

OFFICE OF THE COUNCILLORS
BUDGE BUDGE MUNICIPALITY

71, Mahatma Gandhi Road, Budge Budge, 24-Parganas.(s)

Pin- Kolkata - 700137

From :

BHULU KANTI SARKAR

CHAIRMAN

BUDGE BUDGE MUNICIPALITY

Ref. No.

2407



Residence :

17/4, A.M. Ghosh Road,
 P.O. & P.S. - Budge Budge,
 Dist. - South 24-Parganas.
 Phone : 2480 2140

Dated :

12/2/09

Dr. Gromeni - Meenam
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BZ

To

The Project Director,

CMU , KUSP , Salt Lake City. Kol - 700-106

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Ref. - Your letter no. CMU-94 / 2003 (PT VI) / 2944 (6) Dt 28-12-2008 of study report on utilization of Health facility created under different Health Programmes./

Dear sir ,

I have gone through the study report of Keyatala Society for Participatory Development and Research of our Municipality and noted the following points.

A) CUDP-III PROJECT = Initiated in our Municipality during 1988 with 30 blocks. At present project is running with 6 sub-centres headed by 6 First Tier supervisors.

* Lacking :-

1) Sub-centres Premises.

2 sub-centres are situated at Municipal owned Premises . Rest 4 sub-centres are running in clubs. There are no adequate space for smooth running of sub-centre activities in all the rest four sub-centres of the project.

* Assistance needed from your end -

a) We want to construct 4 Municipal owned sub-centres at Municipal own land. Necessary funds may be provided for the same.

b) Service charge to the clubs may be sanctioned like IPP-VIII Project which is not exists in CUDP-III Project.

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2) PTMO :-

Only one PTMO post is sanctioned in the project .Naturally it is quite impossible for one Doctor to attend all the six sub-centres for the Immunization clinic Antenatal clinic, Growth monitoring clinic ,General treatment clinic as sought for.

*** Assistance needed from your end.**

1) Post of PTMO to be at least 2 like IPP-Viii Project Clinic based honorarium to be introduced from your end , keeping in view the present honorarium status of Asst. Health Officer.

3) Second Tier Supervisor :-

No post of Second Tier supervisor exists in CUDP-III Project..IPP-VIII Project has 2 post of 2nd Tier Supervisors.

* Lacking Supervision of sub-centre activities, and preparation of monthly report lacking due to non availability of STS.

*** Assistance needed from your end -.**

At least 2 STS post should be sanctioned in CUDP-III Project.2 FTS may be selected through interview on the basis of quality and experience from amongst the existing FTS.

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Sign posting for Identification of sub-centres were in position initially but not in position in club based sub-centres where clinic schedule has also not been displayed properly due to non co-operation for a section of club members.

Corrective members :-

We will provide the sign posting and clinic schedule in club based sub-centres.

IMMUNIZATION CLINIC :-

Practically Immunization Clinic / Weekly in each of the sub-centres not needed considering the case load / availability of Vaccine / wastage of Vaccine / Manpower for administering the Vaccine.

We have the infrastructure of weekly Immunization Clinic in our Hospital covering many of the beneficiaries of adjacent sub-centres.

Assistance needed :-

We have sent the list of FTS for providing training for administering vaccines. FTS of Maheshtala Municipality have already trained from CMOH Office under assistance of WBSISC. Similar training for administering of vaccines to our FTS should be done as early as possible.

Logistics / Registers of sub-centres :-

List of Medicines for the sub-centres may be reviewed as need based Introduction of Antihypertensive , Anti diabetic ,good quality antibiotics may be introduced in the list. Fresh list of Medicines as need based may be introduced centrally and uniformly from your end .

Contingency :-

We need 48 long bound registers / annum. Considering the price hike contingency of Rs 1500/00/month is not sufficient.

Since inception of project activities during 1988 contingency remains same ie Rs.1500/00/month .

Contingency of IPP-VIII project is Rs.3500/00/ month.

Assistance needed :-

Contingency should be at least equal of IPP-VIII project ie Rs.3500/00/month.Necessary sanction order may be issued from your end at the earliest.

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HAU = Health Administrative Unit.

There are 3 HAU in our Municipality =

1) CUDP-III HAU = one S/C of CUDP-III ,one S/C of IPP-VIII are functioning from CUDP-III HAU.in our Municipality ward - 4

2) IPP-VIII HAU - 1 = 2 S/C of IPP-VIII project are functioning from HAU - 1 of IPP-VIII project in ward 16 due to non availability of suitable club premises in Ward - 14 / Ward - 12

3) IPP-VIII HAU - 2 S/C -2 of CUDP-III are running in the HAU - 2

Maximum beneficiary of S/C -2 of CUDP-III Project are living around HAU- 2 in Ward - 17.

HAU is used for meeting place , storage of medicine and logistics , training venue and IEC Programme.

Supervision , Monitoring & HMIS

Monitoring ,supervision done by HO for all the HAUS. Monthly HIMS were compiled by FTS in case of HAU of CUDP-III & STS in case of HAU - 1 + HAU - 2 of IPP-VIII project.

TRAINING

1) Refresher Orientation Programmes for all Categories - Medical Professionals, STS, FTS, HHWS are to be organised each year and budget provision to be made accordingly.

2) Cross sharing of experience of HHWS with the HHWS of other Municipality should be done every year.

3) Training on record keeping , maintain of registers and documents to the HHWS ,FTS, STS and Clerk to be done regularly. A design to be developed centrally and to be implemented in the Municipality accordingly.

4) Suitable HHWS / FTS having required qualification may be trained as ANM course.

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Manpower = Nurse – one GNM Nurse was selected and joined as nurse in ESOPD. She resigns & joined in Health service for better service facility. Since then the post is lying vacant .

- a) **Pharmacist** Now lying Vacant .We have tried for filling up the posts by advertising in news paper. No response received due to low honorarium.
- b) **Lab Technician**
- c) BPL listed patients are regularly registered / in our register .
- d) Clinic schedule is also displayed out side the ESOPD premises.

Assistance needed -

1) We want to fill up the post .Post wise minimum qualification & experience needed from your end and your clearance also for filling up the posts in our Municipality urgently required.

2) One ECG medicine needed in ESOPD. Accordingly budget provision to be made.

MATERNITY HOME -

1) Arrangement for BCG & ' O ' dose OPV have been done so that single case is slipped out.

2) Annual Maintenance contract of the sophisticated instruments to be made and budget provisions to be done accordingly.

OBSERVATION :-

1) It has been observed that Grass root level Health workers while on field visit – in some cases there is incidence of street dog bite, Fracture of hand, legs due to accidental fall .In this case on humatarian ground some sorts of financial support to be done. Accordingly a fund in the form of contingency to be provided annually from year end.

2) Grass root level workers with their family members should get free medical service in our own established medical facilities such as ESOPD ,Maternity, RDC your suggestion is required in this regard.

Thanking You.

B. K. Sarkar
 Chairman 12.2.09
 Budge Budge Municipality.

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TERMS OF REFERENCE

Document C Section - III : Section - 3

Terms of Reference

**for studying utilization of health infrastructure created under different health programmes
in the Urban Local Bodies
under Health component of Kolkata Urban Services for the Poor (KUSP) Project**

Introduction

Kolkata Urban Services for the Poor or KUSP is a multi-sector urban reforms programme being implemented by the Municipal Affairs Department, Government of West Bengal with financial aid from the Department for International Development (DFID), India. Geographically, the programme covers 38 Municipalities and 2 Municipal Corporation with Kolkata Metropolitan Areas (KMA) excluding Kolkata Municipal Corporation. The total budget for this initiative is Rs. 740 crores and the duration is spread over a period of 8 years, 2003-2011. The goals of this programme are to improve urban planning and governance, enhance access to basics urban services to the poor and promote pro poor economic growth.

At present, a registered society called 'Change Management Unit' (CMU) has been created under the Municipal Affairs Department, GoWB, to oversee the implementation of the programme. Headed by a senior administrator from the Government, a team of sector experts and specialists has been specially recruited to work with the society.

Background

Different Community Based Primary Health Care Services have been implemented in KMA ULBs since 1985-86 and in Non-KMA ULBs since 1998-99. Different Urban Health programmes are as under :

Sl. No.	Project	Project Assisted by	Duration of Project	Population covered	No. of ULBs covered
1	CUDP-III	World Bank	1985-86 to 1991-92	16.00 Lakhs in KMA	41
2	IPP-VIII	World Bank	1993-94 to June 2002	38.00 Lakhs in KMA	
3	CSIP	DFID	1992-93 to 1997 - 98	2.85 Lakhs in KMA	
4	IPP-VIII-(Extn.)	World Bank	2000 to June 2002	8.30 Lakhs in Non-KMA	10
5	R.C.H. Sub-Project, Asansol.	World Bank	1998 to March, 2004	2.53 Lakhs in Non-KMA	1
6	DFID assisted HHW Scheme	DFID	Feb., 2004 continuing	2.86 lakhs in Non-KMA ULBs	11
7	Community Based Primary Health Care Services	Dept. of Health & Family Welfare	Feb. 2006 Continuing	9.70 lakhs in Non-KMA ULBs	63

After cessation of external funding support, all the programmes are continued and maintained by the State Govt.

Health Facilities created under different urban health programmes :

Programmes	Sub Centre (SC)	Health Administrative Unit (HAU)	Out Patients Department (OPD)	Maternity Home (MH)	Regional Diagnostic Centre (RDC)
CUDP-III	317	50	8	-	-
CSIP	55	8	2	2	-
IPP-VIII	718	116	25	23	8
IPP-VIII (Extn.)	250	35	11	11	10
RCH Sub-Project, Asansol	97	13	2	2	2
Honorary Health Worker Scheme	55	11	-	-	-
Community Based Primary Health Care Services	283	-	-	-	-
Total	1775	233	48	38	20

Health Man Power at Grass-root level :

Programmes	Block level (HHWs)	Sub Centre Level (FTSs)	HAU Level		
			MO Part Time	STS / ANM	Clerk cum SK
CUDP-III	1546	317	50	-	-
CSIP	275	55	12	8	8
IPP-VIII	3863	725	116	116	116
IPP-VIII (Extn.)	1090	250	70	70	35
RCH Sub-Project, Asansol	387	97	26	26	13
HHW - Scheme	250	55	27	27	11
Community Based Primary Health Care Services	1266	283	42	-	63
Total	8677	1782	343	247	246

Services at Health Facilities

Health Facilities	Services
Block - 1 block covering 750 - 1000 BPL population, manned by 1 HHW.	<p>Honorary Health Worker (HHW) is to</p> <ul style="list-style-type: none"> • Carry out fortnightly home visit of each family. • Treatment of minor ailments at the door step of the beneficiaries and referral whenever needed. • Home distribution of ORS packet, Vitamin 'A', Iron and Folic Acid tablet, Condom and Oral Pill etc. • Motivate the community to avail health services. • Ensure active participation of the community in all health activities. • Conduct participatory group discussion, 1 such discussion per month with the target BPL population on various health issues i.e. <ul style="list-style-type: none"> - Age of marriage and first maternity, family size, temporary and permanent contraceptive methods. - Pregnancy care, danger signs, institutional delivery. - Child care i.e. breast feeding, weaning, immunisation including Vitamin 'A' in oil. - Management of diarrhoea and ARI. - RTI / STI / HIV / AIDs. - Adolescent Health Care. - Personal and environmental hygiene.

Health Facilities	Services
<p>Block - 1 block covering 750 - 1000 BPL population, manned by 1 HHW (Contd.)</p>	<ul style="list-style-type: none"> • Arrange for immunisation of pregnant women and infants. • Mother and child nutritional care. • Awareness on National Health Programmes and its follow up. • Collect data on Mother and Child Health and fill the Family Schedule, prepare of HMIS reports and submit to FTS. • Have meeting with FTS fortnightly. • Collect Rs. 1 per visit and deposit in the Health Fund of the municipality. • Actively participate in implementation of different State Health Programmes.
<p>Sub - Centre (SC) - 1 SC covering 4000 - 5000 BPL population, manned by 1 First Tier Supervisor (FTS).</p>	<ul style="list-style-type: none"> • Antenatal / Postnatal Care. • Identification and referral of all pregnant women with danger signs and complicated postnatal cases. • Immunization clinic for pregnant women and infants. • Administration of Vitamin 'A'. • Growth monitoring. • Treatment of referred cases and referral of all complicated cases to referral centre. • Follow-up cases who are receiving drugs for treatment of malaria, TB, leprosy and other communicable diseases. • Distribution of Condom and Oral pill. • Organise awareness programmes on various issues of mother and child health and National Health Programmes with community women and mother leaders. • RTI, STI, HIV / AIDS awareness. • Monthly compilation of HMIS report received from HHWs.
<p>Health Administrative Unit (HAU) - Covering 30000 to 40000 BPL population, manned by Health Officer (HO) / AHO assisted by PTMO - 2, STS / ANM - 2,</p>	<ul style="list-style-type: none"> • 1 Sub-Health Centre is functioning from HAU. • All the functions of a sub-centre are carried out from the HAU. • Conduction of orientation, re-orientation training for different category of health personnel. • Monthly meeting with Health Officer/ Assistant Health Officer, Part-time medical officer, STS / ANM, First Tier Supervisor and Honorary Health Workers. • Preparation of action plan for sub-centres. • Preparation of municipality wise monthly reports and onward submission. • Adolescent health care. • Refer difficult cases to referral centres. • Store for logistics i.e. drugs, equipment etc. • Conduction of various I.E.C. programmes. • Extension of health activities of NGOs and CBOs. • RTI, STI, HIV / AIDS awareness. • Liaison with Govt. Health Offices / facilities.
<p>OPD cum Maternity Home including Diagnostic Centre - 1 per ULB, manned by MO - 2, Nurse - 3, Spl. Doctor - 3, Lab. Tech. - 1.</p>	<ul style="list-style-type: none"> • Services with regard to 3 Specialities like general medicine, G & O and Paediatrics provided from all the OPDs which are approved by the Dept. • In addition to above, most of the ULBs are also running other specialist services i.e. Eye, ENT, Surgery, Dental, Dermatology etc. out of their own fund. • 1 Diagnostic Centre is attached to each OPD where routine test for Pathology, Haematology, Biochemistry, X-ray, ECG, USG are being done. • 1 Maternity Home with 10 - 20 beds has been established for institutional delivery. Provision for surgical intervention (caesarean) has also been kept. • In addition to maternity cases, some gynecological and other cases (sterilisation, MTP, etc.) are also admitted for indoor care. • Collection of service charges and deposit in health fund account.

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Objective

To learn about :

- Utilization pattern of the Health facilities i.e. Sub-Centres, Health Administrative Units, ESOPD, MH and Regional Diagnostic Centre created at the ULBs.
- Urban Health care service delivery including primary & public health care from the health facilities and implementation of National Health programmes to the population with focus to BPL.
- Effectiveness of HHWs in providing primary health care services.
- The existing referral system in respect of institutional delivery and diarrhoea & ARI case management of under-five children.
- Existing situation in respect of involvement of CDS, NHG, NHC etc. in urban health care delivery system.

Health facilities of the following ULBs are to be studied

- Uttarpara Kotrung, Barrackpore, Budge Budge and Dum Dum in KMA ULBs.
- Burdwan and Alipurduar in Non-KMA ULBs.

No. of existing Health facilities of the ULBs under study

Sl. No.	ULB	Sub-Centre		Health Administrative Unit		Extended Specialised Out Patient Dept.		Maternity Home	Regional Diagnostic Centre
		CUDP	IPP	CUDP	IPP	CUDP	IPP		
1.	Uttarpara Kotrung	12	14	2	2	-	1	1	1
2.	Barrackpore	6	11	1	2	-	1	1	1
3.	Dum Dum	4	6	1	1	1	1	1	1
4.	Budge Budge	6	11	1	2	-	1	1	1
5.	Burdwan	-	27	-	5	-	1	1	1
6.	Alipurduar	-	7	-	1	-	1	1	1
	Total	28	82	5	13	1	6	6	6

Scope of work

- Study (cent percent) on utilization of the health facilities i.e. Sub-Centre / Sub Health Post, Health Administrative Unit / Health Post, Maternity Home, ESOPD and Diagnostic Centre with regard to service provision and others in all respect during the FY 2006-07.
- Focus group discussion with the HHWs and other grass root level health functionaries.
- Focus group discussion with CDS, NHG, NHC.
- Focus group discussion with Community / user of health facilities.
- Interaction with the Chairman of the ULBs.

Deliverables

- Inception report along with questionnaire for study and reporting format within a period of 2 weeks after getting work order.
- Draft report for one ULB is to be prepared and shared with CMU within a period of 7 weeks after getting work order.
- Draft report for 2 more ULBs are to be prepared and shared with CMU within a period of 10 weeks after getting work order.

- Draft report for 2 more ULBs are to be prepared and shared with CMU within a period of 14 weeks after getting work order.
- Draft report for 1 more ULB is to be prepared and shared with CMU within a period of 16 weeks after getting work order.
- Separate final report for each of the 6 ULBs on findings of utilization of health facilities, gaps identified and recommendation – two hard copies for each of the ULBs.
- Compiled final report for 6 ULBs on findings of utilization of health facilities, gaps identified and recommendation – two hard copies.
- CD on individual ULB report and compiled final report.

Timeline

The whole process will be given five months time to complete from the day of issuance of work order.

Tentative Mile Stones

Sl. No.	Activities	Time Frame (Months)				
		1 st	2 nd	3 rd	4 th	5 th
1.	Preparation of questionnaire for each of the Health facilities. Submission of inception report along with questionnaire and reporting format	█				
2.	Conduct field study at one ULB		█			
3.	Draft report for one ULB and sharing with CMU		█			
4.	Final tuning of questionnaire and conduct of field study at 2 ULBs and preparation of report and sharing with CMU		█	█		
5.	Conduct of field study at 2 ULBs and preparation of report, sharing with CMU			█	█	
6.	Conduct of field study at 1 ULB and preparation of report				█	
7.	Compilation, consolidation of all data of 6 ULBs and preparation of one final report					█
8.	Sharing with CMU and final submission of all the reports					█

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Document C - Section III
Section 4 - Special Conditions

The Assignment Officer for the assignment shall be:

Dr. Shibani Goswami
Health Expert, CMU

The Contract Officer for the assignment shall be:

Shri Arnab Roy IAS
Project Director, KUSP

The Administrative Officer for the assignment shall be:

Dr. Kallol Kr. Mukherjee
Project Manager, KUSP

Special Conditions, if any:

1. Recovery or withholding of appropriate sum from any payment, otherwise due to the consultant as specified in the Clause no.: 7.5 under Sub-Section: 2 of Document : C - Section - III may be limited up to 10% of the contract value or the actual sum for a particular service, not completed satisfactorily, whichever is higher.
2. In case, the appropriate services causing dissatisfaction as identified are not remedied or resolved within a certain period as will be notified, per day penalty up to 1% of the value of contract will be imposed. When the penalty amount exceeds the limit of the sum withheld as in Clause : 1 above, the contract will be terminated automatically with immediate effect with the forfeiture of the sum withheld as specified in Clause : 1 above. This clause is supplementary to Clause no.: 14.3 of Sub-Section : 2 of Document : C - Section - III.

Document C - Section III
Section 5 - Schedule of Prices

Sl. No.	Activities	<u>Payment Milestones</u> Percentage of total job value
1.	Submission of inception report	10% of work value
2.	Submission of draft report for one ULB	20% of work value
3.	Submission of draft report for two ULBs	20% of work value
4.	Submission of draft report for two ULBs	20% of work value
5.	Submission of draft report for one ULB	10% of work value
6.	Submission of final report	20% of work value

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