

**BUILDING MANAGEMENT CAPACITY TO DELIVER KUSP**

**1. CMU Human Resource Requirements General**

Recom Jun 04: Complete staffing of CMU by September 04; 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;

Status Dec 04: Procurement expert and municipal finance expert have already joined; PD of CMU has not been designated as Ex-Officio, Jt. Secy in the MAD

Recom Dec 04: CMU will develop a work plan setting out the Project Management challenges and staffing (quality and quantity) requirements by mid Feb 05; CMU will also initiate filling up positions in IT by Jan 05; the mission reiterates the recommendation regarding PD and urges early action by MAD.

Status May 05: Procurement expert and the Urban Planning expert have left the CMU. Positions of an IT systems specialist and a Poverty expert were found critical to carry forward the components of KUSP.

Recom May 05: Early action to be taken to fill up the positions of experts on procurement, planning, IT and poverty. The proposal of the Health specialist to deploy 6 public health and 6 nutrition specialists to oversee their respective components under KUSP is to be approved early.

**2. CMU Human Resource Requirement for OD**

Recom Jun 04: Put in place CMU specialist inputs to support implementation of OD action plans

Status Dec 04: Appointment of Sri Jayanta Chakraborty of KMDA has been issued by MAD as Poverty Expert. He will also look after the OD action plan action plans for 40 ULBs 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 Feb 05.

Status May 05: A CMU proposal seeking approval of government to deploy 8 OD specialists @ one for every 5ULBs is awaiting approval.

Recom May 05: The CMU proposal to be approved early. Also appropriate personnel from DLB be deployed along with the OD specialists to oversee and guide the OD reform actions.

**3. CMU Human Resource Requirement for Poverty Issues**

Status May 05: CMU have a single person to look after OD issues and Poverty Issues. This is insufficient for the onerous task delegated.

Recom May 05: It was agreed that a full time Poverty Expert will be hired by CMU. This expert support activities relating to strategic level poverty framework (see SJSRY below), Poverty Surveys, data analysis, orientation and capacity building, support to ULB level UPE Cell, develop action plan to ensure that KUSP infrastructure interventions are targeted to the poor, converge with the LED & Health activities of Health & LED etc



**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
<del>Medical Officer</del> / <i>Medical Specialist</i>	6	12,000/-	1.26 lakhs
Nutritionist	3	10,000/-	
MIES Professional / Statistician	2	8,000/-	
Computer Asstt.	1	8,000/-	

Contd. to P-2.



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. CMU

26.04.05

The above may be seen. We need to build up the health set up to implement the health component of the programme successfully.

The proposal of Health Expert may be approved. If approved we may move for engagement of two Professionals on contract for one year (extendable) after open advertisement

28/4

Secretary, M.A Deptt

G. NO. CMU-74/2003(P1-II)/29  
dt. 29.4.05

H. Srinivas  
4/5

Health Deptt

in-charge  
CMU

21.4.05

In terms of a decision taken by MIC post-project (PPP) maintenance is to be done contractually at KMDA, for which there would be a regular set-up. In that regular set-up a few posts are to be created to be manned by redeployment of KMDA personnel and deputation from Health Deptt. To check with CEO/KMDA



**Sub. : Requirement of Technical Professionals for Health Component of CMU.**

In the 1<sup>st</sup> Annual Review by DFID Mission during 10 - 13 May, 2005, a stock taking had been done by DFID with regard to activities of KUSP including health component.

On 12<sup>th</sup> May, a detailed discussion was held regarding monitoring & supervision of the different health activities as planed during FY 2005 - 06. The meeting was participated by DFID Mission, Secretary, MA Dept., PD, CMU and other Officials concerned.

In addition to existing health services monitored & supervised by KMDA, a no. of new activities have been taken up by CMU for strengthening existing HHW scheme. The new activities are :

- Growth Recording, Monitoring of Under-Five children with corrective measures.
- Holding of adolescent care clinic, counselling, anaemia detection, treatment.
- Counselling on STD / HIV / AIDS with referral linkages.
- Community Need Assessment, Community mobilization, involvement & empowerment towards better utilisation and acceptance of health services.
- Implementation of National Health Programmes.
- Geographical re-allocation of blocks covering all the population e.g. APL, BPL & marginalised.
- Maintaining health data in regard to all the population of the ULB.
- Development & streamlining of Family Schedule, HMIS format.

The horizon of the above health services have been extended not only to 40 KMA ULBs but also to 22 Non-KMA ULBs where HHW scheme are already in existence.

The new components of health care services will require extensive training at all levels of health manpower i.e. HHW, FTS, STS, PTMO, Sanitary Inspector, Health Officer & Asstt. Health Officer.

The training for each of the components will cover each of 153 HAU of KMA ULBs and 59 HAU of Non-KMA covering approximately 5500 HHWs, 1050 FTSs, 200 STSs / ANM, 400 PTMOs and about 100 HO & AHOs. The training is to be conducted locally at HAU level of the ULBs which are widely spreaded and to be completed within 2 to 3 months for each of the training components which are of 2 to 4 days duration.

The responsibility of monitoring & supervision of implementation of training components as well as new health service activities at each Sub-Centre / HAU level of ULBs vests with CMU to ensure effective and meaningful output.

In view of all above, support of technical professionals as mentioned below are required.

Designation	No.	Professional Fees per month per head (In Rs.)	Cost involvement per month
Medical Officer	6	12,000/-	1.56 lakhs
Nutritionist	6	10,000/-	
MIES Professional / Statistician	2	8,000/-	
Computer Asstt.	1	8,000/-	

Contd. to P-2.



This is to mention that if 6 Medical Officers and 6 Nutritionists are in position each of them may be entrusted with the responsibility for 10 ULBs. Thus, One Professional will be able to visit a ULB twice in a month which is bear minimum.

This matter had been discussed with DFID in length on 12.05.2005. DFID has agreed to the proposal.

Submitted for favour of kind consideration.

PD, CMU

*[Signature]*  
18.5.05

The above may be seen.

The matter was discussed in the Annual Review of KUSP.

We may take steps for engaging the professionals proposed if approved.

The first three positions viz. Medical Professional, Nutritionist and MIES Professional/Statistician may be advertised. Qualification & Experience may be as placed in file. Engagement may be for one year on contract (renewable).

Computer Assistant may be engaged through Agency who has supplied other staff and may be engaged for six months (renewable). Remuneration of Comp. Assst. may be Rs 5000/- to bring him ~~up to~~ at par with other Computer Assistants at CMU.

Submitted for kind approval

*[Signature]*  
26/5

Secretary, M.A. Deptt -

O. NO. CMU-91/2003 (Pt-II) / 17  
dt. 26.5.05

**Required Professionals for monitoring & supervision of the activities  
under Health Component, CMU**

<b>Category of Professional</b>	<b>Qualification</b>	<b>Experience</b>
Medical Officer	MBBS from recognized University	Should have experience of training, monitoring & supervision in the area of public health, reproductive & child health and the relevant national health programmes.
Nutritionist	Bachelor degree in Nutrition from recognized University	Should have experience of implementation, monitoring & supervision in the area of community related food & nutrition and growth monitoring of under five children and national health programmes concerned.
MIES Professional / Statistician	Bachelor degree in statistics / mathematics from recognized University	Should have experience of dealing with health statistics in connection with community based health programmes.
Computer Asstt.	Course in Computer Application from recognized Institution	Should have knowledge in Data Entry and experience in working with community based health programmes.

*Experience → 2 yrs for each above*