

Phone : 4338-201

Fax : 4330-980

Office of the Councillors, Baruipur Municipality

Baruipur, South 24 Parganas.

Ref No. 1051/B.M/CMU/05

Date

To
The Project Director,
Change Management Unit,
Salt Lake City, HC Block, sector - III
Kol. - 106



Dr. Goswami
27/7/05

Sub. - Forwarding Information on Growth Monitoring of Under-Five Children at U.L.B.

Sir,
This has reference to your memo no. CMU-94/2003(Pt.III)/817(45) dated 16.09.05 on the captioned subject.

In this connection, we have to inform you that all the weighing machines are very old as well as defective. As a result of which we are unable to start weighing of Under-Five Children of our U.L.B.

You are therefore, requested to supply us the weighing of Under-Five Children and forwarding information on growth monitoring thereof.

Thanking You,

Your's faithfully

Shakti Roy Choudhury
26.9.05

Chairman
Baruipur Municipality
Baruipur Municipality

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)/614

Date ...02.11.2005

From : Director, SUDA

**To : The Chairman
Konnagar Municipality**

Sir,

Reference is invited to your communication bearing memo no. A.D.M.A9/13/915(1) dt. 27.10.2005 addressed to the MIC, MA & UD Dept., Govt. of West Bengal with an endorsement to the undersigned by the Secretary, MA Dept.

You are requested to send a comprehensive proposal for continuation of the functioning of Maternity Home. The proposal should contain Background, existing status of Maternity Home and requirement of logistics in terms of furniture, equipment, manpower etc. mentioning no. and cost involvement against each item. The yearly budget may be prepared and O & M budget support you are receiving from MA Dept. / KMDA for this purpose may be mentioned.

You are also requested to indicate your financial contribution in this regard.

This is required for taking necessary action by the appropriate Authority.

Yours faithfully,

Director, SUDA

5008-1
28.10.05

পৌর সদস্যগণের কার্যালয়, কোন্নগর

৭৩, জি. টি. রোড (পশ্চিম), কোন্নগর, (পিন : ৭১২২৩৫), হুগলী, পশ্চিমবঙ্গ

শ্রী সমীর ব্যানার্জী
পৌরপ্রধান



অফিস : ২৬৭৪ - ০২১০ / ২১২৩
বাড়ী : ২৬৭৪ - ৫৩০০
গ্যাম্বলেস : ২৬৭৪ - ৭৫৪৫
হসপিটাল : ২৬৭৪ - ৭৭৪০
ফ্যাক্স : ২৬৭৪ - ০২১০ (অফিস)

স্মারক সংখ্যা এ. ডি. এম. এন/১৩/১১৫ (৩)

তারিখ - ২৭/১০/২০০৫

প্রেরক :- পৌরপ্রধান, কোন্নগর পৌরসভা,

প্রতি :- শ্রী অশোক ভট্টাচার্য

মাননীয় মন্ত্রী, পৌর বিষয়ক ও নগর উন্নয়ন দপ্তর, পশ্চিমবঙ্গ সরকার।

~~১০/১০/০৫~~
Direch SOB
১০/১০/০৫
স্বাক্ষরিত
২৭/১০/০৫

মাননীয় মহাশয়,

আপনি নিশ্চয়ই অবগত আছেন, এই পৌরসভা পরিচালিত "কোন্নগর মাতৃসদন ও শিশু মঙ্গল প্রতিষ্ঠান"-টির একটি বিশেষ সুনাম ছিল। বিশেষ করে প্রসূতি বিভাগের "ইনডোর" ছিল অত্যন্ত আধুনিক ও বিজ্ঞান সম্মত। পাঁচটি কেবিনসহ পয়তাল্লিশ টি বেড ছিল। পৌর এলাকার বাইরে থেকেও বহু প্রসূতি মায়েরা এখানে ভর্তি হতেন। কিন্তু পরবর্তী কালে আর্থিক ও নানা কারণে ডাক্তার বাবুরা ছেড়ে চলে যান। রাত্ৰিতে কোন R. M. O. না থাকায় নতুন পৌরবোর্ড আসার ৬ মাস আগেই বিগত বোর্ড প্রসূতি বিভাগটি বন্ধ করে দেয়। বর্তমানে প্রসূতি বিভাগ ছাড়া চক্ষু বিভাগে "ইনডোর" ও "আউটডোর" সহ হার্ট, চর্ম, দস্ত, ই. এন. টি, মেডিসিন, অস্তি সংক্রান্ত, ক্যানসার, ইউরোলজি প্রভৃতি আউটডোর গুলি চালু আছে এবং প্যাথলজি, ই. সি. জি, এক্সরে, এন্ডোস্কপি ও এখানে হয়। এছাড়া প্রাথমিক চিকিৎসা বিভাগটি সকাল ৭টা থেকে রাত্ৰি ৮টা পর্যন্ত চালু থাকে। বিগত ১০ বছরে পৌরবোর্ড পরিকাঠামোর উন্নতি না ঘটিয়ে, পরিকল্পনাহীন ভাবে মাতৃসদনের তহবিলে সঞ্চিত ৩০ লক্ষ টাকা ও প্রয়াত সাংসদ আকবর আলি খন্দকার-এর সাংসদ তহবিলের কয়েক লক্ষ টাকা নিয়ে আই. সি. সি. ইউ বিভাগ সহ দশ শয্যা বিশিষ্ট মেডিসিন সাধারণ বিভাগের "ইনডোর" খুলে ছিল।

কিন্তু এখানেও যথেষ্ট লোক নিয়োগের ফলে আর্থিক অনটনে পড়তে হয়। যার ফলে, আই. সি. সি. ইউ -এর অপরিহার্য মেশিন গুলি নিয়ম মারফিক সার্ভিসিং না করায় খারাপ হয়ে পড়ে। এবং ট্রেন্ড নার্স ও ডাক্তার বাবুরা কয়েক মাস বেতন না পেয়ে চাকুরি ছেড়ে চলে যান। রোগীর সংখ্যাও ২/৩ জনে নেমে যায় এবং এই বিভাগটিও বাধ্য হয়ে বন্ধ করা হয়।

আমরা বিশেষভাবে অবগত হয়েছি, কে. এম. ডি. এ কর্তৃক কিছু পৌরসভার প্রসূতি বিভাগের উন্নত করণের এক বিশেষ প্রকল্প নেওয়া হয়েছে। আমরা পৌরসভা পরিচালিত প্রসূতি বিভাগটিকে এই প্রকল্পের অন্তর্ভুক্ত করার জন্য বিশেষভাবে আবেদন জানাচ্ছি। আশা করি, আপনি বিষয়টি আন্তরিকভাবে বিবেচনা করবেন। সরকারি সহযোগিতা পেলে কোন্নগর মাতৃসদনের হাত গৌরব আবার ফিরে আসবেই এই দৃঢ় প্রত্যয় আমার আছে।

ধন্যবাদান্তে,

ভবদীয়

অনুলিপি :-

✓ ১) সচিব, পৌরবিষয়ক দপ্তর।

২) ও. এস. ডি - কে. এম. ডি. এ - স্বাস্থ্য প্রকল্প।

২৭/১০/০৫



Memo No. CMU-25/2002/446(8)

Date: 14-07-2005

From: Arnab Roy
Project Director, CMU, KUSP

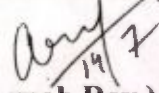
To: (1) Project Manager, CMU, KUSP
(2) Engineering Expert, CMU, KUSP
(3) Economist, CMU, KUSP
(4) OD Expert, CMU, KUSP
(5) Urban Planner, CMU, KUSP
(6) Municipal Finance Expert, CMU, KUSP
(7) Health Expert, CMU, KUSP
(8) Financial Adviser, CMU, KUSP

Sir/Madam,

Hon'ble Minister-in-Charge, Municipal Affairs Dept. will hold a meeting with Chairpersons, Executive Officers and Engineers (looking after KUSP work) on 19th July 2005 at 2-00 P.M. at the auditorium of Paribesh Bhavan, 10A, Block-LA, Sector-III, Salt Lake City, Kolkata-700098. The main agenda will be to inform ULBs about launching of DDP. Along with this, ULBs will also be informed about steps needed to be taken by them for 2nd year's work under KUSP.

You are requested to attend the meeting positively. You are also requested to prepare one or two slides regarding your specific area of work in the 2nd year (in Bengali) and give them to Shri Saibal Thakurata for incorporation in the overall presentation material. You may also be required to brief the participants at the meeting regarding the 2nd year's programme.

Yours faithfully,


14/7

(Arnab Roy)
Project Director, CMU, KUSP

CHANGE MANAGEMENT UNIT (CMU)

NOTE

State Level Workshop on Good Urban Governance is being organized by Municipal Affairs Department, Govt. of West Bengal on 13th September 2005 at Sisir Mancha, Kolkata. All 126 ULBs will be participating in this workshop. The workshop will have an inaugural session where Hon'ble Chief Minister, Govt. of West Bengal and Hon'ble Minister-in-Charge, Finance Department, Govt. of West Bengal, along with Hon'ble Minister-in-Charge, Municipal Affairs, are expected to be present. The inaugural session will be followed by interactive session on various topics.

The role of Change Management Unit in this workshop, as discussed and as conveyed by Secretary, M.A. Department, is as follows:

A. In the inaugural session:

Shri Anup Kr Matilal, Project Manager, KUSP, will comperre the session.
Project Director, KUSP, will deliver the vote of thanks.

B. In the interactive session:

There will be presentation on KUSP work in the following areas:


- a) Accounting Reforms
- b) DDP
- c) Citizen's Charter
- d) GIS/MIS

For these four areas, KUSP Experts will make a brief presentation of about five minutes followed by one Municipal Chairperson in each area.

Shri Atanusason Mukhopadhyay (Accounting Reforms), Shri Saibal Thakurata/Shri Jayanta Kr Chakrabarti (DDP), Shri Jayanta Kr Chakrabarti (Citizen's Charter), may please prepare the presentation in their respective area.

The DDP guideline, the citizen's charter formulation guidelines and Guidelines for preparation of Opening Balances for Accounting Reforms will be enclosed in the material to be given to the participants. Sufficient copies will be handed over to Director, SUDA for this.

All Experts of KUSP may remain present in the workshop. All are requested to take necessary preparatory actions.



(Arnab Roy)

Project Director, KUSP, CMU.

To:

- (1) Project Manager, KUSP
- (2) Engineering Expert, KUSP
- (3) Municipal Finance Expert, KUSP
- (4) Financial Adviser, KUSP
- (5) OD Expert, KUSP
- (6) Urban Planner, KUSP
- (7) Health Expert, KUSP
- (8) Economist, KUSP

U. O NO:- CMU-25/2002/108.

Date:- 31.08.2005.



CHANGE MANAGEMENT UNIT (CMU)

NOTE

I am attaching copy of mail from Andrew Kenningham, who has been entrusted from DFID India in leading their team on KUSP. Mr Andrew Kenningham along with Shri Shouvik Dutta will visit KUSP from 14th to 16th September 2005. You are requested to be available on those days for discussion with Mr Andrew Kenningham and DFID team on the points mentioned in the mail.

(Arnab Roy)
Project Director, CMU, KUSP

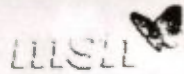
Encl: As stated above.

To:

- (1) Project Manager, KUSP
- (2) Engineering Expert, KUSP
- (3) Municipal Finance Expert, KUSP
- (4) Financial Adviser, KUSP
- (5) OD Expert, KUSP
- ✓ (6) Health Expert, KUSP
- (7) Urban Planner, KUSP
- (8) Economist, KUSP

U. O NO:- CMU - 14/2002(PE-VII)/119.

Date :- 06.09.2005



Hotmail

Today

Mail

Calendar

Contacts

ar_oy@hotmail.com

Reply | Reply All | Forward | Delete | Junk | Put in Folder | Print View | Save Address

From : Andrew Kenningham <A-Kenningham@dfid.gov.uk> | | | | Inbox
 Sent : Tuesday, September 6, 2005 10:12 AM
 To : <ar_oy@hotmail.com>
 CC : "Jayashree Dass" <D-Jayashree@dfid.gov.uk>, "Shouvik Datta" <S-Datta@dfid.gov.uk>
 Subject : Agenda for KUSP Meetings: 14-16 September

Attachment : TEXT.htm (< 0.01 MB)

Arnab,

As you know, I have only recently started following the full range of KUSP activities, and am still learning about quite a few of them. I would therefore like to use the visit next week to get more up to speed on the entire programme. However, I would also like to discuss some of the more pressing issues related to KUSP, about which the team is anxious to see progress. I thought it would be helpful to outline these by email, and to list some of the people / places I would like to meet. If you have any other suggestions, or if this is not appropriate / possible, please let me know.

Issues to Discuss

My understanding from discussions with colleagues is that there are a few urgent priorities, as follows:

- 1) Outstanding appointments, in particular:
 - a) How are you progressing with the appointment of eight new people to take care of OD reforms in the ULBs? (I understand that this is an outstanding issue which was mentioned during the past two reviews).
 - b) Has there been any progress with the appointment of the Executive Officers? (Were there 18 places filled so far out of 40?).
- 2) What are the arrangements for succession planning after the departure of the PWC team at the end of this month? In particular, there will need to be a strong support team in place to help the ULBs with the DDP process.
- 3) What are the plans for clarifying and improving the links between the CMU and the support organisations - DLB, SDUA and ILGUS? (I am yet to read the OD



msn ビデオ

study on this but will do so before next week).

In addition we would like an up-date and discussion of the following, less urgent issues:

- 4) Progress with strengthening wards (there was a plan for some building works?)
- 5) Progress with citizens charters
- 6) Progress with e-governance (I am aware there were some issues about the contract for the e-governance foundation).
- 7) The Municipal Development Fund (exposure visit?)
- 8) Accountancy reforms - progress since the last review
- 9) Property tax pilots - on track?
- 10) The Public Affairs Centre proposal on citizen satisfaction surveys

We will also ask for an update on a range of other issues (economic "visioning", LED, PPPs, expenditure under KUSP, the consultancies re slum works, HHWs etc).

People and Places

I would very much like to meet / visit the following:

- i) two ULBs and two slums: at least one of each should be from the bottom end of the spectrum (I have already visited New Barrakpore, Rajpur-Sonapur and I think Madhyamgram). Souvik suggested I could see North & / or South Dum Dum, but I will leave it to you to decide.
- ii) DLB, SDUA and ILGUS
- iii) Mr Som - perhaps on Friday 16th?

Timing

I could get to the CMU by 10.00 am on Wednesday 14th and will need to be at the airport on the Friday evening for the 8.00 pm flight. I will need to spend half a day at PRDD on Thursday 15th (not sure when yet). Is it possible for you to arrange for the visits to be on eg Wednesday afternoon and Friday morning, and meetings the rest of the time (to avoid a whole day of sitting in meetings?).

Please let me know if this is not possible, or if you have any suggestions for the programme or our agenda.

Look forward to hearing from you,

Andrew

DFID, the Department for International Development: leading the British government's fight against world poverty. For more information subscribe to our e-bulletin at <http://www.dfid.gov.uk/feedback/>

This e-mail has been scanned for all viruses by Peapod. The



05-09-2005

CHANGE MANAGEMENT UNIT (CMU)

NOTE

Shri Debasish Som, Secretary, Municipal Affairs Department, will be visiting KUSP Office on 6th September 2005 between 10-30 A.M. and 11-00 A.M. He will like to be briefed about the activities of KUSP during his visit. All Officers of KUSP are requested to remain present and brief Secretary, Municipal Affairs, about their area of work.

(Arnab Roy)
Project Director, CMU, KUSP

To:

- (1) Project Manager, KUSP
- (2) Engineering Expert, KUSP
- (3) Municipal Finance Expert, KUSP
- (4) Financial Adviser, KUSP
- (5) OD Expert, KUSP
- ✓(6) Health Expert, KUSP
- (7) Urban Planner, KUSP
- (8) Economist, KUSP

U. O NO:- CMU-28/2002 (Pt-II)/112

Date:- 05. 09. 05

4655-D

4.10.05

20 OCT 2005



23 September 2005

WB/PC/Health/3064

Hon'ble Minister, Shri Ashok Bhattacharyya
MIC Urban Development & Municipal Affairs
Government of West Bengal
Writers Building
Kolkata - 700 001

MIC/MA/627-D/2005
3079/05

①
②
③
S/MA
[Signature]

Sir,

Sub: Appeal in Maheshtala Municipality

Thank you very much for personally taking interest in strengthening the polio programme especially in Maheshtala Municipality where you addressed key influential persons including councillors.

We are confident that your personal appeal has made a difference and hopefully will achieve better results in Maheshtala during this round.

We count on your support in the other municipal areas you visit.

You may already be aware that the next SNID is scheduled for 20 November 2005 in the entire West Bengal.

We look forward to your continued support.

With kind regards,

Yours sincerely,

[Signature]

Jude Henriques
Programme Communication Officer

JH/lw.

②
Director SUDA
[Signature]

③
PO (Health)
[Signature]
18/10/05

OFFICE OF THE MUNICIPAL COUNCILLORS

BHADRESWAR, DIST. HOOGHLY

From: Dr. (Miss) S. Nandi Mazumdar, Health Officer

~~Chairman/Vice-Chairman/Councillors~~, Bhadreswar Municipality

Memo No.: Health, 807.

Dated, Bhadreswar the 23rd September, 2005

- NOTICE -

The 7th Meeting of the "Municipal Level Health & Family Welfare Committee" of Bhadreswar Municipality will be held on 20/10/05 at 1.00 p.m. at Kabi-guru Kaksha of the Municipality. Members of the Committee are requested to kindly make it convenient to attend the same.

- Agenda :
- 1) Confirmation of the last meeting held on 4/3/2005.
 - 2) Discussion regarding PP-VIII/CUDP/UHIP/District Health Programmes.
 - 3) To fix up the points to be discussed in District H&F Welfare meeting.
 - 4) Points regarding Municipal Hospital.
 - 5) Decisions of Local Co-ordination Committee (Health) to be discussed.

[Signature]
 Secretary-Convenor
 Municipal Level Health &
 Family Welfare Committee
 & Health Officer.
 Bhadreswar Municipality.

Memo No.: Health, 807/1(7). Dated, Bhadreswar the 23rd September, 05.

1. Sri Debagopal Chakrabarti, President & Chairman of Bhadreswar Municipality.
2. Sri Sanaja Prasanna Chattopadhyay, Member, CIC Bhadreswar Municipality.
3. Officer-on-Special Duty, Health, KMDA, Unnayan Bhavan, Salt Lake City, Kolkata - 91.
4. The District Magistrate, Hooghly, P.O. Chinsurah, Dist. Hooghly with a request to kindly send his representative on the said date and time for attending the meeting.
5. The Asst. Chief Medical Officer of Health, Chandernagore, P.O. Chandernagore, Dist. Hooghly.
6. The President, Lions Club of Chandernagore, P.O. Chandernagore, Dist. Hooghly.
7. Dr. (Miss) Suchita Nandi Mazumdar, Health Officer, Bhadreswar Municipality.

[Signature]
 Secretary-Convenor
 Municipality Level Health &
 Family Welfare Committee &
 Health Officer.
 Bhadreswar Municipality.

Memo No.: Health 807/1(7)/1(4). Dated, Bhadreswar the 23rd September, 2005.

Copy forwarded to the :-

1. Dr. S. Goswami, Project Officer, Health, SUDA, with a request to give her valuable time in the meeting.
 2. Dr. Sudipta Nandi, A.H.O.,
 3. Sri Harulal Ghosh, U.H.I.O.
 4. Dr. T.N. Taraphdar, M.O., Suptd.,
- with a request to kindly attend the meeting.

[Signature]
 Secretary-Convenor
 Municipal Level Health &
 Family Welfare Committee
 & Health Officer,
 Bhadreswar Municipality.



CHANGE MANAGEMENT UNIT (CMU)

NOTE

14-10-2005

Taru Leading Edge will make a presentation on Participatory Poverty Assessment which will be conducted in nine municipalities under KUSP.

Before conducting the survey, they desire to make a presentation in the areas of site selections, tools and techniques to be utilised, training modules for field assistants, etc.

The programme is scheduled on 17-10-2005 at 11-30 A.M. in the Conference Hall of SUDA at ILGUS Bhavan, HC Block, Sector-III, Bidhannagar, Kolkata-700 106.

You are requested to kindly make it convenient to be present in the aforesaid programme.

(Anup K. Matilal)
Project Manager, CMU, KUSP

To:

1. Director of Local Bodies
2. Director, SUDA
3. Adviser, SUDA
4. Health Expert, CMU, KUSP
5. Engineering Expert, CMU, KUSP
6. Economist, CMU, KUSP
7. Urban Planner, CMU, KUSP
8. OD & Poverty Expert, CMU, KUSP

U. O NO:- CMU - 245 / 2005 / 150

Date:- 14.10.05 .

PARTICIPATORY POVERTY ASSESSMENT

INCEPTION WORKSHOP

TARU LEADING EDGE

In Association with
Professional Institute for Socio Environmental Management – PRISM

17th October 2005

Structure of Presentation

- Background & Objectives
- Proposed Activity Phases
- PPA Site Selection
 - Process Undertaken for Selection of PPA Sites
 - Typologies of Slums in KMDA Area
 - Criteria for selection of Slums Sites for PPA
 - Proposed slums for Conducting PPA
- Proposed Methodology
 - The PPA Process
 - Key Themes for PPA
 - Research Tools and Techniques
- Schedule of Activities

Background of the Assignment

- Undertaking Participatory Poverty Assessment (PPA) to provide issue based interventions and policy
- Incorporating communities' perceptions, needs and priorities
- Input to preparation of Developing Draft Development Plans (DDPs) in order to ensure that priorities and needs of the poor are taken into account

Objectives

- To conduct PPAs in nine select types of slums, which will help the ULBs and CMU/SUDA in identifying issues, interventions and spelling out policy inputs for the DDP
- To ensure that the PPA exercise provides information and insights into needs and priorities of poor communities living in specified slum groups, who typically get excluded from other survey methods.

Nine Select Types of Slum Grouping includes:

- Old traditional slums (3 tier slums)
- Refugee colony with tenure
- Refugee colony without tenure
- Self help housing by poor
- Illegal squatting on government land/private land
- Illegal squatting on service land
- Row House
- Migratory slums
- Ethnic slums (linguistic)

Proposed Activity Phases

- **Inception Phase**
 - Preliminary discussion and briefing by CMU
 - Reconnaissance survey in select ULBs in consultation with CMU as part of the selection of specific sites for conducting PPA
 - Preliminary visit to slums recommended for PPA by ULBs
 - Selection of Slum Sites for PPA

- **Detailed PPA Assessment in Nine Slums**
 - Conducting PPA in Nine Select Slums
 - Preparing Location Specific Reports and Summary Issues

- **Preparation of PPA Synthesis Report and Dissemination of PPA findings to ULBs**

PPA Site Selection Process

PPA Site Selection

Process Undertaken for Selection of PPA Sites - 1

- In consultation with CMU, 15 ULBs were short listed for the reconnaissance survey
 - These included Titagarh, Bhatpara, Naihati, Champdani, Barasat, Panihati, Kharda, New Barrackpore, Kamarhati, Kachrapara, Baranagar, Bally, Uttara-Kotrung, Bhadreswar and Howrah
- Reconnaissance visits to all 15 ULBs by the TARU-PRISM team members during 10-28th September 2005
- Preliminary discussion at ULB with
 - Mayor/ Chairman/ Vice-Chairman/ Chairman-in-charge of UPE cell
 - Chief Engineer/ KMDA Engineers and/or other ULB engineers
 - Executive Officers/ TPOs/ COs and other ULB staffs/ CDS members etc
- Mapping of the slums listed as per Quick Slum Survey (QSS) under different typologies of tenure and other key features with ULB staff

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PPA Site Selection

Process Undertaken for Selection of PPA Sites - 2

- A preliminary analysis of slum typologies were done for the KMDA area based on data collected
- Suggestions were taken for potential slums to be undertaken for PPA based on tenure, house types, living condition, occupation and ethnicity
- A total of 60 Slum sites were suggested across 15 ULBs for conducting the PPA exercise
- Preliminary visits were made to all the suggested slums to map their broad characteristics with respect to tenure, house types, living condition, livelihood/ occupational pattern, basic infrastructure service provision and ethnicity

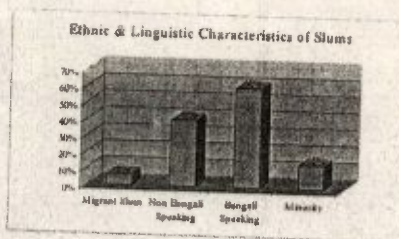
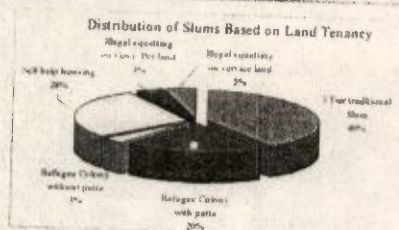
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PPA Site Selection

Typologies of Slums in KMDA Area



Base: 1339 slums
(Spread over 15 ULBs)

PPA Site Selection

Criteria for selection of Slums Sites for PPA

- Nine ULB's were short-listed based on specific trends observed in land tenure, housing types, occupation pattern, ethnicity and geographical spread etc.
- Prominent features of these nine ULB's have been considered as a representative category for sample slum selection.
- One slum from each of the nine ULB's have been selected for carrying out the PPA exercise
- Deficient urban services, livelihood options and strategies adopted, tenure status, house types and poor living condition, ethnicity, linguistic and minority groups, social networks etc were considered while selecting sample slum.

PPA Site Selection

Proposed slums for Conducting PPA -1

Name of slum	Ward	Slum Typology, Origin & Ethnicity	Occupation	House type	Urban Infrastructure	Other remarks
Kamrubi						
KM Old Line	24	Typology: Traditional Slum - 3 Tier. Ethnic: Slum with Urdu/ Hindi Speaking People have come mostly here from UP, Bihar and Orissa. About 70% are Muslims.	Jute Mill workers and Wage earners are the main occupational types. A few are rickshaw pullers or hawkers. About 3% are affluent businessmen.	Most of the houses are semi pucca. (152*60=212 HHs, QSS Mark per Family - 51.28)	<ul style="list-style-type: none"> • There are only 3 taps quite insufficient as used by the inhabitants. • No particular place to throw waste. Municipality cleans waste five days a week. • They have no toilet facility in the slum, all have to go to the jute mill. • Drains are damaged and unclean. • Only those inhabiting Municipality land have electricity with meter. Others have no meter. 	<ul style="list-style-type: none"> • The land is possessed by Jute Mill (70%) and Municipality (30%). • There is one junior college (Urdu medium), and one Orissa medium school. There is one mosque, one temple and five clubs in the area. • Other than the dwelling units, some business units owned by affluent people are poor buildings. • There are two KM old lines but they are not separated from each other.
(Daily)						
Vote Bagan Purba Badi	26 & 27	Typology: Row Housing (Jute line colonies) Mostly Non-Bengali Muslims who came from Bihar, Orissa and UP.	About half work in Jute Mill. About a third work as wage earners. Others are petty businessmen.	Almost two-third semi-pucca. Rest are pucca. (512 HHs, QSS Mark per Family - 29.18)	<ul style="list-style-type: none"> • There are 5 water taps, situated insufficiently by the residents. There is no dustbin. Municipality people collect garbage with an interval of 3 days. • Every house has sanitary latrines. Drains are in dilapidated condition. • About 90% have electricity with separate meters, others depend on hooking. 	<ul style="list-style-type: none"> • There are five schools, five slums in and around the slum. • The area is too much congested.

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PPA Site Selection

Proposed slums for Conducting PPA -2

Name of slum	Ward	Slum Typology, Origin & Ethnicity	Occupation	House type	Urban Infrastructure	Other remarks
Thagerh						
Hela Basti	23	Typology: Illegal Squatter on Govt Land Almost all are Hindus settled here before 60 years having come from Orissa, Bihar and UP.	Wage earners, sweepers, scavengers are the main occupational types. About a fifth work in khatahs.	Most of the houses are semi pucca. Other houses are kutchha. (200 HHs, QSS Mark per Family - 30.31)	<ul style="list-style-type: none"> • Only two taps are there. • Only a few have latrines. Others practice open field defecation on road/field sides. • No specific place of garbage dumping. Municipality cleans once or twice in a week. • Drains are open and dilapidated. About 70% have electricity but no meter. 	<ul style="list-style-type: none"> • The place was a forest prior to settlement. The place belongs to CESC. • The place faces acute shortage of water. • There is no school. One Dharmsala is nearby. • Hela-basti is named after their social standing as said by the residents. The word "hela" means "to neglect".
New Borechpore						
Hela Basti per Basti	7	Typology: Illegal Squatter on Service Land All the people are Bengali Hindus who came from different parts of Bengal.	Most of the males are wage earners. Most of the females are manual servants.	All the houses are kutchha. (406*330=736 HHs, QSS Mark per family - 51.12)	<ul style="list-style-type: none"> • There is no toilet, drinking water electricity or any other urban service provision in the area. • Wastes are dumped into the drains (driving towards one side of the slum). They have to fetch water from a distance of about half a km. Kutchha latrines are the common types. 	<ul style="list-style-type: none"> • The land belongs to Railways. • The houses are lying on the two sides of the railway track.

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PPA Site Selection

Proposed slums for Conducting PPA -3

Gray slum

Name of slum	Ward	Slum Typology, Origin & Ethnicity	Occupation	House type	Urban Infrastructure	Other remarks
Khanda						
1	2	Typology: Refugee Colony without Patta All are Bengali Hindus who came from Bangladesh about 30 years back	All males are wage earners. About 75% females work as maid servants	All are Kachcha houses. (82 HHs, QSS Mark per family - 50.98)	There is no urban service provision	The land belongs to Railways. The area is divided into 1000 Colony Patta and Peshkar. 4 tube wells are set up by the people themselves. There is no electricity, road access or latrine. All people practice open field defecation on the bank of channel. Waste are dumped into the channel
Karant						
Subhas Pathy	19	Typology: Refugee Colony with Patta All are Hindus and have come from different places of 24 Provinces (2) and Bangladesh about 30 years back	Most are wage earners. About 40% women do stitch-work	80% houses are semi-pucca, the rest are kachcha. 551 HHs, QSS Mark per family - 37.30	There is no water supply electricity or any other urban service provision. Most of the latrines are kachcha. The people themselves have set up tube wells, each serving 3-families.	An hour-long rain submerges the place. There is one private school - Mangam Shiksha Shiksha and a club - Gospel Shiksha Sangha.
Burhanga						
Mahira Jibi Colony	29	Typology: Self Help Housing All the residents are Bengali Hindus, who have come from different parts of West Bengal and Bangladesh	Fish vendors and wage earners are the main occupational groups	All the houses are semi-pucca (129 HHs, QSS Mark per family - 39.86)	There is only one gas tap for catering to the need of 1500 people Very few people have electricity with legal connection Lake and tube well are the source of water Waste are dumped mostly into the pool Kachcha latrines are the common types.	Earlier the land belonged to Govt. Now the land has been purchased by the residents.

PPA Site Selection

Proposed slums for Conducting PPA -4

Name of slum	Ward	Slum Typology, Origin & Ethnicity	Occupation	House type	Urban Infrastructure	Other remarks
Uttarpura						
Mandira Basti	20	Typology: Illegal squatter on Govt Land; Migratory Slum Mostly inhabited by Marathi (80%), Largely ST population	They extract gold from the scrap left over into the drains close to jewellery shops	All are kachcha dwelling structures. (48 HHs, QSS Mark per family - 46.27)	No urban service provision is there. People have to walk a long way in order to fetch drinking water.	It is also called Naga Basti. A Kuli Line is adjoined where people come from Jharkhand to work in brick kilns as seasonal labourers. The slum is close to Municipality trenching ground
Masrah						
P.M. Banerjee 3rd Lane 1-17	31	Typology: Traditional Slum - 3 Tier, Ethnic - largely Urdu speaking Most of the people speak Urdu (and) and are Muslims who settled here long back from different places of (mainly Bihar/UP)	Jute Mill workers and small petty businessmen and rickshaw pullers are the main occupational groups. A few women work as maid servants	There is a mix of both pucca and semi-pucca houses (528 HHs, QSS Mark per family 40.44)	Water taps are not sufficient to meet the need of densely populated slum. Quered on water scarcity is a common problem. All households have electricity but a negligible few have legal connection. Waste is not cleared regularly	The land reportedly (according to the residents) is owned by Jute Mill. But according to information provided by HMC, those are private lands. The living condition is very unhygienic as there is a conspicuous dearth of per capita dwelling space

Proposed Methodology

Proposed Methodology

The PPA Process - 1

- A preliminary visit and discussion with Mayor/ Chairman/ Vice-Chairman/ of the select ULB
 - To understand their perception and major concern with respect to addressing poverty and basic infrastructure services
 - Also collect existing information and maps available for the specific site,
 - Fix up schedule for detailed interaction with the whole range of secondary stakeholders including EO, UPE cell, TPO and CO, Health Officer and 1st Tier supervisors, Engineering wing and CDS/ NHC members
- Establishing a good rapport with the communities at the slum level and specific sub-groups therein
- Creation of base maps for the slum site with basic infrastructure service provision along with listing of basic household characteristics through a rapid assessment survey

Proposed Methodology

The PPA Process - 2

- Undertaking social mapping with the community to their perception on poverty and identify sub-groups based on different strata of poverty
- Detailed PPA with each of the sub-group
 - Discussion with key informants
 - FGD along with assessment through PRA tools & techniques with men's and women's group separately
 - In-depth household interviews with select sample of households (6-8 in each sub group).
- In parallel, detailed discussion with Mayor/ Chairman/ Vice-Chairman, other ULB staffs such as EO, UPE cell, TPO and CO, Health Officer and 1st Tier supervisors, Engineering wing and CDS/ NHC members
- Preparation of Site specific PPA report
- Sharing the summary outcome with the community

Proposed Methodology

The PPA Process - 3

- Conducting PPA in nine locations in three phases
- Collation of all the nine slum specific PPA report then lead to Draft Synthesis Report at KMA level
- Presentation of Draft Synthesis Report in the workshop involving CMU, SUDA and other relevant stakeholders
- Preparation of Final PPA Synthesis Report
- Dissemination of the brief summary outcome of the Synthesis Report at clusters of ULBs level workshops with the DDP Policy Groups and DDP Working Groups (Around 20 workshops)

Proposed Methodology

Key Themes for PPA

- Perception of Poverty -- Definition and Trend
- Livelihood and Occupation
- Access to infrastructure and urban services (including water supply, sanitation, drainage, solid waste collection and disposal, road and electricity etc)
- Access to primary health care systems and facilities
- Food and Fuel Distribution System
- Housing and Tenure
- Literacy and Gender
- Access to social network and issues with respect to social fragmentations

Proposed Methodology

Thematic Issues & Research Tools and Techniques - 1

Key Theme	Thematic Issues	Proposed Research Tools and Techniques
Perception of Poverty - Definition and Trend	<ul style="list-style-type: none"> • How do people define wealth, poverty, well-being and ill-being? • What are the different wealth categories identified in the slum? What are the characteristics that lead people to identify a household as belonging to a particular wealth/poverty category? • How are the households in the community distributed amongst these categories at the moment? • Has this distribution changed in recent past? If yes, why and how? • What causes a household or a set of households to stay wealthy or become poor? • Are there distinct categories of poor households in your slum and can they be clustered in different sub-groups? If yes, then characteristics of each of those sub-groups. 	<ul style="list-style-type: none"> • Focus Group Discussions along with Social Mapping Well-Being Ranking and Trend-lines analysis • Key Informant Interviews

Proposed Methodology

Thematic Issues & Research Tools and Techniques - 2

Key Theme	Thematic Issues	Proposed Research Tools and Techniques
Livelihood and Occupation	<ul style="list-style-type: none"> • What are the current livelihood, occupational profile and strategies of different sub-groups? How do they differ for men, women and children? • Have the livelihood strategies adopted by the community has changed over time? How? • What are the options and sources of assistance for strengthening survival mechanisms and livelihoods? • Access, terms of transactions and use of informal credit 	<ul style="list-style-type: none"> • Focus Group Discussions along with Well-Being ranking, scoring and listing; Flow Diagram; Causal-Impact analysis; Seasonal calendars and Trend-lines analysis • Key Informant Interviews • Household In-depth interviews with specific focus on livelihood strategies, priorities and Income-expenditure pattern

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Proposed Methodology

Thematic Issues & Research Tools and Techniques - 3

Key Theme	Thematic Issues	Proposed Research Tools and Techniques
Access to infrastructure and urban services including water supply, sanitation, drainage, solid waste collection and disposal, road and electricity etc	<ul style="list-style-type: none"> • What is the status if infrastructure service provision and access to different sub-groups? • Have these problems changed over the years? • What terms of exchange exists between community/household and government for various services and infrastructure • Importance, quality, affordability and adequacy of the services available to different sub-groups • What are the constraints to access and use of different services to various households and groups within the slum • What is the status of environmental and economic infrastructure within the slum? • What is coping behaviour with respect to poor infrastructure condition and have there been any local solutions / innovations? 	<ul style="list-style-type: none"> • Focus Group Discussions along with Social Mapping; Causal-Impact analysis; Priorities ranking and listing and Trend-lines analysis • Key Informant Interviews • Household In-depth interviews with specific focus on infrastructure service provision and their linkages to poverty

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Proposed Methodology

Thematic Issues & Research Tools and Techniques - 4

Key Theme	Thematic Issues	Proposed Research Tools and Techniques
Access to primary health care systems and facilities	<ul style="list-style-type: none"> • What is the status of access to primary health care services by different sub-groups? • What is the health care seeking behaviour by different sub-groups with respect to primary health care including pre-natal, child birth and post-natal cares? • What are the main health problems and who are the most affected? • How the issues of malnutrition and impact on personal capabilities to work and linkages to livelihood strategies? 	<ul style="list-style-type: none"> • Focus Group Discussions along with Institutional ranking, scoring and listing; Priorities ranking and listing, Seasonal calendars; Causal-Impact analysis; and Trend-lines analysis • Key Informant Interviews • Household In-depth interviews with specific focus on access to primary health care services

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Proposed Methodology

Thematic Issues & Research Tools and Techniques - 5

Key Theme	Thematic Issues	Proposed Research Tools and Techniques
Food and Fuel Distribution System	<ul style="list-style-type: none"> • What are the coping behaviours during the stress situations by different sub-groups? • What are the survival issues such as food and nutrition to people belonging to different strata of poverty? • What are the mechanisms of taking debt and distress sale of assets among different sub-groups? • What is the status of access to food and fuel through PDS system by different sub-groups? • What roles are played by moneylenders and other financial institutions for lending to consumption and production needs of the households? • Which groups and people have access to these and what are the barriers to access? 	<ul style="list-style-type: none"> • Focus Group Discussions along with Institutional ranking, scoring and listing; Causal-Impact analysis, Seasonal calendars and Trend-lines analysis • Key Informant Interviews • Household In-depth interviews with specific focus on access to food and fuel and their coping behaviour

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Proposed Methodology

Thematic Issues & Research Tools and Techniques - 6

Key Theme	Thematic Issues	Proposed Research Tools and Techniques
Housing and Tenure	<ul style="list-style-type: none"> • What is the status of tenure rights and asset conditions of different sub-groups? • What are the practices and issues related to Land Registration within their slum? • What are the practices and issues with respect to population registration? • What is the status of different sub-groups with respect to housing conditions and overcrowding? 	<ul style="list-style-type: none"> • Focus Group Discussions along with Social mapping; Causal-impact analysis and Trend-lines analysis • Key Informant Interviews • Household In-depth interviews with specific focus on housing and tenure condition

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Proposed Methodology

Thematic Issues & Research Tools and Techniques - 7

Key Theme	Thematic Issues	Proposed Research Tools and Techniques
Literacy and Gender	<ul style="list-style-type: none"> • What is the status of access to educational facilities for both girls and boys? • What is the level of awareness and sources of information about options for livelihood opportunities, health, education and infrastructure service provision? • What is the existing mechanism for access to information? • What are women and men's roles and responsibilities within the household? Does this change depending on Wealth group/ sub-group? 	<ul style="list-style-type: none"> • Focus Group Discussions along with Institutional ranking, scoring and listing, and Daily schedule of men and women • Key Informant Interviews • Household In-depth interviews with specific focus on literacy and gender

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Proposed Methodology

Thematic Issues & Research Tools and Techniques - 8

Key Theme	Thematic Issues	Proposed Research Tools and Techniques
Access to social network and issues with respect to social fragmentations	<ul style="list-style-type: none"> • What are the opportunities to participate in public and community decision making? How these opportunities can be created? • What is the access and ability to influence social, political and governmental systems, institutions and programmes/ schemes? • What types of formal and informal groups/ social networks exist within the community? • What social networks link local groups to wider social and political structures? • How is the representation of different social groups in different institutions/ fora by different sub-groups? • What is the reach of the Anti-poverty programmes and employment generation schemes by Govt to various sub-groups of population? • How do people feel they have rights and entitlements as community members? 	<ul style="list-style-type: none"> • Focus Group Discussions along with Institutional ranking, scoring and listing; Causal-Impact analysis; and Trend analysis • Key Informant Interviews • Household In-depth interviews with specific focus on access to social networks

Proposed Methodology

Thematic Issues & Research Tools and Techniques - 9

- In-depth discussions are also proposed with secondary stakeholders such as Mayor/ Chairman/ Vice-Chairman, other ULB staffs to understand their perception, concern and policy issues with respect to
 - perception on poverty
 - livelihood and occupational pattern of poor living in their ULB
 - access and issues related to provision of infrastructure and urban services including water supply, sanitation, drainage, solid waste collection and disposal, road and electricity etc to poor localities
 - access to primary health care systems and facilities to poor
 - access to food and fuel distribution system (PDS system) to poor
 - housing and tenure related issues and limitation to provide urban services, literacy and gender dimensions of poverty in their ULBs

Schedule of Activities

Sl. No.	Activity	Sep-2005			Oct-2005			Nov-2005			Dec-2005			Jan-2006			Feb-2006				
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
1	Note Reconnaissance and Selection																				
2	Workshop - I (Focus on PPA Process and Methodology)																				
3	Finalisation of PPA data collection and Reporting																				
4	Report Building & Field Testing																				
5	PPA Field Activities																				
6	Preparation of PPA Reports - Location Specific																				
7	Dissemination of PPA Outcomes to Community																				
8	Finalisation of PPA Reports - Location Specific																				
9	Summary of Issues and Intervention and Policy Guidance																				
10	Preparation of Draft PPA Synthesis Report																				
11	Workshop - II (Focus on Synthesis of PPA Outcomes)																				
12	Preparation of Final Synthesis Report																				
13	Workshop - III (~20 Numbers)																				
Deliverables																					
1	Inception Report																				
2	Monthly Progress Report																				
3	Draft PPA Reports - Location Specific																				
4	Final PPA Reports - Location Specific																				
5	Summary of Issues and Intervention and Policy Guidance to each ULBs																				
6	Draft PPA Synthesis Report																				
7	Final PPA Synthesis Report																				

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Thank You



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. .. CMU-94/2003(Pt. III)/

Dt. .. 08.11.2005

From : Arnab Roy
Project Director, CMU

To : The Chairman
Rajpur Sonarpur Municipality

Sub. : Fund for mobilization of grass root level health functionaries for the extra duty to combat natural disaster due to heavy rain.

Ref. : Your communication no. HAU/186/RSM dt. 27.10.2005.

Sir,

The required amount of Rs. 30,600/- (Rupees Thirty thousand six hundred) only towards mobility / tiffin support for 204 nos. of grass root level health functionaries in connection with their involvement to combat natural disaster due to heavy rain for continuous 10 days at your municipality.

The expenditure ^{may be} ~~is to~~ be booked under A/C head "Incentive Fund" of KUSP already placed with you. ^{if you so wish.} The Statement of Expenditure (SOE) and Utilisation Certificate (U.C.) is to be submitted within one month through the Accounting Support Agency.

Thanking you.

Yours faithfully,

✓

Project Director, CMU
Dt. .. 08.11.2005

Memo No. CMU-94/2003(Pt. III)/

Copy forwarded for information and necessary action to :

1. Project Manager, CMU
2. Engineering Expert, CMU
3. Finance Advisor, SUDA

✓

Project Director, CMU

Phone : 2477 - 9245

RAJPUR - SONARPUR MUNICIPALITY

VILL. + P.O. HARINAVI, P.S. SONARPUR
DIST. SOUTH 24 PARGANAS, WEST BENGAL

Ref. No. HAU/186/ ~~28/10/05~~
R.S.M

Health expert
28/10/05

Date... 27.10.05.2005

*Discussed with P.D, CMU
Letter to be issued with
utilization of the fund.
fund from 28/10/05
for health fund by 28/10/05
DLB
8.11.05*

To
The Project Director, (CMU)
Salt Lake, Kolkata.

Sub : Fund for Mobilisation of 204 HHW, FTS and Pt. time HAU Staff for their extra duty from about 8-AM to 8-PM to combat this natural disaster due to heavy rain.

Sir,
This is for your kind information that due to heavy rain many of our wards have become water logged and some families have also been shifted.

To prevent any outbreak of disease we engage all our Health Staff from about 8-AM to 8-PM.

In this situation it is very difficult for us to make any arrangement for tiffin/mobilisation fund from our end.

Hence I am to request you to sanction of special fund for at least 10-days for the said purpose @ Rs. 15/- per day per head for 204 workers.

* Total Amount required : Rs. 15 x 204 x 10-days : 30,600/-
(Rupees Thirty Thousand and Six Hundred only)

Thanking you,

[Signature]
Sub- (Kamal Ganguly)
Chairman

Hau/186/10224 dt 27.10.05 Rajpur-Sonarpur Municipality.

✓ *Dr. [Redacted]* and necessary action to :
Health Expert, CMU.

Chairman
Rajpur-Sonarpur
Municipality

[Signature]
Chairman
Rajpur-Sonarpur Municipality.

Chairman
Rajpur-Sonarpur
Municipality

In Reply Please Quote
F. No. & Date

Water Works : 252560
EBM Fax : 253329
EPABX : 252029



Chairman
252324 (Office)
252596, 252998, 251666 (Resi.)
Fax : 254900
Vice-Chairman
252324 (Office)
266660, 254344 (Resi.)

OFFICE OF THE MUNICIPAL COUNCILLORS

ENGLISHBAZAR MUNICIPALITY, MALDA - 732 101 (W.B.)
E-mail : mda_kcebm@sancharnet.in WEBSITE : www.ebmmalda.com

Memo No. 1047/VIII/211/05.06

Date 29.08.2005

From: Chairman, IPP-VIII (Extn.), Englishbazar Municipality.

To:
Dr. Shibani Goswami
Project Officer (Health)
IPP-VIII (Extn.), SUDA
Ilgus Bhawan, H.C. Block,
Sector-III, Bidhan Nagar, Salt Lake,
Kolkata -700 091



9 SEP 2005

Sub: Training of the Trainers.

Madam,

1. We have already discussed with you regarding non-availability of Medical Officer/Health Officer/Assistant Health Officer.
2. Doctors who are engaged here under the IPP-VIII (Extn) are purely on part time basis. So, they are not at all interested in taking part in such training leaving behind Malda residence for obvious reason.
3. However, the Municipality and concerned in the IPP-VIII (Extn.) are interest in the matter. You are requested to kindly intimate us besides the above persons who are those can be accommodated in the above training.

Yours faithfully,


(Nihar Ranjan Ghosh)
Chairman

Memo No. _____

Date: _____

Copy forwarded for information & necessary action to:

1. The Addl. District Magistrate (G), Malda & Project Officer, IPP-VIII (Extn.), Malda.
2. The Councillor-in-Charge, IPP-VIII (Extn.), Englishbazar Municipality.
3. Dealing Clerk, IPP-VIII (Extn.), Englishbazar Municipality.

(Nihar Ranjan Ghosh)
Chairman

As (SB) pl send copies

As discussed with
Secretary Copies
may be faxed
to (i) MC, KMC
(ii) Commr. HMC.

As (SB).

banning.
26/9/05
Jt. Secretary

- to: HEADS
- ① DLB, WB
 - ② Membrs - Secy, NSVB
 - ③ Director SUDA
 - ④ Jt. Dy. ILGUS
 - ⑤ CE, MED.
 - ⑥ Secy.
 - ⑦ 26/9/05
 - ⑧ Jt. Secy.

GOVERNMENT OF WEST BENGAL
HOME DEPARTMENT
POLITICAL

RADIOGRAMFROM : CHIEF SECRETARY TO THE GOVT. OF WEST BENGAL

- TO :
- 1) ALL DIVISIONAL COMMISSIONERS,
 - 2) ALL ZONAL INSPECTORS GENERAL OF POLICE,
 - 3) INSPECTOR GENERAL OF POLICE, RAILWAYS,
 - 4) ALL RANGE DEPUTY INSPECTORS GENERAL OF POLICE
 - 5) DEPUTY INSPECTOR GENERAL OF POLICE, RAILWAYS,
 - 6) ALL DISTRICT MAGISTRATES,
 - 7) ALL SUPERINTENDENTS OF POLICE,
 - 8) SUPERINTENDENTS OF RAILWAY POLICE,
HOWRAH / SEALDAH / SILIGURI / KHARAGPUR.

MESSAGE BEGINS

NO. 1320(60) - P.S. (.) DATED THE 23RD SEPTEMBER, 2005 (.) NATIONAL PLATFORM OF MASS ORGANISATION (NPMO) HAVE GIVEN A CALL FOR GENERAL STRIKE THROUGHOUT THE STATE IN WEST BENGAL COMMENCING FROM 06-00 HOUR ON THE 29TH OF SEPTEMBER, 2005 IN SUPPORT OF THEIR VARIOUS DEMANDS (.) ALL PRECAUTIONARY MEASURES SHOULD BE TAKEN TO ENSURE THAT THERE IS NO VIOLATION OF LAW AND ORDER AND THAT NO UNTOWARD INCIDENT TAKES PLACE (.) ATTEMPTS AT FORCIBLE CLOSURE OF GOVERNMENT OFFICES, SHOPS, MARKETS, EDUCATIONAL INSTITUTIONS, INDUSTRIAL ESTABLISHMENTS, ETC. SHOULD BE FIRMLY DEALT WITH (.) ALL STATE GOVERNMENT OFFICES WILL REMAIN OPEN AND ALL GOVERNMENT OFFICERS AND EMPLOYEES SHOULD REPORT FOR DUTY (.) GOVT. EMPLOYEES WHO DO NOT ATTEND OFFICE ON THAT DAY SHALL BE REQUIRED TO APPLY FOR LEAVE IN ACCORDANCE WITH RULES (.) VITAL INSTALLATIONS SHOULD BE SPECIALLY GUARDED (.) NORMAL VOCATION OF THE PEOPLE IN GENERAL SHOULD NOT BE ALLOWED TO BE DISTURBED (.) IN PARTICULAR IT SHOULD BE ENSURED THAT THERE IS NO INTERRUPTION IN NORMAL FLOW OF ROAD TRAFFIC OR STOPPAGE OF MOVEMENT OF TRAINS DUE TO SQUATTING OR OTHER TYPES OF BLOCKADES (.) IT IS DESIRED THAT SUCH SITUATIONS SHOULD NOT BE ALLOWED TO DEVELOP AND PROMPT ADVANCE ACTION BE TAKEN TO EFFECTIVELY DEAL WITH THEM (.) EXTENSIVE ROAD PATROLLING SHOULD BE ARRANGED AND ADEQUATE RESERVE POLICE FORCE KEPT WITH VEHICLES AT STRATEGIC CENTRES


READINESS FOR DEALING WITH ARSON CASES, IF ANY (.) IT SHOULD BE ENSURED THAT NO GOVERNMENT PROPERTY INCLUDING THE PROPERTY OF RAILWAYS AND OTHER CENTRAL GOVERNMENT OFFICES AND UNDERTAKINGS IS DESTROYED OR DAMAGED (.) GOVERNMENT SHOULD BE KEPT INFORMED IMMEDIATELY OF THE DEVELOPMENTS (.) REPORTS ON LAW AND ORDER SITUATION CONCERNING HIS DISTRICT SHOULD BE SENT TO THE UNDERSIGNED ON BANDH DAY AT 11 A.M. AND 3 P.M. AND FURTHER ON A REGULAR BASIS (.)

MESSAGE ENDS

Sd/- A. K. Deb
CHIEF SECRETARY TO THE
GOVERNMENT OF WEST BENGAL

To
The Officer-in-Charge,
D.G.P.s. Control Room,
Writers Buildings,
Kolkata-700 001.

Please transmit the above message to the addressees immediately.

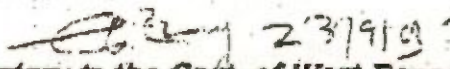
 23/9/05
Special Secretary to the Govt. of West Bengal.

No.1320(60)/1(5) - P.S.

Dated, Kolkata, the 23rd September, 2005

Copy forwarded for information and necessary action to the :

- 1) Director General & Inspector General of Police, West Bengal,
- 2) Director, Intelligence Branch, West Bengal,
- 3) Commissioner of Police, Kolkata,
- 4) Inspector General of Police (Law & Order), West Bengal,
- 5) Deputy Commissioner of Police, Special Branch, Kolkata,

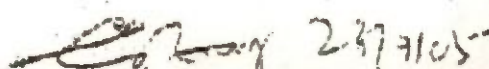
 23/9/05
Special Secretary to the Govt. of West Bengal.

No.1320(60)/2(60) - P.S.

Dated, Kolkata, the 23rd September, 2005.

Copy forwarded for information and necessary action to the Additional Chief Secretary/Principal Secretary/Secretary, _____

Department of this Government.

 23/9/05
Special Secretary to the Govt. of West Bengal.



4478-D
23.9.05

Govt. of West Bengal
Office of the District Magistrate, Murshidabad
(Confidential Section)

Nemo No: 1064-C/En

Dated: 23/9/2005

From : N. Manjunatha Prasad, IAS
District Magistrate
Murshidabad

To : The Secretary to the
Govt. of W.B., Municipal Affairs Deptt.,
Writers' buildings, Kolkata-1.

Dr. Gopbandhu
26/9

Sub: Inclusion of Kandi Municipality for health upgradation
under D.F.I.D. Project.

Sir,

I am enclosing herewith a letter No.1365/En dated 16-08-2005 of the S.D.O., Kandi along with a proposal of the Chairman, Kandi Municipality of this district, wherein the Chairman has stated that Kandi Municipality has minimum health infrastructure and Kandi S.D. hospital is not in a position to meet up all the needs for want of suitable infrastructure. He has proposed to include the Kandi Municipality under the D.F.I.D Project for the benefit of the people of Municipal area particularly people of slums and bustees.

The proposal of Chairman, Kandi Municipality is recommended and forwarded to you with request to kindly take appropriate steps so that the proposal may be granted.

Encl: As stated.

Yours faithfully,

(Signature)
(N. Manjunatha Prasad)
District Magistrate
Murshidabad

23/9/05
23/9/05
✓ JJ (DM)
✓ PG KUSP
Director SODA



LA
M. K. M. P.
A

SUB-DIVISIONAL OFFICER

Kandi, Murshidabad. (W.B)

STD. 03484

Office Ph # 55 221, 55418, Fax: 55 985

Res. # 55261, Fax- 55906

25

No-1365/EN

18.10.2005 16.9.2005

To
The District Magistrate,
Murshidabad.
Po-Berhampore, Dist-Murshidabad

Subject:

DA

Sub:- Health up-gradation System of Kandi Municipality under DUID project.

Sir,

Kindly find enclosed here with a Xerox copy of letter send by the Chairman, Kandi Municipality for the above subject matter. Considering the 'gravity of the situation this affair has also been discussed in the meeting of the Sub-divisional Health Task Force Committee. It is true that the people living in the slum and bastees areas are deserved to get benefit of that said scheme.

I would like to request you to kindly take up this proposal with the concerned authority for necessary inclusion of Kandi Municipality under the above mentioned project.

Yours faithfully,

[Signature]

Sub-divisional Officer,
Kandi, Murshidabad.

Encl: As stated above.

No.

Date:

Copy forwarded to the Chairman, Kandi Municipality for his information.

Sub-divisional Officer,
Kandi, Murshidabad.

[Signature]
23/9/05

✓ JS/BM/
Atrechi SUDA



CHANGE MANAGEMENT UNIT (CMU)

NOTE

26.09.2005.

For evaluation of DFID's policy and practice in support of Gender Equality, a DFID team would visit this office on and from 28th September, 2005 to 30th September, 2005. The purpose of such evaluation is to evolve a future DFID strategy and programming on Gender Equality and women's empowerment and any consequent effects on poverty reduction.

During this visit, the DFID team would like to meet the Director, Local Bodies, Director, SUDA, Chief Engineer, MED, Jt. Director, ILGUS and all the important functionaries of CMU individually on 28.09.2005. They would also like to visit two ULBs on 30.09.2005 and evaluate the three-tier structure of the Community Development Society and the involvement of the CDS in the slum level infrastructure works done under KUSP. It has been decided that the team will visit Gayeshpur Municipality on 30.09.2005 at 11.00 A.M. for evaluation of the three-tier structure of the Community Development Society and Barasat Municipality at 1.30 P.M. on the same date to evaluate the involvement of the Community Development Society in slum level infrastructure works done under KUSP.

(Arnab Roy)
Project Director, CMU, KUSP.

Copy forwarded for information and necessary action to:

- ✓ Director, Local Bodies, |
- ✓ Govt. of West Bengal. |
- Director, SUDA → *27/9/05* | (Since the DFID team would meet the
- Chief Engineer, MED | officers individually, the time for meeting is
- Jt: Director, ILGUS → *27/9/05* | fixed at 10.30 A.M., 11.00 A.M. and
- 11.30 A.M. respectively)
- ✓ Project Manager, CMU | *27/9/05*
- ✓ MFE, CMU, | (The DFID team would meet each officer individually
- Financial Adviser, CMU | from 11.30 A.M. onwards. All are requested to
- Health Expert CMU *27/9/05* | remain present in the office for meeting with the
- DFID team).
- O.D. & Poverty Expert, | *27/9/05*
- CMU
- Engineering Expert, CMU, | *27/9/05*
- Urban Planner, CMU | *27/9/05*
- Economist, CMU | *27/9/05*

Project Director, CMU, KUSP

U. O NO:- CMU-14/2002(Pt-VII)/137
Date:- 26.09.05



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. II)/

Dt. .. 25.08.2005

From : Arnab Roy
Project Director, CMU

To : The President
Netaji Sebayan Hospital
Artatan Samity
Nilganj Road
P.O. – Agarpara
North 24 Parganas.

Sub. : Prayer for grant.

Ref. : Your communication under reference no.
NSH/ AGP/242 - (II)/2005 dt. 17.08.2005.

Sir,

This is to intimate you that DFID assisted Health Systems Development Initiative is dealt by the Dept. of Health & Family Welfare, Swasthya Bhavan, Salt Lake, ~~who may be approached for granting of fund:~~ *to whom you direct your queries.*

Thanking you.

Yours faithfully,


Project Director, CMU

ESTD.
1962

নেতাজী সেবায়ন হাসপাতাল

NETAJI SEBAYAN HOSPITAL

ORGANISED BY ARTA TRAN SAMITY

NILGANJ ROAD, P.O AGARPARA, 24 PGS(N). WEST BENGAL
[Under W. B. Societies Act XXVI of 1961] Regd. No. S/12598

Ref. No NSH/AGP/242-(II)/2005

Date.....17.08.2005

To
The Project Director,
Kolkata Urban Service for the Poor
Change Management Unit,
ILGUS Bhavan, Block - HC, Sector-III
Bidhannagar, Kolkata- 700 106.



Health Expert Re.
Am 23/8/05

PM
They may be asked
to approach Health
Dept. if they like
my
19/8

Sub : Prayer for Grant of Considerable Amount out of the Funds allotted by D.F.I.D.
(England).

Respected Sir ,

With due respect we like to draw your kind and sympathetic attention to the advertisement made by your department in daily Kolkata news papers on 15th August, 2005.
In response , We offer our services for implementing health systems development initiative by Department For International Development (D.F.I.D.). Please find below some of our salient feature which gives us the confidence of proper implementation of the designed scheme.

1. We through a full fledged multipurpose hospital ; catering the needs of the poorer section of the people of Panihati Municipal area , covering large number of refugee colony with approximate population of 1.5 lacks along with large unemployed population of sick industrial belt with our limited resources.
2. We have all branches of medical science run and supervised by the highly qualified experienced doctors . the department , through which we are looking after the health of poorer section of the people are : a) Medicine , b) Gynae & Obstetrics' , c) E.N.T. , d) Orthopedics' , e) Pediatrics' , f) Dental , g) Eye , h) Surgery , i) Skin , j) Oncology , k) Diabetics , l) Homeopathy.
3. We have a well equipped and well furnished Urban Family Welfare Center with 14 beds and our performance exceeds the target every year.
4. We have our own well equipped Pathological Laboratories , E.C.G. , X-Ray & U.S.G. departments.
5. We are running with 50 (fifty) in-door beds with a provision of increasing it to more than 100 beds.
6. We have enough space for extension including a vacant plot of land measuring more than 10 (ten) kathas.
7. We have O.T. & well equipped Labour Room.
8. We have arrangements for Immunisations.
9. We have positive plans for issuing Health-Cards and Introduction of Health Insurance Scheme at the earliest.

.....Contd

ESTD.
1962

নেতাজী সেবায়ণ হাসপাতাল

NETAJI SEBAYAN HOSPITAL

ORGANISED BY ARTA TRAN SAMITY

NILGANJ ROAD, P.O AGARPARA, 24 PGS(N). WEST BENGAL
[Under W. B. Societies Act XXVI of 1961] Regd. No. S/12598

Ref. No

Date.....200

(Page-ii)

We are serving the society for more than last 40 years in respect of 1) Mother & Child Care, 2) Health Care, 3) Health Education, 4) Health Awareness Programme, 5) Environmental Pollution Awareness Programme ,

We could draw the interest of general mass of the society through successful implementation of the above programme resulting in more people coming to us for their treatment and other benefits. Now we feel , we require the additional amenities to cater this growing demand as follow :

Requirement of additional Infrastructure for proper implementation of the Project	Estimate of approx. Expenditure
Construction of Building at our vacant plot to enhance the space .	Rs. 30 lacks.
Buying Modern Equipments .	Rs. 40 lacks
Replacement of old and unworkable Equipments.	Rs. 5 lacks.

We can assure you that if minimum necessary assistance be given we can rank with the institution with name & fame.

It is needless to mention that we will surely abide by the rules and regulation that may be imposed by you time to time.

We are ready to strengthen the management system including information and carry forward the process of decentralisation , as is required .

We are in agreement in strengthening the system of management in respect to Assets & Supplies , Procurement and Financial management , Strategy and Policy frame work.

We once more assure you that if any amount is sanctioned for the purpose , will be properly utilised .

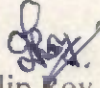
We once more offer our dedicated service for the implementation of the projects if kindly approved by your kind-self .

In short we can safely say our services demands necessary help assistance for the purpose the money that may kindly be sanctioned by D.F.I.D. through your good-self.

With Regards

Yours faithfully

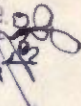
Encl : Audit Report
: F.W. Performance Report.


(Dilip Roy)
President
President
Artatan Samity
Agarpara

ARTTA TRAN SAMITY
 URBAN FAMILY WELFARE CENTRE
 NILGUNJ ROAD, AGARPARA,
 24-PARGANAS (N).

PERFORMANCE REPORT OF THE URBAN FAMILY WELFARE CENTRE FROM THE LAST 4 (FOUR) YEARS 2001-02, 2002-03, 2003-04, 2004-05

YEAR	VASEC- TOMY	TUBEC- TOMY	TOTAL	(CU-T) GIVEN	C.C. USERS	ORAL PILL USERS	INJ. T. TOXOID (MOTHER) (2ND DOSE)	FOLIFER (MOTHER GIVEN)	YD.P.T. (3RD DOSE)	YD.T.	POLIO	YB.C.G.	MEASLES
2001-02	N11	893	893	73	1013	2564	1045	N11	1203	605	1203	1201	1240
2002-03	N11	847	847	67	861	2805	1112	N11	1259	460	1259	1243	1058
2003-04	N11	857	857	42	503	1600	750	N11	1224	145	1224	1273	690
2004-05	N11	841	841	18	539	773	846	N11	1121	285	1121	1143	994


 Pr. sident
 Artalan Samity
 Ag. rpara



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Dt. .. 31.03.2005

From : Dr. Shibani Goswami
Health Expert, CMU

OLC

To : Sri Saikat Sengupta
Economist, CMU


Sub : Deliverables by ISC.

Ref. : Your letter dt. 28.03.2005.

Sir,

I have received one CD and one hard copy of final report on review of HHW programme covering role of ULBs, issues relating to mainstreaming HIV / AIDS from Project Director, CMU.

The CD has been given to a firm for digital printing, Xeroxing and binding of 50 (fifty) nos. of final report which will be delivered by 4th April, 2005. On receipt of the same, the CD and two copies of the report will be sent to you for central pool.


Health Expert, CMU

Received from
Health Expert KUSP
2 copies (hard) of final
Report on Review of HHW
Prog.
1 CD of the same
report as above
Subst by
2/5/05

Date: 28.03.2005

From
Saikat Sengupta
Economist CMU

To

1. Project Manager
2. Technical Adviser
3. Finance Adviser
4. Engineering Expert
5. Health Expert
6. Municipal Finance Expert
7. OD & Poverty Expert
8. Accounts Officer
9. Urban Planner
10. Economist

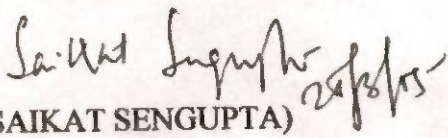
Sub: Deliverables by ISC

Please find attached herewith the list of deliverables by the ISC team to CMU. This office is in the process of the status of these deliverables and wants to create a central pool of the same so that everybody can access them from one single point.

Accordingly, you are hereby requested to convey the status to the undersigned in this regard within 1.04.2005.

This issue has the concurrence of the Project Director,CMU.

Thanking You
Yours truly,


(SAIKAT SENGUPTA)

ISC to CMU for KUSP - Progress on deliverables - Reports

Sr. No.	Report as planned in Inception Report	Reports submitted	Status / comments
1	Report on pilot PPA exercises	Report on piloting PPA	Submitted
2	Guidelines for conduct of PPA	Guidelines for conduct of PPA	To be submitted by 21st Mar
3	Rapid review of SJSRY	Report on review of SJSRY	Submitted
4	Report on LED interventions	Report on LED interventions	Submitted
5		Concept note on KMA level Eco. Dev. Vision	Submitted
6		Report on Economic Environment in KMA	Submitted
7	Report on Review of HHWs programme & role of ULBs	Combined Report on Review HHW Programme (covering roles of ULBs, issues related to mainstreaming HIV / AIDS)	Submitted
	Report on Role of ULBs in mainstreaming HIV / AIDS		
8	Design of Challenge Fund	Design of Challenge Fund	Submitted
9	Report on Municipal Incentive Funds	Combined report on KUSP Incentive Fund	Submitted
	Design of KUSP Incentive Fund		
10	Report on Fiscal Position of ULBs & Financial sustainability strategies	Report on Fiscal Position of ULBs (Vol 1)	Submitted
11		Fiscal Analysis - Strategic Issues and Options (Vol II)	Submitted
12		Guidelines for Preparation of FLIP (Vol III)	To be submitted by 21st Mar
13		Concept Paper on Performance Monitoring Framework for ULBs	Submitted
14	Report on review of the Accounting System	Review of Current Accounting Systems	Submitted
15	Municipal Accounting Manual	Change Management Implications for implementing Accounting Reforms	Submitted
16	Report on piloting the change in the Accounting System	Draft Government Policy Paper on Accounting Reforms	Submitted
17	Recommendations on Accounting Software	IT requirements for Municipal Accounting Reforms	Submitted
18		Guidelines for preparation of Opening Balance Sheet	Submitted
19		Municipal Accounting Manual for West Bengal	Submitted
20		Draft amendments to West Bengal Municipal (Finance & Accounting) Rules, 1999	not-submitted, as being revised in line with NMAM
21	Report on Allocation Criteria for projects	Report on Allocation Criteria for projects	Report to be submitted
22	Guidelines for Slum level infrastructure works	Guidelines for Community participation in Slum level infrastructure works	Submitted
23	Report on SOE framework	NA	Same as TOR for conduct of SOE
24	Report on Organisation structure of CMU	Report on Organisation structure of CMU & Exit Strategy for ISC. (Combined report on Orgn structure for CMU & Exit strategy, KUSP way forward)	Report on progress. Targets: draft report for internal review - 25th, Draft report for CMU - 31st Mar, Final submission 5th Apr
25	Exit Strategy report		
26	Guidelines for preparation of DDP	Concept paper on DDP Guidelines	Submitted
27		Guidelines for preparation of DDP	Ver 1.1 being submitted on 17th Mar
28	Monitoring & Evaluation Framework	Monitoring & Evaluation Framework	To be submitted - Target date draft submission to CMU - 21st mar
29	Other reports	Report on IT requirements for CMU	Submitted

Urgent
Saiwat please
report compliance

PM / Tech Advisor

can u pl. check whether we have
-recd. all. ~~the~~ A copy of all may
be kept at a central place for
access by all.

26/3/05

26/3

TORs

ISC to CMU for KUSP - Progress on deliverables - Reports

Sr. No	TORs planned in Inception Report	TORs submitted	Status / comments
1	TOR for conduct of PPA	TOR for conduct of PPA	Submitted
2	TOR for conduct of ISA	TOR for conduct of ISA survey	Submitted
3	TOR for conduct of Socio-economic Baseline survey	TOR for conduct of Baseline survey	Submitted
4		TOR for conduct of quick slum survey	Submitted
5	TOR for Fund Manager for Challenge Fund	TOR for Fund Manager for Challenge Fund	Submitted
6	TOR for TA in preparation of FLIP		Report on Guidelines for preparation of FLIP submitted instead
7	TOR for field level agencies for accounting reforms	TOR for field level agency for accounting reforms	Submitted
8	TOR for procurement of software for municipal accounting	TOR for procurement of software for municipal accounting	Submitted
9		TOR for position of Accounts & Finance Coordinator	Submitted
10		TOR for preparation of SOE	Submitted
11	TOR for conduct of Procurement Review	TOR for conduct of Procurement Review	Submitted
12	TOR for Communication strategy & implementation	TOR for Communication strategy & implementation	Submitted
13	TOR for development of Digital Base Maps	TOR for development of Base Maps, TOR for support consultant for this process, TOR for development of attribute data	Submitted
14	TOR for Quality Support Services	TOR for Community Support Agency	Submitted
15	TOR for Procurement & Financial Audit	TOR for procurement & financial audit	Submitted
16	TOR for Engg., Design and Costing	TOR for EDC	Submitted
17	TOR for entrepreneurship development	Not drafted	

Urgent
 Saurat, please report compliance by 28/3

PM / Tech Adv
 PR - check whether we have all
 Aug 26/3

Office of the Councillors, Baruiipur Municipality

BARUIPUR, SOUTH 24 PARGANAS.

Dra Chatterjee

Chairman
BARUIPUR MUNICIPALITY

Ref :

Dated :200

To,
The Secretary to the Govt. of West Bengal,
Department of Municipal Affairs,
Writers' Buildings, Kolkata-700001.

Dr. Crosswain
24/3

Sub : Appointment of Health Officer to the Baruiipur Municipality, South 24-Parganas.

S i r,

Kindly refer to this Office No. 1368/BM/HO/02, dated-27.02.2003.

The Baruiipur Municipality, South 24-Parganas, like other Municipalities are assigned with various important and urgent health care programme like immunisation and curative operations which the poor badly need but difficult and dangerous to deliver without supervision of expert medical practitioner ; but it is extremely unfortunate that the Municipality is without any such medical practitioner for quite a long time past.

The Municipality has neither any Health Officer nor a Medical Officer to attend and supervise so many national health care programmes assigned to this Municipality. At great risk only a few health workers are trying to meet the need of the locality and to implement various such programmes. Also various health programmes proposed to be introduced at the initiative of KUSP programmes will also be frustrated if no health Officer is immediately appointed to this Municipality.

In this straightened situation you are again requested kindly to consider the crying need of the people of the Municipality and to take suitable step for immediate engagement of Health Officer to this Municipality.

With thanks,

Yours faithfully,

Chairman,
Baruiipur Municipality.

Dated *22.3.05*

Memo No. *1430/1/BM/Health/05*

Copy forwarded for kind information & necessary action

to : 1. The Project Officer, CMU, ILGUS Bhavan,
HC Block, Salt Lake, Kol-106.

Chatterjee
22.3.05
Chairman,
Baruiipur Municipality.

CHAIRMAN



Sub : Monitoring and Supervision for the activities of Health Component by CMU.

DFID has approved a no. of activities i.e. re-training for all grass root level health functionaries, IEC activities, development of training manual, family schedule, HMIS format and IEC materials.

Strengthening of Sub-Centre functioning with regard to delivery of quality primary health care services are to be initiated immediately. Work Plan for the year 2005 – 2006 has already been prepared accordingly and placed below.

The undersigned has been engaged as Health Expert, CMU with effect from 16.12.2004 with additional full charge at Health Wing, SUDA to look after O & M phase of IPP-VIII (Extn.) in 10 Non-KMA ULBs, RCH Sub-Project, Asansol and ongoing DFID assisted Honorary Health Worker Scheme in 11 non-KMA ULBs.

Monitoring & supervision at field level i.e. visit to Sub-Centres, HAUs, discussion with the functionaries, witness functioning of clinics at Sub-Centres is the most essential component of the programme which will lead to effective utilisation of primary health care services by the clientele. This will offload work congestion at the secondary and tertiary facilities. As the proper implementation of primary health care services could prevent 70% of the disease burden of the society, monitoring & supervision is the most critical & vital area which is to be strengthened. Adequate monitoring & supervision by CMU at field level in a systematic way will lead to success in strengthening the implementation of existing HHW scheme.

It needs ~~skilled~~ professionals to execute the responsibility successfully. The positioning of the following personal is urgently required to achieve the targeted objective for the benefit of the urban poor.

Designation	No.	Professional Fees per month per head (In Rs.)	Cost involvement per month
Medical Officer	6	12,000/-	1.26 lakhs
Nutritionist	3	10,000/-	
MIES Professional / Statistician	2	8,000/-	
Computer Asstt.	1	8,000/-	



6 Medical Officers (MO) for 62 ULBs (40 KMA & 22 Non-KMA) are the minimum required manpower where 1 MO will be in-charge of 10 ULBs to get opportunity to visit 1 ULB twice per month. Thus, 1 Nutritionist in-charge of 20 ULBs will be able to pay visit at 1 ULB per month. 1 Statistician in-charge of 31 ULBs will concentrate on data analysis, consolidation etc. . .

Submitted for favour of kind consideration.

P.D. CMV

J. S. S. S.
26.07.05



Workshop
on
The Best Practices in ULBs
Sharing of experiences

Venue: Royal Bengal Room
City Centre
Block - DC, Sector - I
Bidhannagar, Kolkata - 700 064
29 March, 2005

Writers' Buildings, Kolkata Deyanbar Mukhopadhyay,
The 17 March 2005 Secretary

10.30 A.M., Tuesday 29 March, 2004
ROYAL BENGAL ROOM, CITY CENTRE
SALT LAKE, KOLKATA

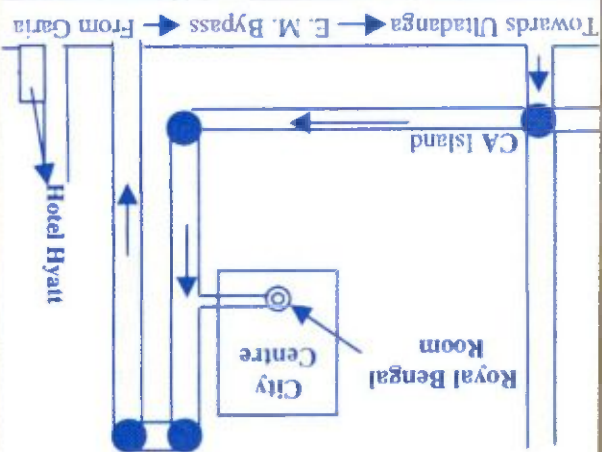
Hon'ble Minister-in-Charge, Municipal Affairs
& Urban Development
Government of West Bengal
will preside
Shri Hoque Bhattacharya

Hon'ble Minister-of-State (Independent Charge)
for
Urban Employment & Poverty Alleviation
Government of India
will inaugurate
Kumari Saha

MUNICIPAL AFFAIRS DEPARTMENT
GOVERNMENT OF WEST BENGAL
cordially invites you to the Workshop
on
The Best Practices in Urban Local Bodies
Sharing of Experiences

09.30 - 10.30	Registration
10.30 - 11.00	Inaugural Session
11.00 - 11.15	Tea Break
11.15 - 01.15	Technical Session
01.15 - 02.00	practices Presentation on the best
02.00 - 03.30	Lunch Break
03.30 - 04.00	Technical Session (Contd.) Open House -
04.00 - 4.30	Participants' Interface Valedictory Session

Programme



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22/11

No.175(6)/KMDA/PR-299/2004

Dated: June 21, 2004.

From :Shri C.L.Mukhopadhyay,
Joint Secretary,
Public Relations,
K.M.D.A.

To : M/s Admire (2) Pressman Advertising (3) Concept Communication
(4) M/s Parichay Advertising (5) M/s International Advertising Agency
(6) M/s Eye's Advertising.

PD

**Subject: Empanelment of advertising agencies
for the year 2004 - 2005.**

Dear Sir,

With reference to your application for the empanelment as advertising agency for the year 2004 - 2005 this is to inform you that you have been tentatively empanelled with KMDA for a period of one year from June 2004 to 31st May 2005.

It may please be noted that KMDA reserves the right to terminate the empanelment at its discretion at any time without assigning any reasons whatsoever.

You are requested to send us your acceptance within 7 (seven) days from the date of issue of this letter.

Thanking you,

Yours faithfully,

[Signature]
21/6/2004
Joint Secretary.

Office
Seen.
Pl. Keep in advt.
file.
IM
23/11

Name - Address

- 1) M/s. ADMIRE - Regd. office - 7, Khetra Das Lane , Kolkata-700012
Ph. - 22112128/5897, Telefax - 22113659
- 2) Pressman Advertising & Marketing Limited- Regd. Office - Pressman House, 10A, Lee Road, Kolkata - 700020
Ph. - 22800815/16/17/18, Fax - 22800813/14
- 3) The International Advertising Agency - 3A, Garstin Place, Kolkata - 700001, Ph.- 22209375, 22487049, Fax - 22487049
- 4) Concept Communication - (Office) 6D, Dimple Court, 26, Shakespeare Sarani, Kolkata - 700017 , Tel - 22811866, 22401726,
Fax - 22404513
- 5) Parichaye Advertising & Mass Communication Consultants - 63, Lenin Sarani (1st floor), Kolkata - 700013
Phone - 2244-3005/22441433, Fax -
- 6) Eve's Advertising, 156A, Lenin Sarani, Kamalalaya Centre, 3rd floor, Room No. 319, Kolkata - 700 013
Phone - 22157966, 22159278, Fax - 22157966



CHANGE MANAGEMENT UNIT (CMU)

23.11.04

NOTE

Sub : Exposure Visit to APUSP programme in Andhra Pradesh and TNUDP programme in Tamil Nadu .

This refers to the above. DFID have proposed an Exposure Visit to Hyderabad from 7th to 9th December and to Tamil Nadu on 10th December jointly to learn about implementation programmes similar to KUSP.

The date of the Exposure Visit may kindly be approved. The composition of the team for the Exposure Visit was proposed earlier. The composition may kindly be finalized so that the necessity arrangements may be made.

Arnab Roy
23/11

Arnab Roy
Project Director, CMU

Secretary
Municipal Affairs Department

U.O. NO. – CMU-124/2003/109
Date : 23.11.04

**Meeting on Health Care Delivery to ULBs on 21.12.2004 at 2.00 pm
in the conference room of SUDA**

Sl. No.	Name of Participant	Designation	Name of ULB / Organisation	Mobile No. (if any)	Signature
1.	Dr. Ajay K. Mukhopadhyay	HO	Barranagar N.C.B.	2577-0012	<i>[Signature]</i>
2.	KARTIK SARKAR	S.I	Barranagar N.C.B.	2577-3406	<i>[Signature]</i>
3.	Jankar Singh Rai	HO	Nearbarnackpur	2537 540 8	<i>[Signature]</i>
4.	Dr P. b. Choudhury	H.O	Bondopindar	98309-93325	<i>[Signature]</i>
5.	Dr. S. M. Ali	H.O	Maheshtala	9830116855	<i>[Signature]</i>
6.	J. M. MANJU	H.O	Garolia	9831066085	<i>[Signature]</i>
7.	Dr. Shona Gupta	H.O	Rajshahi Gopalpur Municipality	9831246182	<i>[Signature]</i>
8.	Dr. Mrs. M. Deb (Smt)	AHO/Par.	Bally Municipality	9830392638	<i>[Signature]</i>
9.	Dr. Harinoda Ghosh	H.O	Bansbera Municipality	2634-6324/8806(6) 2680-5286(R-1)	<i>[Signature]</i> 21/12/04
10.	Dr P. K. Bose	H.O	Hooghly Chuchura K.P.S.	23503683	<i>[Signature]</i>
11.	Dr. S. Malakar	H.O	North and Dam Municipality	—	<i>[Signature]</i>
12.	Sum Sum Kumar	ISC Core Team	Action Aid	9831-51244	<i>[Signature]</i>
13.	Shrinivas Kachigji	Project Mgr, ISC	PWC		<i>[Signature]</i>
14.	Shantamoy Chatterjee	Consultant AAI	AAI-KRD	9831418546	<i>[Signature]</i>
15.	Dr Nityanand Saha	A.H.O	Naihati Municipality		<i>[Signature]</i>
16.	Dr Pankaj Kr. Gupta	H.O	South Dam Dam Municipality	9831182077	<i>[Signature]</i> 21/12/04
17.	Dr. S. K. Saha	A.H.O	M.K. Municipality	983102753	<i>[Signature]</i> 21/12/04
18.	Dr SUSHANTI KR. AAI	HFO	Dam Dam Municipality	9433156670	<i>[Signature]</i> 21/12/04
19.	Dr Subhas Kr. Sebnath	HO	Rajpur-Sonarpur Municipality	9133183123	<i>[Signature]</i> 21/12/04
20.	Dr Shrubogoli Haldar	AHO	Chandani Municipality	9331824537	<i>[Signature]</i>
21.	Dr. Swadesh Haldar	A-H.O	Baranagar Municipality	9830796101	<i>[Signature]</i>
22.	Dr. Tapasbanta Chowdhury	H.O	Baranagar Municipality	933103-4068	<i>[Signature]</i> 21-12-04
23.	DR.CHANDAN CHATTERJEE	H.O.	MADHYAMGRAM MUNICIPALITY	9830553771	<i>[Signature]</i> 21/12/04
24.	DR. DEBASIS CHATTERJEE	A.H.O	Kharaboh Municipality	9830077913	<i>[Signature]</i> 21/12/04
25.	DR. SA TAPAJIT CHAKRABORTY	A.H.O.	Titagarh		<i>[Signature]</i> Suman Saha

**Meeting on Health Care Delivery to ULBs on 21.12.2004 at 2.00 pm
in the conference room of SUDA**

Sl. No.	Name of Participant	Designation	Name of ULB / Organisation	Mobile No. (if any)	Signature
26.	DR. A. N. HAR	A.H.O.	Rishra Nuni	9831462462	
27.	DR. P. K. BISWAS	P.T.M.O.	Barrackpore Municipality	2592-4006	
28.	Upasana Chakraborty	ISC	ISC (Achimd)	9830232787	
29.	DR SHIBANI GOSWAMI	P.O	SUDA	23593184	
30.	Dr C. C Mandal	A. H. O	Serampur	2662-6278	
31.	Mr. G. K. Seth	STS	Serampore	2652-0866	
32.	Dr. Shantanu Mukherjee	H.O.	Chandernagore	9830 26839999	
33.	Dr. Gopa Basu	AHO	Kanchrapati	9330974339	
34.	S. N. Roy Choudhary	SI	Kanchrapati	2553-7369	
35.	Dr (un) S. Nandy Dasgupta	H.O	Bhadreswar	9433113910	
36.	Dr. P. S. Bhattacharya	H.O	Baidyabati	9830552404	
37.	Wijwajit M. Bhatnagar	Supervisor	Baidyabati	-	
38.	Dr. G. K. Saha	H.O.	Kanchrapati	98305-43373	 G.K.Saha 21/12/04
39.	Dr. D. K. Choudhary	H.O	Konnagar	2674-0397	 21/12/04
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Sl. No.	Name of ULB	Name & Designation	Contract No.
1	Baidyabati	✓ Dr. P.S. Bhattacharya, H.O	98305 52404
2	Bally	✓ Dr. Mrs. M. Deb (Saha), AHO	983039 2638
3	Bansberia	✓ Dr. Haripada Ghosh, H.O	(R) 2680-5286
4	Baranagar N.24	Dr. Ajoy Kr. Mukhopadhyay, H.O	2577 - 0012
5	Barasat N.24	Dr. J. Chowdhury, H.O Dr. Swadesh Halder, AHO	933103-1068 9830736151
6	Barrackpore N.24	Dr. P.K. Biswas, (PTMO) ?	2592-1006(X)
7	Baruipur		
8	Bhadreswar	Dr. S. Nandy Majumder, H.O	9433113910
9	Bhatpara N.24		
10	Bidhannagar N.24		
11	Budge Budge	✓ Dr. P.S. Chowdhury, H.O	98304-93325
12	Champdany	✓ Dr. Dhruvajyoti Halder, AHO	93318 21537
13	Chandannagore M. C.	✓ Dr. Shantanu Mukherjee, H.O	2683 9999
14	Dum Dum N.24	Dr. Sushanta Kr. Pal ?	94331 56670
15	Garulia N.24	Dr. M. Manjey, H.O	98310 66085
16	Gayeshpur		
17	Halisahar N.24		
18	Hooghly Chinsurah	Dr. P.K. Bose, H.O	23503683
19	Howrah M. C.		
20	Kalyani	✓ Dr. K. Bakshi AHO	9831006576
21	Kamarhati N.24	Dr. Gopa Basu, AHO (Notto)	9330971339
22	Kanchrapara N.24	Dr. G.K. Saha, H.O	98305 13373
23	Khurdah N.24	Dr. Debasis Chatterjee, AHO	9830073913
24	Konnagar	✓ Dr. D.K. Ghosh, H.O	2674-0397
25	Madhyamgram N.24	Dr. Chandan Chatterjee, H.O	98305 53771
26	Maheshtala	Dr. S.M. Ali, H.O	9830116855
27	Naihati N.24	Dr. Nityananda Saha, AHO	-
28	New Barrackpore N.24	Sankar Singha Roy, H.O	2537-5408
29	North Barrackpore N.24		
30	North Dum Dum N.24	Dr. S. Malakar, H.O	9433340975
31	Panihati N.24	Dr. Prabhat Majumder AHO Dr. Sankar Singha Roy H.O	9433223089 2565-3380(R)
32	Pujali	AHO	
33	Rajarhat-Gopalpur N.24	Dr. Shova Gupta, H.O	9831246132
34	Rajpur-Sonarpur	✓ Dr. Subhas Kr. Debnath, H.O	9433183123
35	Rishra	✓ Dr. A.N. Haz, AHO	98314 62462
36	Serampore	Dr. C.C. Modak, AHO	2662-6278
37	South Dum Dum N.24	Dr. Pankaj Kr. Gupta, H.O	9831182077
38	Titagarh N.24	Dr. Satyajit Chakraborty, A.H.O	-
39	Uluberia		
40	Uttarpara Korumung	Dr. S. Nandan A.H.O	983102753

A11: EXAMINING THE POSSIBILITIES OF MAINSTREAMING HIV/AIDS INTO ULB HEALTH PROGRAMMES:

11.1 Introduction:

11.1.1 As the study team moves from a very selective approach to health care – where only a small part of RCH concerns were addressed for only a section of the population to an approach where all health concerns of the poor are addressed – HIV control easily falls within its ambit. This section on HIV/AIDS just delineates at what points of the health system as now proposed HIV/AIDS concerns are fitted in. And in one or two areas it also makes some detailed suggestions regarding how it is fitted in. The analysis begins with a brief situational analysis:

11.2 Situational Analysis:

11.2.1 The Annual Action Plan on AIDS prevention and Control for 2004 –2005 published by the WB State AIDS prevention and Control Society has very succinctly summarized the situation thus:

“ West Bengal had been characterized as a low prevalence state because the median prevalence was below 1.0% for ANC sites and below 5.0% in STD clinics. The overall situation, which had been prevalent at the start of the NACP-II in 1999, is still prevalent now but with a difference. Presently there are a few hotspots which indicate a raging high prevalent HIV epidemic in the state. Kolkata and its suburbs and in the urban areas of adjoining districts of Howrah, Hooghly, North 24 Paraganas and South 24 Paraganas and in Haldia. Most surprisingly the epidemic seems to be even more significant among the lower economic group of the population. Most of them constitute migrants who work as unorganised labour with low levels of literacy, lacking in basic knowledge of safe health practices, and have little or no access to information, or health and other supportive services. Poverty, ignorance and human rights violations create conditions that further the spreads of HIV.”

11.2.2 If this is the situation as analysed in the government’s own key document then the contrast with the high degree of complacency and lack of information about HIV prevalence and control possibilities in the ULB health system is remarkable. No ULB chairperson or health officer thought that there was a HIV problem in their area though they were from the very areas characterized as a “raging high prevalent epidemic zone.” No functionary at any level had an idea of cases tested positive in any of the ULBs. Indeed almost to the last person they would not even know where such testing was available. When asked whether HIV prevention education needed to be included in the HHW work profile one Chair Person said- “they are already overburdened and this is not a priority.”

- 11.2.3 This is merely a further reflection of the problems of a very selective approach where health planning is not based on local assessment of priorities with professional assistance. It is no credit to the study team or to donors if HIV problem is mainstreamed because of external expert consultant advice. The challenge before the consultants and the health system is how to develop a system where the health priorities are continually assessed in-house and do not await an external consultant group. The Annual Action Plan further states " Accessing STD facilities is extremely poor if the annual incidence of STDs is say 3% of the population as only 3 lakh STDs have been treated in the state from the formal health sector."
- 11.2.4 There is a further interface between the Annual Action Plan's assessment and the main concern on the poor outreach of the health systems to the vulnerable group. It had already been noted that there is a need to carve out a vulnerable group within the beneficiaries of the HHW programme as they seem to be slipping through the mesh of the safety net. Now the Annual Action Plan assessment states that " HIV incidence is highest among the poor and low incomes create natural barriers to access to health and treatment of reproductive health diseases and increase STDs. Vulnerability increases due to migration, poor living conditions, poor educational levels which can actually decrease awareness. Marginalised groups such as sex workers, MSMs and IDUs for whom taking a risk as a livelihood issue cannot always choose partners nor adopt prevention methods and also face discrimination and social exclusion in spite of the best efforts and hence increase their vulnerability to HIV. Further, the report flags the relationship between gender inequity and HIV and the relationships of the problem to more intractable and hidden issues like trafficking of women and very mobile migrant groups. Interestingly the report also presents a valuable estimate of those in the high-risk groups district wise. It would be safe to estimate that at least 20% to 30% of these if not much more may be residing in the KMDA area. Thus the report estimates that there are 49180 CSWs, 136148 intravenous drug users, 512394 migrant workers, 1385 transgendered persons and about 4118 MSMs in the state. (See annexure 3)The HIV rates in the CSW group are high and the study team has noted that the HHW programme skirts all these groups on the plea that they are not families.
- 11.2.5 Several important issues have emerged after holding FGDs with PLWHAs as part of the review process which must be mentioned here. To begin with, the rights of PLWHAs appeared to be severely compromised once their HIV status became public knowledge. Often the local authorities have not played an effective enough role in preventing the human rights violations that are occurring. In fact, HIV positive patients complained of the indifferent attitude of the local government towards the plight of the patients. This was more severe especially in the case of widows living with HIV/AIDS, as in many cases their property rights over their husbands' properties have been curtailed and they have been forced to live in abject poverty. In cases of opportunistic infections, lack of linkages with national programmes such as Revised National Tuberculosis Control Programme (RNTCP) has hampered PLWHAs' access to medicines.
- 11.2.6 There have been instances where PLWHAs have been duped by quacks who have promised instant cures by providing medicines for a substantial amount. However there

has not been any action taken against the offenders on behalf of the local government. Similarly, local laboratories have been making a killing by charging the PLWHAs a huge amount of money for various tests, especially those for counting CD4 levels.

11.2.7 Another serious issue that has emerged through the FGDs has been that of children orphaned by AIDS, as well as performing last rites of those dead from HIV/AIDS related complications. The PLWHAs are worried about their children dropping out of schools to fend for their families as they themselves are unable to work and look after their families. It has been a sincere request from them that the local government should ensure subsidised education for the children.

11.2.8 Many of the ULBs have a significant percentage of single migrant men who are not covered as part of the IPP viii programme since they do not constitute families. However this is a group which is considered as being extremely vulnerable to HIV/AIDS. So far, some interventions have been undertaken by State Aids Control Society partners, but none so far by the ULBs. This is an area which needs immediate attention.

11.3 Towards an approach to HIV prevention:

11.3.1 The first and most important principle should be the need for integration with the state's AIDS Prevention and Control Society's strategy.

11.3.2 The state society has already planned a large number of interventions in this area and the ULBs and indeed the entire KMDA health structure do not figure in them. Further though the interventions of the AIDS Control Society are detailed the study team is unable to understand how far the outreach would be and what would be the remaining gaps. Moreover integration with all existing programmes seems minimal.

11.3.3 Present below is a list of all the necessary interventions; in order to identify what the state government is doing and then what more needs to be done – and where it can fit into the proposed HHW and KMDA health care strategy.

Figure 6 Proposed linkages between the HHW programme and HIV/AIDS mainstreaming activities

Intervention needed	Existing Services/ Proposals	Further proposal
Mapping out all vulnerable populations	Done by TNS-Mode group and data available for all areas	Information needs to be shared with ULBs and a HIV vulnerable group should be jointly demarcated and become part of the ULBs information system and

		perceived priorities.
Health education efforts (IEC)	General state wide media publicity (and targeted interventions – discussed below)	<p>HHWs training should include this component.</p> <p>HHWs should have a monitored interaction with the community both at the group level and at the household level regarding HIV prevention</p>
HIV Voluntary detection and counselling centers	Present in medical colleges and in some of the district hospitals. Currently 21 for the entire state and only medical college centers provide for the urban centers. Proposed in the district hospitals of Howrah, Hooghly, and south 24 Paraganas also.	Needed in all maternity homes and in ESOPDs. Since blood safety requires regular blood testing and these facilities are already in place or need to be in place anyway the additional costs are minimal.
Targeted interventions in high risk groups through NGOs	Currently 44 NGOs doing as many interventions in the entire state of which about 17 seem to be in the KMDA health area covered by HHWs. Coordination with HHWs programme was observed to be ranging from minimal to non-existent.	Need to link each TI operating in a HHW area with the HHW programme and build up jointly a well supported community and youth centered innovative peer education programme
School AIDS Education Programme	Life-skills education programme has been introduced in 12087 schools in the state and further proposed for 3000 more schools this year. (It is budgeted at about Rs 6000 per school)	All schools under the ULBs should be covered and the combined NGO- HHW workforce can be used to achieve this – of course with active cooperation of the education system
Blood Safety	No data available	Need to involve all Maternity Homes in this

		dimension.
Parent to child transmission prevention project	Data available on status of PPTCT	Need to involve all Maternity Homes in this dimension.
Low Cost AIDS care	Ten PLWHAs community care drop in centers initiated through three NGOs- with low attendance but all of them KMDA area.	Need for expansion of this programme and coordination with the HHW system and linkage with school AIDS programme and Targeted Interventions programmes and network of ULB run health centres and with diagnostic facilities
Sentinel Surveillance sites	<p>Currently statewide 36 sites- 18 ANC sites, 10 STD clinics, 7 HRG sites and one IDU site.</p> <p>Note the current low rate of 0.25% would still mean 1 in 400 pregnancies or 250 per 100,000 pregnancies as compared to the MMR goal of 100 per 100,000 pregnancies (KMDA states that it has reached MMR of 30 per 100,000 pregnancies).</p>	Need for ULBs to coordinate with the existing surveillance site and with their own district hospitals and well attended MHs and ESOPDs and well chosen private clinics to develop a comprehensive disease sentinel surveillance system- not only for HIV but for all STDs and even for malaria, tuberculosis, vaccine preventable diseases etc.

11.4 Specific measures for mainstreaming HIV control concerns in the HHW and KMDA urban health programme:

11.4.1 Mapping out all vulnerable populations:

11.4.1.1 This has already been mooted under the proposed restructuring of the programme. What is being discussed here now is an additional criterion of vulnerability. Though some of the categories are completely overlapping e.g. migrants, rag pickers, CSWs, street children, homeless etc – others like MSMs and truckers need not be socio –

economically amongst the most vulnerable though at higher risk for HIV. These problems have to be worked out at the ULB level- though in general it is the socio – economic and occupational criteria of vulnerability that would prevail. There is need to develop synergies with already existing mapping efforts. There are detailed maps prepared under the UHIP programme that however have failed to recognise let alone respond to vulnerability. There is a vulnerability mapping effort under the AIDS control programme that must feed into this effort.

11.4.2 Health education efforts (IEC):

11.4.2.1 Undoubtedly HHWs should play a major role in this. There has been already some rudimentary one-day training that has taught them some of the aspects like how HIV is transmitted and technical measures or prevention. However even knowledge about signs and symptoms were weak. Also weak was social and gender dimensions of the HIV epidemic. Weakest was any perception of the imminence of the problems or how they had to react to it. In fact they had no clear plan of action.

11.4.2.2 There is also a major problem with current HIV awareness efforts. They fail to address the issues of sexuality and human behaviour and that too in the social context. Thus those who are within the pattern of responsible sexual behaviour respond readily to the messages on responsible sexual behaviour. On the other hand those who have little control over their bodies, whose choice in sexual matters is limited or sharply conditioned by social compulsions would find most messages on HIV control gratuitous and failing to relate to their core problems.

11.4.2.3 This failure is not only a problem of HIV prevention. It is also the problem of why while sterilization measures have ready acceptance, spacing methods and delaying the first child after marriage have been nearly impossible to make headway in. Indeed for many poor women abortion, which in many cases are unsafe, is the only form of spacing possible.

11.4.2.4 The failure to address sexual behaviour also underlies the great proliferation of hepatitis B as a problem- and immunisation is an inadequate way of addressing it. The common STDs also remain common in most of these communities. Closely related is the failure to address other gynecological infections and complaints that are not sexually transmitted but relate to the larger issues of women's health, stigmatisation and women's control over their bodies. The issues of violence against women as an issue of women's health is also closely related. Related to this is the issue of poor adolescent health services and school health services failing to touch on life skills, as it is known. Even where such services start up issues of sexuality are avoided.

11.4.2.5 Thus if health education or IEC on HIV moves on from the trite three components: information on methods of transmission, some scare-creation about the disease and "have- one- partner- if- not- use- condoms" message- then not only HIV but a large number of related issues would be addressed. If on the other hand it remains at just this

current package then even as expenditure on health awareness increases disease would increase in parallel.

11.4.3 Is the HHW ready to take on this challenge?

11.4.5.1 The answer is clearly in the negative. By background and perception of priorities they are not ready for it. However they could be trained and in synergy with an NGO sensitive to these issues they would learn and be able to contribute in a big way. For HHWs are undoubtedly those nearest to having universal access to these communities at risk.

11.4.3.2 To begin one needs to incorporate into the HHW training curriculum. The complex of sexuality, sexual behavior, women's control over their bodies, resistance to violence, social contexts of vulnerability and the process of negotiation and resistance would need to be part of the education package to address these issues. The next step would be to develop a scheme of monitored interaction between HHW and the community both at the group level and at the household level regarding HIV prevention.

11.4.3.3 Here synergy with the NGO and an innovative peer education programme become critical to the success. There are many models well known internationally to choose from. The challenge to KMDA is in terms of the scaling up of the programme. Is there the will to go for a programme that reaches out to the entire vulnerable population? If so scaling up is a tremendous challenge and would need substantial innovation and resources.

11.4.4 HIV voluntary detection and counselling centres:

11.4.4.1 This should be functional in all maternity homes and in ESOPDs. Since blood safety requires regular blood testing and these HIV testing facilities are already in place or need to be in place anyway the additional costs are minimal.

11.4.4.2 However the counsellors may be drawn from the HHW supervisors many of whom can easily provide counselling services twice or thrice a week with a small material incentive to do the same. Training a counsellor is however a cost intensive, time intensive and effort intensive process and requires good selection of candidates also. It would be important to publicly advertise these facilities as well as communicate it through the HHW network. Current knowledge is abysmally low. All tuberculosis cases, all pregnancies and all blood donors, and **all spouses and sexual contacts** at the minimum need to be screened for these diseases.

11.4.4.3 Though these are named voluntary centres in practice their functionality depends on the quality of referral. Hence the creation of a few isolated VCTCs with little publicity and no referral linkages with the rest of the health system achieves very little. The VCTC must be part of every general hospital and every maternity home especially now that parent to child transmission is preventable for HIV positive mothers.

11.4.5 Targeted interventions in high-risk groups through NGOs:

11.4.5.1 There is a need to study the TI operational details. One would need professional working out of the strategy for each vulnerable group and one would certainly need a peer educator approach for most of these vulnerable groups. The techniques of choosing the right person for becoming a peer educator, the process of training them, the process of deploying them and the process of supporting a peer educator are not just a matter of commonsense. They would make for the difference between stopping the epidemic in these high-risk groups and being a spectator to the progress of it. At the same time, it must be kept in mind that there are certain groups of people who may not be getting covered through the IPP viii programme but who are considered vulnerable to HIV/AIDS. Truckers, single migrant men, and platform children who live within the ULB areas have to be reached through. If they cannot be directly reached through IPP viii workers, a different strategy has to be worked at for reaching them on a regular basis, for instance through voluntary agencies working in the areas.

11.4.5.2 Along with this every single TI ongoing must be linked to the HHWs in that same geographical area. An institutional partnership mechanism must be built up and the NGOs need to understand that sensitising the primary care giver is part of their portfolio.

11.4.6 School AIDS Education Programme:

11.4.6.1 All schools under the ULBs should be covered and the combined NGO- HHW workforce can be used to achieve this – of course with active cooperation of the education system. Here all the HHWs with assistance from the NGOs may act as trainers for teachers and peer educators in these schools. Alternatively NGOs can be allotted the master trainer role for all schools in an area. The only costs involved are in material development and the training of master trainers and in monitoring. Actual education of school students is done in school time with school staff and peer educators.

11.4.6.2 It is well understood by practitioners of HIV education for school children that one can gain entry into the schools only if HIV education is part of sex education and that this is introduced as part of a larger life- skills education programme that looks more holistically at the health and social needs of adolescents.

11.4.7 Blood safety:

11.4.7.1 This should be seen as part of hospital safety and medical systems safety. The quality standards now built in for RDCs are needed for all MHs and ESOPDs too as well as for private sector and the state hospitals. This is the need for a regulatory body especially on standards and prices. It may be beyond the cope of this study. At present it is perhaps only feasible to ask for involving all MHs in this dimension of hospital safety.

11.4.8 Low cost aids care& parent to child transmission prevention project

11.4.8.1 Need for expansion of this programme and coordination with the HHW system and linkage with school aids programme and TI programmes and network of ULB run health centres and with diagnostic facilities

11.4.9 Sentinel surveillance sites:

11.4.9.1 Need for ULBs to coordinate with the existing surveillance site and with their own district hospitals and well-attended MHs and ESOPDs and well-chosen private clinics to develop a comprehensive disease sentinel surveillance system- not only for HIV but for all STDs and even for malaria, tuberculosis, vaccine preventable diseases etc.

11.4.10 Rights of PLWHAs:

11.4.10.1 Human rights violations of People Living With HIV/AIDS (PLWHAs) have now become common incidences across the country and West Bengal too is not an exception. As mentioned earlier, FGDs with PLWHAs have revealed the extent of discrimination and rights abuse they face. Therefore the ULBs must be prepared to deal firmly with such cases. The HHW must be trained to become aware of stigma issues and she must immediately report them to the Health Officer. Along with that, there has to be community level meetings involving community level stakeholders. The PHAs found astonishingly low levels of knowledge about HIV/AIDS in the community as well as many preconceived notions about the spread of the disease. This was despite the fact that the HHWs are spreading awareness in the field on HIV/AIDS.

11.4.11 Opportunistic Infections:

11.4.11.1 opportunistic

11.4.12Capacity building

11.4.13Regularisation of laboratories/quacks

11.4.14Access to supplementary nutrition programme

11.4.15Children with HIV/AIDS

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Health component under KUSP

Current activities for 61 ULBs (40 KMA and 21 Non-KMA ULBs)

1. Provision of uniform to grass root level functionaries (HHWs and FTSs).
2. Provision of HHWs kit bag with contents.
3. Re-orientation training for HHWs, FTSs, STSs (ANMs in case of 21 Non-KMA ULBs).
4. Refresher Managerial training for HOs, AHOs, PTMOs and UHIOs.
5. Provision of Mobility support to grass root level health functionaries.
6. I.E.C. activities.
7. Monitoring and supervision by CMU at ULB level.
8. Trial of health insurance in two or three ULBs as pilot one.
9. Refurbication of Sub-Centres if needed.
10. Provision of furniture and equipment for Sub-Centres where needed.
11. Reviewing and refining of Family Schedule and HMIS format.
12. Linkage and Co-ordination with DHFW for National Health Programmes.

Sub Activities :

1. Provision of uniform to grass root level functionaries (HHWs and FTSs).
 - a) Initial discussion with cross section of the HHWs regarding their views on texture and colour of the uniform which includes Saree, Blouse and petticoat.

One discussion session with HHWs & FTSs each for East Bank ULBs, West Bank ULBs and ULBs of Southern part.

(2 HHWs and 1 FTS per ULB will participate in the discussion session. The venue will be at a ULB which is more or less centrally located.)
 - b) Consensus on texture & colour of Uniform will be ascertained through these discussion sessions.
 - c) Mode of procurement
 - (i) CMU will procure Sarees, cloth for blouse and petticoat, 70 nos. each for providing samples to 61 ULBs and 9 set of samples to be kept with CMU.
 - (iii) Procurement at ULB level will be done by the respective ULBs through their Purchase Committee maintaining norms set forth by CMU.
2. Provision of HHWs kit bag with contents.
 - a) Floating of tender for procurement of sample kit bags.
 - b) ULB will purchase as per approved sample.

3. **Re-orientation training for HHWs, FTSS, STSs (ANMs in case of 21 Non-KMA ULBs).**
 - a) Development of training module by CMU.
 - b) Identification of trainers by the ULB.
 - c) Trainers training at CMU.
 - d) Re-orientation training at ULB level.
 - e) Monitoring, supervision and quality control by CMU.

4. **Refresher / Managerial training for HOs, AHOs, PTMOs and UHIOs.**
 - a) Training of HOs and AHOs in public health and management supervision.
 - b) Identification of training institute / agency.
 - c) Training of PTMOs for updating skill and capacity strengthening.
 - d) Training of UHIOs for updating and management supervision.

5. **Provision of Mobility support to grass root level health functionaries.**
 - a) Participatory discussion with different tiers.
 - b) Preparation of proposal for mobility support.

6. **I.E.C. activities.**
 - a) Preparation of module on different health issues by CMU.
 - b) Conduction of focus group discussion (both male and female) at block level by grass root level functionaries and monitored by CMU.
 - c) Development of I.E.C. materials like Leaflet, Pictorial calendar, Translit box etc.
 - d) Deployment of traditional folk media.
 - e) Monitoring and supervision by CMU.

7. **Monitoring and supervision by CMU at ULB level.**
 - a) Functioning at block level, sub-centre, HAU, other facility.
 - b) Referral.
 - c) MIES.
 - d) Nutrition and growth monitoring of under 5 children.
 - e) Training, re-training.
 - f) I.E.C.

8. **Trial of health insurance in two or three ULBs as pilot one.**
 - a) Drawing of outline of health insurance.
 - b) Identification of two - three ULBs for piloting.
 - c) Time to time consultation and evaluation (midterm & terminal).
 - d) Implementation in other ULBs if found fruitful.

9. **Refurbication of Sub-Centres if needed.**
 - a) To ascertain the need for refurbication case to case basis.
 - b) Receipt of proposal from ULBs.
 - c) Scrutiny by CMU.
 - d) Release of fund to ULBs.
 - e) Monitoring.

10. **Provision of furniture and equipment for Sub-Centres where needed.**
 - a) To ascertain the need for furniture & equipment case to case basis.
 - b) Receipt of proposal from ULBs.
 - c) Scrutiny by CMU.
 - d) Release of fund to ULBs.
 - e) Monitoring.

11. **Reviewing and refining of Family Schedule and HMIS format.**
 - a) To study existing Family Schedule and HMIS format being used under different community based health programmes and existing data base for Govt. health programmes.
 - b) Incorporation of some information / indicators as suggested by ISC.
 - c) Development of uniform data base and MIES format.

12. **Linkage and Co-ordination with DHFW for National Health Programmes.**
 - a) Regular contact with DHFW for linking with existing National Health Programmes.
 - b) Implementation of National Health Programmes at ULB level.
 - c) Monitoring by CMU.

Required Support :

1. Training institute expertise in Public Health Management for imparting training to HOs, AHOs.
2. Institute / Agency like All India Institute of Hygiene & Public Health, WBVHA and others to develop training module.
3. To impart training, monitoring and evaluation of 180 training batches for HHWs in KMA ULBs and 36 training batches for HHWs in Non-KMA ULBs
(One batch comprising of 12 days and 24 sessions involving 2592 man-days.)
To support CMU - 10 Professionals in Community Based Health Programme will be required both for KMA and Non-KMA ULBs.
4. To monitor and supervise regular health activities at different ULBs, manpower required at CMU
 - a) Health Professional - 6 (1 per 10 ULBs for KMA) and 2 for Non-KMA.
 - b) *Part-time Advisor - 1 to coordinate*
 - c) Nutritionist - 3
 - d) MIES Professional / Statistician - 2
 - e) Computer Operator - 1



Memo. No. CMU- 164/2004/456 (16)

Date 28.12.2004

**From : Arnab Roy
Project Director, CMU**

To :

1. Chairman, WBVB
2. CEO, KMDA
3. Director, DLB
4. Chief Engineer, MED
5. Director, SUDA
6. Jt. Director, ILGUS
7. Technical Adviser, CMU
8. Project Manager, CMU
9. Engineering Expert, CMU
10. Procurement Expert, CMU
11. Municipal Finance Expert, CMU
12. Financial Adviser, CMU
13. Health Expert, CMU
14. OD Expert, CMU
15. Urban Planner, CMU
16. Economist, CMU


**Sub. : Second Quarterly Review by DFID on KUSP (1 - 3 December, 2004) Draft
Aide Memoire**

Sir,

A copy of the Draft Aide Memoire is enclosed for their views and taking necessary action.

Encl. : As stated.

Yours faithfully,


(Arnab Roy)
Project Director

Kolkata Urban Services for the Poor Programme
Second Quarterly Review: 1-3 December 2004
Draft Aide Memoire

A. Introduction:

1. The second quarterly joint GoWB-DFID review mission for supervision of the Kolkata Urban Services for the Poor (KUSP) Programme visited Kolkata on 1-3 December 2004. The objectives of the mission were to review and monitor progress since the last Mission in June 2004.

2. This aide memoire reflects the main findings and agreements reached during the visit. (Review programme: attachment 1 and Actions on Recommendations of June 2004 Review: attachment 2) They are presented under the 4 broad priorities that the mission focussed on:

- (a) *Strengthening the ULB's;*
- (b) *Managing Slum Upgrading;*
- (c) *Building Management Capacity to deliver KUSP;*
- (d) *Progress of work streams;*

The mission would like to express their appreciation to the GoWB and the Change Management Unit (CMU) for the hospitality rendered to them.

B. Background:

3. The DFID supported (KUSP) programme was launched in January 2004 and aims to improve urban planning and governance, improve the access of the poor to basic services and promote economic growth in the Kolkata Metropolitan Area (KMA). The programme will deliver these objectives through broad based municipal reforms and infrastructure projects. Interventions will be integrated in Draft Development Plans (DDP).

4. Review Team The Review Team comprised: Mr D. Mukhopadhyay (GoWB Secretary, Municipal Affairs), Mr S. Mukerjee (DFID Infrastructure & Urban Development Adviser), Ms P. Subramanyam (DFID Governance Adviser), Ms S. Kanneganti (DFID Social Development Adviser), Mr M. Ridout (DFID Associate Professional Officer)

C. Strengthening the ULB's:

5. Institutional Development Plan for Support organisations The proposals developed by the OD consultant for strengthening the Support Agencies administratively under the Municipal Affairs Department, were discussed. The Municipal Engineering Directorate (MED) expressed concern that the proposals had not recognised that the MED's primary focus was ULB's outside of KMA and the conclusions related to MED were not based on sufficiently robust analysis. It was agreed that CMU along with active Chairpersons and the Municipal Association shall

reach a decision regarding the preferred option and propose a way forward by mid January 2005.

6. ULB Benchmarking Report The ULB benchmarking report was presented to the mission. It sets out key priorities including placement of Executive Officers and Finance Officers in all ULB's, the need for staff restructuring and a citizen centric approach.

The mission deliberated between option 2 (MAD establishes revised staffing norms based on "best practices" including some outsourcing) and option 3 (Reform of financial control, which involves (i) freezing of the salary grant (ii) capping of the ULB salary expenditure based on 'norms' (iii) untying of salary grants and giving freedom and flexibility to ULB's for their own staffing). A suggestion was made that Option 2 could be implemented across ULB's with better performing 'mature' ULB's able to graduate to option 3 after meeting some pre-determined eligibility criteria.

GoWB indicated that it would need to carefully assess the implications of the Benchmarking study. It was agreed that CMU in consultation with DLB will assess the merits of the options raised, for presentation to the Hon. Minister in Charge (UD & MA) early in January 2005. (7)

Resourcing ULB's with Professional staff The Mission commended efforts made by the Municipal Affairs Department, since the June 2004 Review, to seek applications from inservice officers in other GoWB Departments for redeployment to the KMA ULBs as Executive Officers. The MAD will now need to expeditiously pursue the process of assessing candidates, liaising with the respective parent departments of the selected candidates and then placing them after proper induction and necessary training. CMU have already initiated a dialogue with the local Administrative Training Institute (ATI) to develop and deliver a foundation course. The Mission urged the CMU to explore opportunities for the ATI to collaborate with institutions such as the Centre for Good Governance (CGG, Hyderabad) and/or ASCI for this purpose. (3)

While the presently proposed arrangements will ameliorate ULB management requirements in the short term, GoWB should explore possibilities of establishing a Municipal Cadre (for both executive and finance officers) who as in other states are able to bring in higher levels of professionalism and sector experience. MAD will also need to initiate similar processes immediately to place 'in service' officers to fill vacancies in Finance, Health and Engineering.

7. Frequently Asked Questions (FAQ) There is still considerable divergence across KMA in understanding of the purpose of KUSP in relation to GoWB Municipal Reform priorities. This is will be addressed through an explicit communications strategy being commissioned by the CMU. This process may take time so the Mission suggested that the CMU prepare a simple FAQ fact sheet to assist ULB's understanding of the KUSP reforms process and save them time in responding to queries. (4)

Full-time Chairpersons To strengthen the management capacity of ULB's it was agreed that it was desirable for all Chairpersons to be available on a 'full time' basis, rather than the current practice of serving part-time. Evidence is available to show a correlation between ULBs with full time chairpersons and relatively better performance. MAD agreed to explore the feasibility of initiating necessary legislative changes before the next municipal elections due in May 2005. (5)

Training of Councillors and CDS members The mission welcomed the GoWB proposal to include Councillors, CDS members and other elected persons in appropriate training schemes and capacity building initiatives. (6)

Draft Development Plans (DDP) The review discussed the criteria for assessing when a DDP is "good". It was agreed that the guidelines should deal with the assessment of DDPs and that they should be assessed equally on the quality of the process by which they are developed as well as their content. For this reason the documentation of the DDP process must be part of the overall document. (7)

D. Managing Slum Upgrading:

MED Engineering support to ULB's Concern was raised regarding the speed of MED approval of ULB slum upgrading schemes. At the time of the Mission seven ULBs were yet to submit proposals for the first year, pending consensus on prioritisation of settlements. GoWB welcomed the suggestion of the Mission to task concerned MED personnel to visit the ULBs proactively to facilitate the selection and development of the schemes.

Filling ULB engineering positions through redeployment GoWB noted that the redeployment of KMDA engineers would come into effect on 1st December 2004. The mission noted with concern that no postings had occurred at the date of the review.

Community Contracting It was agreed that to encourage community contracting it would be included as a ULB performance criterion under the Incentive Fund. (8)

E. Building Management Capacity to deliver KUSP:

CMU staffing Since the last mission 3 more positions have been filled: Poverty Expert, Procurement Expert and Municipal Finance Expert.

CMU human resource requirements The mission strongly reinforced the view given by Hon. MIC in a previous meeting that the right quality of personnel need to be found for CMU. Accordingly, to determine the future human resource requirements for the CMU it was proposed that a workplan will be developed setting out the Project Management challenges and staffing (quality and quantity) requirements. ISC are to facilitate this exercise and it was agreed that the work plans would be completed by mid December 2004. (9)

ULB Charter for CMU There was a suggestion made that a Charter be developed that sets out the range and level of support and services that ULBs can expect from the CMU under the KUSP programme. The suggestion was accepted, as it could provide a degree of ownership to ULBs for the reform agenda and will help to stimulate demand. CMU and ISC agreed to develop the concept as part of the CMU workplan development. (10)

CMU office accommodation CMU have prepared plans for open plan office space to help with team working and provide flexibility for visiting consultants. It was agreed that CMU's current and future requirements could be met by efficient use of the existing space. DFID remains concerned at the less than satisfactory standard of accommodation facilities available to consultants housed within the CMU.

Exposure Visits GoWB agreed that exposure visits should be set up as soon as feasible to ensure that CMU, Chairpersons, councillors, municipal officers learnt from successful Urban Management practices in other states. It was agreed that visits to the following locations should be organised:

- (i) Andhra Pradesh (APUSP; for the KUSP sister programme)
- (ii) Tamil Nadu (TNUDP; for IT and Programme management arrangements)
- (iii) Ahmedabad MC (for Municipal Reforms and municipal financing models)
- (iv) Bangalore (for the BATF model)

F. Discussion and Agreement of KUSP Logical Framework:

The KUSP log frame was discussed extensively over a 2-day period at the end of the review. A copy of the draft revised log frame is included as attachment 3. It was agreed that the Goal and Purpose level indicator are now frozen and that the draft output level indicators will now be presented to the indicators committee and secretary. ISC consultants will facilitate completing the 'Means of Verification' and the 'assumptions' columns.

It was noted that the Log frame and the 'verifiable indicators' shown therein are intended to assist in measuring and evaluating the positive performance of the programme. They are not to be used to highlight or 'punish' poor performance and as such the targets shown can be revised and developed over time once realistic levels of performance have been established.

It was agreed that the log frame will be finalised by start of February 2005.

G. Progress of work streams:

Communications Agency The mission expressed concern regarding whether the short-listed contractors had sufficient experience for this component. It was agreed that the short listed contractors would make presentations to CMU. If they are not appropriate, those short-listed for the KEIP/PSE Reforms communications work will be invited to tender in a new process.

Local Economic Development Four broad areas for improving ULB – enterprise interfaces were identified:

- (i) Strengthening SJSRY: A quick peer review of the existing SJSRY review and a subsequent assessment of the critical gaps and action initiated to fill the same
- (ii) Other LED ideas: In consultations with the CDS, ward committees and neighbourhood groups the ULBs may be facilitated to identify the supports that they need to provide to the community and initiate action on the same. Simultaneously, individual households may be facilitated to enhance their livelihoods opportunities
- (iii) Piloting UPADHI: It was noted that the CMU propose to pilot a training scheme based on the experience of UPADHI in Andhra Pradesh.
- (iv) Dialogue with commercial/manufacturing businesses: Interaction with commercial establishments, factories and others may be undertaken by the ULBs to facilitate enterprise development.

SEB, ISA and PPA survey work ToR have been prepared by CMU/ISC and commented upon by DFID, also citing the need to consider approaches to similar exercises under APUSP which demonstrated relative ease and cost effectiveness. Secretary MAD expressed concern that delays in the surveys would hold up slum upgrading works in the second year and urged that these be initiated on priority. It was agreed that the way forward would be established after considering the experiences of the APUSP urban programme in Andhra Pradesh.

Accounting Reforms The process of placing services of Accounts & Finance Co-ordinators and Accounting Firms with the ULBs has started, but it will be some time before all ULBs are resourced with appropriate support. CMU will also need to provide suitable induction and training to all the new recruits and provide adequate levels of 'hand holding'. The guidelines for 'opening of balance sheets' have been published and are being distributed. The Mission agreed that following the departure of the ISC in end March 2005, there may still be a need for an umbrella agency centrally to monitor progress and facilitate up scaling. However in keeping with agreed procurement procedures, such an agency would need to be selected through 'open competition.'

IT Capacity The mission agreed that an agency on a call down contract should be put in place for CMU and that as part of the contract a full time IT specialist would be provided to CMU. This contract can be used to develop ToR for the provision of IT systems in ULB's.

Management of Challenge Fund CMU requested that the management of the Challenge Fund in the first two years be retained with them and subsequently passed into SUDA in order to be more cost efficient. The Mission raised the concern that 'fund management' would entail a lot of technical facilitation and appraisal and would overstrain the CMU's already overstretched capacity. Furthermore the mission stressed the need for quality management above cost. Therefore, management by the CMU could be allowed only as an interim measure for the first year after which a management contract will be awarded to an appropriately experienced firm. The Mission also recommends that there is a clear separation of roles of the 'selection committee' and that of the 'fund manager'. The composition of the 'selection committee' will need to be sufficiently expanded to include 'non state' representatives and covering the entire range of specialist disciplines.

ULB – KUSP Health Component The mission discussed the Health proposals at length. The following agreements were arrived at:

- (i) KUSP health component in the first year can comprise support to HHWs across 61 ULBs for uniforms, kits and retraining.
- (ii) CMU will arrange for piloting the use of private sector health insurance for poor citizens in 2 ULB's.
- (iii) CMU will put forward a considered proposal for either improved mobility or contingency in the form of a 'referral fund'.
- (iv) ISC, as part of their review, will examine the ULB position with respect to 'sub-centres' (cost effectiveness, levels of utilisation etc).

H. Observations from Field Visits:

The review team visited New Barrackpore ULB and interacted with the Chairperson and staff of the ULB. Some of the team members also visited two of the slums in the ULB-Buri Basti Slum Ward Nos.4 & 12.

KUSP infrastructure interventions These are underway in Buri Basti Ward No.4, which has 55 households, of which 35 of are BPL households. It is not the most deficient of the slums in terms of infrastructure needs. The decision to choose this slum in ward no.4 was taken in the CDS meeting. Priorities set by the community, have been taken up. These works relate to drainage, water pipelines and roads. The CDS members from the slum said that they are supervising the work.

In Ward No.12, with over 200 households the infrastructure depravity is very high. The ULB Chairperson & staff informed that they would be prioritising the slums in their ULB once the criteria is finalised by the CMU. It was understood that this ULB had undertaken the BPL Survey and also infrastructure assessment. The same has been integrated with the GIS software.

I. Utilisation of Funds

CMU Expenditure to date expenditure under KUSP has been poor. A summary is given below (in lakhs):

(i) Fund Released by DFIDI to Govt. of India:	1,892
(ii) Fund released by GoWB to GOI:	1,885
(iii) Fund released by GoWB to CMU:	1,885
(iv) Fund released from CMU to ULBs:	204
(v) Fund utilised by ULBs:	14
(vi) Total Expenditure:	85
<i>(vii) Forecast expenditure by end of quarter 3</i>	<i>806</i>

It was noted that the expenditure to date is just 11% of the forecast. The Mission urges the CMU to prepare more realistic forecasts and also review current frameworks for planning, budgeting and expenditure management to identify gaps in procedures and practice which may be constraining achievement of planned levels of spend.

J. Next Steps:

Date of next review There was general recognition of the significant effort required to prepare for each review and accordingly it was agreed that the next review would take place in early May 2005. The timing allows for a 2-month period after the completion of the ISC contract. Accordingly the next review mission will be more comprehensive than the previous missions and will also be used to take stock of CMU management progress immediately after the withdrawal of the Interim Support Consultants.

Attachment 1: Review Programme

Day 1: - Review activities carried out in CMU offices and New Barrackpore	
9.00 – 9.10am	Introduction by DFID – The Purpose and Format of the Review.
9.10– 10.00am	CMU presentation, 15min: "Progress against the recommendations of the previous review and update on overall progress till date" (see page1).
10.00-11.30am	Presentation and discussions on progress of preparatory work on Accounting Reforms, DDP, Challenge/Innovation Fund, Health Component, Local Economic Development.
11.30-1.00pm	Discussion: Priority 2, Managing Slum Upgrading Introduced by CMU presentation, 15min: "What has been achieved in relation to managing the improvement in the quality of life of poor people?". The session will also look at objective criteria for prioritising the slums for making allocations from second year onwards.
1.00-2.30pm	Travel to New Barrackpore (box lunch on the move)
2.30 –4.30pm	ULB visits. Review team breaks into 2 groups to review ULB level KUSP activities (Accounting Reforms, OD Action Plan, Slum upgrading etc).
4.30pm	Return from New Barrackpore
Day 2: - Review activities carried out in CMU offices – Short Day	
9.00 – 9.10am	Introduction by DFID – Summary of the previous day.
9.10-10.45am	Discussion: Priority 1, Strengthening the ULB's Introduced by OD consultant presentation, 15min: "ULB Action plans, implications for SO's (including CMU) and GoWB enabling actions"
11.15- 1.30pm	Discussion: Priority 3, Building Management Capacity to deliver KUSP , facilitator: ISC
2.00 – 3.30pm	Discussion and Agreement of KUSP Logical Framework , facilitator: ISC
Day 3: - Review activities carried out in CMU offices – Short Day	
11.30-1.00pm	Wrap up meeting with Hon. Minister in Charge/ KUSP subcommittee and project functionaries.
1.00 – 1.30 pm	Debriefing Meeting with Chief Secretary
2.00 pm	Departure

Attachment 1: Actions on Recommendations of June 2004 Review

Recommendations from last review (June 04)	Status (December 04)	Observations
<p>Monitoring and oversight mechanism</p> <p>1. Prepare an institutional development plan for the DLB indicating a new structure and the profile of human resources required.</p>	<p>1. The institutional Development Plan for all the support organisations has been submitted by OD Consultant (Annex 1) a modified organisation chart has been prepared against that by the support organisations (Annex 2).</p>	<p>CMU to consult with Municipal Chairperson's Association and selected ULBs and recommend 'preferred way forward' to MAD by mid January 2005. Implementation of recommendations to be reviewed by DFID Mission in April/May 2005.</p>
<p>2. In the short term, monitoring of KUSP implementation in KMA ULBs by competent DLB staff, who will be co-opted into CMU.</p>	<p>2. DLB has identified officers for KUSP implementation in the KMA ULBs (Annex 3).</p>	<p>The Mission recommends that CMU consider formation of integrated monitoring teams (CMU+DLB +SO Rep)</p>
<p>3. Put in place CMU specialist inputs to support implementation of OD action plans.</p>	<p>3. Appointment of Sri Jayanta Chakraborty of KMDA has been issued by MA Department as Poverty Expert. He will also look after the OD Action Plans.</p>	<p>The Mission is concerned that services of a single specialist will be inadequate for overseeing and facilitating the implementation of OD Action Plans of 40 ULBs and and the SOS. The OD CMU Specialist will be required to develop a Work Plan identifying Resource Requirements (Agency/Individuals) for CMU to deploy by February 2005.</p>
<p>4. Completion of ULB OD action plans.</p>	<p>4. Except a few municipalities the OD action plans have been completed. A synopsis of the action plan enclosed (Annex 4) – not yet received from</p>	<p>CMU/DFID to pursue the final Synthesis Report with the D Consultants. CMU to develop</p>

	OD consultant.	an Action Plan for addressing generic OD concerns and capacity building by end January 2005.
5. Setting up a high-powered committee under the CS to address interdepartmental co-ordination issues and early resolution of policy and statute related implementation concerns. Alternatively to co-opt CS as member of KMPC sub committee for KUSP	5. The high-powered committee under the Chief Secretary, West Bengal to address inter-departmental co-ordination and policy matters has not been formed.	MAD to propose alternate arrangements for inter departmental co-ordination. This will be reviewed during the GoWB, DFID Aid Talks in February 2005.
Resourcing Implementation		
6. Complete transfer of ISC staff to proper offices in the CMU building.	6. There is no CMU building. CMU have been allotted space in ground floor of SUDA building and ground floor of ILGUS Bhavan. Both the buildings are in same complex. At present Interim Support consultants (ISC) are housed in ground floor of ILGUS Bhavan. There is no space in SUD building to accommodate the entire ISC team. Considering that the ISC team will remain for only four more months, it may not be advisable to disrupt the present working arrangement.	This was discussed at the Review Mission and it was agreed that the CMU will undertake a total planning and fit out programme with services of a practicing Architect, to address accommodation concerns. CMU to report on 'action taken' by end January 2005.
7. Complete staffing of CMU by September 2004 (incl. specialist inputs)	7. Procurement expert and Municipal Finance Expert have already joined.	CMU to initiate processes for filling up positions in IT by mid January 2005. Moreover, each specialist to draw up work related resource plans and a comprehensive CMU Resource Management Plan to be prepared and shared with MAD and GoWB by mid February 2005. This should clearly indicate synergy with the ISC

		exit strategy.
8. To fill ULB engineering positions through redeployment.	8. It is expected that KMDA engineers will join the ULBs on 1 st of December 2004.	Refer main AM
9. To fill EO and FO positions with professionals from WBCS or the open market.	9. 82 in-service officers have been identified to fill EO positions. MA Deptt. Is in the process of selecting officers from the 82 identified officers.	Refer main AM
10. Make progress on the establishment of a municipal cadre for EOs and FO's.	10. Establishment of municipal cadre for EOs and FOs has not been decided yet.	- do -
11. Revision of job descriptions, roles, responsibilities for EO's by OD consultants.	11. EO duties and responsibilities has been defined by Govt.	CMU to carry out audit of implementation of GO, for discussion during review in /May 2005.
12. GO to designate PD of CMU as ex-officio Joint Secretary in the MAD to formalise the institutional relationships of the CMU with the SOs and ULBs.	12. PD of CMU has not been designated as Ex-Officio, Jt. Secretary in the MA Dept.	The Mission reiterates this recommendation and urges early action by MAD.
13. Development of performance based allocation criteria for KUSP funds to ULBs.	13. Performance based allocation criteria for KUSP fund is under preparation and will be finalised after Base Line Survey is completed as the allocation criteria will depend both on performance and deficiency.	CMU to share approaches for DFID views.
14. Formulate and implement a communication strategy.	14. Communication strategy will be finalised after appointment of consultant for Communication and Public Relation, which is expected by 1 st week of December 2004.	Under process
Lesson Learning		
15. CMU to prepare a proposal for property reforms across KMA, in consultation with WB Valuation Board.	15. WBVB has been requested to prepare a feasibility report on area based self assessed property taxation method. Proposal for property	CMU to pursue with WBVB and provide resources, if required for completion of the Feasibility

	<p>reforms will be prepared on receipt of the same.</p>	
<p>16. To initiate work on accounting reforms.</p>	<p>16. Work on accounting reforms is going on and it is expected that the double entry system can be initiated in the KMA ULBs in the financial year 2005-2006. The manual for the accounting system will be ready by December 2004.</p>	<p>Studies by end of FY'04-'05. Under process. In addition CMU to depute teams for exposure visit to TNUDP by January 2005.</p>
<p>17. Develop institutional mechanisms for regular lesson learning and experience sharing between the two programme managements units of KUSP and KEIP.</p>	<p>17. The commissioner and Joint Municipal Commissioner of Kolkata Municipal Corporation (KMC) has been included in the KMPC sub-committee for KUSP.</p>	<p>CMU to develop a lesson/experience sharing plan in consultation with KMC and share with DFID by end January 2005.</p>
<p>18. CMU to consider adoption of other good practices under KUSP.</p>	<p>18. A Chairman's meet was arranged in Raichak for two days to share their views regarding different aspects of KUSP. Different ULBs also shared already existing good practices among themselves in the workshop. Good practices in other state like Andhra & Kerala were also presented. A copy of the report for the meet is enclosed. (Annex5)</p>	<p>CMU to prepare annual plans for regular identification, documentation and dissemination of good practices across KMA (and non KMA) ULBs. The Mission recommends setting up of a joint DLB and CMU team to facilitate the process on a regular basis.</p>

Attachment 3: Revised Logframe

Project Name: Kolkata Urban Services for the Poor (KUSP)
Country: India
Period: (i) March 2004 to February 2007
(ii) March 2007 to February 2012
Project memorandum date: April 2003
Version number: Version 3 SM + Team
Date of revision: June 2004

Narrative summary	OVI	MoV	Assumptions
<p><u>Goal: Reduced poverty in West Bengal</u></p> <p>(By improving the quality of life and opportunity for 2.4 million poor people in the KMA)</p>	<p>By end of project:</p> <p>1. Reduction in infant mortality rate (IMR) by 50% and maternal mortality rate by 60%¹</p> <p>2. At least 40% of the poorⁱⁱ report an improvement in livelihood opportunities and security of tenure.</p> <p>3. Reduction by 40%, the proportion of people without sustainable accessⁱⁱⁱ to safe drinking water and basic sanitation</p> <p>4. Number and percentage of population below poverty line reduced^{iv}</p> <p>5. HIV prevalence rate below 1%^v</p>	<p>1. IPP VIII monitoring information</p> <p>2. Impact assessment against baseline</p> <p>3. Independent beneficiary satisfaction surveys</p> <p>4. Census data</p> <p>5. Sentinel surveillance techniques?</p>	
<p><u>Purpose: Improved quality of life and opportunity for 2.4 million poor people in the Kolkata Metropolitan Area</u></p> <p>(Through:</p> <p>(i) Pro poor municipal reform in the area of urban planning and governance</p> <p>(ii) Improving the access of the poor to urban services</p> <p>(iii) Promoting and supporting local economic development to provide livelihood opportunities to the poor.)</p>	<p>By End of Project:</p> <p>1. Increasing evidence of slums & informal settlements getting integrated into city development with planned basic services^{vi} provided as per norms; and information relating to these settlements, such as municipal budgets, ward level expenditures, allocation criteria available at ward level.</p> <p>2. Significant improvements in local infrastructure with 80% of the poor report a 50% improvement (over baseline figures) in access to improved services.^{vii}</p> <p>3. Increased household consumption measured by a 50% increaseⁱ in real value of physical and livelihood assets above baseline figures.</p>	<p>To be measured in last quarter of project -</p> <p>1. Citizen satisfaction Reports and special surveys; Budget Documents.</p> <p>2. Municipal GIS, DDP progress reports, and Citizen participatory surveys.</p> <p>3. Livelihoods baseline and impact reports, NSS reports.</p>	<p>Continued political commitment to improve living conditions of the urban poor</p> <p>ULBs /GoWB are willing to address issues of the informal settlements including provision of services</p> <p>The KUSP approach is applied to all municipalities in WB</p> <p>Political support continues to be favourable and policy regime remains stable</p> <p>Good progress on WB rural poverty reduction</p>

¹ In relation to achievement to trends (for equal period) as of baseline year

Narrative summary	OVIs	MoV	Assumptions
<p>Output 1: <u>Improved urban planning and governance in the KMA</u></p> <p>(Improving ULB accountability and transparency towards citizens. Poor people included in decision making)</p>	<p>1. By February 2007, KMPC's role in KMA-wide urban planning established through enhanced statutory planning, regulatory authority and institutionalised links with respective District Planning Committees with respect to approval of ULB's DDPs.</p> <p>2. Urban strategy addresses issues of pro poor regional economic growth and tenure security in poor settlements (in line with GoI policies). Investment commitment based on Urban strategy for KMA is included in the 2007-2012 state five-year plan. GoWB wide consensus on Urban Strategy (especially UDD).</p> <p>3. At least 12 ULBs prepare good quality draft development plans as per guidelines by no later than February 2007 and approved by KMPC for implementation from no later than 2007/08. At least 12 ULBs are in the process of preparing 2nd DDPs for 2012/13 by end of project</p> <p>4. All ULBs demonstrate increasing financial viability as evidenced by Own source / Total revenue (in revenue account), improving by at least a 10% improvement by the end of year 2 and by at least by 40% at the end of year 5.</p> <p>5. In all ULBs arrears of property tax, as a proportion of the annual demand, reduces by 20% by end of year 3 and by a further 20% by the end of year 5. <i>This should not be account of waiving off arrears (excluding interest) or low collection of current demand.</i></p> <p>6 . O&M costs (excluding salaries and wages) are fully funded from own revenues by end of project.</p> <p>7. By EOP at least half of KMA ULBs have functioning robust 'e governance' system (including Municipal GIS and other public info comm. Systems) that provide spatial awareness of poverty, improved targeting of pro-poor governance and service improvements</p>	<p>Agenda, submissions and minutes of KPMC and KUSP sub committee meeting which show the following:</p> <p>1. Consideration of transmunicipal issues 2. Discussion of recommendations arising from KUSP sub committee 3. Review of ULBs' DDPs</p> <p>2. Approved strategy and 2007 - '12 Five Year Plan Document.</p> <p>3. DDPs prepared as per guidelines.</p> <p>4. ULB financial statements.</p> <p>- do -</p> <p>- do -</p> <p>7. (i) Municipal GIS in place and operating. (ii) Poverty and other survey data incorporated into GIS. (iii) GIS data (where available) used in DDP.</p>	<p>Sustained political will for decentralisation</p> <p>Effective political and administrative leadership within MAD</p> <p>KUSP funds are additional to existing GoI/ GoWB funds CSOs/CBOs/CDS grow to take on greater role in social mobilisation</p> <p>Behaviour starts to change within ULBs and support agencies</p>

Narrative summary	OVIs	MoV	Assumptions
	<p>8. Modern accounting systems introduced² in 3 ULBs by March 2005. In all ULBs by 2007. Updated accounts and balance sheet available in all ULBs by April 2007.</p>	<p>8. Accounting system, in place, staffed and operating. Year end financial statements capable of being prepared on an accruals basis and issue of unqualified audit opinion.</p>	
	<p>9. Mechanisms for vigilance strengthened at Support Agencies and ULBs; System for social audit mechanisms in place from year 3</p> <p>10. Establishment of a mechanism for registering and tracking complaints by Dec. 2005. Mechanism must be accessible to the poorest and the status of individual complaints should be promptly available.</p> <p>11. Each year, starting in 2005/06, all ULBs and support agencies (including MAD) achieve agreed actions as detailed in their Organisational Development Action Plans.</p> <p>12. Priorities of NHGs/ NHCs included in DDPs.</p> <p>13. By end of year 5 at least 10 ULBs achieve satisfactory credit ratings to enable commercial borrowings to be accessed^{mt}</p> <p>14. Increasing % of citizens in each ULB report improvements in municipal services in relation to Citizens Charter</p> <p>15. Municipal information relating to citizen services, allocation of funding, budgets and future plans etc readily available at all ULBs by 2006.</p>	<p>9. Audit reports</p> <p>Social audit report</p> <p>10. (i). Citizen satisfaction process in place and reporting improvements. (ii) Evidence of a functioning tracking system at ULB level.</p> <p>11. Progress reports of individual ULBs, SAs and MAD supplemented by independent reviews of progress commissioned by MAD</p> <p>12. DDP progress reports</p> <p>14. Credit rating reports</p> <p>16. Citizens Report Cards/Special Surveys (every two years)</p> <p>19. ULB/Ward level Notice Boards, CMU website</p>	

² Accrual accounting is effective from the date

Narrative summary	OVIs	MoV	Assumptions
<p>Output 2: Improved access to urban services</p> <p>(ULB's improve quality and delivery of services to citizens. The poor are not excluded)</p>	<ol style="list-style-type: none"> 1. Slum infrastructure guidelines being used successfully in all ULBs by the end of third year 2. Fully resourced asset management plans available in at least 75% of settlements covered under SIP. Plans to be in place by 6 months from completion of construction works for respective projects. 3. <i>ULBs' budgeted² and actual expenditures reflect increased spending for service delivery and maintenance of assets in poor neighbourhoods (including informal settlements):</i> <i>in at least 30 ULBs starting from FY 2007/08</i> <i>in all ULBs starting from FY 2010/11</i> 4. Slums prioritised by end of first year in all ULB's with respect to infrastructure deficiency indicators and poverty indicators. 5. All slum households in all ULB's ranked by end of first year with respect to comprehensive poverty indicators. By end of second year institutional arrangements in place to maintain the list and provide it to other service providers at a fee. 6. <i>Improved targeting of infrastructure and service improvements through use of municipal GIS in at least 50% of ULBs by end of year 4.</i> 7. Security of tenure / rehabilitation provided to slum households. Coverage for at least 20% of target households by year 4 and 50% by EoP. 8. Infrastructure needs (in slums taken up under KUSP) met as indicated below in 50% of slums by Year 4 and all slums by EoP: <ol style="list-style-type: none"> 1. Access from house to local roads by all weather roads. 2. Reduced incidence of water logging caused by local drainage problems 3. Potable water supplied to the satisfaction (appropriate regularity and quantity) of slum dwellers. 4. An increasing number of households supplied water through house connections. 5. Total sanitation. 6. All public toilets adjacent to slum settlements maintained to the satisfaction of users. 	<ol style="list-style-type: none"> 1. Reports of the ULBs and their Boards' resolutions, supplemented by: 1) an Independent assessment commissioned by MAD; 2) Quality Audit Reports 1. Infrastructure assessment report 2. Participatory impact assessment report 3. Citizen satisfaction process in place and reporting improvements 3. <i>ULBs' budgets and financial statements – for capital expenditures</i> <i>Citizen satisfaction surveys – for maintenance expenditures</i> 6. (i) <i>Municipal GIS in place and operating.</i> (ii) <i>Poverty and other survey data incorporated into GIS.</i> (iii) <i>GIS data used in DDP/ADP</i> R & R plans reflected in DDPs 	

Narrative summary	OVIs	MoV	Assumptions
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	<p>9. Health needs met as indicated below in one-third of slums by Mid Term Review and all slums by EoP:-</p> <ol style="list-style-type: none"> 1. 80% of slum dwellers report HHW as first point of contact. 2. ULB health facilities in proximity to slums are utilized to full capacity. 		
	<p>10. Atleast 20% piloted innovations mainstreamed and/or scaled up by ULB</p>		

<p>Output 3: Economic development promoted (ULBs promote the overall investment climate. The promotion of livelihood opportunities for the poor.)</p>	<p>1. KMPC adopts policy paper on 'vision for economic growth of KMA' by Year 2</p>	<p>1. Draft paper and Guidelines prepared by KMPC</p>	
	<p>2. ULB's constitute Standing Committees on economic development (with appropriate composition and participation from CSOs, Business Associations etc.)</p>	<p>2. CMU Report</p>	
	<p>3. Provision mandating ULBs on LED, introduced in the Municipal Act by March 2006.</p>	<p>3. Municipal Act Amendment</p>	
	<p>4. DDPs of ULBs incorporate participatory economic visioning and action planning:</p> <ul style="list-style-type: none"> • in at least 12 ULBs by February 2007; & • in all ULBs by end of project 	<p>4. Action Plan for implementation of Vision</p>	
	<p>5. Agreed recommendations of SJSRY Review implemented across ULBs by March 2006.</p>	<p>5. Review</p>	
	<p>6. ULBs adopt improved approaches for service delivery in commercial and industrial areas, such as handing over O&M to industry groups</p>	<p>Special surveys, CMU annual reports</p>	

Narrative summary	OVI	MoV	Assumptions
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	<p>By end of project *:</p> <p>8. ULBs and other urban agencies demonstrate improvements in (i) level and quality of interface with economic actors; (ii) transparency, simplification and reduction in regulations and procedures relating to economic activity; (iii) infrastructure services relating to economic activity</p> <p>6. small informal businesses report significantly reduced harassment from municipal authorities</p>	<p>8. Participatory surveys of small and informal business sectors</p> <p>6. Citizen satisfaction survey process.</p>									
<p>Activities</p> <p>See CMU workplan</p>	<table border="1"> <thead> <tr> <th>Inputs</th> <th>£</th> </tr> </thead> <tbody> <tr> <td>Financial aid</td> <td>12.66m</td> </tr> <tr> <td>Tech assistance</td> <td>89.44m</td> </tr> <tr> <td>Total</td> <td>102.00m</td> </tr> </tbody> </table>	Inputs	£	Financial aid	12.66m	Tech assistance	89.44m	Total	102.00m		<p>1. Revenue base of ULBs sufficient to achieve self financing and financial stability</p> <p>2. Political willingness to charge taxes and push for collection</p> <p>3. Political leadership in ULBs effective in championing the reform processes</p> <p>4. appropriate organisational and personal incentives and sanctions adopted to encourage the change process</p> <p>5. KMPC functions optimally</p> <p>6. Support agencies (MED, DLB, SUDA, KMDA, ILGUS) are transformed to assist ULBs with design and implementation of their DDPs</p> <p>7. CMU functions effectively in its dual role of managing the project and in facilitating change</p>
Inputs	£										
Financial aid	12.66m										
Tech assistance	89.44m										
Total	102.00m										

Narrative summary	OVIs	MoV	Assumptions
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ⁱ Need to confirm following baseline that these targets are feasible

ⁱⁱ 'Poor' to include the vulnerable, in line with definition set out in 10th Plan: **Housing Vulnerability:** Lack of tenure, poor quality shelter without ownership rights, no access to individual water connection/toilets, unhealthy and insanitary living conditions. **Economic Vulnerability:** Irregular/casual employment, low paid work, lack of access to credit on reasonable terms, lack of access to formal safety net programmes, low ownership of productive assets, poor net worth, legal constraints to self-employment. **Social Vulnerability:** Low education, lack of skills, low social capital/caste status, inadequate access to food security programmes, lack of access to health services, exclusion from local institutions. **Personal Vulnerability:** Proneness to violence or intimidation, especially women, children, the elderly, disabled and destitute, belonging to low castes and minority groups, lack of information, lack of access to justice.

ⁱⁱⁱ 'Access' defined in terms of availability of supply and utilisation/consumption

^{iv} It may not be possible to use census data given the timing of the census and the delay in publishing

^v Need to confirm that prevalence rate can be measured

^{vi} 'Basic services' defined as the

^{vii} 'Municipal services' includes basic services (water supply, sanitation, drainage, solid waste collection, 'all weather' access roads, street lighting) plus health, others...?

^{viii} Need to check that there is legislation provision for ULBs to borrow on commercial terms

^{ix} As evidenced by ward level expenditures (wards with higher population of poor) Currently budgets, and financial statements, do not show geographical location of expenditures. Improvements to budget formats and introduction of new chart of accounts will be needed for this spatial dimension to be included.

^x To be detailed following preparation of Vision document

^{xi} Can be finalised after infrastructure position assessment vis-à-vis fund availability

Required Support :

1. Training institute expertise in Public Health Management for imparting training to HOs, AHOs.
2. Institute / Agency like All India Institute of Hygiene & Public Health, WBVHA and others to develop training module.
3. To impart training, monitoring and evaluation of 180 training batches for HHWs in KMA ULBs and 36 training batches for HHWs in Non-KMA ULBs

(One batch comprising of 12 days and 24 sessions involving 2592 man-days.)

To support CMU - 10 Professionals in Community Based Health Programme will be required both for KMA and Non-KMA ULBs.

4. To monitor and supervise regular health activities at different ULBs, manpower required at CMU
 - a) Health Professional - 6 (1 per 10 ULBs for KMA) and 2 for Non-KMA, ^{1) A part-time Adviser to coordinate}
 - b) Nutritionist - 3
 - c) MIES Professional / Statistician - 2
 - d) Computer Operator - 1

INTERIM MANAGEMENT SUPPORT TO CHANGE MANAGEMENT UNIT
OF MUNICIPAL AFFAIRS DEPARTMENT
DRAFT TERMS OF REFERENCE FOR THE CONSULTANTS

Introduction

The Kolkata Urban Services for the Poor programme aims at improving urban planning and governance; access to basic services for the poor and promoting economic growth in the Kolkata Metropolitan Area (KMA). The project will support provision of infrastructure and community initiatives in slums, fill critical infrastructure gaps at the town level and in some cases also support infrastructure that serve two or more municipalities. In addition, the project will support a process of economic visioning and planning involving the formal and informal business sectors and the capacity building of municipalities and state level agencies.

For further details please see the attached Project Memorandum

Background

2. About 35% of the KMA population lives in slums and informal settlements characterised by poor living conditions. Significant proportions of slums are not recognised by government and municipalities. Their "informal" status results in municipal services being extended to them only on an ad-hoc basis. The worst affected are pavement dwellers and squatters who are denied all forms of service provision.

3. The Government of West Bengal recognises that improved urban planning and governance, better access to municipal services and economic development are necessary for improving the quality of life of the poor in the KMA. The project seeks to establish an inclusive and participative planning framework in the KMA municipalities in a metropolis wide context while also developing Urban Local Body's (ULBs) capacity to efficiently deliver services. The project will benefit mainly the 2.4 million poor people in the KMA outside the KMC area. GoWB have indicated their commitment to adopt the KUSP approaches in municipalities outside the KMA.

4. The Municipal Affairs Department (MAD) is the lead department for this project. A number of state support organisations function under MAD. These are: the Directorate of Local Bodies (DLB); the State Urban Development Agency (SUDA); West Bengal Valuation Board (WVB); the Municipal Engineering Directorate (MED) the Institute of Local Government and Urban Services (ILGUS) and Kolkata Metropolitan Development Authority. These organisations suffer from several organisational weaknesses and have not fully internalised their new role of facilitating the empowerment and capacity building of ULBs. Because the state support organisations are weak, a "Change Management Unit" will be established under the MAD to oversee the implementation of the project. An Organisational Development needs assessment and capacity building plan for the ULBs and the state agencies will be completed during the preliminary stages of implementation by an external agency working with the CMU. This will be followed by a similar analysis and plan also for the CMU.

5. Headed by a senior administrator, the CMU will comprise specialists from different areas and field level staff. The CMU will be complemented by representatives of state support agencies. By the end of the fourth year of implementation, the CMU functions will transfer to the state agencies, most significantly to the Directorate of Local Bodies. The CMU has just been formed with a Government of West Bengal nominated IAS officer as its head, a Project Manager and a municipal engineering expert. All other positions are to be filled through a competitive recruitment process, which is expected to take another 4 months to complete.

Scope of the work

6. To provide interim support to the CMU/MAD for undertaking the tasks envisaged to be carried out by the CMU during first year of the project. The Interim Support Consultant (ISC) will work closely in association with the CMU in undertaking all the tasks set out below and ensure that the newly formed CMU team members are well settled in their roles.

Principal Tasks of the Interim support consultant (ISC) are listed below:

- a. Develop and field test guidelines for the preparation of Draft Development Plans based on similar approaches from national and international experiences (Deliverables: Report and draft guidelines).
- b. Develop and propose a Monitoring & Evaluation framework including a set of objective indicators against which performance of the project is to be assessed at the "funding review" stage (Deliverables: Report and draft monitoring framework);
- c. Review the current West Bengal "incentive fund" for municipalities and recommend changes based on national and international good practices (Deliverables: Report);

- d. Overseeing the work of poverty (multiple dimensions) assessment; [N.B. ToRs for this work have already been drafted, the ISC is expected to review, make some representative pilot tests and revise TORs if necessary (Deliverables: Report of observations from current work and draft ToRs).
- e. Work with the CMU in developing criteria for allocation of project/ other funds to ULBs, wards and community levels (Report).
- f. Develop and field test operational guidelines and manual for the management of all infrastructure works covering planning (including prioritisation based on principles of cost-effectiveness); design; procurement; construction; quality assurance and maintenance functions; (Deliverables: draft manual, report).
- g. Support the CMU in procuring services including preparation of TOR for all external services as may be necessary such as Quality Support Services, preparation of base map with the help of satellite imagery supported by field survey, procurement audit, financial audit and entrepreneurship development.
- h. In consultation with CMU planning and developing a study to examine the fiscal position of ULBs; and in piloting the change in at least 3 ULBs to modern accounting systems and on preparing draft account rules for ULBs on the basis of the pilot (Deliverables: report)
- i. Review the work of assessing the SJSRY scheme and propose options for taking forward the economic development objective of KUSP (Deliverables: Report)
- j. Study previous experience relating to interventions for promoting health of the urban poor and propose a design based on community based Honorary Health Workers (HHWs) and the principle of decentralised local urban governance. Also develop a framework for mainstreaming HIV/AIDS prevention into ULB activities (report).
- k. Support MAD in reviewing ToRs for CMU, including roles, responsibilities, and relationships between various members of CMU and between the CMU and other state support organisations.
- l. Develop and implement a suitable exit strategy for Interim Support Consultant's tasks to be taken over by the CMU;
- m. Produce quarterly progress reports clearly indicating constraints to progress and recommending measures for its mitigation (Reports).
- n. Co-ordinate and prepare a state of the environment report.
- o. Design of innovative challenge fund and preparation of ToR.

- p. Preparation of ToR for drawing, design and costing of municipal level infrastructure works
- q. To provide CMU service of an OD Specialist who will work on behalf of CMU in all organisation development matters including managing the works of external agency to be engaged to carry out organisational review of all ULBs and the supporting organisations covered by KUSP Programme. ***NB: This would only be required initially for a period of three months while the OD specialist is recruited and trained and will end within one month of her/his joining CMU. If required, the period may be extended.***

Deliverables

1. Within one month of start of work, the consultants will submit an inception report detailing the activities with a clear timetable for its implementation. This report will form the basis for monitoring the consultant's activities.
2. Specific **deliverables** are indicated above wherever necessary. Wherever it is indicated in brackets, a report needs to be submitted within one month of completing the task or as applicable.

Reporting

The ISC will report to the Project Co-ordinator, CMU; all written reports will be prepared in 5 hard copies and also in addition electronically forwarded to the Project Co-ordinator, CMU, Secretary MAD, Manager CMU, DFID West Bengal State representative and DFID project officer.

Timing

The assignment will run for a period of one year extendable by six months.

Competencies

A team with proven international competency in urban reforms and experience of approaches such as City Development Strategies. Individuals within the team must have proven expertise in municipal finance, Organisational Development of local government /public sector institutions; municipal engineering, urban planning, local economic development, health policy and urban environmental management. Experience of working in India is essential. Experience of urban development work in West Bengal will be a definite asset.

Current OD Actions for all ULBs

- a. Share vision and improved leadership
- b. Strengthening WCs
- c. Formation / strengthening of all existing other committees (e.g. MAC)
- d. Job description and delegation of authority
- e. Establishment of accountability mechanism
- f. Improved inter-departmental co-ordination
- g. Auditing present staff and HR management
- h. Improved CDS / NHC
- i. Grievance management
- j. Establishment of citizen charter
- k. Accounting reform
- l. Strengthening Poverty Cell

b. Strengthening WCs

- ➔ Establishment of WCs
- ➔ Ensuring periodical meeting
- ➔ Documentation of meeting minutes
- ➔ Discharging other function of WCs
- ➔ Establishment of channel between WC and ULB for development

c. Formation / strengthening of all existing other committees (e.g. MAC)

- ➔ Regular meeting ^{at} MAC
- ➔ Placing of financial and audit reports before MAC
- ➔ Documentation of recommendation of MAC for strengthening of Municipal Finance and Accounts System
- ➔ Linkage with accounts reform

d. Job description delegation of authority and accountability mechanism

- ➔ Developed Job description on the basis of existing situation and benchmark study
- ➔ Job distribution in relation to available resources and redeployment

- ➔ Delegation of power to CICs
- ➔ Identification of administrative power to be delegated to EO, FO & Senior functionaries
- ➔ Establishment of staff accountability mechanism with proper fixation of responsibility through job description and performance appraisal system
- ➔ Identification of needs for capacity building arising out of new job description and new roles

d. Improved inter-departmental co-ordination

- ➔ Identification of interdependent departments
- ➔ Linkage of departmental activities
- ➔ Establishment channel of network of such departments.
- ➔ Periodical meeting and review in ensuring co-ordination established and remedial measures, if any

e. Auditing present staff and HR Management

- ➔ Auditing of present staff situation
- ➔ Description of job discharged presently at each level
- ➔ Identification of skill requirements
- ➔ Assessment of needs for capacity building
- ➔ Preparation of action plan and implementation

f. Improved CDS / NHC

- ➔ Present situation and role analysis of CDS / NHC
- ➔ Assessment of capacity building needs
- ➔ Orientation of workers for their new roles
- ➔ Programme for capacity building

g. Grievance management

- ➔ Establishment of grievance cell and management mechanism
- ➔ Establishment of accessibility system to municipal authority
- ➔ Installation of complaint box

h. Establishment of citizen charter

- ➔ Identification of services / issues under citizen charter
- ➔ Finalisation of time period for each service
- ➔ Publication of citizen charter
- ➔ Generating awareness on citizen charter

i. Accounting reform

- ➔ Identification of Accounts Co-ordinator and placement in each ULB
- ➔ Accounts Co-ordinator oriented on their functions and roles.
- ➔ Assessment of the needs for accounts personnel
- ➔ Action plan prepare in discussion with ULB, DLB and CMU
- ➔ Actions operationalised

j. Strengthening Poverty Cell

- ➔ Existing status and functional analysis
- ➔ Envisaged role under KUSP and future roles
- ➔ Identification of gaps and weak areas for capacity building
- ➔ Capacity building in those areas
- ➔ Ensuring involvement of poverty cell in pro-poor activities

Support

To implement the action plan on OD, each ULB is required external professional support. The level of support will be on the basis of already identified strong and weak ULBs. Obviously more support is to be provided for the weak ULBs.

DLB is also to identify specific officer responsible for a group of ULBs. Identified officers are to be oriented on basic approaches of OD so that they can appreciate the objectives to be achieved by ULBs through the OD plan.

Ideally, monitoring criteria on OD are to be identified and finalised in discussion with ULB and DLB should be in a position to undertake the monitoring task.

Approach

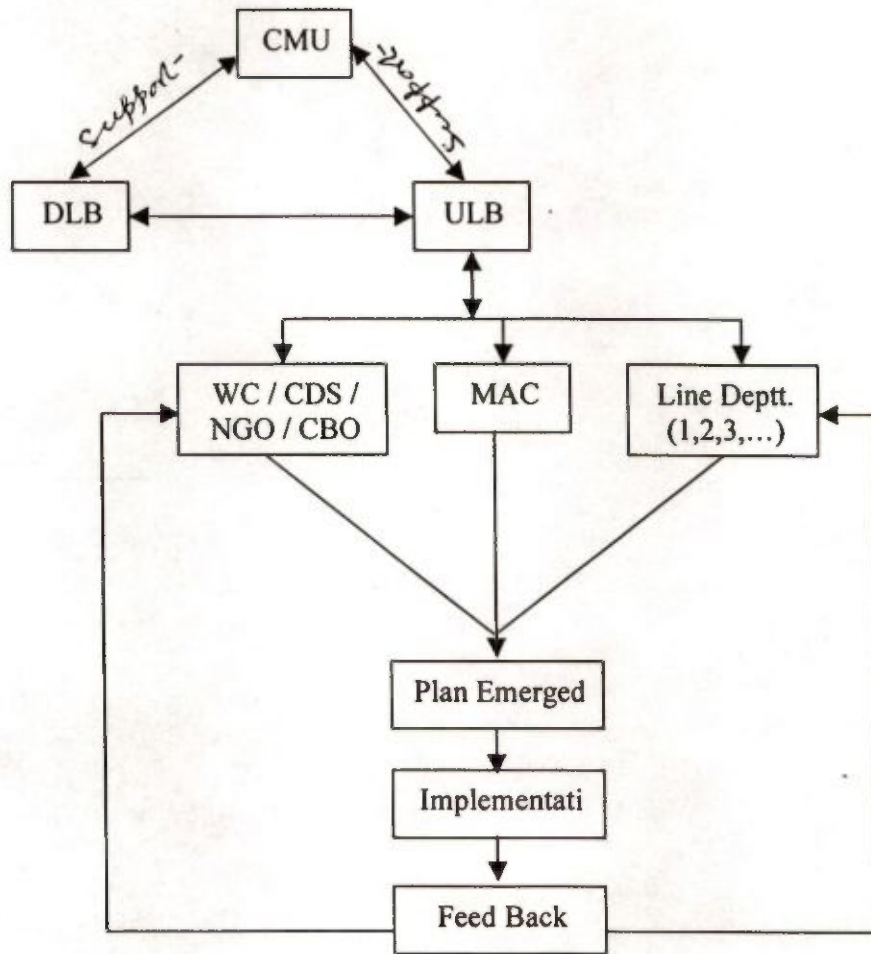
In planning and implementing OD plans for ULBs an OD expert may be considered for a group of ULBs. Keeping in view the total task five (5) ULBs may be clubbed together to form a group. Thus there will be altogether eight (8) groups for 40 ULBs. Since OD professional in collaboration with DLB and ULB will be responsible in implementing on OD plan, this task not only demands the knowledge on OD by also understanding the concerned organisation in a totality and integrated manner leading towards achieving a holistic goal.

In other words an OD person should have a clear knowledge of development of an organisation for the changes in management and operational levels aimed for. The person should understand and appreciated the system, the existing various role and functions, improved role and function, improved linkages which will enhance the functional efficiency.

Keeping in view the role and function of OD person, s/he may be considered as a key co-ordinator for providing supports to ULBs and support agencies not only in the areas of OD activities but also in other areas of management of ULBs with regard to improved revenue management, service efficiency, capacity building, institutional arrangement, etc.

It is also felt that OD professional support is also a requirement for the support agencies particularly at DLB and CMU levels so that a development network is established among ULBs, DLB, MED, KMDA and CMU. This institutional network with the support of professional to be established under KUSP will not only serve the purpose of addressing the needs of Organisational Development but also in strengthening of other management activities under KUSP.

Process Chart



কে. ইউ. এম. পি-৬ খাদ্য বিষয়ক
 কাজের তালিকা

- ইনভেস্টিমেন্ট সার্ভিসে কনসাল্টেন্ট (আই. এম. পি) হওয়ার কনসাল্টেন্ট হিসাবে খাদ্য বিষয়ক প্রকল্পের কার্যক্রম তৈরি করেছেন।
- কে. ইউ. এম. পি. খাদ্য বিষয়ক কাজের তালিকা পোর্ট প্রস্তুত, ইন্ডাস্ট্রিয়াল, খাদ্যবিভাগ, কে. এম. ডি. এম. পি. ইউ. এম. পি. প্রকল্পের নিম্নলিখিত ইন্ডাস্ট্রিয়াল প্রকল্পের তালিকা তৈরি করেছেন।
- কার্যক্রমের পর স্ট্রাকচার ২০১২-১৩ ও সুপারভাইজিং স্ট্রাকচার ইন্ডাস্ট্রিয়াল প্রকল্পের তালিকা ও ৪০টি প্রকল্পের ইন্ডাস্ট্রিয়াল প্রকল্পের তালিকা তৈরি করেছেন।
- প্রকল্পের তালিকা তৈরি করেছেন।
- কে. ইউ. এম. পি. খাদ্য বিষয়ক কাজের তালিকা পোর্ট প্রস্তুত, ইন্ডাস্ট্রিয়াল, খাদ্যবিভাগ, কে. এম. ডি. এম. পি. ইউ. এম. পি. প্রকল্পের নিম্নলিখিত ইন্ডাস্ট্রিয়াল প্রকল্পের তালিকা তৈরি করেছেন।
- এই প্রকল্পের কার্যক্রম প্রকল্পের তালিকা তৈরি করেছেন।

- ସାଧୁ ମହିଷାସୁର ବଧର ଅନ୍ୟ ଗୋଟିଏ
ସଂସ୍କରଣ ୧ମ ଶ୍ଳୋକ - ଚାନ୍ଦର ଶାସ୍ତ୍ର -
ମୁକ୍ତ ସମ୍ପଦେ ୩.୫୦ ଶ୍ଳୋକ ମିଳେ
ଶୁକ ଡାକ ଥାଏ ।

ସୁଧାଂଶୁ
23.12.07

Health Initiatives

Update

- **HHW Programme Review by ISC completed**
- **Key findings and recommendations shared with Steering Committee on Health constituted for KUSP & KMDA.**
- **Key findings and recommendations under examination by CMU & KMDA**

Health Initiatives

Update *(First Year initiative)*

- **Proposal for actions prepared**
- **Sent to DFID for approval**
- **Activities proposed**
 - Training of HHWs
 - Supply of kits and uniforms to HHWs
 - Mobility support in form of bicycles to HHWs
 - Refurbishing of sub-centres
 - Updating family schedule and computerisation of data
- **Estimated budget – Rs 3.50 crs.**

Health Initiatives

Update *(First Year initiative)*

- **Comments / views of DFID awaited**
- **Finalisation of action plan**
- **Sharing of Recommendations with ULBs.**
- **Designing of Action Plan based on agreed recommendations.**

Health Initiatives

Update

- **Proposal for actions in year one, pending finalisation of design, sent to DFID for approval. This mainly includes**
 - Training of HHWs ✓
 - Supply of kits and uniforms to HHWs ✓
 - Mobility support inform of bicycles to HHWs ✓
 - Refurbishing of sub-centres ✓
 - Updating family schedule and computerisation of data ✓

Health Initiatives

Update

- **HHW Programme Review Completed by ISC and the same is under examination by CMU and KMDA**
- **Steering Committee on Health constituted – to advise on KUSP related health initiatives and actions.**

Health Initiatives

Challenges ahead & Issues for decisions

- **HHW programme**
 - Translate recommendations into action plans
 - Course corrections in HHW programme design (goal, objectives, roles, ..)
 - Examine in detail Social Insurance option
 - Communicate set of action points to ULBs and build consensus with them on actions
 - Examine budgetary requirements to implement the identified action plans
- **First year initiatives**
 - DFIDI comments / views awaited

Health Initiatives

Update

- **HHW programme review**
 - HHW review completed
 - Key findings – Done well on RCH parameters
 - Recommendations –
 - Cover complete of RCH and related care, minor ailments, adolescent care, nutrition
 - Examine Social Insurance mechanisms to addressing vulnerable category (excluded). Integrate role of self-help groups in financing invisible costs
 - Improved workforce management, building on current skills, motivation & commitment levels
- **First year initiatives**
 - Package of support for HHWs – training, kits, uniforms, ...
- **Implementing Health Component of KUSP**
 - Steering Committee on Health constituted – to advise on KUSP related health initiatives
- **and actions**

CHANGE MANAGEMENT UNIT (CMU)

NOTE

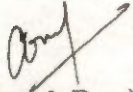
The second quarterly review of DFID and Govt. of West Bengal is being held from 1st December'04 to 3rd December'04. You are requested to remain present on all the days for interacting with the review team.

The first session of Day-2 on presentation and discussion on progress of preparatory work will be presented by the following experts:

- 1) Accounting Reforms - Shri Atanu Sasan Mukhopadhyay
- 2) DDP - Shri Subhabrata Roy
- 3) Challenge/Innovation Fund - Shri Saikat Sengupta along with Shri D K Roy
- 4) Health Component - Dr Goswami along with Shri D K Roy
- 5) Local Economic Development - Shri Saikat Sengupta

On Day-3, there will be an extra session to finalise the TORs pending for DFID approval and other matters requiring DFID approval. All are requested to be prepared for interaction and finalisation of the pending TORs etc.

A programme of the review is enclosed.


(Arnab Roy)
Project Director, CMU

Encl: As stated.

- Shri G C Sarkar - Engineering Expert
- Shri S K Mukherjee - Procurement Expert
- Shri A S Mukhopadhyay - Municipal Finance Expert
- ✓ Dr Goswami - Health Expert
- Shri Jayanta Chakraborty - OD/Poverty Expert
- Shri Subhabrata Roy - Urban Planner
- Shri Saikat Sengupta - Economist

Copy for information:

Shri D K Roy, Project Manager, CMU

Project Director, CMU

Conduct of the Review:

The CMU will, in advance of the Mission provide a progress report. The 3 days review will begin on **1st December** and end by **3rd December**.

Day 1: - Review activities carried out in CMU offices and New Barrackpore

9.00 – 9.10am	Introduction by DFID – The Purpose and Format of the Review.
9.10– 10.00am	CMU presentation, 15min: "Progress against the recommendations of the previous review and update on overall progress till date" (see page1).
10.00-11.30am (short break at 10.30am)	Discussion: Priority 1, Strengthening the ULB's Introduced by OD consultant presentation, 15min: "ULB Action plans, implications for SO's (including CMU) and GoWB enabling actions"
11.30-1.00pm	Discussion: Priority 2, Managing Slum Upgrading Introduced by CMU presentation, 15min: "What has been achieved in relation to managing the improvement in the quality of life of poor people?". The session will also look at objective criteria for prioritising the slums for making allocations from second year onwards.
1.00-2.30pm	Travel to New Barrackpore (box lunch on the move)
2.30 –4.30pm	ULB visits. Review team breaks into 2 groups to review ULB level KUSP activities (Accounting Reforms, OD Action Plan, Slum upgrading etc).
4.30pm	Return from New Barrackpore

Day 2: - Review activities carried out in CMU offices – Short Day

9.00 – 9.10am	Introduction by DFID – Summary of the previous day.
9.10-10.45am	Presentation and discussions on progress of preparatory work on Accounting Reforms, DDP, Challenge/Innovation Fund, Health Component, Local Economic Development.
11.15- 1.30pm	Discussion: Priority 3, Building Management Capacity to deliver KUSP , facilitator: ISC
2.00 – 3.30pm	Discussion and Agreement of KUSP Logical Framework , facilitator: ISC

Day 3: - Review activities carried out in CMU offices – Short Day

11.30-1.00pm	Wrap up meeting with Hon. Minister in Charge/ KUSP subcommittee and project functionaries.
1.00 – 1.30 pm	Debriefing Meeting with Chief Secretary
2.00 pm	Departure

15 min
each.



No. CMU- 94/2003/405(40)

Dated : 14.12.2004

From : Project Director,
CMU, KUSP

To : Mayor / Chairperson
All 40 ULBs under KUSP

*Sub : Presentation on key observations and recommendations
with regard to Health Care Delivery in ULBs by Interim
Support Consultants under KUSP.*

Sir,

You are aware of Kolkata Urban Services for the Poor (KUSP) programme and its various modules which are currently being worked upon. Amongst the modules, health care delivery is a key component.

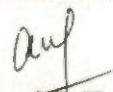
To strengthen health care delivery by ULBs, a review of the Honorary Health Workers' Programme has been undertaken by the Interim Support Consultants. It has been based on sample locations across municipalities in KMA.

The review has thrown up certain key observations as well as recommendations for future course of action on the programme.

You are requested kindly to direct your Health Officer (Asstt. Health Officer where HO not available) to be present in the presentation session on 21.12.2004 at ILGUS Bhavan from 2 P.M. to 4 P.M. for participation and sharing of views.

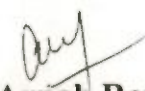
Thanking you,

Yours faithfully,


(Arnab Roy)
Project Director, CMU

C.C.

1. Team members of Interim Support Consultants.
2. Project Manager.
3. Dr. Shibani Goswami.


(Arnab Roy)
Project Director, CMU

STATUS REPORT OF THE PERFORMANCES
OF THE SERVICES IN CUDP-III(Health)

KMDA

Kolkata Metropolitan Development Authority
Unnayan Bhavan, Bidhannagar,
Kolkata – 700 091

(Document prepared by MIES Section)

CUDP-III Health Programme

Progress as on March 2003

1. DEMOGRAPHIC PROFILE (2002 - 2003)

<i>Demographic Profile</i>	<i>Total (Nos.)</i>
1. Population	1556469
2. Eligible Couples	215321
3. Live Birth	14095
4. Pregnant Mother	14637
5. Still Births	219
6. Abortions	323
7. Infants	13827
8. Deaths (all ages / sexes)	4542
9. Infant Deaths	268
10. Maternal Deaths	13

2. ACTION PLAN OF SERVICE DELIVERY

	<i>Target</i>	<i>Covered</i>
Beneficiary population	16.2 lakhs	16 lakhs
No. of Blocks	1620	1600
No. of Sub-centres	324	320
No. of Health Administrative Unit (HAU)	50	50
No. of ESOPD	8	8

3. KEY PERFORMANCE INDICATORS

A) Vital Indicators

<i>Indicators</i>	<i>1991-92</i>	<i>2001-2002</i>	<i>2002-2003</i>
Crude Birth Rate (CBR) per 1000	12.52	8.85	9.05
Crude Death Rate (CDR) per 1000	4.40	3.23	2.91
Infant Mortality Rate (IMR) per 1000	42.69	21.75	19.01
Maternal Mortality Rate (MMR) per 1000	1.94	0.31	0.92
Couple Protection Rate (CPR) (%)	56.00	70.82	70.93

B) Output Indicators

Achievement in Universal Immunization Programme (%)

<i>Indicators</i>	<i>1991-92</i>	<i>2001-2002</i>	<i>2002-2003</i>
DPT	82.70	99.24	98.63
OPV	79.00	99.85	99.87
BCG	81.00	99.98	99.49
Measles	75.83	96.32	96.91
TT (Pregnant women)	89.30	98.78	99.23

C) Delivery Status (%)

<i>Indicators</i>	<i>1991-92</i>	<i>2001-2002</i>	<i>2002-2003</i>
Home	23.14	6.37	5.41
Institutional	73.86	93.63	94.59

CUDP-III Health Programme

Performance on service delivery of 31 ULBs
(2002-2003)

ULBs	TT (PW) in %	Institutional Delivery	Immunization Status (% coverage)			
			BCG	DPT	OPV	Measles
1. Baidyabati	92.6	96.53	99.63	98.89	99.63	97.06
2. Bally	93.1	96.03	99.60	98.81	99.60	97.22
3. Bansberia	94.2	97.53	99.51	98.77	99.75	96.79
4. Baranagar	88.3	98.98	96.94	95.92	98.98	96.94
5. Barasat	82.6	78.01	99.29	99.01	99.86	97.45
6. Barrackpore	98.2	94.37	99.45	98.63	99.73	96.99
7. Baruipur	97.6	95.15	99.51	98.54	99.51	97.09
8. Bhadrashwar	98.4	97.22	99.45	98.89	99.86	96.96
9. Budgebudge	94.6	92.86	99.60	98.81	99.60	96.83
10. Champdany	91.8	91.57	99.64	96.39	99.64	96.75
11. Chdngr. M. C.	97.3	97.53	99.47	98.67	99.73	96.82
12. Dumdum	94.7	98.76	98.76	98.76	99.38	97.52
13. Garulia	96.5	95.69	99.55	99.33	99.78	96.88
14. Gayeshpur	97.3	97.69	99.64	98.92	99.64	95.68
15. Halisahar	89.8	94.49	99.42	98.84	99.71	96.81
16. Hoghly Chinsurah	98.1	95.96	99.45	99.08	99.82	96.88
17. HMC	91.3	89.55	99.48	99.27	99.90	96.89
18. Kanchrapara	92.7	96.53	99.63	99.25	99.63	97.01
19. Khardah	94.6	95.50	99.68	99.04	99.68	96.78
20. KMC	96.3	96.99	99.51	99.79	99.97	96.90
21. Konnagar	94.2	96.41	99.61	98.83	99.61	96.88
22. Naihati	96.8	89.45	99.54	98.62	99.54	96.79
23. New Bkpr.	99.2	97.83	99.28	97.83	99.28	97.10
24. North Barackpore	98.7	95.78	99.68	98.38	99.68	96.75
25. North Dumdum	95.9	94.56	99.58	99.16	99.58	97.07
26. Panihati	96.1	95.66	99.55	99.10	99.85	96.84
27. Rajp-Sonpr	94.6	92.05	99.69	97.55	99.69	96.94
28. Rishra	93.9	90.95	99.59	98.35	99.59	96.71
29. Serampore	95.3	98.63	99.69	98.78	99.69	96.94
30. Uluberia	92.7	85.67	99.45	98.90	99.72	96.97
31. Uttarpara-Kotrung	97.3	98.07	99.57	98.72	99.79	97.00

CUDP-III Health Programme
Demographic data of 31 ULBs of KMDA (2002 - 2003)

Municipality	Population	Eligible couple	Total Live Births	CBR		CDR		DMR		AMR		C:R	
				Base line (1987-88)	2002-03	Base line (1987-88)	2002-03	Base line (1987-88)	2002-03	Base line (1987-88)	2002-03	Base line (1987-88)	2002-03
1. Baidyabati	31067	3388	271	26.75	8.72	6.73	4.06	74.31	22.14	4.86	3.69	27.44	72.29
2. Bally	29393	4179	252	23.31	8.57	7.52	8.54	76.52	11.90	6.37	0.00	23.56	66.51
3. Bansberia	29064	4569	405	25.68	13.93	6.12	5.57	64.26	17.28	5.49	2.47	27.08	71.78
4. Earanagar	30620	3910	98	22.0	3.20	4.6	1.99	32.9	0.00	2.17	0.00	38.3	69.83
5. Barasat	23862	3744	705	22.82	29.54	6.26	5.36	78.3	11.35	4.13	2.84	33.23	68.72
6. Barrackpore	31086	3750	365	24.33	11.74	5.86	4.12	70.36	49.32	6.71	0.00	32.0	62.37
7. Baripur	22695	3850	206	25.42	9.08	4.95	5.02	64.18	43.69	6.53	4.85	21.69	71.29
8. Bhadrassar	61070	7591	723	27.29	11.84	7.66	3.96	71.06	33.20	3.21	1.33	29.53	74.66
9. Budge Budge	30376	5135	252	27.38	8.30	8.12	1.84	72.33	7.94	6.93	3.97	28.1	70.67
10. Champdani	30287	4450	277	35.45	9.15	2.28	2.05	41.49	10.83	4.58	0.00	15.06	71.69
11. Chnadarnagar MC	57886	8605	377	21.37	6.51	6.03	3.49	69.55	31.83	0.19	0.00	26.59	70.98
12. Dumdum	21530	3050	161	27.14	7.48	5.76	1.63	51.34	0.00	2.82	0.00	21.36	69.98
13. Garulia	61280	10131	448	29.15	7.31	5.35	2.50	65.33	2.23	5.12	0.00	14.81	73.65
14. Gayeshpur	29430	4951	278	22.39	9.45	6.94	4.55	68.32	28.78	4.28	3.60	15.16	66.93
15. Halisahar	30868	4836	345	21.58	11.18	7.83	6.45	68.64	28.99	6.72	0.00	25.73	71.23
16. Hooghly-Chinsurah	59163	7389	545	24.21	9.21	8.93	2.15	66.57	14.68	3.68	0.00	24.14	71.23
17. Howrah M. C.	87410	12212	964	22.21	11.03	8.32	4.02	33.68	14.52	4.26	1.04	28.22	70.55
18. K.M.C.	435892	54693	3394	19.1	7.56	3.36	1.59	63.72	27.32	4.82	0.30	30.0	71.03
19. Kancharapara	30988	4614	268	19.34	8.65	5.79	4.07	59.25	22.39	5.89	0.00	38.32	71.79
20. Khardah	27823	4482	311	23.51	11.18	6.81	8.23	75.63	6.43	3.55	0.00	27.42	71.66
21. Konnagar	30205	4694	256	26.82	8.48	11.18	2.71	73.24	7.81	6.26	0.00	23.22	70.53
22. Naihati	28875	3838	218	20.85	7.55	6.28	3.64	62.76	4.59	4.68	0.00	40.18	69.77
23. New Barrackpore	19470	3165	138	19.85	7.09	5.79	3.54	53.09	7.25	2.94	0.00	28.39	71.36
24. North Barrackpore	53192	4551	308	24.0	5.79	4.62	2.97	60.45	3.25	5.65	3.25	42.2	77.36
25. North Dumdum	30472	4645	239	26.35	7.84	6.04	3.22	59.23	20.92	6.28	4.18	21.43	74.51
26. Panihati	59060	9511	664	23.41	11.24	7.15	1.90	58.45	15.06	3.86	1.51	21.15	68.28
27. Rajpur-Sonarpur	29740	4124	327	25.47	11.00	6.08	2.32	65.42	3.06	2.33	0.00	27.89	71.81
28. Rishra	31661	3615	243	26.42	7.68	6.31	0.79	70.02	0.00	4.26	0.00	29.89	71.86
29. Serampore	29740	4661	327	18.47	11.00	4.67	2.99	57.46	6.12	4.42	0.00	28.37	71.56
30. Uluberia	33396	3297	363	28.8	10.87	6.0	3.44	61.5	27.55	3.3	0.00	23.8	69.85
31. Uttarpara-Kotrang	48868	8398	467	20.72	9.56	6.61	0.86	52.56	8.57	3.05	0.00	23.27	73.06
Total:	1556169	214025	14095	20.72	9.05	6.61	2.91	52.56	19.01	3.05	0.92	23.27	70.93

Performance of ESOPDs under CUDP-III Health Programme
during the period April 2002 to March 2003

Patients treated in OPDs

ULBs	Obstetrics & Gynaecology	Paediatrics	Medicine	Eye	ENT	Surgery	Dental	Dermatology
1. North DumDum	440	152	192	188	132	4	200	144
2. Bhadraswar	111	176	260	206	76	216	657	40
3. DumDum	405	166	340	60	65	1100	57	45
4. Bally	90	136	152	90	126	150	33	46
5. Halisahar	0	0	0	0	0	0	0	0
6. Konnagar	196	216	110	70	96	170	56	60
7. North Barrackpore	210	112	206	30	60	206	66	90
8. Rajpur-Sonarpur	150	170	270	112	106	267	58	88
TOTAL:-	1602	1128	1530	756	661	2113	1127	513



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo. No. CMU-164/2004/362



Date 30.11.2004

From : Arnab Roy, IAS
Project Director, CMU

To :

1. Director of Local Bodies
2. Chief Engineer, MED
3. Director, SUDA.
4. Jt. Director, ILGUS

- 1 DEC 2004



Sub. : 2nd Quarterly review of KUSP work by DFID - GoWB

Sir,

The 2nd Quarterly review of KUSP work jointly by DFID and GoWB will begin on 1st December, 2004 and end by 3rd December, 2004. The programme of review is enclosed.

You are requested to please make it convenient to attend the review programme.

Encl. : As stated.

Yours faithfully,

(Arnab Roy)
Project Director

Copy along with copy of enclosure is forwarded for kind information to :
Secretary, Municipal Affairs Department.

Project Director

Review, FA and Dr. Dasgupta may pl. attend chair 30/11/04

Conduct of the Review:

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1.00-2.30pm	Travel to New Barrackpore (box lunch on the move)
2.30 –4.30pm	ULB visits. Review team breaks into 2 groups to review ULB level KUSP activities (Accounting Reforms, OD Action Plan, Slum upgrading etc).
4.30pm	Return from New Barrackpore
Day 2: - Review activities carried out in CMU offices – Short Day	
9.00 – 9.10am	Introduction by DFID – Summary of the previous day.
9.10-10.45am	Presentation and discussions on progress of preparatory work on Accounting Reforms, DDP, Challenge/Innovation Fund, Health Component, Local Economic Development.
11.15- 1.30pm	Discussion: Priority 3, Building Management Capacity to deliver KUSP , facilitator: ISC
2.00 – 3.30pm	Discussion and Agreement of KUSP Logical Framework , facilitator: ISC
Day 3: - Review activities carried out in CMU offices – Short Day	
11.30-1.00pm	Wrap up meeting with Hon. Minister in Charge/ KUSP subcommittee and project functionaries.
1.00 – 1.30 pm	Debriefing Meeting with Chief Secretary
2.00 pm	Departure



KOLKATA METROPOLITAN DEVELOPMENT AUTHORITY
URBAN HEALTH IMPROVEMENT PROGRAMME UNIT



Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd and 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. /I-1/KMDA/UHIP/04

Dated : /

From : The Officer-on-Special-Duty,
 Health, UHIPU, KMDA

To : 1) The Mayor,
 Howrah / Chandannagore Municipal Corporation,
 2) Chairperson,

_____ Municipality.

*Dr. 2/1/04 / Dr. Goswami
 Health Expert
 ay
 29/11*

Sub. : Implementation of Health Components under KUSP - Trainers' Training and Refresher Training for HHWs and 1st Tier Supervisors.

Sir,

This is to inform you that the Change Management Unit (CMU) under the Kolkata Urban Services for the Poor (KUSP) has requested KMDA to organize a Refresher Training Course for the Honorary Health Workers for skill upgradation and attitudinal re-orientation. The Refresher Training of the Honorary Health Workers would be of 10 days' duration at the HAU level.

The Refresher Training will be preceded by the training of the Trainers. The trainers will be Health Officers, Asstt. Health Officers, Medical Officers employed by the Urban Local Bodies and one or two Part-time Medical Officers as recommended by the ULBs.

The Trainers' training would be organized in 3(three) batches at the KMDA Headquarters, each batch comprising 40 trainees.

The Refresher Training for the Honorary Health Workers would also be organized at the HAU level comprising 40 trainees in a batch for 10 days' including field demonstration and field visit and the said training should be completed within a period of 1(one) month from the date of starting.

For the purpose of organizing the above mentioned training courses, necessary training curricula have been developed and sent to KUSP for approval and fund placement.

As the Trainers' Training is required to be organized immediately so that the Refresher Training Course for the Honorary Health Workers could be organized in January 2005 it has become necessary to collect the names and contact numbers and addresses of the participants for the Trainers' Training from your Municipality/Corporation.

The PTMOs to be selected for the training should be well conversant with the community based health programmes and should have an aptitude for imparting such training with commitment and dedication.

Your Municipality/Corporation has been allotted the following number of trainees for the Trainers' Training :-

- a) Health Officer/Asstt. Health Officer -
- b) M.O.s employed by the ULB -
- c) PTMO to be selected by the ULB -

TOTAL

You are requested to furnish the names, addresses and contact numbers to this office in the following format within 07.12.2004.

Sl. No.	Name	Designation	Address with Telephone No.

This may kindly be treated as most urgent.

Yours faithfully,

Officer on Special Duty,
UHIPU, Health, KMDA.

No. /I-1/KMDA/UHIP/04

Dated :

Copy forwarded for information and necessary action to:-

1. Health Officer/ Asst. Health Officer _____ Municipality.

Officer on Special Duty,
UHIPU, Health, KMDA.

No. 976(40)/1(40)/2(2) /I-1/KMDA/UHIP/04

Dated : 24.11.04

Copy forwarded for favour of information to:-

- 1. Secretary, KMDA.
- ✓ Project Director, Change Management Unit, Kolkata Urban Services for the Poor, ILGUS Bhavan, Sector- III, Bidhannagar, Kolkata – 700 106.

Officer on Special Duty,
UHIPU, Health, KMDA.

24/11/2004



No. CMU-94/2003/343

o/c

Dated : 22.11.2004

From : Project Director,
CMU, KUSP

✓ To : The Secretary, KMDA
Proshasan Bhavan,
Salt Lake
Kolkata

Sub : Forwarding a copy of Draft Report on HHW programme review to the members of Health Steering Committee, KUSP.

Sir,

Further to the first meeting of Health Steering Committee held on 10.11.2004 I am to enclose herewith two copies of Draft Report on HHW programme review - prepared by Interim Support Consultants to the CMU, KUSP for your kind perusal and valuable comments at the earliest.

You are also requested kindly to verify the correctness of KMDA, Health infrastructure given at page no. 10 and data reflected in the table on population and beneficiaries - ULB wise at page no. 14 - 16 of the Draft Report with a feed back to the undersigned.

Encl. : As stated.

Yours faithfully,


(Arnab Roy)
Project Director, CMU



No. CMU-94/2003/342

Dated : 22.11.2004

From : Project Director,
CMU, KUSP

To : ✓ 1. **The Mayor,**
Chandannagore Municipal Corporation

✓ 2. **The Chairman,**
New Barrackpore Municipality

✓ 3. **Sri Rajeev Dube,**
Special Secretary (Project), SPSRC, DHFW

✓ 4. **Dr. N.G. Gangopadhyay,**
Adviser, Health, SUDA

OTC

Sub : Forwarding a copy of Draft Report on HHW programme review to the members of Health Steering Committee, KUSP.

Sir,

Further to the first meeting of Health Steering Committee held on 10.11.2004 I am to enclose herewith a copy of Draft Report on HHW programme review - prepared by Interim Support Consultants to the CMU, KUSP for your kind perusal and valuable comments at the earliest.

Enclo. : As stated.

Yours faithfully,


(Arnab Roy)
Project Director, CMU

ORGANISATIONAL DEVELOPMENT OF SUPPORT SYSTEM FOR URBAN LOCAL BODIES – NEW STRUCTURE FOR DLB

INDICATIVE REVISED FUNCTIONS

1. DLB will be the nodal agency having overall responsibility and accountability for facilitating the development of ULBs in line with the 74th Constitutional Amendment and the West Bengal Municipal Act including the improved provision of urban services especially to the poor.

(Performance Indicators: Number of ULBs meeting/ exceeding performance targets against predetermined criteria; Measurable improvement in urban services: overall and for BPL families)

2. DLB will be headed by a Director (possibly Special Secretary) and have the following functions:

- Planning, Monitoring and Evaluation (PME)
- ULB Relationship Management
- Technical/ Engineering Services (MED)
- Training/ Capacity building (ILGUS)
- Poverty Alleviation (SUDA)
- Information Technology and Systems
- HRD & Administration
- Accounts

An overview of the functions including indicators of performance is presented in Annex 1; details are provided in the paragraphs that follow.

Planning, Monitoring and Evaluation (PME)

3. PME is responsible for overall integrated planning, monitoring and evaluation of ULBs and DLB /support services. Key tasks include:

- Establish/ periodically review and disseminate criteria for assessment of performance of ULBs.
- Establish/ periodically review: manual/ processes for preparation of DDPs/ ADPs by ULBs; equivalent plans by different departments within DLB especially training (ILGUS), poverty alleviation (SUDA) and technical services (MED); and reporting system against the plans. Disseminate manual.
- Facilitate (together with ULB Relationship Management department) preparation of DDPs and ADPs by ULBs and equivalent plans for training, poverty alleviation and technical services.
- Monitor implementation of plans on a monthly basis and initiate necessary corrective action.
- Periodically assess impact and initiate mid-course correction, wherever necessary. Recommend policy changes, if required to MAD.

(Performance Indicators: Overall plan for urban services in place; No of ULBs with working DDPs/ ADPs; timely preparation of monitoring reports & corrective action taken; impact assessment studies conducted; proposals for policy changes)

ULB Relationship Management

4. The ULB Relationship Management Department is the "field operations" wing of DLB and is responsible for facilitating implementation by ULBs of relevant statutes in the WB Municipal Act/ government orders; and initiatives in the areas of planning & monitoring, poverty alleviation, training and engineering in accordance with manuals/ guidelines provided by the respective departments. Key tasks are:

- Assist ULBs in preparation of DDPs/ADPs and monitoring reports
- Assist ULBs in formulation of schemes and facilitate implementation through effective coordination with concerned department i.e. training, poverty alleviation, and engineering.
- Assist ULBs in identification and implementation of "best practices".
- Facilitate implementation by ULBs of various statutes eg establishment of various committees/ meetings, maintenance of registers and records. Statutory inspections to be carried out in a more participative way eg the Inspection team could include the chairman of another ULB and technical resource persons; further the frequency of inspections could be linked to the performance of the ULB.
- Prepare a detailed plan for the department and send monitoring reports in line with the manual provided by PME.

An additional divisional office (4 in all) may be required. The existing 4 Circle offices of MED could be merged with DLB's existing 3 divisional offices. Each ULB will have a dedicated ULB Support Officer who acts as a "single window"/ nodal person for his/ her respective ULB. Each ULB Support Officer will be expected to be responsible for meeting the needs of about 5 ULBs; he/she will be expected to spend substantial time at their respective ULBs.

(Performance Indicators: No of ULBs meeting/ exceeding targets against predetermined criteria; utilisation of plan funds; administrative compliance by ULBs; improved perception of DLB; no of ULBs adopting 'best practices')

Technical/ Engineering Services

5. The Technical/ Engineering Services Department is primarily responsible for building capacity of ULBs to manage infrastructure works, quality assurance, and master planning in non-KMA ULBs. Other functions could be technical approval of selected schemes (non-KMA ULBs) and projects above a predetermined size (all ULBs), implementation of trans ULB infrastructure in non-KMA and technical services in closely allied areas such as environmental impact assessment and audit. Key tasks are:

- Establish/ review and disseminate operational guidelines/ manual for management of all infrastructure works covering planning, design, construction, quality assurance and maintenance functions

- Disseminate/ assist training department (ILGUS) in training ULB engineers in using the manual.
- Carry out a periodic technical audit of engineering works implemented by non-KMA ULBs.
- Technical approval of projects above a predetermined size (all ULBs).
- Technical approval of selected schemes in non-KMA areas
- Ensure preparation of master plans for environmental services in non-KMA ULBs
- Construction of trans-municipal assets in non-KMA area.
- Prepare a detailed plan for the department and send monitoring reports in line with the manual provided by PME.

Given the above functions and posting of engineers to ULBs, the need for the existing network of offices should be critically examined. Almost certainly the existing 13 sub-divisional offices will not be required; and it may be possible to manage with 4 Circle offices common to ULB Relationship Management and technical services.

(Performance Indicators: Infrastructure management manual in use; Quality of infrastructure construction in ULBs; Approved master plans for ULBs in place)

Training/ Capacity building (ILGUS)

6. The training / capacity building department is responsible for meeting the training needs of all target groups in ULBs and all support organisations. In addition, the department will also act as a technical assistance resource for ULBs. Key tasks include:

- Establish / continuously improve the training management function eg manuals / processes for TNA, development and conduct of training programmes, quality assurance, impact assessment, management of external training agencies / part time trainers, etc
- Review of training strategy
- Conduct of TNA
- Preparation of annual training plan; managing implementation
- Assessment of training impact and identification/ implementation of corrective action
- Technical assistance to ULBs as and when required.

Considerable strengthening will be required including a core in-house technical team/faculty.

(Performance Indicators: Training manuals in place and in use; Extent of implementation of training plan; training quality/ impact)

Poverty Alleviation (SUDA)

7. As indicated in SUDA's memorandum of articles of association, the Poverty Alleviation Department is the nodal agency for urban poverty

alleviation and has overall responsibility for continuous reduction in poverty levels. Key activities include:

- Preparation of a "framework" poverty reduction strategy including assessment of poverty against appropriate indicators and ensuring convergence of various including Gol schemes and KUSP.
- Dissemination of poverty reduction strategy and assistance to ULBs in formulating their respective strategies
- Periodic assessment of impact and mid-course corrections
- Approval of proposals from ULBs for Gol/ poverty alleviation schemes and overall monitoring

(Performance Indicators: Decrease in poverty as measured against predetermined criteria; Approved poverty reduction strategy in place; No of ULBs having a poverty reduction strategy in place; Convergence of schemes/ inputs; Approval of proposals from ULBs within agreed time frames).

Information Technology and Systems Department

8. The IT & Systems Department is responsible for ensuring a continuous improvement in flow of information within DLB and other SOs and with ULBs through use of information technology and/ or improvement in processes. Key tasks include:

- Carry out a detailed systems study to assess current status including IT initiatives implemented by ULBs, likely outcomes, technology options, costs / benefits and implementation plan.
- Obtain necessary approvals and manage implementation of systems/ IT plan.
- Operate and maintain the IT system subsequent to implementation

(Performance Indicators: Approved detailed systems study in place; Implementation/ benefits realised in accordance with plan).

HRD & Administration

9. This department will be responsible for HRD & office administration across all departments including existing DLB, MED, SUDA and ILGUS. Key functions include:

- Initiate/ work with Director, DLB on periodic review of organisation structure
- Establish/ continuously update job descriptions with indicators of performance
- Establish and operate a performance appraisal system
- Formulation/ implementation of a strategy for improving motivation levels of staff and work culture; this could include participatory approaches, team building, etc
- Personnel administration including salaries, maintenance of personnel records, etc.

(Performance Indicators: Updated job descriptions and performance appraisal system in place; Improvement in staff motivation levels)

Accounts

10. The Accounts Department is initially responsible for maintenance of accounts pertaining to all the above departments and gradually establishing and maintaining a budgeting/ management accounting system. Key activities include:

- Establish/ periodically review an accounting manual including chart of accounts
- Ensure implementation of the manual
- Establish and maintain a costing, budgeting and management information system with separate budgets for each department including HRD.

(Performance Indicators: Accounting, costing, budgeting and MIS manuals in place and adhered to. Accounts updated and information reports prepared on time)

IMPLICATIONS FOR ULBs, MAD AND KMDA

11. ULBs should be in a better position to significantly improve coverage and quality of urban services especially to the poor since:

- DLB is equally responsible and accountable for facilitating the development of ULBs including improved provision of services
- DLB will initiate steps to better respond to the support needs of ULBs i.e DDP and ADPs compatible with corresponding plans prepared by ULBs, appointment of a " nodal " ULB Support Officer for each ULB, strengthening of training/ capacity building function including provision of technical assistance to ULBs and development of a framework povert alleviation strategy.
- Provision of a mechanism for identifying and promoting " best practices" amongst ULBs
- Improved two-way information flow through investment in systems and IT.

12. MAD will receive information from DLB on an exception basis on violations by ULBs of stipulations in the WB Municipal Act, Rules and various government orders. For example, DLB's information system will identify ULBs incurring expenditure in excess of the agreed cap on salaries; subsequently, MAD will be in a position to take appropriate administrative action.

13. As and when required, DLB will also assist MAD in policy analysis/ change based on work carried out by the PME department.

14. KMDA could assist DLB in taking forward the envisaged systems and IT initiative. KMDA will also need to critically re-examine the nature of support to be provided to ULBs subsequent to posting of engineers in each of the KMA ULBs.

INDICATIVE ORGANOGRAM

15. An indicative organogram has been provided in Annex 2. The detailed staffing of each department and job descriptions (including person specifications and indicators of performance) will need to be prepared.

ASSUMPTIONS

16. This note is in line with Option 2 and **assumes** that:

- Personnel related grants to ULBs are frozen with a cap on % age of ULB's own income to be spent on salaries. Within this, ULBs have freedom over recruitment, promotions, incentives etc for all staff other than Grade A
- KMDA and MED have posted an engineer to each ULB in KMA/ non-KMA respectively.
- MAD has ensured that each ULB has in place a high quality EO and FO; and the WB Municipal Act amended to clearly spell out their respective roles and authority vis-à-vis the Chairman of the ULB

The revised functions / organisation structure is thus a "goal" to be achieved over a period of time. **A challenge for the OD Action Plan teams** is to critically examine the feasibility/ constraints to achieving the goal , identify appropriate solutions and spell out a road map with well-defined milestones for achieving the revised structure.

OD WORKING GROUPS


17. In order to take the OD action planning process forward, the following working groups could be formed:

- PME, Information Technology and Systems: DLB in the lead with representatives from MED, SUDA, ILGUS
- ULB Relationship Management: DLB in the lead with representatives from MED and SUDA
- Technical/ Engineering Services: MED
- Training/ Capacity building: ILGUS, representatives from other potential training service providers
- Poverty Alleviation: SUDA
- HRD & Administration: MED and DLB
- Accounts: Representatives from MED, DLB, SUDA

In addition, WBVB will form a separate working group.

18. Each working group will:

- Critically examine the contents of this paper and the report on OD review of ULB support organisations. Suggest changes, where necessary in the proposed functions including performance indicators. Provide a detailed description of the functions.
- Identify constraints to achieving the above organisational change; these could include legislation and policy and delegation of powers; recommend actions for overcoming these constraints.

- 
- Spell out the road map for achieving the above organisational changes with clear milestones. The milestones could be achieved within 3 months, 1 year and more than 1 year.
 - Prepare a work plan for achieving the milestones. The work plan will provide a brief description of each activity, person responsible and time frame. The workplan could be presented as a bar chart.
 - Provide a broad estimate of costs of implementing the work plan.

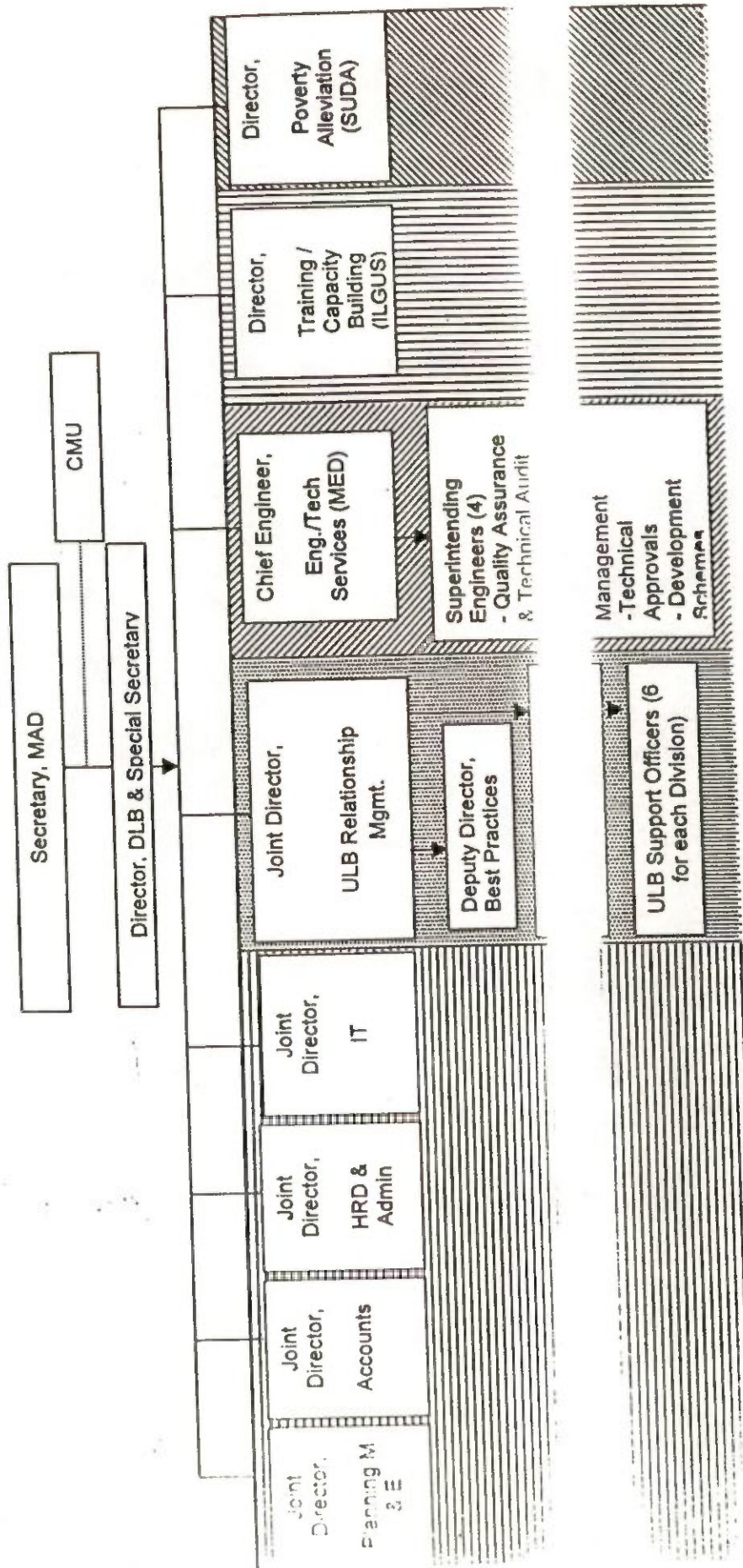
DLB : OVERVIEW OF FUNCTIONS ANNEX 1

DLB

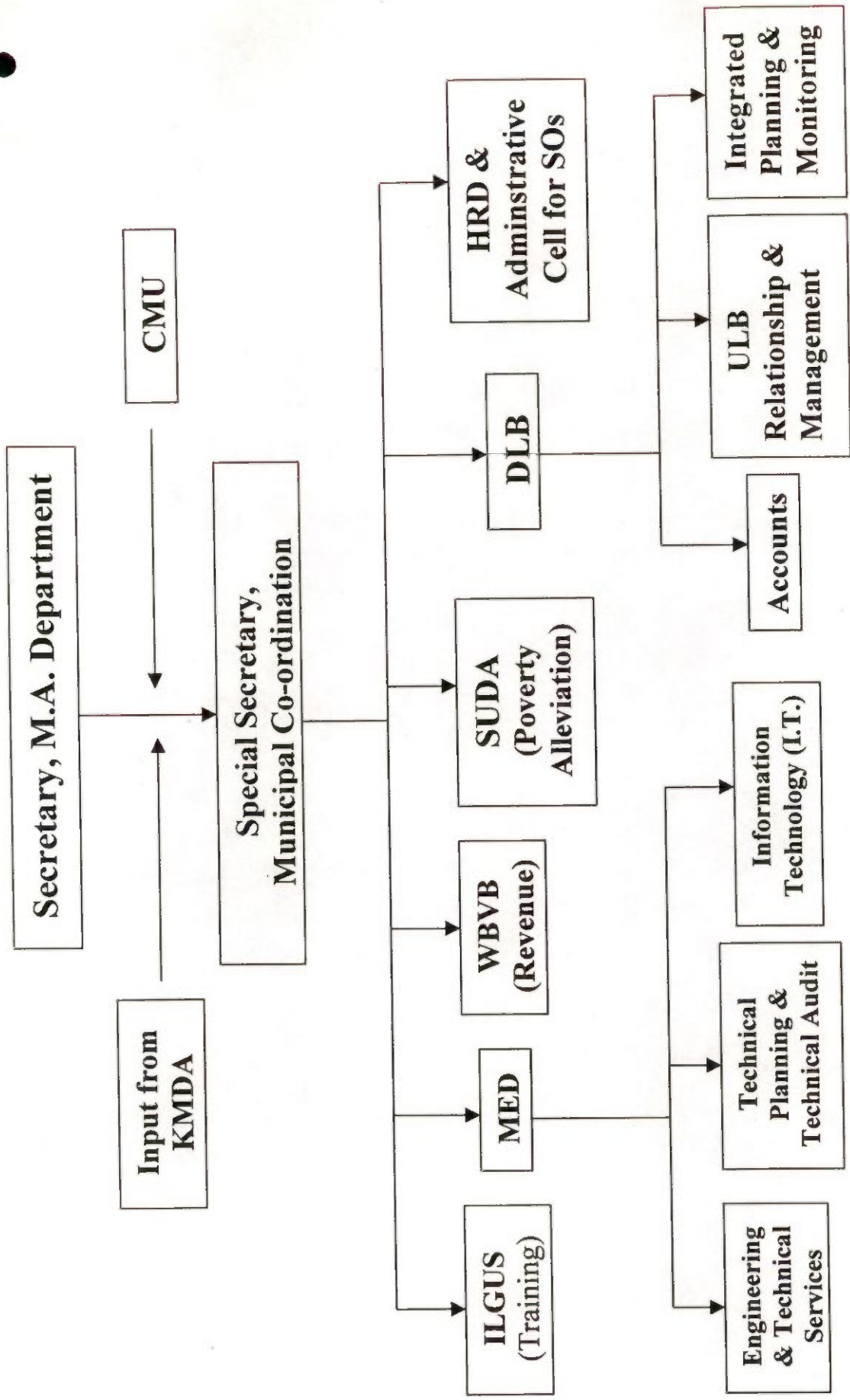
Nodal agency having overall responsibility and accountability for facilitating the development of ULBs in line with the 74th CAA and the West Bengal Municipal Act including the improved provision of urban services especially to the poor.

Performance Indicators: Number of ULBs meeting/exceeding performance targets against predetermined criteria;
Measurable improvement in urban services: Overall & BPL

<p>ULB Relationship Management Responsible for facilitating implementation by ULBs of relevant statutes in the WBM Act/GOs; and initiatives in the areas of planning & monitoring, poverty alleviation, training & engineering.</p> <p>Performance Indicators: No of ULBs meeting/ exceeding targets against predetermined criteria; utilisation of plan funds; administrative compliance by ULBs; improved perception of DLB ; no of ULBs adopting 'best practices'</p>	<p>Planning, Monitoring and Evaluation Establish/ review/facilitate/monitor: 1. Performance Assessment Criteria 2. DDP/ADP preparation by ULBs 3. Implementation of plans Recommend policy changes</p> <p>Performance Indicators: Overall plan for urban services in place; No of ULBs with working DDPs/ADPs; timely preparation of monitoring reports & corrective action taken; impact assessment studies conducted; policy change proposals</p>	<p>HRD & Administration Responsible for HRD & office administration across all departments including existing DLB, MED, SUDA and ILGUS</p> <p>Performance Indicators: Updated job descriptions and performance appraisal system in place; Improvement in staff motivation levels</p>	<p>Accounts Initially responsible for maintenance of accounts pertaining to all the above departments and gradually establishing and maintaining a budgeting/ management accounting system.</p> <p>Performance Indicators: Accounting, costing, budgeting and MIS manuals in place and adhered to. Accounts updated and information reports prepared on time</p>
<p>Information Technology and Systems Responsible for ensuring a continuous improvement in flow of information within DLB and other SOs and with ULBs through IT and/or improvement in processes.</p> <p>Performance Indicators: Approved detailed systems strategy in place; implementation/ benefits realised in accordance with plan</p>	<p>Technical/ Engineering Services (MED) Responsible for building capacity of ULBs to manage infrastructure works, quality assurance, and master planning in non-KMA ULBs. Other tasks: technical approval of selected schemes (non-KMA) and projects (all ULBs); implementation of trans ULB infrastructure in non-KMA; and technical services in areas like EIA and audit.</p> <p>Performance Indicators: Infrastructure management manual in use; Quality of infrastructure construction in ULBs; Approved master plans for ULBs in place</p>	<p>Training/Capacity Building (ILGUS) Responsible for meeting the training/ capacity building needs of all target groups in ULBs and all SOs. The department will also act as the technical assistance resource for ULBs. Focus areas are TNA; annual training plan; managing implementation; assessment of training impact and identification/ implementation of corrective action.</p> <p>Performance Indicators: Training manuals in place and in use; Extent of implementation of training plan; training quality/ impact</p>	<p>Poverty Alleviation (SUDA) Nodal agency for urban poverty alleviation. Focus areas: preparation and dissemination of a "framework" poverty reduction strategy; assistance to ULBs in strategy formulation; periodic impact assessment; approval of ULB proposals against Gol/ other poverty alleviation schemes</p> <p>Performance Indicators: Decrease in poverty as measured against predetermined criteria; No of ULBs having a poverty reduction strategy in place; Convergence of schemes/ inputs; Approval of proposals from ULBs within agreed time frames</p>



4. Staffing levels below department heads to be determined as a part of OD action plans
5. The 4 Divisional Offices will also provide Engineering/ Technical services



GOVERNMENT OF WEST BENGAL
DIRECTORATE OF LOCAL BODIES
 PURTA BHAVAN (1 ST FLOOR)
 BIDHANNAGAR, KOLKATA - 700 091.

No. / DLB / Order / Estt - 22/96 (Pt.)

Dated, Kolkata, the Aug., 2004.

ORDER

In partial modification of earlier order no. 562 / DLB / Order / Estt-22/96 (Pt.) dated 05.05.2004 the under mentioned officers of this Directorate (HQs) shall cause inspection of the ULBs of Presidency Division as mentioned against the names of each officer and submit detailed report to the under-signed from time to time.

This order will take immediate effect.

Sl. No.	Name of the Officer & Designation	Allocation of ULBs
(1)	(2)	(3)
1.	Shri J. Hembram, WBCS (Exe), Deputy Director of Local Bodies	North Dum Dum, Naihati, Khardah, Rajarhat-Gopalpur, Birnagar, Chakdah
2.	Shri S. R. Chattaraj, WBCS (Exe), Deputy Director of Local Bodies	Dum Dum, North Barrackpore, Kalyani, Baduria, Ashokenagar-Kalyangarh, Habra, Diamond Harbour
3.	Shri A. K. Chandra, M. STAT, Deputy Director of Local Bodies	Madhyamgram, Halisahar, Garulia, Bhatpara, Krishnanagar, Bidhan Nagar
4.	Shri O. P. L. Shaw, WBCS (Exe), Assistant Director of Local Bodies	Uluberia, Bally, Maheshtala, Budge Budge, Beldanga, Jiaganj-Azimganj, Kandi, Santipur, Murshidabad, Pujali, Baranagar, Ranaghat, Nabadwip
5.	Shri B. K. Bhattacharya, WBCS (Exe), Assistant Director of Local Bodies	Kamarhati, Panihati, New Barrackpore, Kanchrapara, South Dum Dum, Berhampore, Taki, Bongaon
	Shri A. Deb, Asstt. Director (Audit & Accounts) of Local Bodies	Rajpur-Sonarpur, Barasat, Titagarh, Gayeshpur, Joynagar-Majilpur, Baruipur, Barrackpore, Gobardanga, Jangipur, Cooper's Camp, Dhulian, Basirhat, Taherpur

For effective monitoring of the functioning of the related ULBs the inspecting officers beside holding the statutory inspection of the ULBs once in every six months will visit the ULBs as and when necessary to see that all actions taken by the ULBs are in conformity with the provisions of the relevant act, rules and orders and the fund allotted by the Govt. utilised properly and utilisation certificates are submitted regularly. The Inspecting Officers are also requested to verify the initial pay fixation of the pay of the employees in their allotted ULBs. They will advise the authorities of ULBs for rectification of irregularities and give the under-signed regular feedback for taking up the matter with appropriate authorities. Inspecting officers are also requested to monitor the implementation of all Development Plans & Programmes including programmes of KUSP Project and of SUDA in respect of allotted ULBs and report the findings to the undersigned as well as to the Director, SUDA and the Secretary, Municipal Affairs Department

Sd/-
 Director of Local Bodies,
 West Bengal

Contd.....Page - 2

No. / DLB / Order / Estt. - 22/96 (Pt.)

Dated, Kolkata, the Aug., 2004.

Copy forwarded for information to :-

- 1) The Chairman Municipality,
P.O..... Dist.....
- 2) Sri, Deputy Director of Local Bodies /
Assistant Director of Local Bodies, Headquarters.

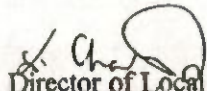
Sd/-
Director of Local Bodies,
West Bengal

No. 1267/2(2)/ DLB / Order / Estt. - 22/96 (Pt.)

Dated, Kolkata, the 19th Aug., 2004.

Copy forwarded for information to :-

- ✓ 1) The Project Director, CMU.
- 2) The Director, SUDA.


Director of Local Bodies, 19/8/2004.
West Bengal

Offsite meet of Chairpersons of 40 ULBs of KMA

Raichak, Kolkata

14th and 15th October 2004

Summary Report

Event Schedule

The detailed schedule of the event is attached in Annex 1. Spread over two days, the workshop involved

- Inaugural speech by Hon'able Minister for MA&UD
- Presentation by Secretary MAD on the Kudumbashree programme in Kerala for key lessons pertaining to SJSRY implementation in WB
- Detailed debriefing on the KUSP programme and feedback on key project components
- Sharing of good practices by KMA ULBs
- Break-out sessions for discussions on 4 key issues, followed by presentation, discussion and an emerging consensus on those key issues
- Presentations from Guntur and Ramagundam Municipalities on their experiences in change management and implementing municipal reforms
- Wrap up and key take-home

The meet was attended by XX Chairpersons and 2 Mayors.

Highlights

Inaugural speech of Hon'able Minister for MA & UD

Key points made by the Minister in his speech were:

- The programme objectives of KUSP are very much integral to the policy and priorities of the Government of West Bengal
- Emphasis on building capacity of ULBs
- Accounting reforms is one of the key initiatives being supported by GoWB
- To promote greater exchange of ideas, knowledge and contacts between ULBs in KMA, a forum will be initiated under the aegis of the WB Municipal Chairpersons' Association. GoWB will support such an initiative.
- Announcement of a 'Clean city campaign'. Competition at inter-ULB level amongst all KMA ULBs, with prize money for the top three ULBs, and competition in each ULB – inter-ward, with prize money for the best performing ward. CMU shall work out the details. The period of competition is from 16th Oct to 15th Nov 04.

Presentation on Kudumbashree programme of Kerala, made by Secretary, MAD

The Kudumbashree programme of Govt. of Kerala is a successful programme in grass-root level mobilization, womens' empowerment and promotion of individual and collective entrepreneurship. Key lesson learnings for the SJSRY implementation in the State are:

- Choose from a vast array of occupations rather than standard limited set. Focus on locally available materials, local crafts and skills

- Training and skill building should be relevant marketable skills
- Link with larger players in the market for better market access
- Alternately, build collective strength through people's organizations / cooperatives
- Integrate the economic activities with State government welfare programmes

Presentations by KMA ULBs on good practices

Presentations made were:

- New Barrackpore on implementation of GIS and its use in municipal management (tax revenue mobilization; utility management – roads, drains, water supply; welfare programmes – health monitoring)
- North Barrackpore – presentation similar to above on GIS
- Bally – presentation similar to above on GIS
- Kanchrapara - On solid waste management
- Bhadreswar – On solid waste management

Detailed briefing on KUSP programme

A detailed presentation was made by Project Director, KUSP on the programme and its components. Further detailed discussions were held on

- Performance requirements for the programme as a whole and the funding block at end of 3 years
- Initiatives planned in health sector in year 1
- Challenge Fund – concept, design, eligibility and role of ULBs in the process
- Slum level infrastructure – basis for allocation in year 1, and changes that are expected in subsequent years, linkage to DDP
- Accounting reforms

Focus group discussions in break out format on key issues

Four groups were formed, with one Chairperson as the coordinator and person from CMU / ISC assisting in the facilitation. The four issues discussed were:

1. Fund allocation criteria for KUSP funds
2. Support structure for ULBs – Expectations and relationships with support agencies
3. Improving functioning of Ward Committees and making ULBs more transparent to citizens
4. Reaching out services to informal settlements, poorest of poor and providing security of tenure to poor (both security of tenure for place of living and work)

The background notes provided for the discussion, key questions raised for debate and summary of the deliberations for each of the above four issues are provided respectively in Annex 2, 3, 4, and 5. Highlights of the conclusions arrived at have been marked in bold.

Presentations of Ramagundam and Guntur municipalities of AP

A presentation for Ramagundam was made by Mr. Satyanarayana, Ex-Chairperson, Ramagundam municipality and for Guntur was made by Mr. Yesu Rathnam, Mayor, Guntur Corporation.

Both presentations focused on range of reforms undertaken, measures at revenue mobilization, quick-hit actions taken to build public confidence, systems and process improvements and infrastructure and service delivery improvements accomplished in their respective municipalities.

Without going into details of the APUSP project components, the speakers also explained how they seized the initiative from funding support from APUSP to lead the reforms and change management. The high degree of ownership of reforms carried out was evident.

There was a brief Q & A session on the presentation made. Overall experiences from other ULBs were found useful.

Wrap up session

The highlights of the quick wrap up session by the PD, KUSP were:

1. Need for such KMA Chairpersons conclave on quarterly basis. The meet was found very useful.
2. The location should always be offsite as it gives focused time and attention
3. Subsequent meets should preferably be organized under the aegis of the WB Municipal Chairpersons' Association, KMA chapter.
4. The break-out session with discussion on focused issues and evolving consensus was unanimously voted at the best session in the two-day meet.
5. Lastly, ULB Chairpersons exhorted to CMU to act fast on all project components and get action going on the ground
6. Feedback forms were provided by about 22 ULBs, listing the 3 priority reform areas, they would like to pursue in the next 6 months. A summary of the same is provided in Annex 6.

Annex I

Schedule of the meet

Thursday 14th October	
Time	Agenda
10:00 - 10:10	Welcome by Project Director, CMU
10:10 - 10:40	Inaugural speech by Minister-in-Charge, MAD
10:40 - 11:00	Best Practice by KMA ULBs (New Barrackpore - GIS)
11:00 - 11:20	Tea Break
11:20 - 13:00	Presentation of Good Practices by some KMA ULBs & Q-Answer session (Bhadreswar - SWM, Kanchrapara - SWM, North Barrackpore - Computerisation of Municipal Admin., Bally - GIS)
13:00 - 14:00	Lunch
14:00 - 14:30	Presentation by Secy, MAD on SJSRY
14:30 - 15:00	Presentation on KUSP by Project Director, CMU
15:00 - 16:00	Open House Session on Key issues and components of KUSP
16:00 - 16:20	Tea Break
16:20 - 17:30	Open House Session on Key issues and components of KUSP
17:30 - 18:00	Videos on Good Practices in few other cities

Friday 15th October	
Time	Agenda
9:00 - 10:00	Introduction followed by Break-out sessions (4 groups with facilitators) to debate on key issues
10:00 - 10:20	Tea Break
10:20 - 12:00	Each group to make presentation: 4 topics each of 25 min duration
12:00 - 13:00	Presentation by Mr. Satyanarayana - Former Chairperson, Ramagunda municipality; on experience of Implementation of Municipal Reforms in APUSP
13:00 - 14:00	Lunch
14:00 - 15:00	Presentation by Mr. Yesu Ratnam, Mayor Guntur Municipal Corporation on experience of Implementation of Municipal Reforms with emphasis on Revenue Generation
15:30 - 16:00	Wrap-up session

Annex 2

Focus Group Discussion

Topic - Fund allocation criteria for KUSP funds

Group coordinator & presenter of deliberations – Mayor, Howrah Municipal Corporation

Background and Context

One of KUSP's objectives is to strengthen urban governance. Funds are being provided to improve the performance of the 40 ULBs by strengthening their management systems (in areas such as planning, consultation and participation, service delivery, budgeting, monitoring and reporting) to enable them to improve the poor's access to basic services.

The KUSP programme has a total budget of about Rs. 800 crores. There are several components with budget allocations and these can be grouped as follows:

1. Access to basic services by the poor: slum level infrastructure, intra municipal infrastructure and trans municipal infrastructure; health services through HHWs
2. Implementation of reforms: new guidelines (eg DDP, slum level infrastructure management), studies (baseline), new processes (eg accounting, OD Action Plan, FLIP), training and capacity building
3. Challenge, incentive and innovations funds: to be used as per the objectives of the agreed guidelines (eg local economic development, piloting innovations in service delivery for the poor)

There are 40 ULBs each with different needs, different challenges and different capacities to implement reforms. The total funding is not sufficient to satisfy the needs of everyone over the next 7 years. Not all ULBs will progress at the same pace. Therefore there needs to be a mechanism to prioritise spending and the funds allocation criteria is one mechanism to achieve this.

In determining the allocation criteria, the key issues relate to:

- What should be the objectives and guiding principles for defining the allocation criteria?
- Should the criteria attempt to distinguish between enthusiastic reform focused ULBs and those ULB's unwilling to change?
- How to safeguard the interest of those ULBs willing to reform but that are constrained by capacity limitations or other factors through no fault of their own?

Suggested objectives and guiding principles:

- Equity is an overarching goal: all ULBs should have equal access to the programme funds. As far as possible allocations should reflect the varying needs of ULBs
- Getting the 'basics' in place: all ULBs should receive the same support in terms of involvement in studies, access to guidelines and participation in initial training
- Rewarding good performance is important: well performing ULBs should receive higher allocations than poor performing ULBs

The KUSP programme design includes important performance measures: the approval of at least 12 DDPs and the adoption of the management guidelines for the slum level infrastructure.

Key questions

1. Your views on the issues, objectives and guiding principles mentioned above.
2. What should be the basic indicator for allocation (total eligibility) - total population or BPL population?
3. How can different needs (in terms of differences in service delivery standards) be recognised and responded to in the allocation mechanism?
4. Which funds should be linked to performance?
5. How should performance be measured - what are the key indicators and who should evaluate performance? What level of weightage should be given for fiscal performance and for other non-fiscal parameters?
6. What to do about the poor performers?

Presentation of conclusions from the group

- Allocation for Slum Level Infrastructure fund to be based on BPL population only. Allocation for municipal infrastructure works to be based on Municipal population.
- **For the first 3 years technical and advisory support to be given to all ULBs irrespective of the performance. After 3 years it should be demand driven.**
- Allocation to be done based on extent of completion of the proposed project; i.e. if up to 60% is complete (fund utilized), proposals should be called for and funds meant for next year allocation should be released. **However if some ULBs cannot put up proposal on time or finish the same (60% of allocated funds) then its allocated fund for next year should not be released.**
- If one ULB completes all slum related works then its surplus fund should be transferred / diverted to another ULB who needs it under the same head, viz. slum level infrastructure.
- Incentive fund: Currently, Incentive Fund is about 5 % of project cost. **The amount under Incentive Fund each year should be gradually increased (over 5 years) such that it amounts to about 20% of funds released during the year under slum and municipal level infrastructure.** Incentive fund should be based on balance of key performance indicators related to; viz
 1. **CDS involvement / Ward committee involvement / People's participation**
 2. **Quality of services delivered**
 3. **Financial performance**
- Parameters for performance should be clear and evident to all. As poor performing ULBs will loose out on Incentive Funds, they should continue to have access to funds for capacity building and performance improvement.

Question Answer Session

- If force majeure conditions prevail – ULBs should not be penalized for non-expenditure of allocated funds

- Clear parameter for performance to be given all ULBs.
- Norms of improvement and gap assessment should be considered.

Annex 3

Focus Group Discussion

Topic - Support structure for ULBs – Expectations and relationships with support agencies

Group coordinator & presenter of deliberations – Chairman, Kalyani Municipality

Background and Context

Currently MAD provides the super-structure for a number of support agencies: DLB, SUDA, ILGUS, MED; apart from other agencies such as KMDA and Central Valuation Board. The recent OD review has concluded that these agencies¹, in addition to MAD itself, are severely limited by their capacities, orientation and structural deficiencies to cater to the facilitatory and regulatory needs of ULBs. Government has acknowledged the weaknesses and has decided to adopt a reform programme for each agency, based around individual agency OD Action Plans. A process of setting up working groups to design the Action Plans has started.

Some of the functions of the support agencies, especially for MAD and DLB, are regulatory and linked to policy development and monitoring. These functions remain important requirements for the State Government. However, many of the intended functions of the agencies relate to providing technical and professional services to ULBs. The OD review has highlighted that these services are supply driven with ULBs having little say in specifying and demanding the services needed. Almost consistently, the services that are provided are inadequate in terms of both quality and quantity.

It is important that the views of the 'customers' of support agencies, namely the ULBs, are taken into account by the working groups as they design the reform programme for each agency.

Key questions

1. For each agency (MAD, DLB, SUDA, MED, ILGUS and WBCVB), identify:
 - What should be their role and what services should they offer ULBs?
 - In the future, how should ULBs access these services?
 - What freedom should ULBs have in sourcing technical and professional expertise from other service providers?

¹ The review excluded KMDA.

Presentation of conclusions from the group

KMDA

1. To be restructured
2. **Creation of specific zones that should act as resource centres for technical support & human resource – common pool of men, material knowledge & equipments.**
3. **KMDA engineers should be deputed to work in ULB's and ULB Chairpersons should have powers to exercise control over the deputed engineers.**
4. KMDA to support planning process in KMA.

MED

1. **There should be a clear separation of roles between MED and KMDA to avoid overlap of roles**
2. MED should operate in non KMA areas.
3. There should be sharing of technical experience between KMDA and MED
4. MED should tap technical expertise from other agencies.

DLB

1. **DLB is in poor shape and requires restructuring**
2. **DLB should have clearly defined functional role**
3. **There should be a robust information system within DLB for recording and sharing experience**
4. HR support needs to be extended to DLB – no permanency in Director's tenure has been noted.
5. Computerisation of records needs to be introduced for improving accountability and transparency.

WBVB

1. New valuation techniques need to be adopted, on a simplified basis
2. Technical infrastructure (eg. IT systems) need to be strengthened.
3. Qualified valuers through contracting can be brought on board
4. **ULB's depend on Valuation Board for timely valuation – ULB's are willing pay for the services of WBVB to ensure that work is completed on time and this will also ensure accountability of WBVB**
5. Board members need to be more active and demanding.

ILGUS

1. Improvement of faculty and library facilities.
2. **More focused training programmes need to be developed.**

SUDA

1. Proper decentralization of SUDA to district level to DUDA
2. Strengthened relationship between SUDA and ILGUS in relation to training, funds & programmes.

3. Development budget for SUDA
4. **SUDA needs to take coordinate entire development package and just not act as a funding authority.**

MAD

1. **Relationship between UD and MA Department needs to be well defined.**
2. MAD should be strengthened at district level as it has been noted that rural issues get more attention at district level.
3. District planning body should have more space for urban affairs.

Question Answer Session.

- ATI to be one of the institute for training under KUSP and may also train ULBs.
- **DLB function should not be limited to sanction of staff.**

Annex 4

Focus Group Discussion

Topic - Improving functioning of Ward Committees and making ULBs more transparent to citizens

Group coordinator & presenter of deliberations – Mayor, Chandanagore Municipal Corporation

Background and Context

The West Bengal Municipal (Ward Committee) Rules, 2001 provides a range of powers and functions to the ward committees. Ward committees thus have the potential to be vibrant ground level organisations that capture people's needs and make the municipal delivery mechanism responsive to these needs.

The effectiveness of the ward committee may be limited by a number of factors that include – lack of adequate incentives for the members to share their time, the extent to which the ward committee represents the interests of all sections of the society within the ward, limited infrastructure for operations and limited resources at their disposal even for basic functions, limited leverage and control over municipal departmental staff, and other such issues.

The administrative structure of the different departments of ULBs are not necessarily allocated specific ward/s. This can cause lack of accountability on behalf of municipal staff. The accountability of municipal staff to higher levels of administration and their interface and responsiveness to Ward Committees / CDS needs to be balanced.

Key Questions

1. What in your view should be the steps to strengthen the Ward Committee? Should Ward Committees also be involved in revenue budgets apart from capital budgets? What are the advantages and risks involved?
2. Should there be any resources at the disposal of the Ward Committees? How should they be better equipped to monitor spending of resources (both revenue and capital) in their respective wards?
3. What is the preferred interface between municipal employees (engaged in service delivery) and Ward Committees?
4. How do we incentivise Ward Committee members to play a more active role?
5. Should the accounts of the ULB (income and expenditure) be made public? Should the information be widely disseminated? Say through local newspapers. What do you believe with the advantages and risks in such a measure?
6. Should the finalised DDP and Annual Development Plans (ADPs) be widely disseminated and subject to public hearing?
7. Should the list of BPL persons be made easily accessible by the public in slums?

Presentation of conclusions from the group

- Ward Committee is miniature ULB functioning at the grass root level. To make it more powerful the **members should be selected from all cross sections of the community, possibly through some kind of voting exercise and not merely by nomination of the councilor.** However this has a risk of creating dual seats of power in the ward committee. **Ward committee officers should be there in each wards and no party office should be used as a ward office.** The ward office structure can also be put to multiple uses depending on requirements of the committee.
- **Ward Committee should be involved in the process of revenue budgeting along with the capital budgeting.** Half-yearly ward committee meeting should be held in November every year, in which the committees place their views for incorporation in Municipal budget the next year.
- **Allocation of capital budget can be linked to performance of Ward Committee, thus building in an incentive-penalty mechanism to work better.**
- There shall be at least 2 workshops in a year to conduct orientation programmes for the ward committees members.
- The responsibility of ward committee is clearly stated in the Act. Other than as stated above the ward committee can execute their duties & responsibility by ensuring more participation of common people.
- Ward Committee can be entrusted with the duty to oversee the attendance, work quality of say conservancy staff form their ward office.
- In order to ensure more active performance of the ward committee the following incentive mechanism can be tried –
 1. Good work to be rewarded
 2. Get 60% of the profit from any commercial venture taken up by the ward committee in its ward.
 3. Allot some fund with them so that they can carry out the small works through CDS (and not through private contractors)
- To welcome more transparency it is **desirable that the municipal budgets, ward wise revenue collection and expenditure to be published** and made available to the common people.
- **DDPs / ADPs are to be made public.**
- **BPL list has to be made public** but there are some practical problems associated with it.

Question Answer Session

1. Funds for ward committee office functioning should come from ULBs
2. Funds from state are uncertain, hard to predict. Ward Committee budget to be based on trends of fund flow.
3. Ward Committee opinion necessary for DDP
4. **Local people with social service background needs to be included in Ward Committee.**
5. Ward Committee should be empowered to manage collection of service charges.
6. Ward Committee members should be changed on demand by people.
7. Vision and planning should build up from Ward Committee level.

Annex 5

Focus Group Discussion

Topic - Reaching out services to informal settlements, poorest of poor and providing security of tenure to poor (both security of tenure for place of living and work)

Group coordinator & presenter of deliberations – Chairman, New Barrackpore Municipality

Background and Context

The issue of slum settlements on land without specific entitlements to that land are immensely complex. The issue can be seen from multiple perspectives – legal, urban land use planning, poverty and social exclusion, service delivery, amongst others. Reaching out services to slum settlements on encroached land (private, Central government or State Government owned) is a complex problem for municipalities to handle. The concerns are:

- Investments made may be redundant if the settlers are asked to vacate
- There are legal issues with respect to ULBs building structures on non-municipal property
- In-situ services provided may be a lever to argue for regularisation
- On service land infrastructure services provided may interfere with the plans for which land has been left vacant (railways, telecom, irrigation canals, etc.)

It is usually the poorest of the poor who live on places with insecure tenure. In the absence of security of tenure, the poor rarely invest adequately in quality housing. Also in the absence of municipal services, the poor pay significant amounts to seek access to services from parallel private providers (water is classic example). The problems with slum lords and their rent seeking practices are well known.

This situation calls for innovative solutions to problems specific to the particular settlement – Local solutions for local problems! Some of the tried and tested methods of providing access to services include:

- Municipal authorities provide trunk connections upto a point in municipal land, from where on either private agency / community organisations are permitted to provide last leg of linkage (water, sewerage, drainage, waste management, roads, etc) and collect a fee and manage the distribution network
- Municipal authorities facilitate dialogue with land owner (usually higher tier of government) to arrange a secure tenure for a limited period (say 10 years)

Key questions

1. What is the extent of this problem in your ULB? Is rehabilitation and resettlement an option? If yes, what would be the way forward?

2. If land is a constraint for rehabilitation, what have been your strategies providing services to persons on informal settlements? What are the possible innovations for this issue?
3. In what manner can private sector participation and community participation be used effectively to address service delivery issues?
4. What are the options in securing short-medium term security in tenure?

Presentation of conclusions from the group

- On the outset there are some basic issues :
 - a) Correct identification of poor persons is vital as not all informal settlers are poor
 - b) On land tenure issues – **Governments at the State and Central levels should take lead in providing land tenure to informal settlements**
 - c) Any kind of development activity is difficult in service land as that requires clearance from respective departments
 - d) Rehabilitation of informal settlers has some problems :
 1. Unavailability of land
 2. Risk of reclaimed land getting encroached by new settlers.
- **Community contracting to be encouraged / integrated through intensive community participation** and some regular interaction. It is a better idea to involve the existing community structure viz CDS-NHC-NHG in the slum level works rather than giving out fully at the hands of private party. However, **the ULBs can negotiate with private parties interested in service delivery.**
- CDS can be involved in slum level works like health, infrastructure supervision etc. In this connection it is very important to **impart all necessary training (viz technical, financial, managerial etc.) to CDS** so that they can work in cohesive and competent group.

Question Answer Session

- **Vested land should be handed over to the ULBs for rehabilitation free of cost.**

Annex 5

Summary of areas of reforms listed out by Chairpersons of 22 ULBs as their priorities over the next 6 months

SI No.	ULB	Priority Reforms in the next six months		
1	Bally Municipality	Ward Committee & Public Participation	Better Service Delivery/Infrastructure	Revenue Mobilisation & Accounting reforms
2	Kanchrapara Municipality	Revenue Mobilisation	Accounting Reforms	Organisational Development
3	Dum Dum Municipality	Organisational Development	Complete system progress	Health system
4	New Barrackpore Municipality	Public Participation & Transparency	Better Service Delivery	Accounting Reforms
5	Panihati Municipality	Organisational Development	Accounting Reforms	Roads
6	Uttarpara Kotrang Municipality	Accounting Reforms	Sanitation	Revenue Mobilisation
7	Baruipur Municipality	Organisational Development/Training	Health system	Sanitation
8	North Dum Dum Municipality	Computerisation & GIS	Slum Improvement	Ward Committee & Public Participation
9	Chandany Municipality	Staff Orientation	Ward Committee & Public Participation	Organisational Development
10	Chandernagore Municipal corporation	Revenue Mobilisation & Accounting reforms	Computerisation	Staff Orientation
11	South Dum Dum Municipality	Solid waste management.	Gobar (Cow dung) gas plant	Water Supply
12	Bidhan Nagar Municipality	Water Supply	Roads	Computerisation & Accounting Reforms
13	Hooghly Chinsurah Municipality	Revenue Mobilisation & Accounting reforms	Computerisation	Organisational Development
14	North Barrackpore Municipality	Slum Improvement	Organisational Development	Accounting Reforms
15	Bhadreswar Municipality	Education	Health & Sanitation	Slum Improvement
16	Uluberia Municipality	Staff Orientation	Slum Improvement	Accounting Reforms
17	Rajpur Sonarpur Municipality	Organisational Development	Administrative reforms	Revenue Mobilisation & Accounting Reforms
18	Howrah Municipality	Computerisation	Accounting Reforms	Organisational Development
19	Bansberia Municipality	Water Supply	VAMBHAY	Accounting reforms
20	Barrackpore Municipality	Staff Orientation	***	Accounting reforms
21	Kalyani Municipality	Accounting reforms	Organisational Development	Computerisation
22	Halisahar Municipality	GIS	Solid waste Management	Organisational Development

A summary by different areas of priority mentioned by ULBs us also tabulated below:

Service Delivery Improvement (Specific utility or Overall)	Organisational Development	Accounting Reforms	Computerisation & GIS	Revenue Mobilisation	Slum Improvement	Ward Committee & Public Participation	Other areas
16	15	14	7	6	4	4	4



Memo. No. CMU-26/2002(Pt.II)/124

Date..19.07.2004

NOTICE INVITING QUOTATION

Sealed quotations are invited from reputed organizations for supply of the following personnel for the office of CMU for a period of 6 (six) months for the present. Personnel are required to attend the office on every working day and also on holidays if specifically instructed. They will be under the pay roll of the supplier and payments as per contract will be made only to supplier. However, if the personnel are sent outside the office for official duty, the actual travel cost will be paid directly to the incumbent.

The person will be selected by interview. The supplier will be liable to replace within 7 (seven) days any person engaged, if he is not found suitable by this office. The age of the candidate should not be more than 45 years.

Sl. No.	Name of the post	No. of person required	Qualifications and experience	To be quoted by supplier
				Rate per day per head (Rs.)
1	Messenger cum Attendant cum Xerox Operator	2	Minimum qualification school final. Previous experience will be preferred.	
2	Stenographer with computer literacy	2	Graduate with good knowledge in English with computer literacy (MS Word, Excel, Power Point). He should have good speed in stenography and computer typing.	
3	LD Clerk with computer literacy and good knowledge of English	2	Preferably commerce graduate with previous experience in office work. He should have computer literacy (MS Word, Excel, Power Point).	

Bill will be submitted on monthly basis. Security Deposit of Rs.5000.00 (Rupees five thousand) only to be kept with CMU by the supplier which will be refunded by the end of contract. Deduction as per statute, if any will also be made.

The quotation should reach this office within 3.00 PM of 30.07.04

The selected agency has to enter into an agreement with CMU.

Subrata Biswas
(Subrata Biswas, IAS)
Project Director, CMU

Memo. No. CMU-26/2002(Pt.II)/124/1(4)

Date..19.07.2004

- 1) The Chief Engineer, MED
- 2) Director, SUDA
- 3) The Accounts Officer, CMU
- 4) Notice Board

Subrata Biswas
Project Director, CMU

NOTE

The Project Memorandum stipulates that the CMU will comprise of specialists from different areas (Municipal Finance, Organisation Development, Urban Planning, Poverty Monitoring, Enterprise Development, Economist, Health, Municipal Engineering, IT, Procurement) and field level staff appointed through a competitive recruitment process.

Municipal Affairs Department and the CMU had put in all out effort to recruit on contract basis and simultaneously on deputation from within the government organizations. All such efforts did not yield any success. These have necessitated revisiting the issue and suggest alternative contracting procedure.

I have discussed with the Interim Support Consultants to identify positions (as individual or agency) that need to be filled up immediately to take KUSP forward.

The suggested positions are enclosed in the file as annex-1. In the format the job description and the contracting procedure has been indicated.

Department may consider allowing CMU to initiate steps to hire on industry norms of contracting in consultation with MAD and DFID as in annex-1.

Terms

Terms of DFID procurement

Subanti N.

Project Director, CMU

26/6/04

~~Secretary Municipal Affairs Department.~~

J.O.NO. CMU. 17/2002(PL-II)/26

dt. 28.6.04

We may Agree.

M/C

Q

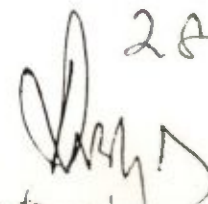
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P.T.C
G. Sami
28/6

~~Secy MIA~~

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1/7/04

~~Project Director~~ ~~consultation with DFID for time~~

G. Sarno

Please arrange for advertisement

by 1/17

office
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Dept. approval
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2/3
01/07/04

Domain Specialist Positions for the Change Management Unit (CMU)

1/4/21

	Responsibility	Contracting Procedure
Domain Specialist	<ul style="list-style-type: none"> Responsible for developing an overall IT strategy and the approach to computerisation in the ULBs; Responsible for the conceptual design of MIS integrated with GIS; Responsible for specifying hardware, software and configuration; Developing IT training; Retain overview of IT implementation (The IT expert will work closely with his/her counterpart in KEIP); 	Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.
1. IT Specialist		
2. OD Specialist	<p>An individual to assist CMU to evolve a comprehensive OD Plan for the next 5 years for the ULBs and Support Agencies. Advise CMU on Change Management Strategies.</p>	Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.
3. Procurement	<p>An agency to provide a small team of Procurement Specialist to assist CMU, ULBs and the Support Agency. Initially for 1 yr.</p> <ul style="list-style-type: none"> Responsible for all Procurements like works, materials, consultancy, furniture, equipments, services etc.; Preparation of Tender paper, advertising and processing for procurement as per Procurement Manual of KUSP; Any other Job as may be assigned by head of office 	Call for EOI. Shortlist and request for proposal. Evaluation Committee to select.
4. Municipal Finance Specialist	<p>An individual with experience in municipal finance, taxation to assist CMU improve ULB's budget, fiscals and strategise leveraging of the municipal assets.</p> <ul style="list-style-type: none"> Responsible for developing a study to review the fiscal position of ULBs including a review of the current position on state transfers, fiscal decentralisation, policy on user charges and ULBs own revenue generation; Working with ULBs, WBVB, DLB and other agencies as appropriate, responsible for proposing clear policy measures and action plans aimed at improving ULBs fiscal position; In conjunction with the engineer and economist, leads the design of the Municipal Development Fund and/or similar other activities aimed at enhancing availability of commercial investments for municipal infrastructure; In conjunction with other specialists leads on the review and development of the municipal incentive fund; Any other Job as may be assigned by head of office 	Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.

Municipal Accounts Expert

Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.

An individual qualified chartered accountant with 10 years experience in municipal accounting reforms. Assist CMU to carry forward introduction of Double Entry Accrual based accounting reforms. Responsible for planning and guiding change to modern accounting and financial management practices in ULBs; Overview of implementation of fiscal and accounting reforms;

6. *Urban Planner*

Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.

- Working with other CMU experts, the urban planner has the key role in developing the DDP guidelines and operationalising the same;
- Responsible for policy analysis with reference to urban planning including land-use planning and proposing policy measures in light of 74th CAA and the West Bengal Municipal act;
- In conjunction with other experts, overview of micro-planning processes;
- Responsible for ensuring that ULB DDPs are integrated into a city-wide and regional planning frameworks.

7. *Engineering Expert*

Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.

- An individual to assist CMU to strategize and evolve plan for improving basic urban service delivery in KMA with emphasis on access to the poor.
- Working with other departments (MED) and ULBs, responsible for developing overall quality standards and guidelines for all infrastructure works;
 - Similarly, responsible for developing project management processes for infrastructure sub-projects covering planning, design, procurement, construction, quality assurance and maintenance functions;
 - While actual implementation of infrastructure is the responsibility of ULBs supported by MED, the Quality Support Agency and other consultants, the expert will retain an overview of quality and is expected to be proactive in ensuring that quality both in terms of processes and in terms of physical infrastructure are maintained;

8. *Livelihood and Enterprise Development Specialist*

Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.

An individual to assist CMU to implement LED and informal sector facilitation plan.

9. *Social mobilization and community development specialist*

Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.

An individual preferably from NGO background with experience in social mobilization and community development in urban slums. Advise CMU on gender interventions.

Economist

- Responsible for analysis of the KMA's role in the economy of West Bengal and identifying constraints to and opportunities for growth;
- Responsible for developing criteria for economic assessment of sub-projects;
- Liaise with ministry of commerce and industry and the KMPC sub-committee on economic development;
- Maintain a watching brief on the economic scenario likely to impact the project outcomes and advice on the same;
- Support the CMU in integrating economic visioning into its activity plans;

Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.

11. Communication

Agency or Social Marketing Group to assist CMU in evolving a communication strategy for KUSP and implementing the same.

Call for EOI. Shortlist and request for proposal. Evaluation Committee to select.

12. Poverty Monitoring Expert

An agency to provide CMU periodic poverty monitoring outputs from a robust and widely accepted monitoring system and;

Call for EOI. Shortlist and request for proposal. Evaluation Committee to select.

- Assisting CMU in developing and implementing an impact assessment framework of KUSP;
- Responsible for ensuring that ULBs and state agencies have good quality and comprehensive data on poverty;
- Responsible for oversight of poverty assessment and poverty tracking.

13. Health Expert

- Plan the health component including HIV/AIDS prevention strategy;
- Design hygiene promotion in collaboration with the municipal engineer;
- Retain oversight of the health component and hygiene promotion activities;

Open advertisement-inviting CVs. Shortlisting the CVs and negotiating remuneration.

KUSP

Health Steering Committee

Suggested structure :

- 1) Project Director, KUSP - Chairman
- 2) Secretary, KMDA - Member
- 3) Project Manager, CMU - "
- 4) Health Expert, CMU - Member Secretary
- 5) Chairman - New Barrackpore Mpl - Member
- 6) Mayor - Chandanagar Mpl. Corpn - "
- 7) Health officer - South Dum Dum Mpl. - "
- 8) Health officer - Bhadreswar Mpl - "
- 9) Health officer - Rajpur Sonarpur Mpl - "

Health Steering Committee

2337 0697

- 1) Doctor [HO
Chairman.
- 2) Chairman [CIC Health prof.
- 3) E. O
- 4) CMU →
- 5) Director, SUDA.
- 6) KMDA.

- 1) Project Director - KUSP. - chairman.
- 2) Secretary - KMDA. - member

- 3) ~~Chairman~~ Health Expert, CMU - Member Secretary.
- 4) Project Manager, CMU. Member.
- 5) Director, SUDA. Member.

- 5) Chairman [East Bank. Sri Murali
Bansal
- New Bkp.
- [West Bank. Mayor
Chandany
- 6)

South Dumdum & Parkay

- 7) H. O [East Bank, (Madhyangam
Dr. Chandan Chatterjee.
- 8) [West Bank, Bhadrachari, Chandani
Dr. Sucheta Nandy Menon

- 9) CIC (Health) / HO. Doctor?

- ✓ Dr. Debendra - Rajpur Sans
- Dr. Aei - Mahabla.
- Dr. Chandany - Budget Budget

Equipment for Sub -Health Post (SHP) (Contd.) :

Sl. No.	Brief Description of Item	Technical Specification	Reqd. No.
21	Artery Forceps Straight	Size : 5" , SS	312
22	Cheatele Forceps - Instrument lifter	Size : 12 " x 10 " , SS	52
23	Instrument tray with lid	Size : 6" , SS	104
24	Bowl stand with 3 legs	Built of 25 mm O.D. - 2.63 mm tubular steel, welded joints to hld two enamelled / S.S. bowls of 350 mm dia iron rings made of 12 mm. M.S. rod with one end open to lift the bowls at case by one hand. Mounted on 50 mm dia ball bearing rubber castors. Colour white enameled throughout.	52
25	Tongue Depressor for children	SS	104
26	Stethoscope	Good quality	52
27	IUD Insertion Kit		
	A. Sponge holding Forceps	10" SJ, SS straight	104
	B. Disposable Gloves Sterime	6" / 6½ " , 1 pkt. Consisting of 12 nos.	6 doz. each size x 52
	C. Cuscos Bi-valve vaginal speculum for Adult	SS	52
	D. Forceps Vulsellum 9"	SS	52
	E. Sterilization tray with cover	SS	52
	F. Straight Artery Forceps 9"	SS	52
	G. Uterine Sound 8", graduated, flexible	SS	52
	H. Scissors Mayo 7½" straight	SS	52
	I. IUD Insertex		52
	J. Dressings Forceps - 6"	SS	52



No. CMU- 91/2003/345(5)

Dated : 22.11.2004

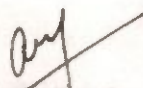
From : Project Director,
CMU, KUSP

To : Sri M.M. Saha, OSD, Health, KMDA
Dr. N.G. Gangopadhyay, Adviser, Health, SUDA
Sri D.K. Roy, Project Manager, CMU
Sri J.K. Chakraborty, Sr. Training Officer, KMDA
Dr. Shibani Goswami, Project Officer, Health, SUDA

Sub : An internal discussion on Draft Report on HHW
Programme review with regard to KUSP.

A discussion session has been organised on various issues like ULB wise total population and beneficiary coverage, no. of blocks, no. of facilities created, no. of existing grass root level health manpower, training requirement under the programmes CUDP III & IPP-VIII, etc. on 29.11.2004 at 11 A.M. at CMU, ILGUS Bhavan.

It will be highly appreciated if you could make it convenient to be present and participate in the discussion session.


(Arnab Roy)
Project Director, CMU



No. CMU- 91/2003/345(5)

Dated : 22.11.2004

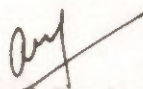
**From : Project Director,
CMU, KUSP**

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(Arnab Roy)
Project Director, CMU

979
Change Management Unit (CMU)
25.11.04
ILGUS Bhavan, HC-block, Sector-III,
Bidhannagar, Kolkata-700 106.

**DEPARTMENT OF HEALTH & FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
STRATEGIC PLANNING & SECTOR REFORM CELL
SWASTHYA BHAVAN (4th FLOOR)
GN-29, SECTOR-V, BIDHANNAGAR
KOLKATA - 700 091.**

No. HF/SPSRC/KUSP/101/2004/138

November 22, 2004

From: Rajeev Dube, IAS
Special Secretary (Project)
&
Director, SIP & HSDI

To: Annab Roy, IAS
Project Director, CMU
ILGUS Bhavan,
HC Block, Sector 3
Bidhannagar,
Kolkata - 700 106

*for 22/11 PM/Dr. Ghoshani
Pl. note & interact with
Dr. Ghosh
29/11*

Sub: Nomination of representative of Health and Family Welfare Department in the Health Steering Committee of KUSP Programme.

Ref: Your Memo No. CMU-28/2002(Pt-II)/319(10) dated November 8, 2004.

Sir,

In connection with the above-mentioned matter, this is to intimate you that we have decided to nominate Dr. A. K. Ghosh, Chief Technical Officer, Strategic Planning & Sector Reform Cell of our Department to represent us in the Health Steering Committee constituted by you.

Yours sincerely,



(Rajeev Dube)
Special Secretary
&
Director, SPSRC

RECOMMENDATIONS:

GOALS: The central goals of the programme as enunciated in the original charter were:

1. A comprehensive community based preventive and promotive outreach health delivery system by involving the community and entrusting the responsibilities to Urban Local Bodies with a decentralised approach.
2. Complete departure of health delivery system from institutional delivery to doorstep delivery.
3. To provide quality of care by making services easily accessible acceptable and affordable to meet the prime needs of the health of the community especially to the weaker section of the population at minimum cost.

The first of these goals may be maintained.

The second goal may be modified to state: "Special efforts to reach out to marginalised and weaker sections with the emphasis on door step delivery of primary health care for these sections." Such a modification is needed primarily because one needs to accept that to a large extent this is not happening. It is only institution based care that is happening except for some low effectiveness minor illness management. It also respects neither the fact that such doorstep delivery may neither be possible nor a compulsion. On the other hand there are migrant sections where women are also working who are not available on most days and where they are completely unable to come even to the sub-center for first contact care or even immunization. For this section it is important to plan for door step delivery and actually attain this.

The third goal also maybe specified further to state "to provide good quality referral services and by making these services accessible , acceptable and affordable, to meet the basic curative care needs including in hospital care needs of the community especially those of the weaker sections." Such a modification is needed to bring the goals in line with what is the main thrust of the ULBs health activites. This is a correct thrust and can be strengthened. Also expressed this way it allows us to see the direction forward.

The study team understands that deciding the goals are the prerogative of the urban local body and the state government. What we have done is to suggest a modification of goals so that it would more precisely reflect what seems to be the direction of the programme. Goals do affect the programme evaluation process and therefore outcomes. They are a statement of policy. Modifying the goals after a serious discussion of all stakeholders should also be considered.

The objectives need even further modification. For one the goals of fertility control have been met. The population has stabilised. Some maintenance of these advances is needed but certainly we can now have the luxury of thinking beyond the population stabilisation compulsion. Even for this the challenge is now of making sterilisation services available on a regular weekly basis in a large number of centers and not demand generation

Secondly the maternal and child care indicators have reached such levels that further increments of improvement would be difficult to obtain, and very difficult to measure. Already the indicators are comparable to the best states in India – like Kerala and they are comparable to that obtainable in the most developed nations. For example CPR is 72% – theoretically impossible to increase because the rest are the section who are looking for their first or second child. Immunisation and pregnancy care coverage is almost 100% and institutional delivery is 95.9%. The birth rate is 14.2 per 1000, the death rate is 3.7, the IMR is 22.4, the MMR is 30 per 100,000. So how do we measure further progress. And given the extreme poverty and disease and suffering in the urban slums so visible to the untrained eye – would it be responsible to claim health data on par with the most developed of nations?

We recommend therefore that the objectives and indicators be modified so that

- a) a wider basket of services is aimed at and health priorities within the RCH domain that have not been adequately addressed and some health priorities outside the RCH domain which are major contributor to the burden of disease and to impoverishment are included.
- b) The objectives mention better quality of care and lower out-of-pocket household cost of care in poorer sections as a goal – not only that we keep the MMR and IMR down but at what costs to the family this is sustained becomes important objective – now that the indicators have reached such levels.

In line with this above two suggestions the following programme components may be considered:

- Quality antenatal care reaches 100% (with all 9 components- counselling, physical esp abdominal examination, weight record, anemia estimation, urine examination, BP measurements, iron and folic acid administration, TT immunisation and referral linkages for medical referral sought at least once in the third trimester)
- 100% immunisations against six killer diseases within 12 months of birth
- Prophylaxis against vitamin A deficiency, intestinal worms, and prevention and treatment of anaemia in children.
- Better vector control and reduced vector borne disease.
- Better quality of water supply, ensuring safe water use at community level and domestic level and promotion of hygienic measures all to lead to reduced diarrheal disease with low cost interventions and prompt and appropriate care reducing household expenditure on recurrent diarrhoea.

- Easy access at cost to contraceptives in every habitation and sub-group and ability to access good quality permanent sterilisation service on at least one pre fixed day of the week. Promotion of spacing, age of first child would continue to have urgency.
- Growth monitoring at least once in six months (and once in three months for very sick children), and anemia assessment with adequate family counselling and supplementation to ensure that below three years child malnutrition levels show a consistent decline. Nutrition measurement and counselling to extend to adolescents and adult women and pregnant women also
- Good quality primary health care based on graded standard treatment protocols available at the household level based on 10 drugs through HHWs, at the subcenter level based on a 25 drug package through the FTS – supplemented by the PTMO, at the HAU through the same package as the sub-center but through the STS and PTMO. Such care is to be linked by a two way referral system to the ESOPDs and some special clinics of the state hospitals. This would therefore include STI/RTI/HIV dimensions of care. It would also include many non reproductive dimensions of womens health. This would also primary care for mental health. The cost of the package would be the same as the current HHW-FTS- subcenter system – with the addition of training costs and some increase in drugs costs.
- A special clinic for adolescents organised in the subcenters that would link educational and vocational opportunities and counselling to better adolescent health and their access to services
- Adequate disease surveillance by a system that centers around the data generated by the HHW but incorporates inputs from private practice, from the state health department hospitals and also the ESOPDs.
- Good quality referral services at the Maternity home/ESOPDs and RDCs and ambulance services with efforts to see that at least 50% of the poor (beneficiaries as redefined) would resort to these or to other non for profit hospitals who offer comparable costs as the better cost and better quality option.
- Crèche facilities for babies of the working mothers linked to better pre school child education programme and an universalised ICDS programme that covers the entire beneficiary population.
- Community level collective action supplemented by inputs from the municipality to ensure basic living and working conditions in all the habitations. Provision of women's basic education and vocational training to help them in self employment, to enhance their self efficacy and to enable them to take decisions with regards to sexual and reproductive health
- Peer education programmes to reach out to specially vulnerable sections;

- Extensive awareness generation and community mobilisation through IEC to supplement and make the above interventions effective .
- Optionally – consider including disability identification and support in the HHW package of services

The quantifiable objectives proposed are therefore the following 10 indices- all of them to be presented with disaggregation for three socio-economic classes – two of them within the beneficiary group(the poorest about 10% being seen separately from the rest of the beneficiaries and called vulnerable beneficiary) and with disaggregation where relevant for gender :

- Under three or under 5 child malnutrition rates
- Anemia in women, especially in adolescents .
- Infant mortality rate
- Birth weight of babies.
- Age of first child and spacing intervals
- Percentage of births which are third order or higher.
- Percentage using institutional delivery
- Case detection of tuberculosis and case holding to match up to the RNTCP norms.

More innovative indices to include cost of care and resulting household indebtedness and disease burden should also be developed, if investment in health care as poverty alleviation is taken up as a serious goal.

- Number of days of work lost due to illness per earning member
- Out of pocket costs of institutional deliveries for the poor.
- Out of pocket cost for management of three recurrent childhood trivial illness- fever, diarrhoea, respiratory infection- of the poor.
- Number of poor who had to borrow at usurious rates for meeting either of above costs.

These are only examples of the way forward. As early as 1991 the kolkata project has already been recognised as one of the world's best – in certain dimensions. This along with reiteration of achievements by the basic seven RCH indicators –CBR, CDR, IMR, MMR,CPR, institutional delivery rates and immunisation rates which show results better than

the national average, and because the system can defend any doubts raised against the validity of these indicators may give a complacency and a feeling that nothing more needs to be done. If on the other hand we reset the package and change the indicators into such indicators that external agency doing a cross-sectional study can verify the programme would become challenging again and we would be able to move the needs of the poor forward again. The overwhelming consensus that all that needs to be done has been done can be questioned. This consensus may be an artefact caused by the way the programme has selected narrower and narrower goals and then gone about getting these figures right. This consensus does not concur with community perceptions. It does not concur with common sense which sees a dismal picture of the conditions in Kolkata's enormous slums and cannot reconcile it with such excellent health indicators. 11

Avoiding Exclusion:

The process of selection on beneficiaries and the approach to fixation of HHW's household coverage needs to be reviewed and changed such that the poorest are not left out.

We recommend the following:

The entire area under the ULBs be distributed between sub-centers so that no part of the population is left out. Thus each sub-center will have a geographically demarcated "section" to cater to.

The entire population within a sub-center's geographical coverage should be distributed amongst the five HHWs posted there. The population thus brought under coverage of each HHW is the "HHW coverage population" and it includes both those below poverty line and those above poverty line. Within the HHW-coverage population the HHW may, in a participatory process with all stakeholders participating, identify those who are in need of intensive coverage. Those under intensive coverage would be known as the beneficiaries. This may be undertaken annually. The criteria for identifying a beneficiary population- may include not only income criteria but also in addition- literacy levels, nature of occupations- eg ragpickers, rickshaw pullers, conservancy staff etc, handicapped, beggars, as also destitute and homeless, migrants and women headed households where only the woman is the earning member. This may be further discussed at the community level. Involving a sensitised organisation to facilitate in identification of the "vulnerable" beneficiary would also be useful. This would in no way undermine the fact that the sanctioning and deciding authority would be the ULB- but the ULB would have much better data and better criteria at its disposal. ① ②

There shall not be any cap that at 200 households the counting stops. On the other hand those who fill the income criteria and vulnerability criteria should all be listed and if there are more there would be more houses per HHW than the norm. The 200 household per HHW is currently seen as the primary criterion and the number of potential beneficiaries is seen as a secondary criterion. We recommend that this priority be reversed.

The purpose of having additional criteria to only income as a criteria is the recognition that there are some categories who are slipping through – either because they are completely excluded or because even if they are included they are unable to access the HHW services due to special factors causing increased vulnerability. These sections are what we have drawn attention to in our participatory health analysis.

Redefining the package and reaching the unreached:

The entire population in the geographic area would receive a minimum package of services. These include:

- a. pulse polio
- b. annually two visits to record vital events and child immunisation status and check out on notifiable diseases.
- c. A system in place of notifying any of a short list of notifiable diseases brought under a community- based component of the disease surveillance programme. This needs to be very simple system- like ten post cards left with a volunteer for every group of houses or sub-group or distinct community grouping.
- d. One can add sampling drinking water quality testing with a low cost kit.
- e. Similarly one can add – weighing all children below three once in six months- but this would require community support. Not insisted upon- except where they are poor but for some reason have not made it to the beneficiary group

For the beneficiaries: the package could be(in addition to the general list above):

- a. ensuring quality antenatal care at the sub-center and post-natal care at the house
- b. ensuring immunisation at the sub-center
- c. ensuring access to temporary methods of contraception at the sub-center
- d. ensuring access to sterilisation on a fixed day of the week in one or two places in each municipality.
- e. Ensuring access to emergency obstetric care at subsidised rates at a designated center for emergency obstetric care, sick neonatal care and institutional delivery and a larger package of inpatient care for common childhood emergencies of the sick child – diarrhoea with dehydration ; acute respiratory infections; acute fevers,
- f. Ensuring access to specialist services at the ESOPDs at subsidised rates.

- g. Peer counselling programme for adolescents with adolescent clinics combined with activities to attract adolescents once a month at the sub-center level.
- h. Treatment equivalent to the "normative" rural sector primary health center level based on a 50 to 75 drug list – and backed by basic (what is known as side-lab) diagnostics at the sub-center – so that the PTMO is fully utilised. The package of services and level of services that would be available here should be notified and accompanied by a standard treatment guidelines built for this level.
- i. Six monthly weighing of all children with nutrition counselling for the family for families with children in the 6 to 12 month age group or with children on any grade of malnutrition. For grade III and IV children medical visit and monthly or quarterly weighing may be added on.
- j. Extension of ICDS services to these areas .

For the vulnerable beneficiary (in addition to all the above)

- a. Door step delivery of primary health care may be retained as a goal – but now it must be seriously operationalised. This would mean that for this group we should be
 - i. Adjusting work timings of the HHW so that the HHW can meet the woman and the mother and child
 - ii. Providing immunisation at the home – if they are not coming to the sub-center even after two months behind scheduled time
 - iii. Providing HHW-level antenatal and post natal care at the home.
 - iv. Providing for a better quality of first contact curative care with 10 drugs and a standard treatment protocol for HHWs
- b. Easy access to total exemption of all payments at the maternity home and ESOPDs where need be – along with a proactive policy of some insurance –like mechanism (discussed later) so that the need for exemption is converted into a third party payment within a year or two and expands to slowly cover more and more health needs.
- c. Creation of community level structures and credit mechanisms to meet health needs.(this is needed for all beneficiaries – but is critical for this group.)
- d. Ensuring flexibly and innovatively run day care centers along with child weighing as suggested for the earlier group.
- e. Collective community initiated and municipality supported initiatives to improve local living conditions.

- f. Peer educator programmes through trained volunteers from within the groups- esp for most difficult even within the vulnerable.

Redefining HHW roles

To deliver the above activities the role of the HHW would need to be redefined :

In addition to the existing roles the HHW would have to be skilled and empowered for

- a) Community level organisation, awareness building , mobilising for health & Organising community interventions;
- b) Growth monitoring and nutrition counselling and diagnosis and prevention and treatment of anemia.
- c) Higher curative skills based on an appropriate standard treatment guidelines that can be delivered at the doorstep of the vulnerable.
- d) Immunisation and antenatal care delivered at the doorstep with FTS also playing this role
- e) Managing day care centers
- f) Adolescent counselling
- g) Recruiting volunteers and training them as peer educators and link workers.
- h) Helping to initiate and supporting credit systems and third party payments for the poorest.
- i) Ensuring that the vulnerable section get exemptions as per rule/necessity.

Redefining the subcenter:

The sub-center should provide an adequate quality of care by ensuring that

- a) the part time medical officer be trained on a standard treatment guidelines that covers a number of specialities at the level that an MBBS doctor with basic laboratory support can handle
- b) the FTS also be trained on a paramedical level standard treatment guideline with a slightly larger set of drugs than the HHW and can provide services on all days.

- c) good quality counselling and diagnostic facilities for RTIs/ STIs (where the FTS plays a key role) is available
- d) an adolescent programme is available once a month along with readily available adolescent health services clinic on a fixed day – organised by the FTS .
- e) basic infrastructure as needed for adequate privacy to examine patients and provide counselling to them is either leased in or built up, and for one room for laboratory work(if this is opted for)
- f) That a laboratory that can estimate level of anemia, do a routine urine examination(albumin, sugar, microscopy), and examine sputum for AFB and blood smear for malaria is built up. The FTS can be trained in a one month course to do these tests. In which case the additionality is only the training costs and the microscope and a very small costs on consumables. We note that this level of laboratory work forms part of the MBBS course and medical officer may need a one week training refresher so that he/she can adequately supervise the FTS there or do the tests himself when need arises. A good basic laboratory manual with pictures would also facilitate this
- g) The alternative is to contract out diagnostics to a private laboratory but costs may be higher.
- h) The timing of the sub-center should be reconsidered

One major concern that we are addressing in the recommendation above is that the FTS really seems to have a very inadequate work definition. There is little to supervise and she does very little field supervision or support. It is better to develop the sub-center as a multiskilled paramedical run counselling plus basic primary care center supported by a visiting doctor.

We also note a) retain the HHW as a urban paramedical workforce is an a priori decision and b) pressures to make her honorarium into a minimum wage have continued to rise even at times of relatively fund shortages. The mandate of the study team also emphasises the centrality of concern around retaining this workforce. Given these circumstances the best way forward is such a redefinition as proposed that would justify a living wage but-- in parallel -- upgrading skills and increasing the work definition and making for better outcomes.

Timing of sub-center: If the ULBs choose to opt for a full wage structure – then the sub-center becomes accessible to the public for 8 hours- from let us say 12 noon to 8 pm.

If on the other hand the honorary part time nature is retained we still will have to find through a participatory process with the community what is the best timings for a sub-center to ensure maximum accessibility and minimum loss of wages and shift the sub-center times to that timing. Currently timing seems determined by the workforce's convenience. But if we are running a clinic for minor illness- then it needs to be at a time