪	'০'	১ম	২য়	৩য়	৪	১	২	৩-৫

*কোড লিখুন - a) ডিপথেরিয়া, b) ধূপি জ্বালা, c) হাম, d) পোলিও, e) ধনুষ্ঠায় - নবজাতকের, f) ধনুষ্ঠায় - অন্যের, g) বস্ম-৫ বহুরের লিড, h) বস্ম-৫ বহুর ও উইক, i) এডার আই, j) ম্যালেরিয়া, k) স্কট, l) অন্যান্য।

৫.০ প্রজননশীল দম্পতির বিবরণ :-

ই.সি.সি আর এর ই.সি. নং	স্ত্রীর বয়স		বর্তমান সন্তান সংখ্যা	জীবিত প্রসূত		মৃত প্রসূত	এবরসন	শেষ সন্তানের বয়স	পূর্বের গর্ভিত জ: নি: প:	বর্তমানে কোন পদ্ধতি গ্রহণ করেছেন	স্থায়ী পদ্ধতি গ্রহণের তাং পদ্ধতির নাম	এম.টি.পি.**	
	বিবাহের দায় সময়	১ম সন্তানের সময়		পুং	স্ত্রী							কত সপ্তাহে	কোথায় তাং

ডা = ডাক্তার
হা = হাতুড়ে
কোথায়-
না = নার্সিংহোম
সংহাঃ = সরকারি
হাসপাতাল
মেটা = পুরসভার
মেটারনিটি হোম
অ = অন্যত্র

✓ নাই = নাইগেপন জা = ভ্যাসেকটমি আ = আই ইউ ডি, পি = পিল, নি = নিরোধ, কি = কিছুই নয়

৫.১ মাতৃমদল ও শিশু কল্যাণ :-

ক্রঃ সং	মায়ের নাম	বয়স	নবীভূক্ত হওয়ার তাং	এখন গর্ভধারণের কত সপ্তাহ	শেষ মাসিকের প্রথম দিন তাং	আগে কতবার গর্ভধারণ করেছেন	ট টি [মা] নিয়োগ			প্রসব স্থান বাড়ি/হাসঃ	শিশুর জন্ম সময়ের ওজন	প্রসবোত্তর পরীক্ষা			আই.এফ.এ বাড়ি পেয়েছেন না শিশু
							১ম	২য়	৩য়			তাং	তাং	তাং	

৫.২ মায়ের (প্রাক-প্রসব - প্রসবকালীন - প্রসবোত্তর) এবং নবজাতকের - জটিলতা ও চিকিৎসা

ক্রঃ সং	মায়ের নাম	প্রাক-প্রসব		প্রসবকালীন		প্রসবোত্তর		নবজাতকের	
		জটিলতা ছিল ছিল না	চিকিৎসা কোথায় পেয়েছে	জটিলতা ছিল ছিল না	চিকিৎসা কোথায় পেয়েছেন	জটিলতা ছিল ছিল না	চিকিৎসা কোথায় পেয়েছেন	জটিলতা ছিল ছিল না	চিকিৎসা কোথায় পেয়েছেন

৬.০ প্রজননোত্তর সমস্যা :-

ক্রঃ সং	নাম	বয়স	বি/অবি	সমস্যার বিবরণ XXX	মিকিৎসার বিবরণ (কবে/কোথায় চিকিৎসা হয়েছে)	মন্তব্য (বর্তমান অবস্থা)

৭.০ অসুখে চিকিৎসা :-

ক্রঃ সং	নাম	বয়স	বি/অবি	সমস্যার বিবরণ XXX	মিকিৎসার বিবরণ (কবে/কোথায় চিকিৎসা হয়েছে)	মন্তব্য (বর্তমান অবস্থা)

XXX সমস্যার বিবরণ : ত = তলপেটে ব্যথা, ক্রা = ক্রান্ত, ঘা = ঘোনাসে ঘা, মেন = মেনস্ট্রুয়াল সমস্যা, সং = সংক্রমণ, অন্য = অন্যান্য

URBAN HEALTH IMPROVEMENT PROGRAMME – KMDA

Consolidated monthly report of activities on service delivery of _____ Municipality.

Month _____ year _____

No. of existing Blocks _____
No. of reporting Blocks _____

1.0 General :
(position as on
1st April of the
year)

1.1 Total Population _____	1.2 Total ECs _____
1.3 Total Infants (Below 1 year) _____	1.4 Total children (1 yr to <5 yrs) _____
1.5 Adolescent (male) (10-19 yrs) _____	1.6 Adolescent (female) (10-19 yrs) _____

Sl. No.	Activities / Items	Performance			
		During the month (3)	Cumulative till this month of this year (Since April _____) (4)	Cumulative till this month of last year (Since April _____) (5)	
(1)	(2)				
2.1.	2.0 Ante Natal Care				
	AN Cases registered : a) before 12 wks				
	b) at / after 12 wks				
	2.2. AN mothers completed 3 check ups				
	2.3. AN mothers received :	TT1			
		TT2			
		Booster			
	2.4.	(a) High risk mothers detected –			
(b) Complicated / emergency cases referred to Mat. Home/ Hospital					
3.1.	3.0 Natal Care				
	a) Home deliveries to mothers i) below 20 yrs				
	ii) 20 yrs & above				
	b) Institutional deliveries i) below 20 yrs to mothers				
ii) 20 yrs & above					
3.2.	a) Home deliveries conducted by trained personnel -				
	b) Home deliveries conducted by untrained personnel -				
3.3	Complicated delivery cases referred to _____				

Contd..

(1)	(2)	(3)	(4)	(5)
3.4	Pregnancy out come : (a) LB recorded < 2.5 kg. birth wt. -			
	2.5 kg. & above -			
	weight not known -			
	(b) SB recorded			
	(c) Abortions recorded			
4.1.	4.0 Post Natal Care PN mothers received 3 check ups			
4.2.	Sick new borns (a) detected (New cases only)			
	(b) treated in IPP-VIII Health Infrastructure			
	(c) referred to other institution			
5.1.	5.0 Safe Abortion Care MTP Cases at / within 12 wks			
5.2.	MTP Cases after 12 wks			
5.3.	MTP Cases - Unmarried mothers -			
6.1.	6.0 Management of RTI Cases provisionally identified as RTI - Female - Male -			
6.2.	Cases diagnosed as RTI - Female - Male -			
6.3.	RTI Cases treated at S.C. -			
6.4.	RTI Cases referred to institution for treatment -			
6.5.	FP clients for IUD screened for RTI -			
6.6.	FP clients for IUD detected with RTI -			
7.1.	7.0 Immunisation B.C.G.			
7.2.	(a) DPT - I			
	(b) DPT - II			
	(c) DPT - III			
7.3.	(a) OPV - O			
	(b) OPV - I			

(1)	(2)	(3)	(4)	(5)
	(c) OPV - II			
	(d) OPV - III			
7.4.	Measles			

8.0 IFA & VIT. "A"		Performance during the month
8.1	Mothers received IFA as prophylaxis	
	as therapy	
8.2	Children received IFA	
8.3	children received VIT "A" - Dose 1	
	Dose 2	
	Dose 3 to 5	

Sl. No.	9.0 Family Welfare	New acceptors during the reporting month	No. of ECs dropped out of modern methods (as on last day of the reporting month)	Total No. of ECs. Practising FP method (as on last day of reporting month)
(1)	(2)	(3)	(4)	(5)
9.1	Family Planning Practices (modern methods)			
	(a) Female Sterilisation -			
	(b) Male Sterilisation -			
	(c) IUD -			
	(d) OP -			
	(e) Condom -			
9.2	Total No. of ECs who are not current users of any modern method (position as on last day of the month)			
9.3	No. of ECs practising F.P. methods other than modern methods (as on last day of the month)			

Contd..

10.0 Disease Surveillance

Sl. No.	Service / Item	Performance during the month _____	
		No. of Cases recorded	No. of Deaths recorded
(1)	(2)	(3)	(4)
10.1	Vaccine Preventable Diseases (VPD)		
	(a) Diphtheria		
	(b) Neo Natal Tetanus		
	(c) Poliomyelitis		
	(e) Whooping Cough		
	(f) Measles		
	(g) Tuberculosis (under 5 yrs)		
10.2	Other Childhood diseases		
	(a) Diarrhoea among infants (under 1 yr.)		
	(b) Diarrhoea among children (1 to < 5 yrs.)		
	(c) ARI among Infants (under 1 yr.)		
	(d) ARI among Children (1 yr. to < 5 yrs.)		
10.3	Incidence of selected communicable diseases	Performance during the month _____	
	a) <u>Malaria</u> - i) Fever cases detected		
	ii) B.S. slides drawn		
	iii) Cases given presumptive treatment		
	iv) Cases given radical treatment		
	v) Deaths due to malaria		
	b) <u>T.B.</u> i) Suspected cases - Identified		
	Referred		
	ii) No. of confirmed cases		
	iii) No. of old TB cases continuing treatment		
	iv) No. of new TB cases put under treatment		
	v) No. of TB cases declared cure & put under observation		

Contd...

10.3	c) Leprosy -		Performance during the month _____
	i) Suspected cases - Identified		
	Referred		
	ii) No. of confirmed cases		
	iii) No. of old Leprosy cases continuing treatment		
	iv) No. of new cases put under treatment		
	v) No. of Leprosy cases declared cure & put under observation		
d) Rabies -			
	No of dog bite cases		
	No. of deaths due to Rabies		

11.1	11.0 School health programme		Performance during the month _____
	No of schools visited		
11.2	No. of Children - Examined		
	Treated		
	Referred		

12.1.	12.0 Mortality data		Performance during the month _____
	a)	Maternal deaths recorded -	
	b)	Infant deaths - within one wk of birth recorded	
		1 wk to < 1 month	
		1 month to < 1 yr	
	c)	Child deaths 1 yr to < 5 yrs recorded	
	12.2.	All other deaths recorded	
12.3.	Total No. of deaths recorded -		
12.4.	Mention separately		
	- Maternal deaths due to abortion		

Date :

Signature of Health Officer

UHIP - KMDA

Monthly report of the Maternity Home

Municipality _____

Month _____ Year _____

1.0 General

1.1. No. of sanctioned Beds _____	1.2. No. of existing Beds _____
1.3. Staff in position: a) G&O Specialist _____ b) Anaesthetists _____ c) Paediatrician _____	
d) Medical Officer _____ e) Nursing personnel _____ f) Lab. Technician _____	
g) Ancillary staff _____	

2.0 Performance

Sl. No.	Item	Performance during the reporting month			Cumulative since April
		B	NB	Total	April
(1)	(2)	(3)	(4)	(5)	(6)
2.1.	a) Total Admissions				
	b) Maternity Cases				
	c) Gynae Cases				
	d) MTP cases (if admitted)				
2.2.	No of admissions - parawise maternity cases				
	a) 1 st para				
	b) 2 nd para				
	c) 3 rd para & above				
2.3.	No. of MTP performed				
	a) at / within 12 weeks of gestation				
	b) above 12 weeks of gestation				
	c) cause wise no. of MTP cases				
	i) Medical cause				
	ii) Eugenic cause				
2.4.	No. of Female sterilization done				
	a) Puerperal ligation				
	b) Post Puerperal ligation - Abdominal (conventional)				
	c) Post Puerperal ligation - Laparoscopic				
	d) MTP with ligation				
2.5.	a) Total no. of discharges				
	b) Total no. of deaths				
2.6.	a) No. of normal deliveries				
	b) No. of assisted deliveries **				
	c) No. of Caesarean sections -				
	1 st Gravida				
	2 nd Gravida				
	3 rd Gravida & above				
2.7.	a) Total no. of live births				
	b) Total no. of still births				

** Assisted deliveries i) Abnormal presentation (Breech, face etc) . ii) Twins, iii) Out let Forceps / Ventouse . iv) Retained placenta . v) Repair of cervical tear . vi) Vaginal lacerations

Sl. No.	Item	Performance during the reporting month			Cumulative since April
		B	NB	Total	
(1)	(2)	(3)	(4)	(5)	(6)
2.8.	a) No. of Maternal Deaths				
	b) Mention causes of Maternal Deaths				
	i)				
	ii)				
2.9.	No. of cases required blood transfusion				
2.10	No. of cases referred out – i) Obstetric cases				
	ii) Neo natal cases				
2.11	No. of new borns required resuscitation				
2.12	No. of new borns with Birth Weight				
	a) below 2 kg gm				
	b) above 2 kg but <2.5 kg				
	c) above 2.5 kg				
2.13	a) No. of Neonatal deaths				
	b) Mention causes of neo natal deaths				
	i)				
	ii)				
	iii)				
2.14	a) No. of Neonatal BCG administered				
	b) No. of 'O' dose of OPV administered				

3.0 Bed utilization & efficiency

3.1	a) Total patient days during the month		
	b) Average length of stay		
	c) Bed occupancy (in percentage)		
3.2.	a) No. of Hospital Acquired Infection		
	b) Hospital waste management system functioning or not		Yes / No

B = Beneficiaries

NB = Non Beneficiaries

Date :

Signature of the Superintendent /
Administrator / M.O. In Charge / H.O.

(Monthly performance report of RDC doc)

Total patient days : - Total patient days means the number of days spent during a period (month or year) by all indoor patients.

Total patient days may be obtained by adding the number of patients remaining at the end of each day of the period (month or year):

⊗ **Bed occupancy :** - (for calculation in monthly reports)
(in percentage)

$$= \frac{\text{Total patient days during the month}}{\text{Total number of beds} \times \text{Number of days in the month}} \times 100$$

⊗ **Average length of stay** =

$$\frac{\text{Total no. of inpatient days' care rendered to discharged patients}}{\text{Total no. of patients discharged or died}}$$

Total patient days :

Total patient days may be obtained by adding the number of patients remaining at the end of each day of the month / year.

Example :

_____ Hospital / Maternity Home

No. of beds : 20

Month : January

Year : 2002

Date	No. of patients remaining on the previous day	No. of admissions	No. of discharges (alive)	No. of deaths	No. of patients remaining at the end of the day [col. 2+3 - 4 - 5]
(1)	(2)	(3)	(4)	(5)	(6)
1 st Jan., 2002	19	2	-	-	20
2 nd Jan., 2002	20	1	2	1	19
3 rd Jan., 2002	19	3	3	-	17
4 th Jan., 2002	17	2	-	2	19
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
31 st Jan., 2002					
Total for the month					

Total patient days

UHIP - KMDA
Monthly Performance report of ESOPD for the Month of _____
Municipality _____ Year _____

Sl No.	Name of Disciplines	Out patients treated during the month					Cases referred to other institutions		
		Beneficiaries		Non beneficiaries		Grand Total	Cumulative since April	Beneficiaries	Non beneficiaries
		New	New & Old	New	New & Old				
1.	Obstetrics ANC PNC								
2.	Gynaecology								
3.	Paediatrics								
4.	F. W. Counselling								
5.	Medicine								
6.	Eye								
7.	ENT								
8.	Surgery								
9.	Dental								
10.	Dermatology								
	Total :								

- Outpatient = An outpatient is an individual attending OPD and receiving any service of the outpatient department and not occupying a hospital bed. Outpatients may be classified as new and old.
- A new patient is one who attends OPD for the first time and an old patient is one who repeats attendance for the same disease.
- An individual who repeats attendance for new episode of illness may be treated as a new outpatient case.

Date :

 Signature of the In-charge

UHIP – KMDA
Monthly performance report of RDC / Lab. setup
attached to ESOPD / Maternity Home

_____ Municipality

Month _____ year _____

Staff in position : a). Specialists _____ b). Technicians _____ c). Ancillary staff _____

A. Performance :

Sl. No.	Type of Investigation/ lab. exam. done during the reporting month	No of tests performed at							
		RDC		Lab. attached to ESOPD		Lab. attached to Mat. Home		Total	
		B *	NB**	B *	NB**	B *	NB**	B *	NB**
1.	Pathology & Haematology								
2.	Bio-chemistry								
3.	USG								
4.	X-ray								
5.	EKG								
6.	Other (specify)								

B. Quality assurance system present or not

Yes/No	Yes/No	Yes/No
--------	--------	--------

C. Waste Management System is in operation

Yes/No	Yes/No	Yes/No
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* B = Beneficiaries
 ** NB = Non Beneficiaries

 Signature of In-charge of RDC / Administrator

প্রদত্ত পরিষেবা সংক্রান্ত কার্যাবলীর বিবরণী

মাস _____ বছর _____

ব্লক _____ সাবসেন্টার _____ এইচ.এ. ইউ নং - _____

মিউনিসিপালিটি _____

১.০ _____ বছরের ১লা এপ্রিল এর হিসাব অনুযায়ী এই ব্লকের -

১.১ মোট জনসংখ্যা _____	১.২ প্রজননশীল দম্পতির সংখ্যা _____
১.৩ মোট কোলের শিশু _____ (১ বছরের নিচে)	১.৪ ১- < ৫ বয়সের শিশু _____
১.৫ কিশোর _____ (১০-১৯)	১.৬ কিশোরী _____ (১০-১৯)

ক্রমিক সংখ্যা	প্রদত্ত পরিষেবা	সম্পাদিত কার্যাবলীর সংখ্যা *		
		কেবলমাত্র এই মাসেই	মোট সংখ্যা এই বছরে এই মাস পর্যন্ত (এপ্রিল থেকে)	মোট সংখ্যা গত বছরে এই সময়ে (এপ্রিল থেকে —মাস পর্যন্ত)
(১)	(২)	(৩)	(৪)	(৫)
২.০	প্রাক-প্রসবকালীন পরিচর্যা			
২.১	গর্ভবতী মায়ের নাম নথিভুক্ত করা হয়েছে : ক) ১২ সপ্তাহের মধ্যে খ) ১২ সপ্তাহ বা তার উর্ধ্বে			
২.২	গর্ভবতী মায়ের অন্তত পক্ষে ৩ বার চেক আপ হয়েছে			
২.৩	গর্ভবতী মাকে দেওয়া হয়েছে - টিটি - ১ম ডোজ - ২য় ডোজ - বুস্টার			
২.৪	গর্ভবতী মা ঝুঁকি সম্পন্ন নির্ণীত হয়েছেন -			
২.৫	গর্ভবতী মায়ের গর্ভাবস্থায় জটিলতার জন্য বা জরুরী চিকিৎসার প্রয়োজনে চিকিৎসা কেন্দ্রে পাঠানো হয়েছে -			
৩.০	প্রসূতি পরিচর্যা :			
৩.১	বাড়িতে প্রসব : ক) মায়ের বয়স - < ২০ বছর খ) মায়ের বয়স ২০ বা তার উর্ধ্বে			
৩.২	বাড়িতে প্রসব- পরিচালনা/তদারকি : ক) প্রশিক্ষণ প্রাপ্ত দ্বারা খ) প্রশিক্ষণ প্রাপ্ত নন এমন দাই বা অন্যরা			
৩.৩	প্রসবকালীন জটিলতার জন্য চিকিৎসা কেন্দ্রে পাঠানো হয়েছে			

*কেবলমাত্র সংখ্যা - কোন মতামত নয়

(১)	(২)	(৩)	(৪)	(৫)
৩.৪	ক) জীবিত প্রসূতের সংখ্যা নথীভুক্ত করা হয়েছে - যে সব নবজাতকের জন্মকালীন ওজন < ২.৫ কিগ্রা ২.৫ কিগ্রা বা তার উর্ধ্বে ওজন জানা যায় নাই			
	খ) মৃত প্রসূতের সংখ্যা নথীভুক্ত করা হয়েছে -			
	গ) গর্ভপাতের সংখ্যা নথীভুক্ত করা হয়েছে (এবরসন)			
	৪.০ প্রসবোত্তর পরিচর্যা			
৪.১	প্রসবের পরে প্রসূতি মায়ের অন্তত ৩ বার চেক আপ হয়েছে			
৪.২	অসুস্থ নবজাতক (কেবলমাত্র নূতন কেস) : ক) নথীভুক্ত হয়েছে খ) চিকিৎসা পেয়েছে আই.পি.পি.-৪ চিকিৎসা কেন্দ্রে গ) চিকিৎসার জন্য উপযুক্ত চিকিৎসা কেন্দ্রে পাঠানো হয়েছে			
	৫.০ নিরাপদ (বৈজ্ঞানিক পদ্ধতিতে) গর্ভপাতের সুব্যবস্থা -			
৫.১	এম.টি.পি করা হয়েছে - ১২ সপ্তাহ/১২ সপ্তাহের মধ্যে -			
৫.২	এম.টি.পি করা হয়েছে - ১২ সপ্তাহের পর -			
৫.৩	এম.টি.পি করা হয়েছে - অবিবাহিত মা -			
	৬.০ প্রজননতন্ত্রে রোগ সংক্রমণ প্রতিরোধে সুব্যবস্থা			
৬.১	প্রজননতন্ত্রে রোগ সংক্রমণ - প্রাথমিকভাবে সন্দেহ করা হয়েছে - স্ত্রী - পুং -			
৬.২	প্রজননতন্ত্রে রোগ সংক্রমণ - পরীক্ষার দ্বারা/ চিকিৎসক দ্বারা নির্ণীত হয়েছে - স্ত্রী - পুং -			
৬.৩	প্রজননতন্ত্রে সংক্রমণজনিত রোগে ভুগছে এমন রোগীকে সাব-সেন্টারে চিকিৎসা করা হয়েছে			
৬.৪	ঐরকম রোগীদের চিকিৎসার জন্য উপযুক্ত চিকিৎসা কেন্দ্রে পাঠানো হয়েছে -			
৬.৫	আই.ইউ.ডি পদ্ধতি গ্রহণে ইচ্ছুক মহিলা প্রজননতন্ত্রে সংক্রমণজনিত রোগে ভুগছেন কিনা পরীক্ষা করা হয়েছে -			
৬.৬	আই.ইউ.ডি পদ্ধতি গ্রহণ অবস্থায় প্রজননতন্ত্রে সংক্রমণজনিত রোগে ভুগছেন এটা পরীক্ষার দ্বারা নির্ণীত হয়েছে -			
	৭.০ রোগ প্রতিরোধক টিকাকরণ :			
৭.১	বি.সি.জি			
৭.২	ক) ডি.পি.টি-১ খ) ডি.পি.টি-২ গ) ডি.পি.টি-৩			
৭.৩	ক) ও.পি.ভি-০ খ) ও.পি.ভি-১ গ) ও.পি.ভি-২ ঘ) ও.পি.ভি-৩			
৭.৪	হামের টিকা -			

		এই মাসে সম্পাদিত কার্যাবলী
৮.০	আই.এফ.এ. ও ভিটা-'এ' (IFA) & (VIT-'A')	
৮.১	মায়েরা আই.এফ.এ নিয়েছেন :-	রক্তাক্ততা প্রতিরোধের জন্য (Prophylaxis) চিকিৎসার জন্য (Therapy)
৮.২	শিশুরা আই.এফ.এ পেয়েছে -	
৮.৩	শিশুরা (৯ মাস - ৩ বছর) VIT-'A' পেয়েছে	১ম ডোজ ২য় ডোজ ৩য় - ৫ম ডোজ

ক্রমিক সংখ্যা	৯.০ পরিবার কল্যাণ	এই মাসে যে সব প্রজননশীল দম্পতি পদ্ধতিগুলি ব্যবহার শুরু করেছেন (নূতন গ্রহণকারী)	পদ্ধতিগুলির ব্যবহার বন্ধ করেছেন/বিরত থাকেছেন এমন প্রজননশীল দম্পতির সংখ্যা (রিপোর্টিং মাসের শেষ দিনের অবস্থান)	বিভিন্ন পদ্ধতি এখনও ব্যবহার করেছেন এমন প্রজননশীল দম্পতির মোট সংখ্যা (রিপোর্টিং মাসের শেষ দিনের অবস্থান অনুযায়ী)
(১)	(২)	(৩)	(৪)	(৫)
৯.১	পরিবার পরিকল্পনার পদ্ধতি গ্রহণ (আধুনিক/ বৈজ্ঞানিক)			
	ক) স্থায়ী পদ্ধতি - মহিলা			
	খ) স্থায়ী পদ্ধতি - পুরুষ			
	গ) আই.ইউ.ডি-			
	ঘ) ও.পি (পিল)			
	ঙ) কন্ডোম			
৯.২	আধুনিক / বৈজ্ঞানিক পদ্ধতির কোনটিই ব্যবহার করছেন না এমন দম্পতির সংখ্যা (রিপোর্টিং মাসের শেষ দিনের অবস্থান)			
৯.৩	আধুনিক / বৈজ্ঞানিক পদ্ধতি ছাড়া অন্য কোন পদ্ধতি ব্যবহার করছেন এমন প্রজননশীল দম্পতির সংখ্যা -			

১০.০ অসুখ ও মৃত্যু সম্পর্কে তথ্য জোগাড় :-

ক্রমিক সংখ্যা	রোগের নাম / পরিষেবা	এই মাসে সম্পাদিত কার্য নথিভুক্ত করা	
		আক্রান্তের সংখ্যা	মৃতের সংখ্যা
১০.১	টিকা দিয়ে প্রতিরোধ যোগ্য রোগের বিবরণ -		
	ক) ডিপথেরিয়া		
	খ) ধনুপ্টংকার (জন্মের ২৮ দিনের মধ্যে)		
	গ) পোলিও		
	ঘ) ছপিং কাশি		
	ঙ) হাম		
	চ) টিবি (যক্ষা) (৫ বছরের নিচে)		

ক্রমিক সংখ্যা	রোগের নাম / পরিষেবা	এই মাসে সম্পাদিত কার্য নথিভুক্ত	
		আক্রান্তের সংখ্যা	মৃতের সংখ্যা
১০.২	অন্যান্য কয়েকটি শিশুরোগ :		
	ক) ডাইরিয়া (১ বছরের নিচে)		
	খ) ডাইরিয়া (১ বছর থেকে ৫ বছরের নিচে)		
	গ) এ.আর.আই (১ বছরের নিচে)		
	ঘ) এ.আর.আই (১ বছর থেকে পাঁচ বছরের নিচে)		
১০.৩	বিশেষ কয়েকটি সংক্রামক রোগ	এই মাসে সম্পাদিত কার্যাবলী	
	ক) ম্যালেরিয়া		
	i) জ্বরে আক্রান্ত হয়েছেন এমন নথিভুক্তের সংখ্যা		
	ii) যাদের পরীক্ষার জন্যে রক্ত নেওয়া হয়েছে তাঁদের সংখ্যা		
	iii) সাময়িক/ অনুমানের উপর ভিত্তি করে যাদের চিকিৎসা হয়েছে (Presumptive treatment)		
	iv) যারা ম্যালেরিয়ার সম্পূর্ণ চিকিৎসা পেয়েছেন (Radical treatment)		
	v) ম্যালেরিয়ায় মৃত্যুর সংখ্যা		
	খ) যক্ষা (টিবি) :		
	i) প্রাথমিকভাবে টিবি সন্দেহে - নথিভুক্ত করা হয়েছে রেফার করা হয়েছে		
	ii) টিবি রোগে ভুগছে তা পরীক্ষায় নির্ণীত হয়েছে		
	iii) পুরাতন টিবি রোগী যাদের চিকিৎসা এই মাসেও চলেছে		
	iv) নতুন টিবি রোগী যাদের চিকিৎসা শুরু হয়েছে এই মাসে		
	v) যাদের টিবি অসুখ সেরে গেছে কিন্তু তাঁরা এ মাসেও পর্যবেক্ষণে রয়েছেন		
	গ) কুষ্ঠ (লেপ্রসি) :		
	i) প্রাথমিকভাবে লেপ্রসি সন্দেহে - নথিভুক্ত করা হয়েছে রেফার করা হয়েছে		
	ii) লেপ্রসি রোগে ভুগছে তা পরীক্ষায় নির্ণীত হয়েছে		
	iii) পুরাতন লেপ্রসি রোগী যাদের চিকিৎসা এই মাসেও চলেছে		
	iv) নতুন লেপ্রসি রোগী যাদের চিকিৎসা শুরু হয়েছে এই মাসে		
	v) যাদের লেপ্রসি অসুখ সেরে গেছে কিন্তু তাঁরা এ মাসেও পর্যবেক্ষণে রয়েছেন		
ঘ) রেবিজ :- কুকুরের কামড়ে আহতের সংখ্যা			
	রেবিজ (ছলাভক্ষ) রোগে আক্রান্ত হয়ে মৃত্যুর সংখ্যা		

১১.০	বিদ্যালয় ছাত্র-ছাত্রীদের স্বাস্থ্য পরীক্ষা :	এই মাসে সম্পাদিত কার্যাবলী
১১.১	বিদ্যালয় পরিদর্শনের সংখ্যা -	
১১.২	ছাত্র-ছাত্রীদের সংখ্যা - স্বাস্থ্য পরীক্ষা করা হয়েছে	
	চিকিৎসা করা হয়েছে	
	আরও চিকিৎসার জন্য উপযুক্ত কেঙ্গে পাঠানো হয়েছে	

১২.০	মৃত্যুর তথ্য নথীভুক্ত করণ :-	এই মাসে সম্পাদিত কার্যাবলী
১২.১	ক) মাতৃ মৃত্যু -	
	খ) শিশু মৃত্যু - জন্মের ১ সপ্তাহের মধ্যে	
	জন্মের ১ সপ্তাহ থেকে ১ মাসের মধ্যে	
	জন্মের ১ মাস থেকে ৫ বছরের মধ্যে	
	গ) শিশু মৃত্যু জন্মের ১ বছর থেকে ৫ বছরের মধ্যে	
১২.২	উপরে উল্লিখিতগুলি ছাড়া অন্যান্য মৃত্যুর সংখ্যা	
১২.৩	মোট মৃত্যুর সংখ্যা	
১২.৪	গর্ভপাতের জন্য মৃত্যু হয়ে থাকলে তার সংখ্যা এখানে আলাদাভাবে উল্লেখ করুন	

Date :

Signature of the H/W

SUDA

IPP-VIII (Extn.)
HEALTH, SUDA

URGENT

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

SUDA-120/96(Pt-VI)/67

04.02.2003

Ref No.

Date

From : Adviser(Health)
SUDA

To : The Mayor / Chairman,

..... Municipal Corporation / Municipality.

**Sub : Meeting of the Apex Advisory Committee on
Urban Health Improvement Programmes.**

Sir,

In the 1st meeting of the above committee, it was resolved that the Health facilities created under IPP-VIII (Extn) should be made fully functional by March, 2003. A month-wise performance report as per enclosed format is to be submitted before the next meeting of the Apex Advisory Committee.

In case, some, Health facilities (particularly Maternity Home) are not functioning the constraints may kindly be detailed out.

The next meeting of the Committee shall be held some time during this month. You are therefore requested to kindly submit the above information as per enclosed format within 11.02.2003 positively.

Due to paucity of time, Fax Communication (Fax No. 033 23593184) is suggested.

Encl. : As stated.

Yours faithfully,

[Signature]
Adviser (Health)
SUDA 4/2/2003

**Report of the Maternity Home
Municipality
Since inception till 31.01.2003**

1.0 General

1.1. No. of sanctioned Beds _____	1.2. No. of existing Beds _____
1.3. Staff in position: a) G&O Specialist _____ b) Anaesthetists _____ c) Paediatrician _____	
d) Medical Officer _____ e) Nursing personnel _____ f) Lab. Technician _____	
g) Ancillary staff _____	

2.0 Performance

Sl. No.	Item	Performance during the reporting month			Cumulative since April _____
		B	NB	Total	
(1)	(2)	(3)	(4)	(5)	(6)
2.1.	a) Total Admissions				
	b) Maternity Cases				
	c) Gynae Cases				
	d) MTP cases (if admitted)				
2.2.	No of admissions - parawise maternity cases				
	a) 1 st para				
	b) 2 nd para				
	c) 3 rd para & above				
2.3.	No. of MTP performed				
	a) at / within 12 weeks of gestation				
	b) above 12 weeks of gestation				
	c) cause wise no. of MTP cases				
	i) Medical cause				
	ii) Eugenic cause				
	iii) Humanitarian cause				
	iv) Socio economic cause				
	v) Failure of contraceptive methods				
2.4.	No. of Female sterilization done				
	a) Puerperal ligation				
	b) Post Puerperal ligation - Abdominal (conventional)				
	c) Post Puerperal ligation - Laparoscopic				
	d) MTP with ligation				
2.5.	a) Total no. of discharges				
	b) Total no. of deaths				
2.6.	a) No. of normal deliveries				
	b) No. of assisted deliveries **				
	c) No. of Caesarean sections -				
	1 st Gravida				
	2 nd Gravida				
	3 rd Gravida & above				
2.7.	a) Total no. of live births				
	b) Total no. of still births				

** Assisted deliveries i) Abnormal presentation (Breech, face etc) , ii) Twins, iii) Out let Forceps / _____ , iv) Retained placenta , v) Repair of cervical tear , vi) Vaginal lacerations

Sl. No.	Item	Performance during the reporting month			Cumulative since April
		B	NB	Total	
(1)	(2)	(3)	(4)	(5)	(6)
2.8.	a) No. of Maternal Deaths				
	b) Mention causes of Maternal Deaths	i)			
		ii)			
2.9.	No. of cases required blood transfusion				
2.10	No. of cases referred out – i) Obstetric cases				
	ii) Neo natal cases				
2.11	No. of new borns required resuscitation				
2.12	No. of new borns with Birth Weight				
	a) below 2 kg gm				
	b) above 2 kg but <2.5 kg				
	c) above 2.5 kg				
2.13	a) No. of Neonatal deaths				
	b) Mention causes of neo natal deaths	i)			
		ii)			
		iii)			
2.14	a) No. of Neonatal BCG administered				
	b) No. of 'O' dose of OPV administered				

3.0 Bed utilization & efficiency

3.1	a) Total patient days during the month		
	b) Average length of stay		
	c) Bed occupancy (in percentage)		
3.2.	a) No. of Hospital Acquired Infection		
	b) Hospital waste management system functioning or not	Yes / No	

B = Beneficiaries
NB = Non Beneficiaries

Date :

Signature of the Superintendent /
Administrator/ M.O. in Charge/H.O.

⑬ Total patient days : - Total patient days means the number of days spent during a period (month or year) by all indoor patients.
Total patient days may be obtained by adding the number of patients remaining at the end of each day of the period (month or year):

⑭ Bed occupancy : - (for calculation in monthly reports)
(in percentage)

$$= \frac{\text{Total patient days during the month}}{\text{Total number of beds} \times \text{Number of days in the month}} \times 100$$

⑮ Average length of stay =

$$\frac{\text{Total no. of inpatient days' care rendered to discharged patients}}{\text{Total no. of patients discharged or died}}$$

Total patient days :

Total patient days may be obtained by adding the number of patients remaining at the end of each day of the month / year.

Example :

_____ Hospital / Maternity Home

No. of beds : 20

Month : January

Year : 2002

Date	No. of patients remaining on the previous day	No. of admissions	No. of discharges (alive)	No. of deaths	No. of patients remaining at the end of the day [col. 2+3 - 4 - 5]
(1)	(2)	(3)	(4)	(5)	(6)
1 st Jan., 2002	19	2	-	1	20
2 nd Jan., 2002	20	1	2	-	19
3 rd Jan., 2002	19	3	3	2	17
4 th Jan., 2002	17	2	-	-	19
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮	⋮
31 st Jan., 2002	⋮	⋮	⋮	⋮	⋮
Total for the month					

Total patient days

UHIP - SUDA
Performance report of RDC / Lab. Setup
attached to OPD / Maternity / Home

_____ Municipality

Month _____ year _____

Staff in position : a). Specialists _____ b). Technicians _____ c). Ancillary staff _____

A. Performance :

Sl. No.	Type of Investigation/ lab. exam. done during the reporting month	No of tests performed at							
		RDC		Lab. attached to ESOPD		Lab. attached to Mat. Home		Total	
		B *	NB**	B *	NB**	B *	NB**	B *	NB**
1.	Pathology & Haematology								
2.	Bio-chemistry								
3.	USG								
4.	X-ray								
5.	ECG								
6.	Other (specify)								

B. Quality assurance system present or not

Yes/No	Yes/No	Yes/No
--------	--------	--------

C. Waste Management System is in operation

Yes/No	Yes/No	Yes/No
--------	--------	--------

* B = Beneficiaries

** NB = Non Beneficiaries

Signature of In-charge of RDC / Administrator

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

SUDA-Health/DFID/04/448
Ref No.

Date **24.02.2005**

**From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA**

**To : The Chairman
Cooch Behar / Jangipur / Baharampur / Suri /
Bolpur / Purulia / Bankura / Kalna / Bishnupur /
Krishnagar / Medinipur Municipality**

**Sub : Minutes of the 7th meeting of the Apex Advisory Committee on Urban
Health Improvement Programme held on 28.01.2005.**

Sir,

Enclosed, kindly find herewith the copy of minutes of the 7th meeting of the Apex Advisory Committee on Urban Health Improvement Programme held on 28.01.2005.

This is for favour of your kind information and necessary action.

Encl. : As stated.

Yours faithfully,



Project Officer

SUDA-Health/DFID/04/448(1-11)

24.02.2005

CC

**Project Director, DFID assisted Honorary Health Worker Scheme,
Municipality for information and necessary action please.**



Project Officer

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No. ...SUDA-15/98(Pt-VI)/554

Date24.02.2005

From : Dr. Shibani Goswami
Project Officer
Health, SUDA

To : The Mayor / Chairman

..... MC / Municipality

Sub : Minutes of the 7th meeting of the Apex Advisory Committee on Urban Health Improvement Programme held on 28.01.2005.

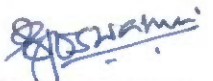
Sir,

Enclosed, kindly find herewith the copy of minutes of the 7th meeting of the Apex Advisory Committee on Urban Health Improvement Programme held on 28.01.2005.

This is for favour of your kind information and necessary action.

Yours faithfully,

Encl. : As stated.

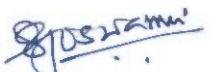

Project Officer

SUDA-15/98(Pt-VI)/554(1-10)

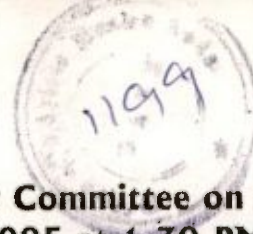
24.02.2005

CC

The Project Director, IPP-VIII-(Extn.), MC / Municipality - for kind information and necessary action.


Project Officer

21 FEB 2005



Minutes of the 7th Meeting of the Apex Advisory Committee on Urban Health Improvement Programme held on 28.01.2005 at 1.30 PM at the VIP Conference Room of Unnayan Bhavan, Salt Lake, Kolkata – 91

Present

Members

1. Principal Secretary, Health & Family Welfare Deptt., Govt. of West Bengal.
2. Chief Executive Officer, KMDA
3. Shri Mrinalendu Bandopadhyay, Chairman New Barrackpore Municipality
4. Chief Health Officer, KMC
5. Director, SUDA, ILGUS Bhavan
6. Dr. N.G. Gangopadhyay
7. Special Secretary, KMDA & officiating Member Secretary, Apex Advisory Committee.

Special Invitee

1. Shri Arnab Roy, Project Director, CMU, KUSP.

Others

1. Dr. Shibani Goswami, Project Officer Health Wing, SUDA.
2. Dr. K. L. Mukherjee, Dy. Chief of Health, UHIPU, KMDA.
3. Shri M.M. Saha, Officer on Special Duty, UHIPU, KMDA.
4. Shri Debasis Mitra, Dy. Secretary, Municipal Affairs Deptt.
5. Shri H. P. Mondal, Project Co-ordinator, UHIPU, KMDA

Shri Asok Bhattacharyya, Hon'ble Minister, UD & MA Departments and Chairman Apex Advisory Committee chaired the meeting.

The items outlined in the agenda were taken up for discussion and decisions arrived at are as follows :

1. **Confirmation of the proceedings of the 6th Meeting of the Apex Advisory Committee held on 02.09.2004.**

The Committee confirmed the proceedings of the 6th Meeting of the Apex Advisory Committee held on 02.09.2004.

2. Review of the follow-up actions on the decisions of the 6th meeting of the Apex Advisory Committee.
 - **Creation of Health Development Fund (HDF).**
The Committee observed that some urban local bodies are yet to open a separate Bank Account styled as Health Development Fund. The latest status as shown at

Annexure - 'A' was noted. Hon'ble Minister desired that all the defaulting ULBs should open a separate Bank Account styled as Health Development Fund without further loss of time.

- **Collection of Registration Fees.**

The latest status was reviewed. The issue of dovetailing HDF with NSDP fund and the identification of the areas where HDF could be utilized were discussed at length. The broad area where HDF could be utilized was indicated in the MA Department's letter No. 1275/S-2/03 dated 12.09.2003. The indicated area is focussed on the maintenance of health services like honorarium to health workers, doctors and technical persons etc., procurement of drugs, maintenance of equipments and buildings as well as for extension of such services.

It was pointed out that a comprehensive set of guidelines from the Municipal Affairs Department to the Urban local bodies for creation of a Health Development Fund and collection of registration fees from the beneficiary families and user charges from other health facilities and dovetailing the community mobilization of fund with NSDP fund would be extremely useful to clear the misgivings persisting at the ULB level.

The committee requested KMDA to draft the necessary guidelines in consultation with SUDA and submit it to MA Department for doing the needful.

The committee also requested Project Director, CMU, KUSP to consider if the community mobilization of fund at the ULB level could be matched by equal contribution from KUSP to enhance municipal capacity for creation of a self-sustaining health delivery system for the urban poor.

- **Municipal Level Health & Family Welfare Committee.**

The committee was apprised that the Municipal Level Health & Family Welfare Committee constituted by the Health & Family Welfare Department vide resolution no. HF/O/PHP/658/O-23/98 dated 25.10.2002 had not been functioning effectively to ensure integration of all health activities between the urban local bodies and the Department of Health & Family for optimal utilization of resources and maximum output.

The committee was of the opinion that the Chief Medical Officer of Health of the Districts should be assigned a key role to activate the municipal level Health & Family Welfare Committee and to monitor its functioning.

The committee requested the Health & Family Welfare Department to fix up the role of the Chief Medical Officer of Health of the district in regard to the functioning of the Municipal level Health & Family Welfare Committee and instruct them to participate in such meetings along with other related issues.

- **Formulation of Urban Health Policy**

The committee was of the view that the role of the ULBs in urban health care had not been adequately defined nor there had been any integration of health activities between the urban local bodies and the Department of Health & Family Welfare. Out of 126 ULBs, 62 ULBs have infrastructures to take care of

preventive health care delivery. Principal Secretary, Health & Family Welfare Deptt. opined that due to infrastructure constraint in the urban area National Health Programme had not yielded the desired result. The Health Officers are also not posted in all the ULBs and there is no well-defined job chart for them.

Hon'ble Minister desired Health & Family Welfare Deptt. to render necessary support to the M.A. Deptt. for formulation of the job chart of the Health Officer. Diverse aspects of Municipal capacity for delivery of primary health care were also discussed.

It was decided that KMDA would prepare a draft on urban health policy in consultation with SUDA and submit to the MA Department for onward transmission to the Health & Family Welfare Department within 15.02.2005 for finalization of the Urban Health policy of the Government .

- **Operationalisation of the IPP-VIII HAU Building at 42 West Jannagar Road, Ward No. 61 under KMC.**

The committee was informed of the letter dated 27.01.2005 from KMC stating that the IPP-VIII HAU activities now functioning from a separate place as a stop gap arrangement would function from the HAU Building constructed under IPP-VIII early and the KMC had already taken necessary steps to make the IPP-VIII HAU Building functional.

- **Non functioning of the Maternity Home Building constructed under IPP-VIII at Baranagar Municipality and IPP-VIII (Extension) area.**

The Committee was apprised of the letter dated 11.12.2004 from Chairperson, Baranagar Municipality stating that the Maternity Home Building under IPP-VIII would be made functional within February 2005.

Hon'ble Minister desired that all the Maternity Homes in the IPP-VIII and IPP-VIII(Extension) area should be made functional to its optimal potential without further delay.

- **Agreement entered into with an NGO by Baranagar Municipality to run the ESOPD in the ground floor of the Maternity Home Building constructed under IPP-VIII.**

The committee took note of the report submitted by two member – Team of the Apex Advisory Committee in regard to the agreement entered into with an NGO by Baranagar Municipality. The committee desired that the health facilities created under IPP-VIII and CUDP-III at Baranagar Municipality should be made fully operational early and requested the municipality to look into the gaps and deficiencies in the health service delivery for necessary redressal.

3. Status of Health components under KUSP.

Project Director, CMU, KUSP gave an overview of the health components to be taken up under KUSP to strengthen the community based health programme now in operation in 40 KMA ULBs and 21 non-KMA ULBs.

The detailed activities for the first year as approved by DFID are as follows:-

- i. Provision of Uniform to grass root level health functionaries (HHWs, FTSs & STSs).
- ii. Provision of HHW Kit bag
- iii. Re-training for different level of health care providers i.e. HHW, FTS, STS/ ANM, PTMO, HO, AHO and UHIO for updating technical knowledge and skill and strengthening primary health care services at door step.
- iv. I.E.C. activities.
- v. Pilot activity with regard to health insurance scheme in 2 KMA ULBs.
- vi. Refurbication of Sub-centre.
- vii. Provision of improved mobility or contingency in the form of a "Referral Fund" for grass root level health functionaries.

The activities would concentrate on preventive and promotive health care.

Principal Secretary, Health & Family Welfare Department opined that it would be better to chalk out the training curricula in consultation with the Agency well conversant with the health care models now in operation in the KMA. He also advised KUSP to consider the emerging health problems in the urban area including anaemia while drafting the final design of the health components under KUSP.

Hon'ble Minister desired that KUSP should concentrate on strengthening and upgrading the sub-centre oriented health delivery system and devise suitable modalities to strengthen and fine tune the home visit and routine interactive sessions by the HHWs with the beneficiary families.

Hon'ble Minister emphasized that the final design of the health components under KUSP should take care of the prevalent water borne diseases in the urban slums and requested Project Director, CMU, to consider if KUSP could subsidize house hold connections to the Urban Slum dwellers to ensure supply of safe drinking water to forestall the incidence of water borne diseases in the slum areas. Hon'ble Minister also desired that KUSP should evolve a suitable training module for training of the Councillors in charge of health of the ULBs to strengthen the municipal capacity to run the primary health care delivery system

He also requested Health & Family Welfare Deptt. to depute a competent officer for helping KUSP design the health components under KUSP.

4. Review of A) Post project maintenance of IPP-VIII(Extension), B) Status Report on RCH Sub Project Asansol and C) Status Report on DFID assisted Honorary health workers scheme.

The committee took note of the status report in respect of post project maintenance of IPP-VIII(Extension), RCH Sub project Asansol and DFID assisted Honorary Health Workers. It was reported that four ULBs under DFID assisted honorary health worker scheme namely Coochbihar, Barhampur, Kalna and Seuri had already started the immunization work.

5. **Review of the performance of the ongoing EC assisted Urban Health Improvement Plan.**

The status report under EC assisted Urban Health Improvement Plan was noted. The committee desired that upgradation of physical infrastructures should be completed within March, 2005.

6. **Review of post project maintenance of IPP-VIII, CUDP-III & CSIP 1(a) & 1(b).**

The status report in respect of Post Project Maintenance of IPP-VIII, CUDP-III and CSIP-1(a) & 1(b) as placed in the meeting was noted.

7. **Miscellaneous :**

a) **Review of current status of utilization of Health facilities and performance of the Honorary Health Workers and fixing of target.**

Hon'ble Minister opined that the health facilities created at the ULB level for preventive health care should be target oriented which should be scrupulously monitored at all levels. Stress should be on streamlining and strengthening the services at the grass root level and optimal utilization of the secondary level health facilities.

The main focus would be improvement of the functions of the Sub-centres and the Honorary Health Workers and the optimal utilization of the Maternity Home. The targets for different Health facilities would be the following:-

i) **Subcentre**

Target

- 144 Clinic Days in each Sub-centre in a year – for immunization, Antenatal care, Post natal care along with other ailments.
- 50% sample checking of the performance of the HHWs.

ii) **Health Administrative Unit (HAU)**

Target

- 50% sample checking of the performance of the HHWs.
- 100% checking of performance of the First Tier Supervisors.

iii) **Maternity Home**

Target

- 90% bed occupancy including Maternity, Gynaecological and other ailments.
- Female Sterilization cases including MTP at least 300 per year.

iv) **Activities of Honorary Health Workers**

Target

- 100% immunization
- 100% Institutional Delivery
- 100% antenatal checkup &
- 80% Couple Protection through various Family Welfare devices
- At least 12 IEC activities in the Block.

(Asok Bhattacharyya)

MIC, M.A. & UD Deptts.

and Chairperson, Apex Advisory Committee
for Urban Health Improvement Programme.

**Status of collection of Registration fees
@ Rs. 2/- from the beneficiaries and opening of Health Development
Fund account. (upto 31.12.2004)**

Sl. No.	Name of the Municipal Corporation/ Municipality	Whether introduced Registration fees @ Rs. 2/- from each beneficiary family	Whether opened an account in the Name of Health Development Fund	Total amount deposited (Rs.)
1.	Uttarpara Kotrung	Yes	C.A. No.C-1/16. UCO Bank. Uttarpara Bazar Branch	42.11.145.00
2.	Chandannagar	Yes	S.B.A. No. 9437. UBI. Kolisani Branch	3.97.060.00
3.	Mañeshtala	Yes	C.A. No. 01000050085. SBI. Batanagar Branch	1.01.954.00
4.	Bansberia	Yes	C.D. No. 3745. UBI. Bansberia Branch	1.03.000.00
5.	Gayeshpur	Yes	C & I -53037. SBI. Gayeshpur Branch	3.22.900.00
6.	Rajarhat Gopalpur	No	100345. UBI. Kaikhali Branch	1.02.314.00
7.	New Barrackpore	Yes	SB 317497. UBI. New Barrackpore Branch	20.26.000.00
8.	Naihati	Yes	(CD 57- ESOPD CD-56. Mat. Home) Bhatpara-Naihati Co-op Bank. CA 813 - RDC. Allahabad Bank.	12.00.000.00
9.	Bhadreswar	Yes	CA 178764. UBI. Bhadreswar	25.33.852.00
10.	Madhyamgram	Yes	SB 10604. Allahabad Bank Madhyamgram	7.82.000.00
11.	Serampore	Yes	8624. Bank of Baroda. Serampore Branch (Health Development Fund)	2.15.000.00
12.	Panihati	Yes	SB 162883. UTI. Panihati Branch	NA
13.	Budge Budge	Yes	C.A. -733. Canara Bank. Budge Budge Branch	90.000.00
14.	North Barrackpore	Yes	C.A. 01100050720. SBI. Barrackpore Branch	1.30.052.12
15.	Rajpur Sonarpur	Yes	C.A. No. 628. UBI. Rajpur Branch(H.D.Fund) 411. UBI. Rajpur Branch(Matrisadan Fund)	11.72.306.00 6.20.969.21
16.	Rishra	Yes	C.A. No. 8. Allahabad Bank. Rishra Branch	5.89.831.00
17.	Titagarh	Under Process	C.D. A.c. No. 6701. UBI. Titagarh Branch	27.080.00
18.	Bally	No	S.B.A. No. 6929. UCO Bank. Liluah Branch	NA

(Contd...)

Sl. No.	Name of the Municipal Corporation/ Municipality	Whether introduced Registration fees @ Rs. 2/- from each beneficiary family	Whether opened an account in the Name of Health Development Fund	Total amount deposited (Rs.)
19.	Bhatpara	Yes	A/c. No. 01100050109 SBI. Kakinara Branch	4,75,996.81
20.	Barrackpore	Yes	8242. State Co-operative Bank, Barrackpore	37,900.00
21.	Uluberia	Yes	CA 6549. Allahabad Bank. Uluberia Branch	1,04,890.00
22.	Konnagar	Under Process	Konnagar Samabaya Bank A/c. No. 17325	3,000.00
23.	North Dum Dum	Yes	SB/GEN/22211. UCO Bank	1,34,334.00
24.	Hooghly Chinsurah	Yes	SB10486. PNB. Chinsurah	13,108.00
25.	Garulia	Yes	No. 011100050091 of SBI. Garulia Branch	92,786.71
26.	Dum Dum	Yes	CA 15233. UCO Bank. Dum Dum Cantonment Branch	86,200.00
27.	Kamarhati	Yes	S/B 20903. Bank of India. Kamarhati Branch	4,10,737.00
28.	Pujali	Yes	A/c. No. 20099 with Allahabad Bank. Budge Budge	1,14,295.00
29.	Kanchrapara	No	No	
30.	Khardah	No	C&I/C/19. SBI. Khardah Branch	1,000.00
31.	Baranagar	Under Process	S/B A/c.No. 21839 Bank of Baroda. Baranagar Branch	27,945.00
32.	Barasat	No	No	
33.	Halisahar	No	CD-793 PNB. Halisahar Br.	Nil
34.	Kalyani	Yes	SB A/c. 01000050124 of SBI. Kalyani	1,24,656.00
35.	South Dum Dum	Yes	S.B. No. 205666. UCO Bank. Dum Dum	1,95,000.00
36.	Howrah	No	No	-
37.	Kolkata	Under Process	Will be informed later on	-
38.	Baidyabati	No	No	-
39.	Bidhannagar	Yes	S.B. A/c. No. 9301600635 State Cooperative Bank	63,117.00
40.	Champdani	Yes	S.B. A/c. No. CD 51. BOI. Champdani	2,53,171.94
41.	Baruipur	No	No	-
TOTAL				1,68,14,188.80

Say Rs.1. 68Crore

Synopsis : 1. Health Development Fund already opened - 34 Municipalities

2. Collection of beneficiary charges @ Rs. 2/- per month - 28 Municipalities.

3. Collection of beneficiary charges @ Rs. 2/- per month - 4 Municipalities under process.


(Information regarding collection of Registration fees.doc)

No. 1269/1(12)/A-5/KMDA/UHIP/04

Dated : 16.02.2005

Copy forwarded for favour of information to :-

1. Principal Secretary, Health & Family Welfare Deptt., Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata - 700 091.
2. Principal Secretary, U.D. Deptt., Govt. of West Bengal, Nagaranyan Bhavan, Salt Lake, Kolkata - 700 064.
3. Secretary, M.A. Deptt., Govt. of West Bengal, Writers' Buildings, Kolkata - 700 001.
4. Chief Executive Officer, KMDA, Prashasan Bhavan, Salt Lake, Kolkata - 700 064.
5. Shri Rajeev Dube, IAS, Special Secretary (Project) & Programme Director, SIP & HSDI, Govt. of West Bengal, Health & Family Welfare Deptt, Swasthya Bhavan, 4th Floor, GN - 29, Sector - V, Bidhannagar, Kolkata - 700 091.
6. Shri Rathin Roy, Mayor, Durgapur Municipal Corporation, Durgapur, Burdwan.
7. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality, North 24 Parganas
8. The Chief Health Officer, KMC, 5, S.N. Banerjee Road, Kolkata - 700 013.
9. Director, SUDA, ILGUS Bhavan, H.C. Block, Sector - III, Salt Lake, Kolkata.
10. Dr. N.G. Gangopadhyay, Member
11. Shri Arnab Roy, IAS, Project Director, KUSP, ILGUS Bhavan, Salt Lake, Kolkata.
12. P.S. to MIC, UD & MA Deptt., Govt. of West Bengal, Writers' Buildings, Kolkata -1.


(A.R. Bardhan) 15/2/05

Secretary, KMDA &
Member-Secretary

Apex Advisory Committee on
Urban Health Improvement Programme

No. 1269/1(12)/A-5/KMDA/UHIP/04

Dated : 16.02.2005

Copy forwarded for information and necessary action to :

1. Mayor _____ Corporation.
2. Chairperson _____ Municipality.
- ✓ 3. Dr. Shibani Goswami, Project Officer, Health wing, SUDA.



Officer on Special Duty
UHIPU : KMDA

16/02/05



IPP - VIII. CMDA FAMILY WELFARE (US) PROJECT

Unnayan Bhavan, Bidhan Nagar 'G' Block, 3rd Floor, Calcutta - 700 091 Phone : 334-5257 / 358-8771 / 337-0697 Fax : 358-3931

No. / CMDA/FW(US)/IPP-VIII/M - 29/99

Dated :

From : Project Director, IPP-VIII &
Secretary, CMDA.

To : _____

Sub. : 8th Meeting of the Apex Committee of the Family Welfare (Urban Slums) Project - IPP-VIII to be held in the Chief Secretary's Conference Room at Writers' Buildings on 18.01.2001 at 5-30 P.M. under the Chairmanship of Chief Secretary, Govt. of West Bengal.

Sir/ Madam,

The 8th Meeting of the Apex Committee of the Family Welfare (Urban Slums) Project - IPP-VIII will be held in the Conference Room of the Chief Secretary at Writers' Buildings on 18.01.2001 at 5-30 p.m. under the Chairmanship of the Chief Secretary, Govt. of West Bengal.

You are requested kindly to make it convenient to attend the said meeting.

The Note on Agenda items is enclosed.

Yours faithfully,

SM -

Project Director, IPP-VIII &
Secretary, CMDA

Encl. : As stated

No. 87(15)/H / CMDA/FW(US)/IPP-VIII/M - 29/99

Dated : 16-1-2001

Copy forwarded for information and request to attend the meetings to :-

1. S. K. Bhattacharya , DGO(MD), CMDA
2. Dr. B. Bhattacharjee, Chief of Health, IPP-VIII, CMDA
3. Dr. (Col.) N.G. Gangapadhaya, Advisor, Health, SUDA.
4. The Administrative Officer, Programme Cell, CMDA, 3A, Auckland Place, Calcutta - 17.

15/1/2001
Project Director, IPP-VIII &
Secretary, CMDA

Item No. 3(a)

**3(a)(3) Statement showing the progress of procurement activities
vis - a - vis construction of Civil works under IPP – VIII, C.M.D.A.**

	Target	Construction completed	Equipment	Furniture	Drugs
I. HAU	109	95 11 (U.C.) Service – 110	100% (101) 75% (9)	100%(101) 75%(9)	110%
II. ESPOD	25	17 8 (U.C.)	100% stock ready	100% Procurement in process	100% Ready in stock
III. Mater- nity Homes	23	11 12 (U.C.)	100% 75% proce- ssed 25%under process	100% -Do-	100% -Do-
IV. Regional Diagnostic Centre	8	4	1 st phase. Processing nearing com- pletion.	- Do -	Local body will be au- thorised to purchase re- agent.

U.C. – Under Construction

Item No. 3(b)

December 29, 1999

Ms. Meenakshi Datta Ghosh
Joint Secretary
Ministry of Health & Family Welfare
Government of India
Nirman Bhavan
New Delhi - 110 001

Dear Ms. Ghosh,

*Subject: Family Welfare Urban Slums Project (Cr. 2394 - In) - Supervision Mission
between October - December 1999*

We would like to express our sincere appreciation to your division, project directors and various staff from the States of Andhra Pradesh, Delhi, Karnataka and West Bengal for facilitating site visits and discussions.

This letter confirms the contents and recommendations of the attached Aide Memoire which summarizes cross cutting issues across all the project cities while separate Aide Memoires highlighting specific issues for each project city were shared with GOI and respective project states during the wrap-up meeting held on December 17, 1999.

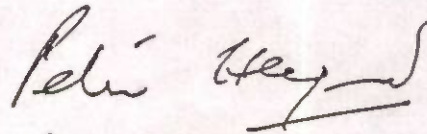
While GOI approved the overall outlay for project restructuring agreed during MTR review mission (May 1998), clearance for expanded scope of the project beyond original project cities is yet to be given. As the project is unlikely to be expanded, GOI needs to confirm by January 2000, the status of approval and provide realistic assessment of the activities that could be completed during the remainder of the project period.

Overall implementation progress in project cities is highly satisfactory in West Bengal and satisfactory in Karnataka and Andhra Pradesh. Despite establishing good MIS and innovative IEC activities, implementation progress in Delhi is unsatisfactory. Except for few locations where re-tendering is in progress, contracts for all the approved civil works have been awarded which will be completed by December 2000.

Disbursements have improved and so far Rs.1313.93million out of the original outlay of Rs. 2233.5 Million has been spent. Consequent to the approval of GOI for project restructuring, the outlay for overall project has gone up to Rs. 4220 million. As the project is unlikely to be extended GOI and project states need to expeditiously monitor the implementation progress and ensure adequate funds during the next 18 months. .

As it is customary, we are copying this letter to the Department of Economic Affairs, Ministry of Finance and respective project states.

Sincerely,



for Edwin Lim
Country Director
India

CC:

Mr. V. Govindarajan, Additional Secretary, Ministry of Finance
Mr. R. Bhamagar, Director (FB), Department of Economic Affairs, Ministry of Finance
Mr. Abhaji Sen Gupta, Principal Secretary (Health & F W) Govt. of Karnataka
Mr. N. Siva Sailam, Project Director, IPP IX and IPP VIII (Additional City component), Govt. of Karnataka
Dr. M. Jayachandra Rao, Project Director, IPP VIII, Bangalore
Mr. N. K.S. Jhala, Principal Secretary (Health & FW), Govt. of West Bengal
Ms. Nandita Chatterjee, Project Director IPP VIII, Calcutta
Mr. V. K. Duggal, Commissioner, MCD, Delhi
Dr. P. P. Singh, Project Director, IPP VIII, Delhi
Ms. Rachel Charterjee, Secretary (Health & FW), Govt. of AP
Dr. G.S.G. Ayyangar, Project Director, IPP VIII, Hyderabad

India: World Bank Review Mission
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394- IN

December, 1999

Aide Memoire

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Drs./Messers. Tawhid Nawaz (Team Leader Population and State Health Systems cluster) G.N.V. Ramana (Task leader IPP VIII), Sadia Chowdhury (Task leader IPP IX), Preeti Kudesia (Public Health), Anu Bharadwaj (Training and Service Delivery), Nirmala Murthy (MIS), Subhash Chakravarty (Civil Works) and Supriya Mukherjee (IEC) between October to December 1999. To facilitate better integration, this review was undertaken conjointly with Family Welfare (Assam, Karnataka and Rajasthan), Reproductive and Child Health and State Health Systems (SHS) projects. The mission would like to thank Government of India, Secretary, Joint Secretary and officials of Department of Family Welfare, Ministry of Health & Family Welfare, Secretaries of health and family welfare, project directors, officials and various staff from Governments of AP, Delhi, Karnataka and West Bengal for facilitating field visits and discussions, and for the warm hospitality that was extended to the mission.
2. This Aide Memoire summarizes cross cutting issues across all the project cities while separate Aide memoires highlighting specific issues for each project city were shared with GOI and respective project states during the wrap-up meeting held on December 17, 1999. Aide-memoires for the IPP IX and SHS projects are separately being issued.
3. **Summary:** During the mid term review of the project held during May/June 1998 about USD 38 million savings was estimated and in consultation with GOI and project states restructuring of the project was undertaken. While GOI approved the overall outlay for project restructuring during September 1999, clearance for expanded scope of the project beyond original project cities is yet to be given. As the project is unlikely to be expanded, GOI needs to confirm by January 2000, the status of approval and provide realistic assessment of the activities that could be completed during the remainder of the project period so that IDA credit which is unlikely to be utilized could be cancelled. Despite good progress at the project city level, the ongoing LACI pilot also did not meet the agreed bench mark of full operationalization by September 1999.

Overall implementation progress of the project is highly satisfactory in West Bengal and satisfactory in Karnataka and Andhra Pradesh. Despite establishing good MIS and innovative IEC initiatives, implementation progress in Delhi is unsatisfactory. Except for few locations where re-tendering is going on, contracts for all the approved civil works have been awarded as per agreed bench marks and all awarded works will be completed by December 2000. Now that project is nearing its final year of implementation, project cities need to develop strategies to sustain successful project activities. Disbursements have improved and so far Rs.1313.93million out of the original outlay of Rs. 2233.5

Million was spent. Consequent to the approval of GOI for project restructuring, the outlay for the current Project cities has gone up to Rs. 2692.76 million. Thus, during the next 18 months the project will need to disburse about Rs. 1378.83 million (Annex I). GOI and Project states will need to ensure that flow of funds is adequate as well as closely monitor project implementation since it is unlikely that the project period will be extended. The bench marks agreed for next six months are presented in Annex II.

Development objectives:

4. The development objectives envisaged in the project are being met. In Calcutta nearly a half of the low parity couples in the project area are using one or other contraception. About 90% of the expectant mothers had 3 antenatal visits and delivered at institutions and more than three fourths of eligible infants received measles immunization. In Delhi about two thirds (65.4%) of estimated pregnant women received 3 antenatal visits and more than three fourths (75.4%) of the eligible children received Measles immunization. However, contraceptive prevalence among low parity couples (25.5%) and institutional deliveries (12.4%) continues to be low (Annex III). While process and outcome indicators in Bangalore and Hyderabad continue to show improvement, project authorities need to pay more attention to ensure that MIS captures segregated outcome data for project beneficiaries.

Improve access to FW and MCH services:

5. **Community Workers:** All the project cities had planned link volunteers in position. While most link volunteers seemed familiar with their roles and responsibilities, additional hands on training in organizing social mobilization activities such as organizing group meetings and tracking the children who miss immunization and expectant women for early antenatal registration would be necessary. Agreements were reached with project cities to facilitate such training. So far, only Calcutta made efforts to sustain the link volunteers. While model adopted in Hyderabad does not envisage any payment to link volunteers, Delhi and Bangalore by June 2000 need to assess the utility of such community mobilizers and develop strategies to sustain this initiative.

6. **Civil Works:** All the approved civil works, except those which had a pending legal disputes and those which required re-tendering, have been awarded. It was agreed that all planned civil works would be completed by December 1999. Project authorities will need to expeditiously monitor the progress to ensure timely completion as per agreed schedule (Annex IV).

7. **Provision of services:** The mission is pleased to note that regular service delivery has started in most facilities planned under the project. Temporary arrangements have been made to provide services in the facilities undergoing construction/renovation. While Bangalore and Calcutta have established good referral linkage of outreach facilities with maternity homes, GOAP has agreed to review and rationalize the institutional care for MCH and FW services provided by city hospitals under different managements in Hyderabad. Specific agreements were reached with respective project authorities

regarding special efforts needed to monitor the utilization of services, especially preventive and promotive care, by slum residents and filling of critical technical posts agreed in the project.

Improve quality of FP and MCH Services:

8. **Training:** Now that most of the training activities planned in the SAR have been completed, efforts are needed to identify and address the critical gaps during the remaining period of the project to ensure skills required for effective implementation of activities envisaged under national RCH program. The mission is pleased to note in that project authorities in Bangalore and Calcutta have taken support of National Teacher's Training Centre (NTTC), Pondicherry to organize Trainer's Training and are also planning to strengthen existing clinical skill training sites. Delhi has undertaken a rapid assessment of training needs and is developing a decentralized training strategy with specific attention to skills. Agreements were reached regarding training plans for the remainder of the project which require close monitoring of project authorities.

9. **Healthcare waste management:** The health care waste management practices in the facilities require attention. Right now the wastes are being regularly collected by respective corporations. The mission advised project authorities to initiate short-term measures such as segregation of waste, colour coding by type of waste, and proper disposal of infectious wastes through deep burial pits.

Enhance demand for FW and MCH services:

10. Following the discussions during July 99 IEC workshop, project authorities in all four cities have developed IEC strategies. While the effort is good, there is still cluttering of messages and audience segmentation requires more attention. Also, female sterilization still receives more attention in interpersonal communication. Agreements were reached with project authorities regarding technical assistance for IEC strategy development, implementation and assessing impact before upscaling the initiatives.

Improve management:

11. The project authorities are constantly reviewing the progress by undertaking field visits as well as monthly review meetings. The PHNs/LHVs and Medical officers need to give more attention to maintenance of records by ANMs and address quality issues by providing on the job guidance. Now that the project is reaching its last year of implementation, attention is needed for gradual integration of PMU activities with that of the municipal bodies and promote local ownership of the project initiatives. Excellent effort in this regard has been made by Calcutta. Agreements were reached with respective authorities regarding establishment of facility level advisory committees to promote local ownership and community monitoring and development sustainability plan to ensure continuity of the project initiatives.

Benchmarks for Nov. 1999 to March 2000 - Calcutta	
<i>Component 1: Improve supply of FW Services</i>	Target date
Appoint at least one staff nurse and one full time medical officer per municipality to provide quality outreach services and supportive supervision including on the job training for the HHWs	March 31, 2000
Ensure timely completion of all civil works already awarded	As per bench marks in Annex IV
Operationalize the completed facilities	As per bench marks in Annex III
<i>Component 2: Improve quality of FW services</i>	
Complete the planned training of trainers	March 31, 2000
Train PTMOs in IUD insertion and monitor the use of skills developed	March 31, 2000
Initiate short-term measures for managing healthcare wastes at the facility level in consultation with concerned SHS officials	June 30, 2000
Forward proposal for replacement of equipment at CUDP facilities using project savings under procurement of goods	January 31, 2000
<i>Component 3: Enhance demand for FW services</i>	
Conduct external evaluation of utility of cooking demonstrations and reproductive health education of adolescent girls towards achieving project development objectives	March 31, 2000
Regular field monitoring of the IEC activities and messages by the project staff.	March 31, 2000
<i>Component 4: Improve program management</i>	
Forward proposal for GIS software to map under served areas to develop special social mobilization strategies	March 31, 2000
Develop a sustainability plan to ensure continuity of the project initiatives	June 30, 2000
GOI to reassess the expanded scope of the project and forward its recommendations to the Bank	December 31, 1999

Status of outcome indicators (April - Sept 1999) - Calcutta			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,73,124	79,230	45.8
Pregnant women having 3 Antenatal visits	29,180	25,970	89.0
Institutional deliveries	28,685	25,673	89.5
Measles Immunization	27,900	21,790	78.1

Civil Works Summary Status Matrix - Calcutta					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit	96	22	74	17 Nos. to be completed by March 2000 5 Nos. to be completed by December 2000
II.	ESOPD- HAU's	7	1	6	To be completed by March 2000
III.	ESOPD- Maternity Home	17	7	10	To be completed by December 2000
IV.	Composite Services Building	1	1	0	To be completed by December 1999
V.	Maternity Home with Clinic	5	5	0	To be completed by December 2000
VI.	Central Medical Store	1	0	1	
VII.	Sub Centers	114	23	91	23 Nos. to be completed by May 2000

Budgetary Provision of IPP-VIII, Calcutta

The Finance Deptt. of the State Government is now releasing fund for the project by re appropriation over the budget provision since the original provision in the budget has been exhausted. The Deptt. of Health and Family Welfare, (Family Welfare Branch) has already been moved to release a sum of Rs.2000.00 lakhs approximately during the current F.Y. to meet the proposed expenditure 1.2.2000 to 30.6.2000.

Basically 2000-2001 is the last year for both the projects – Family Welfare (Urban Slum) Project, Calcutta and Extension of activities to 10 addl. Cities in West Bengal. The Deptt. of Health & Family Welfare has, therefore, been moved to take up the matter with the Finance Deptt. for making budget provision for Rs. 3400.00 lakhs (Rs. 1533.00 lakhs for IPP-VIII Project, Calcutta and Rs. 1867.00 lakhs for extension of IPP-VIII activities to 10 addl. Cities in West Bengal).

This is submitted for recommendation to the State Govt. for early release of Rs. 2000.00 lakhs during the current F.Y. and for making budget provision of Rs. 3400.00 lakhs during 2000 – 2001 to facilitate implementation of the Project and also to avoid re appropriation afterwards as in the case of F.Y. 1998 – 1999 and F.Y. 1999 – 2000.

Item No. 4(a)

FINANCIAL MONITORING IPP-VIII, CALCUTTA

31.1.2000

(Rs. in lakhs)

Item of Expenditure	Project estimate IPP-VIII, Calcutta	Actual upto Jan.,2000 (Cumulative)	Actual till Jan.,2000 & estimates Feb. & March, 2000	Balance (April, 2000 - June, 2001)
A. Construction				
1. Civil Works	3130.70	2225.97	2437.73	692.97
2. Consultancy	-	-	-	-
Total	3130.70	2225.97	2437.73	692.97
B. Non recurring				
1. Procurement				
a) Equipment	882.93	471.69	478.30	-404.63
b) Furniture	299.98	250.97	269.71	30.27
c) Vehicles	153.94	132.81	132.81	21.13
d) Drugs	1140.51	463.05	476.12	664.39
Total : Procurement	2477.36	1318.52	1356.94	1120.42
2. Training including V.T.	521.21	501.60	526.57	(-) 5.36
3. IEC	320.48	243.47	256.04	64.44
4. Consultancy	55.05	35.19	35.19	19.86
5. Innovative Scheme	815.78	139.72	140.57	675.21
Total : Non recurring other than Procurement	1712.52	919.98	958.37	754.15
Total : Non recurring	4189.88	2238.50	2315.31	1874.57
C. Recurring				
1. Sakaries	269.68	182.65	192.34	77.34
2. Honorarium	1289.42	1163.68	1196.99	92.43
3. Rent	92.15	55.77	56.77	35.38
4. Consumables	24.46	9.98	10.98	13.48
5. Operation & Maintenance	263.26	127.56	148.17	115.09
Total : Recurring	1938.97	1539.64	1605.25	333.72
Grand Total	9259.55	6004.11	6358.29	2901.26

Item - 4(b) : FINANCIAL MONITORING IPP-VIII, 10 ADDITIONAL CITIES

31.1.2000

(Rs. in lakhs)

Item of Expenditure	Project estimate IPP-VIII, 10 Additional Cities	Actual upto Jan.,2000 (Cumulative)	Actual till Jan.,2000 & estimates Feb. & March, 2000	Balance (April, 2000 - June, 2001)
A. Construction				
1. Civil Works	1367.22	-	200.00	1167.22
2. Consultancy	-	-		
Total	1367.22		200.00	1167.22
B. Non recurring				
1. Procurement				
a) Equipment	286.67	-		286.67
b) Furniture	143.31	-	78.50	64.81
c) Vehicles	66.00	-		66.00
d) Drugs	250.80	-		250.80
Total : Procurement	746.78			668.28
2. Training including V.T.	547.50	29.74		497.76
3. IEC	137.68	0.06		104.02
4. Consultancy	69.70	-		69.70
5. Innovative Scheme	216.97	-		214.97
Total : Non recurring other than Procurement	971.85	29.80		886.45
Total : Non recurring	1718.63	29.80	163.90	1554.73
C. Recurring				
1. Salaries	35.52	6.85		16.17
2. Honorarium	573.74	9.91	19.35	529.63
3. Rent	43.24	0.40		40.14
4. Consumables	155.05	0.13		145.91
5. Operation & Maintenance	227.52	21.83	29.33	198.19
Total : Recurring	1035.06	39.12	105.02	930.04
Grand Total	4120.91	68.92	468.92	3651.99

Item No.5 : **To Consider further proposals to improve project performance including the progress of the activities for similar services to several cities of the State.**

5(a)(i) : In the 6th Meeting of the Apex Committee it was decided that posts of Health Officer for 3 (three) municipalities viz. Bidhannagar, Kalyani & Pujali where there are no such posts would be created by the M.A. Department in consultation with the Finance Department, Govt. of West Bengal.

The creation of the posts of Health Officer in the aforementioned 3 (three) municipal bodies by the Municipal Affairs Deptt. is still awaited. Again posts of Health Officer are lying vacant in altogether 6 (six) municipal bodies viz. (i) Bansberia, (ii) Bhatpara, (iii) Rajarhat – Gopalpur, (iv) Serampore, (v) Mahestala & (vi) Baranagar.

Also out of 23 (twenty – three) posts of Asstt. Health Officer created by the Municipal Affairs Department for equal no. of municipal bodies under G.O. 111/ MA/O/C-91/2A-19/97 dt. 13.5.99 appointment orders in respect of 14 (fourteen) candidates for the posts have been selected and recommended by the concerned municipalities. A communication to this effect has already been sent to the Municipal Affairs Deptt. vide CMDA's letter No. 70/CMDA/FW(US)/IPP-8/E :- 20/ 98 dt. 14/18.1.2000. Municipal Affairs Deptt. is requested kindly to take early necessary action in the matter.

5(a)(ii) : **Vide World Bank's Aide Memoire dt. 29.12.99 against component 1 of the Benchmark, the Bank has advised appointment of one Staff Nurse and one full-time Medical Officer (preferably lady doctor) to provide quality out-reach services and supportive supervision including on the job training for the HHWs, the target date of finalisation of the issue having been fixed as 31st March, 2000.**

On examination of all aspects of the recommendations of the World Bank and taking into account the possibility of manning the posts of medical officers by the Assistant Health Officers as per the yardstick approved by the Apex Committee previously, a detailed proposal for creation of 9 (nine) new posts of Assistant Health Officer, 8 (eight) posts of full-time medical officer (preferably lady doctor) and 40 (forty) posts of full-time staff nurse at a total estimated cost of Rs. 26.49 lakhs has been formulated by CMDA.

The proposal has been sent to the Municipal Affairs Deptt. by CMDA's letter No. 95/CMDA/A-25/99/FW(US)/IPP-VIII dt. 25.01.2000. The Municipal Affairs Deptt. is requested to take early necessary action in the matter.

5(a)(iii) :

Vide World Bank's Aide Memoire dt. 29.12.99 against component 1 of the Benchmark, the Bank has advised to forward a proposal for GIS Software to map under served areas to develop social mobilisation strategies.

The recommendation of the World Bank is under process and as advised by the competent authority of C.M.D.A., follow-up actions are being taken.

5(a)(iv) :

The proposal for replacement of equipments and furniture etc. at CUDP-III facilities using projects savings under IPP-VIII, CMDA, amounting to Rs. 98.00 lakhs has been sent to the World Bank under CMDA's letter No. 39/CMDA/FW(US)/IPP-8/R-32/99 dated 11.1.2000.

IPP-VIII, Calcutta

Continuity of the Project after June, 2001 - Recurring cost from 1.7.2001 and onwards

Item	Recurring Expenditure per annum (Rs. in lakhs)
1. Honorarium, Salary etc.	683.88
2. Operation & Maintenance (Contingencies)	71.82
3. Drug & Medicines	246.60
4. Maintenance of Building (at 2% on capital cost of Rs. 2930.70 lakhs	52.61
5. Replacement cost of Equipment at 5% on capital cost of Rs. 882.93 lakhs	44.15
6. Replacement cost of Furniture at 5% on capital cost of Rs. 299.98 lakhs	14.99
Replacement cost of vehicles at 15% on capital cost Rs. 153.94 lakhs.	23.09
TOTAL	1137.14

Hence provision for recurring expenditure required for 9 months of 2001 – 2002 (1.7.2001 – 31.3.2002) is Rs. 852.85 lakhs (Rs. 1137.14 lakhs x 9/12).
A list of immovable & movable assets & liabilities has been forwarded to the M.A. Deptt., Govt. of West Bengal.

IPP-VIII – EXTENDED PROJECT TO 10 CITIES OF WEST BENGAL

On behalf of the State Government the Government of India had been moved for obtaining approval of the World Bank for implementation of IPP-VIII(Extension) Project at ten towns outside the Calcutta Metropolitan Area, in West Bengal at an estimated cost of Rs. 41.20 crores. The project activities, implementation strategies and financial estimates were finalised after a series of meetings with the World Bank and officials in the Health & Family Welfare Department in Government of India towards the early part of 1999. The Project proposal was appraised by the World Bank last year, and the approval of the World Bank was communicated to CMDA and the State Government towards the middle of 1999. But the implementation of the Project got inordinately delayed because of delay in getting formal clearance from Government of India ultimately the approval of Govt. of India was communicated to the State Govt. and CMDA on 7.1.2000. Originally, the Project implementation period was supposed to be from January, 1999 to June 2001, i.e. 2½ years. Because of delay in receiving the approval of Govt. of India of the Project proposal about 13/14 months of working time were lost. According to revised schedules all Civil constructions will be required to be completed by March, 2001, and the closing date of Project would be June, 2001.

The main objectives of the project include delivery of Primary Health Care and Family Welfare Services and Nutrition services for slum population residing at the selected 10 towns at their door steps by engagement of female Honorary Health Workers ensuring community participation in preventive health care services in low income neighbourhoods with involvements of urban local bodies, decentralisation of decision making and implementation authorities to develop adequate health awareness in low income communities and to achieve the goals of "Health for All" within the project period . The project envisages selection and training of community women to develop a cadre of Honorary Health Workers in the ratio of 1 HHW for 750 to 1000 beneficiaries approximately. The Target group would comprise of families below the defined poverty lines in urban areas, with particular emphasis on expecting and lactating mothers and children below the age of five years, at Darjeeling, Siliguri, Jalpaiguri, Alipurduar, Raiganj, Balurghat, English Bazar, Burdwan, Durgapur and Kharagpur towns. An estimated 8.15 lakhs beneficiaries are expected to benefit from different project activities. The proposed preventive health care services are listed below :-

- i) Health education on general and specific health issues;
- ii) Immunisation of infants and pregnant mothers;
- iii) Antenatal , Postnatal and Infant Care;
- iv) Temporary and Permanent family planning services for eligible couples;
- v) Nutrition awareness and growth monitoring of children below the age of five years;
- vi) Ensuring institutional deliveries;
- vii) Surveillance of communicable diseases;
- viii) Curative services : treatment of minor ailment at the door steps and at Sub-health posts;
- ix) Referral back-up services at OPD – cum- Maternity Home;

- x) Implementation of innovative schemes like bridge courses, vocational training and EDP for women.

While the central administrative units for planning and monitoring of the project activities are the Health posts, the focal points for delivery of health care services to mothers and children would be the subhealth posts. 11 Combined General OPD-cum-Maternity Homes would also be set up under the project. The sizes of target group populations and infrastructure facilities to be set up under the Project at different towns are indicated below :

Sl No.	Name of the town	Slum population to be covered	No. of Health Posts to be created	No. of SHPs to be created	Combined OPD-cum-Maternity Home
1.	Alipurduar	28,250	1	7	1
2.	Balurghat	48,258	2	12	1
3.	Burdwan	1,15,300	5	27	1
4.	Darjeeling	31,534	2	16	1
5.	Durgapur	1,72,000	11	57	2
6.	English Bazar	61,206	2	14	1
7.	Jalpaiguri	34,705	1	12	1
8.	Kharagpur	88,500	4	30	1
9.	Raiganj	52,853	2	14	1
10.	Siliguri	1,82,292	8	61	1
	TOTAL	8,14,898	38	250	11

The contents of this Project are similar to those of IPP-VIII, CUDP-III Health Project and CSIP Health Project earlier implemented in the Calcutta Metropolitan Area. The implementation periods of these project were 5 years or more. So far as IPP-VIII (Extension) Project is concerned, only 2 ½ years were originally available from the commencement to the end of the project. Given the time constraints, Calcutta Metropolitan Development Authority and State Urban Development agency in Government of West Bengal had completed most of the preparatory works atleast 6 to 8 months back. Suitable sites for construction of health posts and Maternity Homes were identified and locations of Sub health posts were finalised. The process of selection and training of honorary health workers was completed at eight out of these ten towns quite some time back. Project Directors for all the ten towns have been appointed and project officers have been set up every where. Local coordination committees have been set up at the municipalities/municipal corporation levels for decision making and monitoring of the project at local levels. The overall tasks of implementation and monitoring of the project has been

entrusted upon the State Urban Development Agency. The municipal Engineering Directorate in the State Government have finalised bid documents for Civil Works in consultation with the Government of India and the World Bank. Tenders for these Civil Construction have been floated by the M.E. Directorate. The Procurement plans prepared in consultation with the World Bank and Govt. of India are also lying ready. Most of the Health Posts envisaged in the Project are now functioning in temporarily hired accomodations. A large number of sub-health posts at the 10 towns have also been set up. Honorary health workers in most areas have started their house visits, distribution of family planning materials, organisation of IEC etc. Data for Base line Surveys at Project towns were collected in 1999, and these are now being compiled and analysed. The universal base lines surveys by HHWs have been completed in majority of theses towns. A skeleton management and monitoring cell has been set up in SUDA for overall monitoring of the project.

The budgets for the financial years 1999 – 2000, and 2000 – 2001 and the subsequent period of the project have been prepared. While RS. 4.69 crores are likely to be spent in 1999 – 2000, expenditures to the tune of Rs. 36.52 crores would be incurred in the period April, 2000 to June, 2001.

Considerable enthusiasm has been created among people's representatives in the urban local bodies and target group beneficiaries at these towns. All possible efforts will be made to sustain the project activities beyond June, 2001.

These informations are being placed before the Apex Committee for its information and considered suggestions, if any.

The endorsements of the Apex Committee are being sought on the following decisions taken :

- a) The time available for implementation of the Project was indeed short. People's representatives and officials entrusted with implementation of project activities were expected to achieve the project goals, which normally require 5 years to achieve within 2 ½ years. Due to inordinate delays in obtaining Govt. of India's sanction the project implementation period has further been reduced to 1 ½ years only. The success of the project basically hinges on generation of health awareness among members of low income families, particularly women and close involvement of target group communities in surveillance of preventive health care activities at the project towns. The targets of health awareness, health education and community involvement would invariably involve some minimum time. In case the project is wound up in June, 2001, it would be difficult to sustain the project activities thereafter. SUDA and CMDA after obtaining approval of the State Govt. , would move Govt. of India and the World Bank for extension of the Project by atleast another year, i.e. upto June, 2002.
- b) While designing the Project conscious efforts were made not to create permanent staff liabilities for SUDA or ULBs after expiry of the project period. Keeping this end in view the sizes of management and supervision cell at SUDA and implementation and monitoring units at ULB levels were kept at their minimum. The management and supervision cell at SUDA would be manned by only 14 officials while the same at each

ULB would include 6 officials. The handful of posts to be created at ULBs and at SUDA for planning, implementation and monitoring of the Project were proposed to be filled up either by getting suitable State Govt. officials on deputation basis or by engagement of retired Govt. of India or State Govt. officials for fixed terms on contract basis. Only in exceptional cases some of the municipalities were permitted to engage Doctors, Nurses etc. from the open market on short term contract basis. The strength and composition of the Project Management Cells at SUDA and at ULBs were finalised after detailed interactions with the World Bank and the Govt. of India Officials. The costs thereof are included in the total project outlays shown in the cost Matrix prepared by the World Bank. While communicating the approval of the Union Cabinet for launching IPP-VIII (Extension) Project, Govt. of India did not separately convey its approval for engagement of the project staff at SUDA and at ULBs on contract basis. The attention of Health & Family Welfare Department in Government of India was drawn immediately and they were informed that after elaborate interactions with the World Bank and Govt. of India Officials Project Management Cells had already been set up at SUDA and ULB levels in anticipation of formal approval of Govt. of India. Given the time constraints for achieving the projects goals neither SUDA nor CMDA can afford to delay in setting up of the skeleton project management/ supervision cells. SUDA and ULBs are going ahead with filling up temporary posts in Project Management Cells by engagement of suitable qualified and experienced officials on short term contractual basis.

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IMPROVEMENT IN MAINTENANCE
by Calcutta Corporation
of facility
monitoring
initiatives

Development
service
sustainable
provision

Development of an integrated Health Care Delivery System

The Project has now entered in the last phase. The overall implementation of the Project including meeting development objectives have been found to be as follows :-

01. Service delivery started in 90% at blocks and Sub-centres planned in the project.
02. 10 out of 23 Maternity homes and 17 out of 25 ESOPDs (Extended Specialist out Patient Department) are operational.
03. Institutional deliveries, immunisation coverage contraceptive use of low parity couples are reflecting improvement. A monitoring system has been finalised after field trial for monitoring the utilisation of services by the project beneficiaries to routinely monitor the utilisation of service by the project beneficiaries and achieving the project objective.
04. Action has already been taken to maintain the facilities beyond the project period by introducing fees for services rendered among the beneficiaries (at subsidied rate) and to create resources for health development fund.
05. The World Bank mission visited the IPP-VII Project, Calcutta during November, 24 – 25 1999. In their Aide Memoire in the city of Calcutta has been rated as highly satisfactory of all projects in India. Some of the World Bank's comments on the project performance is as follows :-

DEVELOPMENT OBJECTIVES : "In Calcutta nearly a half of the low parity couples in the project area are using one or other contraception. About 90% of the expectant mothers had 3 antenatal visits and delivered at institution and more than three fourths of eligible infants received measles immunisation".

IMPROVEMENT IN MANAGEMENT : "Excellent effort in this regard has been made by Calcutta. Agreements were reached with respective authorities regarding establishment of facility level advisory committees to promote local ownership and community monitoring and development sustainability plan to ensure continuity of the project initiatives".

In the mean while keeping in view of the future sustainability, a Health Development Fund has been created in each local body through realisation of fees for service. If such activities are sustained beyond project period, it will go a long way in sustaining such activities. Thereby, financial burden on the public exchequer will proportionately be less.

The sustain these efforts, it is imperative to create linkages with others health facilities in ULBs, districts & the city core.

It is hence proposed to organise an efficient referral mechanism from the grass-root level - a Three Tier referral system has been proposed for IPP-VIII & CUDP-III beneficiaries since all the projects including the State Health system Development Project have been funded from the same source.(Please also see Chart below).

1. Primary Care -
 - (a) From blocks (Cluster) having 1000 beneficiaries to
 - (b) Sub-centres (With 5 blocks)
for Immunisation
Antenatal Care (Urine & Haemoglobin tests are available)
Post natal & Child care services with emphasis on FW activities.
 - (c) (i) Ambulatory cases requiring specialised attention for medicine, Paediatric, Obs. & Gynae, Family Planning counselling, Eye, ENT, Dental - are referred to Extended -out-Patient services (for every 2 -3 municipalities depending upon the number of beneficiaries)
(ii) Normal delivery cases are referred to maternity homes & Clinics for natal care where routine clinico-pathological investigation are available.
2. Intermediary Care - Complicated labour cases (mostly identified during antenatal check-ups) are either referred to municipal Hospitals, capable of taking care of those cases (on payment of Rs. 1000 - Rs. 2000 per case from Project fund depending upon the type of intervention necessary) or in private voluntary hospitals located within a reasonable distance, or to State Sub-divisional Hospitals - considering the type of interventions required and their accessibility.

N.B. Cases requiring special investigations are proposed to be made available by establishing eight regional Diagonostis Centres.

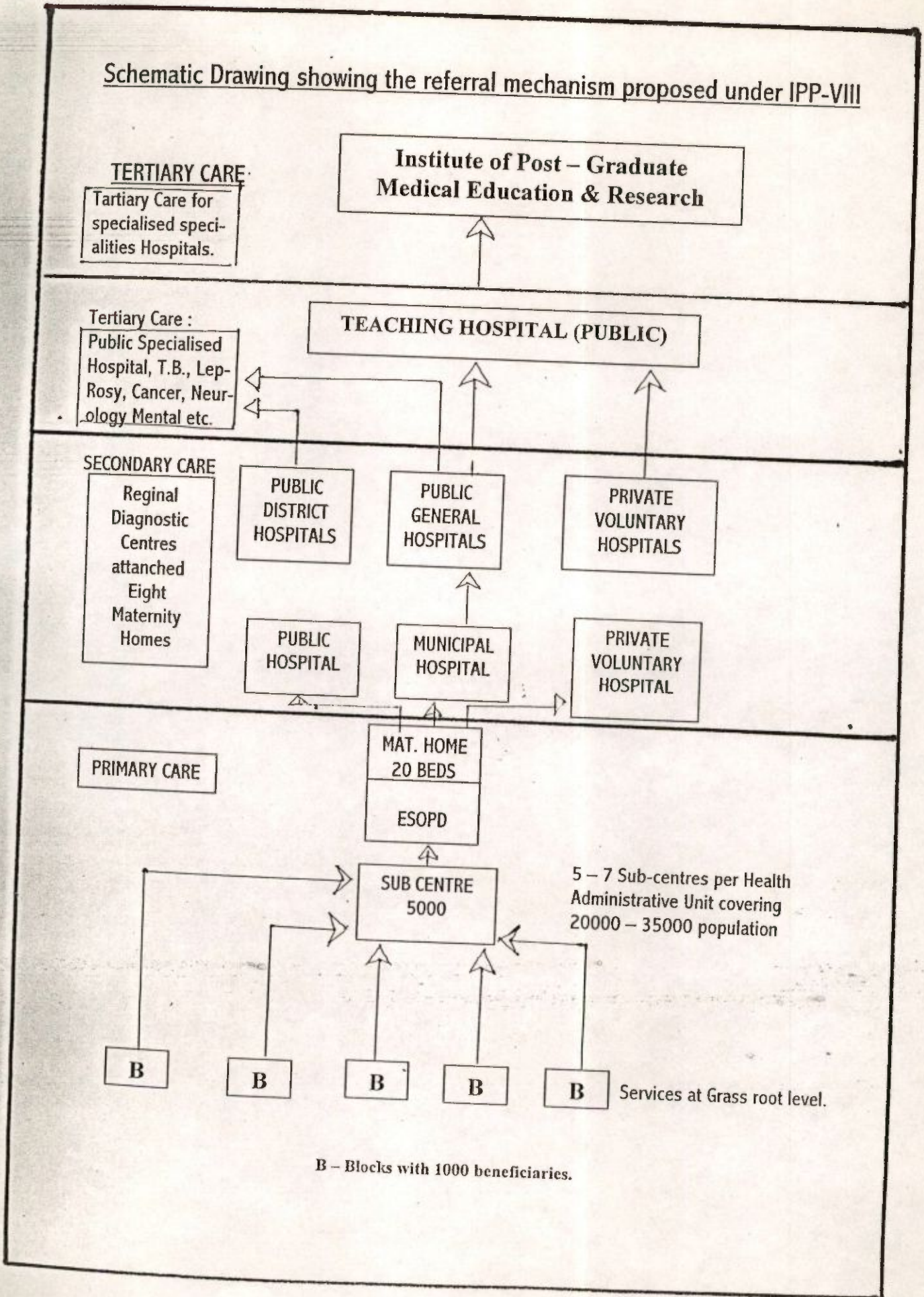
- 3(i) For Teritary Care : Cases under intermediate care requiring specialised intervention and interventions to be referred to the teaching hospitals identified for the purpose.
- (ii) To provide Teritary Care for some specific diseases are proposed to be referred to the particular specialised hospitals either. Public or Private viz. Paediatirc, T.B. Cancer, Leprosy, Neurology, Eye, Sterility, mental hospital and Infectious disease hospital.
- (iii) Cases requiring specialised speciality care may be referred to the IPGMER - for appropriate intervention.

4. Necessary referral – back system from Tertiary level/ intermediary level to the next appropriate level has been taken care of in the system.

IPP-VIII , Calcutta has developed the necessary infrastructure to generate reasonable level of awareness among the beneficiaries . There has been appreciable increase in demand for services among them.

Sincere efforts need to be made to coordinate the activities of the different health institutions rendering different components of health services, to provide an integrated health care delivery system with a sound referral mechanism. It will meet the expectations generated in the socio-economically weaker section of the population through the community based out-reach services during the post Project Period.

Schematic Drawing showing the referral mechanism proposed under IPP-VIII



B – Blocks with 1000 beneficiaries.