Revised Draft Proposal

Urban Health

Programme

Acronyms

ACMOH	:	Assistant Chief medical officer of health
CMOH	:	Chief medical officer of health
CSIP	:	Calcutta Slum Improvement Project
CUDP	:	Calcutta Urban Development Project
DH&FWS	:	District Health & Family Welfare Samity
DHS	:	Director of Health Services
DOHFW	:	Department of Health & Family Welfare
DUDA	:	District Urban Health Development Agency
Dy. CMOH	:	Deputy Chief medical officer of health
FRU	:	First Referral Unit
FTS	:	First Tire Supervisor
GOI	:	Government of India
GOWB	:	Government of West Bengal
HHW	:	Honorary Health Worker
ICHSS	:	Integrated Community Health Services Scheme
IPP VIII	:	Indian Population Project VIII
Jt.DHS	:	Joint Director of Health Services
KMUHO	:	Kolkata Metropolitan Urban Health Organization
MA	:	Municipal Affairs
NUHM	:	National Urban Health Mission
P&D	:	Planning & Development
SH&FWS	:	State Health & Family Welfare Samity
SPIP	:	State Programme Implementation Plan
SUDA	:	State Urban Health Development Agency
UH	:	Urban Health
UHIPU	:	Urban Health Improvement Programme Unit, KMDA
ULB	:	Urban Local Bodies
UPHC	:	Urban Primary Health Centre
USC	:	Urban Sub-centre
USHA	:	Urban Social health Activist
WHO	:	World Health Organisation

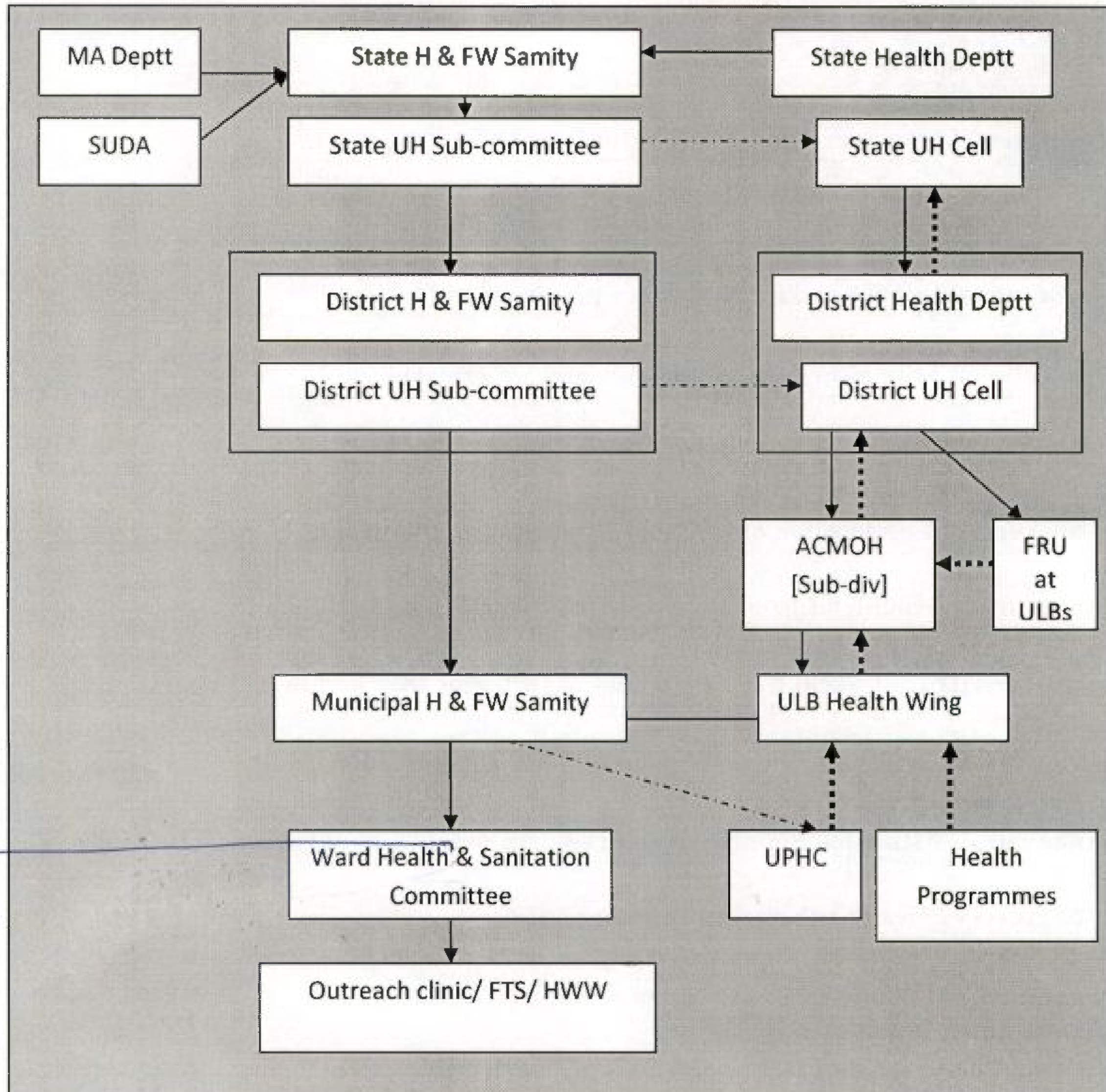
IPD

Contents

Executive Summary	4
Introduction	6
Detailed Proposal	9
Institutional Structure for Urban Health Care Delivery	9
Institutional Framework for Convergence of Urban Health	22
Institutional Framework for Budgetary provision and Fund Flow	32
Institutional Framework for Monitoring and Supervision	32
Proposal for Formation of CMOH, Office Kolkata	34
Annexures- I Composition of Old 'Apex Advisory Committee'	46
Annexure-II Modified List of Decentralised Hospitals & Institutions	47
Annexure-III Duties and Responsibilities of Different District Level Officers	49
Annexure-IV Indicative Service Norms by level of Service Recipient	55
Annexure-V Estimated Population and required manpower of ULBs	58
Annexure-VI Health Schemes in Different ULBs	64
Annexure –VII Address and Location of KMUHO Unit	70

Executive Summary

Figure 1: Convergence Setup regarding Urban Health [Proposed]



With the objective of ensuring uniform accessible, equitable and quality primary health care services to the urban population of the State, with focused attention on the poorest and those in greatest need, in keeping with priorities of Health Sector Strategy 2004-2013 of the Government of West Bengal, the Health and Family Welfare Department and the Municipal Affairs Department jointly developed and approved the Urban Health Strategy. The same was published vide GO. No. HF/SPSRC/HSDI/5/2008/144 Dt. 27-09-2008. The Urban Health Strategy envisages the following objectives and key strategies for its successful implementation.

Objectives:

- To decrease maternal, child and infant mortality by providing better and consistent quality services to families in urban areas with special focus on urban poor, underserved and vulnerable populations through enhanced demand and universal access to quality services.

- To reduce the prevalence of communicable diseases currently covered by the National Health Programmes and reduce the risk of epidemic outbreaks by reducing exposure to health risk factors.
- To improve the quality of basic health services by providing supervisory, managerial, technical and interpersonal skills to all levels of health functionaries.
- To generate awareness and enhance community mobilization through IEC/BCC to supplement and make the above interventions effective

Strategies

- Universal coverage – the entire urban population including both APL and BPL to be covered, while keeping the focus on BPL.
- Strengthening service delivery through a uniform 3-tier service delivery model.
- Strengthening institutional arrangements and inter departmental convergence.
- Strengthening monitoring and evaluation.

To operationalize the Urban Health Strategy, Organizational set up and Policy framework needs to be put in place regarding the following:

An Institutional frame work for service delivery of urban health comprising of:

(a) A 'State Urban Health Cell' under DHFW

(b) A 'District Unban Health Cell' at each district health set-up of CMOH

(c) A 'Three-tire' service delivery model upto each ULB level.

An Institutional frame work for 'Convergence' for inter-sectoral/ intra-sectoral coordination & cooperation comprising of members of both the departments and people-representatives through

(a) Formation of 'State Urban health sub-committee' of State health & family Welfare Samity;

(b) Formation of 'District Urban health sub-committee' of District health & family Welfare Samity;

(c) Re-structuring of 'Municipal level health & Family Welfare Samity';

(d) Formation of 'Ward Health, water and sanitation Committee'. All theses Samity/ sub-committees will be

A structured system for Budgetary Provision & Fund flow needs to be created.

An Institutional frame work for 'Monitoring & supervision' through a commonly adopted HMIS by both the MA Department & Health department has to be put in place.

Re-organization of existing set-up of both the MA Department and Health Department by re-structuring of the set-up of KMUHO and ICHSS of Kolkata related to health care delivery system at different ULBs of the State will be re—structured and staff will be re-deployed for

(a) Formation of a Set-up of CMOH for Kolkata,

(b) Formation of State Urban Health Cell

(c) Formation of District Urban Health Cell.

Introduction

Health Care Delivery System in Urban Areas

There are four types of urban areas in the state of West Bengal- Corporation, Municipalities, Notified Areas, Non-municipal urban town.

As per the NUHM Draft Document, "Meeting the Health Challenges…..2008-2012" draft, the ULBs are classified from point of view of fund support, into State capital, ULBs having population more than 1 lakh, ULBs having population less than 1 Lakh

GOWB like other state governments have the mandate as per constitution to render health care delivery to the population of state, both urban and rural. Health care delivery includes but not limited to:

a. Preventive services like immunization, Check-ups and screening, supply of micronutrients, vector control etc.

b. Curative services like OPD, IPD emergency care, diagnosis and treatment

c. Promotive services like health education, awareness generation, comm8unity mobilization etc.

d. Allied activities like implantation of different public health related acts, hygienic measures, registration of vital events etc, Disaster Management (Medical Relief), Epidemic (outbreak) investigation and control

e. Support system – HMIS, financial management, Infrastructure and manpower development, Maintenance/ repair etc.

At the national level, as per 'The Constitution (Seventy-fourth Amendment) Act, 1992', Twelfth Schedule (Article 243W) was added. As per the Act, the Local Self Governments at urban areas have the mandate to render some aspects of health care deliveries to the population residing within that geographical-administrative areas (like municipalities) which includes matters directly and indirectly related to health as follows:

A) Public health, sanitation conservancy and solid waste management [No. 6 of the Schedule];

B) Water supply for domestic, industrial and commercial purposes [No. 5 of the schedule];

C) Safeguarding the interests of weaker sections of society, including the handicapped and mentally retarded [No. 9 of the schedule];

D) Burials and burial grounds; cremations, cremation grounds and electric crematoriums [No. 14 of the schedule];

E) Vital statistics including registration of births and deaths [No. 16 of the schedule];

F) Regulation of slaughter houses and tanneries [No. 18 of the schedule];

At the state level, as per 'The West Bengal Municipal Act, 1993 [West Bengal Act XXII of 1993]', the Local Self Governments at urban areas have the mandate to render some aspects of health care deliveries to the population residing within that geographical-administrative areas (like municipalities) which includes matters like:

Directly related to health: "Community Health" [Part VII]

A) Public Safety and Nuisances [Chapter XXI];

B) Restraint of infection [Chapter XXII];

C) Vital Statistics [Chapter XXIII];

D) Disposal of the Dead [CHAPTER XXIV];

Indirectly related to health: "Civic Services" [PART VI]

E) Water-supply [CHAPTER XV];

F) Drainage and Sewerage [CHAPTER XVI];

G) Solid Wastes [CHAPTER XVII];

H) Markets and slaughter houses [CHAPTER XVIII]

In the state of West Bengal, there are four types of health care delivery institutions situated in Urban areas:

Infrastructure owned by DOHFW, GOWB like DH, SDH, SGH, Medical Colleges etc.

Infrastructure owned by Urban Local bodies like Maternity home, HAU, ESOPD

Infrastructure owned by Govt. agencies other than GOWB like Railways, ESI etc.

Infrastructure owned by Private for-profit and not-for-profit organization/ individual like Nursing Home, Single doctor establishment etc.

Synopsis of the Health Related projects implemented in ULBs of West Bengal.

One of the major components of urban health care approach has been the community based Honorary Health Worker (HHW) Scheme which has been operationlized in West Bengal since 1986 through different health programmes like CUDP, IPP-VIII, UHIP in KMA ULBs and IPP-VIII (Extn.), RCH Sub-Project, Asansol and HHW Scheme in Non-KMA ULBs. With the objective of strengthening the existing community based primary health care services in the ULBs **[Annexure - VI]**.

13. DFID has extended support under KUSP not only to 40 KMA ULBs but also to 22 Non-KMA ULBs. A Health Steering Committee was constituted during November, 2004 by CMU to finalize the design of the health component of KUSP programme.

Calcutta Urban Development Project-III [CUDP-III]

This project was implemented with the financial assistance from World Bank from 1985 to 1992 in the 28 KMA-ULBs and 3 wards of CMC for health improvement of the people living below poverty line including that of women and children. The project is still continuing with funding of State Government.

Calcutta Slum Improvement Programme [CSIP]

This project was implemented with the financial assistance from DFID from 1992 to 1998 in the 15 wards of CMC for health improvement of the people living below poverty line including that of women and children. The project is still continuing with funding of State Government.

Indian Population Project [IPP-VIII]

This project was implemented with the financial assistance from World Bank from 1993 to 31st March, 2002 in all the 41 KMA-ULBs for health improvement of the people living below poverty line including that of women and children. The State Government has taken the responsibility to carry on operation and maintenance of the units created under IPP-VIII Programme. For maintenance of IPP-VIII during the post-project period from 2002-2003 to March, 2007 fund to the tune of Rs. 52.89 crore has been released and Rs. 45.50 crore has been utilised.

Indian Population Project [Extn]

This project was implemented with the financial assistance from World Bank from 2000 to June, 2002 for 10 ULBs outside Kolkata Metropolitan. As in IPP-VIII, this project is being continued by state government.

RCH Project [Reproductive Child Health Project]

This project was implemented with the financial assistance from World Bank from August, 1998 to March, 2003 to improve the basic health condition within Asansol Municipal Corporation area. The project is similar to that of IPP-VIII and IPP-VIII (Extn.). The facilities created are being continued with support from the State Government.

Urban Health Improvement Programme

This project was been launched with the financial assistance amounting Rs. 5.47 crore from European Commission from 2002 to 2003in the 6 ULBs for health improvement.

DFID assisted Honorary Health Workers' Scheme [HWW]

DFID funded Honorary Health Workers' Scheme has been launched in 11 Non-KMA municipalities from 1.2.2004. This programme supports 260 community based Honorary Health Workers, 55 First Tier Supervisor and Part Time Medical Officers through 260 Blocks, 55 Sub-Health Posts and 11 Health Posts which run Immunisation clinics, Antenatal / Postnatal care clinics and health check up by Medical Officers.

Community Based Primary Health Care Services [CBPHCS]

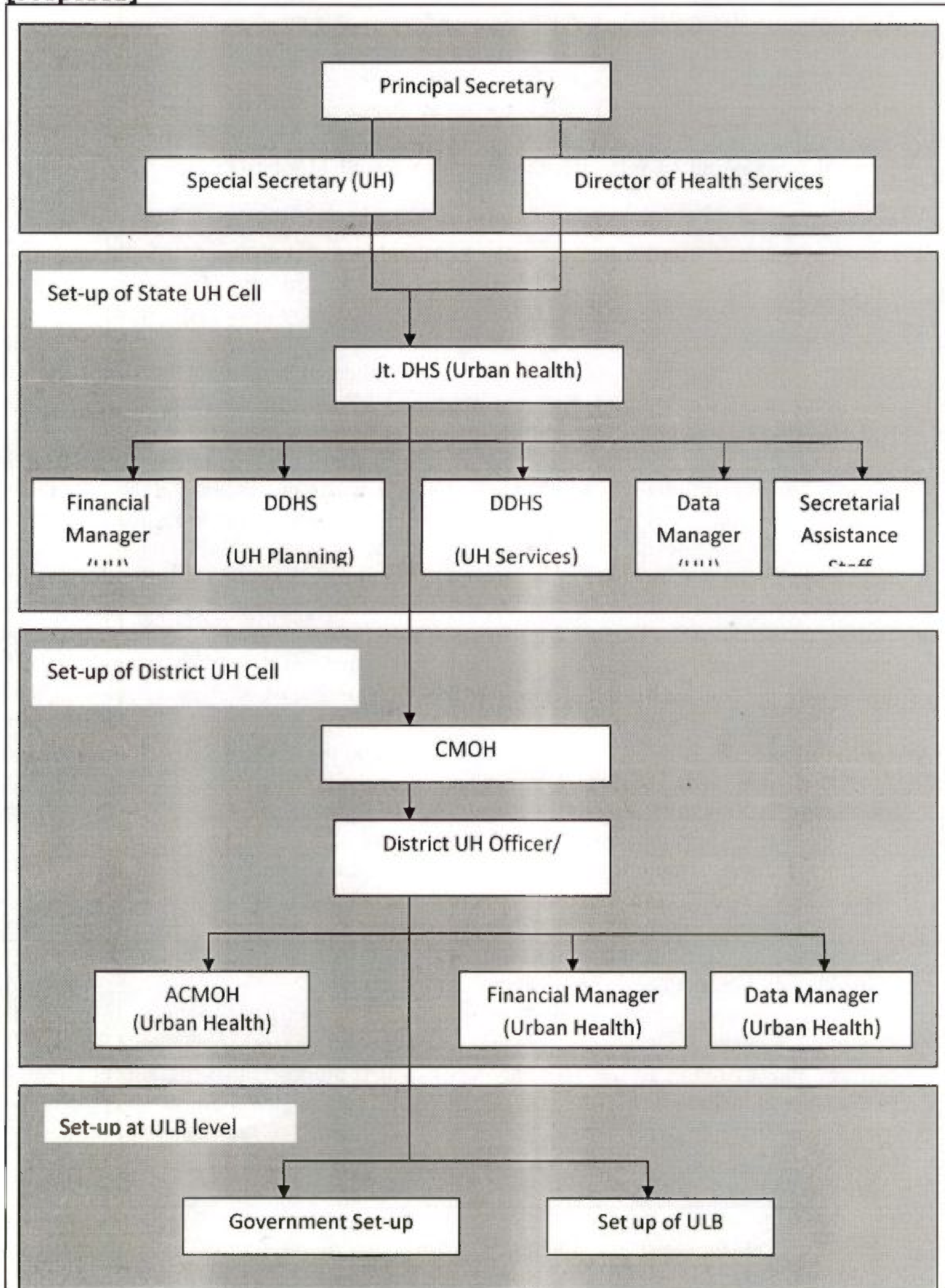
Community based primary health care services to the BPL population of 63 ULBs have been done quite satisfactorily through various externally aided projects. Attempt is underway to cover the remaining 63 ULBs in Non-KMA area which was not covered by any of the Primary Health Care Projects. A project namely "Community Based Primary Health Care Services" has been taken up by the Health & Family Welfare Department in co-ordination with the Municipal Affairs Department, Government of West Bengal. Total urban population which will be covered is 34.03 lakh, which includes 11.23 lakh of BPL population. This project has been designed in line with the National Health Programme and will cover the APL population also. The objective is to bring overall improvement in urban health scenario in the 63 Municipal towns. Approx Budget for this project for the coming three years is Rs. 58.29 crore. One honorary Health Worker (HHW) is allotted for a population not exceeding 1000 BPL contained in a single ward. There will be a minimum of 1 HHW per ward regardless of whether that ward has BPL population or not. Estimated no. of HHWs is 1266. A Sub-Centre is proposed to be established for each 5000 BPL population. Estimated no. of Sub-Centre is 283. One out patient Department will be established for every 40,000 BPL population of the ULB. Referral services will be availed from the nearest Government hospital like District, Sub-Division, State General hospital, BPHC, rural hospital as will be applicable.

Recently, all the health projects taken up in the urban area have been put under single umbrella with SUDA as the nodal agency. This system has come into force from 1st April, 2008.

The Detailed Proposal

Basic Frame work for creation of the institutional structure in the Health and Family Welfare Department and Municipal Affairs Department for Urban Health Care Delivery.

Figure 2: Administrative Setup of Health & FW Deptt regarding Urban Health [Proposed]



Institutional Framework for Urban Health Service Delivery at State Level

Present status of the Urban Health Coordination and Monitoring at the State level:

- As per the mandate of 'Urban Health Strategy', there is a provision of 'Urban Health Cell' in Department of health & FW. The Government of India is also proposing to launch National Urban health Mission very soon, which would require a dedicated set up at the state level. At present there is no dedicated set-up for urban health in the department. Only one Special Secretary has been assigned to look after the matters related to urban health that is discharging minimal functioning of releasing the grants to the SUDA through the P&B branch of the department.
- The Directorate of Health Services also does not have any dedicated set up for looking after the urban health. All the programmes like RCH and National disease Control Programmes like Vector-borne Disease, TB and Leprosy are being looked after by respective state level programme officers like Addl.DHS, JT DHS etc. They are responsible for planning, implementation, monitoring, and supervision of the respective programmes all over the state i.e. both in rural & urban areas. But there is no coordinated implementation and monitoring of such programmes in the urban areas involving the ULBs in a focused manner.
- Jt. DHS (P&D) is responsible for infrastructure & Manpower development in rural & urban areas. In Urban areas, until date, his responsibilities are limited to planning and development of those health institutions under DOHFW, GOWB which are situated in the urban areas like different SDH, SGH, DH and 'decentralized hospitals'. He is also responsible for maintenance and up-gradation of health institution situated in the rural areas like Rural Hospitals, BPHCs and PHCs. There is no separate Programme Officer at state level to look after the planning and development of infrastructure and manpower related to preventive, promotive and curative health care needs of the urban areas. There is no separate programme officer at state level to look after the 'curative/hospital service' delivered by the health institutions under DHFW like different SDH, SGH, DH and 'decentralized hospitals', most of those situated in the urban areas.
- The Department of H & F W does not have much field presence in terms of preventive care in urban areas. The DH, SDH, SGH mainly located in the urban areas are catering to the primary health care including the Family Welfare needs of the urban population while also acting as referral units to the rural population. This puts a lot of pressure on these Hospitals. Besides these hospitals there are a few health centres run by the Urban Local Bodies and largely non-standardised facilities run under private ownership. The creation of Urban Health Set up proposal seeks to address the absence of structured intervention which results in severe restriction to access of health facilities faced by the urban poor despite the seeming proximity to health facilities, mainly due to financial constraints.
- A dedicated set up has to be formed to co-ordinate the urban health delivery in a focussed and structured manner for Universal coverage, integrating the other channels of service care delivery and involving all the Stake holders. So, it is proposed that State level Urban Health Cell in the Department and District Urban Health Cell at the District level be created for overall coordination, supervision, monitoring and guidance of the issues related to the Urban health care.

Formation of Urban Health Cell at State level : Structure of State Urban Health Cell

The Urban Health cell of West Bengal Health and Family Welfare Department is proposed to be formed with the objective of coordinating the urban health service delivery. The Cell is to be headed by an officer of Special Secretary rank and is to be supported by officers drafted from the Health directorate as per organogram below. The Cell would cater to the needs of both the directorate and department.

FIGURE:3 Organogram Showing Structure of State Urban Health Cell.

Secretary (Urban Health) → PA to Secv

Jt. DHS, Urban — State Level Prog. Officers.

ADHS, UH Planning | MIS, In-charge

(Urban Health Cell)

1-Asst Manager Accounts
1-UDA
2- LDA/DEO
3- Gr.D

(Support Staff)

Function of State Urban health Cell

The roles & responsibilities of the State Urban Health Cell vis-à-vis State Level Programme officers of Urban Health would be to:

1) Act as the Nodal point for all the Urban Health related issues in the Health and Family Welfare Department.
2) Act as the Secretariat of State Health Society and State Urban Health sub-committee/ Urban Health Mission.
3) Support development of Urban Health proposals of the districts including the Health plans of ULBs and incorporate them into the State Programme Implementation Plan (SPIP)
4) Coordinate with rural counterpart of State Health Mission as per the need
5) Ensure timely release of funds from the State Health Society /State Urban Health sub-committee/ Mission Directorate and its distribution to districts;
6) Ensure timely submission of statement of expenditure, utilization certificates and audited statements of District Programmes
7) Support districts in planning/ implementation/ monitoring/supervision of UH Programmes and National Health Programmes in urban areas;
8) Support districts in planning/ implementation/ monitoring/ supervision of Hospital related service deliveries [curative, preventive & promotive]
9) Supervise, monitor and coordinate district Urban Health Cell and District Urban Health sub-committee/ Mission Directorate for planning and implementation of UH Projects.
10) Information sharing through making UH data, information, experiences and studies available for state & district officials, ULBs, NGOs, Research Organizations and others.
11) Organize Urban Health Capacity Building/Enhancement Workshops & consultations on important issues having a bearing on the implementation of UH Programme
12) Capacity building of district officials through identifying and coordinating with technical resource agencies for Training and Capacity Building

State Health society ↓ District

13) Provide support to districts for PPP by issuing Model TORs/screening criteria/ developing monitoring and reviewing mechanisms for urban areas and urban health related activities.
14) Facilitate issuance of directives/circulars and operational guidelines for achieving effective coordination of health department vis-à-vis SUDA/DUDA, ICDS etc. for implementation of Urban health.
15) Advocacy with the departments for updating of slum lists based on the situation analysis for developing UH proposals; and
16) Any other related work as may be assigned.

Table 1: Responsibilities of the Personnel in State Urban Health cell.

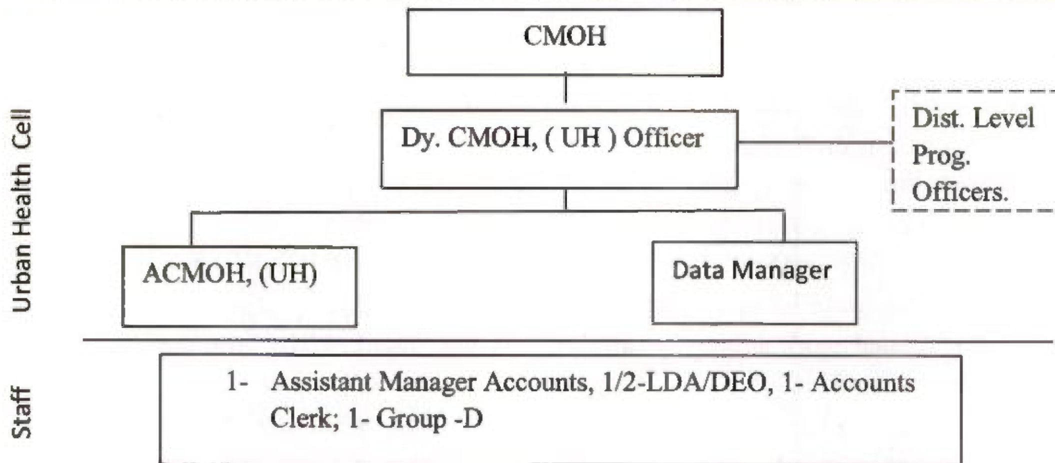
	Designation	Post Creation	Responsibilities
1)	Secretary/Special Secretary	Already in position	He will be the Director of this cell
2)	One Jt. Director of Health Service (UH)	To be created by converting posts of KMUHO	He will be the In-charge of the Cell. To have ex-officio Dy. Secretary power.
3)	One DDHS/ADHS (Urban Health Planning)	To be created by converting posts of KMUHO	Planning, Coordination and Capacity Building.
6)	One IT & MIS in-charge (Contractual: MCA)	To be created by converting posts of KMUHO	Data management of Urban health related matters.
Support Staff & Accounts Division			
7)	1Asst.Accounts Manager, 1-UD/2-LD Assistants cum DEOs) +PA to SS	To be created by converting posts of KMUHO(Cont)	To help the Officers in discharging their duty.
8)	3 Office Assistants	To be created by converting posts of KMUHO	They will be placed under different officers.
State Level Programme Officers in charge of different National Programmes will be the ex-officio-members of this cell			

Institutional Framework for Urban Health Service Delivery at District Level

Structure of District Urban health Cell

The Urban Health Strategy envisages an Urban Committee under the District Health and Family Welfare Samiti. This Urban Committee would be chaired by the District Magistrate. This Urban Committee would need a dedicated support staff for carrying out the day to day activities. Further the Urban Health Mission, once implemented, would also require a district level set up. At present there is no officer coordinating the matters relating to the Urban Health resulting in poor coverage of many of the National Programmes in the urban areas. All the arguments for creation of a dedicated set up for the urban health at the state level, are also relevant at the district level.

FIG. 2 Organogram showing minimum set up required for District Urban Health Cell.



Functions of District Urban health Cell

The roles & responsibilities of District Urban health Officer would be to:

1) Work as Secretariat to District Urban Health Committee/ District H&FWS for urban matters.
2) Establish coordinated approach at the district level with the different District Level Programme Officers, the ACMOHs of the sub-divisions and Urban Local Bodies for implementation of all national/state public health (including RCH) related programmes and disaster management programmes in the urban areas of the district;
3) Establish or monitor the health care establishments providing primary level care in the urban areas.
4) Explore various options for involvement of private sector establishments in providing the health care to poor such as Ayushmati system, PPP, voucher system and third party insurance.
5) Establish linkage with the Superintendents of secondary tier hospitals to provide hospital related services to all cases referred by the medical units of ULBs;
6) Monitor all national/state public health (including RCH) related programmes and disaster management programmes in the urban areas of the district and report the progress to State UH Cell;
7) Monitor the implementation of CE Act/Rules and other public health related acts in the urban areas and collection of information from ULB-owned, Govt-owned and Private-owned (including NGO) clinical establishments;
8) Monitor resource allocation and resource generation and tracking public health related expenditures in the urban areas including contract management of PPP schemes and NGO-run programmes.
9) Coordinate with the District Health and Family Welfare Samity to ensure that the requirements of the referral units in the first and second tier are met with.
10) Guide ULBs to develop their UH related plans, projects and programmes and help them in fixing their priorities and submitting UH proposals to District Health Society/ District Urban Health Committee/ Mission Directorate for approval and its follow-up with State Health Samiti/ Mission Directorate and inclusion of the same in District and State PIP;
11) Ensure timely release of funds from the District Health Society/District Urban Health Committee/ Mission Directorate, its distribution to and monitor its utilisation by the ULB Level Health Committees.

12) Ensure timely submission of statement of expenditure, utilization certificates and audited statements of District Programmes in Urban areas.
13) Documentation of programme innovations and best practices and systemic sharing of information with all stakeholders;
14) Organize capacity building of district/municipal officials through support of State Urban Health Cell other stake holders and organizing health promotion programmes in ULBs;
15) Any other related work as may be assigned by the District UH Committee/ DHFWS/ State UH Cell etc.

It is proposed to create a 'District Urban Health Cell' with the following officers who will execute functions as stated in Table- 2

Table-2 Responsibilities of Personnel engaged in District Urban Health Cell

	Designation	Post Creation	Responsibilities
1)	CMOH	Already in place	Over all in-charge
2)	District Urban Health Officer	Additional responsibilities to Dy CMOH-I or By Creation of Additional Post as per norms given below. (by converting posts of KMUHO	In-charge
3)	ACMOH (Urban Health & Medical Service)	Additional responsibilities to ACMOH (MA) or By Creation of Additional Post(s) as per norms given below. (by converting posts of KMUHO.	He would assist Dy CMOH (UH)
4)	One Assistant Manager Accounts	To be created by converting posts of KMUHO (Contractual)	Accounts and Financial Matters
5)	One Data Manager	To be created by converting posts of KMUHO (Contractual)	Data, Report and Returns Management
6)	One/Two LDA cum DEO and 1 Accounts Clerk	To be created by converting posts of KMUHO (Contractual)	Supporting the Accounts section and the Officers.
7)	One/Two Gr. D Assistants	To be created by converting posts of KMUHO (Contractual)	Supporting the Officers and staff.
District Level Programme Officers will be the ex-officio-members of this cell			

It is proposed that the size of the District Urban Cell will vary depending on the urban population as stated below. The total Manpower requirement for creation of District Urban Health Cell is given in Table-4.

For districts having urban population of less than 5 lakhs, no additional post of Medical Officers is proposed to be created. Existing DCMOH-I & ACMOH (MA) would discharge the additional responsibility. 1 Assistant Manager Accounts, 1 Data Manager, 1 LDA/ DEO, 1 Accounts Clerk and 1 Group D will also be provided.

For districts having urban population of 5 to 10 Lakhs, an additional post in the rank of ACMOH is proposed be created. DCMOH-I to discharge additional responsibility. 1 Assistant Manager Accounts, 1 Data Manager, 1 LD/ DEO, 1 Accounts Clerk and 1 Group D will also be provided.

For districts having urban population 10 to 25 Lakhs, additional posts of 1 ACMOH is proposed be created. 1 Assistant Manager Accounts, 1 Data Manager, 2 LDA/ DEO, 1 Accounts Clerk and 2 Group Ds will also be provided.

For districts having urban population more than 25 Lakhs, additional posts of 1 Dy. CMOH and 2 ACMOHs is proposed be created in addition to 1 Assistant Manager Accounts, 1 Data Manager, 2 LDA/ DEO, 1 Accounts Clerk and 2 Group Ds will also be provided.

For the Kolkata Municipal Corporation area a separate set up of CMOH is proposed as Kolkata does not have any set up of H & F W Department at the District level. This set up would also discharge many other functions which are being discharged from the Directorate level and which in other districts are delegated to the CMOHs.

Table 3: Classification of Districts according to Estimated Urban Population

Urban Pop of Districts	Name of Districts	No.
Less than 5 lakhs*	Kochbehar, Jalpaiguri, Uttar Dinajpur, Dakshin Dinajpur, Malda, Purulia, Bankura, Birbhum, Paschim Medinipur.	9
5 to 10 lakhs*	Darjeeling, Murshidabad, Nadia, Purba Medinipur.	4
10 to 25 lakhs	Howrah, Hoogly, Bardhaman, South 24 Parganas.	4
More than 25 lakhs	North 24 Parganas.	1

Table 4: Additional Manpower for District Urban Health cell

	Urban Pop of Districts	No. of dist	Dy CMOH/ Dist	ACMOH/ Dist	Asst Mang A/Cs/ Dist	Data Mang/ Dist	DEO/ LDA/ Dist	Acts Clerk/ Dist	Gr. D staff/ Dist
1	Less than 5 lakhs*	9	Nil	Nil	1	1	1	1	1
2	5 to 10 lakhs*	4	Nil	1	1	1	1	1	1
3	10 to 25 lakhs	4	Nil	1	1	1	2	1	2
4	More than 25 lakhs	1	1	2	1	1	2	1	2
Total in each Category			1	10	18	18	23	18	23

** Additional Responsibility to ACMOH (MA) and Dy. CMOH I of those districts*

Based on the computations made in Table-1 and Table-4 the total manpower requirement for creation of State Urban Health Cell and Urban Health cells at different districts of West Bengal has been calculated at Table 5.

Table-5 Manpower requirement for creation of Urban Health Cells at State and the Districts

Manpower required for Creation of Urban Health Cell in State and districts			
Sl No.	**Name of Post**	**Cadre**	**Total No. of Post required**
1	Jt DHS	WBPH&AS	1
2	ADHS	WBPH&AS	1
3	Dy. CMOH	WBPH&AS	1
4	ACMOH	WBPH&AS	10
5	Asst Manager Accounts	Contractual	18
6	UDA +PA	Clerical	2
7	Accounts Clerk	Clerical	18
8	DEO cum LDA	Clerical	25
9	Office Assistant	Group D	26
10	MIS in-charge	Contractual	1
11	Data Manager	Contractual	18

The total establishment cost including that of Salary, Rent, Mobility support, other incidentals has been worked out to be Rs.409.83 Lakhs as shown in Table-6

Table-6 Annual expenditure to be incurred for creation of the set up at the State / Districts

Annual Establishment Cost at State UHC (in lakhs)			**63.17**
Emoluments of staff		44.4	
Rent for set up at Hqr. 2000 sq.ft/sq ft	40	9.6	
Electricity Charges /m	5,000	0.6	
Generator Operations/m	3,000	0.36	
Stationary Cost/m	7,500	0.9	
Telephone Bill /m	5,000	0.6	
Meeting and TA Bill Cost/m	5000	0.6	
Vehicle Hire Charge/m	40,000	4.8	
Advertisement/m	3000	0.36	
Postage/m	2500	0.3	
Miscellaneous/m	5000	0.6	
Annual Estt. Cost at Dist UHC in lakhs			**426.35**
Emoluments of staff		321.27	
Training cost for staff and field workers		5	
Rent for set up at Hqr. 800 sq.ft/sq ft	15	7.2	
Electricity Charges/m	1,500	3.24	
Generator Operations/m	2,000	4.32	
Stationary Cost/m	5,000	10.8	
Telephone Bill /m	2,500	5.4	
Meeting and TA Bill Cost/m	10000	21.6	
Vehicle Hire Charge/m	15,000	32.4	
Advertisement/m	3000	6.48	
Postage/m	2000	4.32	
Miscellaneous/m	2000	4.32	

Institutional Framework for Urban Health Service Delivery at Municipal Level

The Three Tier Delivery Model

Though the programme envisages flexibilities in implementation of different service delivery models suiting local situations, the suggestive model is described as under:-

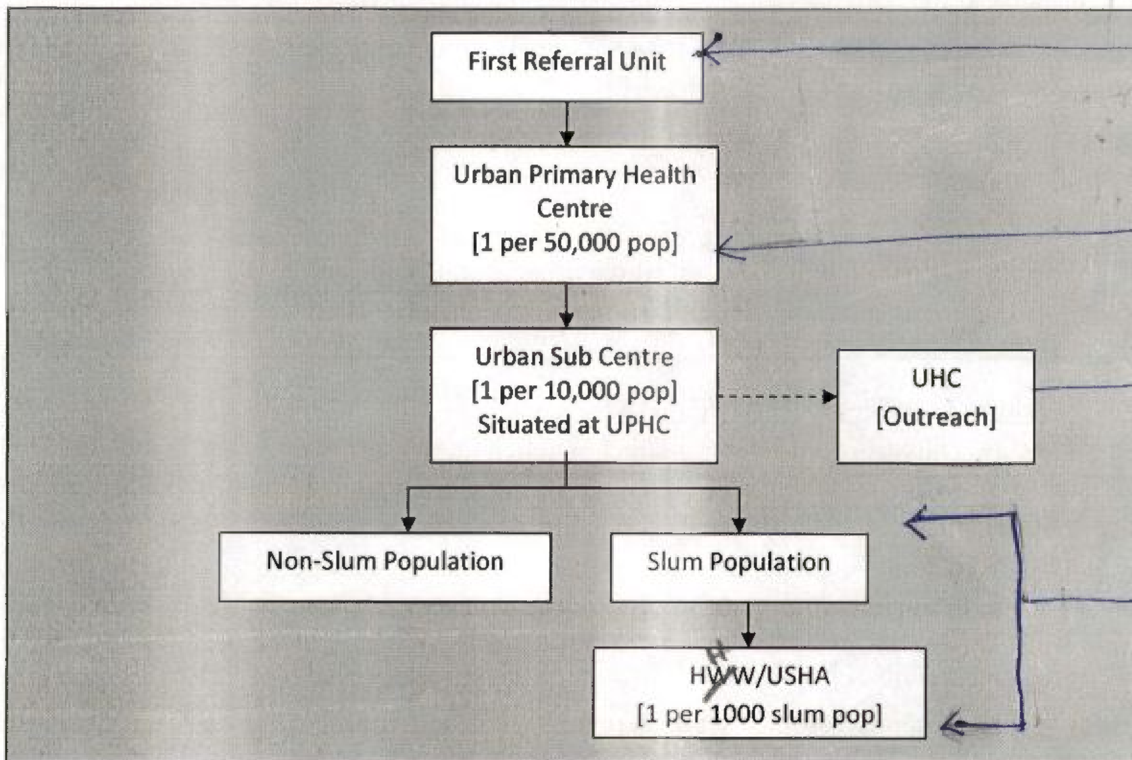
1st tire - One community level Link Volunteer responsible for around 200 households in slum area covering approximately 1000 slum/poor population. These volunteer placed in some of the ULBs of our state known as 'Honorary Health Worker' [HHW] may be uniformly designated as 'Urban Social health Activist' [USHA]. She will be the linkage between the community and the Urban Sub-centres. It is expected that the there is no need for beneficiary mobilization or community level care for those of non-slum/ rich section of population.

HHW/USHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the slum community towards local health planning and increased utilization and accountability of the existing health services. She would be an active promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.

The 2nd tire- It shall be Urban sub-centres [USC] & Outreach clinic run by ANMs providing Primary level of care (mainly preventive & promotive) to a population of 10,000 out of which slum/poor population would be around 5,000. One USC will be located at the UPHC. Other 4 USC which will function as outreach clinic will be located in the catering area of that UPHC. ANM shall carry out clinic based activities both at the UPHC and 'Outreach Clinics' in their assigned slums on regular basis. She should make her schedule in such a way that the 'Regular Outreach Sessions' are organized in each Basti every week or fortnight. Her functions are categorized into (1) Household level and (2) Sub-centre clinic/ outreach clinic Level.

The 3rd tire – It shall be an OPD-based Urban Primary Health Centre (UPHC) providing primary level of care. The coverage population under one UPHC would be about 50,000, out of which the size/magnitude of slum population would be around 20,000-30,000, including listed and unlisted slums and other vulnerable community habitations. The UPHCs must ideally be located in the most vulnerable slums from health perspective or else, if unavoidable, these have to be located in close proximity of the slums concerned, or appropriately located in terms of physical location and operated to convenient timings for easy access by slum population within the catchment area.

Figure 3: The Three Tire Delivery Model [Proposed]



The First Referral Unit

The 4th tier shall be a 24x7 health facility or First referral Unit [FRU] catering to approximately 2,50,000 population which shall provide referral [secondary level care] for approximately 5 primary level facilities. However, the actual requirement of 4th-tier facilities would depend on the population needs, existing facilities and the geographic spread of the existing cities. The State/District UH Programme may appropriately decide the requirement of second tier facilities in their respective state/district.

In a large number of ULBs, already there are secondary tire Health institutions run by the H& FW Department, Government of West Bengal like BPHC/RH. These institutions would be strengthened to achieve a standard norm so that these can be utilized as FRUs.

The Mobile Medical Camp

Mobile medical Camp may be organized in the most vulnerable slums of the UHC catchments area by the UHC team in collaboration with ANM, Social Mobiliser [HWW/USHA], and the Women's Health Group. At these Clinics first contact curative services in the slums are to be provided by the Medical Officer.

The Mobile Medical Camp shall be conducted once in a month/fortnightly in the most and/or the moderately vulnerable slums. The Medical Officer and other UHC staff will develop a quarterly/half yearly schedule covering the most vulnerable and moderately vulnerable sites in the area. If the need arises, the 'Mobile Medical Camp' might be organized every fortnight.

The package of services at the 'Mobile Medical Camp' would be aimed at 'Total Health' and it should inter-alia include – General Medical Care, Immunization, Family Planning Services, Antenatal/Post-Natal/Post-Abortion Services, treatment of RTI/STI cases, Health Education, Counselling and Referrals.

By way of mobility support, a vehicle can be hired by the UHCs on Clinic days. A vehicle will also deliver vaccines from the central office to all UHCs on vaccination days. A contract with the transporters can be worked out (if required) centrally at district level.

Community Level Health Care

Package of services by HWW/USHA

Lady Volunteers will identify target beneficiaries and support ANM in conducting regular monthly outreach sessions and tracking service coverage. She would promote formation of Women's Health Groups in her community.

Lady Volunteers will take steps to create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygiene practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.

She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception, prevention of common infections including RTIs/STIs, identification of anaemia, adolescent health and care of young child.

She will mobilize the community and facilitate them in accessing health and health related services available at the Anganwadi, Urban Health Centre and Zonal Hospital for the services like immunization, antenatal check-up, postnatal check-up, supplementary nutrition, sanitation and other services being provided by the government.

She will arrange escort/accompany pregnant women and children requiring treatment/admission to the nearest Urban Health Centre, secondary/tertiary level health care facility (Zonal Hospital/District Hospital/Speciality Hospital).

She will work with Health, Water and Sanitation Committee of the Slum/Slum Cluster for developing a comprehensive Slum/Slum Cluster health plan. She will also facilitate construction of community/household toilets under various Government of India schemes

She will act as depot holder for ORS Powder, Chlorine tablets/liquid, IFA tablets, Disposable Delivery Kits (DDKs), Oral Contraceptive Pills and condoms. Apart from this, a drug kit will also be provided for each LV. The contents of the kit will be based on the recommendations of an expert group to be set up by Government of India for this purpose.

She will keep/maintain necessary information and records about births & deaths, immunization, antenatal services in her assigned locality as also about any unusual health problem or disease outbreak in the slum and share it with the ANM or UHC [**Annexure -IV**].

Human Resources

Selection:- HHW/USHA must preferably be a women resident of the slum in question – married/widow/divorced in the age group of 25 to 45 years. She should have effective communication skills and leadership qualities, and be well accepted in the slum community. She should be a literate woman, with formal education of at least up to 8th class. This may be however relaxed in exceptional cases, if no suitable person with these qualifications is available for selection. The selection of the HHW/USHA would have to be done in decentralized manner, with the active support and participation of communities concerned. Compensation package:- HHW/USHA would be a community volunteer who will receive performance based compensation package inter-alia for providing services and assisting monthly outreach services. HHW/USHA could get their performance based compensation through the Urban Sub-centres. Her work would be so tailored that it does not interfere with her normal livelihood. However, she should be suitably compensated additionally in the following situations:

a. For the duration of her training, in terms of both TA and DA so that her loss of wages for those days is at least partly compensated.

b. For participating in the monthly/bimonthly training, as the case may be.

Urban Sub centre

Package of services

The household level/field Level activities will include home visits of postnatal cases, follow up home visits to users of temporary contraceptives, especially oral pills and IUD, and to couples with unmet family planning needs, follow up visits to the cases that are referred for secondary and tertiary care, Group Counseling and BCC

The package of services at 'clinic' at Sub-centre/outreach conducted by ANMs should include Antenatal Check-up, TT Immunization, Childhood Immunization, distribution of IFA, Vitamin A, ORS Powder, Temporary contraceptives like OCPs, condoms, treatment of minor ailments, health education on different themes [**Annexure- IV**].

Human Resources

Norm- ANMs should be given an identified and clearly demarcated area for outreach services. Clear-cut roles and responsibilities should be defined for all staff to ensure their primary and exclusive utilization for delivering quality primary health care to the target population.

Qualification, selection process and compensation package should be at par with that of ANMs selected for the Rural areas.

Urban Primary Health Centre

Package of services

Preventive, promotive and curative services should be provided at 3rd tier level, with a special focus on outreach services. Following is the suggested list of services at first tier [**Annexure IV**]:

1. Antenatal care (early registration, TT immunization, IFA supplements, nutrition counselling, urine and blood examination, physical examination of antenatal mothers including weighing, blood pressure, abdominal examination for position of the baby, identification of danger signs, referral for institutional deliveries)
2. Postnatal and post-abortion care
3. Child Health services, including breastfeeding, immunization, newborn care, management of diarrhoea & ARI, management of anaemia, Vitamin A supplementation
4. Family planning services, including IUD insertion, referral for terminal methods
5. Management of RTI/STI cases
6. Management of malaria, tuberculosis, leprosy and other communicable diseases
7. Laboratory services- Haemoglobin estimation, urine examination and urine pregnancy test; Peripheral Blood Smear for Malaria Parasite. Slit Skin Smear for Leprosy, Sputum Smear for AFB where possible.
8. Treatment of minor ailments
9. Depot holder services for contraceptive and ORS
10. Counselling services for Adolescents, Family Planning, Nutrition, RTI/STI, HIV/AIDS, Mental Disorders and substance abuse
11. Health check-ups in schools
12. Behavioural Change Communication (BCC) Services/Awareness campaigns

Note: Other services can be included in the package on the basis of the need and morbidity profile of the service area.

Timings of UPHC

Timings of UHC should be such that services can be made available to the target population at a time convenient to them. It is recommended that UHCs operate for 8 hours in a day. Each UHC may decide upon its timings, after assessing the needs and convenience of the slum/poor population which it is required to cater to. Outreach activities should be planned for and executed at least once a week. States must decide on the appropriate timings (from clients' perspective) of Urban Health Centres in order to enhance the access to health care services by the urban poor population.

Human Resources

Based on the vulnerability level of slums, existing facilities may be relocated to ensure adequate coverage of the marginalized settlements. All possible efforts should be made to

effectively redeploy the existing staff from existing facilities of the State Government, Urban Local Body and ongoing programmes and schemes.

Any new staff, if and where needed, could be taken through contractual framework, with the clear cut understanding and proviso that, in such an event, there will be absolutely no employer-employee relationship whatsoever between such contractual manpower and the government, both centre and state and that such appointees shall not be eligible for any of the entitlements available to regular government employees.

Following is the proposed human resource norms for a primary level health facility (Urban Health Centre):

Full-time Medical Officer (one preferably LMO) - 2
Paramedics [Pharmacist and Lab Tech] - 2
Health Assistant [Public Health] - 1
Multi-skilled Nurse - 2
Computer Clerk cum Statistician - 1
GDA - 2
Sweeper - 1
TOTAL - 12

The Sr. Medical Officer shall be in-charge of all the activities at UHC as well as in the field. There would be 4 ANMs posted at UHC, who will be assigned approximately 7,500 slum population each. The ANMs will make regular visit to their assigned slum areas. The PHN/LHV will supervise the activities of all the ANMs of UHC.

The option of co-locating the AYUSH centre with UPHC may also be explored thus enabling the placement of AYUSH doctor and other AUYSH paramedic staff in the UHC.

Role of Health Assistant (Public Health)

At the field level, there will be Public Health Workers at all districts other than Kolkata placed as follows: [**Annexure -V]:**

At the rate of 1 (one) HA (Public Health) per 20,000 urban population: required No: 735

At the rate of 1 (One) HS (Public Health) per 10 HA: required No: 74

The HA (Public Health) or Public Health FTS will cater to the general population and will provide the following services:

1. Participate actively in the National Health Programmes and more particularly in the RNTCP II (As DOTS provider), Diarrhoeal Disease Control Programme and National Blindness Control Programme.
2. Control of Vector Borne Diseases particularly Malaria (Slides, Presumptive treatment) and Dengue.
3. Initiate collective action through BCC to increase the use of bed nets, identify and fill out mosquito breeding sites and create awareness about fevers and the need to check it out for malaria.
4. Control of seasonal water borne diseases by initiating IEC campaigns during the season and bringing information to the municipality about early outbreaks and also about possible sources of water contamination in their areas.
5. To help in the control of outbreaks like diarrhoea, hepatitis etc by reporting the increase in cases in their respective areas and acting as part of the early warning system.

6. During outbreaks to actively participate in the outbreak control protocol of the municipality.
7. Assisting the HO and other PH staff in the municipality in sanitary inspection work.
8. Assisting in investigation, assisting in collection of relevant clinical materials to the investigating team, IEC, water quality monitoring, dis-infection of water, assisting in vector control measures, assisting in food sanitation, support to out break interventions.
9. Facilitate / ensure immunization for all children and pregnant mother from general population.

Institutional Framework for Convergence of Urban Health

Institutional Framework for Convergence at State Level

The need of convergence

As per Document named 'Draft Final Report of the Task Force to advice the National Rural Health Mission on "Strategies for Urban Health Care": "The Task Force recommends the following mechanisms for inter- sectoral coordination towards improvement of health status in slums:

1. Convergence between Jawaharlal Nehru National Urban Renewal Mission (JNNURM) and National Urban Health Mission in select cities at City level; similarly, convergence between the Integrated Housing and Slum Development Programme (IHSDP) covering cities and towns not covered under JNNURM and National Urban Health Mission in the cities covered under IHSDP.
2. Convergence between the elected body and city administration within National Urban Health Mission.
3. Convergence between Department of Women & Child Development and Health & Family Welfare Department on use of field level workers (AWWs and Link Volunteers), prioritizing the setting up of Anganwadi Centres in vulnerable slums, developing MCH/RCH and adolescent health programmes jointly.
4. Level of convergence of activities between NACO/State AIDS Control Society and National Urban Health Mission is left at the discretion of the state; however, the State AIDS Control Society should be actively involved in the UH Planning activity at the state level.
5. Convergence in the field should be explored and exploited with agencies responsible for promoting Community Based Organizations (CBOs) in slums.
6. Convergence with development partners such as USAID, UNICEF, UNFPA, DFID, ADB, World Bank in areas where they are already engaged actively or are planning activities concerning slum improvement.
7. Health education and adolescent counselling forums should be developed as part of the school health programme through convergence with the Education Department.

Role of State Health Samity in Urban health

As per Document named 'Draft Final Report of the Task force to advice the National Rural Health Mission on "Strategies for Urban Health Care": - *At state level, the State Health Society may coordinate with all the concerned departments and ministries and solve the issues obstructing the implementation of effective urban health programme in the state.* Even before

the mandate of NRHM, in the state of West Bengal, the State Health & Family Welfare Samity (WBSH&FWS) was constituted [vide GO. No. HF/O/PHP/92/O-23/98 dated 21-02-2003] for the sake of convergence and decentralization. It started acting as nodal body for disbursing funds to the districts (off-budget funds) related to different national health programmes as well as funds/grants of different national/ international Donor agencies like DFID assisted programmes of HSDI etc.

After the implementation of NRHM, the WBSH&FWS has taken over the fund disbursement of NRHM as well. Regarding fund flow of urban health like NUHM or other donor-assisted programme, WBSH&FWS can be utilized at the state level which will be assisted by the State Urban Health Sub-Committee.

The State Health Society is responsible for planning and managing all health & family welfare programmes in the state, covering both the rural and urban areas. At State level, the over all policy directives and guidance to Urban Health Mission shall be given by State Health Society. Addition members can be included in the Governing body/executive committee of the State Health & Family Welfare Samity. And the Memorandum of Association/Regulation can be suitably modified to include the mandates of Urban Health.

Proposal for formation of New Inter-Departmental Coordination Committee (UH)

According to *Urban Health Strategy* Document: "The institutional Frameworks will take into account the multiplicity of agencies that will form part of the Framework and will be planned to be conducive to: - *Formation of an inter-departmental coordination committee steered by the Health & Family Welfare Department, with representation from other key stakeholders like Department of Municipal Affairs and Urban Development, Department of Public Health Engineering, Department of Women and Child Development (DWCD), School Education Department, Higher Education Department and Kolkata Municipal Corporation.*

Until date no such inter-departmental coordination committee for Urban Health is formed. It can be mentioned here that "to monitor and implementation of different health programmes at the municipal level a high power committee the 'Apex Advisory Committee' for Urban Health has been constituted [**Annexure -I**]. The committee has not been functional for a long time. So it is proposed that:-

1. The above mentioned 'Apex Advisory Committee' be abolished. A new committee named 'State Urban Health Sub-Committee' of State Health & Family Welfare Samity may be formed which will function as Inter-departmental Coordination Committee (Urban Health)'.
2. The State Health & Family Welfare Society shall be responsible for planning and managing all health & family welfare programmes in the district, covering both, the rural and urban areas. At State level, the over all policy directives and guidance to District Urban Health Cell shall be given by the 'Urban Health Sub-Committee State Health & Family Welfare Society.
3. All the members of State level Urban Health Sub-Committee like representative of SUDA to be included as the member of the 'Governing body' of the SH&FWS
4. Memorandum of Association/Regulation of SH&FWS would be suitably modified to include the mandates of Urban health

Structure of State level Urban Health sub-committee'

It will comprise of:

Table 7: Composition of new 'State level Urban Health sub-committee'

	Designation	Remarks
1)	Secretary, Health & FW Deptt	-Member
2)	Secretary, Urban Development Deptt	-Member
3)	Secretary, Municipal Affairs Deptt	-Member
4)	Special Secretary, Health & FW Deptt (Urban Health Branch)	-Member-Convener
5)	Mission Director, NRHM, WB	-Member
6)	Project Director, HSDI	-Member
7)	Jt. Director of Medical education, Deptt. of health & FW	-Member
8)	Jt. Director of Health Services (Urban Health)	-Member
9)	Director, SUDA	-Member
10)	Chief Executive officer, KMDA	-Member
11)	Secretary, Public Health Engineering Deptt. or his/her representative	-Member
12)	Secretary, Women & Child Health Development & Social Welfare Deptt. or his/her representative	-Member
13)	Secretary, Primary Education Department, or his/her representative	-Member
14)	Mayor in Council Health, of 2 to 4 ULB (Corporation, Municipality)	-Member
15)	Any other member may be co-opted/invited by the Sub-committee	-co-opted/ invitee member

Function of 'State Urban Health sub-committee':

An officer not below the rank of Special Secretary in the Health & Family Welfare Department in charge of Urban Health Branch will act as the Member-Convener of this sub-committee. In future he may act as the State Mission Director, NUHM.

The 'State Urban Health Sub-Committee' would be the highest body at the state level to look after the operational aspects of all the issues pertaining to Urban Health Strategy. In future it will function as State Mission Directorate for 'National Urban Health Mission'. It will play a pivotal role to provide directives, monitor and issue guidelines for improving the provisioning of effective healthcare for urban population throughout the state like:

1. Solve the issues obstructing the implementation of effective urban health programme in the state;
2. Suggest mechanism for inter-sectoral convergence and co-ordination of different stake holders including donor coordination. The committee would coordinate with different vertical programme officers of state level to prepare a comprehensive plan to implement those programmes at different urban areas and to release funds to the different DH&FWS;
3. Formulate Policies and develop broad guidelines especially the infrastructure, manpower, service delivery and health advocacy norms for implementation of different health programmes at the ULB level;

4. Provide guidance to State Urban Health Cell at Directorate level in developing UH proposals and incorporating them into State PIP;
5. Apprise, Approve and forward the Urban Health proposals of State;
6. Formulate different health financiering mechanism including PPP and mobilization of additional resources for UH within the NUHM or from other concerned departments/organizations.
7. Be accountable for proper and effective utilization of funds allocated for Urban Health related activities.

Institutional Framework for Convergence at District Level

Present Status of Urban health Committee at District level

As the 'Urban health Strategy document, there is a mandate to form Urban health Committee at District level to support the District Health Mission, every district has an integrated District Health Society (DHS). District Health & Family Welfare Samity was constituted vide G.O. No. HF/O/PHP/322/0-23/98 dated 20-05-2002 for all the districts other than Kolkata. Accordingly, all the chairpersons of municipalities are the member of the 'Governing body' of the DH&FWS. But the health officers appointed by the Municipal bodies are not the members. Convergence at District level has got following rationale:

1. A 'District planning Committee' already exists as per mandate of constitutional amendment to monitor planning for the district as a whole including health issues of both urban and rural areas District Health & Family Welfare Samity is the nodal body for planning and implementation of health programme both at rural and urban areas of the district. DM is the executive-vice chairman
2. A district level Municipal Affairs committee was constituted by the Municipal Affairs Department to render service and monitor the developmental activities of ULBs.
3. Proposals and fund disbursement of the state Municipal Affairs Budget is currently being routed through District Magistrate.
4. DMDO post was created for convergence by the Municipal Affairs Department.
5. Since the set up at the district is already there, created both by the H&FW Dept. And the Municipal Affairs Department the convergence can easily take place at the municipalities. It is therefore proposed to form a District Urban Health sub Committee under the District Health & family Welfare Samity as follows:

Formation of New 'District Level Urban health Sub-Committee'

1. The District Health & Family Welfare Society is responsible for planning and managing all health & family welfare programmes in the district, covering both, the rural and urban areas. At District level, the overall policy directives and guidance to District Urban Health Cell shall be given by the 'Urban health sub-Committee of the District Health & Family Welfare Society.
2. All the members of District level Urban health sub-committee like health Officers of the different ULBs situated in the districts (other than Kolkata), District Municipal Development Officer/ representative of DUDA to be included as the member of the 'Governing body' of the respective DH&FWS

3. Memorandum of Association/Regulation of DH&FWS would be suitably modified to include the mandates of Urban health
4. DH&FWS for the Kolkata District will be formed separately

Table 8- Composition of District Urban health Sub-committee

	Designation	Remarks
1)	District Magistrate cum Vice Chairman DH&FWS	-Chairman
2)	CMOH	-Member
3)	District Urban Health Officer (Dy. CMOH-I)	-Member-Convener
4)	ACMOH (MA)	-Member
5)	District Municipal Development Officer/ Representative, DUDA	-Member
6)	Health officers, all Municipalities/ ULBs	-Member
7)	Mayor/ Chairperson of all ULB (Corporation/municipality)	-Member
8)	Executive Engineer Public Health Engineering Deptt. or his/her representative	-Member
9)	DPO, Women & Child Health Development Deptt. or his/her representative	-Member
10)	DI, Education Department, or his/her representative	-Member
11)	Any other member may be co-opted/invited by the Sub-committee	-co-opted/ invitee member

Not changed

Function of District Urban health Sub-committee

1. The District Health & Family Welfare Samity shall also provide support and legitimacy to the field level coordination unit at the Urban Health Centre level.
2. District Magistrate will act as the Member-Convener of this sub-committee. In future he may act as the District Mission Director, NUHM.
3. The 'District Urban health sub-committee' would be the highest body at the district level to look after the operational aspects of all the issues pertaining to Urban Health Strategy. In future it will function as District Mission Directorate for 'National Urban Health Mission'. Apart form providing over all coordination and carrying out the directives of State Health & Family Welfare Samity, the District Health & Family Welfare Samity may also:
    a. Solve the issues obstructing the implementation of effective urban health programme in the District;
    b. Suggest mechanism for inter-sectoral convergence and co-ordination of different stake holders including donor coordination. The committee would coordinate with different vertical programme officers at District level to prepare a comprehensive plan to implement the programmes at different urban areas;
    c. Provide guidance to District Urban Health Cell in developing UH proposals and incorporating them into District PIP;
    d. Apprise, Approve and forward the Urban Health proposals of District
    e. Be accountable for proper and effective utilization of funds allocated for Urban Health related activities as well as mobilize additional resources for UH within the NUHM or from other concerned departments/organizations

Formation of New 'District Health & Family Welfare Samity for Kolkata'

As discussed earlier, a 'District Health & Family Welfare Samity' may be constituted for Kolkata in the line of DH&FWS for other district with following modification.

Table 9 : Composition of Governing body of New DH&FWS, Kolkata

	Designation	Remarks
1)	Mayor, KMC	Chairperson
2)	Commissioner, KMC	Executive Vice-chairperson
3)	CMOH, Kolkata	Member
4)	Mayor in council, Health, KMC	Member
5)	One representative from the DHS [not below the rank of Jt.DHS, preferably Jt.DHS, (UH)]	Member
6)	One representative of DME [not below the rank of Jt. DME]	Member
7)	Accounts Officer, Office of the CMOH, Kolkata	Treasurer
8)	One representative from the Commissioner (FW) [not below the rank of Jt.DHS]	Member
9)	One representative from the Project Director, WBSAP&CS [not below the rank of Jt.DHS]	Member
10)	MLA/MP of Kolkata (in case MP/MLA holds Ministerial Berth, then his/her representative)	Member
11)	Representative of Two NGOs working in Kolkata area in the field of Health & Family Welfare [to be nominated by the Mayor, KMC]	Member
12)	One representative from each of the department, GOWB A. Social Welfare B. Primary School Education C. Public Works D. Public Health Engineering. E. Urban Development F. Municipal Affairs G. KMDA H. SUDA	Member
13)	Dy. CMOH –I, II, III, DMCHO, DPHNO of the establishment of CMOH, Kolkata	Member
14)	Supdt /MSVP of the Institutions situated within the KMC area	Member
15)	Chief Health Officer, KMC	Member-Secy & Convener
16)	Dy. Chief Health Officers, KMC	Member
17)	One representative from the Commissioner, KMC	Member
18)	Any other member co-opted/invited by the Governing body	Member

The composition of Executive committee of DH&FWS, Kolkata may be:

Table 10: Composition of Executive committee of New DH&FWS, Kolkata

	Designation	Remarks
1)	Commissioner, KMC	President
2)	CMOH, Kolkata	Member
3)	Mayor in council, Health, KMC	Member
4)	Accounts Officer, Office of the CHO, KMC	Treasurer
5)	DDHS (Urban Health)	Member
6)	Chief Health Officer, KMC	Member-Secretary

If the proposal is approved then the 'memorandum of Association and Regulations of the said 'District Health & Family Welfare Samity, Kolkata' can be worked out in the line of District Health & FW Samity already constituted vide G.O. No. HF/O/PHP/322/O-23/98 dated 20-05-2002.

Institutional Framework for Convergence at Municipal Level

Present Status of Municipal Level Health & Family Welfare Committee

A Municipal level health & Family Welfare Committee was constituted by GO No. HF/O/PHP/658/O-23/98 dated 25-10-2002. As per the GO a Municipal level health & Family Welfare Committee was created for every Municipality/ Corporation except Calcutta Municipal Corporation with the following members:

Table 11: Composition of Old 'Municipal Level Health & Family Welfare Committee'

	Designation	Remarks
1)	Chairperson of Urban Local Body	- President
2)	Councilor-in Charge of Health/ Assisted Project	- Member
3)	One Representative from KMDA in Kolkata Metropolitan Area	- Member
4)	One Representative of the District Magistrate	- Member
5)	2-3, Representative of local NGOs like Red gross, Lions Club	- Member
6)	Assistant Chief Medical Officer of health of the Sub-division	– Member
7)	Health officer of the Municipality	-Secretary-Convener

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

1. "*The Committee would be responsible for coordination, supervision and implementation of all the health activities in an integrated manner at different levels of the existing health infrastructures within the Municipal area. Further, the committee will participate in all public health programme and activities under the overall guidance of the district Health & Family Welfare Samiti.*"
2. Theoretically this committee has been formed in all 125 ULB. In case of Kolkata Municipal Corporation area separate proposal is framed. These committees are not functioning properly because of lack of adequate role-clarity, responsibility and power. The committees have to be empowered adequately to make them effective.
3. At present SUDA is facilitating the implementation of Health programme in 125 Municipalities with priority in 63 ULBs. SUDA being a state level body, it is virtually

impossible for it to look after the programme in 125 different ULBs all over the state. On the other hand, Health & Family Welfare Department has created the institutional mechanism called 'Health & Family Welfare Samity' at different level namely State, District and Block level to implement health programmes in lower tiers under NRHM mandate and financial support. The Programme Management Units were created at different tires to strengthen those societies.

Formation of New 'Municipal Level Health & Family Welfare Committee'

It is proposed to modify the above mentioned 'Municipal Committee' and form a new 'Municipal Level Health & Family Welfare Samity' in the line of Block Health & Family Welfare Samity' to be registered under the Society Registration Act. The Governing body will consist of:

Table 12: Composition of Governing body of New Municipal Health & Family Welfare Samity

	Designation	Remarks
1)	Mayor/Chairperson of Urban Local Body	- Chairperson
2)	Councilor-in Charge of Health/ Assisted Project	-Executive VC
3)	Local M.L.A./M.P(in case MP/MLA holds Ministerial Berth, then his/her representative)	- Member
4)	All Councilors of the Urban Local Body	-Member
5)	Two NGO - representatives working in the Public Health areas to be nominated by the District Magistrate	- Members
6)	Two Medical Practitioners - one from the Modern Medicine and the other from ISM&H to be nominated by the CMOH	- Members
7)	One Representative to be nominated by IMA State Committee	- Members
8)	One Representative to be nominated by IPHA State Committee	- Members
9)	One social worker of the area to be nominated by the Sabhadhipati Zilla Parishad	- Members
10)	One representative from Block Sanitary Mart to be nominated by the District Magistrate	- Members
11)	Assistant Chief Medical Officer of health of the Sub-division	- Member
12)	Public Health Nurse	- Member
13)	Superintendents of BPHC/RH/SDH/SGH/DH situated within the ULB	- Member
14)	One Representative from KMDA in Kolkata Metropolitan Area	- Member
15)	One Representative of the District Magistrate	- Member
16)	2-3 Representative of local NGOs like Red Cross, Lions Club	- Member
17)	Child Development Project Officer	– Member
18)	Health officer of the Municipality	-Member-Secretary

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

The Executive Committee of the 'Municipal Level Health & Family Welfare Samity' will consist of the following members as may be selected by the Governing Body or the Block Health & Family Welfare Samiti:

Table 13: Composition of Executive Committee of New Municipal Health & Family Welfare Samity

	Designation	Remarks
1)	Mayor/Chairperson of Urban Local Body	- Chairperson
2)	Councilor-in Charge of Health/ Assisted Project	-President
3)	Health officer of the Municipality	-Member-Secretary
4)	One officer to be nominated by the EO	- Treasurer
5)	Executive Officer of Municipality	- Member
6)	Assistant Chief Medical Officer of health of the Sub-division	- Member
7)	Public Health Nurse	- Member

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

If the proposal is approved then the 'memorandum of Association and Regulations of the said 'Municipal level Health & Family Welfare Samity' can be worked out in the line of Block Health & FW Samity already constituted vide G.O. No. HF/O/PHP/619/O-23/98 dated 24-09-2003.

The roles & responsibilities of Health officer of ULB cum Member-secretary would be to:

1. Monitor the health programme of ULBs on monthly basis, and provide progress to District Urban Health Cell
2. Review of the work at the UHC and community level.
3. Provide health related solutions to problems at the UHC level by coordinating with the ULB officials
4. Carry out the health and sanitation assessment need of the area and place proposal to DUDA through District Urban health Cell under various schemes
5. Coordination/collaboration with related departments on issues having a bearing on the health of the communities living in the area
6. Delegation of the responsibilities to concerned group member for adequate response to the identified need.

Institutional Framework for Convergence at Municipal Level

Ward/Slum/Slum Cluster Level Health, Water and Sanitation Committee

1. At sub-district level, 'Ward' may be the basic unit for planning and monitoring. Because of heterogeneity in the ward size (population) in the country, states could consider to constitute 'Slum' or 'Slum Cluster' Level Committees, in place of 'Ward Committee'.
2. The Ward Health, Water and Sanitation Committee under the stewardship of Ward Councilor will provide direction to the integrated efforts to health, water supply and sanitation. In this, the catchments areas for ANMs should be planned in such a way that it is co-terminus with ward boundaries as far as possible.
3. The following shall be the structure of Ward Health, Water and Sanitation Committee

Table 14: Composition of Ward Health, Water and Sanitation Committee

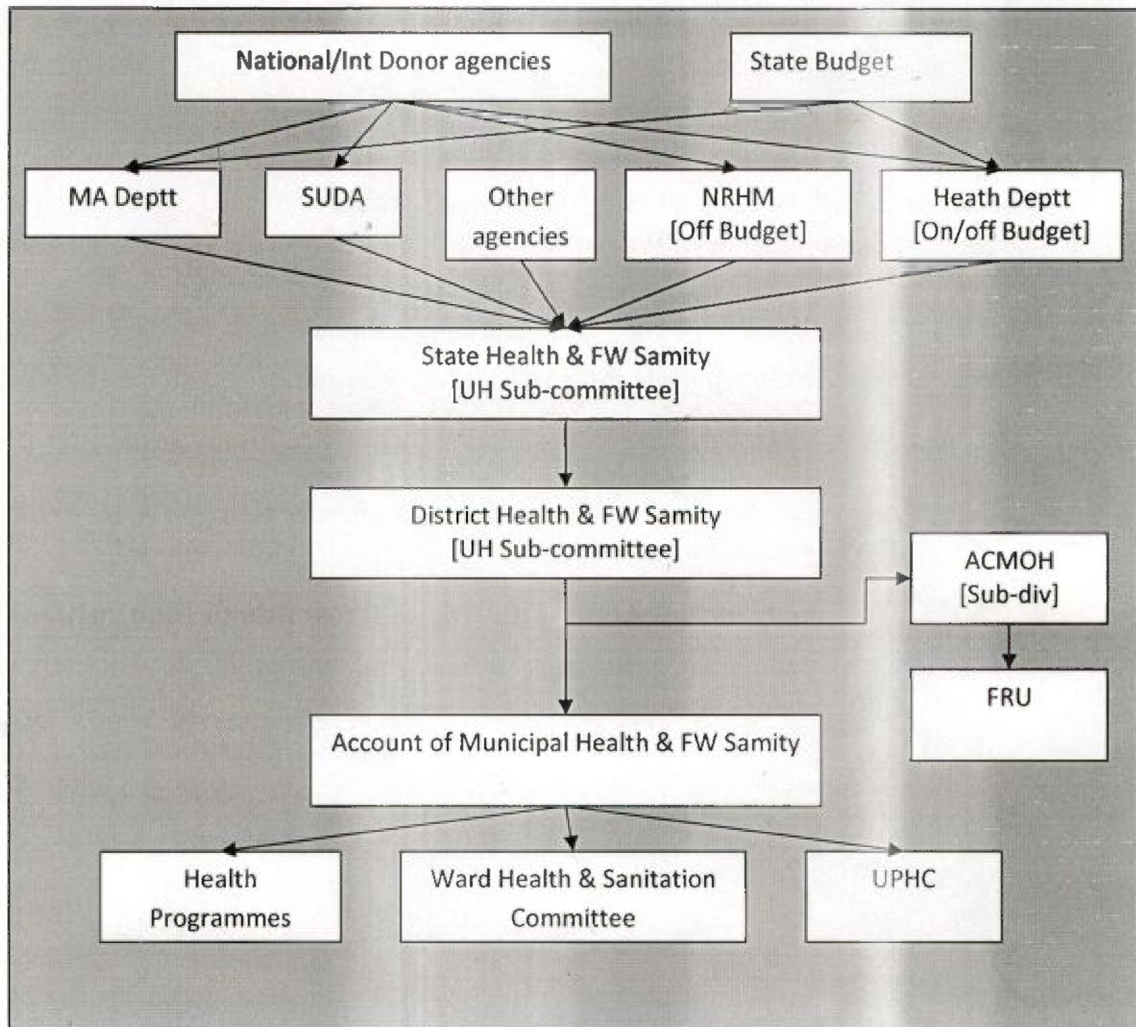
	Designation	Remarks
1)	Ward Councilor	- Chairperson
2)	Lady Medical Officer I/C UHC	-Member-Secretary
3)	Public Health Nurse & ANMs	- Member
4)	Representative from Link Volunteer/ Women's Health Committee/Cooperatives	- Member
5)	Supervisor – ICDS and Anganwadi Workers	- Member
6)	NGO Representative/Charitable Institutions Representative	- Member

The following shall be the responsibilities of Ward Health, Water and Sanitation Committee:

1. Monitor the programme of Ward on monthly basis, and provide progress to District UH Secretariat
2. Review of quality of work at the UHC and community linkages
3. Provide solutions to problems at the UHC level by coordinating with the city officials
4. Carry out the health and sanitation assessment of the area which can be put up as proposals to DUDA through District UH Secretariat under various schemes
5. Take up pertinent coordination/collaboration issues having a bearing on the health of the communities living in the area
6. Delegation of the responsibilities to concerned group member for adequate response to the identified need.

Institution Framework for Budgetary Provision & Fund flow

Figure 4: Fund flow mechanism regarding Urban Health [Proposed]



At present, the Health budget of ULBS of the West Bengal are supported by additional funds by different mechanisms described below [**Annexure 06**]:

11 ULBs are funded by HSDI

63 ULBs are funded by State Health Plan &

52 ULBs are funded by MA deptt [maintenance phase].

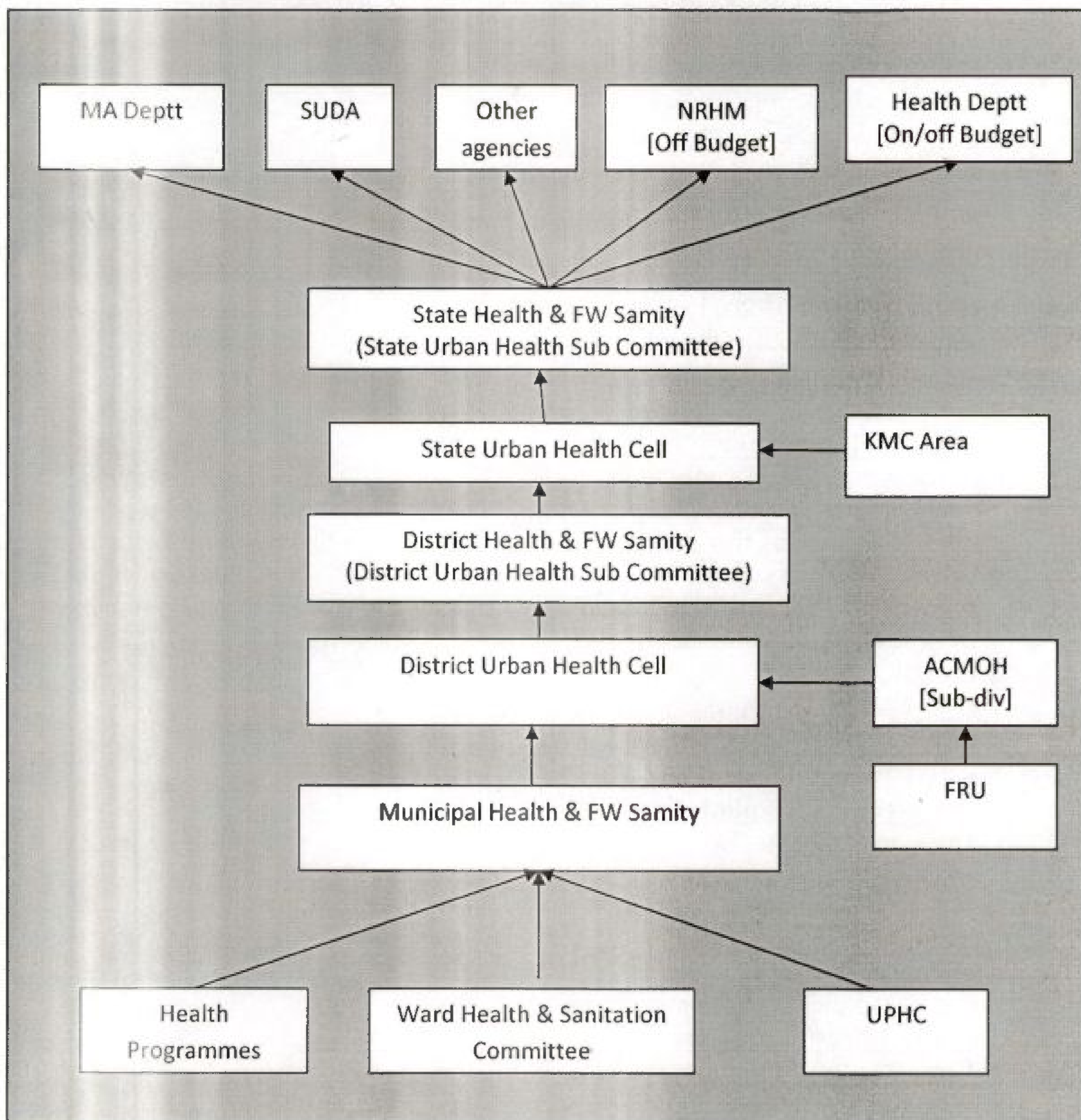
Institutional Framework for Monitoring & Supervision

- Health Officers of the Municipalities/Municipal Corporations will be invitee-members of this District Urban Health Cell. They will be instructed to attend the District/ sub-district level [ACMOH] MIES meeting. The progress regarding planning, implementation of the National Programmes and the state of the Health care delivery system will be reported by

the different Ward level Water and Sanitation Committee FRUs, UPHC, or other secondary tier Health facilities through the Municipal Level Health and Family Welfare Samity.

- The District Urban Health Cell will share the report with the District Health and Family Welfare Samity, who in turn will send the report of the entire district to the State Urban Health Cell. The report related to the function of the Kolkata Municipal Area will be sent to the State Urban Health Cell for review.
- The State Urban Health Cell will review the report and suggest corrective measures to the district Urban Health Cells if needed.
- The State Health and Family Welfare Samity will send the report along with measures taken for course correction if any to the Departments.

Figure 5: Reporting mechanism regarding Urban Health [Proposed]



Proposal for Formation of CMOH Office at Kolkata.

Existing Health Structure at Kolkata Municipal Area

All India Hospital Post Partum Programme

The 'All India Hospital Post Partum Programme' under the Family Welfare Programme was launched as a 'Centrally sponsored scheme'. Under that scheme, different Post Partum Units [PPU] were established attached to different SG/SG/DH/MCH in the State of WB. Those Units were handed over to the state w.e.f the year 2002-2003 and retained under 'State Plan' vide GO. No. HF/O/FW/136/1P-1/2005 dated 29.04.2008. Superintendents/MSVP of those hospitals is the administrative heads of those PPUs. In the catering area of KMUHO, there are:

- 4 'A' type PPU attached to 4 MCH
- 3 'B' type PPU attached to other hospitals
- 1 'C' type PPU attached to other hospitals
- 10 'F' type PPU attached to SG/SG/other hospitals

Urban Family Welfare Centre Scheme

The 'Urban Family Welfare Centre Scheme' was launched and subsequently expanded as centrally sponsored scheme'. Those are retained as under CS (NS) scheme vide GO.No. HF/)/FW/76/4E-03/2005 dated 09.04.2007. Different officers like AO/ Supdtt/ DFWO are the administrative head of those UHWCs. In the area of KMUHO, there are:

- 9 type 'III' UFWC under the control of DFWO, Kolkata
- 1 establishment of DFWO [and DMCHO] of Kolkata

Integrated Community Health Services scheme

In the year 1979, in consultation with CMDA, the GOWB launched a scheme for extending minimum health service facilities with special emphasis to include slum dwellers in 18 wards of KMC known as the 'Integrated Community Health Services scheme'. Under this ICHSS, Urban Community Health centres were established in the KMC area under the administrative control of CHO, KMUHO and retained under State Plan (Non-plan) vide GO No. HF/)/MS/154/6D-3/91 dated 19.04.2006 [and subsequently by other GO]. In the jurisdiction of KMUHO there are:

- 2 'Zonal Urban health Centres' [Zone III and IV]
- 6 UCHC [under zone III] and 7 UCHC [under Zone IV]
- 1 Project HQ at the office of CHO-KMUHO

Decentralized Hospitals

There are different 'Decentralized hospitals in the KMC area. Head of those institutions are vested with same power, as that of the CMOH vide GOs No. H/MA/3452/HAD/D/2001 dated 04.09.2001 and HAD/D/2001/Pt.I/A 7958 dated 05.10.2001. These institutions are directly controlled from the Directorate. As the Directorate does not have dedicated manpower for coordinating their functioning these decentralised hospitals remain practically out of the regular channel of information and resource flow.

Health Infrastructure other than GOWB, DHFW

There are other institutions rendering health related services within the KMC area like:

- For-profit organizations – Clinical establishments including single doctor establishments of private practitioners.
- Not-for-profit organisations – different NGO and Faith based organizations – with or without aids/grant from GOWB/GOI.
- Central government institutions – Railways, CGHS, Defence, ESI Scheme – hospitals and their network of practitioners.

- Establishments of KMC.

The 'Kolkata Metropolitan Urban Health organization' (KMUHO)

The 'Calcutta Metropolitan Immunization Organization' was created by GO. No. PH/3783/1C-14/61 dated 26.06.1966 and the 'Malaria Eradication Urban Maintenance Organization' was created by GO. No PH/4045/2M-1/66 dated 19.07.1966. The 'Calcutta Metropolitan Urban Health organization' was formed to function with effect from 01.11.1984 by merger of these two organizations by GO. No. Health/PH/1730/2M-20/84 dated 18.10.1984. This was later renamed as 'Kolkata Metropolitan Urban Health organization'.

The KMUHO was created to have 'public health infrastructure' to look after the population of 'Greater Calcutta Region' for:

- Control of communicable diseases
- Health education
- MCH & Family Welfare
- Immunization of Mother & Children
- Maintenance of Family Record card
- Surveillance against communicable diseases
- Vital statistics and
- Other public health services

The jurisdiction of KMUHO consists of part of existing Kolkata Metropolitan Area, which is

- 117 of 141 wards of KMC area
- 23 wards of Bally Municipality and 16 wards of Howrah municipal corporation of Howrah District
- 15 of 27 ULBs of North 24 Parganas district
- 10 of 12 ULBs of Hooghly district

KMUHO has almost similar mandate as the 'establishment of CMOH' in other districts. But there is no 'establishment of CMOH' as per 'Multipurpose health scheme' for the Kolkata district similar to the other districts of state.

The CMOHs of Hooghly, Howrah and North 24 Parganas are also supposed to discharge public health functions for the total population (both urban & Rural) of their districts even in the areas covered by KMUHO. Thus their Public Health activities are overlapping with the jurisdiction of KMUHO and may be resulting in duplication of efforts and improper reporting due to lack of inter organisational coordination.

Moreover, each of the ULBs including KMC situated within the jurisdiction of KMUHO have got their own mandate and have set-up a public health infrastructure of their own [which is not of uniform across ULBs] aided by different schemes which were implemented from time to time. This ULB public health infrastructure has functions many of which are overlapping with the KMUHO mandate.

Reorganising the KMUHO and the other GoWB infrastructure and creating a set up which is coterminous with the KMC area would ensure better convergence with the efforts of the KMC, standardisation of the basic health programmes and ensure uniform and better penetration of health facilities especially among urban poor, relating to the health in general and public health in particular.

Delinking the Urban areas of the adjacent Districts from the existing KMUHO area would also prevent multiplicity and overlapping of Programmes being run in these areas.

Need of establishment of CMOH, Kolkata

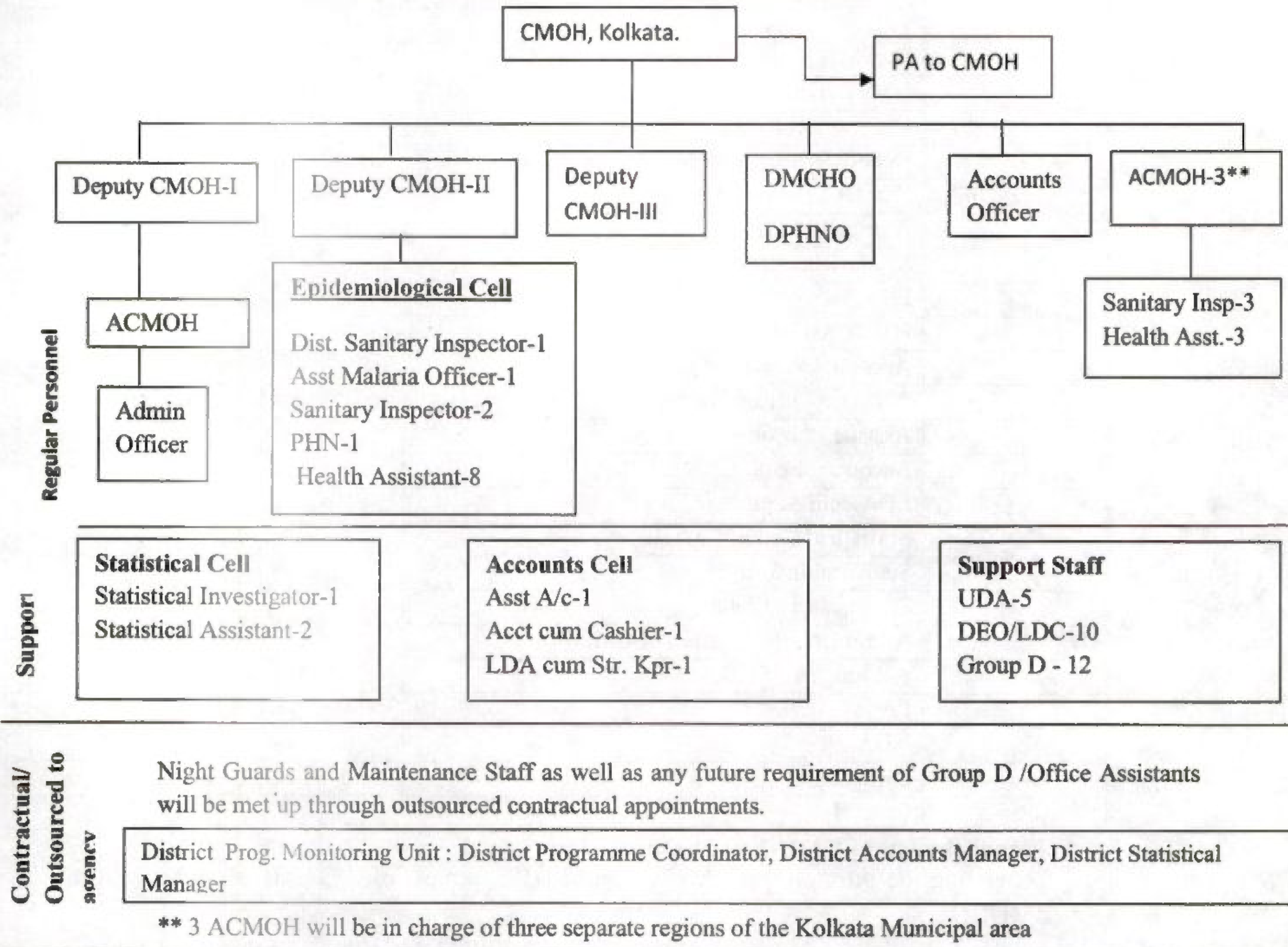
Health and Family Welfare Department, GOWB has certain responsibilities which, in the districts other than Kolkata are carried out by the respective establishments of CMOH.

- Regulation in the form of registration and licensing in case of private clinical establishments – currently for Kolkata area this work is undertaken by the state level officer [ADHS (Clinical establishments)] of the directorate.
- Collection of periodical returns and reporting for monitoring, supervision, data analysis and feedback– especially diseases and RCH related.
    - Collaboration with the for-profit/ not-for-profit organization regarding implementation of different national health programmes and beneficiary mobilization schemes.
    - Supply of grant-in-aids, Material of health education etc.
    - Implementation of different IEC related activities including mass awareness campaigns, Mass drug/immunization campaigns [like Pulse polio], Mass screening campaigns [like MLEC] Beneficiary mobilization campaigns [like JSY], etc.
    - Implementation of different programmes for Capacity building of service providers [like uniform treatment protocol of RNTCP/NLEP/NVBDCP etc.]
    - Implementation of different Public-private-partnership Schemes – like 'Ayushmati schemes, Diagnostic service schemes etc.
    - Implementation of different public health related activities/sanitation and hygienic measures – PC&PNDT.
    - Disaster management including routine surveillance, outbreak response and control.
        - There is lack of standardisation and coordination among the service providers who are meant to ensure availability of Basic minimum health care across the population especially to the urban poor.
    - Administrative control and supervision of 'Decentralized hospitals' within KMC area, other than Medical Education services, can be brought under the responsibilities of CMOH.
        - In Kolkata, the responsibilities of the DHFW, Immunization related activities and other National Programmes are not being discharged in an effective way though there are many players like NGOs, Private Organisations as well as KMC due to lack of convergence at a decentralised level, for want of any organisation of the H&FW department that would coordinate, monitor and supervise these functions in the KMC area. The Programmes/activities are being carried out directly by the Directorate of Health Services which are creating additional, non-homogeneous and avoidable work load on the officers affecting the service delivery in KMC area.

Proposed Framework of Reorganisation of KMUHO & creating New 'CMOH establishment for Kolkata'

The proposed Set-up of CMOH will have the jurisdiction over the 141 wards of Kolkata Municipal area. It will be considered as the 'Kolkata District' administrative unit of DHFW, GOWB. The organisational structural of the CMOH, Kolkata and total number of personnel required in each cadre is given below.

Figure-6: Organisatinal Structure of CMOH Office, Kolkata.



Night Guards and Maintenance Staff as well as any future requirement of Group D /Office Assistants will be met up through outsourced contractual appointments.

District Prog. Monitoring Unit : District Programme Coordinator, District Accounts Manager, District Statistical Manager

** 3 ACMOH will be in charge of three separate regions of the Kolkata Municipal area

Table-15 Manpower Requirement for creation of CMOH, Office in Kolkata.

	Name of Post	Cadre	No of Posts
A.	**Office of CMOH**		
	CMOH, Kolkata	WBPHAS	1
	Dy. CMOH-	WBPHAS	3
	ACMOH (MA)	WBPHAS	1
	ACMOH [for 3 such regional ACMOHs]	WPHHAS	3
	DMCHO, Kolkata	WBPHAS	1
	DPHNO, Kolkata	WBGS	1
	Deputy District extension & MO	WBGS	1
	District Sanitary Inspector	NMTP B	1
	Assistant Malaria Officer	NMTP B	1
	Sanitary Inspector	NMTP A	5
	PHN	NMTP B	2
	Health Assistant	NMTP B	11
B.	**Accounts Section of CMOH**		
	Accounts Officer, Kolkata	WBA&AS	1
	Assistant Accountant [UDA]	Clerical	1
	Accountant-cum-Cashier [UDA]	Clerical	1
	LDA-cum-Storekeeper [LDA]	Clerical	1
C	**Statistical Cell of CMOH**		
	Statistical Investigator	WBGS	1
	Statistical Assistant	SBHI	2
D	**Administrative Section of CMOH**		
	Administrative Officer	WBGS	1
	PA to CMOH	Steno/PA	1
	UDA	Clerical	5
	DEO/LDA	Clerical	10
	Group D	Gr D	12

Establishment of CMOH will be created by:

1. Converting the posts in the KMUHO and ICHSS project office, situated along with the KMUHO.
2. Amalgamating the common establishment of DFWO/DMCHO of Kolkata and bringing them under the CMOH, Kolkata.
3. The decentralised Hospitals working under the direct control of the DHS and situated in the KMC area would also be controlled by the CMOH Kolkata. For this purpose the CMOH Kolkata has to be of the rank of Deputy Director of Health.
4. The PP Units (other than MCH) and UFWCs under the KMUHO, DFWO & ICHSS in the KMC area would come under the CMOH.
5. Kolkata district (KMC area) will be divided into 3 Regions (Five Boroughs each). There will be 1 ACMOH per Region to be supported by Epidemiological Cell. These ACMOHs would oversee the public health and other functions in their respective areas.
6. The organisation at the Borough and Ward level in the KMC would be created from the posts available in the above organisations in consultation with the Municipal Affairs Department and KMC. This proposal would be put up separately. Till such time that this

proposal is put up and approved the persons in KMUHO working in the KMC area would be attached with the CMOH Kolkata, who may deploy them suitably in the KMC area as per requirement.

Duties and Responsibilities of the Different Officers of CMOH, Kolkata.

The CMOH, Kolkata will exercise decentralized functional control of the set up of the Health & Family Welfare Department and function as administrative and managerial head of the entire health infrastructure excluding the Teaching Institutions under the control of the DME, in its jurisdiction. The CMOH, Kolkata shall work in close coordination with the Kolkata Municipal Corporation.

The CMOH, Kolkata and other Officers under CMOH will discharge the Duties and Responsibilities assigned to the officers of corresponding designation in other Districts which are specifically not assigned to KMC by any Act, Rules, Regulations or Executive Order. Additionally the CMOH Kolkata, would also be the controlling officer of the Decentralized Hospitals, UHFW Centres and PP Units, other than Medical College Hospitals, located within its jurisdiction.

Table-16 Estimated Annual Financial Outlay for proposed CMOH Set up

Annual Establishment Cost for CMOH, Kol (in lakhs)			**287.27**
Emoluments of staff		235.91	
Training cost for staff and field workers		15	
Rent for set up at Hqr. 4000 sq.ft/sq ft	40	19.2	
Electricity Charges/m	10,000	1.2	
Generator Operations/m	8,000	0.96	
Stationary Cost/m	10,000	1.2	
Telephone Bill /m	8,000	0.96	
Meeting and TA Bill Cost/m	8000	0.96	
Vehicle Hire Charge/m	80,000	9.6	
Advertisement/m	3000	0.36	
Postage/m	8000	0.96	
Miscellaneous/m	8000	0.96	

Proposal for manning the Urban Health Sector by redeploying of staff sanctioned for KMUHO set up and DHFW set up.

It is proposed that the Urban Health Set up at the State, Districts and the Office of CMOH, Kolkata will be established by redeploying the manpower sanctioned for KMUHO as sanctioned vide GO. No. Health/PH/1730/2M-20/84 dated 18.10.1984 placed at CP No.10-22 and ICHSS set up as retained under GO. No. HF/MS/154/6D-3/91 dated 19.04.2006 placed at CP No. 27-30 and by merger of the DFWO, Kolkata set up sanctioned under GO. No. HF/FW/76/4E-03/2005 dated 09.04.2007. The pictorial description of this reorganization is shown at Figure-7.

1. The organisation at the Borough and Ward level in the KMC and at the Ward and ULB level in the other ULBs would also be created from the posts available in the above organisations in consultation with the Municipal Affairs Department. This proposal would

be put up separately. Till such time the CMOHs may deploy these staffs in the urban areas under their jurisdiction for discharging the functions relating to Urban Health.

2. The set up of KMUHO and ICHSS located outside the KMC area would be placed under the control of respective CMOHs.
3. The term KMUHO would be dropped.
4. Some new posts have to be created as is shown in Table-17
5. Some posts would be re-designated to create the institutional structure at the ULB level and KMC level while some would be surrendered as in Table 18.

Figure-7: Re-organization of KMUHO/ICHSS for formation of Urban Health Cell at State and District Level and the Set up of CMOH, Kolkata

Existing Set-up

Urban Community Health centres

Zonal Urban Health Centres

Project Head Quarters of ICHS

Set-up of Integrated Community Health Services

Entire Set-up of KMUHO: Within and Outside KMC area

DFWO, Kolkata Set-Up

HQ Set-up of DFWO, Kolkata

UFW Centres under DFWO situated inside KMC Area

UFW Centres under DFWO situated outside KMC Area

PP Units/UFWC schemes.

Proposed Set-up

State Urban Health Cell

District Urban health Cells

CMOH, Kolkata

Set up of CMOH, Kolkata

Set-up of 3 ACMOHs for Kolkata

UFW Centres , PP Units (Other than MCH)

Public health Staff at Kolkata [To be decided later]

UFW Centres under CMOH of districts other than Kolkata

PH Staff at ULB in districts other than Kolkata [to To be decided later]

Some posts kept in abeyance. Till the setup is decided the staff would be report to CMOHs to be deployed in ULBs

Table-17 Manpower requirement for Creation of Urban Health set up and proposed Redeployment of Posts from existing set up

Sl No.	Old Designation/ Post availbl with KMUOH, ICHSS	Converted to	Cadre	Pay Scale	No. existing	No. Required	Excess /Shortfall
1	CHO in the rank of Jt.DHS	Jt. DHS, coordinator, National Prog	WBPHAS	37400-60000+ 8700	1	1	Nil
2	Epidemiologist	CMOH, Kolkata of the rank of DDHS	WBPHAS	9000-40500 +7600	1	1	Nil
3	Asstt. Epidemiologist	ADHS, Urban Health at State urban Cell.	WBPHAS	9000-40500 +7600	2	1	(+) 1
4	DFWO	Dy. CMOH-III at CMOH Kol	WBPHAS	9000-40500 +5400	1	1	Nil
5	Zonal Health Officer-6	2 posts of Dy.CMOH at CMOH, Kol.	WBPHAS	9000-40500+5400	6	3	(+) 3
		1 Posts of Dy. CMOH at Urban Health cell in dist.					
6	DMCHO, Kolkata	DMCHO, CMOH, Kolkata	WBPHAS	9000-40500 +5400	1	1	Nil
7	2nd Zonal Health Officer	10 Posts of ACMOH at Urban Health cell in Dist	WBPHAS	9000-40500 +5400	6	14	(-) 6
8	Pathologist	4 posts of ACMOH at CMOH, Kol.	WBPHAS		1		
9	Malaria Medical Officer				1		
10	Statistician	Statistical Investigator	SBHI	9000-40500 +4700	1	1	Nil
11	Statistical Assistant	Statistical Assistant	SBHI	7100-37600+3200	2	2	Nil
12	DPHNO, of DWDO	DPHNO, CMOH, KOL	WBGS	9000-40500 +4600	1	1	Nil

13	Administrative Officer	Administrative Officer of CMOH, Kol	WBGS	9000-40500 +4600	1	1	Nil
14	Health Educator & Evaluation Inspector	District Sanitary Inspector	NMTP Gr B	7100-37600+3900	1	1	Nil
15	Lab Tech	Sanitary Inspector	NMTP Gr A	7100-37600+3600	17	5	(+) 12
16	Health Supervisor/ Sr. HI	Asst. Malaria Offier-1,	NMTP Gr B	7100-37600+3900	391	3	(+) 388
		PHN-2,					
17	Head Clerk	Administrative Officer at CMOH, Kol	Clerical	7100-37600+3900	2	1	(+) 1
18	Stenographer	PA to Spl secy-1	UDA	7100-37600+3900	1	2	(+) 40
		PA to CMOH-1 converted from 1 post of UDA	UDA				
19	UDA	State Urban Health Cell-1	UDA		54	6	
		CMOH, Kolkata-5	UDA				
20	Accountant/Assistant Accountant	Asst Mang A/c in conversion of 7 posts of UDA and Accountant.	UDA		7	20	
		State urban Health cell-1					
		District Urban Health cell-18					
		Asst. A/C, CMOH, Kolkata -1					
21	Accountant cum Cashier	CMOH, Kolkata -1	UDA		7	1	
22	Accounts Clerk	Accounts clerk in conversion of LDA posts District Urban Health cell-18	LDA	5400-25200+2600	6	18	(+) 43
23	Computor	LDA cum DEO	LDA	5400-25200+2600	6	35	
24	LDA		LDA		11		

25	Typist	State urban Health cell-2	LDA		10		
26	Clerk-cum-Typist	District Urban Health cell-23	LDA		3		
27	Clerk-cum-computer	CMOH, Kolkata -10	LDA		60		
28	Health Assistant (M)	Health Assistant (Male)-11, Dy. Dist Ext & MO-1	NMTP Gr B	5400-25200+2600	906	12	(+) 894
29	Store-keeper	LDA cum store Keeper at CMOH, Kol	NMTP Gr A	5400-25200+2300	9	1	(+) 8
30	Office Peon	**OFFICE ASSISTANT**	Gr D	4900-16200+1700	9	38	(+) 348
31	Cleaner [Unified cadre]	State urban Health cell-3 District Urban Health Cell-23 CMOH, Kolkata- 12	Gr D		6		
32	Orderly Peon		Gr D		14		
33	Durwan		Gr D		7		
34	GDA		Gr D		3		
35	Sweeper		Gr D		1		
36	Night Guard		Gr D		9		
37	Laboratory Attendant		Gr D		6		
38	Watchman		Gr D		1		
39	GDA (Field Worker)		Gr D		21		
40	Mate (Supervisor Field Worker)		Gr D		9		
41	GDA (Medicine Carrier, spray, Misc. work)		Gr D		300		
42	Driver	Not Required	SHTO	5400-25200+2600	15	0	(+) 15
43	Mechanic	Not Required	SHTO	5400-25200+2300	2	0	(+)2
44	Mechanic-cum-operator	Not Required	SHTO	5400-25200+2300	6	0	(+) 6
45	Cash Sarkar	Not Required	Gr D	4900-16200+1700	6	0	(+) 6
46	Record Supplier-cum- Duplicating Operator	Not Required	Gr D		1	0	(+) 1
47	Media Man	Not Required			2	0	(+) 2

48		MIS, State Urban Health Cell	contractual	25000	0	1	(-) 1
49		Data Manager	contractual	15000	0	18	(-) 18

Financial Liability.

- The annual financial Liability against the existing set up in KMUHO, for the year 2009-2010 is Rs.1330 lakhs under the head Salaries and Rs.1403.89 lakhs inclusive of other costs vide CP No.43.
- Since it is proposed that the Urban Setup at the State, District and CMOH, Kolkata will be manned by redeploying of staff the majority of staff will be absorbed in these set ups, the additional requirement of funds shall be limited to the expenditure on creation of some new posts as stated in Table 18. The posts which are vacant, excess and proposed be surrendered are shown in Table—19.

Table-18 -New Posts to be created and Financial liability

Sl No.	Rank	Cadre	Pay Scale	No. Required	Short fall	Monthly/ Person	Annual Outlay in Rs.
a	c	d	e	g	h	i	j
1	ACMOH	WBP HAS	9000-40500 + 5400	14	6	27510	330120
2	MIS	contractual	25000	1	1	25000	300000
3	Data Manager	contractual	15000	18	18	15000	3240000
Total Financial Outlay							38.70 lacs

Table-19 Existing Posts vacant and surplus in KMUHO set up which are to be surrendered:

Sl No.	Name	Cadre	Pay Scale	Excess	Monthly/Person	Expenditure
a	b	d	c	d	e	f
1	UDA	Clerical	7100-37600+3900	40	16074	7715520
2	Various posts of LDA Cadre	LDA	5400-25200+2600	22	14462	3817968
3	Office Peon	Gr D	4900-16200+1700	25	8646	2593800
Total Savings on salaries were the posts filled.						141.27 lakhs

In view of the above additional requirement of fund will be only Rs. 123.80 lakhs annually towards the establishment cost of State Urban Health Cell and the District Urban Health Cells apart from the above additional salary burden of Rs 38.70 lakhs as much of the salary

expenditure in the total expenditure for setting up the State and District Urban Health Cells and CMOH Kolkata Office would be met from the existing allocation. The existing budgetary allocation for establishment of KMUHO would be sufficient at the time being for CMOH, Kolkata and proposed to be used for the set up of CMOH, Kolkata.

The temporary increase in financial outlay as shown in Para 26.4 would ensure a structured and standardized set up for implementation of coordinated and focused health care service for the urban areas. This additional financial outlay would decrease over a period of time as the surplus staff would keep on getting retired and ultimately the whole of the affairs would be managed by a lean set up

Annexure I: Composition of old 'Apex Advisory Committee'

	Designation	Remarks
1)	Minister in charge, MA & UD Deptt	-Chairperson
2)	Principal Secretary, Urban Development Deptt	-Member
3)	Principal Secretary, health & Family Welfare Deptt	-Member
4)	Secretary, MA Deptt.	-Member
5)	Chief Executive officer, KMDA	-Member
6)	Special Secretary, (Projects) and Programme Director, SIP & HSDI, Health & FW Deptt	-Member
7)	Chairperson, New Barracpore Municipality	-Member
8)	Mayor, Durgapur Municipal Corporation	-Member
9)	Chief health Officer, Kolkata municipal Corporation	-Member
10)	Director, SUDA	-Member
11)	Dr. N.G. Gangopadhya	-Member
12)	Special Secretary, KMDA	-Member Secretary

Annexure II: Modified List of the 'Decentralized Hospitals & Institutions"'

District	Administrative head
Kolkata	Superintendent, North suburban Hospital, Cossipore, Kolkata
Kolkata	Superintendent, Indira Matri_O_Sishu Ka;lyan, Kolkata
Kolkata	Superintendent, Abinash Dutta maternity Home, Kolkata
Kolkata	Medical Superintendent, Lady duffrin Victoria Hospital, Kolkata
Kolkata	Principal, District Family Welfare Bureau, Kolkata
Kolkata	Director, Pasture Institution.
Kolkata	Director, IBTMIH, Kolkata (Formerly known as Central Blood bank, Kolkata)
Kolkata	Director, Central Combined laboratory, Kolkata
Kolkata	Epidemic Control Officer, Anti Plague organization, Kolkata
Kolkata	Superintendent, Beliaghata Poly Clinic, Kolkata
Kolkata	Superintendent, B.C.Roy Diagnostic Research laboratory, Kolkata
Kolkata	Principal, health & Family Welfare Training center, Kolkata.
Kolkata	Superintendent, Sambhunath Pandit Hospital, Kolkata
Kolkata	Superintendent, Bhabanipur Mental Observation Ward, Kolkata
Kolkata	Superintendent, ramrikdas Haralalka Hospital, Bhawanipur, Kolkata
Kolkata	Superintendent, Kolkata Pavlov Hospital, Kolkata
Kolkata	Superintendent, Lumbini park mental hospital, Kolkata.
Kolkata	Superintendent, Dr. B.K.Basu memorial research & Training Instt. Of Acupuncture, Kolkata-45
South 24-Parganas	Superintendent, Vidyasagar hospital, Kolkata
South 24-Parganas	Superintendent, Bijoygarh state general Hospital, jadavpur, Kolkata.
South 24-Parganas	Superintendent, Moor Avenue Poly Clinic, Kolkata
South 24-	Superintendent, K.S.Roy T.B. Hospital, Jadavpur, Kolkata

Parganas	
South 24-Parganas	Superintendent, M.R.Bangur Hospital, Tollygunge, Kolkata.
Nadia	Superintendent, JNM Hospital, Kalyani, Nadia
Nadia	Superintendent, NSS, Kalyani, Nadia
Nadia	Superintendent, Dr.B.C.Roy Chest Sanatorium Dhubulia, Nadia
Nadia	Principal, Institute of Pharmacy, Kalyani, nadia
Nadia	Principal, Rural training Centre, kalyani, nadia
Nadia	Principal, Health & Family Welfare Training Centre, Kalyani, Nadia
Darjeeling	Superintendent, S.B.Dey Sanatorium, Kerseung, Darjeeling
Jalpaiguri	Principal, Institute of Pharmacy, Jalpaiguri
Jalpaiguri	Principal, health & Family Welfare Training Centre, Jalpaiguri
Burdwan	Principal, rural Training Centre, Burdwan
Bankura	Superintendent, Gouripur leprosy Hospital, Gouripur, Bankura
Bankura	Principal, Institute of Pharmacy, Bankura
Midnapore	Supeindendent, M.R.Bangur Sanatorium, Digri, Midnapore
Hooghly	Superintendent, Gourhati TB Hospital, Srirampur, Hoogly.

HAD/D/2001/Pt.I/A7958 dt. 5.10.2001

Annexure III: Duties & Responsibilities of Different District Level Officers

Duties & Responsibilities of CMOH

[Source: No. HF/O/MA/ Draft Dt. 16.1.02]

Administrative Responsibilities:

- The CMOH is at the apex of the health administration in the district and function under the guidance and control of the Director of Health Services of the State. As the administrative head of health administration in the district it is his primary responsibility to the administration and management of the entire health infrastructure in the district and that the health service responds satisfactorily to the needs of the public.
- The CMOH shall maintain an effective rapport with the Sabhabhipati of the Zilla Parisad and other functionaries of the local bodies. He shall also maintain a close liaison with the District Magistrate of the district as well as the heads of various line departments within the district to ensure that the development activities of the health institutions are nor hampered.
- He shall constantly assess and supervise the performance of the sub-ordinate officials such as the Dy. CMOH(s), Hospital Superintendents, Heads of training Institutions, Clinics, ACMOHs and BMOHs. As a leader of the team, he shall have to ensure that he conducts field visits regularly, makes appropriate delegation of duties to his deputies, holds periodical meetings to review performance and takes corrective measures without delay for optimum performance from the team.
- As Head of Office under Rule 5(16A) of the WBSR, Part-I, the CMOH is responsible for the establishment matters relating to the Deputy CMOH(s), District & Sub-Divisional Hospital Superintendents, PNO and all other para medical and clerical cadres within the district. Hence he shall subject to the following conditions:
  1) Sanction casual/ earned/ Half-pay leave/ Commuted Leave to the Deputy CMOHs, District & Sub-Divisional Hospital Superintendents/ ACMOHs/ Heads of Training Institutions and Clinics/ PNO as well as the Group C and D staff under his control. In this respect he shall exercise the following powers:
     A. Sanction only 60 day EL/HPL/Commuted leave at a time for Group A & B staff.
     B. Up to 120 days EL/HPL/Commuted leave for all other staff.
     C. Recommend and forward cases involving beyond 120 days to the DHS.
     D. Sanction of leave of all types for all Group C and Group D employees at his level.
  2) Permission to apply/ appear/ attend competitive examination for higher services/ seminars/ conferences/ meetings/ workshops/ scientific projects/ state level reports/ cultural events when there is no financial involvement of the State.
  3) Permission for the change of surname after the government servant has observed the due formalities.
  4) Permission for acquisition and disposal of immovable/ movable property or any other asset the value of which does not exceed Rs. 10 lakhs. Where it exceeds Rs.10 lakhs he shall scrutinize the case and send the proposal to the DHS.
  5) Appointing authority for the doctors, paramedics and sub-ordinate staff on contract basis. For the other categories such as Group-D employees in the government service, he shall be the appointing authority.
  6) As the appointing authority and controlling authority for the above mentioned cadres of employees, he shall be the disciplinary authority or the recommending

authority for disciplinary action as the case may be. For these employees not appointed by him he shall recommend disciplinary action against the delinquent and send the draft articles of charges also to the DHS. As an appointing authority he shall also continue the services of government employees after the completion of period of probation as per G.O. No. 6060-F dated 25.6.79.

7) He shall sanction the normal increment and the normal pay fixation of all employees for whom he is the head of office.

8) He shall sanction the death or retirement benefits of al categories of staff for whom he is the head of office. He shall also accept voluntary retirement notice under rule 75 (aa) of the WBSR Part-I after obtaining the necessary clearances as prescribed in rules.

9) The CMOH will sanction all refundable and non-refundable advances of the G.P.F. for all cadres of employees for whom he is the head of office.

10) The transfer and posting of all MOs below the rank of the Dy. CMOH and the para-medical staff and the Group-C and Group-D staff is the responsibility of the CMOH.

11) He shall exercise the financial powers vested with him under the Delegation of Financial Rules, 1977 for the sanction of the expenditure incurred or for the sanction of expenditure by the sub-ordinate offices which have incurred expenditure beyond their limit.

Functional Responsibility:

- The CMOH is the member-secretary of the District Health Committee and the standing Committee on Public Health in the Zilla Parisad as well as a member/ vice-chairman of health related societies at the district level. He shall have to take a leading role in the presentation of the health issues relating to planning, bridging of critical gaps in the infrastructure, health administration and the performance of the health service itself.
- He shall have to tour regularly to ascertain the status of health infrastructure and should build up a confident team of health officials with clear cut responsibilities for quick and efficient decision making and improving the responsiveness of the health service to the general public. Though the CMOH will not involve himself in the day-to-day functioning of all the institutions, he shall have to monitor the overall parameters and ensure that they function at the expected levels of achievement. A copy of his tour diary should be sent to the DHS.
- The CMOH has certain earmarked functions under the PFA Act, 1954, the WB Clinical Establishment Act, 1950 and other statutes and he shall exercise the functions and responsibilities stipulated under the Acts.
- As the head of the multipurpose health programme in the district he shall ensure the optimum utilization of all the manpower and ensure that the integration of the various health programmes is achieved to a great extent. He shall supervise the functioning of all the national health programmes and shall ensure the performance to the targets set. He shall also co-ordinate with the officials in-charge of health allied activities such as women and child development, social welfare schemes, etc for obtaining better efficiency and utilization of the potential resources.
- He is responsible for the health examination of officers, and other cadres referred to him by the various appointing authorities of the State Govt. for the medical fitness certificate at the time of first entry into government service or in the cases of prayers for commutation of pension. Fees shall be charged for commutation cases as well as cases of medical examination of employees of the Central Government and the other State Governments.

- He is also the authorized medical attendant for all employees in the State Government including the All India Service Officers and shall certify the medical claims made in this respect.
- The CMOH is also responsible for the maintenance, upkeep and the administration of the District Reserve Store, the functioning of the epidemiological and surveillance cells as well as the rapid response teams at the outbreak of any epidemic.

Duties & Responsibilities of Dy CMOH-I:

[Source: No. HF/O/MA/ Draft Dt. 16.1.02]

Administrative Responsibilities:

- The Dy. CMOH-I will look after the work of the CMOH in the latter's absence and consequently he/she should be thorough with all the issues without any assistance. He should also be assistance to the CMOH.
- He would be entrusted with the establishment matters relating to the health administrations, which are under the purview of the CMOH of the district. Hence he would have to run the day-to-day administration of the health set-up for which he would have to well conversant about the manpower placement needs, associated issues relating to actual working of various levels of the health set up and if necessary preparation of proposals for the mobilization of manpower in case of emergency. He will hence tender all possible assistance to the CMOH in the general administration of the health set up of the district. He shall also assist the CMOH with any legal issue arising out of the working of the health system.
- He shall also tour regularly and ascertain the actual working condition of the health administration and shall advise the officers in-charge of the health unit(s) as well as obtain feedback for further improvement of the administration. The CMOH should be periodically briefed as to the outcome of these visits.
- The preparation of proposals for allocation of the funds to various sub-ordinate officers by the CMOH shall be an important responsibility of him and due consideration shall be given to the manpower placed.
- The other administrative issues which would be dealt with by him relate to the processing of cases of employees of whom the CMOH is head of office for the disbursement of death or retirement benefits, sanction of leave, sanction of loans and advances, maintenance of service books etc. The following departmental proceedings of all employees appointed by the CMOH should be supervised by him.

Functional Responsibilities

- As he would be in-charge of planning and development cell of the CMOH, he should develop sound knowledge of the existing health infrastructure and the gaps in health service, which can be progressively plugged.
- The management of the District Reserve Stores on a day-to-day basis and ensuring that the hospitals, clinics, health centres and other health outposts have timely access to medical supplies is yet another duty. Procurement of drugs and other medical supplies from the C.M.S. and in cases of necessity local purchase should be take up in consultation with the CMOH
- The day-to-day management of the transport pool vehicle directly under the CMOH as well as provisioning the vehicles with POL and having manpower placed for the utilization of these vehicles is another duty. The salvage of vehicles, condemnation and disposal of unserviceable vehicle parts and vehicles shall be taken up by him.

- He shall also take up any additional duty or responsibility entrusted by the CMOH. He would have to cause confidential enquiries, inspect private clinical establishments as per the direction of the CMOH under the WB Clinical Establishment Act, 1950.

Add Dy. CMOH-I

In continuation of this Department memo No. HF/O/AUH/429/1A-71/01 dated the 4th December, 2001 & No. HF/O/ISMH/95/1A-121/2001 dated, the 14th February, 2002 and keeping solidarity with the State Government's policy in regard to Health Administration of ISM&H Branch of this Department, the undersigned is directed further by order of the Governor to say that the Governor has been pleased to empower the Deputy Chief Medical Officer of Health-I of a District to monitor and Coordinate the functions of the Homeopathic Medical Officers (HMOs), Senior Ayurvedic Medical Officers (SAMOs) and other staff of the State Homeopathic Dispensaries (SHDs) and State Ayurvedic Dispensaries (SADs) of his District as detailed below under the direct supervision of the Chief Medical Officer of Health concerned.:-

i) he will monitor the attendance, performance and allied day-to-day work of the Homeopathic Medical Officers and Senior Ayurvedic Medical Officers working in his district;

ii) he will monitor and coordinate the functioning of the S.H.Ds and S.A.Ds in his District;

iii) he is entrusted with the job of timely procurement and distribution of Homeopathic Medicines and Ayurvedic medicines to the concerned Homeopathic and Ayurvedic units in Rural Hospitals, B.P.H.Cs, P.H.Cs, S.H.Ds and S.A.Ds regularly;

iv) he is entrusted with the submission of all kinds of reports and returns in respect of the S.H.Ds and S.A.Ds and also the Dispensaries/ Units of both the disciplines in the P.H.Cs, B.P.H.Cs and Rural Hospitals where they are posted as 3rd Medical Officers;

v) he will perform all other work relating to assessment of performances of H.M.Os and S.A.M.Os of his District under the supervision of the C.M.O.H. who has already been empowered necessarily;

vi) he is entrusted with any other work as may be found necessary relating to the S.H.Ds, S.A.Ds, Rural Hospitals, B.P.H.Cs and P.H.Cs where there are Homeopathic and Ayurvedic Units;

vii) he is entrusted with the above said duties in addition to his normal duties entrusted by the C.M.O.H. of the District and/or specified by the State Government.

Duties & Responsibilities of Deputy CMOH-II:

[Source: No. HF/O/MA/ Draft Dt. 16.1.02]

Administrative Responsibilities:

- The general administration of the sub-ordinate clerical staff for whom he is the controlling officer.
- He shall have to coordinate and brief the CMOH regarding the various aspects of health administration regularly so far as public health activities are concerned.

Functional Responsibilities

- Exercise statutory functions as described under the Registration of Births and Deaths Act, 1969 and Rules and the Prevention of Food Adulteration Act, 1954.
- He would be the nodal officer coordination all the health initiatives taken up in the district for the general pubic health and control of Communicable diseases. They are:
  1) National Anti-Malaria Programme
  2) National Filaria Control Programme
  3) National AIDS Control Programme
  4) National Programme for Control of Blindness
  5) Kala Azar control Programme
  6) Japanese encephalitis Control Programme
  7) Dengue Control
  8) Iodine Deficiency Disorders Programme
  9) National Cancer Control Programme
  10) National Mental health Programme
  11) National Leprosy Elimination Programme
  12) Revised National Tuberculosis Control Programme
  13) Diarrhea Control and other communicable diseases
- Functioning of societies duly constituted under the guidelines of the GOI of various national health programmes relating to public health excluding TB and Leprosy shall be supervised by the Dy. CMOH-II. He shall ensure that the objectives of the Society are duly fulfilled and the accounts of the Society are kept in a satisfactory condition and are audited after at the end of every financial year. The Dy. CMOH-II shall work under the guidance of the CMOH and the Chairman of the Society.
- The Dy. CMOH-II shall supervise the District Statistical Cell and the Epidemiological Cell and ensure their proper functioning. Necessary surveillance activities will be taken upto alert the CMOH of any outbreaks for taking remedial measures.
- Coordination of relief efforts and ensuring prompt dispatch of medical supplies in the event of the natural disasters.
- He would be responsible for environmental sanitation and hygiene and shall take necessary steps for disinfection etc. during fairs and melas.
- Any other duty can be assigned to him by the CMOH/ Government whenever necessary.

Duties & Responsibilities of Dy CMOH-III:

[Source: No. HF/O/MA/ Draft Dt. 16.1.02]

Administrative Responsibilities:

- The general administration of the subordinate clerical and para-medical staff for whom he is the controlling officer
- He shall have to coordinate and brief the CMOH regarding various aspects of health administration so far family welfare and other related activities are concerned.
- He shall also tour regularly and inspect the medical facilities in the district and report to the CMOH.

Functional Responsibilities:

- He is nodal officer in-charge of various multipurpose programmes such as the Family Welfare, Reproductive and Child Health etc.
- He would be in-charge of the following programmes primarily, viz:

1) All immunization Programmes under the National Programme and the maintenance of the cold chain within the district
2) All Family Welfare activities taken up under the National Programme
3) All Components of the Reproductive and child Health programme
4) The School Health and Health Education Programme
5) Community Health Guide Scheme
6) Nutrition Programme

- Additionally the Mass Media Cell which would be functioning under him would be supplementing I.E.C. efforts under any other programme. An Evaluation cell and a Statistical Cell would be functioning under the Dy.CMOH-III for compilation of the MIS.
- He will coordinate with the CDPOs of the ICDS programme for better linkages with the Nutrition Programme and with the Project officer of the IPP-VIII for better coordination and optimum utilization of resources.
- Any other duties as may be assigned by the CMOH/ Government by order.

Annexure IV: Indicative Service Norms by level for Service Recipients

Services	Community (outreach) level	First Point (UHC) level	Referral Centre level
A. Essential Health Services			
A1. Maternal health	• Registration • ANC • Identification of Danger signs • Referral for Inst.Delivery • Follow-up • Counseling & behavior promotion	• ANC • PNC • Initial management of complicated delivery cases & referral • Management of regular maternal health conditions • Referral of complicated cases	• Delivery (normal & complicated) • Management of complicated gynae/maternal health condition • Hospitalization and surgical interventions including blood transfusion
A2. Family Welfare	• Counseling • Distribution of OCP/CC • Referral for sterilization • Follow-up of contraceptive related complications	• Distribution of OCP/CC • IUD insertion • Referral for sterilization • Management of contraceptive related complications	• Sterilization operations • Fertility treatment
A3. Child health & nutrition	• Immunization • Identification of danger signs • Referral • Follow-up • Distribution of ORS • Ped Cotrimoxazole • Post natal visit/ counseling for newborn care	• Diagnosis & treatment of childhood illnesses • Identification/ Referral of acute/chronic cases	• Management of complicated pediatrict/ neonatal cases • Hospitalization and surgical interventions including blood transfusion
A4. RTI/STI (including HIV/AIDS)	• Symptomatic search • Referral • Community level follow-up for treatment compliance	• Diagnosis & treatment • Referral of complicated cases	• Management of complicated cases • Hospitalization (if necessary)
A5. Nutrition Disorders	• Height/ weight measurements • Hb testing	• Diagnosis & treatment of seriously deficient patients	• Management of acute deficiency cases

Services	Community (outreach) level	First Point (UHC) level	Referral Centre level
	• Distribution of IFA • Promotion of iodised salt • Nutrition supplement • Promotion of breast feeding, complementary feeding	• Referral of acute cases • Early identification of mild and severe under-nutrition • Counseling for optimal feeding practices	• Hospitalization
A6. Vector-borne diseases	• Slide collection • Testing using RDKs • Chemical/biological larvicides • Counseling for practices for vector control and personal protection	• Diagnosis & Treatment • Referral of serious cases	• Management of seriously ill cases • Hospitalization
A7. Mental Health	• Case detection & referral • Counseling • Rehabilitation	• Diagnosis & Treatment	• Psychiatric and neurological services including hospitalization if necessary
A8. Oral Health	• Basic dental education • Screening for pre-cancerous lesions • referral	• Diagnosis & Treatment	• Management of complicated cases • Hospitalization
A9. Hearing impairment	• Early detection and awareness for preventive steps • Referral	• Diagnosis & Treatment	• Management of complicated cases • Hospitalization
A10. Visual Impairment	• Early detection and awareness for preventive steps • Referral • Follow-up of surgery cases	• Diagnosis & Treatment • Screening and referral for cataract surgery	• Management of complicated cases • Hospitalization & and surgical interventions
A11. Chest infection (TB)	• Referral • Community level follow-up for treatment compliance	• Diagnosis & Treatment • Referral of complicated cases	• Management of complicated cases
A12. Leprosy	• Referral • Community level follow-up for treatment compliance	• Diagnosis & Treatment • Referral of complicated cases	• Management of complicated cases

Services	Community (outreach) level	First Point (UHC) level	Referral Centre level
A13. Cardio-vascular diseases	• BP measurements • Symptomatic search & referral • Follow-up of under treatment patients • Counseling on life style	• Diagnosis & Treatment • Emergency resuscitation • Referral	• Management of emergency cases • Hospitalization & and surgical interventions
A14. Diabetes	• Rapid test for blood/urine sugar • Symptomatic search and referral • Follow-up of under treatment patients	• Diagnosis & Treatment • Referral of complicated cases	• Management of emergency cases • Hospitalization (if necessary)
A15. Cancer	• Symptomatic search & referral • Follow-up of under treatment patients	• Identification & referral • Follow-up of under treatment patients	• Diagnosis • Treatment • Hospitalization (if necessary)
A16. Trauma care (injury & burns)	• First Aid and referral	• First Aid • Emergency resuscitation • Referral	• Case management • Hospitalization • Physiotherapy and rehabilitation
B. Other support service			
B1. IEC/BCC	• IPC • Health camps • Walls/posters • Events (in schools, women's groups)	• Distribution of health education Material	• Distribution of health education Material
Counseling	• Individual and group/family counseling – HIV/Mental disorders/ stress management/ Tobacco/Alcohol/ substance abuse/ Adolescent health	• Patient/ attendant counseling	• Patient/ attendant counseling

Annexure V: Estimated Population and required Manpower of ULBs

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
1	Bankura	Bankura	B	1869	19.06	128811	143161		6	1
2	Bankura	Bishnupur	D	1873	22.01	61943	68843		3	0
3	Bankura	Sonamukhi	E	1886	11.65	27348	30395	242399	1	0
4	Bardhman	AsansolMC	M.C.	1994	127.24	486304	540478		24	2
5	Bardhman	Bardhaman	A	1865	48.00	285871	317717		14	1
6	Bardhman	Dainhat	E	1869	10.42	22593	25110		1	0
7	Bardhman	DurgapurMC	M.C.	1996	154.20	492996	547916		25	2
8	Bardhman	Gushkara	D	1988	21.50	31863	35413		2	0
9	Bardhman	Jamuria	C	1995	79.20	129456	143877		6	1
10	Bardhman	Kalna	D	1869	10.00	52176	57988		3	0
11	Bardhman	Katwa	D	1869	7.93	71573	79546		4	0
12	Bardhman	Kulti	A	1993	9.00	290057	322369		15	1
13	Bardhman	Memari	D	1995	14.68	36191	40223		2	0
14	Bardhman	Raniganj	D	1876	24.99	122891	136581	2247219	6	1
15	Birbhum	Bolpur	D	1950	13.13	65659	72973		3	0
16	Birbhum	Dubrajpur	D	1975	16.83	32752	36401		2	0
17	Birbhum	Nalhati	D	2000	12.00	34058	37852		2	0
18	Birbhum	Rampurhat	D	1950	16.32	50609	56247		3	0
19	Birbhum	Sainthia	D	1987	10.00	39244	43616		2	0
20	Birbhum	Suri	D	1876	9.47	61818	68705	315793	3	0
21	Dakshin Dinajpur	Balurghat	C	1951	8.56	135516	150612		7	1
22	Dakshin Dinajpur	Gangarampore	D	1993	10.29	53548	59513	210126	3	0
23	Darjeeling	Darjeeling	A	1850	10.57	107530	119509		5	1
24	Darjeeling	Kalimpong	C	1945	8.67	42980	47768		2	0

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
25	Darjeeling	Kurseong	D	1879	5.05	40067	44530		2	0
26	Darjeeling	MirikN.A.A.	E	1984	6.50	9179	10202		0	0
27	Darjeeling	SiliguriM.C.	M.C.	1994	41.90	470275	522664	744672	24	2
28	Hooghli	Arambagh	D	1886	34.75	56129	62382		3	0
29	Hooghli	Baidyabati	B	1869	11.48	108231	120288		5	1
30	Hooghli	Bansberia	B	1869	9.06	104453	116089		5	1
31	Hooghli	Bhadreswar	B	1869	8.28	105944	117746		5	1
32	Hooghli	Champdani	D	1916	6.50	103232	114732		5	1
33	Hooghli	Chandannagar M.C.	M.C.	1955	20.00	162166	180231		8	1
34	Hooghli	Hooghly-Chinsurah	B	1865	17.29	170201	189161		9	1
35	Hooghli	Konnagar	D	1944	4.69	72211	80255		4	0
36	Hooghli	Rishra	B	1944	6.76	113755	126427		6	1
37	Hooghli	Serampore	B	1842	14.50	197955	220007		10	1
38	Hooghli	Tarakeswar	E	1975	3.90	28178	31317		1	0
39	Hooghli	Uttarpara Kotrung	B	1964	20.81	150204	166937	1525573	8	1
40	Howrah	Bally	A	1985	11.81	161575	179574		8	1
41	Howrah	HowrahM.C	M.C.	1862	51.74	1008704	1121074		50	5
42	Howrah	Uluberia	B	1982	33.00	202095	224608	1525256	10	1
43	Jalpaiguri	Alipurduar	D	1957	9.36	73047	81184		4	0
44	Jalpaiguri	Dhupgun	D	2001	14.55	30010	33353		2	0
45	Jalpaiguri	Jalpaigun	C	1885	12.97	100212	111376		5	1
46	Jalpaiguri	Mal	D	1990	7.50	13212	14684	240597	1	0
47	Koch Behar	Dmhata	E	1973	4.55	34303	38124		2	0
48	Koch Behar	Haldiban	E	1983	10.00	13170	14637		1	0
49	Koch Behar	Kooh Behar	D	1946	8.19	16812	18685		1	0

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
50	Koch Behar	Mathabhanga	E	1986	3.71	21110	23462		1	0
51	Koch Behar	Mekliganj	E	1983	3.88	10833	12040		1	0
52	Koch Behar	Tufanganj	E	1983	2.49	19293	21442	128390	1	0
53	Malda	English Bazar	C	1869	13.25	161448	179433		8	1
54	Malda	Old Malda	D	1869	9.58	62944	69956	249389	3	0
55	Murshidabad	Baharampore	C	1876	31.42	160168	178011		8	1
56	Murshidabad	Beldanga	E	1981	3.98	25361	28186		1	0
57	Murshidabad	Dhulian	D	1909	6.25	72906	81028		4	0
58	Murshidabad	Jangipore	D	1869	8.20	74464	82759		4	0
59	Murshidabad	Jiaganj-Azimganj	D	1886	11.50	47228	52489		2	0
60	Murshidabad	Kandi	D	1869	12.97	50345	55953		3	0
61	Murshidabad	Murshidabad	D	1869	12.95	36894	41004	519431	2	0
62	Nadia	Birnagar	E	1869	5.52	26596	29559		1	0
63	Nadia	Chakdah	D	1886	15.36	86965	96653		4	0
64	Nadia	Coopers' Camp N.A.A.	E	1997	1.50	17755	19733		1	0
65	Nadia	Gayeshpur	D	1995	23.00	55028	61158		3	0
66	Nadia	Kalyani	D	1995	29.14	81984	91117		4	0
67	Nadia	Krishnanagar	C	1864	15.96	139070	154562		7	1
68	Nadia	Nabadwip	C	1869	11.66	115036	127851		6	1
69	Nadia	Ranaghat	D	1864	7.72	68754	76413		3	0
70	Nadia	Santipur	C	1853	25.88	138195	153590		7	1
71	Nadia	Taherpur N.A.A	D	1993	4.75	20060	22295	832931	1	0
72	North 24-Pgs	Ashokenagar-Kalyangarh	C	1968	16.50	111475	123893		6	1
73	North 24-Pgs	Baduna	D	1869	22.43	47418	52700		2	0
74	North 24-Pgs	Bongaon	C	1954	24.70	102115	113491		5	1

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
75	North 24-Pgs	Baranagar	A	1869	7.12	250615	278534		13	1
76	North 24-Pgs	Barasat	A	1869	34.50	231515	257306		12	1
77	North 24-Pgs	Barrackpore	B	1916	11.65	144411	160498		7	1
78	North 24-Pgs	Basirhat	C	1869	22.01	11320	12581		1	0
79	North 24-Pgs	Bhatpara	A	1899	31.84	441956	491190		22	2
80	North 24-Pgs	Bidhannagar	C	1989	11.09	167848	186546		8	1
81	North 24-Pgs	Dum Dum	C	1929	9.73	101319	112606		5	1
82	North 24-Pgs	Garulia	D	1896	6.49	79840	88734		4	0
83	North 24-Pgs	Gobardanga	D	1870	10.50	41618	46254		2	0
84	North 24-Pgs	Habra	C	1979	21.80	127695	141920		6	1
85	North 24-Pgs	Halisahar	B	1903	8.29	124479	138346		6	1
86	North 24-Pgs	Kamarhati	A	1899	10.90	311225	345895		16	2
87	North 24-Pgs	Kanchrapara	B	1917	9.06	126118	140168		6	1
88	North 24-Pgs	Khardah	B	1869	6.87	116252	129202		6	1
89	North 24-Pgs	Madhyamgram	C	1993	21.50	154958	172220		8	1
90	North 24-Pgs	Naihati	A	1869	7.85	215432	239431		11	1
91	North 24-Pgs	New Barrackpore	D	1965	16.89	83183	92450		4	0
92	North 24-Pgs	North Barrackpore	C	1869	12.22	123523	137283		6	1
93	North 24-Pgs	North Dum Dum	A	1870	26.45	219852	244344		11	1
94	North 24-Pgs	Panihati	A	1900	19.38	348379	387188		17	2
95	North 24-Pgs	Rajarhat-Gopalpore	B	1994	28.00	271781	302057		14	1
96	North 24-Pgs	South Dum Dum	A	1870	15.47	392150	435836		20	2
97	North 24-Pgs	Taki	D	1869	12.97	37302	41457		2	0
98	North 24-Pgs	Titagarh	B	1895	3.24	124198	138034	5010166	6	1
99	Paschim Medinipur	Chandrokona	E	1869	16.58	20400	22673		1	0

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
100	Paschim Medinipur	Ghatal	D	1869	10.40	51586	57333		3	0
101	Paschim Medinipur	Jhargram	D	1982	17.04	53158	59080		3	0
102	Paschim Medinipur	Kharar	E	1988	10.26	11580	12870		1	0
103	Paschim Medinipur	Khirpai	E	1876	11.65	14545	16165		1	0
104	Paschim Medinipur	Medinipur	C	1865	18.36	153349	170432		8	1
105	Paschim Medinipur	Ramjibanpore	E	1876	10.24	17363	19297	357850	1	0
106	Purba Medinipur	Contai	D	1958	14.25	77497	86130		4	0
107	Purba Medinipur	Egra	E	1993	17.21	25180	27985		1	0
108	Purba Medinipur	Haldia	C	1983	109.65	170695	189710		9	1
109	Purba Medinipur	Kharagpur	B	1954	90.65	207984	231153		10	1
110	Purba Medinipur	Panskura	D	2001	19.77	50038	55612		3	0
111	Purba Medinipur	Tamluk	D	1864	10.42	45826	50931	641522	2	0
112	Purulia	Jhaldah	E	1888	8.65	17870	19861		1	0
113	Purulia	Purulia	C	1876	13.93	113766	126440		6	1
114	Purulia	Raghunathpu	E	1888	12.95	21812	24242	170542	1	0
115	South 24-Pgs	Baruipur	D	1869	9.50	44964	49973		2	0
116	South 24-Pgs	Budge-Budge	D	1900	9.06	77566	86207		4	0
117	South 24-Pgs	Diamond Harbour	D	1982	10.24	37238	41386		2	0
118	South 24-Pgs	Jainagar-Mazilpore	E	1869	5.81	23319	25917		1	0
119	South 24-Pgs	Maheshtala	A	1993	42.00	389214	432572		19	2
120	South 24-Pgs	Pujali	E	1993	8.28	33863	37635		2	0
121	South 24-Pgs	Rajpur Sonarpore	A	1876	55.00	336390	373864	1047555	17	2
122	Uttar Dinajpur	Dalkhola	D	2003	15.95	29770	33086		1	0
123	Uttar Dinajpur	Islampur	E	1981	10.21	52766	58644		3	0
124	Uttar Dinajpur	Kaliaganj	D	1987	8.99	47639	52940		2	0

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
125	Uttar Dinajpur	Raiganj	B	1951	8.99	165222	183628	328304	8	1
	Total					14700121	16337714	16337714	735	74
126	Kolkata	KolkataM.C.	M.C.	1726	187.50	4580544	5090817	5090817	282	30
	Grand Total							21428531	1017	104

Annexure VI: Health schemes in Different ULBs

Sl. No.	District	ULBs	Wards	CBPHC	HHW	RCH	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
1	Bankura	Bankura	23		Y						
2	Bankura	Bishnupur	19		Y						
3	Bankura	Sonamukhi	15	Y							
4	Birbhum	Bolpur	18		Y						
5	Birbhum	Dubrajpur	16	Y							
6	Birbhum	Nalhati	16	Y							
7	Birbhum	Rampurhat	17	Y							
8	Birbhum	Sainthia	16	Y							
9	Birbhum	Suri	18		Y						
10	Burdwan	Asansol MC	50			Y					
11	Burdwan	Burdwan	35				Y [Extn]				
12	Burdwan	Dainhat	14	Y							Nil
13	Burdwan	Durgapur MC	43				Y [Extn]				
14	Burdwan	Gushkara	16	Y							Nil
15	Burdwan	Jamuria	22	Y							Nil
16	Burdwan	Kalna	18		Y						
17	Burdwan	Katwa	19	Y							
18	Burdwan	Kulti	35	Y							
19	Burdwan	Memari	16	Y							
20	Burdwan	Raniganj	21	Y							
21	Cooch Behar	Cooch Behar	20		Y						
22	Cooch Behar	Dinhata	16	Y							
23	Cooch Behar	Haldibari	11	Y							

Sl. No.	District	ULBs	Wards	CBPHC	HHW	RCH	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
24	Cooch Behar	Mathabhanga	12	Y							
25	Cooch Behar	Mekhliganj	9	Y							
26	Cooch Behar	Tufanganj	12	Y							
27	Dakshin Dinajpur	Balurghat	23				Y [Extn]				
28	Dakshin Dinajpur	Gangarampur	18	Y							
29	Darjeeling	Darjeeling	32				Y [Extn]				
30	Darjeeling	Kalimpong	23	Y							
31	Darjeeling	Kurseong	20	Y							
32	Darjeeling	Mirik	9	Y							Nil
33	Darjeeling	Siliguri MC	47				Y [Extn]				
34	Hooghly	Arambag	18	Y							
35	Hooghly	Baidyabati	22				Y	Y		Y	
36	Hooghly	Bansberia	22				Y	Y		Y	
37	Hooghly	Bhadreswar	20				Y	Y		Y	
38	Hooghly	Champdani	22				Y	Y		Y	
39	Hooghly	Chandannagar MC	33				Y	Y		Y	
40	Hooghly	Hooghly Chinsurah	30				Y	Y		Y	
41	Hooghly	Konnagar	19				Y	Y		Y	
42	Hooghly	Rishra	23				Y	Y		Y	
43	Hooghly	Serampore	25				Y	Y		Y	
44	Hooghly	Tarakeshwar	15	Y							
45	Hooghly	Uttarpara Kotrung	24				Y	Y		Y	
46	Howrah	Bally	29				Y	Y		Y	
47	Howrah	Howrah MC	50				Y	Y		Y	
48	Howrah	Uluberia	28				Y	Y			

Sl. No.	District	ULBs	Wards	CBPHC	HHW	RCH	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
49	Jalpaiguri	Alipurduar	20				Y [Extn]				
50	Jalpaiguri	Dhupguri	16	Y							
51	Jalpaiguri	Jalpaiguri	25				Y [Extn]				
52	Jalpaiguri	Mal	16	Y							
53	Malda	English Bazar	25				Y [Extn]				
54	Malda	Old Malda	17	Y							
55	Medinipur [E]	Contai	18	Y							
56	Medinipur [E]	Egra	14	Y							
57	Medinipur [E]	Haldia	25	Y							
58	Medinipur [E]	Panskura	17	Y							Nil
59	Medinipur [E]	Tamluk	19	Y							
60	Medinipur [W]	Chandrakona	12	Y							
61	Medinipur [W]	Ghatal	17	Y							
62	Medinipur [W]	Jhargram	17	Y							
63	Medinipur [W]	Kharagpur	30				Y [Extn]				
64	Medinipur [W]	Kharar	10	Y							Nil
65	Medinipur [W]	Khirpai	10	Y							Nil
66	Medinipur [W]	Medinipur	24		Y						
67	Medinipur [W]	Ramjibanpur	11	Y							Nil
68	Murshidabad	Beldanga	14	Y							
69	Murshidabad	Berhampur	23		Y						
70	Murshidabad	Dhulian	19	Y							Nil
71	Murshidabad	Jangipur	20		Y						
72	Murshidabad	Jiaganj- Azimganj	17	Y							
73	Murshidabad	Kandi	17	Y							

Sl. No.	District	ULBs	Wards	CBPHC	HHW	RCH	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
74	Murshidabad	Murshidabad	16	Y							
75	Nadia	Birnagar	14	Y							Nil
76	Nadia	Chakdah	20	Y							
77	Nadia	Coopers Camp	12	Y							Nil
78	Nadia	Gayeshpur	18				Y	Y			
79	Nadia	Kalyani	19				Y				
80	Nadia	Krishnagar	24		Y						
81	Nadia	Nabadwip	24	Y							
82	Nadia	Ranaghat	19	Y							
83	Nadia	Santipur	23	Y							
84	Nadia	Taherpur	13	Y							Nil
85	North 24 Pgs	Ashokenagar Kalyangarh	22	Y							
86	North 24 Pgs	Baduria	17	Y							
87	North 24 Pgs	Bangaon	21	Y							
88	North 24 Pgs	Baranagar	33				Y	Y		Y	
89	North 24 Pgs	Barasat	30				Y	Y			
90	North 24 Pgs	Barrackpore	24				Y	Y		Y	
91	North 24 Pgs	Basirhat	22	Y							
92	North 24 Pgs	Bhatpara	35				Y			Y	
93	North 24 Pgs	Bidhannagar	23				Y				
94	North 24 Pgs	Dum Dum	22				Y	Y		Y	
95	North 24 Pgs	Garulia	21				Y	Y		Y	
96	North 24 Pgs	Gobardanga	17	Y							Nil
97	North 24 Pgs	Habra	22	Y							

Sl. No.	District	ULBs	Wards	CBPHC	HHW	RCH	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
98	North 24 Pgs	Halisahar	23				Y	Y		Y	
99	North 24 Pgs	Kamarhati	35				Y			Y	
100	North 24 Pgs	Kanchrapara	24				Y	Y		Y	
101	North 24 Pgs	Khardah	21				Y	Y		Y	
102	North 24 Pgs	Madhyamgram	23				Y				
103	North 24 Pgs	Naihati	28				Y	Y		Y	
104	North 24 Pgs	New Barrackpore	19				Y	Y			
105	North 24 Pgs	North Barrackpore	22				Y	Y		Y	
106	North 24 Pgs	North Dum Dum	30				Y	Y		Y	
107	North 24 Pgs	Panihati	35				Y	Y		Y	
108	North 24 Pgs	Rajarhat Gopalpur	27				Y				
109	North 24 Pgs	South Dum Dum	35				Y			Y	
110	North 24 Pgs	Taki	16	Y							
111	North 24 Pgs	Titagarh	23				Y			Y	
112	Purulia	Jhalda	12	Y							Nil
113	Purulia	Purulia	22		Y						
114	Purulia	Raghunathpur	13	Y							
115	South 24 Pgs	Baruipur	17					Y			
116	South 24 Pgs	Budge Budge	20				Y	Y			
117	South 24 Pgs	Diamond Harbour	16	Y							
118	South 24 Pgs	Jaynagar Mazilpur	14	Y							
119	South 24 Pgs	Maheshtala	35				Y				
120	South 24 Pgs	Pujali	15				Y				
121	South 24 Pgs	Rajpur Sonarpur	33				Y	Y			
122	Uttar Dinajpur	Dalkhola	14	Y							Nil

Sl. No.	[illegible]	[illegible]	Wards	CBPHC	[illegible]	[illegible]	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
123	Uttar Dinajpur	Islampur	14	Y							
124	Uttar Dinajpur	Kaliaganj	17	Y							
125	Uttar Dinajpur	Raiganj	26				Y [Extn]				
126	Kolkata	Kolkata MC	141				Y	Y	Y	Y	
	Total		2813	63	11	1	50	31	1	28	15

Annexure VII: Address & Location of KMUHO Unit

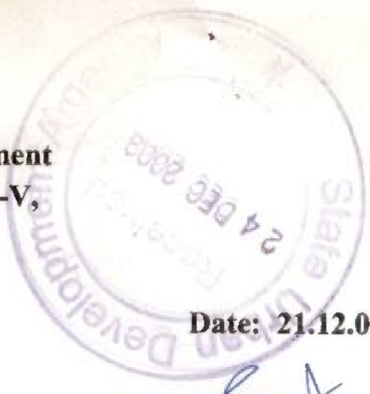
	Unit/cell	Address	KMC Area[1]	Non-KMC Area	Population covered[2]	Passive Collection Centre
01	Administrative Wing at HQ [KMUHO]	73 A Purnadas Road				
02	Epidemiological Section at HQ [KMUHO]	-ditto-				
03	Central laboratory at HQ [KMUHO]	-ditto-				
04	Special Surveillance Team at HQ [KMUHO]	-ditto-				
05	Malaria Eradication & Maintenance Cell [KMUHO]	-ditto-				

[1] Following wards are not covered by KMUHO by under KMC [CUDP III]: 46, 63, 68, 69, 70, 74, 85, 86, 87, 90 total: 24 wards
[2] Population Covered as per 2001 census

	[illegible]	Address	[illegible]	[illegible]	Population covered	[illegible]sive Collection Centre
06	Zonal Health Unit of Zone I [KMUHO]	106, Artilary Road, Barakpore, 24 Parganas(North)		Total: 11 ULBs 1. Kanchrapara 2. Halisahar 3. Naihati 4. Bhatpara 5. Garulia 6. North Barrackpore 7. Barrackpore 8. Titagarh 9. Khardah 10. Panihati 11. Kamarhati	Non KMC: 20,30,244	
07	Zonal Health Unit of Zone II [KMUHO]	175A Dumdum Road, Kolkata-74	Total: 18 wards 1-5, 7-13, 15,16 18-20, 32	Total: 3 ULBs 1. Baranagar 2. Dumdum (north) 3. Dumdum (South)	KMC: 7,89,260 Non KMC: 7,40,463	1. RGKar MCH 2. North Subarban Hosp 3. Abinash Chandra M Home 4. Salt lake SGH 5. Malaria Clinic Cossipur

	Unit/cell	Address	KMC Area[1]:	Non-KMC Area	Population covered	Passive Collection Centre
08	Zonal Health Unit of Zone III [KMUHO]	59, Christopher Road Kolkata-46	Total: 28 Wards 27-29, 31, 33-35, 38-40, 44, 47-52, 54-56, 58, 60, 61, 64,65, 71-73		KMC: 9,63,333	1. SSKM H 2. NRS MCH 3. CNMCH 4. CMCH 5. Islamia H 6. ID&BG H 7. SNP H 8. Chittaranjan Seva Sadan 9. IBD Malaria Clinic 10. Ballyganj Malaria Clinic 11. Baithak Khan Malaria Clinic 12. Tiljala Malaria Clinic 13. Narkeldanga Malaria Clinic
09	Zonal Health Unit of Zone IV [KMUHO]	60/1A Raja S.C. Mallick Rd Kolkata-32	Total 60 Wards 67, 75,76, 78-81, 84, 88,89, 91-95, 97-141		KMC: 19,17,373	1. Baghajatin SGH 2. Bijargah SGH 3. Vidyasagar SGH 4. MRB H 5. Ramkrishna Seva Pratisthan 6. Chetla Malaria Clinic [All India Institute of Hygiene & Public Health Unit] 7. Prince Anwar Sah Malaria Clinic [KMC Borough]

				[illegible]	Po[illegible]lation covered	[illegible]ssive Collection Centre
10	Zonal Health Unit of Zone V [KMUHO]	4, Mahatma Gandhi Road Municipal Corporation Building, Howrah	Total: 10 Wards 21-26, 41-43, 45	1. Bally Municipalities Total 23 wards: [5-11, 13-18, 20-29] 2. Howrah Corporation Total 16 wards: [19, 20, 22, 26 to 28, 30, 34, 39, 41, 42, 45, 47 to 49]	KMC: 98,777 Howrah Mun: 4,30,125 Bally Mun: 2,10,640	
11	Zonal Health Unit of Zone VI [KMUHO]	134, Burrabazar, Chinsurah Hooghly		Total: 11 ULBs 1. Uttarpara 2. Konnagore 3. Rishra 4. Sreerampur 5. Bhadreswar 6. Chapdani 7. Baidyabati 8. Chandannagar 9. Chinsurah 10. Hoogly 11. Bansberia	Non KMC: 12,89,000	



Government of West Bengal
Health & Family Welfare Department
Swasthya Bhaban, GN-29, Sector-V,
Salt Lake, Kolkata 700 091.

Memo :HF/SPSRC/HSDI/5/2008/258 **Date: 21.12.09**

From: R.K.Vats
Director General, AYUSH , Commissioner FDA & FSA
MD, WBMSC & e.o. Secretary (UH)
Health & Family Welfare Department, West Bengal
Swasthya Bhaban, Kolkata-91

To: Mr. Alapan Bandyopadhyay, IAS
Secretary to the Government of West Bengal,
Municipal Affairs Department
Writer's Building,
Kokata-700 001.

Sub: Meeting on Draft Proposal for Urban Health held on the 15th Dec 2009.

Sir,

As you are aware a meeting of Health & Family Welfare Department, Municipal Affairs Department & SUDA was held on 15.12.09 to discuss the subject under reference and the Urban Health Service Delivery under the Urban Health Strategy, 2008.

The MIC, H&FW department, MIC, MA &UD Department, Additional Chief Secretary, H&FW, Secretary, MA Department, Secretary in charge of Urban Health in H&FW Department, Commissioner, Kolkata Municipal Corporation, Mission Director, NRHM, Director SUDA and Special Secretary, Finance Department were present among others.

In the meeting certain changes were proposed in the composition of committees recommended in the draft proposal that was placed for discussion. Need was also expressed for inclusion of uniform manpower requirement for the three tier delivery system, proposal for fund flow and monitoring mechanism.

A detailed or revised draft proposal has since been prepared incorporating the suggestions received in the meeting, a copy of which is enclosed. The committees proposed for the Urban Health set up at the ULB and Municipality/Corporation level are suggestive and based on similar set up for the rural areas. Municipal Affairs Department had also suggested to ensure community participation in the meeting without diluting the responsibilities of these committees. It is requested to indicate the mode and manner of their participation in specific terms.

Your response is eagerly awaited as the draft is likely to be finalized by the first week of January 2010.

Yours faithfully,

Vats 21/12/09
(R.K.Vats)

...sive Collection Centre

10	Zonal Health Unit of Zone V [KMUHO]	4, Mahatma Gandhi Road Municipal Corporation Building, Howrah	Total: 10 Wards 21-26, 41-43, 45	1. Bally Municipalities Total 23 wards: [5-11, 13-18, 20-29] 2. Howrah Corporation Total 16 wards: [19, 20, 22, 26 to 28, 30, 34, 39, 41, 42, 45, 47 to 49]	KMC: 98,777 Howrah Mun: 4,30,125 Bally Mun: 2,10,640	
11	Zonal Health Unit of Zone VI [KMUHO]	134, Burrabazar, Chinsurah Hooghly		Total: 11 ULBs 1. Uttarpara 2. Konnagore 3. Rishra 4. Sreerampur 5. Bhadreswar 6. Chapdani 7. Baidyabati 8. Chandannagar 9. Chinsurah 10. Hoogly 11. Bansberia	Non KMC: 12,89,000	

	Unit/cell	Address	KMC Area	Non-KMC Area	[illegible]	[illegible] Centre
08	Zonal Health Unit of Zone III [KMUHO]	59, Christopher Road Kolkata-46	Total: 28 Wards 27-29, 31, 33-35, 38-40, 44, 47-52, 54-56, 58, 60, 61, 64,65, 71-73		KMC: 9,63,333	1. SSKM H 2. NRS MCH 3. CNMCH 4. CMCH 5. Islamia H 6. ID&BG H 7. SNP H 8. Chittaranjan Seva Sadan 9. IBD Malaria Clinic 10. Ballyganj Malaria Clinic 11. Baithak Khan Malaria Clinic 12. Tiljala Malaria Clinic 13. Narkeldanga Malaria Clinic
09	Zonal Health Unit of Zone IV [KMUHO]	60/1A Raja S.C. Mallick Rd Kolkata-32	Total 60 Wards 67, 75,76, 78-81, 84, 88,89, 91-[illegible], 97-141		KMC: 19,17,373	1. Baghajatin SGH 2. Bijargah SGH 3. Vidyasagar SGH 4. MRB H 5. Ramkrishna Seva Pratisthan 6. Chetla Malaria Clinic [All India Institute of Hygiene & Public Health Unit] 7. Prince Anwar Sah Malaria

						...ive Collection Centre
06	Zonal Health Unit of Zone I [KMUHO]	106, Artilary Road, Barakpore, 24 Parganas(North)		Total: 11 ULBs 1. Kanchrapara 2. Halisahar 3. Naihati 4. Bhatpara 5. Garulia 6. North Barrackpore 7. Barrackpore 8. Titagarh 9. Khardah 10. Panihati 11. Kamarhati	Non KMC: 20,30,244	
07	Zonal Health Unit of Zone II [KMUHO]	175A Dumdum Road, Kolkata-74	Total: 18 wards 1-5, 7-13, 15,16 18-20, 32	Total: 3 ULBs 1. Baranagar 2. Dumdum (north) 3. Dumdum (South)	KMC: 7,89,260 Non KMC: 7,40,463	1. RGKar MCH 2. North Subarban Hosp 3. Abinash Chandra M Home 4. Salt lake SGH 5. Malaria Clinic Cossipur

Annexure VII: Address & Location of KMUHO Unit

	Unit/cell	Address	KMC	Non-[illegible]	Population	[illegible]
01	Administrative Wing at HQ [KMUHO]	73 A Purnadas Road				
02	Epidemiological Section at HQ [KMUHO]	-ditto-				
03	Central laboratory at HQ [KMUHO]	-ditto-				
04	Special Surveillance Team at HQ [KMUHO]	-ditto-				
05	Malaria Eradication & Maintenance Cell [KMUHO]	-ditto-				

[1] Following wards are not [illegible] by KMUHO [illegible]

[illegible]			[illegible]	C			[illegible]	[illegible]		KMUHO	Govt. Inst.
123	Uttar Dinajpur	Islampur	14	Y							
124	Uttar Dinajpur	Kaliaganj	17	Y							
125	Uttar Dinajpur	Raiganj	26				Y [Extn]				
126	Kolkata	Kolkata MC	141				Y	Y	Y	Y	
	Total		2813	63	11	1	50	31	1	28	15

Sl. No.	District	ULBs	Wards	CBPHC	HHW	RCH	IPP-VIII	CUDP	CSIP	KMUHC	Govt. Inst
98	North 24 Pgs	Halisahar	23				Y	Y		Y	
99	North 24 Pgs	Kamarhati	35				Y			Y	
100	North 24 Pgs	Kanchrapara	24				Y	Y		Y	
101	North 24 Pgs	Khardah	21				Y	Y		Y	
102	North 24 Pgs	Madhyamgram	23				Y				
103	North 24 Pgs	Naihati	28				Y	Y		Y	
104	North 24 Pgs	New Barrackpore	19				Y	Y			
105	North 24 Pgs	North Barrackpore	22				Y	Y		Y	
106	North 24 Pgs	North Dum Dum	30				Y	Y		Y	
107	North 24 Pgs	Panihati	35				Y	Y		Y	
108	North 24 Pgs	Rajarhat Gopalpur	27				Y				
109	North 24 Pgs	South Dum Dum	35				Y			Y	
110	North 24 Pgs	Taki	16	Y							
111	North 24 Pgs	Titagarh	23				Y			Y	
112	Purulia	Jhalda	12	Y							Nil
113	Purulia	Purulia	[illegible]		Y						
114	Purulia	Raghunathpur	13	Y							
115	South 24 Pgs	Baruipur	17					Y			
116	South 24 Pgs	Budge Budge	20				Y	Y			
117	South 24 Pgs	Diamond Harbour	16	Y							
118	South 24 Pgs	Jaynagar Mazilpur	14	Y							
119	South 24 Pgs	Maheshtala	35				Y				
120	South 24 Pgs	[illegible]									
121	South 24 Pgs	Rajpur Sonarpur	33				Y	Y			
122	Uttar Dinajpur	[illegible]		[illegible]							

[illegible]	[illegible]	[illegible]	[illegible]	C	[illegible]	[illegible]	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
74	Murshidabad	Murshidabad	16	Y							
75	Nadia	Birnagar	14	Y							Nil
76	Nadia	Chakdah	20	Y							
77	Nadia	Coopers Camp	12	Y							Nil
78	Nadia	Gayeshpur	18				Y	Y			
79	Nadia	Kalyani	19				Y				
80	Nadia	Krishnagar	24		Y						
81	Nadia	Nabadwip	24	Y							
82	Nadia	Ranaghat	19	Y							
83	Nadia	Santipur	23	Y							
84	Nadia	Taherpur	13	Y							Nil
85	North 24 Pgs	Ashokenagar Kalyangarh	22	Y							
86	North 24 Pgs	Baduria	17	Y							
87	North 24 Pgs	Bangaon	21	Y							
88	North 24 Pgs	Baranagar	33				Y	Y		Y	
89	North 24 Pgs	Barasat	30				Y	Y			
90	North 24 Pgs	Barrackpore	24				Y	Y		Y	
91	North 24 Pgs	Basirhat	22	Y							
92	North 24 Pgs	Bhatpara	35				Y			Y	
93	North 24 Pgs	Bidhannagar	23				Y				
94	North 24 Pgs	Dum Dum	22				Y	Y		Y	
95	North 24 Pgs	Garulia	21				Y	Y		Y	
96	North 24 Pgs	Gobardanga	17	Y							Nil
97	North 24 Pgs	Habra	22	Y							

Sl. No.	District	ULBs	Wards	CBPHC	HHW	RCH	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
49	Jalpaiguri	Alipurduar	20				Y [Extn]				
50	Jalpaiguri	Dhupguri	16	Y							
51	Jalpaiguri	Jalpaiguri	25				Y [Extn]				
52	Jalpaiguri	Mal	16	Y							
53	Malda	English Bazar	25				Y [Extn]				
54	Malda	Old Malda	17	Y							
55	Medinipur [E]	Contai	18	Y							
56	Medinipur [E]	Egra	14	Y							
57	Medinipur [E]	Haldia	25	Y							
58	Medinipur [E]	Panskura	17	Y							Nil
59	Medinipur [E]	Tamluk	19	Y							
60	Medinipur [W]	Chandrakona	12	Y							
61	Medinipur [W]	Ghatal	17	Y							
62	Medinipur [W]	Jhargram	17	Y							
63	Medinipur [W]	Kharagpur	30				Y [Extn]				
64	Medinipur [W]	Kharar	10	Y							Nil
65	Medinipur [W]	[illegible]	[illegible]	Y							[illegible]
66	Medinipur [W]	Medinipur	24		Y						
67	Medinipur [W]	Ramjibanpur	11	Y							Nil
68	Murshidabad	Beldanga	14	Y							
69	Murshidabad	Berhampur	23		Y						
70	Murshidabad	Dhulian	19	Y							Nil
71	Murshidabad	Jangipur	20		Y						
72	Murshidabad	Jiaganj- Azimganj	17	Y							
73	Murshidabad	Kandi	17	Y							

[illegible]	[illegible]	[illegible]	[illegible]	C	[illegible]	[illegible]	[illegible]	P	[illegible]	KMUHO	Govt. Inst
24	Cooch Behar	Mathabhanga	12	Y							
25	Cooch Behar	Mekhliganj	9	Y							
26	Cooch Behar	Tufanganj	12	Y							
27	Dakshin Dinajpur	Balurghat	23				Y [Extn]				
28	Dakshin Dinajpur	Gangarampur	18	Y							
29	Darjeeling	Darjeeling	32				Y [Extn]				
30	Darjeeling	Kalimpong	23	Y							
31	Darjeeling	Kurseong	20	Y							
32	Darjeeling	Mirik	9	Y							Nil
33	Darjeeling	Siliguri MC	47				Y [Extn]				
34	Hooghly	Arambag	18	Y							
35	Hooghly	Baidyabati	22				Y	Y		Y	
36	Hooghly	Bansberia	22				Y	Y		Y	
37	Hooghly	Bhadreswar	20				Y	Y		Y	
38	Hooghly	Champdani	22				Y	Y		Y	
39	Hooghly	Chandannagar MC	33				Y	Y		Y	
40	Hooghly	Hooghly Chinsurah	30				Y	Y		Y	
41	Hooghly	Konnagar	19				Y	Y		Y	
42	Hooghly	Rishra	23				Y	Y		Y	
43	Hooghly	Serampore	25				Y	Y		Y	
44	Hooghly	Tarakeshwar	15	Y							
45	Hooghly	Uttarpara Kotrung	24				Y	Y		Y	
46	Howrah	Bally	29				Y	Y		Y	
47	Howrah	Howrah MC	50				Y	Y		Y	
48	Howrah	Uluberia	28				Y	Y			

Annexure VI: Health schemes in Different ULBs

Sl. No.	District	ULBs	Wards	CBPHC	HHW	RCH	IPP-VIII	CUDP	CSIP	KMUHO	Govt. Inst
1	Bankura	Bankura	23		Y						
2	Bankura	Bishnupur	19		Y						
3	Bankura	Sonamukhi	15	Y							
4	Birbhum	Bolpur	18		Y						
5	Birbhum	Dubrajpur	16	Y							
6	Birbhum	Nalhati	16	Y							
7	Birbhum	Rampurhat	17	Y							
8	Birbhum	Sainthia	16	Y							
9	Birbhum	Suri	18		Y						
10	Burdwan	Asansol MC	50			Y					
11	Burdwan	Burdwan	35				Y [Extn]				
12	Burdwan	Dainhat	14	Y							Nil
13	Burdwan	Durgapur MC	43				Y [Extn]				
14	Burdwan	Gushkara	16	Y							Nil
15	Burdwan	Jamuria	22	Y							Nil
16	Burdwan	Kalna	18		Y						
17	Burdwan	Katwa	19	Y							
18	Burdwan	Kulti	35	Y							
19	Burdwan	Memari	16	Y							
20	Burdwan	Raniganj	21	Y							
21	Cooch Behar	Cooch Behar	20		Y						
22	Cooch Behar	Dinhata	16	Y							
23	Cooch Behar	Haldibari	11	Y							

No				Estb	KM		2009	Dist Sub total	HA (PH)	HS (PH)
125	Uttar Dinajpur	Raiganj	B	1951	8.99	165222	183628	328304	8	1
	Total					14700121	16337714	16337714	735	74
126	Kolkata	KolkataM.C.	M.C.	1726	187.50	4580544	5090817	5090817	282	30
	Grand Total							21428531	1017	104

127 Dankuni Total popn 80331

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
100	Paschim Medinipur	Ghatal	D	1869	10.40	51586	57333		3	0
101	Paschim Medinipur	Jhargram	D	1982	17.04	53158	59080		3	0
102	Paschim Medinipur	Kharar	E	1988	10.26	11580	12870		1	0
103	Paschim Medinipur	Khirpai	E	1876	11.65	14545	16165		1	0
104	Paschim Medinipur	Medinipur	C	1865	18.36	153349	170432		8	1
105	Paschim Medinipur	Ramjibanpore	E	1876	10.24	17363	19297	357850	1	0
106	Purba Medinipur	Contai	D	1958	14.25	77497	86130		4	0
107	Purba Medinipur	Egra	E	1993	17.21	25180	27985		1	0
108	Purba Medinipur	Haldia	C	1983	109.65	170695	189710		9	1
109	Purba Medinipur	Kharagpur	B	1954	90.65	207984	231153		10	1
110	Purba Medinipur	Panskura	D	2001	19.77	50038	55612		3	0
111	Purba Medinipur	Tamluk	D	1864	10.42	45826	50931	641522	2	0
112	Purulia	Jhaldah	E	1888	8.65	17870	19861		1	0
113	Purulia	Purulia	C	1876	13.93	113766	126440		6	1
114	Purulia	Raghunathpu	E	1888	12.95	21812	24242	170542	1	0
115	South 24-Pgs	Baruipur	D	1869	9.50	44964	49973		2	0
116	South 24-Pgs	Budge-Budge	D	1900	9.06	77566	86207		4	0
117	South 24-Pgs	Diamond Harbour	D	1982	10.24	37238	41386		2	0
118	South 24-Pgs	Jainagar-Mazilpore	E	1869	5.81	23319	25917		1	0
119	South 24-Pgs	Maheshtala	A	1993	42.00	389214	432572		19	2
120	South 24-Pgs	Pujali	E	1993	8.28	33863	37635		2	0
121	South 24-Pgs	Rajpur Sonarpore	A	1876	55.00	336390	373864	1047555	17	2
122	Uttar Dinajpur	Dalkhola	D	2003	15.95	29770	33086		1	0
123	Uttar Dinajpur	Islampur	E	1981	10.21	52766	58644		3	0
124	Uttar Dinajpur	Kaliaganj	D	1987	8.99	47639	52940		2	0

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
75	North 24-Pgs	Baranagar	A	1869	7.12	250615	278534		13	1
76	North 24-Pgs	Barasat	A	1869	34.50	231515	257306		12	1
77	North 24-Pgs	Barrackpore	B	1916	11.65	144411	160498		7	1
78	North 24-Pgs	Basirhat	C	1869	22.01	11320	12581		1	0
79	North 24-Pgs	Bhatpara	A	1899	31.84	441956	491190		22	2
80	North 24-Pgs	Bidhannagar	C	1989	11.09	167848	186546		8	1
81	North 24-Pgs	Dum Dum	C	1929	9.73	101319	112606		5	1
82	North 24-Pgs	Garulia	D	1896	6.49	79840	88734		4	0
83	North 24-Pgs	Gobardanga	D	1870	10.50	41618	46254		2	0
84	North 24-Pgs	Habra	C	1979	21.80	127695	141920		6	1
85	North 24-Pgs	Halisahar	B	1903	8.29	124479	138346		6	1
86	North 24-Pgs	Kamarhati	A	1899	10.90	311225	345895		16	2
87	North 24-Pgs	Kanchrapara	B	1917	9.06	126118	140168		6	1
88	North 24-Pgs	Khardah	B	1869	6.87	116252	129202		6	1
89	North 24-Pgs	Madhyamgram	C	1993	21.50	154958	172220		8	1
90	North 24-Pgs	Naihati	A	1869	7.85	215432	239431		11	1
91	North 24-Pgs	New Barrackpore	D	1965	16.89	83183	92450		4	0
92	North 24-Pgs	North Barrackpore	C	1869	12.22	123523	137283		6	1
93	North 24-Pgs	North Dum Dum	A	1870	26.45	219852	244344		11	1
94	North 24-Pgs	Panihati	A	1900	19.38	348379	387188		17	2
95	North 24-Pgs	Rajarhat-Gopalpore	B	1994	28.00	271781	302057		14	1
96	North 24-Pgs	South Dum Dum	A	1870	15.47	392150	435836		20	2
97	North 24-Pgs	Taki	D	1869	12.97	37302	41457		2	0
98	North 24-Pgs	Titagarh	B	1895	3.24	124198	138034	5010166	6	1
99	Paschim Medinipur	Chandrokona	E	1869	16.58	20400	22673		1	0

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
50	Koch Behar	Mathabhanga	E	1986	3.71	21110	23462		1	0
51	Koch Behar	Mekliganj	E	1983	3.88	10833	12040		1	0
52	Koch Behar	Tufanganj	E	1983	2.49	19293	21442	128390	1	0
53	Malda	English Bazar	C	1869	13.25	161448	179433		8	1
54	Malda	Old Malda	D	1869	9.58	62944	69956	249389	3	0
55	Murshidabad	Baharampore	C	1876	31.42	160168	178011		8	1
56	Murshidabad	Beldanga	E	1981	3.98	25361	28186		1	0
57	Murshidabad	Dhulian	D	1909	6.25	72906	81028		4	0
58	Murshidabad	Jangipore	D	1869	8.20	74464	82759		4	0
59	Murshidabad	Jiaganj-Azimganj	D	1886	11.50	47228	52489		2	0
60	Murshidabad	Kandi	D	1869	12.97	50345	55953		3	0
61	Murshidabad	Murshidabad	D	1869	12.95	36894	41004	519431	2	0
62	Nadia	Birnagar	E	1869	5.52	26596	29559		1	0
63	Nadia	Chakdah	D	1886	15.36	86965	96653		4	0
64	Nadia	Coopers' Camp N.A.A.	E	1997	1.50	17755	19733		1	0
65	Nadia	Gayeshpur	D	1995	23.00	55028	61158		3	0
66	Nadia	Kalyani	D	1995	29.14	81984	91117		4	0
67	Nadia	Krishnanagar	C	1864	15.96	139070	15456[illegible]		7	1
68	Nadia	Nabadwip	C	1869	11.66	115036	127851		6	1
69	Nadia	Ranaghat	D	1864	7.72	68754	76413		3	0
70	Nadia	Santipur	C	1853	25.88	138195	153590		7	1
71	Nadia	Taherpur N.A.A	D	1993	4.75	20060	22295	832931	1	0
72	North 24-Pgs	Ashokenagar-Kalyangarh	C	1968	16.50	111475	123893		6	1
73	North 24-Pgs	Baduna	D	1869	22.43	47418	52700		2	0
74	North 24-Pgs	Bongaon	C	1954	24.70	102115	11[illegible]		5	1

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
25	Darjeeling	Kurseong	D	1879	5.05	40067	44530		2	0
26	Darjeeling	MirikN.A.A.	E	1984	6.50	9179	10202		0	0
27	Darjeeling	SiliguriM.C.	M.C.	1994	41.90	470275	522664	744672	24	2
28	Hooghli	Arambagh	D	1886	34.75	56129	62382		3	0
29	Hooghli	Baidyabati	B	1869	11.48	108231	120288		5	1
30	Hooghli	Bansberia	B	1869	9.06	104453	116089		5	1
31	Hooghli	Bhadreswar	B	1869	8.28	105944	117746		5	1
32	Hooghli	Champdani	D	1916	6.50	103232	114732		5	1
33	Hooghli	Chandannagar M.C.	M.C.	1955	20.00	162166	180231		8	1
34	Hooghli	Hooghly-Chinsurah	B	1865	17.29	170201	189161		9	1
35	Hooghli	Konnagar	D	1944	4.69	72211	80255		4	0
36	Hooghli	Rishra	B	1944	6.76	113755	126427		6	1
37	Hooghli	Serampore	B	1842	14.50	197955	220007		10	1
38	Hooghli	Tarakeswar	E	1975	3.90	28178	31317		1	0
39	Hooghli	Uttarpara Kotrung	B	1964	20.81	150204	166937	1525573	8	1
40	Howrah	Bally	A	1985	11.81	161575	179574		8	1
41	Howrah	HowrahM.C	M.C.	1862	51.74	1008704	1121074		50	5
42	Howrah	Uluberia	B	1982	33.00	202095	224608	1525256	10	1
43	Jalpaiguri	Alipurduar	D	1957	9.36	73047	81184		4	0
44	Jalpaiguri	Dhupgun	D	2001	14.55	30010	33353		2	0
45	Jalpaiguri	Jalpaigun	C	1885	12.97	100212	111376		5	1
46	Jalpaiguri	Mal	D	1990	7.50	13212	14684	240597	1	0
47	Koch Behar	Dmhata	E	1973	4.55	34303	38124		2	0
48	Koch Behar	Haldiban	E	1983	10.00	13170	14637		1	0
49	Koch Behar	Kooh Behar	D	1946	8.19	16812	18685		1	0

Annexure V: Estimated Population and required Manpower of ULBs

Sl No.	District	ULB	Cat	Yr of Estb	Area Sq KM	2001 Pop	Estm 2009	Dist Sub total	HA (PH)	HS (PH)
1	Bankura	Bankura	B	1869	19.06	128811	143161		6	1
2	Bankura	Bishnupur	D	1873	22.01	61943	68843		3	0
3	Bankura	Sonamukhi	E	1886	11.65	27348	30395	242399	1	0
4	Bardhman	AsansolMC	M.C.	1994	127.24	486304	540478		24	2
5	Bardhman	Bardhaman	A	1865	48.00	285871	317717		14	1
6	Bardhman	Dainhat	E	1869	10.42	22593	25110		1	0
7	Bardhman	DurgapurMC	M.C.	1996	154.20	492996	547916		25	2
8	Bardhman	Gushkara	D	1988	21.50	31863	35413		2	0
9	Bardhman	Jamuria	C	1995	79.20	129456	143877		6	1
10	Bardhman	Kalna	D	1869	10.00	52176	57988		3	0
11	Bardhman	Katwa	D	1869	7.93	71573	79546		4	0
12	Bardhman	Kulti	A	1993	9.00	290057	322369		15	1
13	Bardhman	Memari	D	1995	14.68	36191	40223		2	0
14	Bardhman	Raniganj	D	1876	24.99	122891	136581	2247219	6	1
15	Birbhum	Bolpur	D	1950	13.13	65659	72973		3	0
16	Birbhum	Dubrajpur	D	1975	16.83	32752	36401		2	0
17	Birbhum	Nalhati	D	2000	12.00	34058	37852		2	0
18	Birbhum	Rampurhat	D	1950	16.32	50609	56247		3	0
19	Birbhum	Sainthia	D	1987	10.00	39244	43616		2	0
20	Birbhum	Suri	D	1876	9.47	61818	68705	315793	3	0
21	Dakshin Dinajpur	Balurghat	C	1951	8.56	135516	150612		7	1
22	Dakshin Dinajpur	Gangarampore	D	1993	10.[illegible]	53548	59513	[illegible]	3	0
23	Darjeeling	Darjeeling	A	1850	10.57	107530	119509		5	1
24	Darjeeling	Kalimpong	C	1945	8.67	42980	47768		2	0

Services	Community (outreach) level	First Point (UHC) level	Referral Centre level
A13. Cardio-vascular diseases	• BP measurements • Symptomatic search & referral • Follow-up of under treatment patients • Counseling on life style	• Diagnosis & Treatment • Emergency resuscitation • Referral	• Management of emergency cases • Hospitalization & and surgical interventions
A14. Diabetes	• Rapid test for blood/urine sugar • Symptomatic search and referral • Follow-up of under treatment patients	• Diagnosis & Treatment • Referral of complicated cases	• Management of emergency cases • Hospitalization (if necessary)
A15. Cancer	• Symptomatic search & referral • Follow-up of under treatment patients	• Identification & referral • Follow-up of under treatment patients	• Diagnosis • Treatment • Hospitalization (if necessary)
A16. Trauma care (injury & burns)	• First Aid and referral	• First Aid • Emergency resuscitation • Referral	• Case management • Hospitalization • Physiotherapy and rehabilitation
B. Other support service			
B1. IEC/BCC	• IPC • Health camps • Walls/posters • Events (in schools, women's groups)	• Distribution of health education Material	• Distribution of health education Material
Counseling	• Individual and group/family counseling – HIV/Mental disorders/ stress management/ Tobacco/Alcohol/ substance abuse/ Adolescent health	• Patient/ attendant counseling	• Patient/ attendant counseling

Services	Community (outreach) level	First Point (UHC) level	Referral Centre level
	• Distribution of IFA • Promotion of iodised salt • Nutrition supplement • Promotion of breast feeding, complementary feeding	• Referral of acute cases • Early identification of mild and severe under-nutrition • Counseling for optimal feeding practices	• Hospitalization
A6. Vector-borne diseases	• Slide collection • Testing using RDKs • Chemical/biological larvicides • Counseling for practices for vector control and personal protection	• Diagnosis & Treatment • Referral of serious cases	• Management of seriously ill cases • Hospitalization
A7. Mental Health	• Case detection & referral • Counseling • Rehabilitation	• Diagnosis & Treatment	• Psychiatric and neurological services including hospitalization if necessary
A8. Oral Health	• Basic dental education • Screening for pre-cancerous lesions • referral	• Diagnosis & Treatment	• Management of complicated cases • Hospitalization
A9. Hearing impairment	• Early detection and awareness for preventive steps • Referral	• Diagnosis & Treatment	• Management of complicated cases • Hospitalization
A10. Visual Impairment	• Early detection and awareness for preventive steps • Referral • Follow-up of surgery cases	• Diagnosis & Treatment • Screening and referral for cataract surgery	• Management of complicated cases • Hospitalization & and surgical interventions
A11. Chest infection (TB)	• Referral • Community level follow-up for treatment compliance	• Diagnosis & Treatment • Referral of complicated cases	• Management of complicated cases
A12. Leprosy	• Referral • Community level follow-up for treatment compliance	• Diagnosis & Treatment • Referral of complicated cases	• Management of complicated cases

Services	Community (outreach) level	First Point (UHC) level	Referral Centre level
A. Essential Health Services			
A1. Maternal health	• Registration • ANC • Identification of Danger signs • Referral for Inst.Delivery • Follow-up • Counseling & behavior promotion	• ANC • PNC • Initial management of complicated delivery cases & referral • Management of regular maternal health conditions • Referral of complicated cases	• Delivery (normal & complicated) • Management of complicated gynae/maternal health condition • Hospitalization and surgical interventions including blood transfusion
A2. Family Welfare	• Counseling • Distribution of OCP/CC • Referral for sterilization • Follow-up of contraceptive related complications	• Distribution of OCP/CC • IUD insertion • Referral for sterilization • Management of contraceptive related complications	• Sterilization operations • Fertility treatment
A3. Child health & nutrition	• Immunization • Identification of danger signs • Referral • Follow-up • Distribution of ORS • Ped Cotrimoxazole • Post natal visit/ counseling for newborn care	• Diagnosis & treatment of childhood illnesses • Identification/ Referral of acute/chronic cases	• Management of complicated pediatrict/ neonatal cases • Hospitalization and surgical interventions including blood transfusion
A4. RTI/STI (including HIV/AIDS)	• Symptomatic search • Referral • Community level follow-up for treatment compliance	• Diagnosis & treatment • Referral of complicated cases	• Management of complicated cases • Hospitalization (if necessary)
A5. Nutrition Disorders	• Height/ weight measurements • Hb testing	• Diagnosis & treatment of seriously deficient patients	• Management of acute deficiency cases

1) All immunization Programmes under the National Programme and the maintenance of the cold chain within the district
2) All Family Welfare activities taken up under the National Programme
3) All Components of the Reproductive and child Health programme
4) The School Health and Health Education Programme
5) Community Health Guide Scheme
6) Nutrition Programme

- Additionally the Mass Media Cell which would be functioning under him would be supplementing I.E.C. efforts under any other programme. An Evaluation cell and a Statistical Cell would be functioning under the Dy.CMOH-III for compilation of the MIS.
- He will coordinate with the CDPOs of the ICDS programme for better linkages with the Nutrition Programme and with the Project officer of the IPP-VIII for better coordination and optimum utilization of resources.
- Any other duties as may be assigned by the CMOH/ Government by order.

- Exercise statutory functions as described under the Registration of Births and Deaths Act, 1969 and Rules and the Prevention of Food Adulteration Act, 1954.
- He would be the nodal officer coordination all the health initiatives taken up in the district for the general pubic health and control of Communicable diseases. They are:
  1) National Anti-Malaria Programme
  2) National Filaria Control Programme
  3) National AIDS Control Programme
  4) National Programme for Control of Blindness
  5) Kala Azar control Programme
  6) Japanese encephalitis Control Programme
  7) Dengue Control
  8) Iodine Deficiency Disorders Programme
  9) National Cancer Control Programme
  10) National Mental health Programme
  11) National Leprosy Elimination Programme
  12) Revised National Tuberculosis Control Programme
  13) Diarrhea Control and other communicable diseases
- Functioning of societies duly constituted under the guidelines of the GOI of various national health programmes relating to public health excluding TB and Leprosy shall be supervised by the Dy. CMOH-II. He shall ensure that the objectives of the Society are duly fulfilled and the accounts of the Society are kept in a satisfactory condition and are audited after at the end of every financial year. The Dy. CMOH-II shall work under the guidance of the CMOH and the Chairman of the Society.
- The Dy. CMOH-II shall supervise the District Statistical Cell and the Epidemiological Cell and ensure their proper functioning. Necessary surveillance activities will be taken upto alert the CMOH of any outbreaks for taking remedial measures.
- Coordination of relief efforts and ensuring prompt dispatch of medical supplies in the event of the natural disasters.
- He would be responsible for environmental sanitation and hygiene and shall take necessary steps for disinfection etc. during fairs and melas.
- Any other duty can be assigned to him by the CMOH/ Government whenever necessary.

Duties & Responsibilities of Dy CMOH-III:

[Source: No. HF/O/MA/ Draft Dt. 16.1.02]

Administrative Responsibilities:

- The general administration of the subordinate clerical and para-medical staff for whom he is the controlling officer
- He shall have to coordinate and brief the CMOH regarding various aspects of health administration so far family welfare and other related activities are concerned.
- He shall also tour regularly and inspect the medical facilities in the district and report to the CMOH.

Functional Responsibilities:

- He is nodal officer in-charge of various multipurpose programmes such as the Family Welfare, Reproductive and Child Health etc.
- He would be in-charge of the following programmes primarily, viz:

- He shall also take up any additional duty or responsibility entrusted by the CMOH. He would have to cause confidential enquiries, inspect private clinical establishments as per the direction of the CMOH under the WB Clinical Establishment Act, 1950.

Add Dy. CMOH-I

In continuation of this Department memo No. HF/O/A[illegible]A-71[illegible] dated the 4th December, 2001 & No. HF/O/ISMH/95/1A-121/2001 dated [illegible] February, 2002 and keeping solidarity with the State Government's policy in regard to Health Administration of ISM&H Branch of this Department, the undersigned is directed further by order of the Governor to say that the Governor has been pleased to empower the Deputy Chief Medical Officer of Health-I of a District to monitor and Coordinate the functions of the Homeopathic Medical Officers (HMOs), Senior Ayurvedic Medical Officers (SAMOs) and other staff of the State Homeopathic Dispensaries (SHDs) and State Ayurvedic Dispensaries (SADs) of his District as detailed below under the direct supervision of the Chief Medical Officer of Health concerned.:-

i) he will monitor the attendance, performance and all the day-to-day work of the Homeopathic Medical Officers and Senior Ayurvedic Medical Officers working in his district;

ii) he will monitor and coordinate the functioning of the S.H.Ds and S.A.Ds in his District;

iii) he is entrusted with the job of timely procurement and distribution of Homeopathic Medicines and Ayurvedic medicines to the concerned Homeopathic and Ayurvedic units in Rural Hospitals, B.P.H.Cs, P.H.Cs, S.H.Ds and S.A.Ds regularly;

iv) he is entrusted with the submission of all kinds of reports and returns in respect of the S.H.Ds and S.A.Ds and also the Dispensaries/ Units of both the disciplines in the P.H.Cs, B.P.H.Cs and Rural Hospitals where they are posted as 3rd Medical Officers;

v) he will perform all other work relating to assessment of performances of H.M.Os and S.A.M.Os of his District under the supervision of the C.M.O.H. who has already been empowered necessarily;

vi) he is entrusted with any other work as may be found necessary relating to the S.H.Ds, S.A.Ds, Rural Hospitals, B.P.H.Cs and P.H.Cs where there are Homeopathic and Ayurvedic Units;

vii) he is entrusted with the above said duties in addition to his normal duties entrusted by the C.M.O.H. of the District and/or specified by the State Government.

Duties & Responsibilities of Deputy CMOH-II:

[Source: No. HF/O/MA/ Draft Dt. 16.1.02]

Administrative Responsibilities:

- The general administration of the sub-ordinate clerical staff for whom he is the controlling officer.
- He shall have to coordinate and brief the CMOH regarding the various aspects of health administration regularly so far as public health activities are concerned.

Functional Responsibilities

- He is also the authorized medical attendant for all employees in the State Government including the All India Service Officers and shall certify the medical claims made in this respect.
- The CMOH is also responsible for the maintenance, upkeep and the administration of the District Reserve Store, the functioning of the epidemiological and surveillance cells as well as the rapid response teams at the outbreak of any epidemic.

Duties & Responsibilities of Dy CMOH-I:

[Source: No. HF/O/MA/ Draft Dt. 16.1.02]

Administrative Responsibilities:

- The Dy. CMOH-I will look after the work of the CMOH in the latter's absence and consequently he/she should be thorough with all the issues without any assistance. He should also be assistance to the CMOH.
- He would be entrusted with the establishment matters relating to the health administrations, which are under the purview of the CMOH of the district. Hence he would have to run the day-to-day administration of the health set-up for which he would have to well conversant about the manpower placement needs, associated issues relating to actual working of various levels of the health set up and if necessary preparation of proposals for the mobilization of manpower in case of emergency. He will hence tender all possible assistance to the CMOH in the general administration of the health set up of the district. He shall also assist the CMOH with any legal issue arising out of the working of the health system.
- He shall also tour regularly and ascertain the actual working condition of the health administration and shall advise the officers in-charge of the health unit(s) as well as obtain feedback for further improvement of the administration. The CMOH should be periodically briefed as to the outcome of these visits.
- The preparation of proposals for allocation of the funds to various sub-ordinate officers by the CMOH shall be an important responsibility of him and due consideration shall be given to the manpower placed.
- The other administrative issues which would be dealt with by him relate to the processing of cases of employees of whom the CMOH is head of office for the disbursement of death or retirement benefits, sanction of leave, sanction of loans and advances, maintenance of service books etc. The following departmental proceedings of all employees appointed by the CMOH should be supervised by him.

Functional Responsibilities

- As he would be in-charge of planning and development cell of the CMOH, he should develop sound knowledge of the existing health infrastructure and the gaps in health service, which can be progressively plugged.
- The management of the District Reserve Stores on a day-to-day basis and ensuring that the hospitals, clinics, health centres and other health outposts have timely access to medical supplies is yet another duty. Procurement of drugs and other medical supplies from the C.M.S. and in cases of necessity local purchase should be take up in consultation with the CMOH
- The day-to-day management of the transport pool vehicle directly under the CMOH as well as provisioning the vehicles with POL and having manpower placed for the utilization of these vehicles is another duty. The salvage of vehicles, condemnation and disposal of unserviceable vehicle parts and vehicles shall be taken up by him.

authority for disciplinary action as the case may be. For those employees not appointed by him he shall recommend disciplinary action against the delinquent and send the draft articles of charges also to the DHS. As an appointing authority he shall also continue the services of government employees after the completion of period of probation as per G.O. No. 6060-F dated 25.6.79.

7) He shall sanction the normal increment and the normal pay fixation of all employees for whom he is the head of office.

8) He shall sanction the death or retirement benefits of all categories of staff for whom he is the head of office. He shall also accept voluntary retirement notice under rule 75 (aa) of the WBSR Part-I after obtaining the necessary clearances as prescribed in rules.

9) The CMOH will sanction all refundable and non-refundable advances of the G.P.F. for all cadres of employees for whom he is the head of office.

10) The transfer and posting of all MOs below the rank of the Dy. CMOH and the para-medical staff and the Group-C and Group-D staff is the responsibility of the CMOH.

11) He shall exercise the financial powers vested with him under the Delegation of Financial Rules, 1977 for the sanction of the expenditure incurred or for the sanction of expenditure by the sub-ordinate offices which have incurred expenditure beyond their limit.

Functional Responsibility:

- The CMOH is the member-secretary of the District Health Committee and the standing Committee on Public Health in the Zilla Parisad as well as a member/ vice-chairman of health related societies at the district level. He shall have to take a leading role in the presentation of the health issues relating to planning, bridging of critical gaps in the infrastructure, health administration and the performance of the health service itself.
- He shall have to tour regularly to ascertain the status of health infrastructure and should build up a confident team of health officials with clear cut responsibilities for quick and efficient decision making and improving the responsiveness of the health service to the general public. Though the CMOH will not involve himself in the day-to-day functioning of all the institutions, he shall have to monitor the overall parameters and ensure that they function at the expected levels of achievement. A copy of his tour diary should be sent to the DHS.
- The CMOH has certain earmarked functions under the PFA Act, 1954, the WB Clinical Establishment Act, 1950 and other statutes and he shall exercise the functions and responsibilities stipulated under the Acts.
- As the head of the multipurpose health programme in the district he shall ensure the optimum utilization of all the manpower and ensure that the integration of the various health programmes is achieved to a great extent. He shall supervise the functioning of all the national health programmes and shall ensure the performance to the targets set. He shall also co-ordinate with the officials in-charge of health allied activities such as women and child development, social welfare schemes, etc for obtaining better efficiency and utilization of the potential resources.
- He is responsible for the health examination of officers, and other cadres referred to him by the various appointing authorities of the State Govt. for the medical fitness certificate at the time of first entry into government service or in the cases of prayers for commutation of pension. Fees shall be charged for commutation cases as well as cases of medical examination of employees of the Central Government and the other State Governments.

Annexure III: Duties & Responsibilities of Different District Level Officers

Duties & Responsibilities of CMOH

[Source: No. HF/O/MA/ Draft Dt. 16.1.02]

Administrative Responsibilities:

- The CMOH is at the apex of the health administration in the district and function under the guidance and control of the Director of Health Services of the State. As the administrative head of health administration in the district it is his primary responsibility to the administration and management of the entire health infrastructure in the district and that the health service responds satisfactorily to the needs of the public.
- The CMOH shall maintain an effective rapport with the Sabhabhipati of the Zilla Parisad and other functionaries of the local bodies. He shall also maintain a close liaison with the District Magistrate of the district as well as the heads of various line departments within the district to ensure that the development activities of the health institutions are nor hampered.
- He shall constantly assess and supervise the performance of the sub-ordinate officials such as the Dy. CMOH(s), Hospital Superintendents, Heads of training Institutions, Clinics, ACMOHs and BMOHs. As a leader of the team, he shall have to ensure that he conducts field visits regularly, makes appropriate delegation of duties to his deputies, holds periodical meetings to review performance and takes corrective measures without delay for optimum performance from the team.
- As Head of Office under Rule 5(16A) of the WBSR, Part-I, the CMOH is responsible for the establishment matters relating to the Deputy CMOH(s), District & Sub-Divisional Hospital Superintendents, PNO and all other para medical and clerical cadres within the district. Hence he shall subject to the following conditions:
  1) Sanction casual/ earned/ Half-pay leave/ Commuted Leave to the Deputy CMOHs, District & Sub-Divisional Hospital Superintendents/ ACMOHs/ Heads of Training Institutions and Clinics/ PNO as well as the Group C and D staff under his control. In this respect he shall exercise the following powers:
     A. Sanction only 60 day EL/HPL/Commuted leave at a time for Group A & B staff.
     B. Up to 120 days EL/HPL/Commuted leave for all other staff.
     C. Recommend and forward cases involving beyond 120 days to the DHS.
     D. Sanction of leave of all types for all Group C and Group D employees at his level.
  2) Permission to apply/ appear/ attend competitive examination for higher services/ seminars/ conferences/ meetings/ workshops/ scientific projects/ state level reports/ cultural events when there is no financial involvement of the State.
  3) Permission for the change of surname after the government servant has observed the due formalities.
  4) Permission for acquisition and disposal of immovable/ movable property or any other asset the value of which does not exceed Rs. 10 lakhs. Where it exceeds Rs.10 lakhs he shall scrutinize the case and send the proposal to the DHS.
  5) Appointing authority for the doctors, paramedics and sub-ordinate staff on contract basis. For the other categories such as Group-D employees in the government service, he shall be the appointing authority.
  6) As the appointing authority and controlling authority for the above mentioned cadres of employees, he shall be the disciplinary authority or the recommending

Parganas	
South 24-Parganas	Superintendent, M.R.Bangur Hospital, Tollygunge, [illegible]
Nadia	Superintendent, JNM Hospital, Kalyani, Nadia
Nadia	Superintendent, NSS, Kalyani, Nadia
Nadia	Superintendent, Dr.B.C.Roy Chest Sanatorium Dhu[illegible] [illegible]dia
Nadia	Principal, Institute of Pharmacy, Kalyani, nadia
Nadia	Principal, Rural training Centre, kalyani, nadia
Nadia	Principal, Health & Family Welfare Training Centr[illegible] [illegible], Nadia
Darjeeling	Superintendent, S.B.Dey Sanatorium, Kerseung, Dar[illegible]
Jalpaiguri	Principal, Institute of Pharmacy, Jalpaiguri
Jalpaiguri	Principal, health & Family Welfare Training Centre, [illegible]
Burdwan	Principal, rural Training Centre, Burdwan
Bankura	Superintendent, Gouripur leprosy Hospital, Gouripu[illegible] [illegible]
Bankura	Principal, Institute of Pharmacy, Bankura
Midnapore	Supeindendent, M.R.Bangur Sanatorium, Digri, Mid[illegible]
Hooghly	Superintendent, Gourhati TB Hospital, Srirampur, H[illegible]

HAD/D/2001/Pt.I/A7958 dt. 5.10.2001

Annexure II: Modified List of the 'Decentralized Hospitals & Institutions"'

District	Administrative head
Kolkata	Superintendent, North suburban Hospital, Cossipore, Kolkata
Kolkata	Superintendent, Indira Matri_O_Sishu Ka;lyan, Kolkata
Kolkata	Superintendent, Abinash Dutta maternity Home, Kolkata
Kolkata	Medical Superintendent, Lady duffrin Victoria Hospital, Kolkata
Kolkata	Principal, District Family Welfare Bureau, Kolkata
Kolkata	Director, Pasture Institution.
Kolkata	Director, IBTMIH, Kolkata (Formerly known as Central Blood bank, Kolkata)
Kolkata	Director, Central Combined laboratory, Kolkata
Kolkata	Epidemic Control Officer, Anti Plague organization, Kolkata
Kolkata	Superintendent, Beliaghata Poly Clinic, Kolkata
Kolkata	Superintendent, B.C.Roy Diagnostic Research laboratory, Kolkata
Kolkata	Principal, health & Family Welfare Training center, Kolkata.
Kolkata	Superintendent, Sambhunath Pandit Hospital, Kolkata
Kolkata	Superintendent, Bhabanipur Mental Observation Ward, Kolkata
Kolkata	Superintendent, ramrikdas Haralalka Hospital, Bhawanipur, Kolkata
Kolkata	Superintendent, Kolkata Pavlov Hospital, Kolkata
Kolkata	Superintendent, Lumbini park mental hospital, Kolkata.
Kolkata	Superintendent, Dr. B.K.Basu memorial research & Training Instt. Of Acupuncture, Kolkata-45
South 24-Parganas	Superintendent, Vidyasagar hospital, Kolkata
South 24-Parganas	Superintendent, Bijoygarh state general Hospital, jadavpur, Kolkata.
South 24-Parganas	Superintendent, Moor Avenue Poly Clinic, Kolkata
South 24-	Superintendent, K.S.Roy T.B. Hospital, Jadavpur, Kolkata

Annexure I: Composition of old 'Apex Advisory Committee'

	Designation	Remarks
1)	Minister in charge, MA & UD Deptt	-Chairperson
2)	Principal Secretary, Urban Development Deptt	-Member
3)	Principal Secretary, health & Family Welfare Deptt	-Member
4)	Secretary, MA Deptt.	-Member
5)	Chief Executive officer, KMDA	-Member
6)	Special Secretary, (Projects) and Programme Director, SIP & HSDI, Health & FW Deptt	-Member
7)	Chairperson, New Barracpore Municipality	-Member
8)	Mayor, Durgapur Municipal Corporation	-Member
9)	Chief health Officer, Kolkata municipal Corporation	-Member
10)	Director, SUDA	-Member
11)	Dr. N.G. Gangopadhya	-Member
12)	Special Secretary, KMDA	-Member Secretary

expenditure in the total expenditure for setting up the State and District Urban Health Cells and CMOH Kolkata Office would be met from the existing allocation. The existing budgetary allocation for establishment of KMUHO would be sufficient at the time being for CMOH, Kolkata and proposed to be used for the set up of CMOH, Kolkata.

The temporary increase in financial outlay as shown in Para 26.4 would ensure a structured and standardized set up for implementation of coordinated and focused health care service for the urban areas. This additional financial outlay would decrease over a period of time as the surplus staff would keep on getting retired and ultimately the whole of the affairs would be managed by a lean set up

48		MIS, State Urban Health Cell	contractual	25000	0	1	(-) 1
49		Data Manager	contractual	15000	0	18	(-) 18

Financial Liability.

- The annual financial Liability against the existing set up in K[illegible]O for the year 2009-2010 is Rs.1330 lakhs under the head Salaries and Rs.1403.[illegible] inclusive of other costs vide CP No.43.
- Since it is proposed that the Urban Setup at the State, District [illegible] CMOH, Kolkata will be manned by redeploying of staff the majority of staff will b[illegible]rked in these set ups, the additional requirement of funds shall be limited to the expe[illegible]n creation of some new posts as stated in Table 18. The posts which are vacan[illegible]es and proposed be surrendered are shown in Table—19.

Table-18 -New Posts to be created and Financial liability

Sl No.	Rank	Cadre	Pay Scale	No. Required	Sh[illegible] f[illegible]	M[illegible]nthly/ [illegible]erson	Annual Outlay in Rs.
a	c	d	e	g	[illegible]	i	j
1	ACMOH	WBP HAS	9000-40500 + 5400	14	[illegible]	[illegible]7510	330120
2	MIS	contractual	25000	1	[illegible]	[illegible]5000	300000
3	Data Manager	contractual	15000	18	[illegible]	[illegible]	3240000
	Total Financial Outlay						38.70 lacs

Table-19 Existing Posts vacant and surplus in KMUHO set up [illegible] be surrendered:

Sl No.	Name	Cadre	Pay Scale	Exces[illegible]	[illegible]y/Pe[illegible]	Expenditure
a	b	d	c	d	[illegible]	f
1	UDA	Clerical	7100-37600+3900	40	[illegible]074	7715520
2	Various posts of LDA Cadre	LDA	5400-25200+2600	22	[illegible]2	3817968
3	Office Peon	Gr D	4900-16200+1700	25	[illegible]	2593800
	Total Savings on salaries were the posts filled.					141.27 lakhs

In view of the above additional requirement of fund will be only R[illegible] lakhs annually towards the establishment cost of State Urban Health Cell and the [illegible] Health Cells apart from the above additional salary burden of Rs 38.70 lak[illegible] of the salary

25	Typist	State urban Health cell-2	LDA		10		
26	Clerk-cum-Typist	District Urban Health cell-23	LDA		3		
27	Clerk-cum-computer	CMOH, Kolkata -10	LDA		60		
28	Health Assistant (M)	Health Assistant (Male)-11, Dy. Dist Ext & MO-1	NMTP Gr B	5400-25200+2600	906	12	(+) 894
29	Store-keeper	LDA cum store Keeper at CMOH, Kol	NMTP Gr A	5400-25200+2300	9	1	(+) 8
30	Office Peon	**OFFICE ASSISTANT**	Gr D	4900-16200+1700	9	38	(+) 348
31	Cleaner [Unified cadre]	State urban Health cell-3 District Urban Health Cell-23 CMOH, Kolkata- 12	Gr D		6		
32	Orderly Peon		Gr D		14		
33	Durwan		Gr D		7		
34	GDA		Gr D		3		
35	Sweeper		Gr D		1		
36	Night Guard		Gr D		9		
37	Laboratory Attendant		Gr D		6		
38	Watchman		Gr D		1		
39	GDA (Field Worker)		Gr D		21		
40	Male (Supervisor Field Worker)		Gr D		9		
41	GDA (Medicine Carrier, spray, Misc. work)		Gr D		300		
42	Driver	Not Required	SHTO	5400-25200+2600	15	0	(+) 15
43	Mechanic	Not Required	SHTO	5400-25200+2300	2	0	(+)2
44	Mechanic-cum-operator	Not Required	SHTO	5400-25200+2300	6	0	(+) 6
45	Cash Sarkar	Not Required	Gr D	4900-16200+1700	6	0	(+) 6
46	Record Supplier-cum-Duplicating Operator	Not Required	Gr D		1	0	(+) 1
47	Media Man	Not Required			2	0	(+) 2

13	Administrative Officer	Administrative Officer of CMOH, Kol	WBGS	9000-40500 +4600	1	1	Nil
14	Health Educator & Evaluation Inspector	District Sanitary Inspector	NMTP Gr B	7100-37600+3900	1	1	Nil
15	Lab Tech	Sanitary Inspector	NMTP Gr A	7100-37600+3600	17	5	(+) 12
16	Health Supervisor/ Sr. HI	Asst. Malaria Offier-1,	NMTP Gr B	7100-37600+3900	391	3	(+) 388
		PHN-2,					
17	Head Clerk	Administrative Officer at CMOH, Kol	Clerical	7100-37600+3900	2	1	(+) 1
18	Stenographer	PA to Spl secy-1	UDA	7100-37600+3900	1	2	(+) 40
		PA to CMOH-1 converted from 1 post of UDA	UDA				
19	UDA	State Urban Health Cell-1	UDA		54	6	
		CMOH, Kolkata-5	UDA				
20	Accountant/Assistant Accountant	Asst Mang A/c in conversion of 7 posts of UDA and Accountant.	UDA		7	20	
		State urban Health cell-1					
		District Urban Health cell-18					
		Asst. A/C, CMOH, Kolkata -1					
21	Accountant cum Cashier	CMOH, Kolkata -1	UDA		7	1	
22	Accounts Clerk	Accounts clerk in conversion of LDA posts District Urban Health cell-18	LDA	5400-25200+2600	6	18	(+) 4
23	Computor	LDA cum DEO	LDA	5400-25200+2600	6	35	
24	LDA		LDA		11		

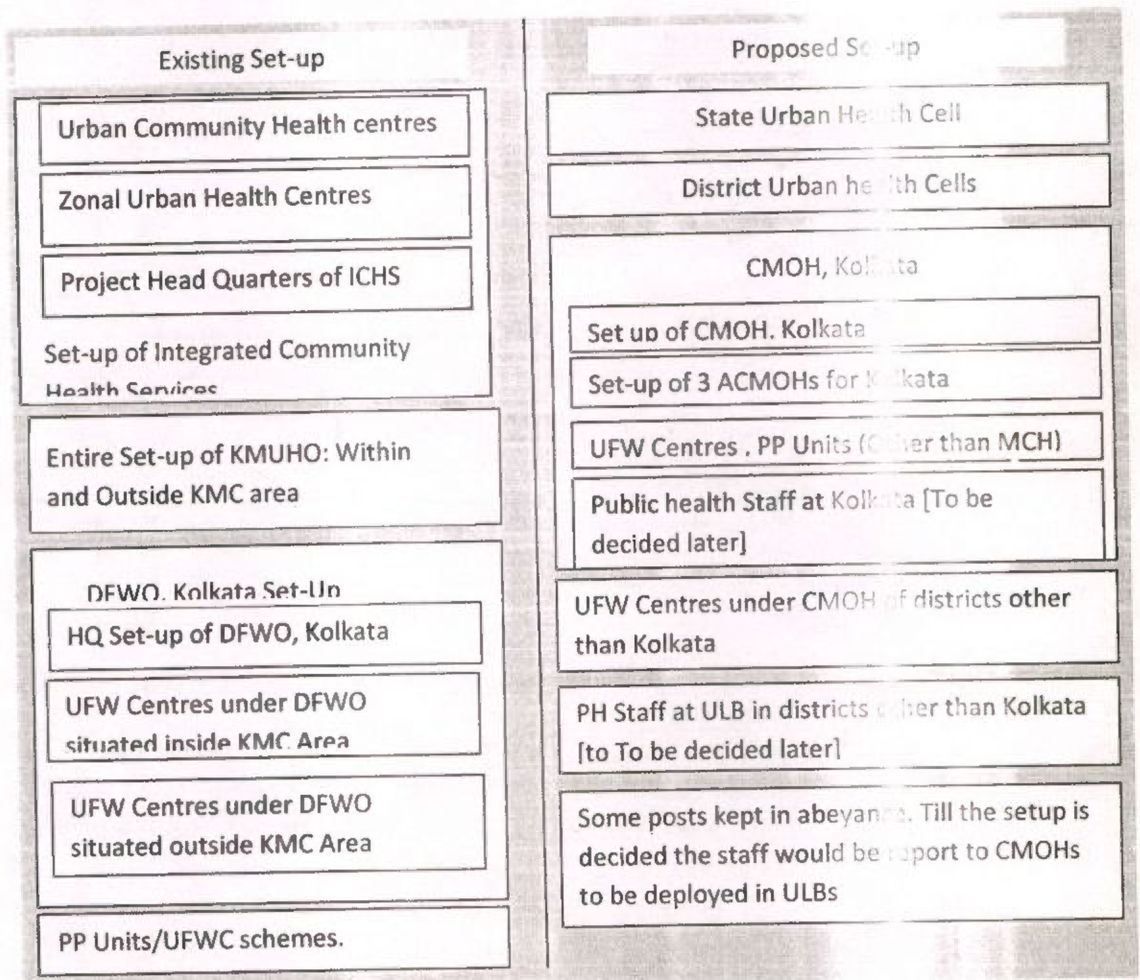
Table 7 Manpower requirement for Creation of Urban Health set up and proposed Redeployment of Posts from existing set up

Sl No.	Old Designation/ Post availbl with KMUOH, ICHSS	Converted to	Cadre	Pay Scale	No. existing	No. Required	Excess /Shortfall
1	CHO in the rank of Jt.DHS	Jt. DHS, coordinator, National Prog	WBPHAS	37400-60000+ 8700	1	1	Nil
2	Epidemiologist	CMOH, Kolkata of the rank of DDHS	WBPHAS	9000-40500 +7600	1	1	Nil
3	Asstt. Epidemiologist	ADHS, Urban Health at State urban Cell.	WBPHAS	9000-40500 +7600	2	1	(+) 1
4	DFWO	Dy. CMOH-III at CMOH Kol	WBPHAS	9000-40500 +5400	1	1	Nil
5	Zonal Health Officer-6	2 posts of Dy.CMOH at CMOH, Kol. 1 Posts of Dy. CMOH at Urban Health cell in dist.	WBPHAS	9000-40500+5400	6	3	(+) 3
6	DMCHO, Kolkata	DMCHO, CMOH, Kolkata	WBPHAS	9000-40500 +5400	1	1	Nil
7	2nd Zonal Health Officer	10 Posts of ACMOH at Urban Health cell in Dist	WBPHAS	9000-40500 +5400	6	14	(-) 6
8	Pathologist	4 posts of ACMOH at CMOH, Kol.	WBPHAS		1		
9	Malaria Medical Officer				1		
10	Statistician	Statistical Investigator	SBHI	9000-40500 +4700	1	1	Nil
11	Statistical Assistant	Statistical Assistant	SBHI	7100-37600+3200	2	2	Nil
12	DPHNO, of DWDO	DPHNO, CMOH, KOL	WBGS	9000-40500 +4600	1	1	Nil

be put up separately. Till such time the CMOHs may deploy these staffs in the urban areas under their jurisdiction for discharging the functions relating to Urban Health.

2. The set up of KMUHO and ICHSS located outside the KMC area would be placed under the control of respective CMOHs.
3. The term KMUHO would be dropped.
4. Some new posts have to be created as is shown in Table-17
5. Some posts would be re-designated to create the institutional structure at the ULB level and KMC level while some would be surrendered as in Table 18.

Figure-7: Re-organization of KMUHO/ICHSS for formation of Urban Health Cell at State and District Level and the Set up of CMOH, Kolkata



proposal is put up and approved the persons in KMUHO working in the KMC area would be attached with the CMOH Kolkata, who may deploy them suitably in the KMC area as per requirement.

Duties and Responsibilities of the Different Officers of CMOH, Kolkata.

The CMOH, Kolkata will exercise decentralized functional control of the set up of the Health & Family Welfare Department and function as administrative and managerial head of the entire health infrastructure excluding the Teaching Institutions under the control of the DME, in its jurisdiction. The CMOH, Kolkata shall work in close coordination with the Kolkata Municipal Corporation.

The CMOH, Kolkata and other Officers under CMOH will discharge the Duties and Responsibilities assigned to the officers of corresponding designation in other Districts which are specifically not assigned to KMC by any Act, Rules, Regulations or Executive Order. Additionally the CMOH Kolkata, would also be the controlling officer of the Decentralized Hospitals, UHFW Centres and PP Units, other than Medical College Hospitals, located within its jurisdiction.

Table-16 Estimated Annual Financial Outlay for proposed CMOH Set up

Annual Establishment Cost for CMOH, Kol (in lakhs)			**287.27**
Emoluments of staff		235.91	
Training cost for staff and field workers		15	
Rent for set up at Hqr. 4000 sq.ft/sq ft	40	19.2	
Electricity Charges/m	10,000	1.2	
Generator Operations/m	8,000	0.96	
Stationary Cost/m	10,000	1.2	
Telephone Bill /m	8,000	0.96	
Meeting and TA Bill Cost/m	8000	0.96	
Vehicle Hire Charge/m	80,000	9.6	
Advertisement/m	3000	0.36	
Postage/m	8000	0.96	
Miscellaneous/m	8000	0.96	

Proposal for manning the Urban Health Sector by redeploying of staff sanctioned for KMUHO set up and DHFW set up.

It is proposed that the Urban Health Set up at the State, Districts and the Office of CMOH, Kolkata will be established by redeploying the manpower sanctioned for KMUHO as sanctioned vide GO. No. Health/PH/1730/2M-20/84 dated 18.10.1984 placed at CP No.10-22 and ICHSS set up as retained under GO. No. HF/MS/154/6D-3/91 dated 19.04.2006 placed at CP No. 27-30 and by merger of the DFWO, Kolkata set up sanctioned under GO. No. HF/FW/76/4E-03/2005 dated 09.04.2007. The pictorial description of this reorganization is shown at Figure-7.

1. The organisation at the Borough and Ward level in the KMC and at the Ward and ULB level in the other ULBs would also be created from the posts available in the above organisations in consultation with the Municipal Affairs Department. This proposal would

Table-15 Manpower Requirement for creation of CMOH, Office in Kolkata.

	Name of Post	Cadre	No of Posts
A.	**Office of CMOH**		
	CMOH, Kolkata	WBHAS	1
	Dy. CMOH-	WBHAS	3
	ACMOH (MA)	WBHAS	1
	ACMOH [for 3 such regional ACMOHs]	WBHAS	3
	DMCHO, Kolkata	WBHAS	1
	DPHNO, Kolkata	WBGS	1
	Deputy District extension & MO	WBGS	1
	District Sanitary Inspector	NMEP B	1
	Assistant Malaria Officer	NMEP B	1
	Sanitary Inspector	NMEP A	5
	PHN	NMEP B	2
	Health Assistant	NMEP B	11
B.	**Accounts Section of CMOH**		
	Accounts Officer, Kolkata	WBA&AS	1
	Assistant Accountant [UDA]	Clerical	1
	Accountant-cum-Cashier [UDA]	Clerical	1
	LDA-cum-Storekeeper [LDA]	Clerical	1
C	**Statistical Cell of CMOH**		
	Statistical Investigator	WBGS	1
	Statistical Assistant	SBHI	2
D	**Administrative Section of CMOH**		
	Administrative Officer	WBGS	1
	PA to CMOH	Steno/PA	1
	UDA	Clerical	5
	DEO/LDA	Clerical	10
	Group D	Gr D	12

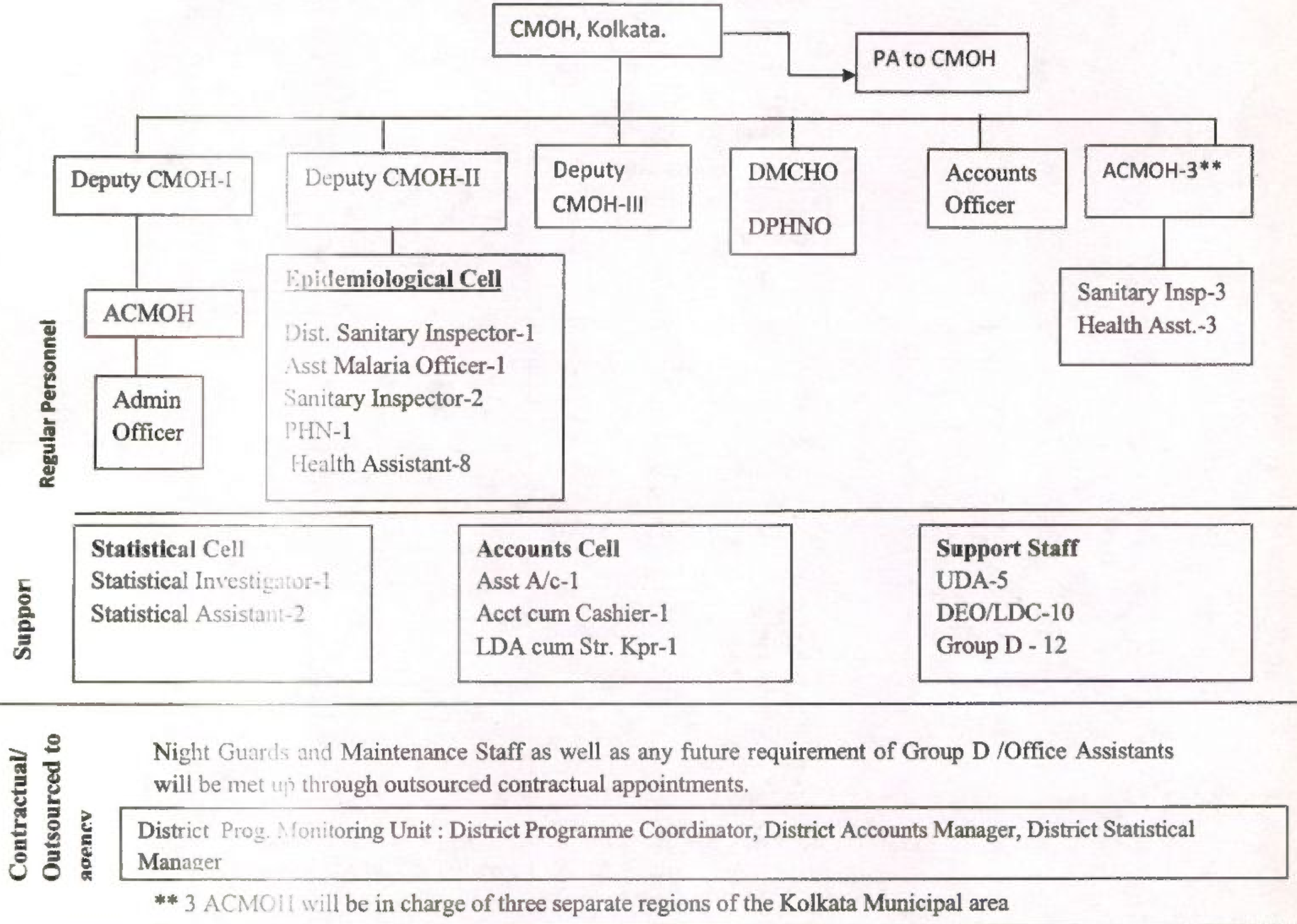
Establishment of CMOH will be created by:

1. Converting the posts in the KMUHO and ICHSS project office, situated along with the KMUHO.
2. Amalgamating the common establishment of DFWO/DMCHO of Kolkata and bringing them under the CMOH, Kolkata.
3. The decentralised Hospitals working under the direct control of the DHS and situated in the KMC area would also be controlled by the CMOH Kolkata. For this purpose the CMOH Kolkata has to be of the rank of Deputy Director of Health.
4. The PP Units (other than MCH) and UFWCs under the KMUHO, DFWO & ICHSS in the KMC area would come under the CMOH.
5. Kolkata district (KMC area) will be divided into 3 Regions (Five Boroughs each). There will be 1 ACMOH per Region to be supported by Epidemiological Cell. These ACMOHs would oversee the public health and other functions in their respective areas.
6. The organisation at the Borough and Ward level in the KMC would be created from the posts available in the above organisations in consultation with the Municipal Affairs Department and KMC. This proposal would be put up separately. Till such time that this

Proposed Framework of Reorganisation of KMUHO & creating New 'CMOH establishment for Kolkata'

The proposed Set-up of CMOH will have the jurisdiction over the 141 wards of Kolkata Municipal area. It will be considered as the 'Kolkata District' administrative unit of DHFW, GOWB. The organisational structural of the CMOH, Kolkata and total number of personnel required in each cadre is given below.

Figure-6: Organisatinal Structure of CMOH Office, Kolkata.



** 3 ACMOH will be in charge of three separate regions of the Kolkata Municipal area

Delinking the Urban areas of the adjacent Districts from the existing [illegible] area would also prevent multiplicity and overlapping of Programmes being run in these areas.

Need of establishment of CMOH, Kolkata

Health and Family Welfare Department, GOWB has certain responsibilities which, in the districts other than Kolkata are carried out by the respective establishments of CMOH.

- Regulation in the form of registration and licensing in cases of private clinical establishments – currently for Kolkata area this work is undertaken by the state level officer [ADHS (Clinical establishments)] of the directorate.
- Collection of periodical returns and reporting for monitoring, supervision, data analysis and feedback– especially diseases and RCH related.
  - Collaboration with the for-profit/ not-for-profit organization regarding implementation of different national health programmes and beneficiary mobilization schemes.
  - Supply of grant-in-aids, Material of health education etc.
  - Implementation of different IEC related activities including mass awareness campaigns, Mass drug/immunization campaigns [like Pulse polio], Mass screening campaigns [like MLEC] Beneficiary mobilization campaigns [like JSY], etc.
  - Implementation of different programmes for Capacity building of service providers [like uniform treatment protocol of RNTCP/NLEP/NVBDCP etc.]
  - Implementation of different Public-private-partnership Schemes – like 'Ayushmati schemes, Diagnostic service schemes etc.
  - Implementation of different public health related activities/sanitation and hygienic measures – PC&PNDT.
  - Disaster management including routine surveillance, outbreak response and control.
    - There is lack of standardisation and coordination among the service providers who are meant to ensure availability of basic minimum health care across the population especially to the urban poor.
  - Administrative control and supervision of 'Decentralised hospitals' within KMC area, other than Medical Education services, can be brought under the responsibilities of CMOH.
    - In Kolkata, the responsibilities of the DHFW, Immunization related activities and other National Programmes are not being discharged in an effective way though there are many players like NGOs, Private Organisations as well as KMC due to lack of convergence at a decentralised level, for want of any organisation of the H&FW department that would coordinate, monitor and supervise these functions in the KMC area. The Programmes/activities are being carried out directly by the Directorate of Health Services which are creating additional, non-homogeneous and avoidable work load on the officers affecting the service delivery in KMC area.

- Establishments of KMC.

The 'Kolkata Metropolitan Urban Health organization' (KMUHO)

The 'Calcutta Metropolitan Immunization Organization' was created by GO. No. PH/3783/1C-14/61 dated 26.06.1966 and the 'Malaria Eradication Urban Maintenance Organization' was created by GO. No PH/4045/2M-1/66 dated 19.07.1966. The 'Calcutta Metropolitan Urban Health organization' was formed to function with effect from 01.11.1984 by merger of these two organizations by GO. No. Health/PH/1730/2M-20/84 dated 18.10.1984. This was later renamed as 'Kolkata Metropolitan Urban Health organization'.

The KMUHO was created to have 'public health infrastructure' to look after the population of 'Greater Calcutta Region' for:

- Control of communicable diseases
- Health education
- MCH & Family Welfare
- Immunization of Mother & Children
- Maintenance of Family Record card
- Surveillance against communicable diseases
- Vital statistics and
- Other public health services

The jurisdiction of KMUHO consists of part of existing Kolkata Metropolitan Area, which is

- 117 of 141 wards of KMC area
- 23 wards of Bally Municipality and 16 wards of Howrah municipal corporation of Howrah District
- 15 of 27 ULBs of North 24 Parganas district
- 10 of 12 ULBs of Hooghly district

KMUHO has almost similar mandate as the 'establishment of CMOH' in other districts. But there is no 'establishment of CMOH' as per 'Multipurpose health scheme' for the Kolkata district similar to the other districts of state.

The CMOHs of Hooghly, Howrah and North 24 Parganas are also supposed to discharge public health functions for the total population (both urban & Rural) of their districts even in the areas covered by KMUHO. Thus their Public Health activities are overlapping with the jurisdiction of KMUHO and may be resulting in duplication of efforts and improper reporting due to lack of inter organisational coordination.

Moreover, each of the ULBs including KMC situated within the jurisdiction of KMUHO have got their own mandate and have set-up a public health infrastructure of their own [which is not of uniform across ULBs] aided by different schemes which were implemented from time to time. This ULB public health infrastructure has functions many of which are overlapping with the KMUHO mandate.

Reorganising the KMUHO and the other GoWB infrastructure and creating a set up which is coterminous with the KMC area would ensure better convergence with the efforts of the KMC, standardisation of the basic health programmes and ensure uniform and better penetration of health facilities especially among urban poor, relating to the health in general and public health in particular.

Proposal for Formation of CMOH Office at Kolkata.

Existing Health Structure at Kolkata Municipal Area

All India Hospital Post Partum Programme

The 'All India Hospital Post Partum Programme' under the Family Welfare Programme was launched as a 'Centrally sponsored scheme'. Under that scheme, different Post Partum Units [PPU] were established attached to different SG/SG/DH/MCH in the State of WB. Those Units were handed over to the state w.e.f the year 2002-2003 and retained under 'State Plan' vide GO. No. HF/O/FW/136/1P-1/2005 dated 29.04.2008. Superintendents/MSVP of those hospitals is the administrative heads of those PPUs. In the catering area of KMUHO, there are:

- 4 'A' type PPU attached to 4 MCH
- 3 'B' type PPU attached to other hospitals
- 1 'C' type PPU attached to other hospitals
- 10 'F' type PPU attached to SG/SG/other hospitals

Urban Family Welfare Centre Scheme

The 'Urban Family Welfare Centre Scheme' was launched and subsequently expanded as centrally sponsored scheme'. Those are retained as under CS (NS) scheme vide GO.No. HF/)/FW/76/4E-03/2005 dated 09.04.2007. Different officers like AO/ Supdtt/ DFWO are the administrative head of those UHWCs. In the area of KMUHO, there are:

- 9 type 'III' UFWC under the control of DFWO, Kolkata
- 1 establishment of DFWO [and DMCHO] of Kolkata

Integrated Community Health Services scheme

In the year 1979, in consultation with CMDA, the GOWB launched a scheme for extending minimum health service facilities with special emphasis to include slum dwellers in 18 wards of KMC known as the 'Integrated Community Health Services scheme'. Under this ICHSS, Urban Community Health centres were established in the KMC area under the administrative control of CHO, KMUHO and retained under State Plan (Non-plan) vide GO No. HF/)/MS/154/6D-3/91 dated 19.04.2006 [and subsequently by other GO]. In the jurisdiction of KMUHO there are:

- 2 'Zonal Urban health Centres' [Zone III and IV]
- 6 UCHC [under zone III] and 7 UCHC [under Zone IV]
- 1 Project HQ at the office of CHO-KMUHO

Decentralized Hospitals

There are different 'Decentralized hospitals in the KMC area. Head of those institutions are vested with same power, as that of the CMOH vide GOs No. H/MA/3452/HAD/D/2001 dated 04.09.2001 and HAD/D/2001/Pt.I/A 7958 dated 05.10.2001. These institutions are directly controlled from the Directorate. As the Directorate does not have dedicated manpower for coordinating their functioning these decentralised hospitals remain practically out of the regular channel of information and resource flow.

Health Infrastructure other than GOWB, DHFW

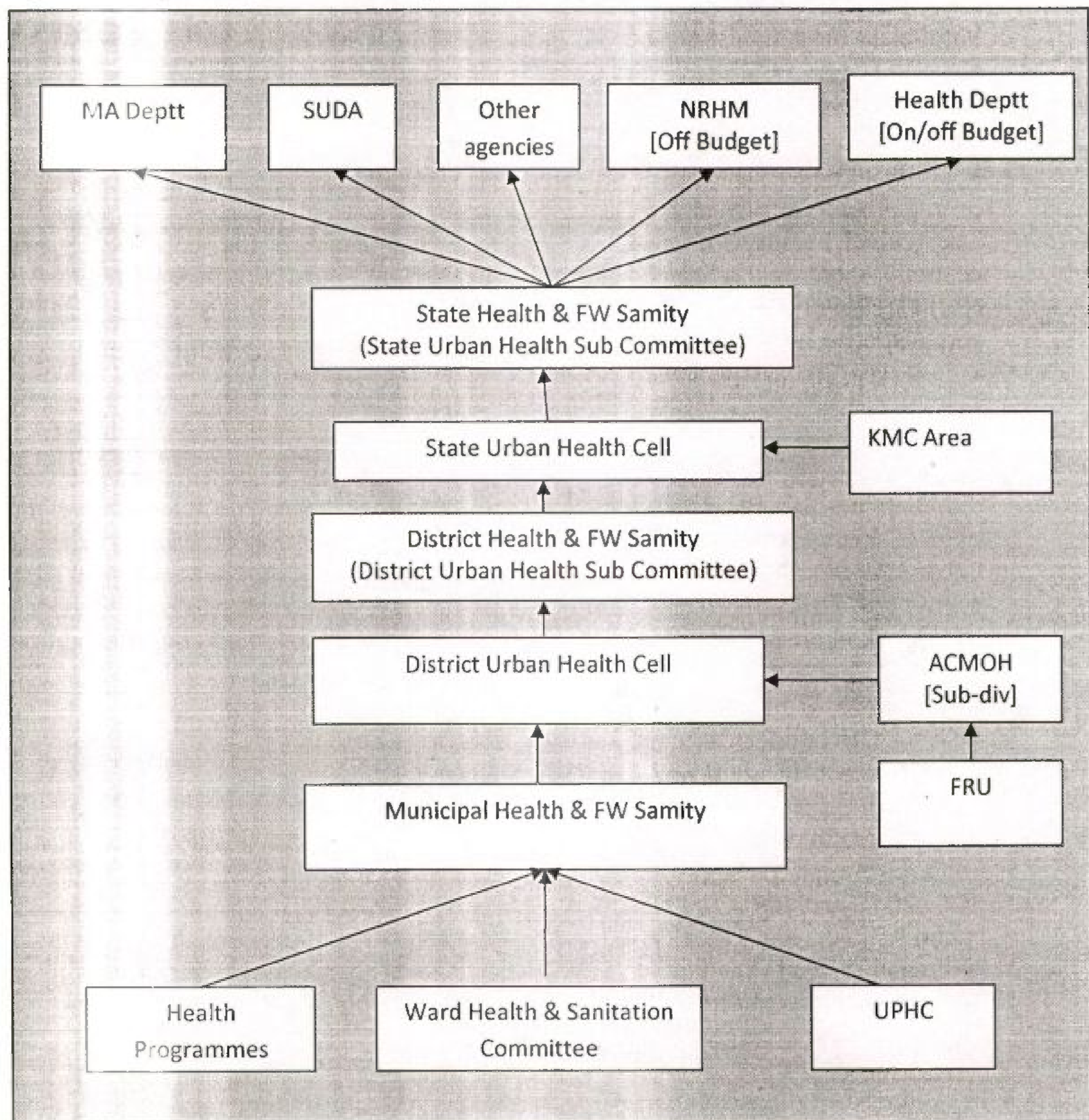
There are other institutions rendering health related services within the KMC area like:

- For-profit organizations – Clinical establishments including single doctor establishment of private practitioners.
- Not-for-profit organisations – different NGO and Faith based organizations – with c without aids/grant from GOWB/GOI.
- Central government institutions – Railways, CGHS, Defence, ESI Scheme – hospita and their network of practitioners.

the different Ward level Water and Sanitation Committee FRUs, UPHC, or other secondary tier Health facilities through the Municipal Level Health and Family Welfare Samity.

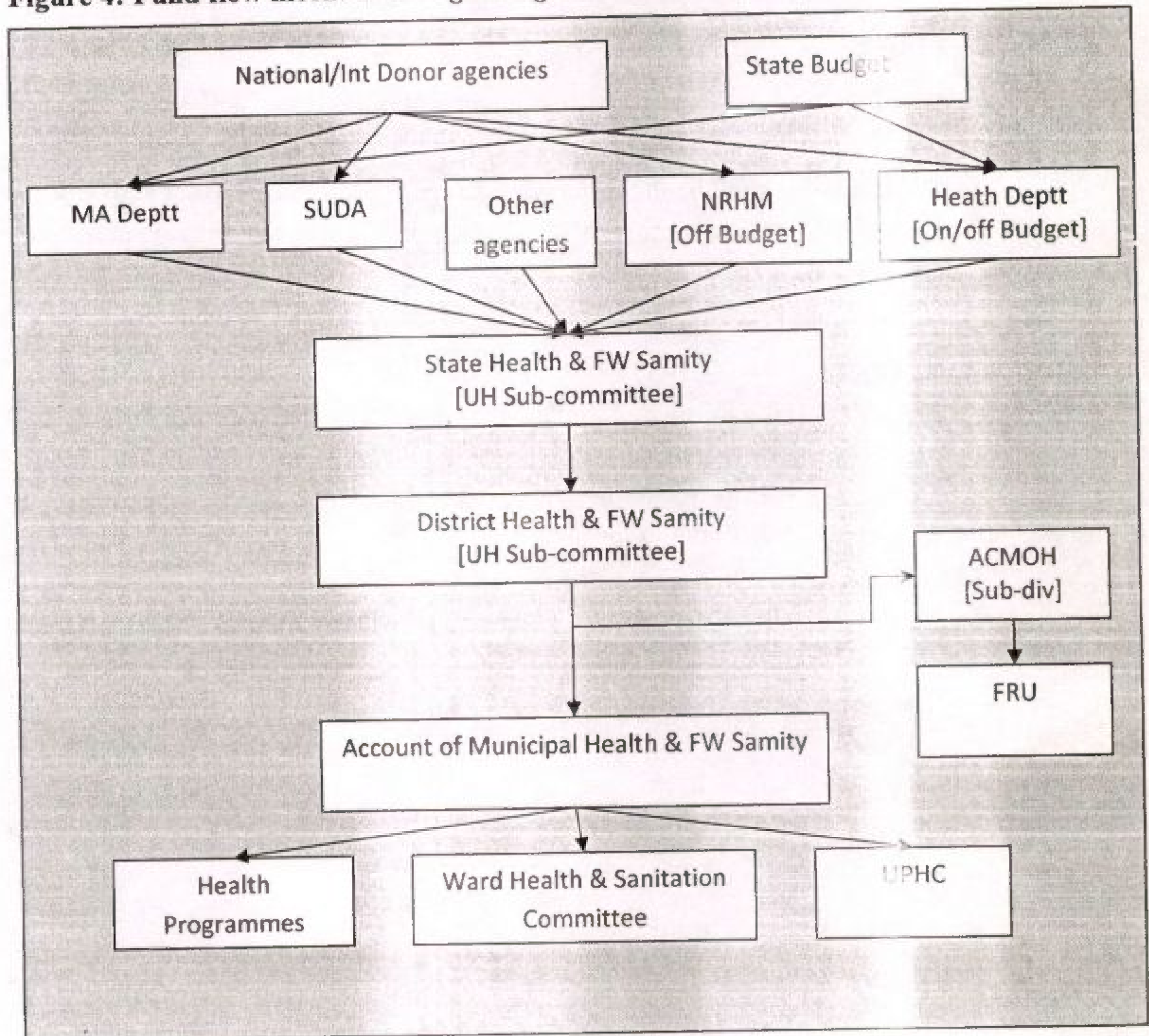
- The District Urban Health Cell will share the report with the District Health and Family Welfare Samity, who in turn will send the report of the entire district to the State Urban Health Cell. The report related to the function of the Kolkata Municipal Area will be sent to the State Urban Health Cell for review.
- The State Urban Health Cell will review the report and suggest corrective measures to the district Urban Health Cells if needed.
- The State Health and Family Welfare Samity will send the report along with measures taken for course correction if any to the Departments.

Figure 5: Reporting mechanism regarding Urban Health [Proposed]



Institution Framework for Budgetary Provision & Fund Flow

Figure 4: Fund flow mechanism regarding Urban Health [Proposed]



At present, the Health budget of ULBS of the West Bengal are supported by additional funds by different mechanisms described below [**Annexure 06**]:

11 ULBs are funded by HSDI

63 ULBs are funded by State Health Plan &

52 ULBs are funded by MA deptt [maintenance phase].

Institutional Framework for Monitoring & Supervision

- Health Officers of the Municipalities/Municipal Corporations will be invitee-members of this District Urban Health Cell. They will be instructed to attend the District/ sub-district level [ACMOH] MIES meeting. The progress regarding planning, implementation of the National Programmes and the state of the Health care delivery system will be reported by

Table 14: Composition of Ward Health, Water and Sanitation Committee

	Designation	Remarks
1)	Ward Councilor	- Chairperson
2)	Lady Medical Officer I/C UHC	-Member-Secretary
3)	Public Health Nurse & ANMs	- Member
4)	Representative from Link Volunteer/ Women's Health Committee/Cooperatives	- Member
5)	Supervisor – ICDS and Anganwadi Workers	- Member
6)	NGO Representative/Charitable Institutions Representative	- Member

The following shall be the responsibilities of Ward Health, Water and Sanitation Committee:

1. Monitor the programme of Ward on monthly basis, and provide progress to District UH Secretariat
2. Review of quality of work at the UHC and community linkages
3. Provide solutions to problems at the UHC level by coordinating with the city officials
4. Carry out the health and sanitation assessment of the area which can be put up as proposals to DUDA through District UH Secretariat under various schemes
5. Take up pertinent coordination/collaboration issues having a bearing on the health of the communities living in the area
6. Delegation of the responsibilities to concerned group member for adequate response to the identified need.

Table 13: Composition of Executive Committee of New Municipal Health & Family Welfare Samity

	Designation	Remarks
1)	Mayor/Chairperson of Urban Local Body	- Chairperson
2)	Councilor-in Charge of Health/ Assisted Project	-President
3)	Health officer of the Municipality	-Member-Secretary
4)	One officer to be nominated by the EO	- Treasurer
5)	Executive Officer of Municipality	- Member
6)	Assistant Chief Medical Officer of health of the Sub-division	- Member
7)	Public Health Nurse	- Member

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

If the proposal is approved then the 'memorandum of Association and Regulations of the said 'Municipal level Health & Family Welfare Samity' can be worked out in the line of Block Health & FW Samity already constituted vide G.O. No. HF/O/PHP/619/O-23/98 dated 24-09-2003.

The roles & responsibilities of Health officer of ULB cum Member-secretary would be to:

1. Monitor the health programme of ULBs on monthly basis, and provide progress to District Urban Health Cell
2. Review of the work at the UHC and community level.
3. Provide health related solutions to problems at the UHC level by coordinating with the ULB officials
4. Carry out the health and sanitation assessment need of the area and place proposal to DUDA through District Urban health Cell under various schemes
5. Coordination/collaboration with related departments on issues having a bearing on the health of the communities living in the area
6. Delegation of the responsibilities to concerned group member for adequate response to the identified need.

Institutional Framework for Convergence at Municipal Level

Ward/Slum/Slum Cluster Level Health, Water and Sanitation Committee

1. At sub-district level, 'Ward' may be the basic unit for planning and monitoring. Because of heterogeneity in the ward size (population) in the country, states could consider to constitute 'Slum' or 'Slum Cluster' Level Committees, in place of 'Ward Committee'.
2. The Ward Health, Water and Sanitation Committee under the stewardship of Ward Councilor will provide direction to the integrated efforts to health, water supply and sanitation. In this, the catchments areas for ANMs should be planned in such a way that it is co-terminus with ward boundaries as far as possible.
3. The following shall be the structure of Ward Health, Water and Sanitation Committee

impossible for it to look after the programme in 125 different ULBs all over the state. On the other hand, Health & Family Welfare Department has created the institutional mechanism called 'Health & Family Welfare Samity' at different level namely State, District and Block level to implement health programmes in lower tiers under NRHM mandate and financial support. The Programme Management Units were created at different tires to strengthen those societies.

Formation of New 'Municipal Level Health & Family Welfare Committee'

It is proposed to modify the above mentioned 'Municipal Committee' and form a new 'Municipal Level Health & Family Welfare Samity' in the line of Block Health & Family Welfare Samity' to be registered under the Society Registration Act. The Governing body will consist of:

Table 12: Composition of Governing body of New Municipal Health & Family Welfare Samity

	Designation	Remarks
1)	Mayor/Chairperson of Urban Local Body	- Chairperson
2)	Councilor-in Charge of Health/ Assisted Project	-Executive VC
3)	Local M.L.A./M.P(in case MP/MLA holds Ministerial Berth, then his/her representative)	- Member
4)	All Councilors of the Urban Local Body	-Member
5)	Two NGO - representatives working in the Public Health areas to be nominated by the District Magistrate	- Members
6)	Two Medical Practitioners - one from the Modern Medicine and the other from ISM&H to be nominated by the CMOH	- Members
7)	One Representative to be nominated by IMA State Committee	- Members
8)	One Representative to be nominated by IPHA State Committee	- Members
9)	One social worker of the area to be nominated by the Sabhadhipati Zilla Parishad	- Members
10)	One representative from Block Sanitary Mart to be nominated by the District Magistrate	- Members
11)	Assistant Chief Medical Officer of health of the Sub-division	- Member
12)	Public Health Nurse	- Member
13)	Superintendents of BPHC/RH/SDH/SGH/DH situated within the ULB	- Member
14)	One Representative from KMDA in Kolkata Metropolitan Area	- Member
15)	One Representative of the District Magistrate	- Member
16)	2-3 Representative of local NGOs like Red Cross, Lions Club	- Member
17)	Child Development Project Officer	– Member
18)	Health officer of the Municipality	-Member-Secretary

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

The Executive Committee of the 'Municipal Level Health & Family Welfare Samity' will consist of the following members as may be selected by the Governing Body or the Block Health & Family Welfare Samiti:

The composition of Executive committee of DH&FWS, Kolkata may be:

Table 10: Composition of Executive committee of New DH&FWS, Kolkata

	Designation	Remarks
1)	Commissioner, KMC	President
2)	CMOH, Kolkata	Member
3)	Mayor in council, Health, KMC	Member
4)	Accounts Officer, Office of the CHO, KMC	Treasurer
5)	DDHS (Urban Health)	Member
6)	Chief Health Officer, KMC	Member-Secretary

If the proposal is approved then the 'memorandum of Association and Regulations of the said 'District Health & Family Welfare Samity, Kolkata' can be worked out in the line of District Health & FW Samity already constituted vide G.O. No. HF/O/PHP/322/O-23/98 dated 20-05-2002.

Institutional Framework for Convergence at Municipal Level

Present Status of Municipal Level Health & Family Welfare Committee

A Municipal level health & Family Welfare Committee was constituted by GO No. HF/O/PHP/658/O-23/98 dated 25-10-2002. As per the GO a Municipal level health & Family Welfare Committee was created for every Municipality/ Corporation except Calcutta Municipal Corporation with the following members:

Table 11: Composition of Old 'Municipal Level Health & Family Welfare Committee'

	Designation	Remarks
1)	Chairperson of Urban Local Body	- President
2)	Councilor-in Charge of Health/ Assisted Project	- Member
3)	One Representative from KMDA in Kolkata Metropolitan Area	- Member
4)	One Representative of the District Magistrate	- Member
5)	2-3, Representative of local NGOs like Red gross, Lions Club	- Member
6)	Assistant Chief Medical Officer of health of the Sub-division	– Member
7)	Health officer of the Municipality	-Secretary-Convener

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

1. "*The Committee would be responsible for coordination, supervision and implementation of all the health activities in an integrated manner at different levels of the existing health infrastructures within the Municipal area. Further, the committee will participate in all public health programme and activities under the overall guidance of the district Health & Family Welfare Samiti.*"
2. Theoretically this committee has been formed in all 125 ULB. In case of Kolkata Municipal Corporation area separate proposal is framed. These committees are not functioning properly because of lack of adequate role-clarity, responsibility and power. The committees have to be empowered adequately to make them effective.
3. At present SUDA is facilitating the implementation of Health programme in 125 Municipalities with priority in 63 ULBs. SUDA being a state level body, it is virtually

Formation of New 'District Health & Family Welfare Samity for Kolkata'

As discussed earlier, a 'District Health & Family Welfare Samity' may be constituted for Kolkata in the line of DH&FWS for other district with following modification.

Table 9 : Composition of Governing body of New DH&FWS, Kolkata

	Designation	Remarks
1)	Mayor, KMC	Chairperson
2)	Commissioner, KMC	Executive Vice-chairperson
3)	CMOH, Kolkata	Member
4)	Mayor in council, Health, KMC	Member
5)	One representative from the DHS [not below the rank of Jt.DHS, preferably Jt.DHS, (UH)]	Member
6)	One representative of DME [not below the rank of Jt. DME]	Member
7)	Accounts Officer, Office of the CMOH, Kolkata	Treasurer
8)	One representative from the Commissioner (FW) [not below the rank of Jt.DHS]	Member
9)	One representative from the Project Director, WBSAP&CS [not below the rank of Jt.DHS]	Member
10)	MLA/MP of Kolkata (in case MP/MLA holds Ministerial Berth, then his/her representative)	Member
11)	Representative of Two NGOs working in Kolkata area in the field of Health & Family Welfare [to be nominated by the Mayor, KMC]	Member
12)	One representative from each of the department, GOWB A. Social Welfare B. Primary School Education C. Public Works D. Public Health Engineering. E. Urban Development F. Municipal Affairs G. KMDA H. SUDA	Member
13)	Dy. CMOH –I, II, III, DMCHO, DPHNO of the establishment of CMOH, Kolkata	Member
14)	Supdt /MSVP of the Institutions situated within the KMC area	Member
15)	Chief Health Officer, KMC	Member-Secy & Convener
16)	Dy. Chief Health Officers, KMC	Member
17)	One representative from the Commissioner, KMC	Member
18)	Any other member co-opted/invited by the Governing body	Member

3. Memorandum of Association/Regulation of DH&FWS would be suitably modified to include the mandates of Urban health
4. DH&FWS for the Kolkata District will be formed separately

Table 8- Composition of District Urban health Sub-committee

	Designation	Remarks
1)	District Magistrate cum Vice Chairman DH&FWS	-Chairman
2)	CMOH	-Member
3)	District Urban Health Officer (Dy. CMOH-I)	-Member-Convener
4)	ACMOH (MA)	-Member
5)	District Municipal Development Officer/ Representative, DUDA	-Member
6)	Health officers, all Municipalities/ ULBs	-Member
7)	Mayor/ Chairperson of all ULB (Corporation/municipality)	-Member
8)	Executive Engineer Public Health Engineering Deptt. or his/her representative	-Member
9)	DPO, Women & Child Health Development Deptt. or his/her representative	-Member
10)	DI, Education Department, or his/her representative	-Member
11)	Any other member may be co-opted/invited by the Sub-committee	-co-opted/ invitee member

Not changed

Function of District Urban health Sub-committee

1. The District Health & Family Welfare Samity shall also provide support and legitimacy to the field level coordination unit at the Urban Health Centre level.
2. District Magistrate will act as the Member-Convener of this sub-committee. In future he may act as the District Mission Director, NUHM.
3. The 'District Urban health sub-committee' would be the highest body at the district level to look after the operational aspects of all the issues pertaining to Urban Health Strategy. In future it will function as District Mission Directorate for 'National Urban Health Mission'. Apart form providing over all coordination and carrying out the directives of State Health & Family Welfare Samity, the District Health & Family Welfare Samity may also:
    a. Solve the issues obstructing the implementation of effective urban health programme in the District;
    b. Suggest mechanism for inter-sectoral convergence and co-ordination of different stake holders including donor coordination. The committee would coordinate with different vertical programme officers at District level to prepare a comprehensive plan to implement the programmes at different urban areas;
    c. Provide guidance to District Urban Health Cell in developing UH proposals and incorporating them into District PIP;
    d. Apprise, Approve and forward the Urban Health proposals of District
    e. Be accountable for proper and effective utilization of funds allocated for Urban Health related activities as well as mobilize additional resources for UH within the NUHM or from other concerned departments/organizations

4. Provide guidance to State Urban Health Cell at Directorate level in developing UH proposals and incorporating them into State PIP;
5. Apprise, Approve and forward the Urban Health proposals of State;
6. Formulate different health financiering mechanism including PPP and mobilization of additional resources for UH within the NUHM or from other concerned departments/organizations.
7. Be accountable for proper and effective utilization of funds allocated for Urban Health related activities.

Institutional Framework for Convergence at District Level

Present Status of Urban health Committee at District level

As the 'Urban health Strategy document, there is a mandate to form Urban health Committee at District level to support the District Health Mission, every district has an integrated District Health Society (DHS). District Health & Family Welfare Samity was constituted vide G.O. No. HF/O/PHP/322/0-23/98 dated 20-05-2002 for all the districts other than Kolkata. Accordingly, all the chairpersons of municipalities are the member of the 'Governing body' of the DH&FWS. But the health officers appointed by the Municipal bodies are not the members.

Convergence at District level has got following rationale:

1. A 'District planning Committee' already exists as per mandate of constitutional amendment to monitor planning for the district as a whole including health issues of both urban and rural areas District Health & Family Welfare Samity is the nodal body for planning and implementation of health programme both at rural and urban areas of the district. DM is the executive-vice chairman
2. A district level Municipal Affairs committee was constituted by the Municipal Affairs Department to render service and monitor the developmental activities of ULBs.
3. Proposals and fund disbursement of the state Municipal Affairs Budget is currently being routed through District Magistrate.
4. DMDO post was created for convergence by the Municipal Affairs Department.
5. Since the set up at the district is already there, created both by the H&FW Dept. And the Municipal Affairs Department the convergence can easily take place at the municipalities. It is therefore proposed to form a District Urban Health sub Committee under the District Health & family Welfare Samity as follows:

Formation of New 'District Level Urban health Sub-Committee'

1. The District Health & Family Welfare Society is responsible for planning and managing all health & family welfare programmes in the district, covering both, the rural and urban areas. At District level, the overall policy directives and guidance to District Urban Health Cell shall be given by the 'Urban health sub-Committee of the District Health & Family Welfare Society.
2. All the members of District level Urban health sub-committee like health Officers of the different ULBs situated in the districts (other than Kolkata), District Municipal Development Officer/ representative of DUDA to be included as the member of the 'Governing body' of the respective DH&FWS

Structure of State level Urban Health sub-committee'

It will comprise of:

Table 7: Composition of new 'State level Urban Health sub-committee'

	Designation	Remarks
1)	Secretary, Health & FW Deptt	-Member
2)	Secretary, Urban Development Deptt	-Member
3)	Secretary, Municipal Affairs Deptt	-Member
4)	Special Secretary, Health & FW Deptt (Urban Health Branch)	-Member-Convener
5)	Mission Director, NRHM, WB	-Member
6)	Project Director, HSDI	-Member
7)	Jt. Director of Medical education, Deptt. of health & FW	-Member
8)	Jt. Director of Health Services (Urban Health)	-Member
9)	Director, SUDA	-Member
10)	Chief Executive officer, KMDA	-Member
11)	Secretary, Public Health Engineering Deptt. or his/her representative	-Member
12)	Secretary, Women & Child Health Development & Social Welfare Deptt. or his/her representative	-Member
13)	Secretary, Primary Education Department, or his/her representative	-Member
14)	Mayor in Council Health, of 2 to 4 ULB (Corporation, Municipality)	-Member
15)	Any other member may be co-opted/invited by the Sub-committee	-co-opted/ invitee member

Function of 'State Urban Health sub-committee':

An officer not below the rank of Special Secretary in the Health & Family Welfare Department in charge of Urban Health Branch will act as the Member-Convener of this sub-committee. In future he may act as the State Mission Director, NUHM.

The 'State Urban Health Sub-Committee' would be the highest body at the state level to look after the operational aspects of all the issues pertaining to Urban Health Strategy. In future it will function as State Mission Directorate for 'National Urban Health Mission'. It will play a pivotal role to provide directives, monitor and issue guidelines for improving the provisioning of effective healthcare for urban population throughout the state like:

1. Solve the issues obstructing the implementation of effective urban health programme in the state;
2. Suggest mechanism for inter-sectoral convergence and co-ordination of different stake holders including donor coordination. The committee would coordinate with different vertical programme officers of state level to prepare a comprehensive plan to implement those programmes at different urban areas and to release funds to the different DH&FWS;
3. Formulate Policies and develop broad guidelines especially the infrastructure, manpower, service delivery and health advocacy norms for implementation of different health programmes at the ULB level;

the mandate of NRHM, in the state of West Bengal, the State Health & Family Welfare Samity (WBSH&FWS) was constituted [vide GO. No. HF/O/PHP/92/O-23/98 dated 21-02-2003] for the sake of convergence and decentralization. It started acting as nodal body for disbursing funds to the districts (off-budget funds) related to different national health programmes as well as funds/grants of different national/ international Donor agencies like DFID assisted programmes of HSDI etc.

After the implementation of NRHM, the WBSH&FWS has taken over the fund disbursement of NRHM as well. Regarding fund flow of urban health like NUHM or other donor-assisted programme, WBSH&FWS can be utilized at the state level which will be assisted by the State Urban Health Sub-Committee.

The State Health Society is responsible for planning and managing all health & family welfare programmes in the state, covering both the rural and urban areas. At State level, the over all policy directives and guidance to Urban Health Mission shall be given by State Health Society. Addition members can be included in the Governing body/executive committee of the State Health & Family Welfare Samity. And the Memorandum of Association/Regulation can be suitably modified to include the mandates of Urban Health.

Proposal for formation of New Inter-Departmental Coordination Committee (UH)

According to *Urban Health Strategy* Document: "The institutional Frameworks will take into account the multiplicity of agencies that will form part of the Framework and will be planned to be conducive to: - *Formation of an inter-departmental coordination committee steered by the Health & Family Welfare Department, with representation from other key stakeholders like Department of Municipal Affairs and Urban Development, Department of Public Health Engineering, Department of Women and Child Development (DWCD), School Education Department, Higher Education Department and Kolkata Municipal Corporation.*

Until date no such inter-departmental coordination committee for Urban Health is formed. It can be mentioned here that "to monitor and implementation of different health programmes at the municipal level a high power committee the 'Apex Advisory Committee' for Urban Health has been constituted [**Annexure -I**]. The committee has not been functional for a long time. So it is proposed that:-

1. The above mentioned 'Apex Advisory Committee' be abolished. A new committee named 'State Urban Health Sub-Committee' of State Health & Family Welfare Samity may be formed which will function as Inter-departmental Coordination Committee (Urban Health)'.
2. The State Health & Family Welfare Society shall be responsible for planning and managing all health & family welfare programmes in the district, covering both, the rural and urban areas. At State level, the over all policy directives and guidance to District Urban Health Cell shall be given by the 'Urban Health Sub-Committee State Health & Family Welfare Society.
3. All the members of State level Urban Health Sub-Committee like representative of SUDA to be included as the member of the 'Governing body' of the SH&FWS
4. Memorandum of Association/Regulation of SH&FWS would be suitably modified to include the mandates of Urban health

6. During outbreaks to actively participate in the outbreak control protocol of the municipality.
7. Assisting the HO and other PH staff in the municipality in sanitary inspection work.
8. Assisting in investigation, assisting in collection of relevant clinical materials to the investigating team, IEC, water quality monitoring, dis-infection of water, assisting in vector control measures, assisting in food sanitation, support to out break interventions.
9. Facilitate / ensure immunization for all children and pregnant mother from general population.

Institutional Framework for Convergence of Urban Health

Institutional Framework for Convergence at State Level

The need of convergence

As per Document named 'Draft Final Report of the Task Force to advice the National Rural Health Mission on "Strategies for Urban Health Care": "The Task Force recommends the following mechanisms for inter- sectoral coordination towards improvement of health status in slums:

1. Convergence between Jawaharlal Nehru National Urban Renewal Mission (JNNURM) and National Urban Health Mission in select cities at City level; similarly, convergence between the Integrated Housing and Slum Development Programme (IHSDP) covering cities and towns not covered under JNNURM and National Urban Health Mission in the cities covered under IHSDP.
2. Convergence between the elected body and city administration within National Urban Health Mission.
3. Convergence between Department of Women & Child Development and Health & Family Welfare Department on use of field level workers (AWWs and Link Volunteers), prioritizing the setting up of Anganwadi Centres in vulnerable slums, developing MCH/RCH and adolescent health programmes jointly.
4. Level of convergence of activities between NACO/State AIDS Control Society and National Urban Health Mission is left at the discretion of the state; however, the State AIDS Control Society should be actively involved in the UH Planning activity at the state level.
5. Convergence in the field should be explored and exploited with agencies responsible for promoting Community Based Organizations (CBOs) in slums.
6. Convergence with development partners such as USAID, UNICEF, UNFPA, DFID, ADB, World Bank in areas where they are already engaged actively or are planning activities concerning slum improvement.
7. Health education and adolescent counselling forums should be developed as part of the school health programme through convergence with the Education Department.

Role of State Health Samity in Urban health

As per Document named 'Draft Final Report of the Task force to advice the National Rural Health Mission on "Strategies for Urban Health Care": - *At state level, the State Health Society may coordinate with all the concerned departments and ministries and solve the issues obstructing the implementation of effective urban health programme in the state.* Even before

effectively redeploy the existing staff from existing facilities of the State Government, Urban Local Body and ongoing programmes and schemes.

Any new staff, if and where needed, could be taken through contractual framework, with the clear cut understanding and proviso that, in such an event, there will be absolutely no employer-employee relationship whatsoever between such contractual manpower and the government, both centre and state and that such appointees shall not be eligible for any of the entitlements available to regular government employees.

Following is the proposed human resource norms for a primary level health facility (Urban Health Centre):

Full-time Medical Officer (one preferably LMO) - 2
Paramedics [Pharmacist and Lab Tech] - 2
Health Assistant [Public Health] - 1
Multi-skilled Nurse - 2
Computer Clerk cum Statistician - 1
GDA - 2
Sweeper - 1
TOTAL - 12

The Sr. Medical Officer shall be in-charge of all the activities at UHC as well as in the field. There would be 4 ANMs posted at UHC, who will be assigned approximately 7,500 slum population each. The ANMs will make regular visit to their assigned slum areas. The PHN/LHV will supervise the activities of all the ANMs of UHC.

The option of co-locating the AYUSH centre with UPHC may also be explored thus enabling the placement of AYUSH doctor and other AUYSH paramedic staff in the UHC.

Role of Health Assistant (Public Health)

At the field level, there will be Public Health Workers at all districts other than Kolkata placed as follows: [**Annexure -V]:**

At the rate of 1 (one) HA (Public Health) per 20,000 urban population: required No: 735

At the rate of 1 (One) HS (Public Health) per 10 HA: required No: 74

The HA (Public Health) or Public Health FTS will cater to the general population and will provide the following services:

1. Participate actively in the National Health Programmes and more particularly in the RNTCP II (As DOTS provider), Diarrhoeal Disease Control Programme and National Blindness Control Programme.
2. Control of Vector Borne Diseases particularly Malaria (Slides, Presumptive treatment) and Dengue.
3. Initiate collective action through BCC to increase the use of bed nets, identify and fill out mosquito breeding sites and create awareness about fevers and the need to check it out for malaria.
4. Control of seasonal water borne diseases by initiating IEC campaigns during the season and bringing information to the municipality about early outbreaks and also about possible sources of water contamination in their areas.
5. To help in the control of outbreaks like diarrhoea, hepatitis etc by reporting the increase in cases in their respective areas and acting as part of the early warning system.

Qualification, selection process and compensation package should be at par with that of ANMs selected for the Rural areas.

Urban Primary Health Centre

Package of services

Preventive, promotive and curative services should be provided at 3rd tier level, with a special focus on outreach services. Following is the suggested list of services at first tier [**Annexure IV**]:

1. Antenatal care (early registration, TT immunization, IFA supplements, nutrition counselling, urine and blood examination, physical examination of antenatal mothers including weighing, blood pressure, abdominal examination for position of the baby, identification of danger signs, referral for institutional deliveries)
2. Postnatal and post-abortion care
3. Child Health services, including breastfeeding, immunization, newborn care, management of diarrhoea & ARI, management of anaemia, Vitamin A supplementation
4. Family planning services, including IUD insertion, referral for terminal methods
5. Management of RTI/STI cases
6. Management of malaria, tuberculosis, leprosy and other communicable diseases
7. Laboratory services- Haemoglobin estimation, urine examination and urine pregnancy test; Peripheral Blood Smear for Malaria Parasite. Slit Skin Smear for Leprosy, Sputum Smear for AFB where possible.
8. Treatment of minor ailments
9. Depot holder services for contraceptive and ORS
10. Counselling services for Adolescents, Family Planning, Nutrition, RTI/STI, HIV/AIDS, Mental Disorders and substance abuse
11. Health check-ups in schools
12. Behavioural Change Communication (BCC) Services/Awareness campaigns

Note: Other services can be included in the package on the basis of the need and morbidity profile of the service area.

Timings of UPHC

Timings of UHC should be such that services can be made available to the target population at a time convenient to them. It is recommended that UHCs operate for 8 hours in a day. Each UHC may decide upon its timings, after assessing the needs and convenience of the slum/poor population which it is required to cater to. Outreach activities should be planned for and executed at least once a week. States must decide on the appropriate timings (from clients' perspective) of Urban Health Centres in order to enhance the access to health care services by the urban poor population.

Human Resources

Based on the vulnerability level of slums, existing facilities may be relocated to ensure adequate coverage of the marginalized settlements. All possible efforts should be made to

She will arrange escort/accompany pregnant women and children requiring treatment/admission to the nearest Urban Health Centre, secondary/tertiary level health care facility (Zonal Hospital/District Hospital/Speciality Hospital).

She will work with Health, Water and Sanitation Committee of the Slum/Slum Cluster for developing a comprehensive Slum/Slum Cluster health plan. She will also facilitate construction of community/household toilets under various Government of India schemes

She will act as depot holder for ORS Powder, Chlorine tablets/liquid, IFA tablets, Disposable Delivery Kits (DDKs), Oral Contraceptive Pills and condoms. Apart from this, a drug kit will also be provided for each LV. The contents of the kit will be based on the recommendations of an expert group to be set up by Government of India for this purpose.

She will keep/maintain necessary information and records about births & deaths, immunization, antenatal services in her assigned locality as also about any unusual health problem or disease outbreak in the slum and share it with the ANM or UHC [**Annexure -IV**].

Human Resources

Selection:- HHW/USHA must preferably be a women resident of the slum in question – married/widow/divorced in the age group of 25 to 45 years. She should have effective communication skills and leadership qualities, and be well accepted in the slum community. She should be a literate woman, with formal education of at least up to 8th class. This may be however relaxed in exceptional cases, if no suitable person with these qualifications is available for selection. The selection of the HHW/USHA would have to be done in decentralized manner, with the active support and participation of communities concerned. Compensation package:- HHW/USHA would be a community volunteer who will receive performance based compensation package inter-alia for providing services and assisting monthly outreach services. HHW/USHA could get their performance based compensation through the Urban Sub-centres. Her work would be so tailored that it does not interfere with her normal livelihood. However, she should be suitably compensated additionally in the following situations:

a. For the duration of her training, in terms of both TA and DA so that her loss of wages for those days is at least partly compensated.

b. For participating in the monthly/bimonthly training, as the case may be.

Urban Sub centre

Package of services

The household level/field Level activities will include home visits of postnatal cases, follow up home visits to users of temporary contraceptives, especially oral pills and IUD, and to couples with unmet family planning needs, follow up visits to the cases that are referred for secondary and tertiary care, Group Counseling and BCC

The package of services at 'clinic' at Sub-centre/outreach conducted by ANMs should include Antenatal Check-up, TT Immunization, Childhood Immunization, distribution of IFA, Vitamin A, ORS Powder, Temporary contraceptives like OCPs, condoms, treatment of minor ailments, health education on different themes [**Annexure- IV**].

Human Resources

Norm- ANMs should be given an identified and clearly demarcated area for outreach services. Clear-cut roles and responsibilities should be defined for all staff to ensure their primary and exclusive utilization for delivering quality primary health care to the target population.

The First Referral Unit

The 4th tier shall be a 24x7 health facility or First referral Unit [FRU] catering to approximately 2,50,000 population which shall provide referral [secondary level care] for approximately 5 primary level facilities. However, the actual requirement of 4th-tier facilities would depend on the population needs, existing facilities and the geographic spread of the existing cities. The State/District UH Programme may appropriately decide the requirement of second tier facilities in their respective state/district.

In a large number of ULBs, already there are secondary tire Health institutions run by the H& FW Department, Government of West Bengal like BPHC/RH. These institutions would be strengthened to achieve a standard norm so that these can be utilized as FRUs.

The Mobile Medical Camp

Mobile medical Camp may be organized in the most vulnerable slums of the UHC catchments area by the UHC team in collaboration with ANM, Social Mobiliser [HWW/USHA], and the Women's Health Group. At these Clinics first contact curative services in the slums are to be provided by the Medical Officer.

How to decide no. of mobile camps and by whom

The Mobile Medical Camp shall be conducted once in a month/fortnightly in the most and/or the moderately vulnerable slums. The Medical Officer and other UHC staff will develop a quarterly/half yearly schedule covering the most vulnerable and moderately vulnerable sites in the area. If the need arises, the 'Mobile Medical Camp' might be organized every fortnight.

The package of services at the 'Mobile Medical Camp' would be aimed at 'Total Health' and it should inter-alia include – General Medical Care, Immunization, Family Planning Services, Antenatal/Post-Natal/Post-Abortion Services, treatment of RTI/STI cases, Health Education, Counselling and Referrals.

Distribution of vaccines by DHFW to RS sites

By way of mobility support, a vehicle can be hired by the UHCs on Clinic days. A vehicle will also deliver vaccines from the central office to all UHCs on vaccination days. A contract with the transporters can be worked out (if required) centrally at district level.

Community Level Health Care

Package of services by HWW/USHA

Lady Volunteers will identify target beneficiaries and support ANM in conducting regular monthly outreach sessions and tracking service coverage. She would promote formation of Women's Health Groups in her community.

Lady Volunteers will take steps to create awareness and provide information to the community on determinants of health such as nutrition, basic sanitation & hygiene practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.

She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding, immunization, contraception, prevention of common infections including RTIs/STIs, identification of anaemia, adolescent health and care of young child.

She will mobilize the community and facilitate them in accessing health and health related services available at the Anganwadi, Urban Health Centre and Zonal Hospital for the services like immunization, antenatal check-up, postnatal check-up, supplementary nutrition, sanitation and other services being provided by the government.