RCH - Sub Project, Asansol
Estimated Budget during FY 2011 - 12

Item of Expenditure	Expenditure for 12 months at present Rate (Amount in Rs.)
Honorarium & Salaries :	
a. HHWs - 387 @ Rs 2500/-	11610000
b. FTSs - 97 @ Rs.2670/-	3107880
c. Pt M.Os - 26 @ Rs 3750/-	1170000
d. STS - 26 @ Rs 3000/-	936000
e. Clerk cum SK - 13 @ Rs 2600/-	405600
f. Lab. Tech. - 2 @ Rs 2950/-	70800
g. M.O - 4 @ Rs 7250/-	348000
h. Nurse - 6 @ Rs 5250/-	378000
i. Sp. Doctor - 6 @ Rs 2600/-	187200
j. Radiologist, Pathologist, Sonologist @ Rs 4000/- each	144000
k. Technician & Radiographer @ Rs 3000/- each	72000
l. Attendant - 17 @ Rs. 2400/-	489600
m. Sweeper - 18 @ Rs 2200/-	475200
n. Night Guard - 4 @ Rs. 2200/-	105600
o. Storekeeper / Clerk - Medical Store - 1 @ Rs. 4750/-	57000
p. Medical Supervisor - 1 @ Rs. 6250/-	75000
q. PHN - 1 @ Rs. 5250/-	63000
r. Statistical Asstt. - 1 @ Rs. 3250/-	39000
s. Account Asstt. - 1 @ Rs. 3250/-	39000
Sub-Total - Honorarium & Salaries	**19772880**

ESOP) @ CUP

Pharm — 1025

Nurse — 1025

Lab Tech —

CSH.

3000/-

3150/-

2950/-

HHV.

STS 1050

clerk 1000

HA 950

IPP - VIII (Extn.) O & M
Estimated Budget during FY 2011 - 12

Item of Expenditure	Expenditure for 12 months at present Rate (Amount in Rs.)
Honorarium & Salaries :	
a. HHWs - 1090 @ Rs. 2500/-	32700000
b. FTSs - 250 @ Rs. 2670/-	8010000
c. Pt M.Os - 70 @ Rs. 3350/-	2814000
d. A.N.M. - 70 @ Rs. 3000/-	2520000
e. Clerk cum SK - 35 @ Rs. 2600/-	1092000
f. Lab. Tech. - 11 @ Rs. 2950/-	389400
g. M.O - 22 @ Rs. 7250/-	1914000
h. Nurse - 33 @ Rs. 5250/-	2079000
i. Sp. Doctor - 33 @ Rs. 2600/-	1029600
j. Radiologist, Pathologist, Sonologist- 33 @ Rs. 4000/-	1584000
k. Technician & Radiographer - 22 @ Rs. 3000/-	792000
l. UHIO - 10 @ Rs. 3125/-	375000
m. Attendant - 57 @ Rs. 2400/-	1641600
n. Sweeper - 57 @ Rs. 2200/-	1504800
o. Night Guard - 11 @ Rs. 2200/-	290400
Sub-Total Honorarium & Salaries	**58735800**

Attendant
HBV - 35
RSOPD - 11
MH - 11 = 57
DC - 11
ULB - 10

ESOPD
- Sp. Doctors for 8 disciplines
- Nurse
- Clerk cum Sk (Cashier)
- Pharmacist
- ~~Attendant~~
- Sweeper.

MH
- RMO – 4
- Spl. Doctor (3 disciplines)
- OT Nurse – 2
- Nurse – 4
- Clerk cum Sk – 1
- Female Attendant 1 per 3 bed.
- Male Attendant – 2 for 12 hrs.
- Night Guard – 1
- Sweeper – 1 for 12 hrs.

DC
- Manager – 1
- Radiologist
- Pathologist
- Sonologist
- Technician cum Radiographer
- Lab Tech.
- Clerk cum Cashier.

ULB
- HO – 1
- AHO – 1 per ULB & popln 780000.
  - Accts. Asst
  - ~~Health Statistician~~.
  - Computer Asstt
  - PT MO
  - ANM/GNM/PHN (Contract of STS at HQU)
  - Clerk cum Sk
  - Attendant – each for 40000 BPL population
  - Sweeper

Khonoma Municipality (74) ✓

Area in Sq. Km. _____ No. of Wards _____ Population @ 2001 Census _____

Health Services catered by the ULB

A)

No. of SC	Location of SC at Ward No.	Type of Accommodation		No. of Vaccination Centre	No. of ILR	No. of Deep Freezer	No. of Vaccine Carrier
		Municipal	Rented				
30		4	26				

B)

No. of HAU Constructed	Location of HAU at Ward No.
4	

C)

No. of ESOPD Constructed	Location of ESOPD at Ward No.	Type of Speciality

D)

No. of MH Constructed	Location of MH at Ward No.	No. of Bed	Type of Services

E)

No. of DC Constructed	Location of DC at Ward No.	Type of Services					
		Routine Blood / Urine / Stool Test	Blood Biochemistry	X-ray	USG	ECG	Others

F)

No. of Ambulance
2

G)

Conduct of Malaria Clinic by Municipality - Yes / No, If yes, location of clinic at Ward No.
NC

H)

Health Services run by Dept. of Health & Family Welfare in the Municipal Area							
No.	Type						No. of Bed
	PHC	BPHC	SD	District	General	Medical College	
			1				NA

I)

DOTS Centre of Dept. of Health & Family Welfare	
No.	Location of DOTS Centre at Ward No.
1	1

J)

Immediate requirement for strengthening of existing Health care services								Others (If any)
Facility	Equipment		Drug		Larvicidal Oil for spraying under Vector Control Prog.			
	Item	Qty.	Item	Qty.	Item	Qty.	Cost	Item / Qty.
For SC	X			2:60			3:60	
For ESOPD	Ambulance Wheel chair Trolley	1 2 2	5000 3000					
For MH	USG colour Doppler		1600000					
For DC	Suction Machine Foetal Doppler Centrifuge Machine Colorimeter Computer		4200 5000 5000 5000 1					

C:\Users\hp\Desktop\Health Information\Format (KMA & Non-KMA)\Health Information (40 KMA_IPP(E)_RCH)_2003

1627200

Compilation of Sanctioned Manpower under CUDP III, IPP-VIII and CSIP

		H A U									E S O P D								M H								D C										ULB LEVEL			
	As on 06.07.2011	2500	2670	3350	[illegible]	2600	2400	2200			2600	3350	2600	3000	2600	2200	2400		7250	2600	5250	3250	4250	2200	2200		4000	4000	4000	2200	3000	3000	2750	5250	2400		8000 13500	6500	3125	5500
Sl.	Minicipality	HHW	FTS	PTMO	ST8	Clerk	GDA	Sweeper	No. of SC	No. of HAU	Spl. Doc	PTMO	Pharmacist / SK	Nurse	Lab. Tech. cum Clerk	Sweeper	GDA	No. of ESOPD	RMO	Spl. Doc	Nurse	Ayah (GDA)	Lab. Tech	Sweeper	NG	No. of MH	Pathologist	Radiologist	Sonologist	Sweeper	Radiographer	Technician	Cashier cum Clerk	Admn. Manag. Prof.	GDA	No. of DC	HO	AHO	UHIO	PHN
1	BAIDYABATI	83	16	5	4	3	5	3	16	3																										1	1	1	1
2	BALLY	127	25	7	6	4	7	4	25	4	16	4	2	2	1	3	3	2																		1	1	1	1
3	BANSBERIA	99	20	5	4	3	5	3	20	3	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1	1	1	1			1				1	1	1	1	1
4	BARANAGAR	60	11	3	2	2	3	2	11	2	8	2	1	1	1	2	2	1																		1	1	1	1
5	BARASAT	229	47	15	14	8	15	8	47	8																										1	1	1	1
6	BARRACKPUR	81	17	5	4	3	5	3	17	3	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1										1	1	1	1
7	BARUIPUR	24	5	1	0	1	1	1	5	1																										1			
8	BHADRESWAR	115	23	6	4	4	6	4	23	4	16	4	2	2	1	3	3	2	2	3	4	4	1	2	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1
9	BHATPARA	187	37	12	12	6	12	6	37	6	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1										1	1	1	1
10	BIDHANNAGAR	35	6	2	2	1	2	1	6	1	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1										1	1	1	1
11	BUDGE BUDGE	84	17	5	4	3	5	3	17	3	8	2	1	1	1	2	2	1	2	3	4	4	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12	CHAMPDANI	94	17	5	4	3	5	3	17	3									2	3	4	4	1	2	1	1										1	1	1	1
13	CHANDANNAGAR MC	93	18	4	2	3	4	3	18	3	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1										1	1	1	1
14	DUM DUM	51	10	3	2	2	3	2	10	2	16	4	2	2	1	3	3	2	2	3	4	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
15	GARULIA	98	19	4	2	3	6	3	19	3	8	2	1	1	1	2	2	1																		1	1	1	1
16	GAYESHPUR	65	13	3	2	2	3	2	13	2									2	3	4	4	1	2	1	1										1	1	1	1
17	HALISAHAR	99	19	5	4	3	5	3	19	3	8	2	1	1		1	1	1																		1	1	1	1
18	HOOGHLY CHINSURAH	153	33	8	6	5	10	5	33	5	8	2	1	1	1	2	2	1																		1	1	1	1
19	HOWRAH MC	388	78	24	22	13	24	13	78	13																										1	1	1	1
20	KALYANI	33	7	2	2	1	2	1	7	1																										1	1	1	1
21	KAMARHATI	134	27	8	8	4	8	4	27	4																										1	1	1	1
22	KANCHRAPARA	93	19	5	4	3	5	3	19	3																										1	1	1	1
23	KHARDAH	132	25	7	6	4	7	4	25	4																										1	1	1	1
24	KONNAGAR	60	13	3	2	2	3	2	13	2	8	2	1	1	0	1	1	1																		1	1	1	1
25	MADHYAMGRAM	96	19	6	6	3	6	3	19	3	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1	1	1	1	1		2	1			1	1	1	1	1
26	MAHESHTALA	205	42	12	12	6	12	6	42	6									2	3	4	4	1	2	1	1										1	1	1	1
27	NAIHATI	99	18	5	4	3	5	3	18	3	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
28	NEW BARRACKPUR	75	15	5	4	3	5	3	15	3	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
29	NORTH BARRACKPUR	111	24	6	4	4	6	4	24	4	16	4	2	2	1	3	3	2	2	3	4	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
30	NORTH DUM DUM	127	23	7	6	4	7	4	23	4	16	4	2	2	1	3	3	2																		1	1	1	1
31	PANIHATI	193	39	10	8	6	10	6	39	6	8	2	1	1	1	2	2	1																		1	1	1	1
32	PUJALI	35	7	2	2	1	2	1	7	1																										1	1	1	1
33	RAJARHAT GOPALPUR	187	38	12	12	6	12	6	38	6									2	3	4	4	1	2	1	1										1	1	1	1
34	RAJPUR SONARPUR	159	34	9	8	5	9	5	34	5	16	4	2	2	1	3	3	2	2	3	4	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
35	RISHRA	119	24	7	6	4	7	4	24	4	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1	1	1	1			1	1			1	1	1	1	1
36	SERAMPORE	157	30	9	8	5	9	5	30	5	8	2	1	1	1	2	2	1																		1	1	1	1
37	SOUTH DUM DUM	200	39	12	12	6	12	6	39	6	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1	1	1	1	1		2	1			1	1	1	1	1
38	TITAGARH	105	11	6	6	3	6	3	11	3	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1	1	1	1			1				1	1	1	1	1
39	ULUBERIA	130	20	7	6	4	7	4	20	4	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1										1	1	1	1
40	UTTARPARA KOTRUNG	128	26	6	4	4	6	4	26	4	8	2	1	1	1	2	2	1	2	3	4	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
41	KOLKATA MC	747	152	30	10	21	30	21	152	21	16	4	2	4	2	2	4	2																						
	TOTAL =>	5490	1083	298	240	174	302	174	1083	174	280	70	35	37	27	60	62	35	44	66	88	88	22	42	22	22	13	13	13	10	8	15	11	8	9	13	40	39	39	39

2nd DRAFT

NOTIFICATION

Sub. : Restructuring of Health Programmes of 41 KMA ULBs implementing CUDP-III/ IPP-VIII / CSIP, 10 Non-KMA ULBs implementing IPP-VIII(Extn) & Asansol M.C implementing RCH Sub-project.

Community Based Urban Health Programmes initially started with the implementation of CUDP III assisted by the World Bank in the 31 KMA ULBs out of 41 in the year 1985-86 and continued upto 1991-92. The resultant effect in terms of output in the Health scenario was remarkable. With this experience, CSIP started at Kolkata Municipal Corporation in 1992-93 and continued upto 1997-98 with the assistance of DFID. IPP-VIII started in 1993-94 in 40 KMA ULBs and IPP-VIII (Extn.) in 2000 in the 10 Non-KMA ULBs with World Bank assistance upto the period of June, 2002. RCH Sub-Project was launched at Asansol Municipal Corporation in the year 1998 & continued upto March, 2004 with World Bank funding. The activities under CUDP III, CSIP , IPP-VIII , IPP-VIII(Extn.) and RCH Sub-project Asansol after end of Donor's assistance are being maintained with State Govt. support . (~~May we delete the lines marked with red~~)

Now in the O & M phase of the various Urban Health Programmes as mentioned above, the Government has decided to organize the Urban Health services in a holistic manner, not merely as vertical Health programmes. The objective is to provide Primary Health Care services, implementation of National Health Programmes and Public Health to all population with focus to urban poor so that existing resources are effectively utilized, maximum benefit is derived and data base for entire population of the ULB is maintained.

- An office for Health is to be set up at each ULB level from where all the related activities are to be administered by the Health Officer (HO) or by the Asstt. Health Officer (AHO) in absence of Health Officer. HO / AHO is to be assisted by supporting staff namely one Clerk, one Computer Assistant and one Attendant to carry out office works smoothly. The office of HO is also to be equipped with logistics like Computer, software for HMIS, telephone and internet for speedy communication. The HO is to be made responsible with the entire Health matters including functioning of ESOPD , MH and Diagnostic cntre as well as incharge of birth & death registration in the ULB. Proper linkage is to be established between HO / Health Office & Sanitation Inspector in managing public health.
- All the existing Health programmes in the ULB are to be clubbed and one HMIS report at ULB level is to be generated.

Contd. pg-2

- Action area of Honorary Health Workers (HHW) are to be reallocated keeping in view the location of their residence so that working place become nearer to their residence. Accordingly HHWs are also to be reallocated Sub-Centre and HAU-wise. If BPL population is less than 200 families in a Ward, there should be one HHW, if there are between 200 and 400 families there should be two HHWs and so on. If there is no BPL population in a Ward, there should still be an HHW for public Health programmes. The geographical restructuring is to be done keeping the total number of existing HHWs in the ULB unaltered.
- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Health Department are to be collected twice in a year (data upto 31st March in the month of April and data upto 30th September in the month of October) by HHWs. Each month there should be a report prepared in "Form C/D" for BPL population and at the end of each 6 months there should be a report prepared for APL, BPL and a combined one for the ULB as a whole. Recently done household survey is to be taken for identification of ward-wise BPL & APL population
- Initiative is also to be taken up by the ULB in respect of reallocation of Sub-Centre (which are existing at Panchayet area) in the municipal area. In such case, the ULB may need to undertake construction of Sub-Centre wherever possible and feasible.
- Timely monitoring & supervision is required for better and quality Health service delivery. Each Ward Committee is to be made responsible for implementing, monitoring & supervising, health activities in the respective ward. Ward Committee is to submit a report to the Chairman of the ULB with a copy to Health officer as per proforma designed by SUDA on monthly basis. The said report is to be attached with HMIS report while submitting to SUDA. SUDA is the Nodal Authority and support organization of the Department looking after all Urban Health Programmes.
- Municipal Level Health & Family Welfare Committee (MHFWC) is to monitor and supervise Urban Health service at ULB level twice in a year i.e. April & October and the report is to be submitted with HMIS accordingly in the following month.
- The ULB is to incorporate status on Urban Health services in the agenda for the BOC meeting.

All out efforts are to be taken by the ULB to reorganize and restructure Urban Health care service delivery by March, 2009 and is to be intimated to Dept. of Municipal Affairs by April, 2009.

Enclo. : As stated.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

Flag - B'

Health Manpower and existing pay structure :

Sl. No.	Category of Post	Working Place	Present Honorarium / Remuneration (Amount in Rs.)	Remarks
1.	HHW	Community & Sub-Centre	2,000/-	Pt. Time
2.	FTS	Sub-Centre	2,170/-	Do
3.	PTMO	HAU / ESOPD	2,850/-	PTMO at RCH Sub-Project, Asansol gets Rs. 3,250/-
4.	STS	HAU	2,500/- for trained STS and 2,300/- for untrained STS	Pt. Time. Trained STS is in the rank of ANM / GNM and Untrained STS is upgraded from FTS
5.	Clerk cum Storekeeper	HAU / ESOPD / DC	2,100/- / 2,450/- / 2,250/-	Pt. Time. Under CUDP Mpl. Staff getting allowance for providing addl. services under the project which varies 150/- to 250/-. The Dept. is to decide the rate of remuneration in such cases.
6.	Spl. Doctor	ESOPD / MH	325/- per clinic not exceeding 8 clinics per month.	For MH, restriction for 8 clinics p.m. is not applicable.
7.	Nurse	ESOPD / MH / ULB	2,450/- / 4,750/- / 4,750/-	Nurse ESOPD - Pt. Time Nurse at MH & ULB - Full Time
8.	Medical Officer	MH	6,750/-	Full time
9.	Radiologist / Pathologist / Sonologist	DC	3,500/-	Pt. Time
10.	Pharmacist cum Storekeeper	ESOPD	2,450/-	Do
11.	Lab. Tech.	ESOPD / MH / DC	2,100/- 3,750/- 2,100/-	Do
12.	X-ray Technician	DC	3,750/-	Do
13.	Radiographer	DC	3,000/-	Do
14.	Administrative Management Professional	DC	4,750/-	Full time
15.	Ayah	MH	2,750/-	8 hours duty.
16.	UHIO	ULB	6,500/-	Full Time. 50% of remuneration to be borne by the ULB
17.	AHO	ULB	6,000/- / 8,750/-	Full Time. 6,000/- under IPP-VIII and 8,750/- under HHW Scheme
18.	Attendant	HAU / ESOPD / Creche / MH / DC	1,900/-	Pt. Time
19.	Sweeper	HAU / ESOPD / Creche / MH / DC	1,700/-	Pt. Time
20.	Night Guard	MH	1,700/-	8 hours duty.

Sub. : Restructuring of Urban Health Programmes.

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	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	11.23 lakhs in Non-KMA ULBs	63

After cessation of external funding support, all the programmes at serial no. 1 to 5 are continued and maintained by the Dept. of Municipal Affairs, GOWB.

Since 01.04.2008, all the Health Programmes have been brought under one umbrella at SUDA for implementation, monitoring and supervision. As the activities of the above mentioned Health programme are similar in nature, an uniform approach may be adopted for all the programmes. This issue of restructuring was kept in the work plan of FY 2007-08 under Health component of KUSP for strengthening existing Health services. Dept. of Municipal Affairs principally agreed upon (i) restructuring of Health programme should be a comprehensive one under single name for the programme (ii) obtaining clearance from Finance Dept. for budgeting all budget head under MA Dept. under one ~~brought~~ broad Health set up (vide copy of NS-6 marked "X" at Flag - A).

Hence it is proposed that some immediate measures may be undertaken as enumerated below :

- The unified Health programmes may be termed as **"Community Based Urban Health Programme, ... Municipality"**.
- Single budgetary source and funding from Finance Dept. in respect of **"Community Based Urban Health Programme"**.
- Uniform pattern of Health manpower with uniform pay structure. Existing manpower and their present remuneration is enclosed at Flag – B.

Submitted.

Director, SUDA

09.11.06

Sub. : Restructuring of Urban Health Programmes.

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	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	11.23 lakhs in Non-KMA ULBs	63

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Hence it is proposed that some immediate measures may be undertaken as enumerated below :

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- Single budgetary source and funding from Finance Dept. in respect of **"Community Based Urban Health Programme"**.
- Uniform pattern of Health manpower with uniform pay structure. Existing manpower and their present remuneration is enclosed at Flag – B.

Submitted.

Director, SUDA

09.11.09

Flag 1 B'

Health Manpower and existing pay structure :

Sl. No.	Category of Post	Working Place	Present Honorarium / Remuneration (Amount in Rs.)	Remarks
1.	HHW	Community & Sub-Centre	2,000/-	Pt. Time
2.	FTS	Sub-Centre	2,170/-	Do
3.	PTMO	HAU / ESOPD	2,850/-	PTMO at RCH Sub-Project, Asansol gets Rs. 3,250/-
4.	STS	HAU	2,500/- for trained STS and 2,300/- for untrained STS	Pt. Time. Trained STS is in the rank of ANM / GNM and Untrained STS is upgraded from FTS
5.	Clerk cum Storekeeper	HAU / ESOPD / DC	2,100/- / 2,450/- / 2,250/-	Pt. Time. Under CUDP Mpl. Staff getting allowance for providing addl. services under the project which varies 150/- to 250/-. The Dept. is to decide the rate of remuneration in such cases.
6.	Spl. Doctor	ESOPD / MH	325/- per clinic not exceeding 8 clinics per month.	For MH, restriction for 8 clinics p.m. is not applicable.
7.	Nurse	ESOPD / MH / ULB	2,450/- / 4,750/- / 4,750/-	Nurse ESOPD - Pt. Time Nurse at MH & ULB - Full Time
8.	Medical Officer	MH	6,750/-	Full time
9.	Radiologist / Pathologist / Sonologist	DC	3,500/-	Pt. Time
10.	Pharmacist cum Storekeeper	ESOPD	2,450/-	Do
11.	Lab. Tech.	ESOPD / MH / DC	2,100/- 3,750/- 2,100/-	Do
12.	X-ray Technician	DC	3,750/-	Do
13.	Radiographer	DC	3,000/-	Do
14.	Administrative Management Professional	DC	4,750/-	Full time
15.	Ayah	MH	2,750/-	8 hours duty.
16.	UHIO	ULB	6,500/-	Full Time. 50% of remuneration to be borne by the ULB
17.	AHO	ULB	6,000/- / 8,750/-	Full Time. 6,000/- under IPP-VIII and 8,750/- under HHW Scheme
18.	Attendant	HAU / ESOPD / Creche / MH / DC	1,900/-	Pt. Time
19.	Sweeper	HAU / ESOPD / Creche / MH / DC	1,700/-	Pt. Time
20.	Night Guard	MH	1,700/-	8 hours duty.

1 st DRAFT

NOTIFICATION

Sub. : Restructuring of Health Programmes of 41 KMA ULBs implementing CUDP-III/ IPP-VIII / CSIP, 10 Non-KMA ULBs implementing IPP-VIII(Extn) & Asansol M.C implementing RCH Sub-project.

Community Based Urban Health Programmes initially started with the implementation of CUDP III assisted by the World Bank in the 31 KMA ULBs out of 41 in the year 1985-86 and continued upto 1991-92. The resultant effect in terms of output in the Health scenario was remarkable. With this experience, (several other community based urban Health programmes specially for the urban poor have been launched in phases covering all the 126 Urban Local Bodies of the State of West Bengal.) CSIP started at Kolkata Municipal Corporation in 1992-93 and continued upto 1997-98 with the assistance of DFID. IPP-VIII started in 1993-94 in 40 KMA ULBs and IPP-VIII (Extn.) in 2000 in the 10 Non-KMA ULBs with World Bank assistance upto the period of June, 2002. RCH Sub-Project was launched at Asansol Municipal Corporation in the year 1998 & continued upto March, 2004 with World Bank funding. The activities under CUDP III, CSIP , IPP-VIII , IPP-VIII(Extn.) and RCH Sub-project Asansol after end of Donor's assistance are being maintained with State Govt. support . (May we delete the lines marked with red)

Now in the O & M phase of the various Urban Health Programmes as mentioned above, the Government has decided to organize the Urban Health services in a holistic manner, not merely as vertical Health programmes. The objective is to provide Primary Health Care services, implementation of National Health Programmes and Public Health to all population with focus to urban poor so that existing resources are effectively utilized, maximum benefit is derived and data base for entire population of the ULB is maintained. A similar approach will also be taken for the 63 ULBs where the State Government supported Community Based Primary Health Care Services has been started.

An office for Health is to be set up at each ULB level from where all the related activities are to be administered by the Health Officer (HO) or by the Asstt. Health Officer (AHO) in absence of Health Officer. HO / AHO is to be assisted by supporting staff namely one Clerk, one Computer Assistant and one Attendant to carry out office works smoothly. The office of HO is also to be equipped with logistics like Computer, software for HMIS, telephone and internet for speedy communication. The HO is to be made responsible with the entire Health matters including functioning of ESOPD , MH and Diagnostic cntre as well as incharge of birth & death registration in the ULB. Proper linkage is to be established between HO / Health Office & Sanitation Inspector in managing public health.

Contd. to P-2.

All the existing Health programmes in the ULB are to be clubbed and one HMIS report at ULB level is to be generated. Action area of Honorary Health Workers (HHW) are to be reallocated keeping in view the location of their residence so that working place become nearer to their residence. Accordingly HHWs are also to be reallocated Sub-Centre and HAU-wise. If BPL population is less than 200 families in a Ward, there should be one HHW, if there are between 200 and 400 families there should be two HHWs and so on. If there is no BPL population in a Ward, there should still be an HHW for public Health programmes. The geographical restructuring is to be done keeping the total number of existing HHWs in the ULB unaltered.

Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Health Department are to be collected twice in a year (data upto 31st March in the month of April and data upto 30th September in the month of October) by HHWs. Each month there should be a report prepared in "Form C/D" for BPL population and at the end of each 6 months there should be a report prepared for APL, BPL and a combined one for the ULB as a whole. Recently done household survey is to be taken for identification of ward-wise BPL & APL population

Initiative is also to be taken up by the ULB in respect of reallocation of Sub-Centre (which are existing at Panchayet area) in the municipal area. In such case, the ULB may need to undertake construction of Sub-Centre wherever possible and feasible.

Timely monitoring & supervision is required for better and quality Health service delivery. Each Ward Committee is to be made responsible for implementing, monitoring & supervising, health activities in the respective ward. Ward Committee is to submit a report to the Chairman of the ULB with a copy to Health officer as per proforma designed by SUDA on monthly basis. The said report is to be attached with HMIS report while submitting to SUDA. SUDA is the Nodal Authority and support organization of the Department looking after all Urban Health Programmes.

Municipal Level Health & Family Welfare Committee (MHFWC) is to monitor and supervise Urban Health service at ULB level twice in a year i.e. April & October and the report is to be submitted with HMIS accordingly in the following month.

The ULB is to incorporate status on Urban Health services in the agenda for the BOC meeting.

All out efforts are to be taken by the ULB to reorganize and restructure Urban Health care service delivery by March, 2009 and is to be intimated to Dept. of Municipal Affairs by April, 2009.

Enclo. : As stated.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

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NOTIFICATION

Sub. : Restructuring of Health Programmes of 40 KMA ULBs , 10 Non-KMA ULBs implementing IPP-VIII(Extn) & Asansol M.C implementing RCH Sub-project.

Community Based Urban Health Programmes initially started with the implementation of CUDP III assisted by the World Bank in the 31 KMA ULBs out of 41 in the year 1985-86 and continued upto 1991-92, after which donor support had come to an end. The activities of CUDP III are continued with the support of State Government. The resultant effect in terms of output in the Health scenario was remarkable. With this experience several other community based urban Health programmes specially for the urban poor have been launched in phases covering all the 126 Urban Local Bodies of the State of West Bengal. IPP-VIII started in 1993-94 in 40 KMA ULBs and IPP-VIII (Extn.) in 2000 in the 10 Non-KMA ULBs with World Bank assistance upto the period of June, 2002, after which the activities have been continued with State Government support. Similarly, RCH Sub-Project was launched at Asansol Municipal Corporation in the year 1998 & continued upto March, 2004 with World Bank funding. At present it is also maintained by the State Government. Commmunity Based Primary Health Care Services Programme in 63 ULBs not covered in earlier Health progammes has been started by the State Government in 2006.

Now in the O & M phase of the various Urban Health Programmes as mentioned above, the Government has decided to organize the Urban Health services in a wholistic manner, not merely as vertical Health programmes. The objective is to provide Primary Health Care services, implementation of National Health Programmes and Public Health to all population with focus to urban poor so that existing resources are effectively utilized, maximum benefit is derived and data base for entire population of the ULB is maintained. A similar approach will also be taken for the 63 ULBs where the State Government supported Community Based Primary Health Care Services has been started.

An office for Health is to be set up at each ULB level from where all the related activities are to be administered by the Health Officer (HO) or by the Asstt. Health Officer (AHO) in absence of Health Officer. HO / AHO is to be assisted by supporting staff namely one Clerk, one Computer Assistant and one Attendant to carry out office works smoothly. The office of HO is also to be equipped with logistics like Computer, software for HMIS, telephone and internet for speedy communication. The HO is to be made responsible with the entire Health matters including being made incharge of birth & death registration in the ULB. Proper linkage is to be established between HO / Health Office & Sanitation Inspector in managing public health.

Contd. to P-2.

All the existing Health programmes in the ULB are to be clubbed and one HMIS report at ULB level is to be generated. Action area of Honorary Health Workers (HHW) are to be reallocated keeping in view the location of their residence so that working place become nearer to their residence. Accordingly HHWs are also to be reallocated Sub-Centre and HAU-wise. If BPL population is less than 200 families in a Ward, there should be one HHW, if there are between 200 and 400 families there should be two HHWs and so on. If there is no BPL population in a Ward, there should still be an HHW for other Health programmes. The geographical restructuring is to be done keeping the total number of existing HHWs in the ULB unaltered.

Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Health Department are to be collected twice in a year (data upto 31st March in the month of April and data upto 30th September in the month of October) by HHWs. Each month there should be a report prepared in "Form C/D" for BPL population and at the end of each 6 months there should be a report prepared for APL, BPL and a combined one for the ULB as a whole. Recently done household survey is to be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward is to be used by the ULB.

Initiative is also to be taken up by the ULB in respect of reallocation of Sub-Centre (which are existing at Panchayet area) in the municipal area. In such case, the ULB may need to undertake construction of Sub-Centre wherever possible and feasible.

Timely monitoring & supervision is required for better Health service delivery. Each Ward Committee is to be made responsible for implementing, monitoring & supervising, health activities in the respective ward. Ward Committee is to submit a report to the Chairman of the ULB with a copy to Health office as per proforma designed by SUDA on monthly basis. The said report is to be attached with HMIS report while submitting to SUDA. SUDA is the Nodal Authority and support organization of the Department looking after all Urban Health Programmes.

Municipal Level Health & Family Welfare Committee (MHFWC) is to monitor and supervise Urban Health service at ULB level twice in a year i.e. April & October and the report is to be submitted with HMIS accordingly.

The ULB is to incorporate status on Urban Health services in the agenda for the BOC meeting.

All out efforts are to be taken by the ULB to reorganize and restructure Urban Health care service delivery by March, 2009 and is to be intimated to Dept. of Municipal Affairs by April, 2009.

Enclo. : As stated.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

Enclo.

Format for Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

Format for Bi-annual Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

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NOTIFICATION

Sub. : Restructuring of Health Programmes of 40 KMA ULBs , 10 Non-KMA ULBs implementing IPP-VIII(Extn) & Asansol M.C implementing RCH Sub-project.

~~You may be aware that~~ Community Based Urban Health Programmes initially started with the implementation of CUDP III assisted by the World Bank in the 31 KMA ULBs out of 41 in the year 1985-86 and continued upto 1991-92, after which donor support had come to an end. The activities of CUDP III are continued with the support of State Government. The resultant effect in terms of output in the Health scenario was remarkable. With this experience several other community based urban Health programmes specially for the urban poor have been launched in phases covering all the 126 Urban Local Bodies of the State of West Bengal. ~~Urban Health Programmes namely~~ IPP-VIII started in 1993-94 in 40 KMA ULBs and IPP-VIII (Extn.) in 2000 in the 10 Non-KMA ULBs with World Bank assistance upto the period of June, 2002, after which the activities ~~are~~ have been continued ~~by the~~ with State Government support. Similarly, RCH Sub-Project was launched at Asansol Municipal Corporation in the year 1998 & continued upto March, 2004 with World Bank funding. ~~now~~ At present it is also maintained by the State Government. Community based urban health programme in 63 towns ULBs not covered in earlier programme has been started by the State Government in 2006. Now in the O & M phase of the various Urban Health Programmes as mentioned above, the Government has decided to organize the Urban Health services in a wholistic manner, not merely as vertical Health programmes. The objective is to provide Primary Health Care services, implementation of National Health Programmes and Public Health to all population with focus to urban poor so that existing resources are effectively utilized, maximum benefit is derived and data base for entire population of the ULB is maintained. A similar approach will also be taken for the 63 ULBs where the State Government supported Community Health Programme has been started. An office for Health is to be set up at each ULB level from where all the related activities are to be administered by the Health Officer (HO) or by the Asstt. Health Officer (AHO) in absence of Health Officer. HO / AHO is to be assisted by supporting staff namely one Clerk, one Computer Assistant and one Attendant to carry out office works smoothly. The office of HO is also to be equipped with logistics like Computer, software for HMIS, telephone and internet for speedy communication. The HO is to be made responsible with the entire Health matters including incharge of birth & death registration being made in the ULB. Proper linkage is to be established between HO / Health Office & Sanitation Inspector in managing public health.

Contd. to P-2.

All the existing Health programmes in the ULB is to be clubbed and one HMIS report at ULB level is to be generated. Action area of Honorary Health Workers (HHW) are to be reallocated keeping in view the location of their residence so that working place become nearer to their residence. Accordingly HHWs are also to be reallocated Sub-Centre and HAU-wise. If BPL population is less than 200 families in a Ward, there should be one HHW, if there are between 200 and 400 families there should be two HHWs and so on. If there is no BPL population in a Ward, there should still be an HHW for other Health programmes. The geographical restructuring is to be done keeping the total number of existing HHWs in the ULB unaltered.

Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by ~~DH & CMOH~~ Health Department are to be collected twice in a year (in the month of April & October, ~~data upto 31st March and 30th September respectively~~ data upto 31st March data upto 30th September in the month of) by HHWs. Each month there should be a report prepared in "Form C/D" for BPL population and at the end of each 6 months there should be a report prepared for APL, BPL and a combined one for the ULB as a whole. Recently done household survey is to be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward is to be used by the ULB.

Initiative is also to be taken up by the ULB in respect of reallocation of Sub-Centre (which are existing at Panchayet area) in the municipal area. In such case, the ULB may need to undertake construction of Sub-Centre wherever ~~as~~ possible and feasible.

Timely monitoring & supervision is required for better Health service delivery. Each Ward Committee is to be made responsible for implementing, monitoring & supervising, health activities in the respective ward. Ward Committee is to submit a report to the Chairman of the ULB with a copy to Health office as per proforma designed by SUDA on monthly basis. The said report is to be attached with HMIS report while submitting to ~~appropriate Authority.~~ SUDA. SUDA will be the nodal authority and support organisation of the Department looking after all Health programmes ~~and DHS~~. Municipal Level Health & Family Welfare Committee (MHFWC) is to monitor and supervise Urban Health service at ULB level twice in a year i.e. April & October and the report is to be submitted with HMIS accordingly.

The ULB is to incorporate status on Urban Health services in the agenda for the BOC meeting.

All out efforts are to be taken by the ULB to reorganize and restructure Urban Health care service delivery by April, 2008 and is to be intimated to Dept. of Municipal Affairs by 10th May, 2008.

Enclo. : As stated.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

DRAFT

NOTIFICATION

Sub. : Restructuring of Health Programmes of 40 KMA ULBs , 10 Non-KMA ULBs implementing IPP-VIII(Extn) & Asansol M.C implementing RCH Sub-project.

The Community Based Primary Health Care Services are being provided to the population of ~~your~~ various ULBs under the different Health programmes i.e. CUDP III, IPP-VIII and UHIP.

The active phase of all the Health programmes ~~have ended~~ are now over. ~~Now~~ In the O & M phase, the Government has decided that it is imperative to organize the activities so that maximum benefit is derived. This is to restructure existing primary health care services at ULB level for effective utilization of existing resources towards extending services in consolidated manner to wider section of population and to have data base in totality.

The 40 ULBs in KMA , 10 ULBS who implemented IPP-VIII(Extn.) & Asansol M.C are to adopt the following activities :

- There will be only one Cell for Health from where health services will be administered by the HO. In absence of HO this will be done by AHO.
- An office for HO is to be set up along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be drawn from the existing ones of HAUs.
- The office of HO shall be equipped with the logistics like computer, software for HMIS etc.
- Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB is to be done.
- Honorary Health Worker (HHW) should be reallocated of HHWs Ward-wise. HHWs should be placed near the location of their residence. HHW at Sub-centre and HAU is also to reallocated. If BPL population is less than 200 families in a Ward, there should be one HHW, If there are between 200 and 400 families there should two HHWs and so on. If there is no BPL population in a Ward, there should still be an HHW for other Health programmes.
- The geographical restructuring should be done keeping the total number of existing HHWs in the ULB same.
- Re-allocation of SC wherever are existing at Panchayet area should be done.
- Construction of SCs may be done wherever possible and feasible.

Contd. to P-2.

- HO is to be made overall incharge of Birth & Death registration.
- Linkage between HO / Health Office and Sanitary Inspector is to be established in managing public health.
- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH are to be collected twice in a year (in the month of April & October, data upto 31st March and 30th September respectively) By HHWs. Each month there should be a report prepared in "Form C/D" for BPL population and at the end of each 6 months there should be a report prepared for APL, BPL and a combined one for the ULB as a whole. Recently done household survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.
- Ward Committee should be made responsible for implementing, monitoring and supervising the health programmes in the respective ward.
- Ward Committee should be asked submit a report as per proforma given by SUDA on monthly basis. The said report is to be attached with HMIS report while submitting to appropriate Authority.
- Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.
- Report on the meeting of MHFWC should be attached with the HMIS report twice in a year i.e. April and October.
- In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.

Details of the above proposals are annexed.

These activities should be completed by March, 2008 and is to be intimated to the Dept. of Municipal Affairs by 10th April, 2008.

Enclo. : As stated.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

Restructuring of Urban Health Programmes in 40 KMA ULBs

Objective

- Effective and uniform service by amalgamating different existing community based health programme in each of the 40 ULBs.
- Maximum utilization of health infrastructure and functionaries judiciously and effectively through restructuring.
- Rational distribution of beneficiaries amongst the HHWs for more or less uniform coverage per HHW.
- Ensuring service coverage in each of the wards of the ULB.
- Ensuring health coverage to all left out, vulnerable and marginalized group of people.
- Revamping of health cell of ULB for effective supervision and monitoring.
- Development of HMIS for total population of ULB.

Situation Analysis

Information on ULB-wise total population as per 2001 census, no. of wards and HHWs, existing Health programmes, average no. of HHWs per ward, percentage of population covered (out of total population of the ULB) under Health programmes are as under :

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
1	Baidyabati	108231	22	85	3.86	74449	68.79	CUDP III & IPP-VIII
2	Bally	261575	29	127	4.38	128384	49.08	CUDP III & IPP-VIII
3	Bansberia	104453	22	99	4.50	98721	94.51	CUDP III & IPP-VIII
4	Baranagar	250615	33	60	1.82	58267	23.25	CUDP III & IPP-VIII
5	Barasat	231515	30	197	6.57	228557	98.72	CUDP III & IPP-VIII
6	Barrackpore	144331	24	85	3.54	84447	58.51	CUDP III & IPP-VIII
7	Baruipur	44964	17	24	1.41	23203	51.60	CUDP III
8	Bhadreswar	105944	20	115	5.75	185938	175.51	CUDP III & IPP-VIII
9	Bhatpara	441956	35	191	5.46	190174	43.03	IPP VIII
10	Bidhannagar	167848	23	35	1.52	38356	22.85	IPP VIII

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
11	Budge Budge	75465	20	84	4.20	80566	106.76	CUDP III & IPP-VIII
12	Champdani	103232	22	94	4.27	91786	88.91	CUDP III & IPP-VIII
13	Chandannagar MC	162166	33	85	2.58	91067	56.16	CUDP III & IPP-VIII
14	Dum Dum	101319	22	53	2.41	49007	48.37	CUDP III & IPP-VIII
15	Garulia	76300	21	95	4.52	114326	149.84	CUDP III & IPP-VIII
16	Gayeshpur	55028	18	58	3.22	60031	109.09	CUDP III & IPP-VIII
17	Halisahar	124479	23	99	4.30	107410	86.29	CUDP III & IPP-VIII
18	Hooghly Chinsurah	170201	30	148	4.93	140144	82.34	CUDP III & IPP-VIII
19	Howrah MC	1008704	50	423	8.46	409765	40.62	CUDP III & IPP-VIII
20	Kalyani	81984	19	35	1.84	35892	43.78	IPP VIII
21	Kamarhati	314334	35	137	3.91	125721	40.00	IPP-VIII
22	Kanchrapara	126118	24	93	3.88	90013	71.37	CUDP III & IPP-VIII
23	Khardah	116252	21	135	6.43	122270	105.18	CUDP III & IPP-VIII
24	Konnagar	72211	19	65	3.42	64239	88.96	CUDP III & IPP-VIII
25	Madhyamgram	155503	23	94	4.09	99451	63.95	IPP VIII
26	Maheshtala	389214	35	204	5.83	195910	50.33	IPP-VIII
27	Naihati	215432	28	129	4.61	146171	67.85	CUDP III & IPP-VIII
28	New Barrackpore	83183	19	95	5.00	77964	93.73	CUDP III & IPP-VIII
29	North Barrackpore	123523	22	169	7.68	171110	138.52	CUDP III & IPP-VIII
30	North Dum Dum	220032	30	126	4.20	125431	57.01	CUDP III & IPP-VIII
31	Panihati	348379	35	198	5.66	182312	52.33	CUDP III & IPP-VIII
32	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
33	Rajarhat Gopalpur	271781	27	186	6.89	186647	68.68	IPP VIII
34	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
35	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered Under Health Programmes
36	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
37	South Dum Dum	392150	35	198	5.66	200025	51.01	IPP VIII
38	Titagarh	124198	23	105	4.57	104887	84.45	IPP VIII
39	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
40	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

- **Source of information :** (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.

Average No. of HHWs per Ward

Avg. no. of HHWs / ward	No. of ULBs	Name of ULBs
1 – 2	4	Baranagar, Baruipur, Bidhannagar, Kalyani
3 – 4	9	Baidyabati, Barrackpore, Gayeshpur, Chandernagar, Dum Dum, Kamarhati, Kanchrapara, Konnagar, Pujali
5 - 6	22	Bally, Bansberia, Bhadreswar, Bhatpara, Budge Budge, Champdany, Garulia, Halisahar, Hooghly Chinsurah, Madhyamgram, Naihati, Maheshtala, New BKP, N. Dum Dum, Panihati, Rajpur Sonarpur, Rishra, S. Dum Dum, Titagarh, Uluberia, Uttarpara Kotrung
7 – 8	5	Barasat, Khardah, North BKP, Rajarhat Gopalpur, Serampore

Coverage % against total population

Coverage %	No. of ULBs	Name of ULBs
20 to 30%	2	Baranagar, Bidhannagar
31 to 40%	2	Kamarhati, Rajpur Sonarpur
41 to 50%	5	Bally, Bhatpara, Dum Dum, Howrah, Kalyani
51 to 60%	7	BKP, Baruipur, Chandernagar, Maheshtala, N. Dum Dum, Panihati, S. Dum Dum
61 to 70%	5	Baidyabati, Madhyamgram, Naihati, Rajarhat Gopalpur, Uluberia
71 to 80%	3	Kanchrapara, Serampore, Uttarpara Kotrung
81 to 90%	5	Champdany, Halisahar, Hooghly Chinsurah, Konnagar, Titagarh
91 to 100%	3	Bansberia, Barasat, New Barrackpore
More than 100%	8	Bhadreswar, Budge Budge, Garulia, Gayeshpur, Khardah, North Barrackpore, Pujali, Rishra

Coverage of the population by the ULBs

- There are left out population i.e. floating population, red light area, slum population at service land, brick field areas etc. in the municipal area who are not being covered under the fold of Health services of the ULB (i.e. family schedule for each of the family are not being maintained and HHWs do not pay home visits). But these people when come to Sub-Centre for any of the services they are being provided. Any health related data is not reflected in the HMIS report.
- HHW is covering much less than BPL 200 families or 1000 population in many of the ULBs (In each of the health programmes it is spelt out that one HHW is to cover 150–200 BPL families or 750 to 1000 population).
- In the ULBs implementing CUDP III and IPP-VIII, fraction of BPL population are covered by HHW of CUDP III and some by IPP-VIII in a ward. Furthermore, one HHW is to cover BPL families of her jurisdiction containing in more than one ward. As a result, it is very difficult to get overall picture of the ward at one point of time.

- One Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000-40,000 BPL population
- In some of the ULBs, population of rural area are also being covered and some of the Sub-Centres are located in Panchayet area e.g. Budge Budge - 4 SCs, in Uttarpara Kotrung – 9 SCs are in Panchayet area , in Hooghly Chinsurah – 15 SCs in pachayet area.

Functioning of HHWs / FTSs and other Health Manpower

- When the health programmes started in the 1985-86 for CUDP-III and during1991-92, 1992-93 and 1993-94 for IPP-VIII (in phases in KMA ULBs), age criteria for selection of HHW had been fixed to 35 – 45 years. It was silent about the retiring age. Over the years, the capacity of some of the HHWs has been reduced due to ageing and as such they can not pay visit to the households regularly.
- Understanding level of some of the HHWs / FTSs is so deficient that they can not fill up the requisite information in the family schedule, can not make any discussion with the mothers on different health issues where the most important component of making aware the community is being defeated, can not prepare HMIS report more or less accurately even after a long period of 25-30 years of service. In KUSP, retraining had been imparted to all the health functionaries at a regular interval and pre & post evaluation was done separately for each of the retraining programme. Some of the health functionaries were the perpetual low / very low scorers.
- Existing PTMOs in most of the places are not functioning adequately, main barrier is low remuneration which is Rs. 2100/- per head per month. Sanctioned no. of PTMO is one (1) per HAU under CUDP III and two (2) in IPP-VIII.

Sub-Centres & HAUs

- A Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000- 40,000 BPL population.
- One FTS is in charge of the SC.
- In many of the ULBs more than one Sub-Centre are functioning from the same premises of HAU which do not justify decentralization of primary health care services.
- In some of the ULBs, a no. of SCs are located in the Panchayet area and serve the population of Panchayets, though there is a definite health care delivery structure of DHFW.

- At least 7-8 clinics (ANC / PNC clinic, Immunisation Clinic, Growth Monitoring Clinic – 1 each per month and General Treatment Clinic – 1 per week) are to be provided from each of the SCs.
- In some of the Sub-Centres, one multipurpose clinic per week is being held where all the cases for ANC/ PNC, Immunisation, general treatment done instead of holding separate clinics.
- Man-power structure at HAU level differs from programme to programme eg. there is sanction of one Pt MO per HAU in CUDP III whereas it is two in IPP-VIII,
- Less monitoring and supervision in respect of activities under CUDP III.

HMIS

- ULB is having database for HMIS for the population covered under Health programme – not for total population.
- At present the ULB is not having any health related information for its total population
- HMIS for Public Health is not existing in uniform pattern in all the ULBs.

Public Health

- Different components of public health i.e. vector control, solid waste disposal, water testing etc. not being done at regular frequency.
- Implementation of National Health Programmes are being done as and when directed by DHFW.
- At present Disease surveillance in the true sense of term is not being done by the ULBs.
- There is no definite infrastructure for implementation of Public health services.
- System of Birth & Death registration as well as the responsibility of Registrar for the same varies from ULB to ULB.
- There is no systematic Malaria and DOTS clinic

Monitoring & Supervision

- Responsibility of Ward Committee in implementation of primary and public health care services at Ward level is not uniform in nature.
- Municipal Level Health & Family Welfare Committee – not functioning adequately and regularly.

Others

User Charges – particularly collection of Rs. 2/- per month by the HHW from the families where they pay visit twice in a month. This was introduced somewhere in the year 2003. HHWs find difficulty in raising this collection as most of their times are lost on this issue, where main activity in respect of health care delivery is being hampered. It has been learnt unofficially that some of the HHWs pay the amount from their honorarium, as it was told to them that if they could not collect the user's fee at family level, their efficiency would be put in query and in some of the cases they would not be allowed to draw honorarium.

It has also been informed that the beneficiary families do not agree to contribute for user's fee at family level, they may agree to give charges for receipt of health services at SC / HAU / OPD cum MH and RDC level

General opinion is in favour of abolishing the practice of realizing user charges of Rs. 2/- at beneficiary family level.

DRAFT

NOTIFICATION

Sub. : Restructuring of Health Programmes of 40 KMA ULBs , 10 Non-KMA ULBs implementing IPP-VIII(Extn) & Asansol M.C implementing RCH Sub-project.

The Community Based Primary Health Care Services are being provided to the population of your ULB under the different Health programmes i.e. CUDP III, IPP-VIII and UHIP.

The active phase of all the Health programmes have ended. Now in the O & M phase, the Government has decided that it is imperative to organize the activities so that maximum benefit is derived. This is to restructure existing primary health care services at ULB level for effective utilization of existing resources towards extending services in consolidated manner to wider section of population and to have data base in totality.

The 40 ULBs in KMA , 10 ULBS who implemented IPP-VIII(Extn.) & Asansol M.C are to adopt the following activities :

- There will be only one Cell for Health from where health services will be administered by the HO. In absence of HO this will be done by AHO.
- An office for HO is to be set up along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be drawn from the existing ones of HAUs.
- The office of HO shall be equipped with the logistics like computer, software for HMIS etc.
- Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB is to be done.
- Honorary Health Worker (HHW) should be reallocated of HHWs Ward-wise. HHWs should be placed near the location of their residence. HHW at Sub-centre and HAU is also to reallocated. If BPL population is less than 200 families in a Ward, there should be one HHW, If there are between 200 and 400 families there should two HHWs and so on. If there is no BPL population in a Ward, there should still be an HHW for other Health programmes.
- The geographical restructuring should be done keeping the total number of existing HHWs in the ULB same.
- Re-allocation of SC wherever are existing at Panchayet area should be done.
- Construction of SCs may be done wherever possible and feasible.

Contd. to P-2.

- HO is to be made overall incharge of Birth & Death registration.
- Linkage between HO / Health Office and Sanitary Inspector is to be established in managing public health.
- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH are to be collected twice in a year (in the month of April & October, data upto 31st March and 30th September respectively) By HHWs. Each month there should be a report prepared in "Form C/D" for BPL population and at the end of each 6 months there should be a report prepared for APL, BPL and a combined one for the ULB as a whole. Recently done household survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.
- Ward Committee should be made responsible for implementing, monitoring and supervising the health programmes in the respective ward.
- Ward Committee should be asked submit a report as per proforma given by SUDA on monthly basis. The said report is to be attached with HMIS report while submitting to appropriate Authority.
- Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.
- Report on the meeting of MHFWC should be attached with the HMIS report twice in a year i.e. April and October.
- In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.

Details of the above proposals are annexed.

These activities should be completed by March, 2008 and is to be intimated to the Dept. of Municipal Affairs by 10th April, 2008.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

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- ~~Reallocation of HHWs ward-wise, keeping in view~~ Honorary Health Worker (HHW) should be reallocated ~~ward~~ Ward-wise, HHWs the location of their residence ~~which should be nearer to the working field. Accordingly, allotment of~~ should be placed near to HHW ~~to~~ at Sub centre ~~SC~~ and HAU ~~is~~ should also to be reallocated. If BPL population is less than 200 families in a ward, there should be one HHW. If there are between 200 and 400 families there should be ~~one~~ two HHWs and so on. If there is no BPL population in a ward there should still be an HH W for other Health progra.
- ~~The quantitative strength of HHWs be utilized~~ in geographical restructuring should be done keeping the total number of HHWs in the ULB the same.
- Re-allocation of SC which are at Panchayet area, ~~wherever existing~~. wherever they are existing should be ~~not~~ done.
- Construction of SCs may be done wherever possible and feasible.
- HO is to be made overall incharge of Birth & Death registration.
- Linkage between HO / Health Office and SI Sanitary Inspector is to be established in managing public health.

Contd. to P-2.

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The 40 ULBs in KMA (10 ULBs who implemented IPP VIII Extn Project and Asansol M.C.) are to adopt the following activities :

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- The office of HO shall be equipped with the logistics like computer, software for ~~e-governance~~ MIS etc.
- Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB is to be done.
- Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.
- The quantitative strength of HHWs be utilized in geographical restructuring.
- Re-allocation of SC which are at Panchayet area, wherever existing.
- Construction of SCs ~~under JNNURM is to be linked~~ may be done wherever ~~applicable~~ possible and feasible.
- HO is to be made overall incharge of Birth & Death registration.
- Linkage between HO / Health Office and SI to be established in managing public health.

Contd. to P-2.

- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole. Recently done ~~economic~~ household survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.
- Ward Committee be made responsible for implementing, monitoring and supervising the health programmes in the respective ward.
- Ward Committee ~~will~~ should be asked submit a report * as per proforma given below on monthly basis. The said report is to be attached with HMIS report while submitting to appropriate Authority.
- Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.
- Report on the meeting of MHFWC shall be attached with the HMIS report twice in a year i.e. April and October.
- In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.

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Principal Secretary
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Dept. of MA & UD

Annexure

* Format for Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

- Director, SUDA – Overall In-charge.
- Chief Urban Health Officer or Project Officer (?) – In-charge of all the Urban Health Projects & Programmes under SUDA
- Medical Officer – 6 nos. – 4 nos. for 40 KMA & 2 for 22 Non-KMA ULBs (IPP-VIII-Extn. in 10, RCH Sub-Project in 1 and Honorary Health Worker Scheme in 11 Non-KMA ULBs.)
- Medical Officer – 10 nos. for 63 Non-KMA ULBs (recently launched programme) will be as per approved proposal.
- For MIES : MIES Officer – 4 nos. - 1 for 40 KMA ULBs, 1 for IPP-VIII-Extn., RCH Sub-Project and Honorary Health Worker Scheme in 22 Non-KMA ULBs., 2 for 63 Non-KMA ULBs implementing CBPHC
- Data Entry Operator – 2 nos. for MIES
- For Finance & A/Cs Section – FO (regular) – 1 no.
  Cashier – 1 no.
  Accountant – 2 nos. (1 for 40 KMA & 22 Non-KMA and 1 for 63 Non-KMA ULBs.)
  Accounts Asstt. – 4 nos.
  (1 for 40 KMA, 1 for 22 Non-KMA and 2 for 63 Non-KMA ULBs.)

  (All will be Computer friendly).

- Computer Assistant – 2 nos. for general section.
- Clerk cum Storekeeper – 2 nos.
- Group D – 2 nos. (one for general section and other for Finance and A/Cs section)

Summary of requirement of Manpower at Health Wing, SUDA

Manpower	No. required
Chief Urban Health Officer or Project Officer (?)	1
Medical Officer	16
MIES Officer	4
Finance Officer	1
Accountant	2
Accountant Assistant	4
Cashier	1
Data Entry Operator for MIES	2
Computer Assistant for general section	2
Clerk	2
Group D	2
Total	**37**

Contd. to P-2.

Manpower Sanctioned
for
Honorary Health Worker (HHW) Scheme in 11 Non-KMA ULBs and existing situation

Manpower	Sanctioned Post	Existing Situation	Remarks
Consultant	1	1	As Advisor, Health on Contractual basis
Project Officer	1	1	Health Expert, CMU is in dual charge. Within age group, on contractual basis
Finance Officer	1	1	Retd. on contractual basis
MIES Officer	1	1	Retd. on contractual basis
Medical Specialist	2	1	Within age group, on contractual basis
Community Development Specialist	1	Nil	-
Clerk cum Storekeeper	1	1	Retd. on contractual basis
Data Entry Operator	1	1	Within age group, on contractual basis
Attendant	1	Nil	-

Manpower Sanctioned
for
Community Based Primary Health Care (CBPHC) Services in 63 Non-KMA ULBs

Manpower	Sanctioned Post	Existing Situation	Remarks
Project Officer	1	1	Health Expert, CMU is looking after
Asstt, Project Officer	4	-	Advertisement is under process
Finance Officer	1	-	
MIES Officer	1	-	
Accounts Asstt.	3	-	
Computer Assistant	5 (2 for HQ and 3 for DLB)	-	
Clerk cum Storekeeper	2	-	Needs further clarification from the Dept.
Multipurpose Helper	5 (2 for HQ and 3 for DLB)	-	

Final Draft

Restructuring of Urban Health Programmes in 40 KMA ULBs

Objective

- Effective and uniform service by amalgamating different existing community based health programme in each of the 40 ULBs.
- Maximum utilization of health infrastructure and functionaries judiciously and effectively through restructuring.
- Rational distribution of beneficiaries amongst the HHWs for more or less uniform coverage per HHW.
- Ensuring service coverage in each of the wards of the ULB.
- Ensuring health coverage to all left out, vulnerable and marginalized group of people.
- Revamping of health cell of ULB for effective supervision and monitoring.
- Development of HMIS for total population of ULB.

Situation Analysis

Information on ULB-wise total population as per 2001 census, no. of wards and HHWs, existing Health programmes, average no. of HHWs per ward, percentage of population covered (out of total population of the ULB) under Health programmes are as under :

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
1	Baidyabati	108231	22	85	3.86	74449	68.79	CUDP III & IPP-VIII
2	Bally	261575	29	127	4.38	128384	49.08	CUDP III & IPP-VIII
3	Bansberia	104453	22	99	4.50	98721	94.51	CUDP III & IPP-VIII
4	Baranagar	250615	33	60	1.82	58267	23.25	CUDP III & IPP-VIII
5	Barasat	231515	30	197	6.57	228557	98.72	CUDP III & IPP-VIII
6	Barrackpore	144331	24	85	3.54	84447	58.51	CUDP III & IPP-VIII
7	Baruipur	44964	17	24	1.41	23203	51.60	CUDP III
8	Bhadreswar	105944	20	115	5.75	185938	175.51	CUDP III & IPP-VIII
9	Bhatpara	441956	35	191	5.46	190174	43.03	IPP VIII
10	Bidhannagar	167848	23	35	1.52	38356	22.85	IPP VIII

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
11	Budge Budge	75465	20	84	4.20	80566	106.76	CUDP III & IPP-VIII
12	Champdani	103232	22	94	4.27	91786	88.91	CUDP III & IPP-VIII
13	Chandannagar MC	162166	33	85	2.58	91067	56.16	CUDP III & IPP-VIII
14	Dum Dum	101319	22	53	2.41	49007	48.37	CUDP III & IPP-VIII
15	Garulia	76300	21	95	4.52	114326	149.84	CUDP III & IPP-VIII
16	Gayeshpur	55028	18	58	3.22	60031	109.09	CUDP III & IPP-VIII
17	Halisahar	124479	23	99	4.30	107410	86.29	CUDP III & IPP-VIII
18	Hooghly Chinsurah	170201	30	148	4.93	140144	82.34	CUDP III & IPP-VIII
19	Howrah MC	1008704	50	423	8.46	409765	40.62	CUDP III & IPP-VIII
20	Kalyani	81984	19	35	1.84	35892	43.78	IPP VIII
21	Kamarhati	314334	35	137	3.91	125721	40.00	IPP-VIII
22	Kanchrapara	126118	24	93	3.88	90013	71.37	CUDP III & IPP-VIII
23	Khardah	116252	21	135	6.43	122270	105.18	CUDP III & IPP-VIII
24	Konnagar	72211	19	65	3.42	64239	88.96	CUDP III & IPP-VIII
25	Madhyamgram	155503	23	94	4.09	99451	63.95	IPP VIII
26	Maheshtala	389214	35	204	5.83	195910	50.33	IPP-VIII
27	Naihati	215432	28	129	4.61	146171	67.85	CUDP III & IPP-VIII
28	New Barrackpore	83183	19	95	5.00	77964	93.73	CUDP III & IPP-VIII
29	North Barrackpore	123523	22	169	7.68	171110	138.52	CUDP III & IPP-VIII
30	North Dum Dum	220032	30	126	4.20	125431	57.01	CUDP III & IPP-VIII
31	Panihati	348379	35	198	5.66	182312	52.33	CUDP III & IPP-VIII
32	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
33	Rajarhat Gopalpur	271781	27	186	6.89	186647	68.68	IPP VIII
34	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
35	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII

CUDP III – 22 ULB

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Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered Under Health Programmes
36	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
37	South Dum Dum	392150	35	198	5.66	200025	51.01	IPP VIII
38	Titagarh	124198	23	105	4.57	104887	84.45	IPP VIII
39	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
40	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

- **Source of information :** (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.

Average No. of HHWs per Ward

Avg. no. of HHWs / ward	No. of ULBs	Name of ULBs
1 – 2	4	Baranagar, Baruipur, Bidhannagar, Kalyani
3 – 4	9	Baidyabati, Barrackpore, Gayeshpur, Chandernagar, Dum Dum, Kamarhati, Kanchrapara, Konnagar, Pujali
5 - 6	22	Bally, Bansberia, Bhadreswar, Bhatpara, Budge Budge, Champdany, Garulia, Halisahar, Hooghly Chinsurah, Madhyamgram, Naihati, Maheshtala, New BKP, N. Dum Dum, Panihati, Rajpur Sonarpur, Rishra, S. Dum Dum, Titagarh, Uluberia, Uttarpara Kotrung
7 – 8	5	Barasat, Khardah, North BKP, Rajarhat Gopalpur, Serampore

Coverage % against total population

Coverage %	No. of ULBs	Name of ULBs
20 to 30%	2	Baranagar. Bidhannagar
31 to 40%	2	Kamarhati, Rajpur Sonarpur
41 to 50%	5	Bally, Bhatpara, Dum Dum, Howrah, Kalyani
51 to 60%	7	BKP, Baruipur, Chandernagar, Maheshtala, N. Dum Dum, Panihati, S. Dum Dum
61 to 70%	5	Baidyabati, Madhyamgram, Naihati, Rajarhat Gopalpur, Uluberia
71 to 80%	3	Kanchrapara, Serampore, Uttarpara Kotrung
81 to 90%	5	Champdany, Halisahar, Hooghly Chinsurah, Konnagar, Titagarh
91 to 100%	3	Bansberia, Barasat, New Barrackpore
More than 100%	8	Bhadreswar, Budge Budge, Garulia, Gayeshpur, Khardah, North Barrackpore, Pujali, Rishra

Coverage of the population by the ULBs

- There are left out population i.e. floating population, red light area, slum population at service land, brick field areas etc. in the municipal area who are not being covered under the fold of Health services of the ULB (i.e. family schedule for each of the family are not being maintained and HHWs do not pay home visits). But these people when come to Sub-Centre for any of the services they are being provided. Any health related data is not reflected in the HMIS report.
- HHW is covering much less than BPL 200 families or 1000 population in many of the ULBs (In each of the health programmes it is spelt out that one HHW is to cover 150–200 BPL families or 750 to 1000 population).
- In the ULBs implementing CUDP III and IPP-VIII, fraction of BPL population are covered by HHW of CUDP III and some by IPP-VIII in a ward. Furthermore, one HHW is to cover BPL families of her jurisdiction containing in more than one ward. As a result, it is very difficult to get overall picture of the ward at one point of time.

- One Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000-40,000 BPL population
- In some of the ULBs, population of rural area are also being covered and some of the Sub-Centres are located in Panchayet area e.g. Budge Budge - 4 SCs, in Uttarpara Kotrung – 9 SCs are in Panchayet area , in Hooghly Chinsurah – 15 SCs in pachayet area.

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- When the health programmes started in the 1985-86 for CUDP-III and during1991-92, 1992-93 and 1993-94 for IPP-VIII (in phases in KMA ULBs), age criteria for selection of HHW had been fixed to 35 – 45 years. It was silent about the retiring age. Over the years, the capacity of some of the HHWs has been reduced due to ageing and as such they can not pay visit to the households regularly.
- Understanding level of some of the HHWs / FTSs is so deficient that they can not fill up the requisite information in the family schedule, can not make any discussion with the mothers on different health issues where the most important component of making aware the community is being defeated, can not prepare HMIS report more or less accurately even after a long period of 25-30 years of service. In KUSP, retraining had been imparted to all the health functionaries at a regular interval and pre & post evaluation was done separately for each of the retraining programme. Some of the health functionaries were the perpetual low / very low scorers.
- Existing PTMOs in most of the places are not functioning adequately, main barrier is low remuneration which is Rs. 2100/- per head per month. Sanctioned no. of PTMO is one (1) per HAU under CUDP III and two (2) in IPP-VIII.

Sub-Centres & HAUs

- A Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000- 40,000 BPL population.
- One FTS is in charge of the SC.
- In many of the ULBs more than one Sub-Centre are functioning from the same premises of HAU which do not justify decentralization of primary health care services.
- In some of the ULBs, a no. of SCs are located in the Panchayet area and serve the population of Panchayets, though there is a definite health care delivery structure of DHFW.

- At least 7-8 clinics (ANC / PNC clinic, Immunisation Clinic, Growth Monitoring Clinic – 1 each per month and General Treatment Clinic – 1 per week) are to be provided from each of the SCs.
- In some of the Sub-Centres, one multipurpose clinic per week is being held where all the cases for ANC/ PNC, Immunisation, general treatment done instead of holding separate clinics.
- Man-power structure at HAU level differs from programme to programme eg. there is sanction of one Pt MO per HAU in CUDP III whereas it is two in IPP-VIII,
- Less monitoring and supervision in respect of activities under CUDP III.

HMIS

- ULB is having database for HMIS for the population covered under Health programme – not for total population.
- At present the ULB is not having any health related information for its total population
- HMIS for Public Health is not existing in uniform pattern in all the ULBs.

Public Health

- Different components of public health i.e. vector control, solid waste disposal, water testing etc. not being done at regular frequency.
- Implementation of National Health Programmes are being done as and when directed by DHFW.
- At present Disease surveillance in the true sense of term is not being done by the ULBs.
- There is no definite infrastructure for implementation of Public health services.
- System of Birth & Death registration as well as the responsibility of Registrar for the same varies from ULB to ULB.
- There is no systematic Malaria and DOTS clinic

Monitoring & Supervision

- Responsibility of Ward Committee in implementation of primary and public health care services at Ward level is not uniform in nature.
- Municipal Level Health & Family Welfare Committee – not functioning adequately and regularly.

Others

User Charges – particularly collection of Rs. 2/- per month by the HHW from the families where they pay visit twice in a month. This was introduced somewhere in the year 2003. HHWs find difficulty in raising this collection as most of their times are lost on this issue, where main activity in respect of health care delivery is being hampered. It has been learnt unofficially that some of the HHWs pay the amount from their honorarium, as it was told to them that if they could not collect the user's fee at family level, their efficiency would be put in query and in some of the cases they would not be allowed to draw honorarium.

It has also been informed that the beneficiary families do not agree to contribute for user's fee at family level, they may agree to give charges for receipt of health services at SC / HAU / OPD cum MH and RDC level

General opinion is in favour of abolishing the practice of realizing user charges of Rs. 2/- at beneficiary family level.

Suggestion for Restructuring of Primary and Public Health Care Services at ULB level

	Activity	Responsibility
1	Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB. There will be only one Cell for Health from where health services will be administered by the HO, in absence of HO this will be done by AHO.	Order is to be issued by the Dept. of Municipal Affairs.
2	Source of funding for existing different health programmes should be under one Department instead of multiple departments which will help in preparing and submitting one HMIS Report only by the ULB. (Source of funding for CUDP III – DHFW, for IPP-VIII – Dept. of Municipal Affairs)	Dept. of Municipal Affairs
3	Supervision and monitoring cell of the restructured health programmes – whether by KMDA or SUDA ?	Dept. of Municipal Affairs is to decide.
4	Fund flow from the Dept. to the ULBs should be at regular interval and through one channel (KMDA ? SUDA ?)	Do
5	Average no. of HHWs per ward per ULB varies. Lowest is 1.52 in Bidhannagar Municipality and highest is 7 - 8 in 5 ULBs i.e. Barasat, Khardah, North Barrackpore, Rajarhat Gopalpur and serampore. The quantitative strength of HHWs may be utilized in geographical restructuring.	ULB
6	Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.	Do
7	Re-allocation of SC which are at Panchayet area.	Do

Health Cell at ULB level

	Activity	Responsibility
8	There will be one office of HO along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be pulled from the existing ones of HAUs.	ULB
9	The office of HO shall be equipped with the logistics like computer, software for e-governance etc.	Do

Health Manpower

	Activity	Responsibility
1	Posting of Health Officer at each ULB	Dept. of Municipal Affairs
2	Designation of part time Medical officer should be redesignated as "Medical Officer" only.	Do
3	One of the options may be to stop continuation of PTMOs and keep a list of panel doctors who will render clinic services at SCs as per schedule set up by the ULBs on a clinic based fee which is Rs. 300/- per clinic per day (inclusive of all) for 3 hours, not exceeding 20 clinics per month per person. Service charge for providing treatment to APL population by the MO at Sus-Centre during general / specialised treatment clinic may be imposed by the ULB concerned. The MO may get a percentage of that service charge in addition to his clinic based fee of Rs. 300/- per day. At least 1 - 2 doctors should be conversant with the practice of conducting BCG and measles vaccination.	Do
4	The post of AHO will remain in position as it is existing.	Do
5	Salary of AHO may be enhanced at least to Rs. 8,000/- per head p.m. with a provision of increment at a fixed interval.	Do
6	Post of UHIO may be phased out within two (2) years. The responsibility of UHIO may be vested upon the existing STSs.	Do
7	Additional no. of FTSs may be required who will remain in-charge of Public Health Services @ 1 additional FTS for 30,000 population.	Do
8	Existing STSs who are not within the retiring age, services of whom be utilized as FTS (PH) but their pay protection be provided.	Do

Activity	Responsibility
9 Retiring age criteria for all of the Health functionaries i.e. HHWs, FTSs, STSs, ANM, GNM, Clerk, Attendant, Sweeper - may be fixed at 60 for all category of staff. In special cases where the technical persons are physically fit and mentally alert in delivering the service, the retiring age may be extended upto 65 years.	Issuance of necessary order by Dept. of Municipal Affairs. ULB be vested to exercise discretion on the merit of individual case.
10 Even if the Health manpower is within the limit of retiring age, the performance capability of each of the category of staff needs to be assessed at regular frequency and necessary action be taken accordingly.	ULB and Municipal Level Health & Family Welfare Committee

Sub-Centres

Activity	Responsibility
1 Construction of Sub-Centre is preferred instead of utilization of premises of club or NGOs. The SC should have waiting space for the clients and toilet facilities.	Dept. of Municipal Affairs
2 Construction of SCs under JNNURM is to be linked.	ULB

Public Health

Activity	Responsibility
1 Birth & Death registration – HO will be the overall incharge.	ULB
2 Role of SI in managing public health – Linkage between HO / Health Office and SI to be established.	Do
3 Water testing at terminal or user's end may be done by the HHW / FTS (PH) at a regular frequency / during outbreak. For the purpose, testing Kit is to be made available to the HHWs / FTS (PH). This testing will be basically to identify coliforms. On receipt of positive test, HHW / FTS (PH) will intimate the Complaint Cell of the ULB and the HO concerned as well.	Do
4 Setting up of Malaria clinic and DOTs centre. One such clinic may be established for one lakh or less population. Laboratory Technician at a salary of Rs. 3000/- per month who will draw blood slides, examine the slides under microscope for malaria and TB organism, estimate hemoglobin and the like. The fund for setting up such clinic may be obtained from the Dept. of Health & Family Welfare.	Dept. of Municipal Affairs and ULB

HMIS

Activity	Responsibility
Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole. Recently done economic survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.	Dept. of Municipal Affairs & ULB

Monitoring & Supervision

Activity	Responsibility
Ward Committee be made responsible for implementing, monitoring and supervising the health programmes in the respective ward.	ULB
Ward Committee will submit a report * as per proforma given below on monthly basis. The said report is to be attached with HMIS report while submitting to appropriate Authority.	Do
Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.	Do
Report on the meeting of MHFWC shall be attached with the HMIS report twice in a year i.e. April and October.	Do
In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.	Do

Others

Activity	Responsibility
Realisation of Users' charges @ Rs. 2/- at family level by the HHWs be abolished.	Dept. of Municipal Affairs
Other service charges existing in the ULB be revised (if necessary) and continued.	ULB
Honorarium of HHWs, FTSs, STSs and other grass root level functionaries be enhanced periodically.	Dept. of Municipal Affairs

Annexure

* Format for Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

Minutes of the 4th meeting of the Health Steering Committee (HSC), KUSP held at ILGUS Conference Room on 20.08.2007

17

Participants :

1. Sri Arnab Roy, Project Director, CMU - Chairman HSC
2. Dr. Kallol Kr. Mukherjee, Project Manager, CMU- Member
3. Sri Amiya Das, Mayor, Chadernagar Municipal Corporation – Member
4. Sri Mrinalendu Banerjee, Chairman New Barrackpore - Member
5. Sri Govinda Ganguly, Chairman, Kamarhati Municipality & President, West Bengal Municipal Association
6. Sri H. P. Mondal, OSD, UHIP , KMDA, representative of Secretary, KMDA
7. Dr. N.G. Gangopadhyay, Adviser, Health, SUDA – Member
8. Dr. Ms. Sucheta Mazumdar, HO, Bhadreswar Municipality – Member
9. Dr. S.K. Debnath, HO, Rajpur Sonarpur Municipality – Member
10. Dr. P.K.Gupta, HO, South DumDum Municipality – Member
11. Dr. Shibani Goswami, Health Expert, CMU- Member Secretary

The meeting was held under the chairmanship of the Project Director, CMU who initiated the discussion on objective of restructuring of the urban health programmes in 40 KMA ULBs. He briefed the participants then asked the Health Expert, CMU to present the draft proposals.

Accordingly, Health Expert, CMU, presented the scenario on existing situation of different health programmes implemented by 40 KMA ULBs and suggestive points on restructuring.

After a thread bare discussion, all the participants felt that restructuring of all the health programmes at ULB level is most essential, but for the purpose one parent unit is to identified at State Level by the Competent Authority. That unit would be responsible for providing necessary instruction, supervision, monitoring and regular flow of fund to the ULBs. Unless this issue is settled and finalized first, the restructuring at ULB level perhaps would not be practical. This issue is to be given priority.

All the participants agreed upon almost all the suggestive points for restructuring of health programmes as drafted and circulated to all the ULBs before and made certain points for improving upon some of the suggestions. Discussion points of the participants were noted down and will be incorporated in the final draft on restructuring accordingly.

It was decided that the final draft on re-structuring and consequent activities for restructuring along with involvement of responsible Department / Authority be forwarded to the Dept. of Municipal Affairs.

Arnab Roy
Project Director, CMU
&
Chairman, HSC

KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. V)/1039 **Dt. .. 01.08.2007**

The 4th meeting of the Health Steering Committee, KUSP will be held at SUDA Conference Hall, ILGUS Bhawan, HC Block, Sector – III, Bidhannagar, Kolkata – 700 106 on 17.08.2007 at 2.00 P.M. to discuss and finalise the draft on restructuring of Health Programmes of 40 KMA ULBs. The said draft was communicated to all the 40 KMA ULBs under this office memo no. CMU-94/2003(Pt. V)/779(40) dt. 04.07.2007 and comments / views in this regard from a no. of ULBs have been received in the mean time.

All the members of the Health Steering Committee are requested kindly to make it convenient to attend the said meeting.

Arnab Roy
Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/1039/1(9) **Dt. .. 01.08.2007**

Copy forwarded to :

1. **Secretary, KMDA**
2. **Project Manager, CMU**
3. **Mayor, Chandannagore Municipal Corporation**
4. **Chairman, New Barrackpore Municipality**
5. **Dr. N.G. Gangopadhyay**
6. **Health Officer, South Dum Dum Municipality**
7. **Health Officer, Bhadreswar Municipality**
8. **Health Officer, Rajpur-Sonarpur Municipality**
9. **Health Expert, CMU.**

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/1039/2(2) **Dt. .. 01.08.2007**

Copy forwarded for kind information and with the request to depute your - representative to participate in the discussion session as special invitee :

1. **Principal Secretary, Dept. of Municipal Affairs**
2. **General Secretary, WB Municipal Association**

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/1039/3(1) **Dt. .. 01.08.2007**

Copy forwarded for kind information and with the request to participate in the discussion session as special invitee :

Director, SUDA

Project Director, CMU

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Memo No. CMU-94/2003(Pt. V)/1172 Dt. .. 16.08.2007

The 4th meeting of the Health Steering Committee, KUSP will be held on 20.08.2007 at 2.00 P.M. instead of 17.08.2007. The venue and the agenda will remain unaltered.

All the members of the Health Steering Committee are requested kindly to make it convenient to attend the said meeting.

Inconvenience is regretted.

Arnab Roy
Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/1172/1(9) **Dt. .. 16.08.2007**

Copy forwarded to :

1. **Secretary, KMDA**
2. **Project Manager, CMU**
3. **Mayor, Chandannagar Municipal Corporation**
4. **Chairman, New Barrackpore Municipality**
5. **Dr. N.G. Gangopadhyay**
6. **Health Officer, South Dum Dum Municipality**
7. **Health Officer, Bhadreswar Municipality**
8. **Health Officer, Rajpur-Sonarpur Municipality**
9. **Health Expert, CMU.**

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/1172/2(2) **Dt. .. 16.08.2007**

Copy forwarded for kind information and with the request to depute your representative to participate in the discussion session as special invitee :

1. **Principal Secretary, Dept. of Municipal Affairs**
2. **General Secretary, WB Municipal Association**

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/1172/3(1) **Dt. .. 16.08.2007**

Copy forwarded for kind information and with the request to participate in the discussion session as special invitee :

Director, SUDA

Project Director, CMU

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Health Steering Committee Meeting

Date : 20.08.2007 Time : 2.00 p.m.

Sl. No.	Name	Designation	Organization	Signature
1.	Dr Subhas Kr Debnath	Health officer	Rajpur-Sonarpur Municipality	20/8/07
2.	Dr (Mrs) Sucharita Nandy Hazra	H.O.	Bidhannagar Municipality	20/8/07
3.	Dr Pankaj Kr Gupta	Health officer	South Dum Dum Municipality.	20/8/07
4.	Kallol K. Mukherjee	Project Manager	CMC	
5.	Arnab Roy	PD	CMC	
6.	H. P. Mandal	DSD, UHIPP KMDA	KMDA	20/8/07
7.	AMIYA DAS	Mayor	Chandernagore M.C.	
8.	Sumida Sengupta.	Chairman, K.K. Secy, WBMA.	WBMA. Kamarhati.	20/8.
9.	Mrinalendu Banerjee	Chairman	West Bengal Govt	
10.	Dr. N G Gangopadhyay	Adviser (Health)	JUDA	20/8/07
11.	Dr. S. Ghosh-in	Health Expert	CMC	
12.				
13.				
14.				
15.				

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13

KUSP
FOOTFALLS OF FUTURE

KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. V)/779(40) **Dt. .. 04.07.2007**

From : Arnab Roy
Project Director, CMU

To : The Mayor / Chairman

..... Municipal Corporation / Municipality

Sub. : Restructuring of Health Programmes of 40 KMA ULBs.

Sir,

You are aware that Community Based Primary Health Care Services are being provided to the population of your ULB under the different Health programmes i.e. CUDP III, IPP-VIII and UHIP (in selected ULBs).

Since the active phase of all the Health programmes have ended and entered in O & M phase, supported by State Government. it is probably right time to restructure existing primary health care services at ULB level for effective utilization of existing resources towards extending services to wider section of population and to have data base in totality.

Concept of ward-wise placement of Honorary Health Worker, Public Health service and HMIS for total population, adopted in recently launched Community Based Primary Health Care Services in 63 Non-KMA ULBs have been followed while preparing a draft on restructuring of Health programmes at ULB level.

The Draft Note on restructuring of Health programmes in 40 KMA ULBs depicting Situation Analysis and Suggestions is enclosed. You are requested to offer your valuable comments by 20th July, 2007. Following to that, a discussion session will be convened at CMU with all the Mayor / Chairpersons.

Thanking you.

Yours faithfully,

Project Director, CMU

Contd. to P-2.

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ILGUS BHAVAN, HC BLOCK, SECTOR 3, BIDHANNAGAR, KOLKATA - 700 106
PH. : 033-2337 8723/6226, 2358 6403/5767, FAX : 033-2337 7318/6229
E-mail : kusp

Memo No. CMU-94/2003(Pt. V)/779(40)/1(1) **Dt. .. 04.07.2007**

CC :

Secretary, KMDA – for kind perusal and comments please.

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/2(1) **Dt. .. 04.07.2007**

CC :

Director, SUDA.

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/3(1) **Dt. .. 04.07.2007**

CC :

Project Manager, CMU

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/1(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Principal Secretary, Dept. of Municipal Affairs

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/2(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
PS to MIC, Dept. of Municipal Affairs

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/3(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Chief Executive Officer, KMDA

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/4(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Director, Directorate of Local Bodies

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/5(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Director, SUDA

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/6(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
General Secretary, WB Municipal Association

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/7(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Project Manager, CMU

Project Director, CMU

Restructuring of Urban Health Programmes in 40 KMA ULBs

Situation Analysis

Information on ULB-wise total population as per 2001 census, no. of wards and HHWs, existing Health programmes, average no. of HHWs per ward, percentage of population covered (out of total population of the ULB) under Health programmes are as under :

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
1	Baidyabati	108231	22	85	3.86	74449	68.79	CUDP III & IPP-VIII
2	Bally	261575	29	127	4.38	128384	49.08	CUDP III & IPP-VIII
3	Bansberia	104453	22	99	4.50	98721	94.51	CUDP III & IPP-VIII
4	Baranagar	250615	33	60	1.82	58267	23.25	CUDP III & IPP-VIII
5	Barasat	231515	30	197	6.57	228557	98.72	CUDP III & IPP-VIII
6	Barrackpore	144331	24	85	3.54	84447	58.51	CUDP III & IPP-VIII
7	Baruipur	44964	17	24	1.41	23203	51.60	CUDP III
8	Bhadreswar	105944	20	175	8.75	185938	175.51	CUDP III & IPP-VIII
9	Bhatpara	441956	35	191	5.46	190174	43.03	IPP VIII
10	Bidhannagar	167848	23	35	1.52	38356	22.85	IPP VIII
11	Budge Budge	75465	20	84	4.20	80566	106.76	CUDP III & IPP-VIII
12	Champdani	103232	22	94	4.27	91786	88.91	CUDP III & IPP-VIII
13	Chandannagar MC	162166	33	85	2.58	91067	56.16	CUDP III & IPP-VIII
14	Dum Dum	101319	22	53	2.41	49007	48.37	CUDP III & IPP-VIII
15	Garulia	76300	21	95	4.52	114326	149.84	CUDP III & IPP-VIII
16	Gayeshpur	55028	18	58	3.22	60031	109.09	CUDP III & IPP-VIII
17	Halisahar	124479	23	99	4.30	107410	86.29	CUDP III & IPP-VIII
18	Hooghly Chinsurah	170201	30	148	4.93	140144	82.34	CUDP III & IPP-VIII
19	Howrah MC	1008704	50	423	8.46	409765	40.62	CUDP III & IPP-VIII
20	Kalyani	81984	19	35	1.84	35892	43.78	IPP VIII

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
21	Kamarhati	314334	35	137	3.91	125721	40.00	IPP-VIII
22	Kanchrapara	126118	24	93	3.88	90013	71.37	CUDP III & IPP-VIII
23	Khardah	116252	21	135	6.43	122270	105.18	CUDP III & IPP-VIII
24	Konnagar	72211	19	65	3.42	64239	88.96	CUDP III & IPP-VIII
25	Madhyamgram	155503	23	94	4.09	99451	63.95	IPP VIII
26	Maheshtala	389214	35	204	5.83	195910	50.33	IPP-VIII
27	Naihati	215432	28	129	4.61	146171	67.85	CUDP III & IPP-VIII
28	New Barrackpore	83183	19	95	5.00	77964	93.73	CUDP III & IPP-VIII
29	North Barrackpore	123523	22	169	7.68	171110	138.52	CUDP III & IPP-VIII
30	North Dum Dum	220032	30	126	4.20	125431	57.01	CUDP III & IPP-VIII
31	Panihati	348379	35	198	5.66	182312	52.33	CUDP III & IPP-VIII
32	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
33	Rajarhat Gopalpur	271781	27	186	6.89	186647	68.68	IPP VIII
34	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
35	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII
36	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
37	South Dum Dum	392150	35	198	5.66	200025	51.01	IPP VIII
38	Titagarh	124198	23	105	4.57	104887	84.45	IPP VIII
39	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
40	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

- **Source of information :** (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.

Average No. of HHWs per Ward

Avg. no. of HHWs / ward	No. of ULBs	Name of ULBs
1 – 2	4	Baranagar, Baruipur, Bidhannagar, Kalyani
3 – 4	9	Baidyabati, Barrackpore, Gayeshpur, Chandernagar, Dum Dum, Kamarhati, Kanchrapara, Konnagar, Pujali
5 - 6	21	Bally, Bansberia, Bhatpara, Budge Budge, Champdany, Garulia, Halisahar, Hooghly Chinsurah, Madhyamgram, Naihati, Maheshtala, New BKP, N. Dum Dum, Panihati, Rajpur Sonarpur, Rishra, S. Dum Dum, Titagarh, Uluberia, Uttarpara Kotrung
7 – 8	5	Barasat, Khardah, North BKP, Rajarhat Gopalpur, Serampore
9 – 10	1	Bhadreswar

Coverage % against total population

Coverage %	No. of ULBs	Name of ULBs
20 to 30%	2	Baranagar, Bidhannagar
31 to 40%	2	Kamarhati, Rajpur Sonarpur
41 to 50%	5	Bally, Bhatpara, Dum Dum, Howrah, Kalyani
51 to 60%	7	BKP, Baruipur, Chandernagar, Maheshtala, N. Dum Dum, Panihati, S. Dum Dum
61 to 70%	5	Baidyabati, Madhyamgram, Naihati, Rajarhat Gopalpur, Uluberia
71 to 80%	3	Kanchrapara, Serampore, Uttarpara Kotrung
81 to 90%	5	Champdany, Halisahar, Hooghly Chinsurah, Konnagar, Titagarh
91 to 100%	3	Bansberia, Barasat, New Barrackpore
More than 100%	8	Bhadreswar, Budge Budge, Garulia, Gayeshpur, Khardah, North Barrackpore, Pujali, Rishra

Coverage of the population by the ULBs

- There are left out population i.e. floating population, red light area, slum population at service land, brick field areas etc. in the municipal area who are not being covered under the fold of Health services of the ULB (i.e. family schedule for each of the family are not being maintained and HHWs do not pay home visits). But these people when come to Sub-Centre for any of the services they are being provided. Any health related data is not reflected in the HMIS report.
- HHW is covering much less than BPL 200 families or 1000 population in many of the ULBs (In each of the health programmes it is spelt out that one HHW is to cover 150–200 BPL families or 750 to 1000 population).
- In the ULBs implementing CUDP III and IPP-VIII, fraction of BPL population are covered by HHW of CUDP III and some by IPP-VIII in a ward. Furthermore, one HHW is to cover BPL families of her jurisdiction containing in more than one ward. As a result, it is very difficult to get overall picture of the ward at one point of time.
- One Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000-40,000 BPL population
- In some of the ULBs, population of rural area are also being covered and some of the Sub-Centres are located in Panchayet area e.g. Budge Budge - 4 SCs, in Uttarpara Kotrung – 9 SCs are in Panchayet area , in Hooghly Chinsurah – 15 SCs in pachayet area.

Functioning of HHWs / FTSs and other health man-power

- When the health programmes started in the 1985-86 for CUDP-III and during1991-92, 1992-93 and 1993-94 for IPP-VIII (in phases in KMA ULBs), age criteria for selection of HHW had been fixed to 35 – 45 years. It was silent about the retiring age. Over the years, the capacity of some of the HHWs has been reduced due to ageing and as such they can not pay visit to the households regularly.
- Understanding level of some of the HHWs / FTSs is so deficient that they can not fill up the requisite information in the family schedule, can not make any discussion with the mothers on different health issues where the most important component of making aware the community is being defeated, can not prepare HMIS report more or less accurately even after a long period of 25-30 years of service. In KUSP, retraining had been imparted to all the health functionaries at a regular interval and pre & post evaluation was done separately for each of the retraining programme. Some of the health functionaries were the perpetual low / very low scorers.
- Existing PTMOs in most of the places are not functioning adequately, main barrier is low remuneration which is Rs. 2100/- per head per month. Sanctioned no. of PTMO is one (1) per HAU under CUDP III and two (2) in IPP-VIII.

Sub-Centres & HAUs

- A Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000- 40,000 BPL population.
- One FTS is in charge of the SC.
- In many of the ULBs more than one Sub-Centre are functioning from the same premises of HAU which do not justify decentralization of primary health care services.
- In some of the ULBs, a no. of SCs are located in the Panchayet area and serve the population of Panchayets, though there is a definite health care delivery structure of DHFW.
- At least 7-8 clinics (ANC / PNC clinic, Immunisation Clinic, Growth Monitoring Clinic – 1 each per month and General Treatment Clinic – 1 per week) are to be provided from each of the SCs.
- In some of the Sub-Centres, one multipurpose clinic per week is being held where all the cases for ANC/ PNC, Immunisation, general treatment done instead of holding separate clinics.
- Man-power structure at HAU level differs from programme to programme eg. there is sanction of one Pt MO per HAU in CUDP III whereas it is two in IPP-VIII,
- Less monitoring and supervision in respect of activities under CUDP III.

HMIS

- ULB is having database for HMIS for the population covered under Health programme – not for total population.
- At present the ULB is not having any health related information for its total population
- HMIS for Public Health is not existing in uniform pattern in all the ULBs.

Public Health

- Different components of public health i.e. vector control, solid waste disposal, water testing etc. not being done at regular frequency.
- Implementation of National Health Programmes are being done as and when directed by DHFW.
- At present Disease surveillance in the true sense of term is not being done by the ULBs.
- There is no definite infrastructure for implementation of Public health services.
- System of Birth & Death registration as well as the responsibility of Registrar for the same varies from ULB to ULB.
- There is no systematic Malaria and DOTS clinic

Monitoring & Supervision

- Responsibility of Ward Committee in implementation of primary and public health care services at Ward level is not uniform in nature.
- Municipal Level Health & Family Welfare Committee – not functioning adequately and regularly.

Others

User Charges – particularly collection of Rs. 2/- per month by the HHW from the families where they pay visit twice in a month. This was introduced somewhere in the year 2003. HHWs find difficulty in raising this collection as most of their times are lost on this issue, where main activity in respect of health care delivery is being hampered. It has been learnt unofficially that some of the HHWs pay the amount from their honorarium, as it was told to them that if they could not collect the user's fee at family level, their efficiency would be put in query and in some of the cases they would not be allowed to draw honorarium.

It has also been informed that the beneficiary families do not agree to contribute for user's fee at family level, they may agree to give charges for receipt of health services at SC / HAU / OPD cum MH and RDC level

General opinion is in favour of abolishing the practice of realizing user charges of Rs. 2/- at beneficiary family level.

Suggestion for restructuring of primary and public health care services at ULB level

- Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB. There will be only one Cell for Health from where health services will be administered by the HO, in absence of HO this will be done by AHO.
- Source of funding for existing different health programmes should be under one Department instead of multiple departments which will help in preparing and submitting one HMIS Report only by the ULB.
- Average no. of HHWs per ward per ULB varies. Lowest is 1.52 in Bidhannagar Municipality and highest is 8.75 in Bhadreswar. The quantitative strength of HHWs may be utilized in geographical restructuring.
- Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.

Health manpower

- There will be one office of HO along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be pulled from the existing ones of HAUs.
- The office of HO shall be equipped with the logistics like computer, software for e-governance etc.
- Existing man-power of HAU are Part-time MO-2, ANM / STS-2, Clerk cum Store Keeper-1, Attendant -1.

For Pt MO alternative proposal is as under :

- One of the options may be to stop continuation of PTMOs and keep a list of panel doctors who will render clinic services at SCs as per schedule set up by the ULBs on a clinic based fee which is Rs. 300/- per clinic per day (inclusive of all) for 3 hours, not exceeding 20 clinics per month per person. Service charge for providing treatment to APL population by the MO at Sus-Centre during general / specialised treatment clinic may be imposed by the ULB concerned. The MO may get a percentage of that service charge in addition to his clinic based fee of Rs. 300/- per day.

  Apprehension is that the PTMO may draw more remuneration than AHO. In that event, all the AHOs may resign and join the panel of doctors creating vacancy in the post of AHO who looks after monitoring & supervision of service implementation and also assists HO in administration.

- The term "part time" should be deleted and designation should be MO only.
- Retiring age criteria for all of the Health functionaries i.e. HHWs, FTSs, STSs, ANM, GNM, Clerk, Attendant, Sweeper - may be fixed at 60 for all category of staff. In special cases where the technical persons are physically fit and mentally alert in delivering the service, the retiring age may be extended upto 65 years.
- Even if the Health manpower is within the limit of retiring age, the performance capability of each of the category of staff needs to be assessed at regular frequency and necessary action be taken accordingly.
- The ULBs having 1,00,000 and above population, the HO be assisted by AHO.
- Salary of AHO may be enhanced to Rs. 8,000/- per head p.m. with a provision of increment at a fixed interval.
- Post of UHIO may be phased out within two (2) years. The responsibility of UHIO may be vested upon the existing STSs.

HHWs & FTSs

- One FTS for 30,000 population will remain in charge of public health services.
- More no. of FTSs will be required in such cases which can be met up by upgrading existing HHWs.
- Existing STSs who are not within the retiring age, services of whom be utilized as FTS (PH) but their pay protection be provided.

Sub-Centres

- Construction is preferred instead of utilization of premises of club or NGOs.
- The SC should have waiting space for the clients and toilet facilities.
- Construction of SCs under JNNURM is to be linked.
- Re-allocation of SC which are at Panchayet area.

Public Health

- Birth & Death registration – HO will be the overall incharge.
- Role of SI in managing public health – Linkage between HO / Health Office and SI to be established.
- Water testing at terminal or user's end may be done by the HHW / FTS (PH) at a regular frequency / during outbreak. For the purpose, testing Kit is to be made available to the HHWs / FTS (PH). This testing will be basically to identify coliforms. On receipt of positive test, HHW / FTS (PH) will intimate the Complaint Cell of the ULB and the HO concerned as well.

- Setting up of Malaria clinic and DOTs centre.

  One such clinic may be established for one lakh or less population. Laboratory Technician at a salary of Rs. 3000/- per month who will draw blood slides, examine the slides under microscope for malaria and TB organism, estimate hemoglobin and the like. The fund for setting up such clinic may be obtained from the Dept. of Health & Family Welfare.

HMIS

- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole..
- Recently done economic survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.

Monitoring & Supervision

- Ward Committee be made responsibility for implementing, monitoring and supervising the health programmes in the respective ward.
- Ward Committee will submit a report as per proforma given below on monthly basis. The said report is to be attached with HMIS report while submitting to KMDA.

Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

- Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.
- Report on the meeting of MHFWC shall be attached with the HMIS report twice in a year i.e. April and October.

Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

- Performance / capability of HHWs, FTSs, STSs will be reviewed by MHFWC annually.
- In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.

Others

- Realisation of Users' charges @ Rs. 2/- at family level by the HHWs be abolished.
- Other service charges existing in the ULB be revised (if necessary) and continued.
- BPl card issued to the families may be assessed annually and renewed at a fee of Rs. 20/- per family. This collection may add to the Health fund of the municipality.