

## **Objectives**

- To provide primary health care service delivery to the requirements of the urban population with focus to BPL population.
- To implement Public Health & National Health Programmes to the population of the Urban Local Bodies.
- To ensure maximum utilisation of Govt. Institutions for referral services with regard to Maternity, Child Health, Diagnostic and Curative services.
- To bring about an overall improvement in the urban health scenario as a whole with reference to reduction in CBR, CDR, MMR, IMR and enhancement of CPR.

## **Strategy**

- Health & Family Welfare Committee for each of the Urban Local Body has been formed as per the Govt. order, to oversee health issues and addressals.
- The existing Ward Committee is responsible for monitoring & supervision and co-ordinating the implementation of Primary Health, Public Health and National Health programmes at ward level.
- Co-ordination and linkage with Dept. of Health & Family Welfare at State, District and Sub-Division level.
- Decentralisation of services in three tier systems i.e. grass root (door-step), urban sub-health centre and referral for effective permeation of RCH, Public Health Services to the community.
- Providing package of primary health care services by the female Honorary Health Workers (HHW).
- The HHW, drafted from the community itself has been allotted a population of 1000 i.e. 200 BPL families approximately, who maintains link between the health facilities and the community.
- A Sub-Centre is to cover 5000 BPL population, the accommodation of which is provided by the ULBs / NGOs / CBOs.
- Referral services have been linked with the nearest Govt. facilities like Dist. Hospital, Sub-Divisional Hospital, State General Hospital, BPHC, Rural Hospital, Municipal run referral centre as will be applicable.
- Strong IEC base has been developed for enhancing motivation and health awareness generation.
- Computerisation of Health Management Information System (HMIS) has been done for monitoring & evaluation of the programmes.

## Modus Operandi

Urban Primary Health Care Services are delivered through three tier system

| Tiers                | Health Facility  |
|----------------------|--|
| 1 <sup>st</sup> TIER | <p><b>At grass root Level :</b></p> <p>Project Block is a well defined area at grass-root level covering about 200 families i.e. 1000 population, serially numbered, for delivery of services at the doorsteps of the beneficiaries. One Female Honorary Health Worker (HHW) remains in charge of each block. She is engaged from the community itself where she is supposed to work.</p> <p><b>Functions :</b></p> <ul style="list-style-type: none"><li>❑ Fortnightly home visit to BPL families</li><li>❑ Filling up of the family schedule</li><li>❑ Treatment of minor ailments at door step, distribution of drugs for 3 days maximum</li><li>❑ Early registration of pregnancies, identification of danger signs</li><li>❑ Referral to health facilities of all types of cases</li><li>❑ Act as depot holder of ORS, Nirodh, OCP, Iron Folic Acid Tablet</li><li>❑ Counselling on child nutrition, immunisation, adolescent health care</li><li>❑ Promotion of IEC activities on awareness generation towards primary health care and National Health Programmes</li><li>❑ Preparation and submission of HMIS report</li><li>❑ Assisting implementation of on going National Health Programmes namely National Malaria Control Programme (NMCP), Revised National TB control programme (RNTCP), AIDS Control Programme, National Leprosy Eradication Programme (NLEP), National Blindness Control Programme (NBCP) and the like</li></ul> |

| Tiers                | Health Facility   |
|----------------------|---|
| 2 <sup>nd</sup> TIER | <p><b>At Sub-Centre Level :</b></p> <p>The sub-centres are actually the nerve centres for delivery of outreach services in the vicinity of the doorsteps of the beneficiaries. One sub centre caters for a population of approx. 1000 families i.e. 5000 population. Suitable accommodation for sub-centres has been arranged in the community i.e. clubs, community premises, municipal premises etc.</p> <p>One First Tier Supervisor (FTS) is in charge of each sub-centre. The FTS is selected from among the HHWs having necessary quality of drive, initiative and leadership. Medical Officer is to attend the clinic days at Sub-Centre.</p> <p><b>Functions :</b></p> <ul style="list-style-type: none"> <li>• Antenatal care, post natal care, referral for institutional deliveries</li> <li>• Child Care</li> <li>• Immunisation</li> <li>• Services under National Health Programmes like DOTS, NMCP etc.</li> <li>• Family Planning including IUD insertion &amp; referral for terminal methods</li> <li>• Treatment of minor ailments including RTI / STI referred by HHWs</li> <li>• Depot holder services for contraceptive and ORS</li> <li>• Demand generation through targeted I.E.C.</li> <li>• Preparation of reports</li> </ul> <p><b>At OPD Level :</b></p> <ul style="list-style-type: none"> <li>• Specialist services for at least 3 disciplines i.e. G &amp; O, Paediatrics and General Medicine, are available. In some of the OPDs other speciality services like EYE, ENT, Skin, Dental etc. are also available.</li> </ul> <p><b>At Diagnostic Centre :</b></p> <ul style="list-style-type: none"> <li>• Clinical Laboratory including routine blood, urine, blood bio-chemistry tests are done.</li> <li>• There is provision of X-Ray, Ultrasonography and Semi Auto Analyser for special investigation.</li> </ul> |
| 3 <sup>rd</sup> TIER | <p><b>At Referral Level :</b></p> <p>Cases are referred to Sub-Division, District, BPHC, Rural Hospital, Maternity Home run by Municipality which is nearest.</p>   |

## **Service component at a glance**

### **For Mother**

- \* Early detection of pregnancy, registration and antenatal check ups
- \* Identification of high risk pregnancies and management
- \* Immunisation of pregnant women
- \* Nutritional Care
- \* Prevention and management of iron deficiency anaemia
- \* Promotion of institutional deliveries
- \* Prevention and management of unwanted pregnancy
- \* Counselling / education for breast feeding, nutrition, weaning, family planning and personal hygiene
- \* Post natal care
- \* Referral obstetric care
- \* Addressing of Reproductive Tract Infections (RTIs) & Sexually Transmitted Infections (STIs)

### **For Children**

- \* Neonatal and Child Care
- \* Promotion of breast feeding including colostrum and maintenance of personal hygiene
- \* Proper Weaning
- \* Immunisation
- \* Nutritional care and growth monitoring
- \* Deworming
- \* Prevention of night blindness due to Vitamin A deficiency
- \* Prevention and management of Diarrhoeal Diseases, Acquire Respiratory Infection (ARI)
- \* Referral Child Care

### **For Eligible Couples**

- \* Abandoning early marriage / early maternity / late maternity / frequent child birth
- \* Prevention & management of unwanted pregnancy
- \* Contraception coverage (cafeteria choice) - temporary / permanent methods
- \* Safe services for Medical Termination of Pregnancy (MTP)

## For Adolescents

- \* Awareness on physical and psychological health, reproductive health, unprotected sex, STDs, RTIs, HIV / AIDS and women rights
- \* Counselling
- \* Deworming
- \* Prevention of anaemia

## General

- \* Treatment of minor ailments at door-steps by HHWs
- \* Treatment at Sub-Centre by Medical Officer
- \* Referral services at Government Hospitals and Extended Specialised Out Patient Department (ESOPD) & Maternity Home run by the Urban Local Bodies.
- \* Linkage and convergence with Departments of Health and Family Welfare and other related Depts. of the State Govt.
- \* Addressing Public Health issues.
- \* Implementation of National Health Programmes like National Malaria Control Programme (NMCP), Revised National Tuberculosis Control Programme (RNTCP), National Leprosy Eradication Programme (NLEP), National Blindness Control Programme (NBCP), National AIDS Control programme etc.

## Health Facilities created under different urban health programmes

| Programmes                                   | Sub Centre (SC) | Health Administrative Unit (HAU) | Out Patients Department (OPD) | Maternity Home (MH) * | Regional Diagnostic Centre (RDC) |
|--|-----------------|----------------------------------|-------------------------------|-----------------------|----------------------------------|
| CUDP-III                                     | 317-319         | 50                               | 8                             | -                     | -                                |
| CSIP   | 55              | 8                                | 2                             | 2                     | -                                |
| IPP-VIII                                     | 718-696         | 116                              | 25                            | 23                    | 12-8                             |
| IPP-VIII (Extn.)                             | 250             | 35                               | 11                            | 11                    | 11-40                            |
| RCH Sub-Project, Asansol                     | 97              | 13                               | 2                             | 2                     | 2                                |
| HHW - Scheme                                 | 55              | 11                               | -                             | -                     | -                                |
| Community Based Primary Health Care Services | 273             | -                                | -                             | -                     | -                                |
| <b>Total</b>                                 | <b>1765</b>     | <b>233</b>                       | <b>48</b>                     | <b>38</b>             | <b>20-25</b>                     |

\* List is enclosed at Annexure - II.

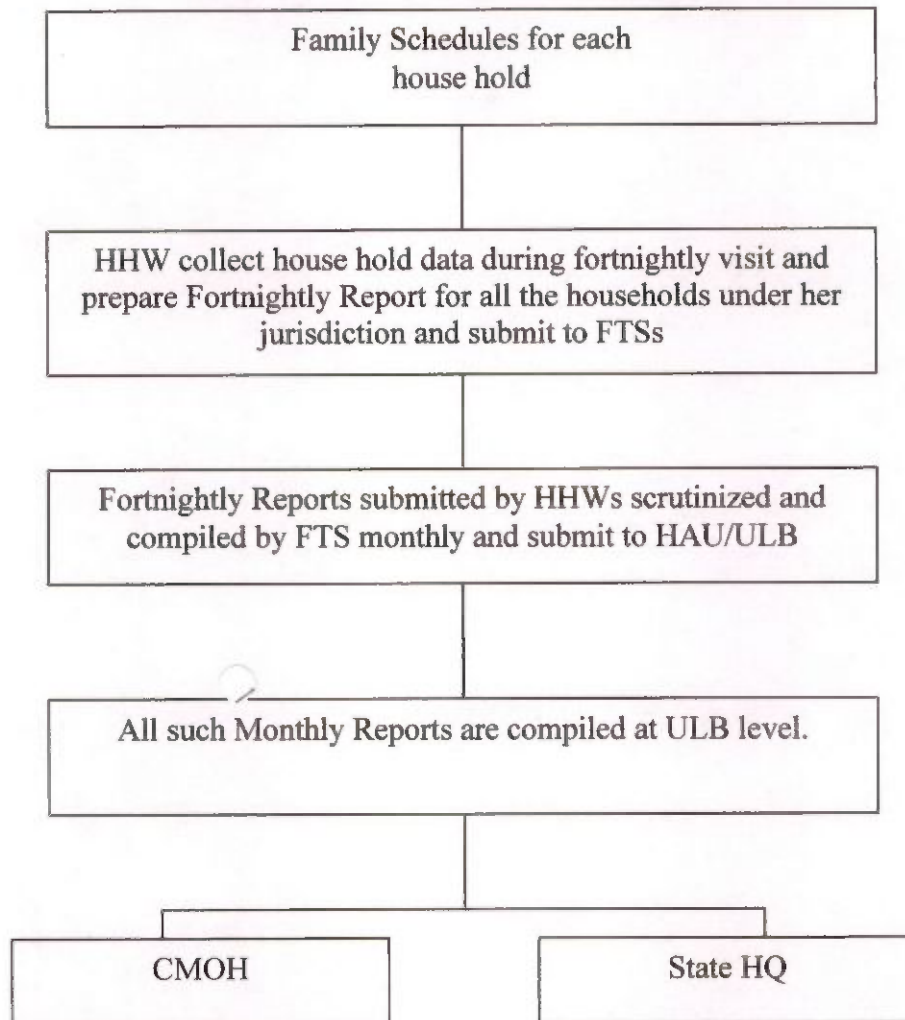
## Health Manpower and existing pay structure

| Sl. No. | Category of Post                          | Total No. | Present consolidated Honorarium /<br>Remuneration<br>(Amount in Rs.) |
|---------|---|-----------|--|
| 1.      | HHW                                       | 8714      | 2,000/-  |
| 2.      | FTS                                       | 1899      | 2,170/-  |
| 3.      | PTMO                                      | 483       | 2,850/-  |
| 4.      | STS / ANM                                 | 363       | 2,500/- for trained STS and 2,300/- for untrained STS                |
| 5.      | Clerk cum Storekeeper                     | 216       | Varies between 2,100/- - 2,450/-                                     |
| 6.      | Spl. Doctor                               | 374       | 325/- per clinic not exceeding 8 clinics per month.                  |
| 7.      | Nurse                                     | 137       | Varies between 2,450/- - 4,750/-                                     |
| 8.      | Medical Officer                           | 116       | 6,750/-  |
| 9.      | Radiologist / Pathologist /<br>Sonologist | 65        | 3,500/- (Each)   |
| 10.     | Pharmacist cum Storekeeper                | 27        | 2,450/-  |
| 11.     | Lab. Tech.                                | 52        | Varies between 2,100/- - 3,750/-                                     |
| 12.     | X-ray Technician                          | 12        | 3,750/-  |
| 13.     | Radiographer                              | 20        | 3,000/-  |
| 14.     | Administrative Management<br>Professional | 8         | 4,750/-  |
| 15.     | Ayah                                      | 92        | 2,750/-  |
| 16.     | Attendant                                 | 515       | 1,900/-  |
| 17.     | Sweeper                                   | 482       | 1,700/-  |
| 18.     | Night Guard                               | 49        | 1,700/-  |
|         | <b>M &amp; S Cell :</b>                   |           |  |
| 19.     | HO  | 123       | Pay scale 8,000/- - 13,500/-   |
| 20.     | AHO                                       | 47        | Varies between 6,000/- - 8,750/-                                     |
| 21.     | Clerk cum SK                              | 64        | 5,750/-  |
| 22.     | Computer Asstt.                           | 63        | 5,750/-  |
| 23.     | Health Asstt.                             | 63        | 5,750/-  |
| 24.     | Accounts Asstt.                           | 64        | 5,750/-  |
| 25.     | SI  | 63        | 6,000/-  |
| 26.     | Medical Supervisor                        | 1         | 5,750/-  |
| 27.     | PHN                                       | 52        | 4,750/-  |
| 28.     | Statistical Asstt.                        | 1         | 2,750/-  |
| 29.     | UHIO                                      | 50        | 6,500/-  |

## Health Management Information System (HMIS)

Computerised HMIS has been developed, the base line information starts at the grass-root level which is collected by HHWs. For each family there is a Family Schedule for recording data fortnightly relating to existing health conditions and service delivery to the beneficiaries. At the end of fortnight, the compiled HMIS data by each HHW is scrutinized and compiled by the First Tier Supervisor at monthly frequency. All such compiled data from sub-centre are received by the Health Officer of the ULB and compiled. The technical analysis of the submitted reports are discussed and shared with the HHWs, FTSS, MOs, STSs and other persons concerned during monthly meeting.

### HMIS : Flow Chart



## Impact of Services Rendered

### Improving Maternal Health

(Figure in %)

| Programmes               | Pregnant women having 3 Antenatal check-ups |      | TT to pregnant women |      | Institutional Delivery |      |
|--------------------------|---|------|----------------------|------|------------------------|------|
|                          | B   | A    | B                    | A    | B                      | A    |
| CUDP-III                 | 41.8  | 73.5 | 37.7                 | 95.4 | 73.9                   | 93.7 |
| CSIP                     | 46.4  | 62.5 | 49.8                 | 67.1 | 76.2                   | 80.2 |
| IPP-VIII                 | 42.6  | 77.2 | 76.0                 | 96.3 | 53.9                   | 91.4 |
| IPP-VIII (Extn.)         | 43.1  | 97.2 | 47.2                 | 97.0 | 46.8                   | 95.8 |
| RCH Sub-Project, Asansol | 43.8  | 97.2 | 51.8                 | 96.8 | 57.3                   | 91.0 |
| HHW Scheme               | 21.2  | 70.8 | 71.5                 | 82.6 | 76.7                   | 85.8 |

### Improving Child Health

(Figure in %)

| Programmes               | Immunisation Status |      |         |      |         |      |         |      |
|--------------------------|---------------------|------|---------|------|---------|------|---------|------|
|                          | BCG                 |      | DPT III |      | OPV III |      | Measles |      |
|                          | B                   | A    | B       | A    | B       | A    | B       | A    |
| CUDP-III                 | 15.9                | 80.1 | 19.4    | 76.6 | 18.5    | 76.5 | 3.2     | 73.4 |
| CSIP                     | 45.6                | 80.0 | 41.1    | 84.0 | 40.0    | 84.0 | 28.7    | 62.0 |
| IPP-VIII                 | 78.0                | 87.1 | 64.0    | 86.5 | 70.0    | 85.8 | 54.0    | 83.0 |
| IPP-VIII (Extn.)         | 36.8                | 98.0 | 34.4    | 97.4 | 37.5    | 97.5 | 22.4    | 92.7 |
| RCH Sub-Project, Asansol | 42.6                | 98.3 | 40.9    | 97.4 | 41.9    | 97.5 | 30.9    | 88.9 |
| HHW - Scheme             | 57.6                | 93.5 | 50.8    | 83.0 | 50.6    | 83.0 | 39.0    | 75.0 |

### Vital Statistics

| Programmes               | Vital Statistics       |      |                        |     |                             |      |                               |     |
|--------------------------|------------------------|------|------------------------|-----|-----------------------------|------|-------------------------------|-----|
|                          | Crude Birth Rate (CBR) |      | Crude Death Rate (CDR) |     | Infant Mortality Rate (IMR) |      | Maternal Mortality Rate (MMR) |     |
|                          | B                      | A    | B                      | A   | B                           | A    | B                             | A   |
| CUDP-III                 | 23.3                   | 7.8  | 4.8                    | 3.0 | 96.1                        | 15.3 | 11.8                          | 0.7 |
| CSIP                     | 16.3                   | 10.2 | 6.8                    | 1.2 | 44.0                        | 30.0 | 3.1                           | 0.0 |
| IPP-VIII                 | 19.6                   | 8.0  | 5.9                    | 3.0 | 55.6                        | 14.4 | 4.6                           | 0.5 |
| IPP-VIII (Extn.)         | 20.3                   | 14.1 | 7.6                    | 3.3 | 54.0                        | 20.0 | 6.0                           | 0.6 |
| RCH Sub-Project, Asansol | 23.9                   | 16.3 | 12.4                   | 5.1 | 60.0                        | 20.0 | 3.0                           | 0.0 |
| HHW - Scheme             | 37.3                   | 22.5 | 6.3                    | 4.2 | 21.6                        | 17.5 | 2.1                           | 1.6 |

N.B. : B = Base Line, A = Achievement (2008-09)



## SUMMARY OF STATUS REPORT

**Community Based Primary Health Care (CBPHC) Services in 63 Non-KMA ULBs**

**As on 01.12.2009**

### Physical Status :

#### A) General Information

|                      |   |
|----------------------|---|
| a) Date of launching | February, 2006 vide communication of DHFW bearing no. HFW/HSDI/URBAN HEALTH/02/05/38/06 dt. 21.02.2006. |
| b) Project Budget    | Rs. 5829.68 lakhs for 3 years   |
| c) Project Towns :   |   |
| <b>District</b>      | <b>ULBs</b>   |
| Cooch Behar          | Dinhata, Tufanganj, Mathabhanga, Haldibari, Mekhliganj.   |
| Jalpaiguri           | Mal, Dhupguri.  |
| Darjeeling           | Kalimpong, Kurseong, Mirik.   |
| Uttar Dinajpur       | Islampur, Dalkhola, Kaliaganj.  |
| Dakshin Dinajpur     | Gangarampur.  |
| Malda                | Old Malda.  |
| Birbhum              | Rampurhat, Sainthia, Dubrajpur, Nalhati.  |
| Nadia                | Santipur, Nabadwip, Birnagar, Taherpur, Coopers Camp, Ranaghat, Chakdah.                                |
| North 24 Parganas    | Habra, Basirhat, Ashokenagar Kalyangarh, Bangaon, Baduria, Gobardanga, Taki.                            |
| South 24 Parganas    | Jaynagar Mazilpur, Diamondharbour.  |
| Medinipur (East)     | Tamluk, Panskura, Contai, Egra, Haldia.   |
| Medinipur (West)     | Ghatal, Chandrakona, Ramjibanpur, Khirpai, Kharar, Jhargram.  |
| Bankura              | Sonamukhi.  |
| Purulia              | Raghunathpur, Jhalda.   |
| Burdwan              | Kulti, Katwa, Memari, Gushkara, Dainhat, Raniganj, Jamuria.   |
| Hooghly              | Arambag, Tarakeshwar.   |
| Murshidabad          | Dhulian, Kandi, Jiaganj Azimganj, Murshidabad, Beldanga.  |

#### B) Process Indicator

| Event  | Status   | Remarks             |
|--|--|---------------------|
| Launching of Community Based Primary Health Care Services in 63 Non-KMA ULBs by MIC, MA & UD and MIC, Health and FW at Rotanda, Writers' Building. | On 24 <sup>th</sup> February, 2006   | -                   |
| Forwarding guidelines in Bengali by MA Dept. to the DHFW   | Forwarded on 30.05.2006  | Awaiting clearance. |
| Induction session for Chairman, CIC Health, Health Officer (where in position)   | Held at Conference Hall, SUDA on 16.06.2006 at SUDA Conference Hall          | -                   |
| Induction session for the ULBs at Zonal level  | Conducted time to time.  | -                   |
| Constitution of Municipal Level Health & Family Welfare Committee  | Completed by 63 ULBs   | -                   |
| Opening of separate Bank A/C   | Completed by 63 ULBs   | -                   |
| Release of fund to ULBs by SUDA  | Fund released to 63 ULBs for an amount of Rs. 1124.72 lakhs since inception. | -                   |

| Event  | Status            | Remarks   |
|--|-------------------|---|
| <b>Programme Management System established</b>                                     |                   |   |
| Setting up of M & S Cell at ULB level  | -                 | Govt. order issued. M & S Cell has been set up by 61 ULBs.<br>Govt. order also issued for placement of Health Officer at 63 ULBs.<br>Health Officer is in position at 51 ULBs.  |
| Setting up of M & S Cell at SUDA   | -                 | PO (1), APO (3), FO(1) & MIES Officer (1) are in position.<br>Selection process started for engagement of other personnel.  |
| <b>Final selection of HHWs</b>   |                   |   |
| a) Completed by  | 62 ULBs           | 1242 no. of regular HHWs has already been selected out of 1255. 1166 HHWs have already been engaged and started fortnightly home visit, treat minor ailments at door step, aware the community on different Health issues and towards utilization of Health services. |
| b) Completed but under dispute due to lodgment of complaints                       | 1 ULB             | Kulti   |
| c) Yet to complete   | 1 ULB             | Raghunathpur  |
| <b>Final selection of FTSs</b>   |                   |   |
| a) Final selection of FTSs completed by  | 56 ULBs           | 241 nos. of FTSs have been selected out of total no. 273.   |
| <b>Trainers training by SUDA</b>   |                   |   |
| a) Completed for   | 61 ULBs           | -   |
| b) Awaiting trainers training  | 2 ULBs            | -   |
| Preparation of training curriculum and training manual (both in Bengali and Hindi) | Completed by SUDA | -   |
| Designing of Family Schedule, HMIS Format and Base line Survey Format              | Completed by SUDA | -   |
| <b>Training of HHWs</b>  |                   |   |
| Training of HHWs initiated for   | 61 ULBs           | -   |
| Training of HHWs completed for   | 61 ULBs           | -   |
| <b>Training of FTSs</b>  |                   |   |
| Training of FTSs completed for   | 56 ULBs           | 241 no. of FTSs have already completed training and engaged.  |

| Event   | Status                                | Remarks |
|---|---------------------------------------|---------|
| <b>Central Procurement of the following items by SUDA</b> |                                       |         |
| a) Procurement Committee at SUDA                          | Already constituted                   | -       |
| b) Kit bag for HHWs                                       | Completed and distributed to 63 ULBs. | -       |
| c) Printing & supply of training manual for HHWs          | Do                                    | -       |
| d) Printing & supply of Family Schedule                   | Do                                    | -       |
| e) Printing & supply of HMIS forms                        | Do                                    | -       |
| f) Printing & supply of Survey Format                     | Do                                    | -       |

**Financial Status in respect of Health Programmes providing fund support by DHFW :**

(Rs. in lakhs)

| Programmes  | Estimated Budget for FY 2009-10 | Fund received by SUDA upto October, 2009 of FY 2009-10 | Fund Released to ULBs upto October, 2009 of FY 2009-10 |
|---|---------------------------------|--|--|
| HHW Scheme in 11 Non-KMA ULBs                                   | 396.49                          | 150.00   | 132.27   |
| Community Based Primary Health Care Services in 63 Non-KMA ULBs | 2317.28                         | 301.50   | 451.42   |

## List of Maternity Homes (MH) at ULB Level

| Sl. No. | ULBs                   | MH constructed under project | MH constructed by ULB | No. of MH |
|---------|------------------------|------------------------------|-----------------------|-----------|
| 1       | KMC                    | CSIP (renovated)             | -                     | 2         |
| 2       | Bansberia              | IPP-VIII                     | -                     | 1         |
| 3       | Bhadreswar             | Do                           | -                     | 1         |
| 4       | Bhatpara               | Do                           | -                     | 1         |
| 5       | Barrackpore            | Do                           | -                     | 1         |
| 6       | Bidhannagar            | Do                           | -                     | 1         |
| 7       | Budge Budge            | Do                           | -                     | 1         |
| 8       | Baranagar              | Do                           | -                     | 1         |
| 9       | Chandernagore          | Do                           | -                     | 1         |
| 10      | Champdany              | Do                           | -                     | 1         |
| 11      | Dum Dum                | Do                           | -                     | 1         |
| 12      | Gayeshpur              | Do                           | -                     | 1         |
| 13      | Madhyamgram            | Do                           | -                     | 1         |
| 14      | Maheshtala             | Do                           | -                     | 1         |
| 15      | Naihati                | Do                           | -                     | 1         |
| 16      | New Barrackpore        | Do                           | -                     | 1         |
| 17      | North Barrackpore      | Do                           | -                     | 1         |
| 18      | Rishra                 | Do                           | -                     | 1         |
| 19      | Rajarhat Goparpur      | Do                           | -                     | 1         |
| 20      | Rajpur Sonarpur        | Do                           | -                     | 1         |
| 21      | South Dum Dum          | Do                           | -                     | 1         |
| 22      | Titagarh               | Do                           | -                     | 1         |
| 23      | Uttarpara Kotrung      | Do                           | -                     | 1         |
| 24      | Uluberia               | Do                           | -                     | 1         |
| 25      | Alipurduar             | IPP-VIII (Extn.)             | -                     | 1         |
| 26      | Balurghat              | Do                           | -                     | 1         |
| 27      | Burdwan                | Do                           | -                     | 1         |
| 28      | Darjeeling             | Do                           | -                     | 1         |
| 29      | Durgapur               | Do                           | -                     | 2         |
| 30      | English Bazar          | Do                           | -                     | 1         |
| 31      | Jalpaiguri             | Do                           | -                     | 1         |
| 32      | Kharagpur              | Do                           | -                     | 1         |
| 33      | Raiganj                | Do                           | -                     | 1         |
| 34      | Siliguri               | Do                           | -                     | 1         |
| 35      | Asansol                | RCH SP                       | -                     | 2         |
| 36      | Ashokenagar Kalyangarh | -                            | Yes                   | 1         |
| 37      | Jiaganj Azimganj       | -                            | Yes                   | 1         |
| 38      | Birnagar               | -                            | Yes                   | 1         |
| 39      | Taki                   | -                            | Yes                   | 1         |
| 40      | Joynagar Mazilpur      | -                            | Yes                   | 1         |
| 41      | Konnagar               | -                            | Yes                   | 1         |
| 42      | Ranaghat               | -                            | Yes                   | 1         |
| 43      | Basirhat               | -                            | Yes                   | 1         |
|         | <b>Total</b>           |                              |                       | <b>46</b> |

**SUMMARY OF STATUS REPORT**  
**Community Based Primary Health Care (CBPHC) Services in 63 Non-KMA ULBs**  
**As on 01.12.2009**

**Physical Status :**

**A) General Information**

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| Jalpaiguri                  | Mal, Dhupguri.  |
| Darjeeling                  | Kalimpong, Kurseong, Mirik.   |
| Uttar Dinajpur              | Islampur, Dalkhola, Kaliaganj.  |
| Dakshin Dinajpur            | Gangarampur.  |
| Malda                       | Old Malda.  |
| Birbhum                     | Rampurhat, Sainthia, Dubrajpur, Nalhati.  |
| Nadia                       | Santipur, Nabadwip, Birnagar, Taherpur, Coopers Camp, Ranaghat, Chakdah.                                |
| North 24 Parganas           | Habra, Basirhat, Ashokenagar Kalyangarh, Bangaon, Baduria, Gobardanga, Taki.                            |
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| Medinipur (East)            | Tamluk, Panskura, Contai, Egra, Haldia.   |
| Medinipur (West)            | Ghatal, Chandrakona, Ramjibanpur, Khirpai, Kharar, Jhargram.  |
| Bankura                     | Sonamukhi.  |
| Purulia                     | Raghunathpur, Jhalda.   |
| Burdwan                     | Kulti, Katwa, Memari, Gushkara, Dainhat, Raniganj, Jamuria.   |
| Hooghly                     | Arambag, Tarakeshwar.   |
| Murshidabad                 | Dhulian, Kandi, Jiaganj Azimganj, Murshidabad, Beldanga.  |

**B) Process Indicator**

| Event  | Status   | Remarks             |
|--|--|---------------------|
| Launching of Community Based Primary Health Care Services in 63 Non-KMA ULBs by MIC, MA & UD and MIC, Health and FW at Rotanda, Writers' Building. | On 24 <sup>th</sup> February, 2006   | -                   |
| Forwarding guidelines in Bengali by MA Dept. to the DHFW   | Forwarded on 30.05.2006  | Awaiting clearance. |
| Induction session for Chairman, CIC Health, Health Officer (where in position)   | Held at Conference Hall, SUDA on 16.06.2006 at SUDA Conference Hall          | -                   |
| Induction session for the ULBs at Zonal level  | Conducted time to time.  | -                   |
| Constitution of Municipal Level Health & Family Welfare Committee  | Completed by 63 ULBs   | -                   |
| Opening of separate Bank A/C   | Completed by 63 ULBs   | -                   |
| Release of fund to ULBs by SUDA  | Fund released to 63 ULBs for an amount of Rs. 1124.72 lakhs since inception. | -                   |

Contd. to P-2.

| Event  | Status            | Remarks   |
|--|-------------------|---|
| <b>Programme Management System established</b>                                     |                   |   |
| Setting up of M & S Cell at ULB level  | -                 | Govt. order issued. M & S Cell has been set up by 61 ULBs.<br>Govt. order also issued for placement of Health Officer at 63 ULBs.<br>Health Officer is in position at 51 ULBs.  |
| Setting up of M & S Cell at SUDA   | -                 | PO (1), APO (3), FO(1) & MIES Officer (1) are in position.<br>Selection process started for engagement of other personnel.  |
| <b>Final selection of HHWs</b>   |                   |   |
| a) Completed by  | 62 ULBs           | 1242 no. of regular HHWs has already been selected out of 1255. 1166 HHWs have already been engaged and started fortnightly home visit, treat minor ailments at door step, aware the community on different Health issues and towards utilization of Health services. |
| b) Completed but under dispute due to lodgment of complaints                       | 1 ULB             | Kulti   |
| c) Yet to complete   | 1 ULB             | Raghunathpur  |
| <b>Final selection of FTSS</b>   |                   |   |
| a) Final selection of FTSS completed by  | 56 ULBs           | 241 nos. of FTSS have been selected out of total no. 273.   |
| <b>Trainers training by SUDA</b>   |                   |   |
| a) Completed for   | 61 ULBs           | -   |
| b) Awaiting trainers training  | 2 ULBs            | -   |
| Preparation of training curriculum and training manual (both in Bengali and Hindi) | Completed by SUDA | -   |
| Designing of Family Schedule, HMIS Format and Base line Survey Format              | Completed by SUDA | -   |
| <b>Training of HHWs</b>  |                   |   |
| Training of HHWs initiated for   | 61 ULBs           | -   |
| Training of HHWs completed for   | 61 ULBs           | -   |
| <b>Training of FTSS</b>  |                   |   |
| Training of FTSS completed for   | 56 ULBs           | 241 no. of FTSS have already completed training and engaged.  |

Act. Suppl.  
MIC - Ex. vice chairman of B.  
CDS

Contd. to P-3.

| Event   | Status                                | Remarks |
|---|---------------------------------------|---------|
| <b>Central Procurement of the following items by SUDA</b> |                                       |         |
| a) Procurement Committee at SUDA                          | Already constituted                   | -       |
| b) Kit bag for HHWs                                       | Completed and distributed to 63 ULBs. | -       |
| c) Printing & supply of training manual for HHWs          | Do                                    | -       |
| d) Printing & supply of Family Schedule                   | Do                                    | -       |
| e) Printing & supply of HMIS forms                        | Do                                    | -       |
| f) Printing & supply of Survey Format                     | Do                                    | -       |

**DETAILS OF FURTHER FUND REQUIRED FOR IMPLEMENTATION OF  
COMMUNITY BASED PRIMARY HEALTH CARE SERVICES IN 63 NON-KMA ULBS**

FY - 2009-10 :

(Rs. in lakhs)

| Component  | Budget         | Fund received from DHFW | Fund released by SUDA to ULBs | Expenditure incurred by SUDA (Upto Nov., 2009) | Balance with SUDA  | Further fund required by SUDA |
|--|----------------|-------------------------|-------------------------------|--|--------------------|-------------------------------|
| <b>Opening Balance</b>   |                |                         |                               |  | <b>24.31</b>       |                               |
| Equipment  | 36.50          |                         | 4.87                          |  |                    |                               |
| Furniture  | 20.90          |                         | 4.45                          |  |                    |                               |
| Renovation Works   | 82.50          |                         | 0.23                          |  |                    |                               |
| Family Schedule  | 10.11          |                         |                               |  |                    |                               |
| Honorarium & Salaries  | 1511.34        |                         | 375.25                        | 9.56   |                    | 400.00                        |
| Rent   | 33.96          |                         | 5.88                          |  |                    | 27.00                         |
| Training   | 19.90          |                         |                               | 0.24   |                    |                               |
| Drug   | 283.00         |                         | 42.06                         |  |                    | 198.08                        |
| I.E.C.   | 46.91          |                         | 1.87                          |  |                    | 5.76                          |
| Operating Cost (Sundries, printing, postage & telephone, TA / DA etc.) | 272.16         |                         | 16.81                         | 2.77   |                    | 40.00                         |
| <b>Total</b>   | <b>2317.28</b> | <b>301.50</b>           | <b>451.42</b>                 | <b>12.57</b>                                   | <b>- 138.18 **</b> | <b>670.84 **</b>              |

\*\* Requirement of further fund Rs. 809.02 lakhs (Rs. 138.18 + Rs. 670.84 lakhs).



| Receipts   | Amount<br>(Rs. in<br>Lakh) | Payments & Committed<br>Expenditure                        | Amount<br>(Rs. in<br>Lakh) |
|--|----------------------------|--|----------------------------|
| Opening Balance                                  | 180.35                     | SOE submitted upto Sep, 2009                               | 384.44                     |
| Add: - Fund received from DHFW<br>during 2009-10 | 301.50                     | SOE ready for the month of Oct, 2009                       | 102.68                     |
| Add: - Loan received from SUDA                   | 138.18                     | Committed Expenditure (as per Note -<br>1)                 | 670.76                     |
| Deficit  | 809.02                     | Repayment of loan to SUDA<br>Balance with ULB              | 138.18                     |
|  |                            | - under Drug head Rs. 64.00                                |                            |
|  |                            | - under other than Salary<br>& Honorarium <u>Rs. 68.91</u> | 132.91                     |
|  | <b>1429.05</b>             |  | <b>1429.05</b>             |

**Note - 1.**

(Rs. in lakhs)

| Committed liability taking into consideration the bare minimum expenditure is as under : |               |
|--|---------------|
| Salaries & Honorarium (unrevised) for the months from Nov, 2009 to March, 2010           | 400.00        |
| Rent for Sub-Centres (SCs) @ Rs. 1,000/- per SC per month for one year                   | 32.76         |
| Drug - @ Rs 96000/- per Sub-Centre/ year for 273 Sub centres                             | 262.08        |
| Less - fund lying with ULBs under A/C "Drug"   | 64.00         |
| Fund required for Drug   | 198.08        |
| Operating Cost for 5 months  | 40.00         |
| <b>Total</b>   | <b>670.84</b> |

670.84

**Note - 2.**

**Additional fund required for repayment of loan to SUDA**

:

**Rs. 138.18 lakhs**

**Categories of manpower under different Urban Health Programmes**

| Name of Categories                   | CBPHCS      | HHW        | IPP-VIII (Extn.) | RCH        | IPP         | CUDP III    | CSIP       | Total        |
|--------------------------------------|-------------|------------|------------------|------------|-------------|-------------|------------|--------------|
| HHW                                  | 1270        | 283        | 1090             | 387        | 3863        | 1546        | 275        | 8714         |
| FTS                                  | 400         | 55         | 250              | 97         | 725         | 317         | 55         | 1899         |
| Clerk cum SK                         |             | 11         | 35               | 13         | 149         |             | 8          | 216          |
| AHO                                  | 1           |            |                  |            | 40          |             |            | 41           |
| HO                                   | 63          |            |                  |            |             |             |            | 63           |
| MO                                   | 44          |            | 22               | 4          | 46          |             |            | 116          |
| PTMO                                 |             | 27         | 70               | 26         | 282         | 66          | 12         | 483          |
| ANM / STS                            |             | 27         | 70               | 26         | 232         |             | 8          | 363          |
| Attendant                            |             | 11         | 57               | 17         | 344         | 66          | 20         | 515          |
| Sweeper                              |             | 11         | 57               | 18         | 328         | 58          | 10         | 482          |
| Night Guard                          |             | 11         | 11               | 4          | 23          |             |            | 49           |
| Lab. Technician                      |             |            | 11               | 2          | 39          |             |            | 52           |
| Nurse                                |             |            | 33               | 6          | 94          |             | 4          | 137          |
| Spl. Doctor                          |             |            | 33               | 6          | 269         | 48          | 18         | 374          |
| Radiologist, Pathologist, Sonologist |             |            | 33               | 6          | 24          |             | 2          | 65           |
| Technician & Radiographer            |             |            | 22               | 2          | 8           |             |            | 32           |
| UHIO                                 |             |            | 10               |            | 40          |             |            | 50           |
| Pharmacist cum SK                    |             |            |                  |            | 25          |             | 2          | 27           |
| Ayah                                 |             |            |                  |            | 92          |             |            | 92           |
| Administrative Manager               |             |            |                  |            | 8           |             |            | 8            |
| <b>M &amp; S Cell</b>                |             |            |                  |            |             |             |            |              |
| Clerk cum SK                         | 63          |            |                  | 1          |             |             |            | 64           |
| Computer Asstt.                      | 63          |            |                  |            |             |             |            | 63           |
| Health Asstt.                        | 63          |            |                  |            |             |             |            | 63           |
| Accounts Asstt                       | 63          |            |                  | 1          |             |             |            | 64           |
| SI                                   | 63          |            |                  |            |             |             |            | 63           |
| Medical Supervisor                   |             |            |                  | 1          |             |             |            | 1            |
| PHN                                  |             | 11         |                  | 1          | 40          |             |            | 52           |
| Statistical Asstt.                   |             |            |                  | 1          |             |             |            | 1            |
| <b>Total</b>                         | <b>2093</b> | <b>447</b> | <b>1804</b>      | <b>619</b> | <b>6671</b> | <b>2101</b> | <b>414</b> | <b>14149</b> |

**Health Facilities created under different urban health programmes**

| <b>Programmes</b>                            | <b>Sub Centre (SC)</b> | <b>Health Administrative Unit (HAU)</b> | <b>Out Patients Department (OPD)</b> | <b>Maternity Home (MH) *</b> | <b>Regional Diagnostic Centre (RDC)</b> |
|--|------------------------|---|--------------------------------------|------------------------------|---|
| CUDP-III                                     | 314                    | 50                                      | 8                                    | -                            | -                                       |
| CSIP   | 55                     | 8                                       | 2                                    | 2                            | -                                       |
| IPP-VIII                                     | 696                    | 116                                     | 25                                   | 23                           | 12                                      |
| IPP-VIII (Extn.)                             | 250                    | 35                                      | 11                                   | 11                           | 11                                      |
| RCH Sub-Project, Asansol                     | 97                     | 13                                      | 2                                    | 2                            | 2                                       |
| HHW – Scheme                                 | 55                     | 11                                      | -                                    | -                            | -                                       |
| Community Based Primary Health Care Services | 273                    | -                                       | -                                    | -                            | -                                       |
| <b>Total</b>                                 | <b>1740</b>            | <b>233</b>                              | <b>48</b>                            | <b>38</b>                    | <b>25</b>                               |

\* List is enclosed at Annexure – II.

## List of Maternity Homes (MH) at ULB Level

| Sl. No. | ULBs                   | MH constructed under project | MH constructed by ULB | No. of MH |
|---------|------------------------|------------------------------|-----------------------|-----------|
| 1       | KMC                    | CSIP (renovated)             | -                     | 2         |
| 2       | Bansberia              | IPP-VIII                     | -                     | 1         |
| 3       | Bhadreswar             | Do                           | -                     | 1         |
| 4       | Bhatpara               | Do                           | -                     | 1         |
| 5       | Barrackpore            | Do                           | -                     | 1         |
| 6       | Bidhannagar            | Do                           | -                     | 1         |
| 7       | Budge Budge            | Do                           | -                     | 1         |
| 8       | Baranagar              | Do                           | -                     | 1         |
| 9       | Chandernagore          | Do                           | -                     | 1         |
| 10      | Champdany              | Do                           | -                     | 1         |
| 11      | Dum Dum                | Do                           | -                     | 1         |
| 12      | Gayeshpur              | Do                           | -                     | 1         |
| 13      | Madhyamgram            | Do                           | -                     | 1         |
| 14      | Maheshtala             | Do                           | -                     | 1         |
| 15      | Naihati                | Do                           | -                     | 1         |
| 16      | New Barrackpore        | Do                           | -                     | 1         |
| 17      | North Barrackpore      | Do                           | -                     | 1         |
| 18      | Rishra                 | Do                           | -                     | 1         |
| 19      | Rajarhat Goparpur      | Do                           | -                     | 1         |
| 20      | Rajpur Sonarpur        | Do                           | -                     | 1         |
| 21      | South Dum Dum          | Do                           | -                     | 1         |
| 22      | Titagarh               | Do                           | -                     | 1         |
| 23      | Uttarpara Kotrung      | Do                           | -                     | 1         |
| 24      | Uluberia               | Do                           | -                     | 1         |
| 25      | Alipurduar             | IPP-VIII (Extn.)             | -                     | 1         |
| 26      | Balurghat              | Do                           | -                     | 1         |
| 27      | Burdwan                | Do                           | -                     | 1         |
| 28      | Darjeeling             | Do                           | -                     | 1         |
| 29      | Durgapur               | Do                           | -                     | 2         |
| 30      | English Bazar          | Do                           | -                     | 1         |
| 31      | Jalpaiguri             | Do                           | -                     | 1         |
| 32      | Kharagpur              | Do                           | -                     | 1         |
| 33      | Raiganj                | Do                           | -                     | 1         |
| 34      | Siliguri               | Do                           | -                     | 1         |
| 35      | Asansol                | RCH SP                       | -                     | 2         |
| 36      | Ashokenagar Kalyangarh | -                            | Yes                   | 1         |
| 37      | Jiaganj Azimganj       | -                            | Yes                   | 1         |
| 38      | Birnagar               | -                            | Yes                   | 1         |
| 39      | Taki                   | -                            | Yes                   | 1         |
| 40      | Joynagar Mazilpur      | -                            | Yes                   | 1         |
| 41      | Konnagar               | -                            | Yes                   | 1         |
| 42      | Ranaghat               | -                            | Yes                   | 1         |
| 43      | Basirhat               | -                            | Yes                   | 1         |
|         | <b>Total</b>           |                              |                       | <b>46</b> |

**Health Manpower and existing pay structure**

| Sl. No. | Category of Post                       | Total No. | Present consolidated Honorarium / Remuneration (Amount in Rs.) |
|---------|--|-----------|--|
| 1.      | HHW                                    | 8714      | 2,000/-  |
| 2.      | FTS                                    | 1899      | 2,170/-  |
| 3.      | PTMO                                   | 483       | 2,850/-  |
| 4.      | STS / ANM                              | 363       | 2,500/- for trained STS and 2,300/- for untrained STS          |
| 5.      | Clerk cum Storekeeper                  | 216       | Varies between 2,100/- - 2,450/-                               |
| 6.      | Spl. Doctor                            | 374       | 325/- per clinic not exceeding 8 clinics per month.            |
| 7.      | Nurse                                  | 137       | Varies between 2,450/- - 4,750/-                               |
| 8.      | Medical Officer                        | 116       | 6,750/-  |
| 9.      | Radiologist / Pathologist / Sonologist | 65        | 3,500/- (Each)   |
| 10.     | Pharmacist cum Storekeeper             | 27        | 2,450/-  |
| 11.     | Lab. Tech.                             | 52        | Varies between 2,100/- - 3,750/-                               |
| 12.     | X-ray Technician                       | 12        | 3,750/-  |
| 13.     | Radiographer                           | 20        | 3,000/-  |
| 14.     | Administrative Management Professional | 8         | 4,750/-  |
| 15.     | Ayah                                   | 92        | 2,750/-  |
| 16.     | Attendant                              | 515       | 1,900/-  |
| 17.     | Sweeper                                | 482       | 1,700/-  |
| 18.     | Night Guard                            | 49        | 1,700/-  |
|         | <b>M &amp; S Cell :</b>                |           |  |
| 19.     | HO                                     | 123       | Pay scale 8,000/- - 13,500/-                                   |
| 20.     | AHO                                    | 47        | Varies between 6,000/- - 8,750/-                               |
| 21.     | Clerk cum SK                           | 64        | 5,750/-  |
| 22.     | Computer Asstt.                        | 63        | 5,750/-  |
| 23.     | Health Asstt.                          | 63        | 5,750/-  |
| 24.     | Accounts Asstt.                        | 64        | 5,750/-  |
| 25.     | SI                                     | 63        | 6,000/-  |
| 26.     | Medical Supervisor                     | 1         | 5,750/-  |
| 27.     | PHN                                    | 52        | 4,750/-  |
| 28.     | Statistical Asstt.                     | 1         | 2,750/-  |
| 29.     | UHIO                                   | 50        | 6,500/-  |

|        |         |                          |
|--------|---------|--------------------------|
| IPP-NA | 2179.03 |                          |
| Est.   | 603.12  |                          |
| RCH    | 195.55  | <u>2977.70</u>           |
| WDP    | 669.90  |                          |
| CSIP.  | 134.09  | <u><del>830.99</del></u> |

|         |          |
|---------|----------|
| HW      | - 396.49 |
| EBPites | 2317.28  |
|         | <hr/>    |
|         | 2713.77  |

|                   |
|-------------------|
| 2977.70           |
| <del>803.99</del> |
| <hr/>             |
| 2713.77           |
| <hr/>             |
| 6495.46           |

Further required fund is Rs. 819.62 lakhs.

~~262.08~~ - 262.08  
 64  
200.48

Amount recovered  
 262.08  
 Minus fund ~~for~~ 64  
 by long term loan.

Sum

Rs.

262.08  
 - 64  
 -----  
 198.08  
 198.08  
 -----  
 36

**Government of West Bengal**  
**Health & Family Welfare Department**  
**Swasthya Bhawan**  
**GN-29, Sector-V, Salt Lake, Kolkata - 700091**

**NOTICE**

**Sub : Meeting regarding Urban Health**

As desired by MIC, Health & Family Welfare Department a meeting will be held with MIC, Urban Development & Municipal Affairs Department, Govt. of West Bengal to discuss the structure of the proposed Urban Health Programmes and related issues in Municipal Corporations and other Municipalities. It is requested to participate with the relevant records, documents as may be required to facilitate the discussion. A copy of the proposal is enclosed for favour of information. The meeting will be held at 11.00 AM on 15.12.2009 in the 4<sup>th</sup> Floor Conference Room of Swasthya Bhawan, Wing- 'B', GN-29, Sector-V, Salt Lake, Kolkata - 700091.

Enclo : As stated.

*sl/-*

**(P. Lahiri)**

Joint Secretary

**No. HF/UH/248(6)**

**Date : 02.12.2009**

Copy forwarded for information with the request to attend the meeting :

1. Principal Secretary, Urban Development Deptt., GoWB, Nagarayan Bhavan, DF-8, Salt Lake, Kolkata-700064.
2. Principal Secretary, Finance Deptt., GoWB, Writers' Buildings, Kolkata - 700001.
- ✓ 3. Secretary, Municipal Affairs Deptt., GoWB, Writers' Buildings, Kolkata-700001.
4. Commissioner, Kolkata Municipal Corporation, 5, S.N. Banerjee Road, Kolkata-700012.
5. Chief Executive Officer, KMDA, Prashasan Bhavan, Kolkata-700091.
6. PS to MIC, Urban Development & Municipal Affairs Deptt, Writers' Buildings, Kolkata-700001 - for kind information of MIC.

*[Signature]*

**(P. Lahiri)**

Joint Secretary

**No. HF/UH/248/1(7)**

**Date : 02.12.2009**

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1. Director of Health Services, GoWB, Swasthya Bhawan.
2. PS to MIC, H&FW Deptt., GoWB, Swasthya Bhawan.
3. PS to MOS, H&FW Deptt., GoWB, Swasthya Bhawan.
4. Deputy Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
5. Sr. PA to Addl. Chief Secretary, H&FW Deptt., GoWB, Swasthya Bhawan - for kind information of Addl. Chief Secretary.
6. PS to Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
7. PA to CFW & MD, NRHM - for kind information of CFW & MD, NRHM.

**(P. Lahiri)**

Joint Secretary



Dec 07 09 01:18p

p. 1

**Government of West Bengal**  
**Health & Family Welfare Department**  
**Swasthya Bhawan**  
 GN-29, Sector-V, Salt Lake, Kolkata - 700091

NOTICE

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Encl : As stated.

S/L

(P. Lahiri)

Joint Secretary

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5. Chief Executive Officer, KMDA, Prashasan Bhawan, Kolkata-700091.
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*[Signature]*

(P. Lahiri)

Joint Secretary

No. HF/UH/248/1(7)

Date : 02.12.2009

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1. Director of Health Services, GoWB, Swasthya Bhawan.
2. PS to MIC, H&FW Deptt., GoWB, Swasthya Bhawan.
3. PS to MCS, H&FW Deptt., GoWB, Swasthya Bhawan.
4. Deputy Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
5. Sr. PA to Addl. Chief Secretary, H&FW Deptt., GoWB, Swasthya Bhawan - for kind information of Addl. Chief Secretary.
6. PS to Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
7. PA to CFW & MD, NRHM - for kind information of CFW & MD, NRHM.

(P. Lahiri)

Joint Secretary

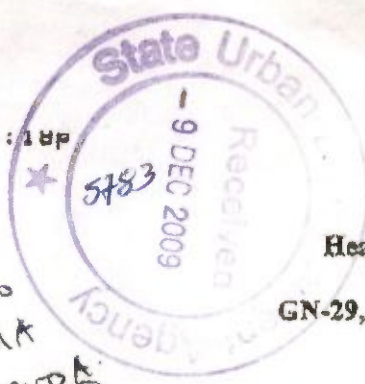
PA  
 PR fax to  
 - Secy/MA  
 - Di- / SUDA

7.12.09  
 P. Secy/UD

*[Handwritten notes]*

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8.12.09

Dec 07 09 01:18P



Government of West Bengal  
Health & Family Welfare Department  
Swasthya Bhawan  
GN-29, Sector-V, Salt Lake, Kolkata - 700091

Directa Lora

Our side notes items should reach

PA  
PR fax to  
- Secy/MA  
- Dir/SUDA

**NOTICE**

**Sub : Meeting regarding Urban Health**

Dr R Vats IHS  
Secy (Urban Health)  
gmk  
Pw

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PO(H)  
9/12

Encl : As stated.

S/L  
(P. Lahiri)  
Joint Secretary

No. HF/UH/248(6)

Date : 02.12.2009

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(P. Lahiri)  
Joint Secretary

No. HF/UH/248/1(7)

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- 3. PS to MOS, H&FW Deptt., GoWB, Swasthya Bhawan.
- 4. Deputy Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
- 5. Sr. PA to Addl. Chief Secretary, H&FW Deptt., GoWB, Swasthya Bhawan - for kind information of Addl. Chief Secretary.
- 6. PS to Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
- 7. PA to CFW & MD, NRHM - for kind information of CFW & MD, NRHM.

(P. Lahiri)  
Joint Secretary

2

Government of West Bengal  
Municipal Affairs Department

Director, SUDA will please arrange to prepare a note from our side for the meeting of 15.12.2009, which will be held at Swasthya Bhawan with MIC Health, MIC, M.A and all of us there.

Our note should highlight the following aspects.

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Contd.....

①

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Our full note may reach me by forenoon of 11.12.2009, so that on perusal, I may forward it to Secretary, Urban Health. In case there is any specific fund requirement which is lying outstanding for a very long time, then that also may be indicated.

*[Handwritten Signature]*  
Secretary

*PO(H)*  
*L*  
*9/12*

**Director, SUDA**

U.O. No. 1186-S/09  
Dated 9.12.2009

Raymond  
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Seymour

MA DIA  
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MA DIA  
from  
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*Directa Insp*

*Our side of notes should reach*

*PA  
PR fax to  
- Secy/MA  
- Di- / SUDA*

Government of West Bengal  
Health & Family Welfare Department  
Swasthya Bhawan  
GN-29, Sector-V, Salt Lake, Kolkata - 700091

**NOTICE**

**Sub: Meeting regarding Urban Health**

As desired by MIC, Health & Family Welfare Department a meeting will be held with MIC, Urban Development & Municipal Affairs Department, Govt. of West Bengal to discuss the structure of the proposed Urban Health Programmes and related issues in Municipal Corporations and other Municipalities. It is requested to participate with the relevant records, documents as may be required to facilitate the discussion. A copy of the proposal is enclosed for favour of information. The meeting will be held at 11.00 AM on 15.12.2009 in the 4<sup>th</sup> Floor Conference Room of Swasthya Bhawan, Wing- 'B', GN-29, Sector-V, Salt Lake, Kolkata - 700091.

Encl: As stated.

*S/-*  
(P. Lahiri)  
Joint Secretary

No. HF/UH/248(6)

Date: 02.12.2009

Copy forwarded for information with the request to attend the meeting:

- 1. Principal Secretary, Urban Development Deptt., GoWB, Nagarayan Bhawan, DF-8, Salt Lake, Kolkata-700064.
- 2. Principal Secretary, Finance Deptt., GoWB, Writers' Buildings, Kolkata - 700001.
- 3. Secretary, Municipal Affairs Deptt., GoWB, Writers' Buildings, Kolkata-700001.
- 4. Commissioner, Kolkata Municipal Corporation, 5, S.N. Banerjee Road, Kolkata-700012.
- 5. Chief Executive Officer, KMDA, Prashasan Bhawan, Kolkata-700091.
- 6. PS to MIC, Urban Development & Municipal Affairs Deptt, Writers' Buildings, Kolkata-700001 - for kind information of MIC.

(P. Lahiri)  
Joint Secretary

Date: 02.12.2009

No. HF/UH/248/1(7)

Copy forwarded for information with request to attend the meeting:

- 1. Director of Health Services, GoWB, Swasthya Bhawan.
- 2. PS to MIC, H&FW Deptt., GoWB, Swasthya Bhawan.
- 3. PS to MOS, H&FW Deptt., GoWB, Swasthya Bhawan.
- 4. Deputy Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
- 5. Sr. PA to Adtl. Chief Secretary, H&FW Deptt., GoWB, Swasthya Bhawan - for kind information of Adtl. Chief Secretary.
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- 7. PA to CFW & MD, NRHM - for kind information of CFW & MD, NRHM.

(P. Lahiri)  
Joint Secretary

Government of West Bengal  
Health & Family Welfare Department  
Swasthya Bhawan  
GN-29, Sector-V, Salt Lake, Kolkata - 700091

PK  
PR fax to  
- Secy/MA  
- Dir/SUDA

7.12.09  
Pr Secy/USD

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dh

(P. Lahiri)  
Joint Secretary

Date : 02.12.2009

No. HF/UH/248/1(7)

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(P. Lahiri)  
Joint Secretary

Copy to  
PO (HS)

7/11

**Government of West Bengal  
Municipal Affairs Department**

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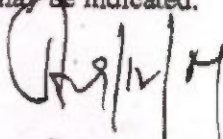
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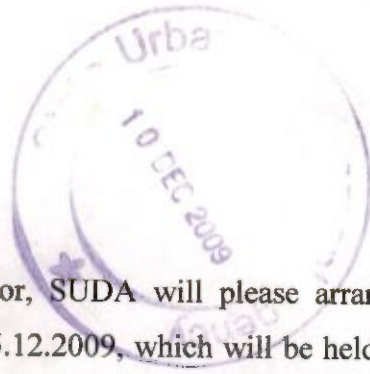
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Secretary

*PO(H)*  
*9/12*  
Director, SUDA

U.O. No. 1186-S/09  
Dated 9.12.2009



**Government of West Bengal  
Municipal Affairs Department**

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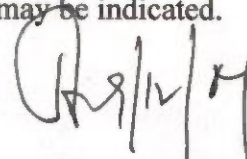
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A handwritten signature in black ink, appearing to be 'G. S. / 12 / 09', written over the typed name 'Secretary'.

**Secretary**

**Director, SUDA**

U.O. No. 1186-S/09  
Dated 9.12.2009

**SUDA**

o/c

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No  
SUDA-Health/537 Pt./09/508

Date 11.12.2009

From : Director, SUDA

To : Dr. R.K. Vats, IAS  
Secretary, Urban Health  
Dept. of Health & Family Welfare  
Swasthya Bhawan  
Salt Lake City

Sub. : Notes on proposal on Urban Health Structure of Department of Health & Family Welfare.

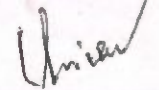
Sir,

I am directed to enclose the notes of Department of Municipal Affairs in response to the detailed proposal for structure of Urban Health Programme forwarded along with Notice sent by Department of Health & Family Welfare vide memo no. HF/UH/248(6) dt. 02.12.2009 in connection with ensuing meeting of Hon'ble Minister-in-Charge, Health & Family Welfare and Hon'ble Minister-in-Charge, Municipal Affairs & Urban Development to be held at Swasthya Bhawan on 15.12.2009 at 11.00 a.m.

This is for your kind perusal.

Encl. : As stated.

Yours faithfully



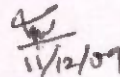
Director, SUDA

SUDA-Health/537 Pt./09/508/1(2)

Dt. .. 11.12.2009

Copy forwarded to :

1. PS to Addl. Chief Secretary, Health & Family Welfare Department
2. PS to Secretary, Municipal Affairs Department



Director, SUDA

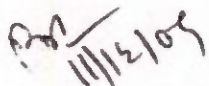
SUDA-Health/537 Pt./09/508/2(2)

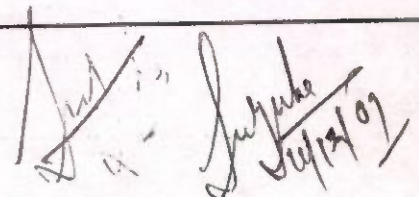
Dt. .. 11.12.2009

Copy forwarded to :

1. PS to Hon'ble Minister-in-Charge, Health & Family Welfare Department
2. PS to Hon'ble Minister-in-Charge, Municipal Affairs & Urban Development

Director, SUDA





## Notes

### A. Response to the detailed proposal for structure of Urban Health Programme prepared by DHFW

- i) Urban Health Cell at State level (ref. P-4) should include a representative from the MA Dept.
- ii) The existing manpower (from Doctors to Honorary Health Workers), Health facilities and furniture & equipments (i.e. at Sub-Centre, Health Administrative Unit, Out Patient Department, Maternity Home and Diagnostic Centre) should be regularized as part of the evolving frame work.
- iii) Ward Health Committee (ref. P-29) – grass-root level Health functionaries – HHWs / FTSs and Chairperson of NHC should be included.
- iv) Composition of District Urban Health Sub-Committee (ref. P-22 sl. no.-7) may include Commissioner / MIC / CIC of Corporation / Municipality in place of Mayor / Chairperson of the ULB where District Magistrate is the Chairman.

### B. Agenda items requiring immediate intervention by DHFW

#### i) **Steady flow of fund**

Initially the project cost for three years was estimated at Rs. 58.30 Crores towards implementation of Community Based Primary Health Care Services in 63 Non-KMA ULBs. SUDA has already released Rs. 4.51 Crores (by taking loan) to the concerned ULBs upto September of FY 2009-10 against receipt of Rs. 3.01 Crores from DHFW to enable the ULBs to continue delivery of Health services uninterruptedly. SUDA is unable to release further fund to the ULBs. Actual requirement of fund on A/C of Salary / Honorarium, Drug or other items as per approved norms upto March, 2010 is Rs. 10.02 Crores. Hence, release of further amount of Rs. 7.01 Crores (Rs. 10.02 – Rs. 3.01 Crores) is urgently required.

#### ii) **Enhancement of remuneration for all categories of personnel**

In view of ROPA, 2009 enhancement of honorarium / salaries all categories of personnel in respect of CBPHCS and HHW Scheme be considered. There are 2540 nos. of personnel from Health worker to Medical Officers and others exist in different posts.

#### iii) **Fund support for**

- ◆ Up-gradation & maintenance of Sub-Centre (1740 nos.), Out Patient Department (48 nos.), Maternity Home (46 nos.) and Diagnostic Centre (25 nos.).
- ◆ Construction of at least one Sub-Centre at each ULB (74 nos.) implementing HHW Scheme in 11 Non-KMA ULBs and Community Based Primary Health Care Services in 63 Non-KMA ULBs.
- ◆ In previous year, School Health Programme, Adolescents Health Care Programme and Safai Karmachari supported fund by KUSP which is likely to be continued upto December, 2010.
  - Continuation of School Health Programme in 5211 Schools – required fund Rs. 2.19 Crores for one year.
  - Continuation of Adolescents Health Care Programme – required fund Rs. 0.74 Crores for one year.
  - Health check up for Safai Karmachari – required fund Rs. 0.65 Crores for one year.

Contd. to P-2.

iv) **Ensuring provision of logistics to the ULBs**

- ◆ Issuance of letter by DHFW to the respective CMOH towards supply of logistics i.e. vaccines along with accessories for immunisation, ILR & Deep Freezer, contraceptive materials, Iron Folic Acid, ORS etc.
- ◆ Instruction from DHFW to the respective CMOH for institutionalization of referral system for the patients referred by Urban Health facilities to the Govt. Hospital.

v) **HHW Scheme in 11 Non-KMA ULBs**

Funding by DHFW will come to an end on 31.03.2010. O & M phase will be taken by which Dept. ? If it is MA Dept., budget from Health Dept. shall be transferred to MA Dept.

vi) **Placement of Dy. CMOH (Urban)**

Till the time a broad frame work on structure of Urban Health Programme evolves, one Dy. CMOH may be described as Dy. CMOH (Urban).

vii) **Regular pay scale of Health Officer, Medical Officer & Nurse**

Health Officer (126 nos.), Medical Officers (164 nos.), Nurse (189 nos.) shall be engaged on regular pay scale. At present, remuneration of Health Officer varies between Rs. 17,000/- to Rs. 28,000/-, in case of Medical Officer it varies between Rs. 6,000/- to Rs. 8,750/-, in case of Nurse it varies between Rs. 2,450/- to 4,750/-.

**Statement showing year-wise budget, requisition of fund, fund received from DHFW, fund released to ULBs and expenditure incurred by SUDA**

|                                      |                                 | (Rs. In lakhs)      |                         |                       |                              |                   |
|--------------------------------------|---------------------------------|---------------------|-------------------------|-----------------------|------------------------------|-------------------|
| Financial Year                       | Budget                          | Requisition of fund | Fund Received from DHFW | Fund released to ULBs | Expenditure incurred by SUDA | Balance with SUDA |
| 2006- 07                             |                                 |                     | 300.00                  | 151.05                | 15.34                        | 133.61            |
| 2007- 08                             | 1628.39<br>(including FY 06-07) | 672.48              | 455.00                  | 346.01                | 14.55                        | 228.05            |
| 2008 - 09                            | 1541.28                         | 600.00              | 400.00                  | 593.72                | 10.02                        | 24.31             |
| 2009 - 10<br>(Up to September, 2009) | 2317.28                         | 1002.21             | 301.50                  | 451.42                | 9.45                         | -135.06           |

**Status of fund position with SUDA for the FY 2009-10 in connection with Community Based Primary Health Care Services in 63 Non-KMA ULBs**

- Fund received from DHFW during FY 2009-10 - Rs. 301.50 lakhs
- Opening balance with SUDA at the beginning of FY 2009-10 – Rs. 180.35 lakhs
- Total fund available with SUDA Rs. 481.85 lakhs
- UC submitted by SUDA to DHFW for the period April to September, 2009 – Rs. 384.44 lakhs
- SOE ready for submission to DHFW for the month of Oct, 2009 is Rs. 102.68 lakh.
- Loan from SUDA (due to under provision in budget) to meet up expenditure for Honorarium / Salaries upto the month of September, 2009 - Rs. 138.18 lakhs
- SUDA is not in a position to provide further loan
- ULB may be asked to made payment either by taking loan or utilizing the available fund with them
- Fund lying with ULB as on 1<sup>st</sup> Nov, 2009 is Rs. 132.91 lakhs out of which Rs. 64.00 lakhs under the A/C head of Drug and Rs. 68.91 lakhs under the A/C head other than Honorarium & Salaries
- Outstanding liability is as under :
  - ♦ Loan from SUDA Rs. 138.18 lakhs
- Committed liability taking into consideration the bare minimum expenditure is as under :

(Rs. in lakhs)

|  |               |
|--|---------------|
| Outstanding liability in connection with loan from SUDA                                  | 138.18        |
| Committed liability taking into consideration the bare minimum expenditure is as under : |               |
| Salaries & Honorarium (unrevised)for the months from Nov, 2009 to March, 2010            | 400.00        |
| Rent for Sub-Centres (SCs) @ Rs. 1,000/- per SC per month for one year                   | 32.76         |
| Drug - @ Rs 96000/- per Sub-Centre/ year for 273 Sub centres                             | 262.08        |
| Less - fund lying with ULBs under A/C "Drug"   | 64.00         |
| Fund required for Drug   | 198.08        |
| Operating Cost for 5 months  | 40.00         |
| <b>Total</b>   | <b>809.02</b> |



| Receipts   | Amount<br>(Rs. in<br>Lakh) | Payments & Committed<br>Expenditure                        | Amount<br>(Rs. in<br>Lakh) |
|--|----------------------------|--|----------------------------|
| Opening Balance                                      | 180.35                     | SOE submitted upto Sep, 2009                               | 384.44                     |
| Add : - Fund received from DHFW<br>during FY 2009-10 | 301.50                     | SOE ready for the month of Oct, 2009                       | 102.68                     |
| Add: - Loan received from SUDA                       | 138.18                     | Committed Expenditure<br>(as per Note - 1)                 | 670.84                     |
| Deficit  | 809.02                     | Repayment of loan to SUDA                                  | 138.18                     |
|  |                            | Balance with ULB   |                            |
|  |                            | - under Drug head Rs. 64.00                                |                            |
|  |                            | - under other than Salary<br>& Honorarium <u>Rs. 68.91</u> | 132.91                     |
|  | <b>1429.05</b>             |  | <b>1429.05</b>             |

**Note – 1.**

(Rs. in lakhs)

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| Operating Cost for 5 months  |        | 40.00         |
| <b>Total</b>   |        | <b>670.84</b> |

**Note – 2.**

**Additional fund required for repayment of loan to SUDA**

:

**Rs. 138.18 lakhs**

**Categories of manpower under different Urban Health Programmes**

| Name of Categories                   | CBPHCS      | HHW        | IPP-VIII (Extn.) | RCH        | IPP         | CUDP III    | CSIP       | Total        |
|--------------------------------------|-------------|------------|------------------|------------|-------------|-------------|------------|--------------|
| HHW                                  | 1270        | 283        | 1090             | 387        | 3863        | 1546        | 275        | 8714         |
| FTS                                  | 400         | 55         | 250              | 97         | 725         | 317         | 55         | 1899         |
| Clerk cum SK                         |             | 11         | 35               | 13         | 149         |             | 8          | 216          |
| AHO                                  | 1           |            |                  |            | 40          |             |            | 41           |
| HO                                   | 63          |            |                  |            |             |             |            | 63           |
| MO                                   | 44          |            | 22               | 4          | 46          |             |            | 116          |
| PTMO                                 |             | 27         | 70               | 26         | 282         | 66          | 12         | 483          |
| ANM / STS                            |             | 27         | 70               | 26         | 232         |             | 8          | 363          |
| Attendant                            |             | 11         | 57               | 17         | 344         | 66          | 20         | 515          |
| Sweeper                              |             | 11         | 57               | 18         | 328         | 58          | 10         | 482          |
| Night Guard                          |             | 11         | 11               | 4          | 23          |             |            | 49           |
| Lab. Technician                      |             |            | 11               | 2          | 39          |             |            | 52           |
| Nurse                                |             |            | 33               | 6          | 94          |             | 4          | 137          |
| Spl. Doctor                          |             |            | 33               | 6          | 269         | 48          | 18         | 374          |
| Radiologist, Pathologist, Sonologist |             |            | 33               | 6          | 24          |             | 2          | 65           |
| Technician & Radiographer            |             |            | 22               | 2          | 8           |             |            | 32           |
| UHIO                                 |             |            | 10               |            | 40          |             |            | 50           |
| Pharmacist cum SK                    |             |            |                  |            | 25          |             | 2          | 27           |
| Ayah                                 |             |            |                  |            | 92          |             |            | 92           |
| Administrative Manager               |             |            |                  |            | 8           |             |            | 8            |
| <b>M &amp; S Cell</b>                |             |            |                  |            |             |             |            |              |
| Clerk cum SK                         | 63          |            |                  | 1          |             |             |            | 64           |
| Computer Asstt.                      | 63          |            |                  |            |             |             |            | 63           |
| Health Asstt.                        | 63          |            |                  |            |             |             |            | 63           |
| Accounts Asstt                       | 63          |            |                  | 1          |             |             |            | 64           |
| SI                                   | 63          |            |                  |            |             |             |            | 63           |
| Medical Supervisor                   |             |            |                  | 1          |             |             |            | 1            |
| PHN                                  |             | 11         |                  | 1          | 40          |             |            | 52           |
| Statistical Asstt.                   |             |            |                  | 1          |             |             |            | 1            |
| <b>Total</b>                         | <b>2093</b> | <b>447</b> | <b>1804</b>      | <b>619</b> | <b>6671</b> | <b>2101</b> | <b>414</b> | <b>14149</b> |

**Health Facilities created under different urban health programmes**

| <b>Programmes</b>                            | <b>Sub Centre (SC)</b> | <b>Health Administrative Unit (HAU)</b> | <b>Out Patients Department (OPD)</b> | <b>Maternity Home (MH) *</b> | <b>Regional Diagnostic Centre (RDC)</b> |
|--|------------------------|---|--------------------------------------|------------------------------|---|
| CUDP-III                                     | 314                    | 50                                      | 8                                    | -                            | -                                       |
| CSIP   | 55                     | 8                                       | 2                                    | 2                            | -                                       |
| IPP-VIII                                     | 696                    | 116                                     | 25                                   | 23                           | 12                                      |
| IPP-VIII (Extn.)                             | 250                    | 35                                      | 11                                   | 11                           | 11                                      |
| RCH Sub-Project, Asansol                     | 97                     | 13                                      | 2                                    | 2                            | 2                                       |
| HHW – Scheme                                 | 55                     | 11                                      | -                                    | -                            | -                                       |
| Community Based Primary Health Care Services | 273                    | -                                       | -                                    | -                            | -                                       |
| <b>Total</b>                                 | <b>1740</b>            | <b>233</b>                              | <b>48</b>                            | <b>38</b>                    | <b>25</b>                               |

\* List is enclosed at Annexure – II.

## List of Maternity Homes (MH) at ULB Level

| Sl. No. | ULBs                   | MH constructed under project | MH constructed by ULB | No. of MH |
|---------|------------------------|------------------------------|-----------------------|-----------|
| 1       | KMC                    | CSIP (renovated)             | -                     | 2         |
| 2       | Bansberia              | IPP-VIII                     | -                     | 1         |
| 3       | Bhadreswar             | Do                           | -                     | 1         |
| 4       | Bhatpara               | Do                           | -                     | 1         |
| 5       | Barrackpore            | Do                           | -                     | 1         |
| 6       | Bidhannagar            | Do                           | -                     | 1         |
| 7       | Budge Budge            | Do                           | -                     | 1         |
| 8       | Baranagar              | Do                           | -                     | 1         |
| 9       | Chandernagore          | Do                           | -                     | 1         |
| 10      | Champdany              | Do                           | -                     | 1         |
| 11      | Dum Dum                | Do                           | -                     | 1         |
| 12      | Gayeshpur              | Do                           | -                     | 1         |
| 13      | Madhyamgram            | Do                           | -                     | 1         |
| 14      | Maheshtala             | Do                           | -                     | 1         |
| 15      | Naihati                | Do                           | -                     | 1         |
| 16      | New Barrackpore        | Do                           | -                     | 1         |
| 17      | North Barrackpore      | Do                           | -                     | 1         |
| 18      | Rishra                 | Do                           | -                     | 1         |
| 19      | Rajarhat Goparpur      | Do                           | -                     | 1         |
| 20      | Rajpur Sonarpur        | Do                           | -                     | 1         |
| 21      | South Dum Dum          | Do                           | -                     | 1         |
| 22      | Titagarh               | Do                           | -                     | 1         |
| 23      | Uttarpara Kotrung      | Do                           | -                     | 1         |
| 24      | Uluberia               | Do                           | -                     | 1         |
| 25      | Alipurduar             | IPP-VIII (Extn.)             | -                     | 1         |
| 26      | Balurghat              | Do                           | -                     | 1         |
| 27      | Burdwan                | Do                           | -                     | 1         |
| 28      | Darjeeling             | Do                           | -                     | 1         |
| 29      | Durgapur               | Do                           | -                     | 2         |
| 30      | English Bazar          | Do                           | -                     | 1         |
| 31      | Jalpaiguri             | Do                           | -                     | 1         |
| 32      | Kharagpur              | Do                           | -                     | 1         |
| 33      | Raiganj                | Do                           | -                     | 1         |
| 34      | Siliguri               | Do                           | -                     | 1         |
| 35      | Asansol                | RCH SP                       | -                     | 2         |
| 36      | Ashokenagar Kalyangarh | -                            | Yes                   | 1         |
| 37      | Jiaganj Azimganj       | -                            | Yes                   | 1         |
| 38      | Birnagar               | -                            | Yes                   | 1         |
| 39      | Taki                   | -                            | Yes                   | 1         |
| 40      | Joynagar Mazilpur      | -                            | Yes                   | 1         |
| 41      | Konnagar               | -                            | Yes                   | 1         |
| 42      | Ranaghat               | -                            | Yes                   | 1         |
| 43      | Basirhat               | -                            | Yes                   | 1         |
|         | <b>Total</b>           |                              |                       | <b>46</b> |

### Health Manpower and existing pay structure

| Sl. No. | Category of Post                       | Total No. | Present consolidated Honorarium / Remuneration (Amount in Rs.) |
|---------|--|-----------|--|
| 1.      | HHW                                    | 8714      | 2,000/-  |
| 2.      | FTS                                    | 1899      | 2,170/-  |
| 3.      | PTMO                                   | 483       | 2,850/-  |
| 4.      | STS / ANM                              | 363       | 2,500/- for trained STS and 2,300/- for untrained STS          |
| 5.      | Clerk cum Storekeeper                  | 216       | Varies between 2,100/- - 2,450/-                               |
| 6.      | Spl. Doctor                            | 374       | 325/- per clinic not exceeding 8 clinics per month.            |
| 7.      | Nurse                                  | 137       | Varies between 2,450/- - 4,750/-                               |
| 8.      | Medical Officer                        | 116       | 6,750/-  |
| 9.      | Radiologist / Pathologist / Sonologist | 65        | 3,500/- (Each)   |
| 10.     | Pharmacist cum Storekeeper             | 27        | 2,450/-  |
| 11.     | Lab. Tech.                             | 52        | Varies between 2,100/- - 3,750/-                               |
| 12.     | X-ray Technician                       | 12        | 3,750/-  |
| 13.     | Radiographer                           | 20        | 3,000/-  |
| 14.     | Administrative Management Professional | 8         | 4,750/-  |
| 15.     | Ayah                                   | 92        | 2,750/-  |
| 16.     | Attendant                              | 515       | 1,900/-  |
| 17.     | Sweeper                                | 482       | 1,700/-  |
| 18.     | Night Guard                            | 49        | 1,700/-  |
|         | <b>M &amp; S Cell :</b>                |           |  |
| 19.     | HO                                     | 123       | Pay scale 8,000/- - 13,500/-                                   |
| 20.     | AHO                                    | 47        | Varies between 6,000/- - 8,750/-                               |
| 21.     | Clerk cum SK                           | 64        | 5,750/-  |
| 22.     | Computer Asstt.                        | 63        | 5,750/-  |
| 23.     | Health Asstt.                          | 63        | 5,750/-  |
| 24.     | Accounts Asstt.                        | 64        | 5,750/-  |
| 25.     | SI                                     | 63        | 6,000/-  |
| 26.     | Medical Supervisor                     | 1         | 5,750/-  |
| 27.     | PHN                                    | 52        | 4,750/-  |
| 28.     | Statistical Asstt.                     | 1         | 2,750/-  |
| 29.     | UHIO                                   | 50        | 6,500/-  |

For Director, SUDA

Detailed Proposal for

**Structure of Urban**

**Health Programme**

## **The Detailed Proposal**

### **Basic Framework for creation of the institutional structure in the Health and Family Welfare Department for Urban Health Care Delivery.**

With the objective of ensuring 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 GOWB, 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.

The institutional structures to be created in the Health and Family Welfare Department would include.

- Establishment of Urban health cell in DHFW.
- Formation of a health committee under the District Health and Family Welfare Samity, under the Chairmanship of the District Magistrate to liaise with the ULB level Health and Family Welfare Committees.
- Creation of a District Urban Health Cell for supporting this committee and steering and guiding the ULBs.

Apart from creating the institutional structure for urban health at the state and district, a separate set up of the health department would be required for the KMC area as there is no set up for performing various statutory and functional responsibilities falling within the exclusive domain of the Health and FW Department such as regulation of the Clinical Establishments, administration of PNMT Act, coordinating with the other health care delivery channels, providing technical support to the ULBs, establishing and monitoring the curative care facilities, which would be third tier of the three tier service delivery structure mentioned at

above, conducting mass media campaign, collecting report and returns, supporting the department in the disaster management and various other related matters which are carried out by the CMOHs in other districts.

**Proposal for Formation of Urban Health Cell at State and District level.**

**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

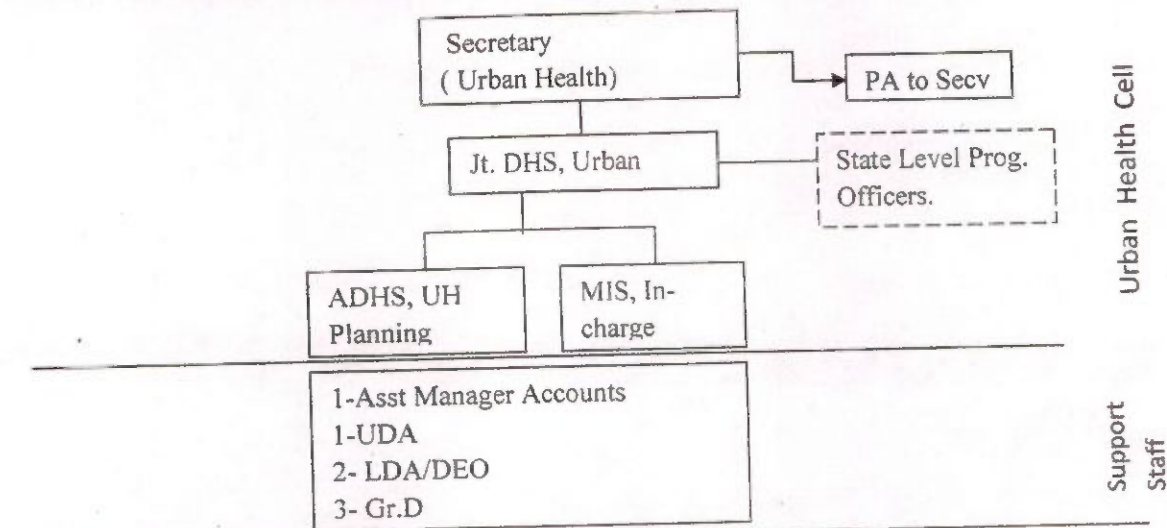


level be created for overall coordination, supervision, monitoring and guidance of the issues related to the Urban health care.

**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:5 Organogram Showing Structure of State Urban Health Cell.**



**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
- 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) 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 K MUHO       | 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 K MUHO       | Planning, Coordination and Capacity Building.                                 |
| 6) One IT & MIS in-charge (Contractual: MCA)  | To be created by converting posts of K MUHO       | Data management of Urban health related matters.                              |
| <b>Support Staff &amp; Accounts Division</b>  |   |   |
| 7) 1 Asst. Accounts Manager, 1-UD/2-LD Assistants cum DEOs) +PA to SS   | To be created by converting posts of K MUHO(Cont) | To help the Officers in discharging their duty.                               |
| 8) 3 Office Assistants  | To be created by converting posts of K MUHO       | 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 |   |   |

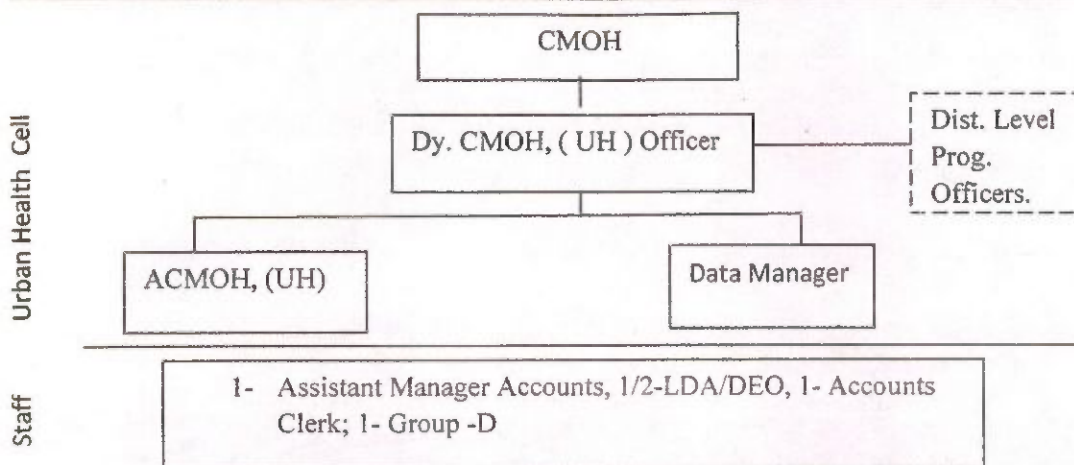
**Institutional Framework for Urban Health Service Delivery at District Level**

**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 at the Para 10, 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 | ACMO H/ 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

|  |        |        |               |
|--|--------|--------|---------------|
| <b>Annual Establishment Cost at State UHC (in lakhs)</b> |        |        | <b>63.17</b>  |
| 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    |               |
| <b>Annual Estt. Cost at Dist UHC in lakhs</b>            |        |        | <b>426.35</b> |
| 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   |               |

## **Proposal for Formation of CMOH Office Kolkata.**

### **Existing Health Infrastructure in Kolkata [KMUHO 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 PPU. 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/ Supdt/ 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**

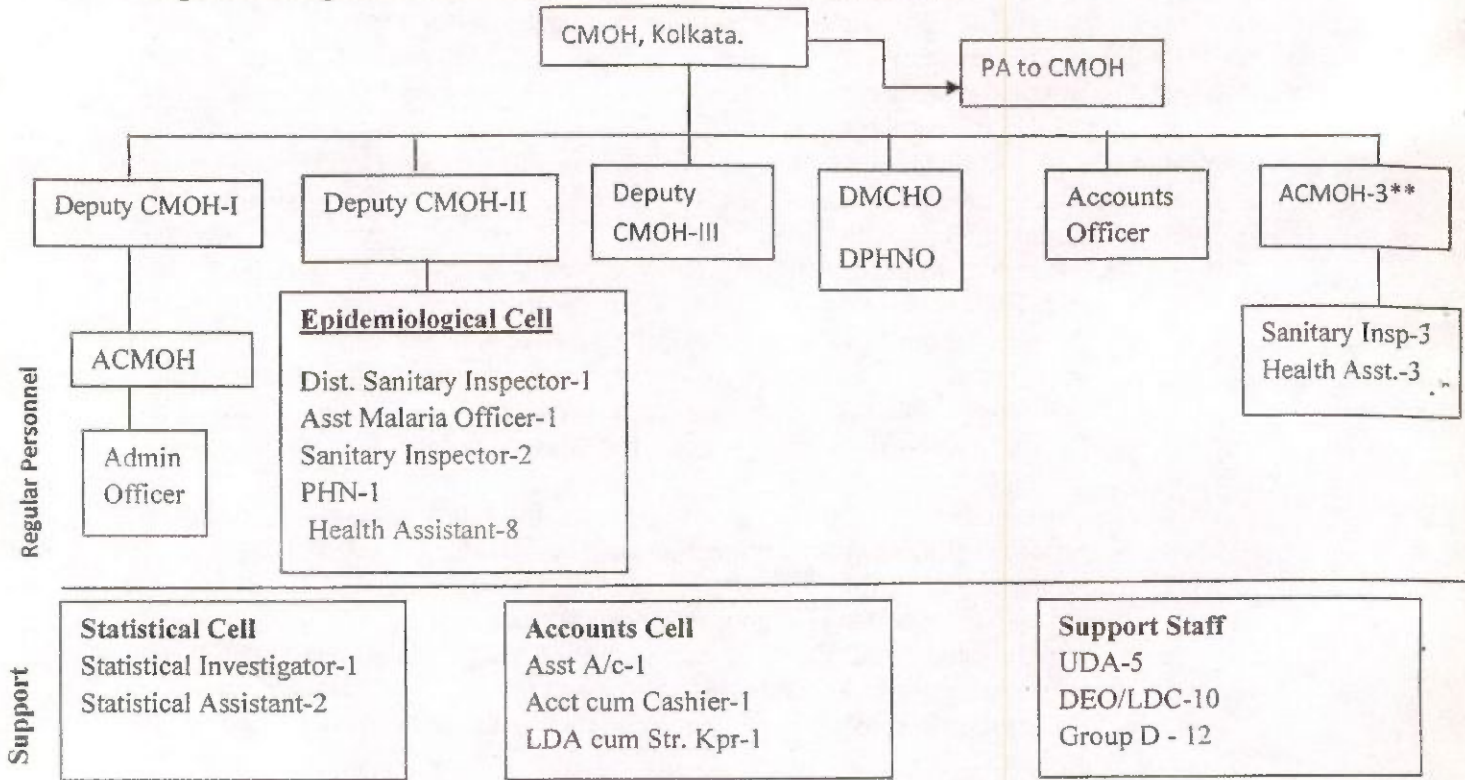
Health and Family Welfare Department, GOWB has certain responsibilities which, in the districts other than Kolkata are carried out by the respective establishments of CMOH.

- 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-3: Organisational Structure of CMOH Office, Kolkata.

Contractual/  
Outsourced to  
agency

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-7 Manpower Requirement for creation of CMOH, Office in Kolkata.

| A. | Name of Post                       | Cadre  | No of Posts |
|----|------------------------------------|--------|-------------|
|    | <b>Office of CMOH</b>              |        |             |
|    | 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>B.</b> | <b>Accounts Section of CMOH</b>       |          |    |
|           | Accounts Officer, Kolkata             | WBA&AS   | 1  |
|           | Assistant Accountant [UDA]            | Clerical | 1  |
|           | Accountant-cum-Cashier [UDA]          | Clerical | 1  |
|           | LDA-cum-Storekeeper [LDA]             | Clerical | 1  |
| <b>C</b>  | <b>Statistical Cell of CMOH</b>       |          |    |
|           | Statistical Investigator              | WBGS     | 1  |
|           | Statistical Assistant                 | SBHI     | 2  |
| <b>D</b>  | <b>Administrative Section of CMOH</b> |          |    |
|           | 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:**

Converting the posts in the KMUHO and ICHSS project office, situated along with the KMUHO.

Amalgamating the common establishment of DFWO/DMCHO of Kolkata and bringing them under the CMOH, Kolkata.

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.

The PP Units (other than MCH) and UFWCs under the KMUHO, DFWO & ICHSS in the KMC area would come under the CMOH.

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.

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-8 Estimated Annual Financial Outlay for proposed CMOH Set up**

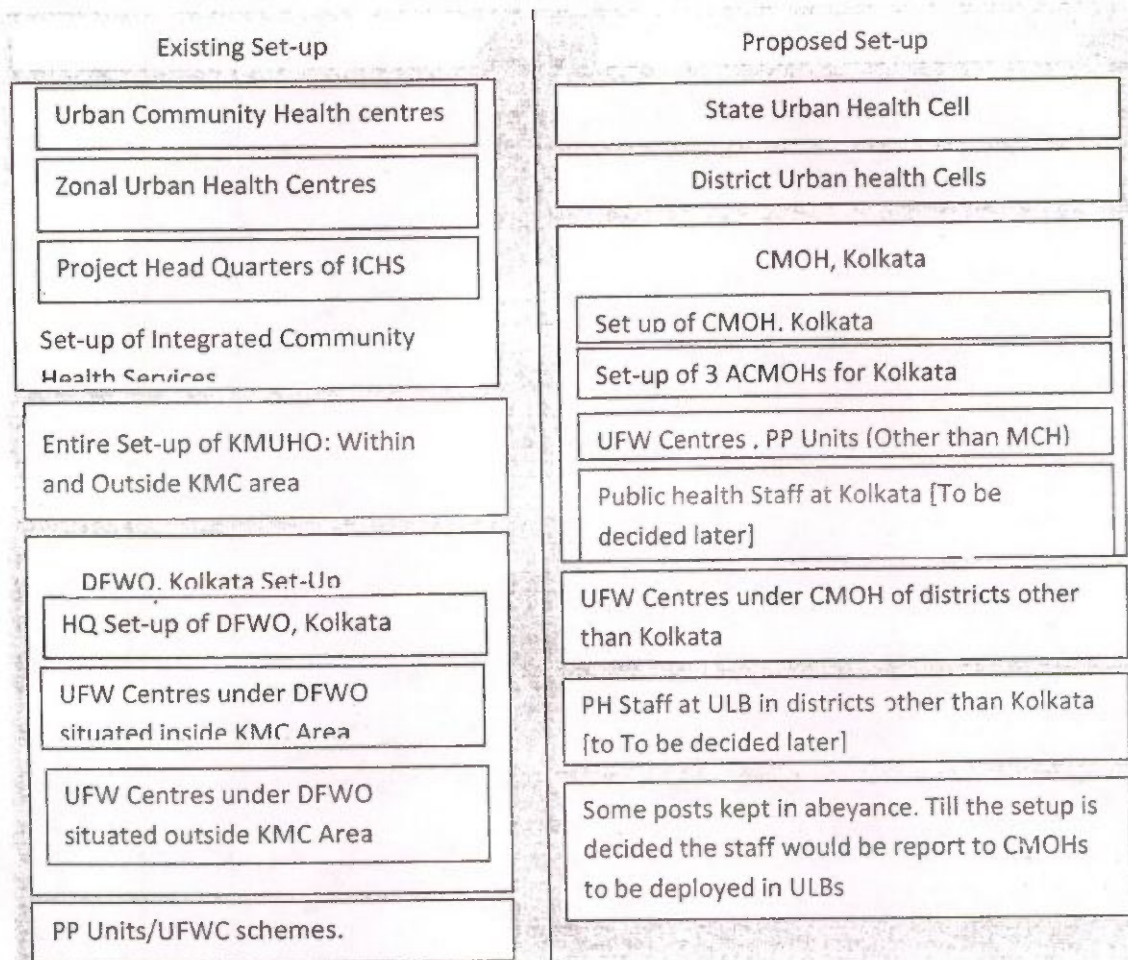
|   |        |        |               |
|---|--------|--------|---------------|
| <b>Annual Establishment Cost for CMOH, Kol (in lakhs)</b> |        |        | <b>287.27</b> |
| Emoluments of staff                                       |        | 235.91 |               |
| Training cost for staff and 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 K MUHO 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 K MUHO 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-4.

- 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.
- The set up of K MUHO and ICHSS located outside the KMC area would be placed under the control of respective CMOHs.
- The term K MUHO would be dropped.
- Some new posts have to be created as is shown in Table-9
- 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 10.

**Figure-4: Re-organization of KMUHO/ICHSS for formation of Urban Health Cell at State and District Level and the Set up of CMOH, Kolkata**



**Table-9 Manpower requirement for Creation of Urban Health set up and proposed  
Redeployment of Posts from existing set up**

| Sl No. | Old Designation/<br>Post availbl<br>with KMUOH,<br>ICHSS | Converted to   | Cadre  | Pay Scale                | No.<br>existing | No.<br>Req<br>uire<br>d | Excess<br>/Shortf<br>all |
|--------|--|--|--------|--------------------------|-----------------|-------------------------|--------------------------|
| 1      | CHO in the rank<br>of Jt.DHS                             | Jt. DHS,<br>coordinator,<br>National Prog  | WBPHAS | 37400-<br>60000+<br>8700 | 1               | 1                       | Nil                      |
| 2      | Epidemiologist   | CMOH,<br>Kolkata of the<br>rank of DDHS  | WBPHAS | 9000-40500<br>+7600      | 1               | 1                       | Nil                      |
| 3      | Asstt.<br>Epidemiologist                                 | ADHS, Urban<br>Health at State<br>urban Cell.  | WBPHAS | 9000-40500<br>+7600      | 2               | 1                       | (+) 1                    |
| 4      | DFWO   | Dy. CMOH-III<br>at CMOH Kol  | WBPHAS | 9000-40500<br>+5400      | 1               | 1                       | Nil                      |
| 5      | Zonal Health<br>Officer-6                                | 2 posts of<br>Dy.CMOH at<br>CMOH, Kol.<br>1 Posts of Dy.<br>CMOH at<br>Urban Health<br>cell in dist. | WBPHAS | 9000-<br>40500+5400      | 6               | 3                       | (+) 3                    |
| 6      | DMCHO,<br>Kolkata  | DMCHO,<br>CMOH,<br>Kolkata   | WBPHAS | 9000-40500<br>+5400      | 1               | 1                       | Nil                      |
| 7      | 2nd Zonal Health<br>Officer                              | 10 Posts of<br>ACMOH at<br>Urban Health<br>cell in Dist  | WBPHAS | 9000-40500<br>+5400      | 6               | 14                      | (-) 6                    |
| 8      | Pathologist  | 4 posts of<br>ACMOH at<br>CMOH, Kol.   | WBPHAS |                          | 1               |                         |                          |
| 9      | Malaria Medical<br>Officer                               |  |        |                          | 1               |                         |                          |
| 10     | Statistician   | Statistical<br>Investigator  | SBHI   | 9000-40500<br>+4700      | 1               | 1                       | Nil                      |
| 11     | Statistical<br>Assistant                                 | Statistical<br>Assistant   | SBHI   | 7100-<br>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 Officer-1, PHN-2,                               | NMTP Gr B | 7100-37600+3900  | 391 | 3  | (+) 388 |  |
| 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                     | LDA       | 5400-25200+2600  | 6   | 18 | (+) 43  |  |

|    |   |   |           |                 |     |    |         |
|----|---|---|-----------|-----------------|-----|----|---------|
|    |   | District Urban Health cell-18   |           |                 |     |    |         |
| 23 | Comptor                                   | 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,<br>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                               | <b>OFFICE ASSISTANT</b>   | Gr D      | 4900-16200+1700 | 9   | 38 | (+) 348 |
| 31 | Cleaner [Unified cadre]                   | State urban Health cell-3<br>District Urban Health Cell-23<br>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 11. The posts which are vacant, excess and proposed be surrendered are shown in Table—12.

**Table-11 -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-12 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 K MUHO 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

### **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:  
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
- A district level Municipal Affairs committee was constituted by the MA Deptt. to render service and monitor the developmental activities of ULBs.
- Proposals and fund disbursement of the state MA Budget is currently being routed through DM
- DMDO post was created for convergence by the MA Deptt.
- 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'**

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

**Composition of District Urban health Sub-committee**

| Table 1: | Designation   | Remarks                   |
|----------|---|---------------------------|
| 1)       | District Magistrate cum Vice Chairman DH&FWS                                  | -Chairman                 |
| 2)       | CMOH  | -Member                   |
| 3)       | District Urban Health Officer (Dy. CMOH-I)                                    | -Member-Convenor          |
| 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/municipalpty)                      | -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 |

**Function of District Urban health Sub-committee**

- The District Health & Family Welfare Samity shall also provide support and legitimacy to the field level coordination unit at the Urban Health Centre level.

- District Magistrate will act as the Member-Convener of this sub-committee. In future he may act as the District Mission Director, NUHM.
- 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 from providing over all coordination and carrying out the directives of State Health & Family Welfare Samity, the District Health & Family Welfare Samity may also:
  - Solve the issues obstructing the implementation of effective urban health programme in the District;
  - 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;
  - Provide guidance to District Urban Health Cell in developing UH proposals and incorporating them into District PIP;
  - Apprise, Approve and forward the Urban Health proposals of District
  - 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 2: Composition of Governing body of New DH&FWS, Kolkata**

| Designation |                               | Remarks                    |
|-------------|-------------------------------|----------------------------|
| 1)          | Mayor, KMC                    | Chairperson                |
| 2)          | Commissioner, KMC             | Executive Vice-chairperson |
| 3)          | CMOH, Kolkata                 | Jt. Convenor               |
| 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  | 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<br>A. Social Welfare<br>B. School Education<br>C. Public Works<br>D. Public Health Engineering.<br>E. Urban Development<br>F. Municipal Affairs<br>G. KMDA<br>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-Secretary & Convenor |
| 16) | Dy. Chief Health Officers, KMC   | Member                      |
| 17) | One representative from the Commissioner, KMC  | Member                      |
| 18) | Any other member may be co-opted/invited by the Governing body   | -co-opted/ invitee member   |

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

**Table 3: 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 |

27.8 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 4: Composition of Old 'Municipal Level Health & Family Welfare Committee'**

| Designation |   | Remarks             |
|-------------|---|---------------------|
| 1)          | Chairperson of Urban Local Body                               | - President         |
| 2)          | Councillor-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 ]

- "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.".....
- Theoretically this committee has been formed in all 125 ULB. In case of Kolkata Municipal Corporation area separate proposal is formed. These committees are not functioning properly because of lack of adequate role-clarity, responsibility and power. To make those committees effective, those are to be empowered adequately.
- 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 them to look after the programme in 125 different ULBs all over the state. On the other hand, Deptt. of Health & FW 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 tiers 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 5: Composition of Governing body of New Municipal Health & Family Welfare Samity**

| Designation |  | Remarks                        |
|-------------|--|--------------------------------|
| 1)          | Mayor/Chairperson of Urban Local Body  | - Chairperson                  |
| 2)          | Executive Officer of the Urban Local Body  | -Executive<br>Vice Chairperson |
| 3)          | Local M.L.A./M.P   | - Member                       |
| 4)          | Councillor-in Charge of Health/ Assisted Project   | - Member                       |
| 5)          | All Councillors of the Urban Local Body  | -Member                        |
| 6)          | Two NGO - representatives working in the Public Health areas to be nominated by the District Magistrate                                  | - Members                      |
| 7)          | Two Medical Practitioners - one from the Modern Medicine and the other from ISM&H to be nominated by the Chief Medical Officer of Health | - Members                      |

|     |  |                   |
|-----|--|-------------------|
| 8)  | One Representative to be nominated by IMA State Committee                              | - Members         |
| 9)  | One Representative to be nominated by IPHA State Committee                             | - Members         |
| 10) | One social worker of the area to be nominated by the Sabhadhipati Zilla Parishad       | - Members         |
| 11) | One representative from Block Sanitary Mart to be nominated by the District Magistrate | - Members         |
| 12) | Assistant Chief Medical Officer of health of the Sub-division                          | - Member          |
| 13) | Public Health Nurse  | - Member          |
| 14) | Superintendents of BPHC/RH/SDH/SGH/DH situated within the ULB                          | - Member          |
| 16) | One Representative of the District Magistrate  | - Member          |
| 17) | 2-3 Representative of local NGOs like Red gross, Lions Club                            | - Member          |
| 18) | Child Development Project Officer  | - Member          |
| 19) | 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 6: Composition of Executive Committee of New Municipal Health & Family Welfare Samity**

|    | Designation                                      | Remarks           |
|----|--|-------------------|
| 1) | Mayor/Chairperson of Urban Local Body            | - Chairperson     |
| 2) | Executive Officer of the Urban Local Body        | -President        |
| 3) | Health officer of the Municipality               | -Member-Secretary |
| 4) | One officer to be nominated by the EO            | - Treasurer       |
| 5) | Councillor-in Charge of Health/ Assisted Project | - 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:
  - Monitor the health programme of ULBs on monthly basis, and provide progress to District Urban Health Cell
  - Review of the work at the UHC and community level.
  - Provide health related solutions to problems at the UHC level by coordinating with the ULB officials
  - Carry out the health and sanitation assessment need of the area and place proposal to DUDA through District Urban health Cell under various schemes
  - Coordination/collaboration with related departments on issues having a bearing on the health of the communities living in the area
  - 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**

- 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'.
- The Ward Health, Water and Sanitation Committee under the stewardship of Ward Councillor 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.
- The following shall be the structure of Ward Health, Water and Sanitation Committee

**Table 7: 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
- Monitor the programme of Ward on monthly basis, and provide progress to District UH Secretariat
- Review of quality of work at the UHC and community linkages
- Provide solutions to problems at the UHC level by coordinating with the city officials
- 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
- Take up pertinent coordination/collaboration issues having a bearing on the health of the communities living in the area
- Delegation of the responsibilities to concerned group member for adequate response to the identified need.

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09.12.09

Pr. Secy

URBAN DEVELOPMENT DEPT.  
GOVT. OF W.B.  
DT. 08/12/09  
DIARY NO. 10298

Government of West Bengal  
Health & Family Welfare Department  
Swasthya Bhawan  
GN-29, Sector-V, Salt Lake, Kolkata - 700091



**NOTICE**

**Sub : Meeting regarding Urban Health**

As desired by MIC, Health & Family Welfare Department a meeting will be held with MIC, Urban Development & Municipal Affairs Department, Govt. of West Bengal to discuss the structure of the proposed Urban Health Programmes and related issues in Municipal Corporations and other Municipalities. It is requested to participate with the relevant records, documents as may be required to facilitate the discussion. A copy of the proposal is enclosed for favour of information. The meeting will be held at 11.00 AM on 15.12.2009 in the 4<sup>th</sup> Floor Conference Room of Swasthya Bhawan, Wing- 'B', GN-29, Sector-V, Salt Lake, Kolkata - 700091.

Encl : As stated.

No. HF/UH/248(6)

Date : 02.12.2009

Copy forwarded for information with the request to attend the meeting :

1. Principal Secretary, Urban Development Deptt., GoWB, Nagarayan Bhavan, DF-8, Salt Lake, Kolkata-700064.
2. Principal Secretary, Finance Deptt., GoWB, Writers' Buildings, Kolkata - 700001.
3. Secretary, Municipal Affairs Deptt., GoWB, Writers' Buildings, Kolkata-700001.
4. Commissioner, Kolkata Municipal Corporation, 5, S.N. Banerjee Road, Kolkata-700012.
5. Chief Executive Officer, KMDA, Prashasan Bhavan, Kolkata-700091.
6. PS to MIC, Urban Development & Municipal Affairs Deptt, Writers' Buildings, Kolkata-700001 - for kind information of MIC.

(P. Lahiri)  
Joint Secretary

No. HF/UH/248/1(7)

Date : 02.12.2009

Copy forwarded for information with request to attend the meeting :

1. Director of Health Services, GoWB, Swasthya Bhawan.
2. PS to MIC, H&FW Deptt., GoWB, Swasthya Bhawan.
3. PS to MOS, H&FW Deptt., GoWB, Swasthya Bhawan.
4. Deputy Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
5. Sr. PA to Addl. Chief Secretary, H&FW Deptt., GoWB, Swasthya Bhawan - for kind information of Addl. Chief Secretary.
6. PS to Secretary (Urban Health), H&FW Deptt., GoWB, Swasthya Bhawan.
7. PA to CFW & MD, NRHM - for kind information of CFW & MD, NRHM.

(P. Lahiri)  
Joint Secretary

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Detailed Proposal for

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**Structure of Urban**

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**Health Programme**

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### **The Detailed Proposal**

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

With the objective of ensuring 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 GOWB, 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.

.The institutional structures to be created in the Health and Family Welfare Department would include.

- Establishment of Urban health cell in DHFW.
- Formation of a health committee under the District Health and Family Welfare Samity, under the Chairmanship of the District Magistrate to liaise with the ULB level Health and Family Welfare Committees.
- Creation of a District Urban Health Cell for supporting this committee and steering and guiding the ULBs.

Apart from creating the institutional structure for urban health at the state and district, a separate set up of the health department would be required for the KMC area as there is no set up for performing various statutory and functional responsibilities falling within the exclusive domain of the Health and FW Department such as regulation of the Clinical Establishments, administration of PNDT Act, coordinating with the other health care delivery channels, providing technical support to the ULBs, establishing and monitoring the curative care facilities, which would be third tier of the three tier service delivery structure mentioned at

above, conducting mass media campaign, collecting report and returns, supporting the department in the disaster management and various other related matters which are carried out by the CMOHs in other districts.

**Proposal for Formation of Urban Health Cell at State and District level.**

**Institutional Framework for Urban Health Service Delivery at State Level**

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

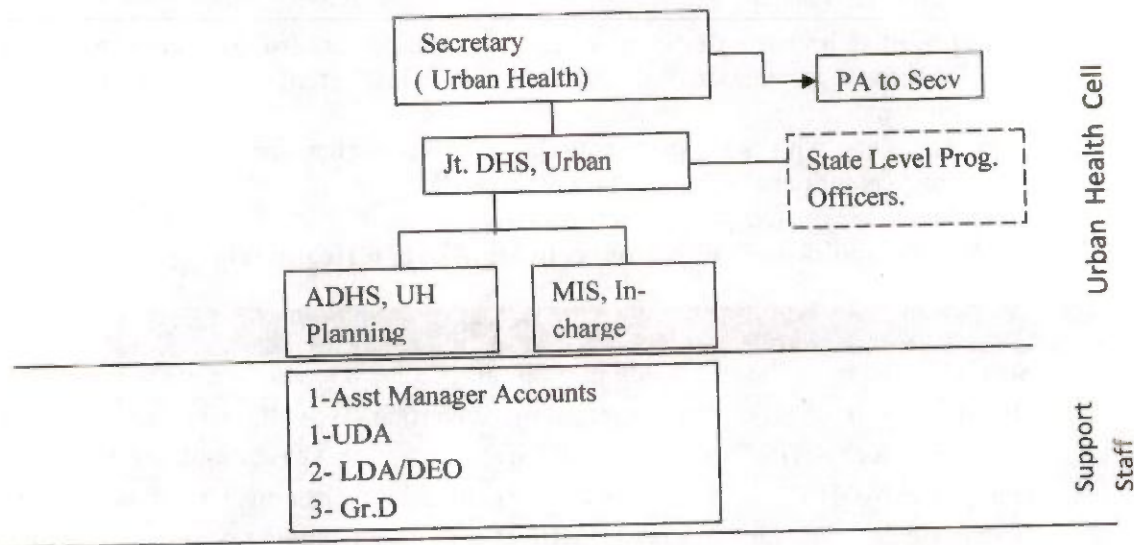
- As per the mandate of 'Urban Health Strategy', there is a provision of 'Urban Health Cell' in Department of health & FW. The Government of India is also proposing to launch National Urban health Mission very soon, which would require a dedicated set up at the state level. At present there is no dedicated 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:5 Organogram Showing Structure of State Urban Health Cell.**



**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
- 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) 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.<br>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.                                 |
| <b>Support Staff &amp; Accounts Division</b>  |  |  |
| 7) 1 Asst. 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**

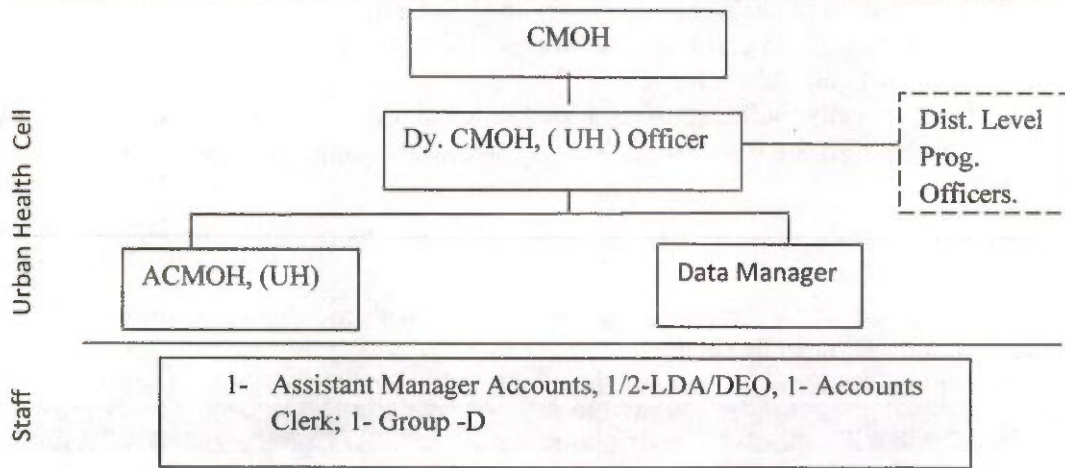
**Structure of District Urban health Cell**

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 at the Para 10, 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 | ACMO H/ 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 1 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

|  |        |        |               |
|--|--------|--------|---------------|
| <b>Annual Establishment Cost at State UHC (in lakhs)</b> |        |        | <b>63.17</b>  |
| 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    |               |
| <b>Annual Estt. Cost at Dist UHC in lakhs</b>            |        |        | <b>426.35</b> |
| 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   |               |

## **Proposal for Formation of CMOH Office Kolkata.**

### **Existing Health Infrastructure in Kolkata [KMUHO 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 PPU. 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/ Supdt/ 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**

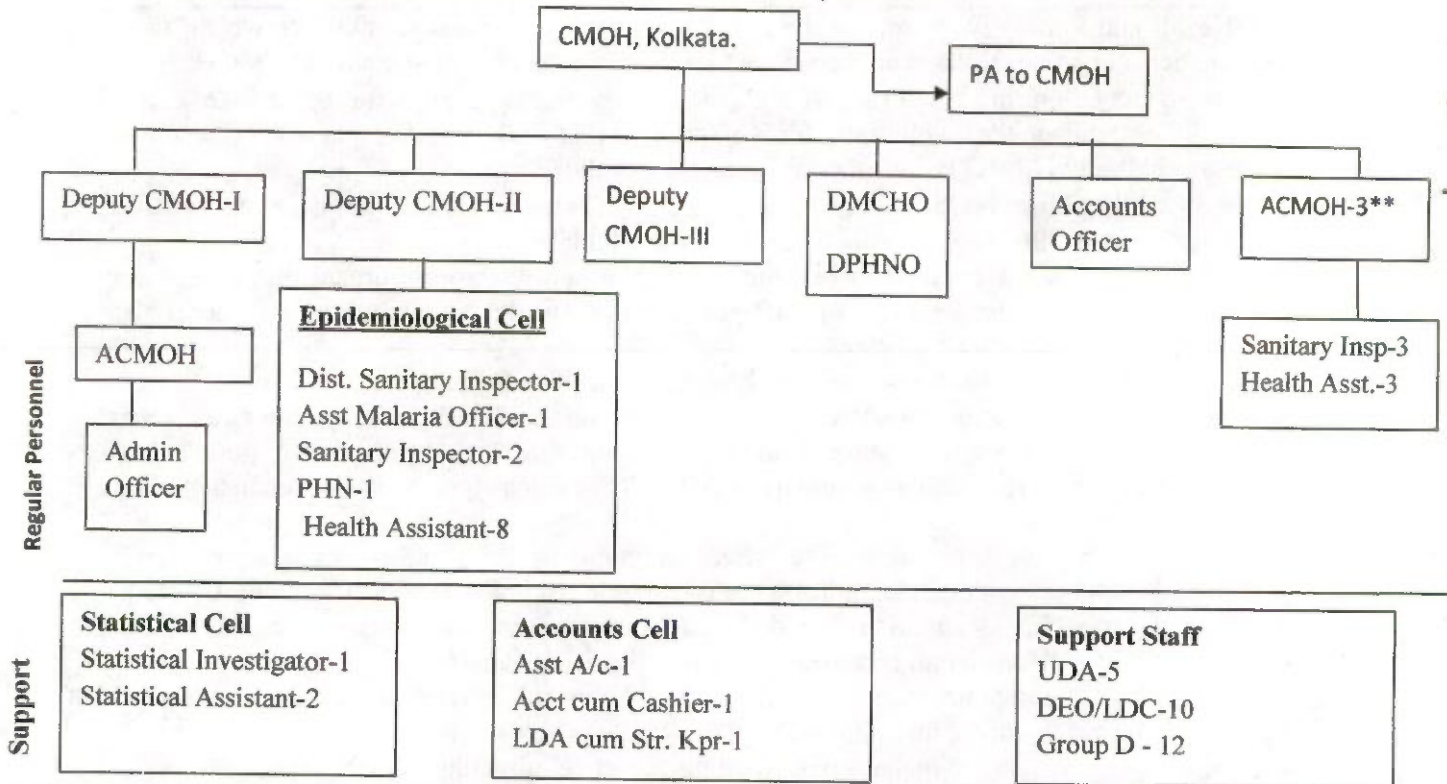
Health and Family Welfare Department, GOWB has certain responsibilities which, in the districts other than Kolkata are carried out by the respective establishments of CMOH.

- 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 K MUHO & 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-3: Organisational Structure of CMOH Office, Kolkata.**



Contractual/  
Outsourced to  
agency

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-7 Manpower Requirement for creation of CMOH, Office in Kolkata.**

| A. | Name of Post                       | Cadre  | No of Posts |
|----|------------------------------------|--------|-------------|
|    | <b>Office of CMOH</b>              |        |             |
|    | 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>B.</b> | <b>Accounts Section of CMOH</b>       |          |    |
|           | Accounts Officer, Kolkata             | WBA&AS   | 1  |
|           | Assistant Accountant [UDA]            | Clerical | 1  |
|           | Accountant-cum-Cashier [UDA]          | Clerical | 1  |
|           | LDA-cum-Storekeeper [LDA]             | Clerical | 1  |
| <b>C</b>  | <b>Statistical Cell of CMOH</b>       |          |    |
|           | Statistical Investigator              | WBGS     | 1  |
|           | Statistical Assistant                 | SBHI     | 2  |
| <b>D</b>  | <b>Administrative Section of CMOH</b> |          |    |
|           | 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:**

Converting the posts in the K MUHO and ICHSS project office, situated along with the K MUHO.

Amalgamating the common establishment of DFWO/DMCHO of Kolkata and bringing them under the CMOH, Kolkata.

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.

The PP Units (other than MCH) and UFWCs under the K MUHO, DFWO & ICHSS in the KMC area would come under the CMOH.

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.

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 K MUHO 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-8 Estimated Annual Financial Outlay for proposed CMOH Set up**

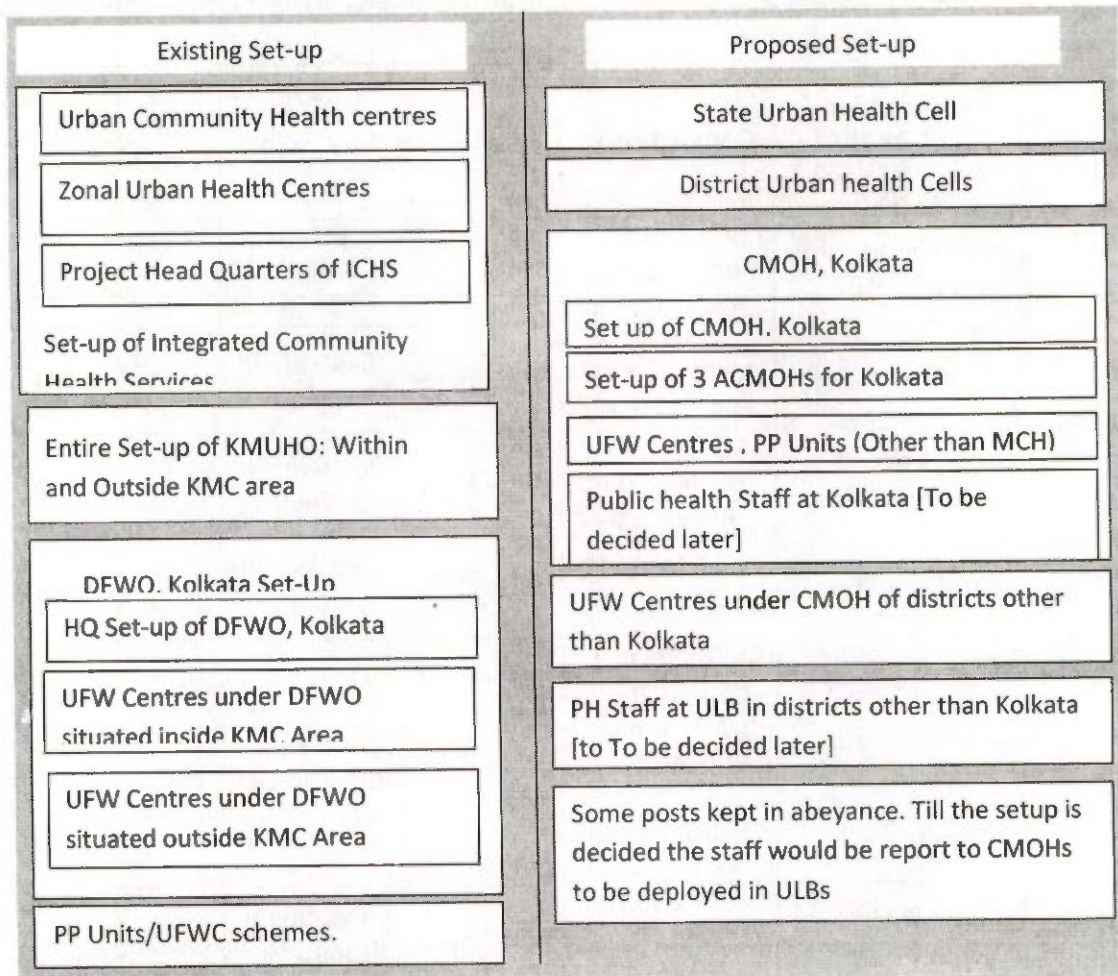
|  |        |        |        |
|--|--------|--------|--------|
| Annual Establishment Cost for CMOH, Kol (in lakhs) |        |        | 287.27 |
| Emoluments of staff                                |        | 235.91 |        |
| Training cost for staff and field workers          |        | 15     |        |
| 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 K MUHO 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 K MUHO 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-4.

- 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.
- The set up of K MUHO and ICHSS located outside the KMC area would be placed under the control of respective CMOHs.
- The term K MUHO would be dropped.
- Some new posts have to be created as is shown in Table-9
- 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 10.

**Figure-4: Re-organization of K MUHO/ICHSS for formation of Urban Health Cell at State and District Level and the Set up of CMOH, Kolkata**



**Table-9 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.<br>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     |
| 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,<br>PHN-2,  | NMTP Gr B  | 7100-37600+3900  | 391 | 3  | (+) 388 |
| 17 | Head Clerk                             | Administrative Officer at CMOH, Kol  | Clerical   | 7100-37600+3900  | 2   | 1  | (+) 1   |
| 18 | Stenographer                           | PA to Spl secy-1<br>PA to CMOH-1 converted from 1 post of UDA  | UDA<br>UDA | 7100-37600+3900  | 1   | 2  | (+) 40  |
| 19 | UDA                                    | State Urban Health Cell-1<br>CMOH, Kolkata-5   | UDA<br>UDA |                  | 54  | 6  |         |
| 20 | Accountant/Assistant Accountant        | Asst Mang A/c in conversion of 7 posts of UDA and Accountant.<br>State urban Health cell-1<br>District Urban Health cell-18<br>Asst. A/C, CMOH, Kolkata -1 | UDA        |                  | 7   | 20 |         |
| 21 | Accountant cum Cashier                 | CMOH, Kolkata -1   | UDA        |                  | 7   | 1  |         |
| 22 | Accounts Clerk                         | Accounts clerk in conversion of LDA posts  | LDA        | 5400-25200+2600  | 6   | 18 | (+) 43  |

|    |   |   |              |                 |                 |    |         |
|----|---|---|--------------|-----------------|-----------------|----|---------|
|    |   | District Urban Health cell-18   |              |                 |                 |    |         |
| 23 | Computer                                  | 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                               | <b>OFFICE ASSISTANT</b>   | 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       |
| 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 | contractua<br>l | 25000           | 0 | 1  | (-) 1  |
| 49 |   | Data Manager                 | contractua<br>l | 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 11. The posts which are vacant, excess and proposed be surrendered are shown in Table—12.

**Table-11 -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-12 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

#### **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:  
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
- A district level Municipal Affairs committee was constituted by the MA Deptt. to render service and monitor the developmental activities of ULBs.
- Proposals and fund disbursement of the state MA Budget is currently being routed through DM
- DMDO post was created for convergence by the MA Deptt.
- 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'**

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

**Composition of District Urban health Sub-committee**

| Table 1: | Designation   | Remarks                   |
|----------|---|---------------------------|
| 1)       | District Magistrate cum Vice Chairman DH&FWS                                  | -Chairman                 |
| 2)       | CMOH  | -Member                   |
| 3)       | District Urban Health Officer (Dy. CMOH-I)                                    | -Member-Convenor          |
| 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/municipalpty)                      | -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 |

**Function of District Urban health Sub-committee**

- The District Health & Family Welfare Samity shall also provide support and legitimacy to the field level coordination unit at the Urban Health Centre level.

- District Magistrate will act as the Member-Convener of this sub-committee. In future he may act as the District Mission Director, NUHM.
- 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 from providing over all coordination and carrying out the directives of State Health & Family Welfare Samity, the District Health & Family Welfare Samity may also:
  - Solve the issues obstructing the implementation of effective urban health programme in the District;
  - 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;
  - Provide guidance to District Urban Health Cell in developing UH proposals and incorporating them into District PIP;
  - Apprise, Approve and forward the Urban Health proposals of District
  - 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 2: Composition of Governing body of New DH&FWS, Kolkata**

| Designation                      | Remarks                    |
|----------------------------------|----------------------------|
| 1) Mayor, KMC                    | Chairperson                |
| 2) Commissioner, KMC             | Executive Vice-chairperson |
| 3) CMOH, Kolkata                 | Jt. Convenor               |
| 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  | 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<br>A. Social Welfare<br>B. School Education<br>C. Public Works<br>D. Public Health Engineering.<br>E. Urban Development<br>F. Municipal Affairs<br>G. KMDA<br>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-Secretary & Convenor |
| 16) | Dy. Chief Health Officers, KMC   | Member                      |
| 17) | One representative from the Commissioner, KMC  | Member                      |
| 18) | Any other member may be co-opted/invited by the Governing body   | -co-opted/ invitee member   |

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

**Table 3: 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 |

27.8 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 4: Composition of Old 'Municipal Level Health & Family Welfare Committee'**

| Designation |   | Remarks             |
|-------------|---|---------------------|
| 1)          | Chairperson of Urban Local Body                               | - President         |
| 2)          | Councillor-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 ]

- “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.”.....
- Theoretically this committee has been formed in all 125 ULB. In case of Kolkata Municipal Corporation area separate proposal is formed. These committees are not functioning properly because of lack of adequate role-clarity, responsibility and power. To make those committees effective, those are to be empowered adequately.
- 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 them to look after the programme in 125 different ULBs all over the state. On the other hand, Deptt. of Health & FW 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 tiers 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 5: Composition of Governing body of New Municipal Health & Family Welfare Samity**

| Designation   | Remarks                        |
|---|--------------------------------|
| 1) Mayor/Chairperson of Urban Local Body  | - Chairperson                  |
| 2) Executive Officer of the Urban Local Body  | -Executive<br>Vice Chairperson |
| 3) Local M.L.A./M.P   | - Member                       |
| 4) Councillor-in Charge of Health/ Assisted Project   | - Member                       |
| 5) All Councillors of the Urban Local Body  | -Member                        |
| 6) Two NGO - representatives working in the Public Health areas to be nominated by the District Magistrate                                  | - Members                      |
| 7) Two Medical Practitioners - one from the Modern Medicine and the other from ISM&H to be nominated by the Chief Medical Officer of Health | - Members                      |

|     |  |                   |
|-----|--|-------------------|
| 8)  | One Representative to be nominated by IMA State Committee                              | - Members         |
| 9)  | One Representative to be nominated by IPHA State Committee                             | - Members         |
| 10) | One social worker of the area to be nominated by the Sabhadhipati Zilla Parishad       | - Members         |
| 11) | One representative from Block Sanitary Mart to be nominated by the District Magistrate | - Members         |
| 12) | Assistant Chief Medical Officer of health of the Sub-division                          | - Member          |
| 13) | Public Health Nurse  | - Member          |
| 14) | Superintendents of BPHC/RH/SDH/SGH/DH situated within the ULB                          | - Member          |
| 16) | One Representative of the District Magistrate  | - Member          |
| 17) | 2-3 Representative of local NGOs like Red gross, Lions Club                            | - Member          |
| 18) | Child Development Project Officer  | - Member          |
| 19) | 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 6: Composition of Executive Committee of New Municipal Health & Family Welfare Samity**

|    | Designation                                      | Remarks           |
|----|--|-------------------|
| 1) | Mayor/Chairperson of Urban Local Body            | - Chairperson     |
| 2) | Executive Officer of the Urban Local Body        | -President        |
| 3) | Health officer of the Municipality               | -Member-Secretary |
| 4) | One officer to be nominated by the EO            | - Treasurer       |
| 5) | Councillor-in Charge of Health/ Assisted Project | - 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:
  - Monitor the health programme of ULBs on monthly basis, and provide progress to District Urban Health Cell
  - Review of the work at the UHC and community level.
  - Provide health related solutions to problems at the UHC level by coordinating with the ULB officials
  - Carry out the health and sanitation assessment need of the area and place proposal to DUDA through District Urban health Cell under various schemes
  - Coordination/collaboration with related departments on issues having a bearing on the health of the communities living in the area
  - 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**

- 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'.
- The Ward Health, Water and Sanitation Committee under the stewardship of Ward Councillor 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.
- The following shall be the structure of Ward Health, Water and Sanitation Committee

**Table 7: 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
- Monitor the programme of Ward on monthly basis, and provide progress to District UH Secretariat
- Review of quality of work at the UHC and community linkages
- Provide solutions to problems at the UHC level by coordinating with the city officials
- 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
- Take up pertinent coordination/collaboration issues having a bearing on the health of the communities living in the area
- Delegation of the responsibilities to concerned group member for adequate response to the identified need.