

Agenda No. III to V

Review of

- A. Post Project Maintenance of IPP-VIII (Extn.)**
- B. Status Report on RCH Sub-Project Asansol**
- C. Status report on DFID assisted Honorary Health Worker Scheme.**

STATUS REPORT
IPP-VIII-(Extn.) - O & M

- **Date of Launching** : January, 2000
- **Project cost** : Rs. 3527.42 Lakhs
- **World Bank's Assistance has ended on** : June, 2002
- **On O & M Phase** : Since July, 2002
- **The Municipalities covered under the Project** : Alipurduar, Darjeeling, Jalpaiguri,
Siliguri, Raiganj, Balurghat, English
Bazar, Bardhaman, Durgapur,
Kharagpur.
- **Total BPL Population covered** : 8.13 lakhs
- **Health Facilities & Health Manpower under the project.**

Health Facilities	No.	Health Manpower	No.
Block	1090	Honorary Health Worker (HHWs)	387
Sub-Health Post	250	First Tier Supervisor	250
Health Post	35	PTMO	70
		ANM	70
		Clerk cum SK	35
		Attendant	35
		Sweeper	35
OPD cum Maternity Home including Diagnostic Centre	11	Medical Officer	22
		Nurse	33
		Specialist Doctor	33
		Laboratory Tech.	11
		Attendant	22
		Sweeper	22
		Night Guard	22

• Impact of Services Rendered
a) Improving Maternal Health

(Fig. In %)

ULBs	Maternal Health					
	At least 3 ANC		TTPW		Institutional Delivery	
	B	A	B	A	B	A
IPP-VIII-(Extn.)						
Alipurduar	49.5	95.9	40.3	95.7	50.3	91.2
Darjeeling	34.1	95.2	38.4	95.4	54.0	90.3
Jalpaiguri	42.9	94.5	42.5	94.9	40.8	90.9
Siliguri	45.5	95.7	45.5	95.9	45.0	93.6
Raiganj	37.7	95.6	38.5	95.1	35.5	94.6
Balurghat	51.5	98.9	31.2	98.4	47.0	98.8
English Bazar	18.8	95.2	57.2	94.9	43.0	90.8
Burdwan	49.4	96.1	58.6	95.9	50.2	93.2
Durgapur	39.2	94.8	38.4	94.0	40.4	94.4
Kharagpur	49.5	96.4	58.2	96.6	55.3	92.3

b) Improving Child health

(Fig. In %)

ULBs	Child Health							
	BCG		DPT III		OPV III		Measles	
	B	A	B	A	B	A	B	A
IPP-VIII-(Extn.)								
Alipurduar	47.9	96.6	45.0	95.7	44.9	96.5	34.9	93.3
Darjeeling	52.0	97.4	45.0	97.5	46.0	97.5	35.0	93.5
Jalpaiguri	30.3	97.3	23.3	97.5	21.6	97.5	16.4	94.0
Siliguri	42.1	97.1	39.7	95.8	41.9	96.0	22.3	85.2
Raiganj	35.7	98.7	33.8	97.9	34.5	97.9	30.3	95.0
Balurghat	38.9	95.5	36.9	91.2	36.0	91.7	30.2	87.0
English Bazar	41.3	97.1	36.8	97.0	35.6	97.0	18.1	94.8
Burdwan	23.3	97.1	20.2	92.2	43.8	92.6	14.6	90.2
Durgapur	19.2	97.3	15.9	92.3	15.8	92.3	9.7	85.6
Kharagpur	47.5	98.6	48.6	94.0	47.5	94.0	30.8	89.5

c) Contraception Coverage :

(Fig. In %)

ULBs	Contraception Coverage				Couple Protection Rate (CPR)	
	Permanent Method (Ligation)		Temporary Method (IUD, OCP, Condom)			
	B	A	B	A	B	A
IPP-VIII-(Extn.)						
Alipurduar	20.0	31.7	24.1	44.2	35.2	75.9
Darjeeling	20.3	26.4	19.3	54.6	45.7	74.9
Jalpaiguri	16.1	37.5	21.0	31.7	36.6	69.2
Siliguri	17.0	26.8	16.3	41.1	33.3	67.9
Raiganj	16.0	21.1	18.1	48.1	41.1	69.2
Balurghat	20.8	46.1	25.3	31.3	38.1	77.4
English Bazar	20.6	22.1	21.1	45.6	43.2	66.2
Burdwan	19.1	25.6	20.4	47.4	39.5	73.0
Durgapur	17.5	19.3	18.6	49.2	36.1	68.5
Kharagpur	18.2	29.5	19.0	34.9	37.2	64.4

d) Vital Statistics

ULBs	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
IPP-VIII-(Extn.)								
Alipurduar	20.0	15.0	8.0	4.2	53.8	22.2	6.0	2.1
Darjeeling	20.4	15.1	6.2	4.8	74.0	22.3	6.0	2.3
Jalpaiguri	18.1	16.3	9.6	4.1	52.0	15.9	7.0	2.3
Siliguri	20.0	10.3	10.3	2.3	54.0	18.8	8.0	2.2
Raiganj	15.0	13.2	9.0	4.8	51.0	22.7	6.0	2.2
Balurghat	20.7	18.1	8.3	4.1	60.0	19.6	6.0	2.2
English Bazar	24.2	16.5	6.0	4.4	41.0	29.6	6.0	2.5
Burdwan	20.7	18.8	8.1	4.7	51.0	34.0	4.0	1.9
Durgapur	17.1	14.0	3.2	2.2	37.0	13.3	4.0	1.8
Kharagpur	27.1	16.7	7.3	4.5	66.0	26.7	7.0	1.8

N.B. : B - Base Line (1999-2000)
A - Achievement (2003-2004)

IPP-VIII (Extn.) : Speciality-wise cases treated in OPD (April to December, 2004)

ULBS	Obstetrics & * Gynaecology		Paediatrics *		Medicine *		Others **									
							Eye		ENT		Surgery		Dental		Dermatology	
	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
Alipurduar	273	81	408	98	1376	407	90	40	82	36	0	0	156	69	101	35
Burdwan	209	48	995	41	1829	58	0	0	34	2	0	0	28	6	0	0
Balurghat	497	46	41	27	98	11	58	105	0	0	73	61	0	0	0	0
Darjeeling	52	12	64	15	480	82	4	0	20	2	44	10	4	0	46	7
Durgapur	317	145	1811	231	2509	292	0	0	0	0	0	0	0	0	0	0
English Bazar	450	33	499	17	914	31	243	22	76	10	543	75	14	2	187	22
Jalpaiguri	383	90	305	15	1615	168	20	0	0	0	209	51	109	10	0	0
Khairagarh	1241	310	2702	159	303	250	13	0	0	0	258	31	0	0	353	15
Raiganj	255	3	451	2	184	0	0	0	0	0	31	0	0	0	246	0
Siliguri	730	411	196	25	522	51	0	0	0	0	0	0	0	0	0	0
Total	4407	1179	7472	630	9830	1350	428	167	212	50	1158	228	311	87	933	79

B - BPL
N-B - Non BPL

N.B. :
* These specialities were included in the project.
** The ULBs were given option to run these additional specialities.

IPP-VIII-(Extn.) : Functioning of Diagnostic Centre (April to December, 2004)

ULB	Routine Test		Bio-Chemistry		X-ray		USG		ECG	
	Pathology & Haematology		B	N-B	B	N-B	B	N-B	B	N-B
	B	N-B								
Alipurduar	342	128	109	56	106	57	95	129	41	33
Burdwan	555	172	319	139	542	139	179	43	49	24
Balurghat	177	2530	273	3753	59	909	61	1325	9	131
Darjeeling	124	21	133	33	14	0	23	1	5	0
Durgapur	804	1049	475	721	672	843	439	861	97	95
English Bazar	689	123	288	81	346	78	4	0	82	10
Jalpaiguri	1232	1476	780	666	407	247	218	247	92	109
Kharagpur	1644	505	438	132	246	28	88	44	6	8
Raiganj	446	10	264	6	308	5	135	0	40	0
Siliguri	267	46	25	9	50	10	232	244	0	0
Total	6280	6060	3104	5596	2750	2316	1474	2894	421	410

B - BPL
N-B - Non BPL

IPP-VIII-(Extn.) : Functioning of M.H. [April to December, 2004]

ULB	Functioning Status	Total Admission		Speciality wise Admission						Outcome of Maternity Cases					
				Maternity		Gynaecology		Others		Normal Delivery		Caesarean		Forceps	
				B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
Alipurduar	Yes	18	0	0	0	18	0	0	0	0	0	0	0		
Burdwan	Yes	103	16	9	9	48	7	46	0	7	7	2	2	0	0
Balurghat	Yes	66	155	22	28	29	35	20	87	22	10	0	18	0	0
Darjeling	Yes	19	4	0	0	0	0	19	4	0	0	0	0	0	0
Durgapur	Yes	58	32	50	27	8	5	0	0	50	27	0	0	0	0
English Bazar	Yes	17	144	10	12	2	7	5	125	10	4	0	8	0	0
Jalpaiguri	Yes	16	5	0	0	6	0	10	5	0	0	0	0	0	0
Kharagpur	Yes	160	84	128	64	6	3	26	17	91	36	36	26	0	1
Raiganj	Yes	54	6	29	0	2	1	23	5	23	0	4	0	1	0
Siliguri	Yes	280	144	118	88	0	0	162	56	85	43	27	42	6	3
Total		791	590	366	228	101	58	329	299	288	127	69	96	7	4

B - BPL
N-B - Non BPL

Health fund raised by the ULBs :

ULBs	Upto March, 2004	April to December , 2004	Total Health Fund raised
Alipurduar	248144.00	183281.00	431425.00
Balurghat	459771.00	1161126.00	1620897.00
Burdwan	1403905.00	1655977.00	3059882.00
Darjeeling	320317.00	85906.00	406223.00
Durgapur	2377133.00	980311.00	3357444.00
English Bazar	558103.00	334251.00	892354.00
Jalpaiguri	201842.00	261362.00	463204.00
Kharagpur	4166475.00	1254158.00	5420633.00
Raiganj	449931.00	140149.00	590080.00
Siliguri	1608437.00	582410.00	2190847.00
TOTAL	117,94,058.00	66,38,931.00	184,32,989.00

STATUS REPORT
R.C.H. Sub-Project, Asansol

- Date of Launching : August, 1998
- Project cost : Rs. 854.57 Lakhs
- World Bank's Assistance has ended on : 31st March, 2004
- O & M Phase : Since April, 2004
- Total Population covered : 2.53 lakhs
- Health Facilities and Health Manpower under the project :

Facilities	Nos.	Health Manpower	Nos.
Blocks	387	Honorary Health Worker (HHW)	387
Sub Health Centre	97	First Tier Supervisor (FTS)	97
Health Centre	13	- Part time Medical Officer (PTMO)	26
		- Second Tier Supervisor	26
		- Clerk cum Store Keeper	13
		- Attendant	13
		- Sweeper	13
Out Patient Dept. cum Maternity Home	2	- Full Time Medical Officer	4
		- Nurse	6
		- Specialist Doctors in 3 disciplines (i.e. Obs. & Gyn., Paediatrics and General Medicine)	6
		- Attendant	4
		- Sweeper	4
- Night Guard	2		
Diagnostic Centre along with one OPD cum Maternity Home	1	- Laboratory Technician cum Store Keeper	1

• Impact of Services Rendered :

A. Improving Maternal and Child Health

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004 (%)
Maternal Health		
At least 3 Antenatal Check Ups	43.8	93.2
TT (Pregnant Women)	51.8	92.9
Institutional Deliveries	57.3	86.9
Immunisation Coverage of Infant		
BCG	42.6	97.3
DPT III	40.9	96.6
OPV III	41.9	96.6
Measles	30.9	87.2

B. Reducing Fertility

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004
Sterilisation	19.3	22.9
IUD	0.8	1.5
CC Users	5.2	13.1
OP Users	16.1	31.8

C. Vital Statistics

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004
CBR (Per 1000 Population)	23.9	18.1
CDR (Per 1000 Population)	12.4	6.2
MMR (Per 1000 Live Births)	3.0	1.0
IMR (Per 1000 Live Births)	60.0	26.3
CPR (Per 100 Eligible Couple)	41.4	69.3

Health fund raised by the ULBs :

Upto March, 2004	During the period April to December, 2004			
	House hold level beneficiary charges	Other service charges	Mobilisation of NSDP fund	Total Health Fund
175000.00	94030.00	223173.00	-	317203.00

Service Performance

A. Functioning of M.H (April - December, 2004)

Total		Admission				Normal Delivery		Assisted			
		Maternity		Gynaecology				Others		Forceps	
B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
391	14	206	2	0	0	185	12	206	2	0	0

B. Speciality-wise cases treated in OPD (April -- December, 2004)

Obstetrics & * Gynaecology	Paediatrics *		Medicine *		Others **	
	B	N-B	B	N-B	Surgery	
2126	0	643	0	11078	0	133

N.B. : * These specialities are included in the project.

** The ULB given option to run these additional specialities.

C. Functioning of Laboratory (April -- December, 2004)

Routine Test		Urine / Stool		Bio-Chemistry		X-ray		USG		ECG	
		B	N-B	B	N-B	B	N-B	B	N-B	B	N-B
783	1	135	1	519	0	228	0	313	0	0	0

B : BPL

N-B : Non-BPL

Status Report
DFID assisted Honorary Health Worker scheme
in 11 new municipalities of West Bengal
As on January, 2005

May

- The Project has been extended upto 30.06.2005.
- Project Budget : Rs. 5.90 Crores
- BPL population coverage : 2.58 Lakhs *to check*
- Proposed Health facilities and Health Manpower at Grass-root Level are as under :

Census (2001)
Population of 11 towns .

10,88,036

B.P.L Population - 25.8%

2,80,992 i.e. 2.81 Lakhs
(as per Baseline survey)

Health Facilities	No.	Health Manpower	No.
Block	260	Honorary Health Worker (HHW)	260
Sub Health Post (SHP)	55	First Tier Supervisor (FTS)	55
Health Post (HP)	11	PTMO	27
		ANM	27
		Clerk cum Store Keeper	11

* *There will be no new construction for health facilities. The ULBs are to arrange for the accommodation.*

- **Status on main Actions undertaken during February, 2004 - *May* January, 2005.**

Actions	Target	Achievement
Formation of Municipal level Health & F W Committee	By March, 2004	Completed in 11 ULBs
Detailment of Project Director at 11 ULBs	-do-	Completed in 11 ULBs
Formation of Municipal Management Cell (MMC) at 11 ULBs	-do-	Completed in 11 ULBs
Preparation of micro plan and formulation of project proposal by ULBs and submission of final project proposal.	By April, 2004	<ul style="list-style-type: none"> • 3 ULBs (Suri, Kalna, Berhampur) submitted in August '04. • 4 ULBs (Purulia, Cooch Behar, Krishnagar & Jangipur) submitted in September, '04. • 3 ULBs (Bankura, Bolpur, Medinipur) submitted in October '04. • Bishnupur submitted in January, 2005.

Completed in 11 ULB

Actions	Target	Achievement
Training of HHWs initiated	By May '04	<ul style="list-style-type: none"> • 10 ULBs initiated during August to October, 2004. • Bishnupur will initiate in last week of January, 2005.
Training of HHWs completed	By July '04	<ul style="list-style-type: none"> • 10 ULBs completed during October to December, 2004. • 1 ULB completed in Mar 05
Collection of base line information at house hold level by HHWs.	-	<ul style="list-style-type: none"> • Completed in 10 ULBs except Bishnupur.
House hold visit by HHWs.	-	<ul style="list-style-type: none"> • Started in 10 ULBs.
Immunisation clinic at SHP. <i>Antel/Post clinic and treatment</i>	-	<ul style="list-style-type: none"> • Started in 5 ULBs.
Equipment & Furniture for training - procurement by ULBs.	For 11 ULBs	<ul style="list-style-type: none"> • 10 ULBs completed procurement except Bishnupur.
HHWs kit - procurement by Central Co ordinating Cell (CCC), SUDA	For 11 ULBs	<ul style="list-style-type: none"> • Has already been supplied to 10 ULBs except Bishnupur. <i>complete</i>
Drugs for treatment of minor ailments - procurement by ULBs	For 11 ULBs	<ul style="list-style-type: none"> • 10 ULBs initiated process. <i>procured drugs</i>
Opening of Separate Bank A/C for the scheme by the ULBs	By March, 2004	<ul style="list-style-type: none"> • 11 ULBs completed by June.
CCC received fund from DHFW on requisition and submit expenditure statement to DHFW	-	<ul style="list-style-type: none"> • Received 1st installment of fund of Rs. -87.82 lakhs from DHFW on 24.03.2004. • Rs. 46.84 lakhs have been released to ULBs and CCC incurred expenditure of Rs. 8.99 lakhs as on 01.01.2005. • SOE submitted to DHFW for Rs. 29.60 lakhs.

*As on 1st
5.20.*

Agenda No. VI

**Review of the Performance of the
Ongoing E.C. assisted
URBAN HEALTH IMPROVEMENT PLAN**

6. REVIEW OF THE EUROPEAN COMMISSION ASSISTED URBAN HEALTH IMPROVE-MENT PLAN (UHIP)

6.1. Genesis :-

- Although the successful implementation of the IPP-VIII & CUDP-III have substantially upgraded the Health Care System for the Urban Poor Specially Mother and Child, yet gaps still remained which needed special attention. The deficiencies of the above programmes were decided to be taken care of through the European Commission assisted Urban Health Improvement Plan (UHIP).

6.2. The basic features of the plan are as follows :-

- ☞ At the initial phase 6 (six) identified ULBs (Bhadreswar, Madhyamgram, Naihati, New Barrackpore, North Barrackpore and South Dum Dum) would be taken up as study models at a cost of Rs. 7.03 crores.
- ☞ Replication in other ULBs after successful implementations of the models.
- ☞ Programme intervention launched on 01.07.2002.
- ☞ Beneficiary population (including the poorer section of population of urban fringe areas) 7.4 lakhs.

6.3. The proposed broad strategies are as follows :-

- Increasing range of services particularly on RCH/RTI/STI detection and Management.
- To render good quality RCH services.
- Upgrading of Service outlets – Subcentre, HAU, ESOPD, Maternity Home and RDC.
- Improving utilization of existing infrastructures.
- Strengthening of Management System.
- Capacity building in management.
- Strengthening convergence and forging partnership.
- Additional resource mobilization
- Appropriate IEC strategy
- Effective MIES
- Strong Referral linkages.
- Integration with National Health Programmes.
- Focus on Primary School students through School Health Programme.

6.4. The Operational Strategy – Services are as follows :-

- Upgradation of HAU (23), Subcentres (70), ESOPD (6), Maternity Home (6) and RDC (4) for 6(six) ULBs in the initial phase.

- Ensuring services – accessible, affordable, qualitative.
- Round the clock obstetric emergency, neonatal care services.
- Enhancing the scope of detection for RTI and STI – supported by Lab. Investigation.
- Appropriate management of the RTI & STI
- Provision of MTP, IUD insertion.
- Detection of high risk mothers and referral to identified institutions.
- Integration of National Health Programmes.
- Establishment of Disease Surveillance System
- Introduction of School Health Programme in 120 Primary Schools located within or near the slums.
- To provide advanced serological test relating to HIV/AIDS, Hepatitis – B etc. to provide facilities for Biopsy, Culture and sensitivity test through the RDC.

6.5. Municipality wise Performance Report is as follows :-

UPGRADATION OF HAU AND SUBCENTRE

Sl. No.	Name of the Municipality	No. of HAU to be upgraded	No. of upgraded HAU where UHIP service Operationalised	No. of HAU under upgradation
1.	Bhadreswar Municipality	4	3	1
2.	New Barrackpore Municipality	3	2	1
3.	Naihati Municipality	3	2	1
4.	South Dum Dum Municipality	4	4	-
5.	Madhyamgram	3	2	1
6.	North Barrackpore	4	2	2

The Health Administrative Units upgraded under UHIP have opened up accessible, affordable and qualitative services on management of RTI & STI including MTP and IUD insertion to the beneficiary families. The services also include detection of other ailments (breast and cervical cancer and infertility).

Initially because of social and cultural barriers the acceptance of the services offered at the upgraded HAUs were not encouraging although the morbidity load as revealed through the RCH baseline survey is perceptible. However, with the passage of time initial inhibitions are fading away and the acceptance of the services is increasing.

During the period a total of 1058 women had received the services on RTI, STI and other ailments. 84 & 93 mothers were provided with services for MTP & IUD insertion respectively. A total of 444 beneficiary mothers had availed the laboratory services at the upgraded HAU.

The upgraded HAUs and their services were reviewed from time to time by the representatives of the European Commission, the funding agency and the State Health & Family Welfare Department and observations made by the experts are encouraging.

UPGRADATION OF MATERNITY HOME

Sl. No.	Name of the Municipality	No. of Mat. Home to be upgraded	No. of upgraded Mat. Home where UHIP service Operationalised	No. of Mat. Home under upgradation
1.	Bhadreswar Municipality			-
2.	New Barrackpore Municipality			-
3.	Naihati Municipality			-
4.	South Dum Dum Municipality			-
5.	Madhyamgram Municipality			-
6.	North Barrackpore Municipality			-

UPGRADATION OF REGIONAL DIAGNOSTIC CENTRE

Sl. No.	Name of the Municipality	No. of RDC to be upgraded	No. of upgraded RDC where UHIP service Operationalised	No. of RDC under upgradation
1.	Bhadreswar Municipality			-
2.	New Barrackpore Municipality			-
3.	Naihati Municipality			-
4.	South Dum Dum Municipality		-	
5.	Madhyamgram		-	
6.	North Barrackpore			-

6.6. SCHOOL HEALTH PROGRAMME (1ST PHASE)

School Health Programme was started in the six identified municipalities with the training of Primary School teachers and Medical teams for the School Health Programme.

In the 1st phase 120 Primary Schools located within and near the slums were decided to be taken up to focus on the poor and vulnerable. The remaining Primary Schools located in the similar situation would be taken up in the last phase.

The coverage of students in the 1st phase is 14981 out of which 7421 boys and 7560 girls. For each student the programme would be for three years with necessary support of referral services. **So far 41 Primary Schools in six identified municipalities have been visited and 4886 students were examined and 2631 were treated and 1232 students were referred.**

- Student health card has been issued to each student examined.
- Backup services are being provided by the ESOPD and RDC.
- A Monitoring Committee has been constituted.

In the 2nd phase 91 (ninety one) Schools are to be covered and 12509 students are to be examined so far 56 schools have been covered and 6546 students examined. The number of students rendered treatment during the visit and number of students referred for specialized care are 2198 & 2353 respectively. Till date 432 number of primary teachers have also been trained on first aid and on basic skill for detection of common ailments.

The on field inspection of the programme was also done by the representatives by the European Commission and the State Health & Family Welfare Department and the modalities adopted under UHIP have been appreciated by them.

6.7. FINANCIAL EXPENDITURE

KMDA so far received 475 lakhs for the Urban Health Improvement Plan (UHIP) out of which 380.00 lakh has already been spent and the balance amount is committed and expected to be spent within March, 2005.

6.8. Training at different levels.

CAPACITY BUILDING – MANAGEMENT

Sl. No.	Name of the Municipality	Categories of Trainee (No)			Total Number
		Administrative	Financial	Logistic	
1.	Bhadreswar	3	1	4	8
2.	Madhyamgram	2	3	5	10
3.	Naihati	2	1	3	6
4.	New Barrackpore	4	2	2	8
5.	North Barrackpore	3	1	4	8
6.	South Dum Dum	2	1	3	6
	Total	16	9	21	46

CAPACITY BUILDING – SERVICE

Sl. No.	Name of the Municipality	Training of Trainers	Categories of Trainee (No)				Total Number
			Grass root level workers				
			HHWs	FTS	STS	GNM	
1.	Bhadreswar	6	115	23	6	1	145
2.	Madhyamgram	8	95	19	6	1	121
3.	Naihati	3	100	20	3	1	124
4.	New Barrackpore	7	75	15	5	1	96
5.	North Barrackpore	7	111	24	5	1	141
6.	South Dum Dum	8	200	41	5	1	247
	Total	39	696	142	30	6	874

6.9. Activities of IEC (April 2003 to June, 2004).

Awareness Programme

Sl. No.	Name of the Municipality	Methods of communication				Total No. held
		IPC	Group meeting/ Mothers' meeting	Folk Media * (Folk song, music, drama & dancing dolls etc)	Exhibition/ Seminar	
1.	Bhadreswar	1815	48	51	6	1920
2.	Madhyamgram	1915	42	32	6	1995
3.	Naihati	1305	37	33	5	1380
4.	New Barrackpore	1662	35	19	6	1722
5.	North Barrackpore	1722	38	33	7	1800
6.	South Dum Dum	2706	52	35	6	2799

Special emphasis has been given on Male participation in F.W. Programme and training of adolescent boys and girls. Training to the Trainers who are entrusted for training of HHWs were also organized. Awareness programmes were also organized by way of International Communication. Group meeting / Mothers' meeting. Folk media. exhibition / seminar totaling number -11,616. In addition all IEC printed materials such as MIES Formats, Family Health Card, Antenatal card, ECCR, Student Examination Card, Folder etc. are also done and distributed in six identified municipalities. Repainting of Hoardings situated in 6 UHIP municipalities have also undertaken by IEC (UHIP). One set of photographic exhibition consisting of 8 panel boards are also done & supplied to the respective ULBs.

(CURRENT STATUS OF CUDI.doc)

Date :20.01.2005.

PERFORMANCE OF UPGRADED HAU FROM April to September, 2004.

Sl. No.	Name of the Municipality	No. of Upgraded HAU operationalised in each Municipality	PERFORMANCE					
			Detection & Management of RTI (allied dermatological ailment)	Detection & Management of STI	Detection of other ailments (Breast & Cervical Cancer & Infertility)	No. of MTP cases (upto 8 Weeks of gestation)	No. of IUD Insertion	No. of Lab. Investigation
1.	Bhadreswar	3	221	22	95	23	7	190
2.	Madhyramgram	1	91	0	189	42	25	3
3.	New Barrackpore	1	175	0	72	4	43	185
4.	South Dum Dum	1	68	40	3	15	18	0
5.	Naihati	1	13	0	1	0	0	0
6.	North Barrackpore	1	10	22	23	0	0	66
	TOTAL	8	578	84	383	84	93	444

PERFORMANCE OF UPGRADED HAU FROM January to November, 2004 (dec)

**Performance Report of ESOPDs in 6(six) UHIP Municipalities
For the period April, 2004 to September, 2004**

SL. No.	Municipal Corporation / Municipality	Obs.		Gynae.		Paed.		Medicine		Eye		ENT		Surgery		Dental		Dermatology	
		B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB
1.	Bhadrassar	193	612	150	518	60	42	117	341	51	243	72	244	20	438	120	187	63	208
2.	Madhyamgram	647	1670	701	705	1203	493	1730	980	1451	649	829	673	531	536	1152	537	1037	843
3.	Naihati	767	326	154	73	78	158	142	138	255	229	136	232	50	101	73	158	144	233
4.	New Barrackpore	331	823	150	354	35	129	103	123	173	704	75	1205	130	739	138	322	127	2284
5.	North Barrackpore	889	3596	201	410	143	459	211	629	95	318	113	393	326	1097	148	478	447	912
6.	South Dum Dum	164	952	98	491	281	332	118	230	123	201	60	156	28	142	66	126	53	213
	Total	2991	7979	1454	2551	1800	1613	2421	2441	2148	2344	1285	2903	1085	3053	1697	1808	1871	4693

B - Beneficiaries ; NB - Non Beneficiaries

Total Patient treated Beneficiary - 16,752
Non Beneficiary - 29,385
Total - 46,137

Performance Report of Maternity Cases of Maternity Homes in 6(six) UHIP Municipalities
For the period April, 2004 to September, 2004

Sl. No.	Municipal Corporation / Municipality	Admissions			Deliveries						
		Maternity Cases only (2)		Total (B+NB) (3)	Normal (4)		Caesarean (5)		Assisted (6)		Total 4+5+6 = (7)
		B	NB		B	NB	B	NB	B	NB	
1.	Bhadreswar	186	186	372	36	28	84	102	8	1	259
2.	Madhyamgram	49	180	229	17	50	32	129	0	0	228
3.	Naihati	50	235	285	10	54	30	138	0	2	234
4.	New Barrackpore	36	399	435	13	69	18	250	3	6	359
5.	North Barrackpore	37	279	316	6	60	22	185	0	0	273
6.	South Dum Dum	48	238	286	7	40	18	127	0	1	193
	Total	406	1517	1923	89	301	204	931	11	10	1546

B - Beneficiaries ; NB - Non Beneficiaries

Total Admission - 1923
Total Deliveries - 1546

**Performance of Regional Diagnostic Centres functioning under UHIP Municipalities
For the period April, 2004 to September 2004**

SI No.	Name of Municipality (1)	Type of Investigation													
		Pathology & Bio-Haematology & Bio-Chemistry (2)			USG (3)			X-Ray (4)			ECG (5)			Other (Specify) (6)	
		B	NB	Total	B	NB	Total	B	NB	Total	B	NB	Total	B	NB
*1.	Bhadreswar	527	3125	3652	146	376	522	459	1147	1606	218	251	469	0	0
*2.	Naihati	617	799	1416	264	440	704	560	885	1445	100	188	288	0	0
*3.	New Barrackpore	632	7643	8275	205	2252	2457	125	3202	3327	48	894	942	0	0
4.	North Barrackpore	764	4272	5036	177	1513	1690	204	1852	2056	0	528	528	0	0
	Total	2540	15839	18379	792	4581	5373	1348	7086	8434	366	1861	2227	0	0

NB: - Beneficiaries ; NB - Non Beneficiaries

* Upgraded RDCs under UHIP

Total Pathological Investigations - 18,379
 Total Radiological Investigations including ECG - 16,034
 Total Performances - 34,413

**Performance Indicators on Service Delivery under UHIP Municipalities
For the period April 2004 to September 2004**

Sl. No.	Name of the Municipality	PW having 3-AN Check up (in %)	Institutional Deliveries (in %)	Immunization (in %)			
				BCG	DPT3	OPV3	Measles
1.	Bhadreswar	73.8	74.7	98.3	93.0	93.0	81.0
2.	Madhyamgram	79.0	87.2	98.8	96.4	96.4	86.2
3.	Naihati	69.6	88.7	94.0	96.1	96.1	78.6
4.	New Barrackpore	90.7	94.2	95.3	91.6	91.6	85.4
5.	North Barrackpore	63.8	99.1	100.0	82.4	91.2	79.8
6.	South Dum Dum	65.2	95.1	95.2	94.2	94.2	88.2

(Table Showing the performance of Non-UHIP doc)

Progress Report of the 1st Phase of School Health Programme in 6(six) identified Municipalities under UHIP, KMDA

Sl. No.	(1) Name of the Municipality	(2) No. of School Covered		(3) No. of Student actually examined			(4) Target No. of Students	(5) % of Achievement	(6) Frequency of Absence (1.0)					(7) No. of students with Family History (1.0)			
		Target	Achievement	B	G	Total			Frequent & Prolonged			Infrequent & short period		T.T.B.	I.E.P.	I.E.P.A.	
									B	G	Total	B	G				Total
1.	Bhadreswar	20	20	2190 (52.7)	1962 (47.3)	4152	4152	100.0	14 (0.6)	10 (0.5)	24 (0.5)	765 (34.9)	673 (34.3)	1438 (34.6)	2 (0.04)	1 (0.02)	0
2.	Naihathi	20	20	1027 (56.0)	805 (44.0)	1832	2400	76.3	0	0	0	0	0	0	29 (1.6)	11 (0.6)	1 (0.05)
3.	New Barrackpore	20	20	936 (51.5)	879 (48.4)	1815	2432	74.6	0	0	0	205 (21.9)	232 (26.3)	437 (24.0)	0	0	0
4.	North Barrackpore	20	20	888 (39.08)	1384 (60.9)	2272	2733	83.1	136 (15.3)	282 (20.3)	418 (18.3)	217 (24.4)	338 (24.4)	555 (24.4)	67 (2.9)	4 (0.17)	0
5.	Madhyamgram	20	20	1254 (48.4)	1336 (51.6)	2590	2690	96.3	23 (1.8)	15 (1.1)	38 (1.4)	26 (2.0)	25 (1.8)	51 (2.0)	5 (0.2)	1 (0.03)	0
6.	South Dum Dum	20	20	1126 (48.3)	1194 (51.6)	2320	3000	77.3	0	0	0	0	0	0	22 (0.94)	0	0
	Total	120	120	7421 (49.54)	7560 (50.46)	14981 (100.00)	17407		173 (36.04)	307 (63.96)	480 (100.00)	1213 (48.90)	1268 (51.10)	2481 (100.00)	125* (8.3)	17* (1.1)	1

Figures in the parenthesis indicates percentage. * Figures in the parenthesis indicates per 1000 of students.

Progress Report of the ongoing Second Phase of School Health Programme under

UHIP, KMDA

Sl. No.	Name of the Municipality	Training of teachers & others		Target No. of Schools	No. of Students in target schools		Average No. of Students per school	No. of Schools visited	Total No. of Student examined		No. of Students given treatment during the visit of the school	No. of students referred
		Teachers	Others (Doctors, Supervisors, UHIO)		Boys	Girls			Boys	Girls		
1.	Bhadreswar	, 24	13	12	431	451	80	11	364 (81.5%)	363 (80.5%)	291	278
2.	Naihati	40	6	20	1480	1220	385	7	455 (30.7%)	503 (41.2%)	283	679
3.	New Barrackpore	20	6	10	240	251	81	6	216 (90.0%)	240 (95.6%)	432	261
4.	Madhyamgram	22	35	9	1491	1521	335	9	1020 (68.4%)	1020 (67.1%)	441	195
5.	South Dum Dum	40	6	20	1130	1079	110	20	978 (86.5%)	862 (79.9%)	686	916
6.	North Barrackpore	40	8	20	1745	1470	107	3	265 (15.2%)	260 (17.7%)	65	24
	Total	186	74	91	6517	5992	1098	56 (61.5%)	3298 (50.6%)	3248 (54.2%)	2198	2353
									6546 (52.33%)			

Total Target Student Boys & Girls = 12509

Total No. of Student Examined Boys & Girls = 6546

Agenda No. VII

**Review of the Post Project
Maintenance of IPP-VIII, CUDP-III and
CSIP-1 (a) & 1 (b)**

**Review of the Post Project Maintenance of IPP-VIII, CUDP-III and
CSIP 1(a) & 1(b)
For 2003 - 04 and 2004 - 05 (Sept.,2004)**

1. KMDA implemented 3(three) projects funded by External Agency (World Bank and DFID) on the instruction of the Govt. of West Bengal in KMA. The projects are World Bank funded CUDP-III (1984-1992). CSIP 1(a) & 1(b) (1992-1998) and IPP-VIII (1994-2002).

1.1.

- World Bank funded CUDP-III covered 3(three) Municipal Corporation and 28 Urban Local Bodies and the beneficiary population is 16 lakhs.
- DFID funded CSIP 1(a) & 1(b) covered 15 wards of Kolkata Municipal Corporation and the beneficiary population is 2.88 lakhs.
- World Bank funded IPP-VIII covered 40 Urban Local Bodies including 3(three) Municipal Corporation and the beneficiary population is 38.03 lakhs

1.2 . The major objectives of the 3(three) projects were the following :

- ☞ To improve the Maternal and Child Health Status.
- ☞ To reduce fertility among the target population.
- ☞ To ensure delivery of health services at the doorstep of the Urban poor.
- ☞ To focus on community participation in Health Care Delivery System and decentralized implementation.
- ☞ During the terminal phase; few additional components of RCH programme were incorporated in a modest way.

1.3.Physical infrastructures created under the 3(three) projects are as follows :

☞ Block	-	5585
☞ Sub-Centre	-	1097
☞ Health Administrative Unit	-	174
☞ E S O P D	-	33
☞ Maternity Home	-	25
☞ Regional Diagnostic Centre	-	8

1.4.Deployment of various categories of service providers at different level of health facilities are as follows :

- Honorary Health Workers (HHWs) (5606)
- First Tier Supervisors (FTS) (1110)
- Second Tier Supervisors (STS) (276)
- Nurse (71)
- Part Time Nurses (35)
- Staff Nurse (4)
- Lab. Technicians/X-ray Technicians (74)
- Pharmacists (35)
- Clerk-cum-Storekeepers (182)
- General Duty Attendants (522)
- Ayahs (100)
- Attendant /Sweepers (256)
- Health Officer (37)
- Assistant Health Officers (40)

- * Part-time Medical Officer (PTMO) (392)
- * Part-time Specialist Doctors (288)
- * Specialist Doctors (355)
- * Radiologist(8)
- * Pathologist (8)
- * Sonologist (8)
- * Administrative Managers (8)

1.5. Funding of the O & M cost of the 3(three) projects are given below :-

(Rs. in lakhs)

Name of the Funding Deptt.	Name of the Project	Grant received during 2004-05	Revised budget for 2004-05	Budget for 2005-06
Municipal Affairs Deptt.	IPP-VIII	593.33	1068.39	1412.43
Health & Family Welfare Deptt.	CUDP-III	50.00	359.00	550.00
Urban Development Deptt.	CSIP-I(a) & I(b)	20.00	113.26	130.00

1.6. IMPACT OF THE HEALTH CARE MODELS.

The decentralized Health Care Models have emerged successful being low cost, participatory and community driven in the last several years which will be evident from measurable impacts in respect of various health indicators as placed below :-

• KEY PERFORMANCE INDICATORS

A. Outcome/ Impact Indicators

Indicator	Baseline	India (Urban 2002)	West Bengal (Urban 2002)	** Endline Evaluation Survey (2002)	Achievement (2003 - 2004)
Crude Birth Rate (CBR)	19.6	19.9	14.0	16.4	15.3
Crude Death Rate (CDR)	5.9	6.1	6.3	5.8	4.5
Infant Mortality Rate (IMR)	55.6	40.0	36.0	25.6	21.7
Maternal Mortality Rate (MMR)	4.6	-	-	-	0.6
Couple Protection Rate (CPR)	45.0%	-	-	75.0%	77.4%
Contraceptive Prevalence among couples having less than 2 children	*	-	-	-	49.4%
Pregnant Women having 3 antenatal visits	*	-	-	-	90.4%
Institutional Deliveries	53.9%	59.6 (1998)	76.0 (1998)	90.0%	91.7%
No. of women using OP for more than 6 months	*	-	-	-	88.5%
No. of women using IUD for more than 6 months	*	-	-	-	71.3%

* The data have been introduced during the implementation of the Project as required by the World Bank, as such Baseline data not available.

** Conducted by Ministry of Health & Family Welfare, Govt. of India.
Institute for Research in Medical Statistics.
ICMR, New Delhi - 110029.

B. Output Indicators :-

Indicator	Baseline	Achievement (2003 - 2004)
<u>Immunisation</u>		
• BCG	78.0%	98.7%
• DPT	64.0%	98.0%
• OPV	70.0%	98.6%
• Measles	54.0%	91.0%
• TT(PW)	76.0%	95.8%

1.7. Increasing trend in the utilization of the Health Facilities during 2003 - 2004 & 2004 - 05 (upto September,2005).

Total number of Urban Poor families brought under the Health Care - Delivery System - 11 lakh (approx.)

	2003-04	2004-05 (upto Sept.,2004)
• Total patients treated at the ESOPDs	2.53.676	1.37.384
• Total Maternity cases at the Maternity Homes	15.002	6.270
• Total pathological investigations at 8 RDC	61.848	31.708
• Total radiological investigations including ECG at 8 RDCs	57.005	32.868

URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Kolkata Metropolitan Development Authority

District-wise Break up of Health facilities under IPP-VIII / CUDP-III/CSIP-1(a) & 1(b)
(41 ULBs including KMC)

District : Howrah

Sl. No.	Name of the Local Body	Health Facilities							
		HAU		Sub Centre		ESOPD		Mat. Home IPP-VIII	RDC
		IPP	CUDP	IPP	CUDP	IPP	CUDP		
1.	Bally	3	1	21	6	1	1	Nil	Nil
2.	Howrah MC	11	2	55	16	Nil	Nil	Nil	Nil
3.	Uluberia	3	1	20	6	1	Nil	1	Nil

District : Nadia

Sl. No.	Name of the Local Body	Health Facilities							
		HAU		Sub Centre		ESOPD		Mat. Home IPP-VIII	RDC
		IPP	CUDP	IPP	CUDP	IPP	CUDP		
1.	Gayeshpur	1	1	7	6	Nil	Nil	1	Nil
2.	Kalyani	1	Nil	7	Nil	Nil	Nil	Nil	Nil

District : Hooghly

Sl. No.	Name of the Local Body	Health Facilities							
		HAU		Sub Centre		ESOPD		Mat. Home IPP-VIII	RDC
		IPP	CUDP	IPP	CUDP	IPP	CUDP		
1.	Baidyabati	2	1	11	6	Nil	Nil	Nil	Nil
2.	Bansberia	2	1	14	6	1	Nil	1	Nil
3.	Bhadreswar	2	2	11	12	1	1	1	1
4.	Chandannagar	1	2	6	12	1	Nil	1	Nil
5.	Champdani	2	1	13	6	Nil	Nil	1	Nil
6.	Hooghly Chinsurah	3	2	15	12	1	Nil	Nil	Nil
7.	Konnagar	1	1	7	6	Nil	1	Nil	Nil
8.	Rishra	3	1	18	6	1	Nil	1	Nil
9.	Serampore	4	1	25	6	1	Nil	Nil	Nil
10.	Uttarpara Kotrung	2	2	14	12	1	Nil	1	1

(Contd..)

District : North 24 Parganas.

Sl. No.	Name of the Local Body	Health Facilities							
		HAU		Sub Centre		ESOPD		Mat. Home IPP-VIII	RDC
		IPP	CUDP	IPP	CUDP	IPP	CUDP		
1.	Bhatpara	6	Nil	38	Nil	1	Nil	1	Nil
2.	Barrackpore	2	1	11	6	1	Nil	1	Nil
3.	Bidhannagar	1	Nil	7	Nil	1	Nil	1	Nil
4.	Baranagar	1	1	7	6	1	Nil	1	Nil
5.	Barasat	7	1	43	6	Nil	Nil	Nil	Nil
6.	Dum Dum	1	1	6	4	1	1	1	1
7.	Garulia	1	2	7	12	1	1	Nil	Nil
8.	Halisahar	2	1	14	6	Nil	1	Nil	Nil
9.	Kanchrapra	2	1	13	6	Nil	Nil	Nil	Nil
10.	Khardah	3	1	21	6	Nil	Nil	Nil	Nil
11.	Kamarhati	4	Nil	28	Nil	Nil	Nil	Nil	Nil
12.	Madhyamgram	3	Nil	19	Nil	1	Nil	1	Nil
13.	Naihati	2	1	14	6	1	Nil	1	1
14.	New Barrackpore	2	1	11	4	1	Nil	1	1
15.	North Barrackpore	2	2	12	12	1	1	1	1
16.	North Dum Dum	3	1	16	6	1	Nil	Nil	Nil
17.	Panihati	4	2	28	12	1	Nil	Nil	Nil
18.	Rajarhat Gopalpur	6	Nil	32	Nil	Nil	Nil	1	Nil
19.	South Dum Dum	6	Nil	41	Nil	1	Nil	1	Nil
20.	Titagarh	3	Nil	20	Nil	1	Nil	1	Nil

District : South 24 Parganas.

Sl. No.	Name of the Local Body	Health Facilities							
		HAU		Sub Centre		ESOPD		Mat. Home IPP-VIII	RDC
		IPP	CUDP	IPP	CUDP	IPP	CUDP		
1.	Baruipur	Nil	1	Nil	5	Nil	Nil	Nil	Nil
2.	Budge Budge	2	1	11	6	1	Nil	1	1
3.	Maheshtal	6	Nil	41	Nil	Nil	Nil	1	Nil
4.	Pujali	1	Nil	7	Nil	Nil	Nil	Nil	Nil
5.	Rajpur Sonarpore	4	1	28	6	1	1	1	1

(District.doc

**Health facilities under IPP-VIII/CUDP-III & CSIP 1(a) & 1(b) in the
Kolkata Municipal Corporation area**

HAU	Sub Centre				ESOPD			Maternity Home		
	IPP-VIII	CUDP-III	CSIP 1(a) & 1(b)	IPP-VIII	CUDP-III	CSIP 1(a) & 1(b)	IPP-VIII	CUDP-III	CSIP 1(a) & 1(b)	
1	12	8	7	90	55	Nil	Nil	Nil	2	

Demographic Indicators and Performance

2004 – 2005 (upto Sept., 2004)

**Performance Report of ESOPD under IPP-VIII Municipalities
For the Period April 2004 to September 2004**

SL. No.	Municipal Corporation / Municipality	Obs.		Gynae.		Paed.		Medicine		Eye		ENT		Surgery		Dental		Dermatology		
		B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	
1.	Bally	0	0	131	0	58	0	104	0	0	0	0	0	0	0	0	0	0	0	0
2.	Bansberia	69	353	42	86	14	52	245	291	79	94	94	93	0	0	288	300	0	0	
3.	Bhadreswar	193	612	150	213	60	122	117	211	51	275	274	274	20	58	150	157	63	103	
4.	Baranagar	28	10	6	1	89	16	0	0	67	18	0	0	0	0	185	29	38	7	
5.	Barrackpore	287	3637	34	135	348	509	26	389	194	169	64	124	0	523	52	121	108	151	
6.	Bhatpara	186	915	71	202	138	258	87	226	176	422	0	0	0	0	45	71	122	255	
7.	Bidhannagar	58	121	73	161	64	82	25	40	17	32	2	22	10	9	18	84	0	0	
8.	Budge Budge	428	613	79	287	167	402	222	526	205	555	174	1167	124	616	342	304	432	2072	
9.	Chandannagar	31	271	84	995	70	399	136	631	148	1662	38	790	40	611	147	1379	36	621	
10.	Dum Dum	0	0	52	74	137	225	51	152	10	0	65	229	0	0	176	181	121	203	
11.	Garulia	51	24	162	87	96	47	593	292	377	121	349	132	0	0	720	138	733	180	
12.	Hooghly Chinsurah	0	0	160	43	312	24	835	148	427	118	107	35	56	7	663	151	293	60	
13.	Madhyampur	647	1670	201	705	1205	95	120	980	451	649	829	672	551	536	157	337	1057	245	
14.	Naihati	767	326	154	73	78	158	72	158	255	229	136	222	50	101	53	158	122	229	
15.	New Barrackpore	331	823	150	354	255	129	102	123	173	104	275	1205	150	739	158	322	173	229	
16.	North Barrackpore	389	5596	201	110	143	459	211	629	295	18	115	332	326	1097	148	478	447	912	
17.	North Dum Dum	0	0	65	339	75	88	135	1157	296	364	21	234	0	479	193	78	345	528	
18.	Panibati	0	0	335	144	668	194	214	50	226	46	189	33	757	82	88	17	573	114	
19.	Rajpur Sonarpur	53	13	114	25	159	18	1988	199	259	66	125	30	2	1	127	33	0	0	
20.	Rishra	234	89	1360	556	247	24	0	0	381	61	283	73	0	0	391	87	550	144	
21.	Sonarpur Dum Dum	164	952	98	491	281	252	113	230	125	201	60	156	28	22	66	126	243	243	
22.	Serampore	346	2205	177	942	548	723	206	442	266	434	139	357	97	302	151	297	158	471	
23.	Titagarh	1820	0	19	83	58	93	85	105	52	207	52	191	0	0	34	81	64	193	
24.	Uluberia	289	74	71	20	81	8	0	0	61	15	8	1	0	0	0	0	0	0	
25.	Uttarpara Kotrung	114	1839	155	451	16	431	51	466	66	572	17	429	199	2113	31	345	40	575	
	Total	6985	18143	4644	7182	5145	5206	7424	7555	7300	3012	6843	2370	7796	5348	5504	5484	10267		

N.B. B- Beneficiaries ; NB - Non Beneficiaries

The Performance of 6(six) UHIP ESOPDs have been indicated on black background.

Total Patient treated Beneficiary - 45,867
Non Beneficiary - 75,796
Total - 1,21,663

**Performance Report of Maternity Cases of Maternity Homes under IPP-VIII
For the month April 2004 to September 2004**

Sl. No.	Municipal Corporation / Municipality	Admissions			Deliveries						Total [4+5+6] (7)
		Maternity Cases only (2)		Total (B+NB) (3)	Normal (4)		Caesarean (5)		Assisted (6)		
	(1)	B	NB		B	NB	B	NB	B	NB	
1.	Baranagar	32	368	400	3	15	8	158	5	103	292
2.	Barrackpore	35	465	498	21	101	12	337	12	337	820
3.	Bladeswar	186	186	372	6	28	21	102	3	15	259
4.	Bhatpara	40	199	239	17	85	17	73	0	2	194
5.	Bidannagar	12	13	25	7	4	4	6	1	3	25
6.	Budge Budge	194	474	668	167	429	0	0	2	10	608
7.	Chandpani	124	0	124	80	0	26	0	6	0	112
8.	Chandannagar	10	170	180	1	31	9	159	0	0	180
9.	Dum Dum	178	417	595	58	132	120	283	0	1	394
10.	Gayeshpur	2	11	13	2	3	0	4	0	2	11
11.	Madhyampur	49	80	129	17	50	12	119	0	0	228
12.	Maheshala	44	70	114	22	25	2	2	0	1	52
13.	Naitali	50	235	285	10	1	11	18	1	2	291
14.	New Barrackpore	6	299	305	0	0	0	250	0	0	250
15.	North Barrackpore	57	279	336	6	60	29	135	1	10	276
16.	Rajarhat Gopalpur	126	399	525	79	234	33	106	4	15	471
17.	Rajpur Sonarpur	20	341	361	8	151	3	75	6	28	271
18.	Rishra	206	49	255	60	14	56	18	16	3	167
19.	Salt Lake Dum Dum	3	23	26	7	10	1	19	0	1	28
20.	Titagarh	18	118	136	15	58	0	0	0	2	75
21.	Uluberi	2	10	12	2	3	0	0	1	0	6
22.	Uttarpara Kolruing	109	93	202	30	14	19	27	0	0	90
	Total	1558	4712	6270	661	1600	513	2159	64	517	5514

B - Beneficiaries ; NB - Non Beneficiaries

The Performance of 6(six) UHIP Maternity Homes have been indicated on black background.

Total Admission - 6270

Total Deliveries - 5514

**Performance of Regional Diagnostic Centres functioning under IPP-VIII&UHIP
for the period April, 2004 to September 2004**

Sl No.	Name of Municipality (1)	Type of Investigation														
		Pathology & Bio-Haematology & Chemistry (2)				USG (3)			X-Ray (4)			ECG (5)			Other (Specify) (6)	
		B	NB	Total	B	NB	Total	B	NB	Total	B	NB	Total	B	NB	
*1	Bhadreswar	527	3125	3652	146	376	522	459	1147	1606	218	251	469	0	0	
*2	Naihati	617	799	1416	264	440	704	560	885	1445	100	188	288	0	0	
*3	New Barrackpore	632	7645	8275	205	2252	2457	125	3202	3327	48	894	942	0	0	
4	North Barrackpore	764	4232	5036	177	1513	1690	204	1852	2056	0	528	528	0	0	
5.	Budge Budge	176	1393	1569	398	650	1048	405	821	866	122	197	319	0	0	
6.	Dum Dum	3366	5022	8388	553	3237	3790	1169	3580	4749	919	1596	2515			
7.	Rajpur Sonarpur	719	235	954	0	0	0	347	78	425	0	0	0	0	0	
8.	Uttarpara Kotrung	229	2189	2418	61	1233	1294	78	1146	1224	91	513	604	0	0	
	Total	7030	24678	31708	1804	9701	11505	3347	12711	15698	1498	4167	5665	0	0	

NB : - Beneficiaries ; NB - Non Beneficiaries

The Performance of 4(four) UHIP RDCs have been indicated on grey background.

* Upgraded RDCs under UHIP

Total Pathological Investigations	-	31,708
Total Radiological Investigations including ECG	-	32,868
Total Performances -	-	64,576

**Performance Indicators on Service Delivery under IPP-VIII
For the Period April 2004 to September 2004**

Sl. No.	Name of the Municipality	PW having 3-AN Check up (in %)	Institutional Deliveries (in %)	Immunization (in %)			
				BCG	DPT3	OPV3	Measles
1.	Bally	30.7	93.5	44.7	34.1	76.2	78.6
2.	Bhadreswar	73.8	74.7	98.3	93.0	93.0	81.0
3.	Baidyabati	77.1	98.5	87.2	52.5	87.2	78.2
4.	Bansberia	53.9	82.8	74.6	67.8	87.9	74.3
5.	Bhatpara	55.5	93.5	86.7	69.2	85.4	78.7
6.	Barrackpore	66.4	96.3	72.7	72.5	73.4	75.5
7.	Bidhanagar	72.5	91.1	96.0	78.2	83.7	76.9
8.	Budge Budge	62.7	82.1	87.0	79.3	81.2	77.3
9.	Baranagar	78.4	98.0	84.8	62.3	88.7	78.5
10.	Barasal	57.2	80.0	84.5	87.2	88.1	78.5
11.	Chandannagar	43.4	95.8	91.6	88.2	88.2	89.5
12.	Chandpiani	78.2	72.8	92.5	78.2	87.8	77.2
13.	Dum Dum	53.9	62.9	82.5	78.5	79.4	76.5
14.	Gayeshpur	56.8	90.4	95.1	77.2	82.3	81.0
15.	Garulia	51.2	81.1	95.2	76.5	84.7	72.8
16.	H. Chinsurah	79.5	87.9	94.5	77.4	85.4	88.5
17.	Howrah MC	50.2	93.0	92.3	79.2	89.6	78.6
18.	Haisahar	36.2	85.3	82.5	81.3	88.1	76.1
19.	Konnagar	77.0	92.5	81.5	84.2	92.2	77.2
20.	Kalyani	78.1	91.3	78.2	85.2	92.5	78.2

Contd.

Sl. No.	Name of the Municipality	PW having		Institutional Deliveries (in %)	Immunization (in %)			
		3-AN Check up (in %)	TT2 (in %)		BCG	DPT3	OPV3	Measles
21	Kanchrapara	64.4	82.7	97.6	83.4	70.9	90.7	69.5
22	Khardah	93.4	90.4	95.8	97.2	72.5	87.0	76.4
23	Kamarhati	68.6	60.6	92.6	95.2	78.9	89.9	77.8
24	Kolkata MC	40.8	50.0	78.4	93.8	91.3	67.2	70.2
25	Madhyamgram	79.0	84.3	87.2	98.8	96.4	96.4	86.2
26	Maheshala	35.1	64.5	78.4	92.7	72.2	89.0	77.2
27	Naihati	69.6	84.8	88.7	94.0	96.1	96.1	78.6
28	New Barrackpore	90.7	84.7	94.2	95.3	91.6	91.6	85.4
29	North Barrackpore	63.8	66.6	99.1	100.0	82.1	91.2	79.8
30	North Dum Dum	85.9	76.4	95.6	97.1	83.4	84.3	77.5
31	Panihati	79.2	76.6	99.2	96.1	87.5	86.5	74.2
32	Pujali	86.6	86.9	57.2	88.0	76.3	89.4	73.8
33	Rishra	75.7	69.6	97.5	87.2	87.2	86.1	74.4
34	R/Gopalpur	53.6	61.2	89.8	82.5	87.3	86.3	75.4
35	R/Sonarpur	67.3	63.9	87.2	83.9	88.0	81.6	78.6
36	South Dum Dum	65.7	73.5	95.1	93.2	94.2	94.2	88.7
37	Serampore	65.4	74.3	94.6	98.6	87.2	86.4	80.2
38	Titagarh	67.2	75.6	91.4	82.5	82.5	83.1	77.5
39	Uttarpara Kotrung	70.8	85.2	84.3	91.7	89.7	89.3	74.2
40	Uluberia	89.6	84.7	83.4	98.5	87.3	79.4	78.8

NB. : The Performance of 6(six) UHIP have been indicated on black backgrounds.

Performance Indicators on Service Delivery under CUDP-III

For the period April 2004 to September 2004

ULBs	Institutional Delivery (%)	Immunization Status (% coverage)			
		BCG	DPT	OPV	Measles
1. Baidyabati	90	34	36	36	31
2. Bally ✓	97	50	37	35	25
3. Bansberia	89	42	54	54	43
4. Baranagar	100	18	14	26	11
5. Barasat	82	40	45	49	45
6. Barrackpore	93	38	33	33	32
7. Baruipur	95	32	33	33	29
8. Bhadreswar	Incorporated in UHIP Unit				
9. Budge Budge	72	16	14	14	13
10. Champdany	74	46	36	36	40
11. Chandannagar M. C.	89	7	25	25	16
12. Dumdum	99	56	90	89	93
13. Garulia	99	46	51	52	51
14. Gayeshpur	91	20	25	25	31
15. Halisahar	96	55	65	65	65
16. Hoghly-Chinsurah	97	7	34	34	39
17. Howrah M.C. ✓	90	47	53	40	43
18. Kanchrapara	98	35	35	35	30
19. Khardah	N. A.				
20. KMC	97	32	46	44	45
21. Konnagar	99	9	14	15	19
22. Nahati	Incorporated in UHIP Unit				
23. New Barrackpore	Incorporated in UHIP Unit				
24. North Barrackpore	Incorporated in UHIP Unit				
25. North Dumdum	97	34	35	35	35
26. Panihati	100	50	48	48	44
27. Rajpur-Sonarpur	95	33	35	35	45
28. Rishra	88	48	45	47	36
29. Serampore	91	32	41	41	41
30. Uluberia ✓	N. A.				
31. Uttarpara-Kotrong	97	25	29	28	27

Performance Indicators on Service Delivery under CSIP-1(a)&I(b)

For the period April 2004 to September 2004

ULBs	Institutional Delivery (%)	Immunization Status (% coverage)			
		BCG	DPT	OPV	Measles
1. CSIP-1(a)	90	28	34	33	32
2. CSIP-1(b)	90	15	25	25	21

Performance Report of ESOPD under CUDP-III Health Programme

Period: April'04 to September'04

Municipality	Obstetrics (ANC & PNC)		Gynaecology		Paediatrics		Medicine		Eye		ENT		Surgery		Dental		Dermatology	
	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB	B	NB
1. Bally									132		391			347				
2. Bhadreswar	9	18	10	9	6	2	56	2	25	3	246	293	116	167	136	261	44	125
3. Dum Dum	161	5	93	4			68	4	83	6					134	5		
4. North Barrackpore	351	955	126	266	74	214	96	196	89	219	105	236	94	259	146	399	200	493
5. North Dum Dum				383	117	88	89	1188	223	366	75	243		584	133	90	164	530
6. Rajpur-Sonarpur			107	57	380	108	1115	344	190	66	188	81	279	91	289	71	467	136
TOTAL:-	521	978	336	719	577	412	1424	1734	742	660	1005	853	489	1101	1185	826	875	1284

N.B. B - Beneficiaries ; NB - Non Beneficiaries

Total Patient treated Beneficiary: 7154
 Non Beneficiary: 8567
 Total: 15721

Performance Report of ESOPD under CSIP-1(a) and (b) Health Programme
 Period: April to September 2004

Municipality	Obstetrics & Gynaecology	Paediatrics	Medicine	Eye	ENT	Surgery	Dental	Dermatology
1. CSIP-1(a)	22	64	582	17	26	22	36	77
2. CSIP-1(b)	18	32	169	31	29	2	96	63
Total:-	40	96	751	48	55	24	132	140

Agenda No. VIII

Miscellaneous

ii) **Health Administrative Unit :**

The distribution of Health Administrative Units under the above 3(three) projects are as follows : -

IPP-VIII	CUDP-III	CSIP 1(a) & 1(b)	Total
116	50	8	174

IPP-VIII (Extension)	Asansol Sub Project
35	11

13

- Each Health Administrative Unit operates one or two Sub-Centres and also acts as a referral centre for distribution of drugs and other equipments to the Honorary Health Workers. Collection of Reports. Organization of weekly meetings with the HHWs to review their performance.
- Conduction of orientation, re-orientation training for different category of health personnel.
- Preparation of action plan for sub-centres.
- Preparation of municipality wise monthly reports and onward submission.
- Adolescent health care
- Refer difficult cases to referral centres.
- Store for logistics i.e. drugs, equipment etc.
- Conduction of various IEC programmes
- Extension of health activities of NGOs and CBOs.
- Liaison with Govt. Health Offices/facilities.
- **Proposed target.**
 - 50% sample checking of the performance of the HHWs.
 - 100% checking of performance of the 1st ties Supervisors.

iii) **Maternity Home :**

There are 23 Maternity Homes set-up under IPP-VIII.

There are 11 ESOPD cum Maternity Homes under IPP-VIII (Extension) and 2 Maternity Homes Asansol RCH Sub Projects.

The Maternity Home does the following functions : -

- Admission of Maternity Cases.
- Admission of Gynaeco Cases.
- MTP Cases.
- Female Sterilization Cases.
- The bed occupancy for all the Maternity Homes is not satisfactory. The performance regarding MTP & Female Sterilisation is also not satisfactory.
- **Proposed target**
 - 90% bed occupancy.
 - Female sterilization cases including MTP at least 300 per year.

iv) **Activities of Honorary Health Workers :**

The activities of the HHWs are focused primarily on the following items : -

- Home visit twice in a month to each beneficiary family.
- Ante-natal care for pregnant mothers
- Institutional delivery
- Immunization of infant under one year.
- Educating mothers about family welfare measures such as, sterilization, IUD, insertion and adoption of other family welfare devices.
- Detection of RTI & STI Cases.
- Organization of IEC activities with the mothers of her area on safe-motherhood, care of new born, early marriage, adolescent health care, RTI & STI detection, personal hygiene.
- National Health Programmes.
- Collection of Re 1/- per visit in to the health fund for the municipality.
- To actively participate in implementation of different State Health Programme.
- **Proposed target for the HHW may be the following : -**
 - 100% immunization
 - 100% Institutional Delivery
 - 100% ante-natal check-up &
 - 80% couple protection through various family welfare devices.
 - Atleast 12 IEC activity in her Block.

v) **Problems regarding non-availability of doctors.**

- There is no doctor at Bariupur which operates one HAU under CUDP-III
- The Maternity Homes at Bansberia and Gayespur suffer from shortage of specialist doctors.
- Champdani and Uluberia also have not been able to receive adequate support as regards engagement of specialist doctors at the Maternity Home and the performance is not satisfactory.
- In IPP-VIII (Extension) the approved staff strength is too minimum to run a Maternity Home smoothly and effectively.
- Non availability of MO (full time) and Nurse due to fixed underrated remuneration.
- To provide round the clock service at Maternity Home, it requires full time availability of G&O specialist services which are not available for the instant cases.



By FAX

Kolkata Metropolitan Development Authority



URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd & 3rd floor, Kolkata - 700 091.

☎ : 2334-5257/2337-0697/2358-6771/2337-4103. FAX Nos. : 2358-3931 & 2358-7368 E-mail : cmdaipp8@vsnl.net

No. / A-5/KMDA/UHIP/04

Dated: 23.06.2005

NOTICE

The 8th meeting of the Apex Advisory Committee on Urban Health Improvement Programme to be chaired by Hon'ble Minister, UD & MA Departments will be held at the Chamber of Hon'ble Minister, MA & UD Depts. , Govt. of West Bengal at Writers' Buildings on 6th July, 2005 at 3 PM to consider the following agenda :-

1. Follow up actions of the decisions of the 7th meeting of the Apex Advisory Committee held on 28.01.2005.
2. Discussion for implementation of 6 (six) additional ULBs under UHIP funded by European Commission .
3. Review of the post project maintenance of IPP-VIII, CUDP-III & CSIP -I(a) & I(b)
4. Review of the on-going UHIP
5. Urban Health Policy.
6. Review of IPP-VIII (extn.) during post project maintenance.
7. Extension of Area for IPP-VIII(Extension)
8. Review of RCH Sub-project , Asansol during post project maintenance.
9. Status of Health Component under KUSP.
10. Status of DFID assisted Honorary Health Worker Scheme in 11 non-KMA ULBs.

A copy of the brief note on the agenda items for consideration in the meeting is being sent separately.

You are , therefore, requested kindly to make it convenient to attend the said meeting on the above mentioned date and time

Yours faithfully,

sdl-

(A.R. Bardhan)

Secretary, KMDA & Member -Convener
Apex Advisory Committee on
Urban Health Improvement Programme

Dated: 23.06.2005

No. 245/1(w) A-5/KMDA/UHIP/04

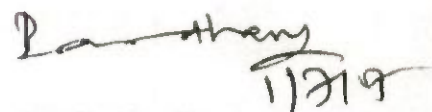
Copy forwarded for favour of information and necessary action to -

1. P.S to MIC, UD & MA Depts. Govt. of West Bengal.

With the request to bring the notice to the kind attention of MIC for favour of his information and necessary action

contd

2. Principal Secretary, UD Department, Govt. of West Bengal, Nagaryan Bhavan, Salt Lake
3. Principal Secretary, Health & Family Welfare Deptt., Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata-700 091
4. Secretary, MA Deptt., Govt. of West Bengal, Writers' Buildings, Kolkata-700 001.
5. Chief Executive Officer, KMDA, Prasashan Bhavan, Block-DD-I, Sector-I, Kolkata-700 064
6. Shri Rajeev Dube, IAS, Special Secretary (Project) & Programme Director, SIP & HSDI, Govt. of West Bengal, Health & Family Welfare Deptt., Swasthya Bhavan, 4th floor, Project Branch, GN-29, Sector-V, Bidhannagar, Kolkata-700 091.
7. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality, North 24-Pargans.
8. Shri Rathin Roy, Mayor, Durgapur Municipal Corpn., Durgapur.
9. Chief Health Officer, Kolkata Municipal Corporation, 5, S.N. Banerjee Road, Kolkata-700 013
10. Director, SUDA, ILGUS Bhavan, HC Block, Sector-III, Kolkata-700 097
11. Dr. N.G. Gangopadhyay, Member


17/19

(A.R. Bardhan)

Secretary, KMDA & Member -Convener
Apex Advisory Committee on
Urban Health Improvement Programme

No. / A-5/KMDA/UHIP/04

Dated: 23.06.2005

Copy forwarded for favour of information to:-

1. Shri Arnab Roy, IAS, Project Director, KUSP with a request to kindly attend the meeting

(A.R. Bardhan)

Secretary, KMDA & Member -Convener
Apex Advisory Committee on
Urban Health Improvement Programme

No. 245/1(U)/A-5/KMDA/UHIP/04

Dated: 04.07.2005

Copy forwarded for information to Dr. Shibani Goswami, Health
Expert, EMU, KUSP, Ilgus Bhavan with a request to attend the
meeting.

OSD, UHIPU, KMDA.

Draft Urban Health Policy for West Bengal



UHIPU, KMDA



Kolkata Metropolitan Development Authority

Draft Document Prepared by KMDA in association with SUDA in terms of the decision of the
Apex Advisory Committee on Urban Health Improvement Programme
Chaired by Hon'ble Minister, M.A. & U.D. Deptts.

Draft Urban Health Policy for West Bengal

The Constitution of our country has declared health as a state subject. The 74th (amendment) Act, 1992 of the constitution envisages a critical role for the elected Municipal Governments in the provision of basic services to their residents. The Act incorporates a 12th schedule containing an illustrative list of functions which would devolve upon Urban Local bodies. Public health is one of the illustrative items of municipal functions included in the 12th schedule.

Since the amendment no well defined Urban Health Policy has been evolved for betterment of the overall health status of the State population. Policy is a system which provides the logical frame work and rationality of decision making for the achievement of intended objectives. Policy sets priorities and guide resource allocations, pinpoints implementation modalities. While the 74th amendment act of the constitution stresses on more decentralized administration in the case of health services delivery such decentralized administration is yet to take shape for the Urban Local Bodies of West Bengal.

2.0. Health Scenario of West Bengal vis-à-vis India

While the public health initiatives over the years have contributed considerably to the improvement of the health indicators in the State, the morbidity and mortality levels are still unacceptably high as compared to some of the advanced States in the country. This will be evident from the following table:-

TABLE (2.1)

Sl. No.	State	Birth rate 2001	Infant mortality rate 2001	Death rate 2001	*Female literacy 2001.	** Maternal Mortality – 1998 (per 100000 Live births)
1.	Kerala	17.30	11	6.60	87.86	198
2.	Tamilnadu	19.10	49	7.70	64.55	79
3.	West Bengal	20.60	51	7.00	60.22	226
4.	Maharastra	20.70	45	7.50	67.51	135

* Census of India – 2001.

** Source – SRS Bulletin April, 2003

2.1. A comparison of the health indicators in respect of the urban and rural areas is given in the following table :-

TABLE (2.1.II)

Sl. No.		Birth rate			Death rate			Infant mortality rate		
		Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
1.	India	25.4	27.1	20.3	8.4	9.1	6.3	66	72	42
2.	West Bengal	20.6	22.9	13.8	7.0	7.2	6.4	51	54	37
3.	Kerala	17.3	17.4	16.7	6.6	6.8	6.2	11	12	9
4.	Tamilnadu	19.1	19.6	17.8	7.7	8.5	6.0	49	55	35
5.	Maharastra	20.7	21.1	20.2	7.5	8.5	5.9	45	55	28

* Source – SRS Bulletin April, 2003

The health infrastructures created under the above mentioned projects are as follows:-

TABLE (3.IV)

Sl. No.	Name of the project	No. of HAU/ Health post	No. of ESOPD with Diagnostic unit	No. of Maternity Homes	No. RDCs/ Diagnostic Unit
1.	CUDP-III	50	8	-	-
2.	IPP-VIII	116	25	23	8
3.	CSIP-1(a) & 1(b)	8	2	2	-
4.	IPP-VIII (Extn.)	35	11	11	11
5.	DFID assisted HHWs scheme	11	-	-	-
6.	RCH Sub-Project at Asansol	13	2	2	1

The ULB wise facilities have been indicated in **Annexure- I & Annexure – II**.

In 63 ULBs there is no health infrastructure to deliver primary health care services to its residents. The Secondary level facilities such as District /Sub Division Hospitals or State General Hospital are available in 31 ULBs. The details are indicated in annexure-III. 32 ULBs have no facility for secondary level health care excepting Birnagar, Baduria & Taki as indicated in **Annexure-IV**. Birnagar has a public dispensary and a Matrisadan, Baduria has a Municipal charitable dispensary and Taki operates a 5 bedded Maternity Home . 65 ULBs have no Health Officer sanctioned by the M.A. Deptt., only the post of Sanitary Inspector is there. **The ULB wise Health Infrastructures under their control and the existing Health functionaries in respect of 63 ULBs is shown at Annexure – V.**

4. Goals:-

To provide comprehensive health care with focus on preventive and promotive health care to all sections of the urban community through a decentralized health care delivery system to upgrade the overall health status of the state.

4.1. Goals/Targets to be achieved by 2005 to 2008:-

Year	Goals to be achieved
2005	<ul style="list-style-type: none"> To empower the urban local bodies to implement the decentralized components of health services focused on preventive and promotive health care with Secondary level support. To strengthen the existing Secondary level Health Care Units of the Urban Local Bodies

- | | |
|-------------------|---|
| 2005
&
2006 | <ul style="list-style-type: none"> • Identification and training of different levels of newly engaged health and non-health functionaries including RCVs and members of Community Development Societies. • To complete a Baseline information on different demographic, social and environmental status of the ULBs. • Establishment of integrated system of surveillance on National Health Programmes. • Institutional deliveries – 90% • Fully Immunised children – 70% • Eligible Couple coverage with modern methods – 60% |
| 2007
&
2008 | <ul style="list-style-type: none"> • To reduce the existing important mortality rates by 70% • To reduce the existing morbidity rate of important Communicable diseases under National Health Programmes by 50%. • To firmly establish the referral system. • To generate necessary funds to become financially self independent for sustenance of the health programmes. • Institutional delivery – 100% • Fully Immunised children – 90% • Eligible Couple coverage with modern methods – 75% |

5. Objectives :-

- i) To achieve an acceptable level of good health amongst the Urban Population of the State with the involvement of the Community specially the woman groups created under SJSRY.
- ii) To deliver the Service Components of Primary Health Care in an integrated manner.
- iii) To ensure equitable access to the services by different sections of the Urban Population.
- iv) To converge the services provided through different govt. and non-govt. agencies.
- v) To strengthen the existing health infrastructures of the urban local bodies.
- vi) To ensure the management capacity of the Public Health Administration of the local bodies for effective delivery of services.
- vii) To ensure adequate fund generation for future sustainability of the health system
- viii) To streamline and strengthen the municipal level Health & Family Welfare Committee

6. PRESCRIPTION

- a) **Development of Human Resources:** In 63 ULBs the Health Care Delivery System including preventive and promotive health care has been setup with the help of externally aided projects. **However, in the remaining 63 ULBs such structures are absent.** Under the circumstances the urban health policy should make necessary provision to establish a system which may differ from that of the 63 ULBs where community based health infrastructures with secondary level health care units have

already been setup under different externally aided projects. The suggested model for the 63 ULBs without any Health Infrastructure will comprise the following inputs :-

- i) Engagement of 1 Medical Professional and 1 GNM Nurse at each ULB where the total population exceeds 20,000 provision for additional medical and para-medical staff should be made.
 - ii) RCVs of the neighbourhood group will be utilized as Voluntary Health Guides and will be trained on basic health issues including IEC activities. **Their functions, responsibilities and monetary incentive may be at par with those of the Voluntary Health Guides engaged in the rural areas.** They would cover the entire population including the APL people in their respective areas.
 - iii) **A Subcentre with a fixed clinic day would be setup in each Ward where immunization, antenatal care, treatment of minor ailments and other RCH activities will be taken up. Health Officer/Additional Medical Personnel will conduct the Subcentre activity with the help of the GNM Nurse/ additional para-medical personnel.**
 - iv) The Neighbourhood Committee which is generally coterminous with the jurisdiction of the Ward should take up the role of the supervision with necessary training.
 - v) The Community Development Society (CDS) at the Municipal level should make necessary arrangement for supervision of health activities with the induction of the Health Officer as a Member of the CDS. The Community Organiser or the Town Project Officer of the CDS may be assigned the role of supervision and monitoring the non-technical part of the health activities. The proposed health programme supervision tier comprising Councillor-in-Charge of Health, Health Officer, GNM Nurse, Sanitary Inspector and Town Project Officer and Community Organiser should take care of the technical and non-technical components of the programmes.
 - vi) The Municipal level Health & Family Welfare will be responsible for monitoring the functioning of the whole system which may be given a legal status by getting it registered as a Registered Society as has been done in the case of District level Health & Family Welfare Samity and Block level Health & Family Welfare Samity.
 - vii) The women groups under the SJSRY in the 63 ULBs where there is a grass root level structure for delivery of preventive health care setup under different foreign funded projects can be utilized for IEC activities to facilitate better community participation including APL population.
- b) **Financial Resources:** Barring a few large Urban Local Bodies (Municipalities & Corporations) majority are financially weak. **The Health Sector in the Urban Local Bodies is given a low priority. Whatever the financial resources available are utilized for other sectors.** Each ULB should create a separate Bank Account styled as Health Development Fund (HDF). The Fund may raise donations from Public and also can be augmented from the following sources:-
- i) Own Source Revenue of the ULB.
 - ii) Funds from Govt. of West Bengal (Health , M.A., U.D. & Social Welfare Deptt.s)
 - iii) Funds from Govt. of India (RCH-II in identified municipalities, NSDP fund etc.)

- iv) Funds from external agencies viz., European Commission, DFID, World Bank etc.
- v) Fund generation through User Charges where secondary level health care units are existing and Registration Fee from the beneficiary family.
- vi) Funds from the M.P. & M.L.A.

The expenditure on Health Programmes seems to be only 2% to 3 % of the total budget of the local bodies. It requires study for assessment of the expenditure level in different categories of Urban Local Bodies.

- c) **Equity** : Though there is an increasing trend for investment of fund in the Health Sector for the Primary Health Care Programmes but the investment is either very meagre or nil for Secondary Health Care in majority of the ULBs resulting in making the services totally inadequate or extremely perfunctory. **Allocation on Primary Health Care and adequate secondary level care should be enhanced substantially for rendering quality of services and containing the increasing disease load.**
- d) **Delivery of National Health Programmes :**
 - i) In the existing situation most of the National Health Programmes are taken care of by the Deptt. of Health.
 - ii) Few municipalities have got their health workers for implementing the programmes at the grass-root level in terms of detection, management and referral
 - iii) ULBs who have Health-Worker System supervise and monitor the activities through their own medical professionals.
 - iv) **Due to the dearth of Health Staff such activities are observed to be negligible in 63 ULBs.**
 - v) **During the epidemics such as diarrhoea, jaundice etc. District Health Deptt. mostly gear up their machinery to contain the situation.**
 - vi) The Family Welfare particularly the RCH Programmes have been observed to be far below the actual need.
 - vii) Most of the morbid conditions of the ULBs are still being attended to by the local practitioner of different disciplines viz., Allopathic, Homoeopathic and other Indian system of medicine.

The Urban Health Policy should consider reallocation of the areas in ULBs inhabited by both APL & BPL groups to the Govt. Health Staff who may cover 15,000 to 20,000 population. He/She will take care of the various National Health Programmes. The pattern will be similar as in rural areas where the Health Worker is made responsible for 5,000 population or 5 to 6 villages. The same population for the hill and tribal areas is 3,000. However, due to the increase density of urban areas the population may be 15,000 to 20,000.

- e) **The Public Health Infrastructure :**
 - i) Majority of the ULBs have either a Health Officer and/or a Sanitary Inspector to take of health and sanitation activities. **Some of the old ULBs has a Dispensary or a Maternity Home established during the Pre-independence era.** However, to fulfil the people's expectations / demands some of the ULBs had established secondary level care units.

- ii) District and Sub-division of the State is equipped with Secondary level Care units.
- iii) **The urban local bodies have little authority to supervise/ monitor the activities of the Health Deptt. personnel resulting in a poor provision of services to either APL or BPL groups.** As the BPL groups is financially handicapped, they suffer more and contribute substantially to increase the disease load.

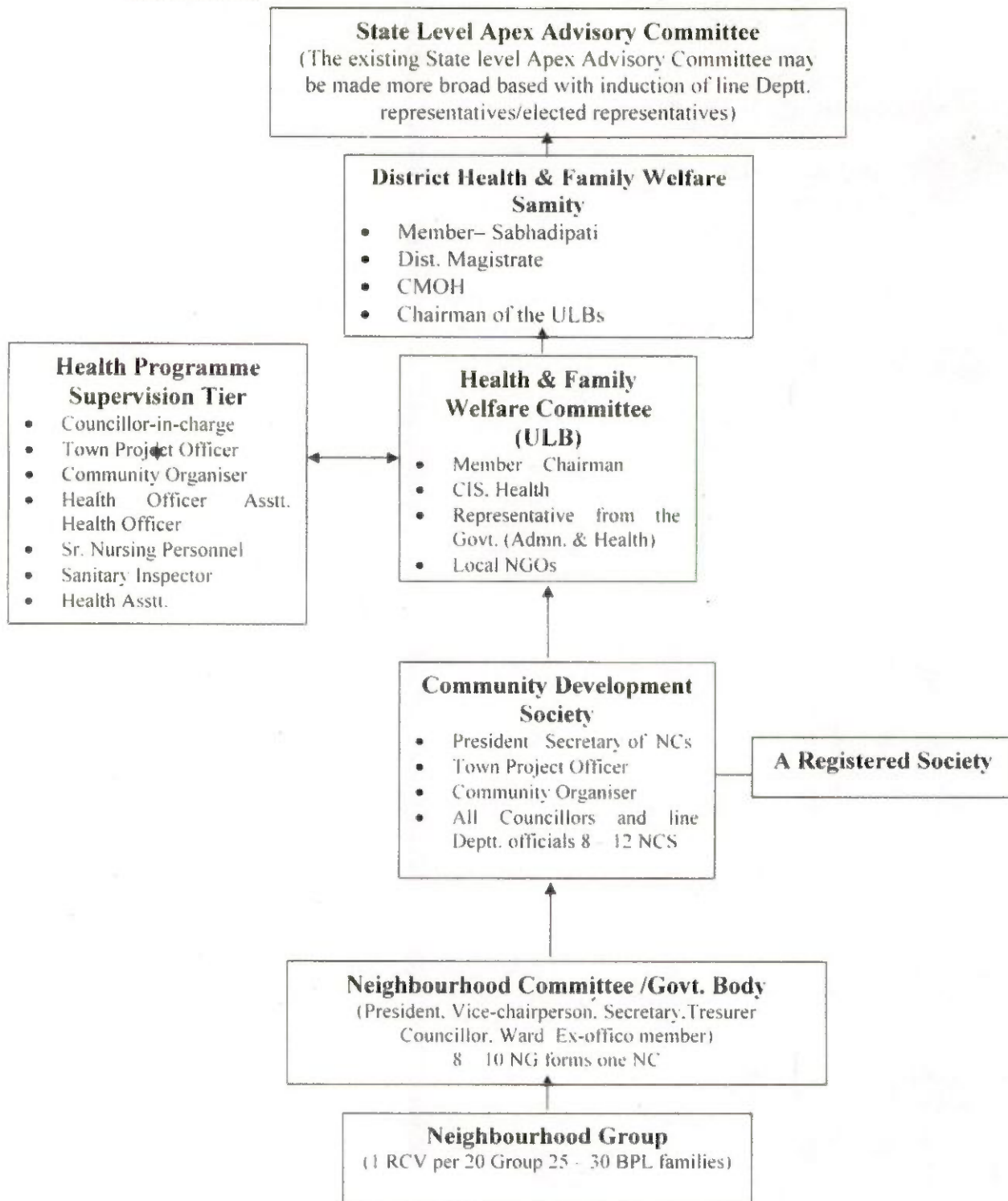
In view of the above, the Policy should be to strengthen the smaller urban areas with medical and para-medical persons to render services through the dispensaries and establish a strong referral system either with District or Sub-division Govt. Health Infrastructure.

f) **Extending the Public Health Services :**

- i) **Though there is a recent policy to strengthen the health care services at the ULBs from the Specialists both medical and para-medical personnel for rendering services on part-time basis on the ULB Health Infrastructures, yet the system is not functioning.** This is mostly due to the fact that the working hours of the Govt. Hospitals and the ULB Health Infrastructures (Secondary Care Unit) are overlapping.
 - ii) The Professionals practicing Indian System of Medicine have given little scope in the existing health system of the ULBs. The Health Policy should consider for best utilization of those professionals
- g) **Role of ULBs :** The Policy should also emphasise the decentralization in terms of supervision, monitoring the activities of Govt. Health Staff entrusted in the ULBs.
- h) **Criteria for engagement of Health Professionals :** No Professional either doctor, nurse or technician should be engaged flouting the norms laid down by Govt. / Councils
- i) **Referral System :** In the existing system the ULBs are at liberty to refer the cases to any Institution of their choice even by passing the Secondary level care unit to tertiary care unit even. **Policy should have some provision to restrain such erratic referral system. It is suggested each of the ULBs should know their secondary and tertiary care units.**
- j) **IEC :** For the present majority of the ULBs have no system of awareness generation on health. The concerned district as and when feels it necessity for any programme mobilizes their staff for the activities. This irregular and inadequate IEC have little impact. **The Policy should take care of sustained awareness generation on communicable, non-communicable and on RCH issues particularly of the vulnerable section of the population with the involvement of the women groups setup under SJSRY .**
- k) **Role of Private Sector:** In many ULBs a large number of Private Nursing Homes are operating. **The role of such Nursing Homes in rendering emergency services at a heavily subsidized rate or free particularly for mother and children of the poorer section should be made mandatory.**

- l) **Role of NGOs** : The Policy should take care of functioning of the NGOs and necessary authority should be given to the ULBs for the purpose.
- m) **MIES** : Barring a few ULBs who operate a comprehensive MIES System, all other ULBs only maintain a record on birth and death and data on common epidemic diseases. The Sanitary Inspect maintains such records. The existing system in most of the ULBs do not serve the purpose for measuring the impact of service inputs by indicators. **Policy to establish a full proof system through a Software Network should be made mandatory.**
- n) **Selling of spurious drugs**: The responsibility for drug control is entrusted at present to the District Authority. As there is a small number of Drug Inspectors of the Deptt. the spurious drugs are being sold through the different Medical shops in both smaller and larger ULBs. **The Policy should take care of this situation and engagement of larger no. of Drug Inspector** or involvement of the para-medical professionals of the ULBs may be considered to tackle the situation.

7. PROPOSED STRUCTURE FOR IMPLEMENTATION OF HEALTH CARE DELIVERY SYSTEM (In ULBs without any Structure)



(Urban Health Policy Prescription doc)

ANNEXURES

**ULB-wise information (41 KMA ULBs including KMC) on Health facilities created under
CUDP-III & IPP-VIII, Health Programmes.**

Sl. No.	Name of ULBs	Population covered		No. of Blocks		No. of Subcentres		No. of HAUs		No. of ESOPDs		No. of Mat. Home	No. of RDC	No. of Crèches	
		CUDP-III	IPP-VIII	CUDP-III	IPP-VIII	CUDP-III	IPP-VIII	CUDP-III	IPP-VIII	CUDP-III	IPP-VIII			CUDP-III	IPP-VIII
1.	Bally	30493	97891	30	97	6	21	1	3	1	1	-	-	-	-
2.	Baidyabati	26224	48225	28	57	6	11	1	2	-	-	-	-	-	-
3.	Bansberia	29307	69414	29	70	6	14	1	2	-	-	1	-	-	-
4.	Bhadreswar	64014	121924	60	115	12	11	2	2	1	1	1	1	-	1
5.	Bhatpara	-	190174	-	191	-	38	-	6	-	-	1	-	-	-
6.	Barrackpore	31114	53333	30	55	6	11	1	2	-	-	1	-	-	-
7.	Bidhannagar	-	38356	-	35	-	7	-	1	-	-	1	-	-	-
8.	Budge Budge	29487	51079	30	54	6	11	1	2	-	-	1	1	-	-
9.	Baranagar	22527	35740	25	35	6	7	1	1	-	-	1	-	-	-
10.	Barasat	23689	204868	30	197	6	43	1	7	-	-	-	-	-	-
11.	Baruipur	23203	-	24	-	5	-	1	-	-	-	-	-	-	-
12.	Chandannagar	58070	32997	52	33	12	6	2	1	-	-	1	-	-	-
13.	Champdani	30137	61649	30	64	6	13	1	2	-	-	1	-	-	-
14.	Dum Dum	21160	27847	21	32	4	6	1	1	1	1	1	1	-	-
15.	Gayeshpur	27093	32938	29	29	6	7	1	1	-	-	1	-	-	-
16.	Garulia	61245	53081	60	35	12	7	2	1	1	1	-	-	1	-
17.	Hooghly Chinsurah	51168	88976	60	88	12	15	2	3	-	-	-	-	1	-
18.	Howrah M C	87071	322694	80	343	16	55	2	11	-	-	-	-	-	-
19.	Halisahar	31865	75545	30	69	6	14	1	2	1	-	-	-	-	-
20.	Konnagar	29727	34512	30	35	6	7	1	1	1	-	-	-	-	-
21.	Kalyani	-	35892	-	35	-	7	-	1	-	-	-	-	-	-

Sl. No.	Name of ULBs	Population covered		No. of Blocks		No. of Subcentres		No. of HAUs		No. of ESOPDs		No. of Mat. Home	No. of RDC	No. of Creches	
		CT DP-III	IPP-VIII	CT DP-III	IPP-VIII	CT DP-III	IPP-VIII	CT DP-III	IPP-VIII	CT DP-III	IPP-VIII			CT DP-III	IPP-VIII
22.	Kanchrapara	30355	59658	30	63	6	13	1	2	-	-	-	-	-	-
23.	Khardah	28928	93342	30	105	6	21	1	3	-	-	-	-	-	-
24.	Kamarhati	-	125721	-	137	-	28	-	4	-	-	-	-	-	-
25.	Kolkata MC	460581	31463	434	32	90	6	12	1	-	-	-	-	-	-
26.	Madhyamgram	-	99451	-	94	-	19	-	3	-	-	-	-	-	-
27.	Maheshala	-	195910	-	204	-	41	-	6	-	-	-	-	-	-
28.	Naihati	33738	112433	30	99	6	14	1	2	-	-	-	-	-	-
29.	New Barrackpore	77964	77964	20	75	4	11	1	2	-	-	-	-	-	-
30.	North Barrackpore	59677	111433	60	109	12	12	2	2	-	-	-	-	-	-
31.	North Dum Dum	29047	96384	29	97	6	16	1	3	-	-	-	-	-	-
32.	Panhati	37667	144645	59	139	12	28	2	4	-	-	-	-	-	-
33.	Pujali	-	34547	-	35	0	7	-	1	-	-	-	-	-	1
34.	Rishra	31272	84475	30	91	6	18	1	3	-	-	-	-	-	-
35.	Rajarhat Gopalpur	-	186647	-	186	-	32	-	6	-	-	-	-	-	-
36.	Rajpur Sonarpur	19055	87902	30	128	6	28	1	4	1	1	1	1	1	1
37.	Serampore	27892	128243	28	128	6	25	1	4	-	-	-	-	-	-
38.	South Dum Dum	-	200025	-	198	-	41	-	6	-	-	-	-	-	-
39.	Titagarh	-	104887	-	105	-	20	-	3	-	-	-	-	-	-
40.	Uttarpara Kolrung	48816	64124	60	67	12	14	2	2	-	-	-	-	-	-
41.	Uluberia	29710	106841	28	102	6	20	1	3	-	-	-	-	-	-
	TOTAL	1592296	3823230	1546	3863	317	725	50	116	8	25	23	8	2	2

**Health facilities under IPP-VIII/CUDP-III & CSIP 1(a) & 1(b) in the
Kolkata Municipal Corporation area**

1	HAU		Sub Centre			ESOPD			Maternity Home		
	IPP-VIII	CUDP-III	IPP-VIII	CUDP-III	CSIP 1(a) & 1(b)	IPP-VIII	CUDP-III	CSIP 1(a) & 1(b)	IPP-VIII	CUDP-III	CSIP 1(a) & 1(b)
		12	8	7	90	55	Nil	Nil	Nil	Nil	2

**Existing Health Facilities in Non-Kolkata Metropolitan Area
under IPP-VIII (Extn.), RCH Sub Project, Asansol and DFID assisted HHW Scheme**

Sl. No.	Programme / ULBs	Health Facilities				
		HP	SHP	ESOPD	MH	Diagnostic Centre
A.	IPP - VIII (Extn.)					
1	Alipurduar	1	7	1	1	1
2	Balurghat	2	12	1	1	1
3	Bardhaman	5	27	1	1	1
4	Darjeeling	2	16	1	1	1
5	Durgapur	8	57	2	2	2
6	English Bazar	2	14	1	1	1
7	Jalpaiguri	1	12	1	1	1
8	Kharagpur	4	30	1	1	1
9	Raiganj	2	14	1	1	1
10	Siliguri MC	8	61	1	1	1
	TOTAL	35	250	11	11	11
B.	RCH Sub-Project					
1	Asansol	13	97	2	2	1
	TOTAL	13	97	2	2	1
C.	DFID assisted HHW Scheme					
1	Cooch Behar	1	4			
2	Jangipur	1	4			
3	Berhampur	1	8			
4	Suri	1	3			
5	Bolpur	1	3			
6	Purulia	1	5			
7	Bankura	1	6			
8	Kalna	1	3			
9	Krishnagar	1	7			
10	Medinipur	1	8			
11	Bishnupur	1	3			
	TOTAL	11	55			

N.B. HP = Health Post
 SHP = Sub-Health Post
 ESOPD = Extended Specialised Out Patient Department
 MH = Maternity Home

Name of the Municipalities having the Medical facilities of Sub Division Hospital/ District Hospital/ State General Hospital and Other Hospital.

Sl. No.	Name of the Municipality	Population	Medical facilities			
			Sub Divi. Hospital	Dist. Hospital	State Gen. Hospital	Other Hospital
1.	Kurseong	40067	Yes	-	-	-
2.	Kalimpong	42980	Yes	-	-	-
3.	Islampur	52766	Yes	-	-	-
4.	Old Malda	62944	-	Yes	-	-
5.	Rampurhat	50609	Yes	-	-	-
6.	Ranaghat	68754	Yes	-	-	-
7.	Santipur	138195	-	-	Yes	-
8.	Nabadwip	115036	-	-	Yes	-
9.	Bongoan	102115	Yes	-	-	-
10.	Basirhat	113120	Yes	-	-	-
11.	Diamond Harbour	37238	Yes	-	-	-
12.	Tamluk	45826	-	Yes	-	-
13.	Ghatal	51586	Yes	-	-	-
14.	Egra	25180	Yes	-	-	-
15.	Contai	77497	Yes	-	-	-
16.	Jhargram	53158	Yes	-	-	-
17.	Haldia	170695	Yes	-	-	-
18.	Katowa	71573	Yes	-	-	-
19.	Arambagh	56129	Yes	-	-	-
20.	Murshidabad (Lal Bagh)	36894	Yes	-	-	-
21.	Kandi	50345	Yes	-	-	-
22.	Dinhata	34303	Yes	-	-	-
23.	Tufanganj	19293	Yes	-	-	-
24.	Matabhanga	21110	Yes	-	-	-
25.	Mekhliganj	10833	-	-	Yes	-
26.	Gangarampur	53548	Yes	-	-	-
27.	Chakdah	86965	-	-	Yes	-
28.	Asokenagar- Kalyangarh	111475	-	-	Yes	-
29.	Habra	127695	-	-	Yes	-
30.	Joynagar-Mazilpur	23319	-	-	-	L.B.
31.	Raghunathpur	21812	Yes	-	-	-
Total		1973060				

(Name of the Municipalities having the Medical doc)

**Name of the Municipalities having no Sub-division
Hospital/ District Hospital/State General Hospital**

Sl. No.	Name of the Municipality	Population	Remarks
1.	Haldi Bari	13170	
2.	Mal	23212	
3.	Mirik	9179	
4.	Kaliyaganj	47639	
5.	Dubarajpur	32752	
6.	Santhia	39244	
7.	Birnagar	26596	Public Dispensary and Matri Sadan
8.	Taherpur	20060	
9.	Coopers' Camp	17755	
10.	Baduria	47418	Municipal Charitable Dispensary
11.	Taki	37320	Hasnabad Matrisadan (Maternity Home) - 1 (5 beds) run by Municipality
12.	Chandrakona	20400	
13.	Ramjibanpur	17363	
14.	Khirpai	14545	
15.	Kharar	11580	
16.	Sonamukhi	27348	
17.	Daihata	22593	
18.	Gushkora	31863	
19.	Memari	36191	
20.	Tarakeswar	28178	
21.	Dhulian	72906	
22.	Beldanga	25631	
23.	Nalhati	24058	
24.	Dhupguri	30010	
25.	Panskura	50038	
26.	Dalkhola	29770	
27.	Gobardanga	41618	
28.	Jhalda	17870	
29.	Raiganj	122891	
30.	Kulti	290057	
31.	Jamuria	129456	
32.	Jiaganj Azimgaj	47228	
	TOTAL	1405939	

(Name of the Municipalities having no Medical Facilities doc)

PROFORMA - II

5

Annexure - V

Sl. No.	Name of ULB	Sanctioned post(s) of Health Officer Yes / No	If it is filled up Yes / No	Sanctioned post(s) of Sanitary Inspector		Any other post(s) in Health Department. Yes / No
				No. of post(s)	No. of post(s) filled up	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Baduria	No	No	1	Yes	Yes. Medical Officer - 1 Vaccinator - 2 (one post vacant) Sanitary Inspector-1 Sanitary Assistant-2 Dispensary Servant - 1
2.	Haldibari	No	No	1	Yes	No
3.	Mekligani	No	No	1	Yes	No
4.	Suri					
5.	Mal	No	No	Sanitary Inspector-1 Asst. S. Inspector-1	Sanitary Insp. - Vacant	
6.	Dhuliyari	No	No	1	No, one engaged on casual basis.	No
7.	Jhaugram	No	No	1	Yes	Yes. Clerk - 1 Sanitary Assistant - 1 Peon - 1
8.	Conlai	No	No	1	Yes	Yes Health Assistant
9.	Panskura	No	No	1	Yes	No
10.	Ranjibapur	No	No	Nil	Nil	No
11.	Rampurhat	No	No	1	Yes	No
12.	Haldia	Yes Medical Officer-1	Yes	1	Yes	2 Ambulance attendant
13.	Tamluk	No		3	2	3 Sanitary Inspector-1 Peon-2

15.	Dunhata Belidunga	No	No	Nil	No	No	Yes	No	No	Yes	No	Yes	Birth & Death clerk - 1
16.	Nalhati	No	No	1	No	No	No	No	No	No	No	No	No
17.	Kharar	No	No	Nil	No	No	No	No	No	No	No	No	No
18.	Sonmukhi	No	No	1	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Health Assistant - 1
19.	Memari	No	No	1	No	No	No	No	No	No	No	No	No
20.	Murshidabad	No	No	Nil	No	No	No	No	No	No	No	No	No
21.	Jhalda	No	No	1	No	Yes	Yes	No*	No*	No*	No*	No*	Vaccinator (dying cadre) - 1
22.	Ghatol	No	No	1	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Health Clerk
23.	Dhupguri	No	No	1	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Sanitary Assnt.(Sanctioned)-1
24.	Gobardanga	No	No	1	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Sanitary Assnt. - 1 Vaccinator - 1 Sweeper - 5, Mazdoor - 1
25.	Bongaon	No	No	1	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Health Assnt. - 1 (Vacant) Vaccinator - 3
26.	Jiaganj - Azimganj	No	No	1	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Vaccinator - 3
27.	Ranighat	No	No	2	No	No	No	No	No	No	No	No	Vaccinator - 2
28.	Diamond Harbour	No	No	1	No	Yes	Yes	No	No	No	No	No	No
29.	Sandhia	No	No	Nil	No	No	No	No	No	No	No	No	No
30.	Chandrakona	No	No	Nil	No	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
31.	Dubrajpur	No	-	1	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Ambulance Drivers - 2 Ambulance Attendants - 2
32.	Taki	No	-	1	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes Sanitary Assistant - 2 (one vacant)
33.	Mathabhanga	No	No	1	No	No	No	No	No	No	No	No	Yes

34.	Katwa	No	-	1	Yes	Birth & Death Clerk - 1 Ambulance Driver - 1 Ambulance Attendant - 1 Vehicle ((Ambulance)Driver-1
35.	Kuli	No	No	2	2	No Yes Part-time Medical Officer-1 Pharmacist - 1 Aya - 1
36.	Tufanganj	No	No	Nil	No	No
37.	Tarakeswar	No	No	1	Yes	Yes Health Assistant Conservancy Supervisor Vaccinator
38.	Midnapore	Yes	No	5	Yes	Yes Medical Officer (Homeo) - 1 Vaccinator - 3
39.	Chakdah	Yes	No	1	Yes	Yes Sanitary Assistant, Vaccinator, Ambulance Driver, Ambulance Cleaner, Mate, Mazoor, Sweeper, Helper.
40.	Dalkhola	No	No	1	No	No
41.	Dainhat	No	No	1	Yes	Yes
42.	Old Malda	No	No	Nil	No	Vaccinator - 1
43.	Santipur	No	No	2	1	No
44.	Raniganj	No	No	1	Yes	Yes Health Assistant - 1
45.	Nabadwip	Yes	No	2	1	Yes Assistant Sanitary Inspector-1 Vaccinator-1 Assistant Vaccinator-1 <u>Ante Malaria</u> G.D. Mazdoor-4

						Medical Officer-1, 2 nd Medical Officer-1, Health Officer-1, Vaccinator-2, Midwife-cum-Nurse-1, Clerk-cum-Steward-1, Sanitary Assst-2, Compounder-1, Ambulance Driver-2, Compounder-cum-Dresser-1, Hospital Sweeper-2 : Vacant Consercy Insp. - 5, F - 4, V-1 Female Ward Assst - 3 F Ward Assst - 1 Assst. to Cons. Deptt.-1 Jannadar - 4, F-1, V-3 Female Ward Assst.cum-Cleaner-5, F-3, V-2 Scavenging Carter-9, F-5, V-4 Road Sweeper-20, F-18, V-2 Cattle Attendant - 1 Trencher-10, F-9, V-1 Night Soil Tra. Athn.-6, F-5, V-1 Drain Flusher - 20, F-17, V-3 Sullage Carrier-1 Latrine Sweeper-3, F-2, V-1 Latrine Cleaner 77, F-55, V-16 Cons Worker-8 Medicine Carrier-1 Ambulance Atten.-5, F-1, V-4 Disinfectior-1
16.	Kursong	No	No	1	Yes	Yes Vaccinator
17.	Gangarampur	No	No	1	Yes	Yes Sanitary Assst. - 1 L.D.C. - 1 Peon-1 Ambulance Driver-1 Attendant Ambulance-2
48.	Khuppai	No	No	Nil	Nil	No
49.	Egra	No	No	No	No	No

50.	Islampur	No	No	I	No	No	No	No	No	No
51.	Habra	Yes	Yes	Sanitary Inspector-1	Yes	Yes	Yes	Yes	Yes	Yes, Vaccinator-1 Sanitary Assistant-2 Conservancy Staffs
52.	Kaliyaganj	No	No	I	No	No	Yes	No	No	No
53.	Birnagar	No	No	Nil	No	No	No	No	Yes	Medical Officer, Compounder, Assistant Mid-wife, Aya, GDA Sweeper.
54.	Raghunathpur	No	No	Nil	No	No	No	No	No	No
55.	Talherpur	No	No	No	No	No	No	No	No	No
56.	Jamuria	No	No	I	No	No	No	No	No	No
57.	Ashokenagar-Kalyangurh	No	No	I	No	No	Yes	Yes	Yes	Sanitary Asstt. - 1 Ambulance Driver - 2
58.	Kundi	No	No	I	No	No	Yes	Yes	Yes	Health Asstt.-cum-Vaccinator-1
59.	Jaynagar Mazilpur	Yes	Yes	Nil	Yes	Yes	Nil	Nil	Yes	L.M.O. - 1 Storekeeper-cum-Clerk-1 Field Worker-1 P.H.N. - 1 A.N.M - 2 No (Vacant)
60.	Arambagh	No	No	I	No	No	No	No	No	No

A. For I.P.P.-VIII-(Extn.)

Name of ULB	Fund Released during 2004-05						Utilisation position as submitted by ULB					
	Hono. & Salaries	Contg.	Drug.	Rent	Total	Hono. & Salaries	Contg.	Drug.	Rent	Total		
Alipurduar	1216525.00	240000.00	250000.00	34448.00	1740973.00	918120.00	372873.00	0.00	8175.00	1299168.00		
Balughat	1397165.00	109292.00	330000.00	48788.00	1985225.00	1418718.00	108897.00	315130.00	0.00	1842545.00		
Burdwan	3643895.00	306000.00	898481.00	171228.00	5019404.00	2577580.00	674760.00	354287.00	26833.00	3633440.00		
Darjeeling	1866900.00	130403.00	255000.00	100824.00	2153127.00	1095833.00	313740.00	87480.00	0.00	1497033.00		
Durgapur	4557828.00	429749.00	825000.00	208148.00	6020525.00	4525715.00	584901.00	758959.00	208148.00	6077723.00		
English Bazar	1685485.00	132000.00	137500.00	68898.00	2023981.00	1050510.00	43574.00	7194.00	47500.00	1148778.00		
Japaiguri	1251710.00	282781.00	117841.00	67376.00	1729708.00	887050.00	292781.00	117841.00	8653.00	1306325.00		
Kharagpur	3128287.00	822590.00	783615.00	161000.00	4893492.00	2280807.00	890042.00	783615.00	130000.00	4084464.00		
Raiganj	2002845.00	262854.00	350000.00	77898.00	2693595.00	1534812.00	233337.00	32653.00	0.00	1800802.00		
Siliguri	5649467.00	744000.00	1162500.00	322854.00	7878621.00	3693501.00	550500.00	585651.00	0.00	4829652.00		
Total	26197707.00	3469669.00	5109937.00	1261238.00	36038551.00	19982446.00	4065205.00	3042990.00	429309.00	27519950.00		

B. For R.C.H. Sub-Project, Asansol

Name of ULB	Fund Released during 2004-05						Utilisation position as submitted by ULB					
	Hono. & Salaries	Contg.	Drug.	Rent	Total	Hono. & Salaries	Contg.	Drug.	Rent	Total		
Asansol	7981836.00	1012343.00	0.00	200000.00	9194179.00	8848296.00	955450.00	0.00	0.00	7803746.00		

~~C. For R.C.H. Sub-Project, Asansol~~ consolidated with Asansol PRITHA

Name of ULB	Fund Released during 2004-05						Fund received from MA Dept. during FY 2004-05						Total available fund for FY 2004-05						Fund released to the ULBs						U.C. received from ULB
	Hono. & Salaries	Contg.	Drug.	Rent	Total	Hono. & Salaries	Contg.	Drug.	Rent	Total	Hono. & Salaries	Contg.	Drug.	Rent	Total	Hono. & Salaries	Contg.	Drug.	Rent	Total					
IPP-VIII-(Extn.)						71.10	253.48		31.40	0.00	12.61	297.49		368.59	261.98	34.69	51.10	12.61	360.38		275.20				
R.C.H. Sub-Project, Asansol						0.00	79.82		10.12	0.00	20.00	91.94		91.94	79.82	10.12	0.00	20.00	91.94		78.04				

(Rs. in lakhs)

ULB-wise Utilization Disbursement for 2004-05

Budget for 2005-06
 37572
 114.18
 Revised budget for 2004-05
 348.38
 95.19



Kolkata Metropolitan Development Authority



URBAN HEALTH IMPROVEMENT PROGRAMME UNIT

Unnayan Bhavan, Bidhannagar, 'G' Block, 1st, 2nd & 3rd floor, Kolkata - 700 091.

☎ : 2334-5257/2337-0697/2358-6771/2337-4103. FAX Nos. : 2358-3931 & 2358-7368 E-mail : cmdaipp8@vsnl.net



No. 216/A-5/KMDA/UHIP/04

Dated: 24.06.2005

From: The Officer On Special Duty
U.H.I.P. Unit, KMDA.



PO (Health)
24/6

To: The Director, SUDA
Health Wing
'ILGUS BHAVAN'
H-C Block, Sector-III,
Bidhannagr, Calcutta-700 091.

28 JUN 2005

Re: Forwarding guidelines along with documents in connection with the collection of registration fees and mobilization of NSDP Fund.

Ref: Item- Collection of registration fees at Sl.No. 2 of the minutes of 7th meeting of Apex Advisory Committee held on 28.01.2005.

Madam,

In terms of resolution adopted in the 7th meeting of Apex Advisory Committee held on 28.01.2005 the **guidelines** on the use of Community Health Fund created under IPP-VIII/IPP-VIII (Extn.)/CUDP-III & CSIP-1(a) & 1(b) dovetailed with NSDP Fund along with copies of the following documents pertaining to the subject matter are enclosed for necessary action from your end and onward transmission to the Municipal Affairs Department immediately.

1. **Guidelines**
2. **Municipal Affairs Deptt. Memo No. 730(23)/MA/C-10/2E-1/2000 Pt. Dated, Kolkata, the 23rd April, 2001.**
3. **Health Wing, SUDA Memo No. SUDA-15/98(Pt.VI)/75 dated 18.02.2003.**
4. **MA Deptt. Memo No. 1275/4-S/03 dated 12th September, 2003.**

Encl: As stated.

Yours faithfully,

H. Mandal 24/06/05
OSD, UHIPU, KMDA



Re: Guidelines on the use of Community Health Fund created under IPP-VIII/ IPP-VIII (Extension)/ CUDP-III and CSIP 1(a) & 1(b) dovetailed with NSDP Fund.

It has already been clarified that NSDP Fund to the extent of 5(five) times of the Health Development Fund generated by community mobilization through fortnightly health visits and imposition of various user charges can be pulled for a particular period for maintenance of health services like honorarium to the health workers, doctors and other technical personnel etc.

Suggested guidelines on the utilization of above mentioned funds are as follows : -

- a) The NSDP Fund accounts and community Health Development Fund accounts should clearly indicate community mobilization for a particular period and the corresponding NSDP contribution for that period.
- b) All usual financial formalities are to be observed for incurring expenditure.
- c) Honorarium to Medical Officer, ANM/GNM and other technical personnel – Regular engagement out of this fund should be resorted only to meet extreme necessity. The fund should preferably be used to organize special immunization or clinic days in subcentres where there is temporary shortage of MOs, ANMs or GNMs hampering immunization and RCH activities. Similarly, technical personnel in HAU, ESOPD and Maternity Home etc. should be engaged during short spell of absence of the existing incumbent to avoid disruption of service delivery.
- d) Drugs should be purchased for beneficiaries only when the existing stock is inadequate to meet urgent requirement like purchase of ORS packets, antidiarrhoeals etc. Drugs not included in the approved list should not be purchased.
- e) For expenditure towards maintenance, priority should be given to maintain essential instruments/equipments, restoration of water supply and drainage system in health facilities.
- f) Any other non-recurring expenditure to ensure continuity and enhancement of quality of service to beneficiaries should get priority.
- g) Prior approval is to be obtained for expenditure from appropriate authority.

S. S. S.
Dy. CHO
24.06.2005

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.SUDA-15/98(Pt. VI)/599

Date01.06.2005

From : Director, SUDA Office of the OSD Health UHIPU, KMDA
Received but Contents not Verified
To : OSD, Health Diary No 618
KMDA Date..... 02.06.2005
Unnayan Bhavan Signature.....
Salt Lake.

Sub : Forwarding documents in connection with collection of registration fees and mobilization of NSDP fund.

Ref. : Item - Collection of registration fees at Sl. No. 2 of the minutes of 7th meeting of Apex Advisory Committee held on 28.01.2005.

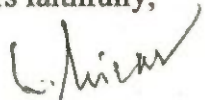
Sir,

The copies of following documents pertaining to the subject matter are enclosed for necessary action from your end.

1. MA Dept. Memo No. 730(23)/MA/C-10/2E-1/2000Pt. Dated, Kolkata, The 23rd April, 2001.
2. Health Wing, SUDA Memo No. SUDA-15/98(Pt. VI)/75 dt. 18.02.2003.
3. MA Dept. Memo No. 1275/4-S/03 dt. 12th September, 2003.

Encl. : As stated.

Yours faithfully,



Director, SUDA

**GOVERNMENT OF WEST BENGAL
MUNICIPAL AFFAIRS DEPARTMENT
WRITERS' BUILDINGS
KOLKATA- 700 001.**

No.

Dated. the 12th September.2003.

From : Shri D. Mukhopadhyay,
Secretary to the Government of West Bengal.

To: (1) Shri Alapan Bandyopadhyay,
C.E.O., K.M.D.A.,

(2) Shri Gopal Banerjee,
Director, S.U.D.A.

**Sub: Regarding dovetailing of NSDP Fund with Community
Health Fund created under IPP-VIII/IPP-VIII Extension/
CUDP/CSIP/RCH.**

Sir,

I sought clarifications from the Ministry of Urban Development vide my D.O. No. 1185-S/03 dated May 2, 2003 (copy enclosed) on dovetailing of NSDP Fund with Community Health Fund created under different urban Health Improvement programmes for maintaining the services. The matter was referred to the Planning Commission by the Urban Development Ministry. The Planning Commission has approved the proposal contained in my aforesaid letter and the said approval has been communicated to us by the Ministry of Urban Development (Department of Urban Employment) vide their letter No. K-11019/2/2002-NSDP dated the 29th August, 2003. A copy of the said letter as well as the letter communicating the Planning Commission's approval are also enclosed. The position thus stands clarified to the extent that NSDP Fund to the tune of 5 times of the community mobilisation through health visits and imposition of different user charges can be pulled during the particular period for maintenance of health services like honorarium to the health workers, doctors and other technical personnel etc., procurement of drugs, maintenance of equipments and buildings as well as for extension of such services. If Rs. 100/- is mobilised, say during three months, upto Rs. 500/- can be pulled from NSDP Fund. In the same scale, further pulling of resource from NSDP may be allowed for subsequent mobilisation. The NSDP accounts as well as the accounts for the Community Health Fund should indicate very clearly the community

mobilisation for a particular period and the corresponding NSDP contribution for that period.

You are, accordingly, requested to please inform all the concerned local bodies to take advantage of this facility to supplement the Community Health Fund.

Yours faithfully,

sd /-


(D. Mukhopadhyay)

No. 1275/4-S/03

Dated, the 12th September, 2003.

Copy forwarded with the enclosures mentioned in my letter to :

- 1) Ms. Nandini Chakraborty, Special Secretary, K.M.D.A..
- 2) Dr. Sibani Goswami, Project Officer (Health), S.U.D.A.,
- 3) P.S. to M.I.C., M. A. Department,
- 4) P.S. to M.O.S., M.A. Department.


12-9-03
Secretary.

No. K-11019/2/2002-NSDP-(West Bengal)
Government of India
Ministry of Urban Development and Poverty Alleviation.
Department of Urban Employment and Poverty Alleviation.

Nirman Bhawan,
New Delhi, Date 25 August, 2003

To,

Shri D. Mukhopadhyay,
Secretary,
Municipal affairs department,
Government of West Bengal,
Writer's Building,
Kolkata-700001

Copy to

P/S/MIC

P/S/MOS

Sub:- Clarification on dovetailing of NSDP fund with Community Health Fund for maintaining mother and child health facilities created under World Bank funded India Population Programme.

Sir,

I am directed to invite a reference to your office D.O. letter number 1185-S/03 dated 2nd May, 2003 on the above cited subject and to state that the request of the State Government of West Bengal has been acceded to by the Planning Commission, Government of India as informed by them vide O.M. number PC/H/8/3/2001(part) dated 15th July, 2003. (copy enclosed).

Yours faithfully,



(SHYAM KAPOOR)
Deputy Secretary to the Govt. of India
Tel. 011-2301-8923

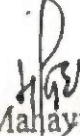
0.9.03

Yojana Bhawan, Sansad Marg,
New Delhi, the 15th July, 2003.

OFFICE MEMORANDUM

**Subject:- Clarification on dovetailing of NSDP Fund with
Community Health Fund for maintaining mother
and child health facilities created under World Bank
Funded India Population Programme (IPP)
West Bengal.**

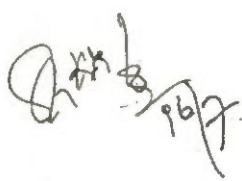
Department of Urban Employment & P.A. may please refer to their
O.M.No.K-11019/2/2002-NSDP-(West Bengal) dated June, 2003 on the
above subject. Keeping in view the guidelines of NSDP, the request of the
West Bengal Govt. may be acceded to.


(Dr. Mahayir Singh)
Director (HUD)

Ministry of Urban Development & PA
Department of Urban Employment & PA
Nirman Bhawan, New Delhi.

(Kind Attn. Shri Shyam Kapoor, Deputy Secretary)

616/NSDP
17-7-03.


16.7
16.7

D.O. No.1185-S/03

May 2, 03

Dear Shri Jain,

I would seek necessary clarification on dovetailing of NSDP fund with Community Health Fund for maintaining mother and child health care health facilities created under World Bank funded India Population Programme.

IPP VIII Programme was introduced in 1995 with World Bank assistance in the slum areas of ULBs located within Kolkata Metropolitan Development Area. Subsequently, IPP VIII Extension Programme on similar pattern was also introduced in 10 ULBs outside KMDA in January, 2001. The external assistance for both these projects came to end in June, 2002 and thereafter the facilities are being maintained with budgetary support from this Department and also partly through imposition of user charges. Under this project an honorary health worker for every 200 beneficiary families had been engaged on a lump sump monthly payment of Rs.750/-. She is provided with a medical kit and visits every household twice a month for routine medical check-up of the beneficiary families and also for providing contraceptives, oral rehydration packet etc. The pregnant mothers and also the infants are referred to the first level supervisory tiers which we call the health posts for providing immunisation services. Part time doctors on a consolidated remuneration are provided for these health posts. In the next upper tier we have got outdoors plus 10-bedded maternity homes where we have provided two full time medical officers and three part time specialists. In addition some pathological facilities including X-ray, Ultrasonography etc. have also been provided. Each beneficiary family is to provide Rs. 2/- per month for home visit of the honorary health worker. In addition, for visit to the outdoors and maternity homes, both the BPL and above poverty line beneficiaries are to pay some user charges, the user charges for APL being much higher than BPL families. Such funds collected through home visits and otherwise are maintained in a bank account which we call the Community Development Fund. Kindly recall that the NSDP guidelines provide that for every Rupee raised by the community for various programmes providing educational facilities, health facilities etc. to the community, upto Rs. 5/- can be pulled from NSDP allocation. Now it may kindly be clarified that for every Rs. 100/- mobilised in the Community Health Fund in the aforesaid manner, upto Rs. 500/- can be drawn

from NSDP and the total fund thus generated can be utilised for various health activities of the community like payment of honorarium to the honorary health workers and also to part time/full time doctors attached to the health posts and outpatient departments, for procurement of drugs and medicines, for extension/maintenance of buildings of aforesaid health posts/outdoors-cum-maternity home and for routing other necessary recurring and non-recurring expenditure.

Kindly treat this as urgent.

Yours sincerely,


(D. Mukhopadhyay)

Shri P.K. Jain,
Joint Secretary,
Department of Urban Employment,
Ministry of Urban Development & Poverty Alleviation,
Nirman Bhawan,
New Delhi-110 011.
FAX: 011 23017497

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091****West Bengal**

Ref No.SUDA-15/98(Pt-VI)/75

Date 18/02/2002

From : Adviser(Health)
SUDA

To : The Mayor / Chairperson,

..... MC / Municipality

Sub : Revision of users fee for the services to be utilized by beneficiaries under Urban Health Improvement Programme.

Sir,

The Apex Advisory Committee for supervision & monitoring of various Urban Health Improvement Programmes held its first meeting on 20.11.2002.

The following interlia are its recommendation :

1. The Apex Advisory Committee discussed among others the issue of mobilization of local resources to run the health facilities on a self - sustaining basis and for that matter decided to rationalize the existing rates of service charges that are levied on the beneficiaries and the non-beneficiaries. The revised rates of service charges on such rationalisation that are to be levied on the beneficiaries and the non-beneficiaries in conformity with the aforesaid decision is enclosed at Annexure - I. It was agreed that the revised rates of service charges as indicated in Annexure - I should be uniformly applied to all the local bodies implementing the Urban Health Improvement Programme. The revised charges for the non-beneficiaries should be fixed by the Urban local bodies in consideration of local situation subject to minimum charges as prescribed in the said annexure - I.
2. It has also been decided that the Honorary Health Workers should collect a Rs. 1/- only from each beneficiary family during their regular fortnightly visit and ensure their visit twice a month so as to collect Rs. 2/- PM from each beneficiary family. This charge of home visit should be realized by all the local bodies without any delay.

Contd to P. 2

3. In the context of above it is imperative that a Health fund should be created by all the participating municipalities with user fee charges (Service Charge) realized and local resources generated plus apportionment of a part of the NSDP (National Slum Development Project) fund upto 5 (five) times of the fees realized from the community being the charges for fortnightly home visits to each beneficiary family. Such health fund should be created in all the municipalities and a separate Bank Account should be opened for the purpose.

Encl: As stated.

Yours faithfully
L.S. Sangar
Adviser (Health) 18/2/03

18.02.2003

SUDA-15/98(Pt-VI)/75(11)

CC

The Project Director, IPP-VIII (Extn), -----MC / Municipality /
RCH-Sub Project Asansol.

L.S. Sangar
Adviser (Health) 18/2/03

Proposal for revision of Service charges being levied for the beneficiaries/Non beneficiaries, under IPP-VIII / Kolkata / CUDP-III/CSIP / IPP-VIII (Extm)

Item of service	Existing rates		Recommendation of the Municipality, regarding revision of existing rates		Rates / charges introduced by the State Health Deptt. & F.W.			Rates suggested by KMDA	
	Beneficiary	Non Beneficiary	Beneficiary	Non Beneficiary	Cabin	Paying / OPD	Beneficiary	Non Beneficiary	
• Admission fees (ESOPD & M.H.)	5/-	20/-	10/-	30/-			10/-	30/-	
• Bed rent	5/-	15/-	15/-	30/-	75/-	30/-	15/-	30/-	
• Normal delivery excluding bed rent	100/-	200/-	200/-	400/-	200/-	160/-	100/-	400/-	
• N. D. Episiotomy / Forceps (including Bed rent)	100/-	250/-	200/-	400/-	240/-	200/-	200/-	400/-	
• L.U.C.S. (caesarean)	100/-	650/-	400/-	1000/-	280/- (Excluding medicines)	240/- (Excluding medicines)	300/-	1000/-	
• Manage of obstetrical emergency including obstetrical complication	150/-	650/-	400/-	1000/-	-	-	400/-	1000/-	

Item of service	Existing rates		Recommendation of the Municipality, regarding revision of existing rates		Rates / charges introduced by the State Health Deptt. & F.W.			Rates suggested by KADA	
	Beneficiary	Non Beneficiary	Beneficiary	Non Beneficiary (Minimum rates)	Cabin	Paying / OPD	Beneficiary	Non Beneficiary	
Service charges under L.A.									
• DE/Ligation	Free	400/-	Free	500/-	-	-	Free	500/-	
• Gynac. Major Operation	150/-	1300/-	400/-	1500/-	-	-	400/-	1500/-	
• Gynac. Minor Operation	50/-	300/-	200/-	500/-	-	-	150/-	500/-	
Surgery									
• Minor Surgery under GA	100/- (including all charges)	600/- (including all charges)	200/- (all inclusive)	800/- (all inclusive)	-	-	200/-	800/-	
• Major Surgery under GA	200/- (all inclusive)	1300/- (all inclusive)	400/- (all inclusive)	1500/- (all inclusive)	-	-	400/-	1500/-	
ENT									
• Major	200/-	650/-	400/-	1500/-	-	-	400/-	1500/-	
• Minor	100/-	500/-	200/-	800/-	-	-	200/-	800/-	

Item of service	Existing rates		Recommendation of the Municipality, regarding revision of existing rates		Rates / charges introduced by the State Health Deptt. & F.W.			Rates suggested by KMD.A	
	Beneficiary	Non Beneficiary	Beneficiary	Non Beneficiary	Cabin	Paying / OPD	Beneficiary	Non Beneficiary	
Eye									(Minimum rates)
• Cataract with IOL	-	-	700/-	2000/-	-	-	700/-	2000/-	
• Major Eye Operation	150/-	550/-	400/-	1500/-	-	-	400/-	1500/-	
• Minor Eye Operation	50/-	500/-	100/-	500/-	-	-	100/-	500/-	
• Cataract operation	50/-	450/-	250/-	1000/-	350/-	300/-	250/-	1000/-	
• DCT/DCR	150/-	500/-	200/-	800/-	350/-	250/-	200/-	800/-	
Dental									
• Tooth Extraction with stitch	Free	Free	50/-	20/-	-	5/-	5/-	20/-	

Item of service	Existing rates		Recommendation of the Municipality, regarding revision of existing rates		Rates / charges introduced by the State Health Deptt. & F.W.			Rates suggested by NMIDA	
	Beneficiary	Non Beneficiary	Beneficiary	Non Beneficiary	Cabin	Paying / OPD	Beneficiary	(Minimum rates) Non Beneficiary	
Specialised Out-patient Deptn.									
• Family Welfare consultancy Service	Free	Free	Free	30/-	-	-	Free	30/-	
• Insertion of IUD	Free	Free	Free	50/-	-	-	Free	50/-	
• Observation bed charge	Free	Free	8/-	30/-	-	-	5/-	30/-	
Pathology									
• TC, DC, Hb%	5/-	20/-	10/-	30/-	20/-	10/-	10/-	30/-	
• ESR	3/-	10/-	10/-	25/-	20/-	10/-	5/-	25/-	

Decision arrived	Follow-up by.
13. Service Schedule including days and time of rendering different service activities should be documented at the face of each health facilities.	Chairman, Project Director
14. All the health facilities should be utilized fully. Innovative thoughts may be developed in chalking out the sustainable service schedules. A guideline on the issue may be developed by SUDA incorporating service components, operational strategies, list of care providers, fiscal provision, imposition of user charges etc.	SUDA, Chairman, Project Director
15. Out of the First Tier Supervisors engaged, incumbents having Higher Secondary qualification may be considered for admission into nursing training. A note accordingly may be prepared by Adviser(Health) and submitted to Secretary, MA for taking further action.	Adviser (Health)
16. Enhancement of the rate of honorarium for the Doctors may be considered by the respective ULBs and expense may be borne out of its fund released for other projects. It is proposed that the health component of National Slum Development Programme may be converged with the IPT-VIII-(Extn.) & RCH-Asansol programmes as the target group for all the programme are same. Under NSDP there is a provision that for carrying out health support to mothers & children, the community can raise fund to engage the require doctors or nurse or any other supporting staff, provided that the community has to raise funds to pay the persons engaged. To meet up the additional expenditure towards engaging PTMO, Nurses, the municipality may explore the possibilities of utilising provision of fund made in the guide line of NSDP where it is mentioned that for such purpose collection of each rupee by the community will entitle the community to get Rs.5/- from NSDP project.	Chairman, Project Director
17. The OPD cum MAT Home constructed under IPT-VIII (Extn.) & RCH Sub-Project Asansol may be utilized by the various specialists to run the specialists' clinics. Under the projects only 3 disciplines (Gen. Medicine, Paediatrics, OBG & GYN.) are aimed at Municipalities/Corporations may add further services in the Maternity Home cum QIDs at their own arrangement and expenses for the targetted population. The time schedule for operation of different clinics may be determined by the ULBs. Efforts should be taken for maximum utilization of the building in respect of space & time. User's fee (beneficiary, non-beneficiary) as will be decided by the ULBs may be charged to generate health fund for supporting the fees of the consultants and QID Costs.	Chairman, Project Director

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

West Bengal

Ref No. SUDA-15/98(Pt-VI) 602

Date 24.06.2005

From : Dr. Shibani Goswami
Project Officer,
Health, SUDA

To : OSD
UHIP,
Unnayan Bhavan,
Salt Lake City.

Sub : Forwarding Status Report on IPP-VIII-(Extn.), R.C.H. Sub-Project, Asansol, DFID assisted Honorary Health Worker Scheme and Health Component, KUSP.

Sir,

The above mentioned Status Reports are enclosed for incorporation in the booklet to be prepared by you for the ensuing 8th meeting of the Apex Advisory Committee.

Thanking you.

Yours faithfully,

Encl. : As stated.


Y. Project Officer

24.06.2005

SUDA-15/98(Pt-VI) 602

CC

Director, SUDA


Y. Project Officer

24.06.2005

SUDA-15/98(Pt-VI) 602

CC

Project Director, CMU


Y. Project Officer

SUDA



STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

SUDA-15/98(Pt-VI)/602

Ref No.

Date **24.06.2005**

From : Dr. Shibani Goswami
Project Officer,
Health, SUDA

To : OSD
UHIP,
Unnayan Bhavan,
Salt Lake City.

Dr. Goswami
28/6

Sub : Forwarding Status Report on IPP-VIII-(Extn.), R.C.H. Sub-Project, Asansol, DFID assisted Honorary Health Worker Scheme and Health Component, KUSP.

Sir,

The above mentioned Status Reports are enclosed for incorporation in the booklet to be prepared by you for the ensuing 8th meeting of the Apex Advisory Committee.

Thanking you.

Yours faithfully,

Enclo. : As stated.

SUDA-15/98(Pt-VI)/602(1)

CC

Director, SUDA

SUDA-15/98(Pt-VI)/602(2)

CC

Project Director, CMU

Sd/-
Project Officer
24.06.2005

Sd/-
Project Officer
24.06.2005

Sd/-
Project Officer

Item of service	Existing rates		Recommendation of the Municipality, regarding revision of existing rates		Rates / charges introduced by the State Health Deptt. & F.W.		Rates suggested by KMDA	
	Beneficiary	Non Beneficiary	Beneficiary	Non Beneficiary	Cabin	Paying / OPD		Beneficiary
	(Minimum rates)							Non Beneficiary
• Urine Routine & ME	5/-	15/-	10/-	15/-	15/-	8/-	15/-	
• Stool R/E	3/-	15/-	10/-	15/-	15/-	8/-	15/-	
• Stool for PH	3/-	10/-	5/-	10/-	-	5/-	10/-	
• Urine for Bile salt & Bile Pigment	5/-	10/-	10/-	10/-	15/-	8/-	10/-	
• Stool / Urine occult Blood	5/-	40/-	10/-	40/-	15/-	8/-	10/-	
• Urine for Pregnancy test	3/-	20/-	10/-	20/-	30/-	20/-	40/-	
• Sputum for AFB					30/-	20/-	20/-	

Item of service	Existing rates		Recommendation of the Municipality, regarding revision of existing rates		Rates / charges introduced by the State Health Deptt. & F.W.		Rates suggested by NIDA	
	Beneficiary	Non Beneficiary	Beneficiary	Non Beneficiary	Cabin	Paying / OPD	Beneficiary	Non Beneficiary
• Semen Analysis	10/-	30/-	16/-	30/-	45/-	35/-	16/-	30/-
• Culture of Conj.	8/-	25/-	16/-	25/-	40/-	25/-	16/-	25/-
• Swab								
• Urine Culture	8/-	25/-	16/-	25/-	40/-	25/-	16/-	25/-
X-Ray								
• Plain X-Ray per plate	15/-	50/-	40/-	50/-	35/-	30/-	30/-	60/-

(Minimum rate)

Item of service	Existing rates		Recommendation of the Municipality, regarding revision of existing rates		Rates / charges introduced by the State Health Deptt. & F.W.	Rates suggested by KMDA	
	Beneficiary	Non Beneficiary	Beneficiary	Non Beneficiary		Beneficiary	Non Beneficiary
U.S.G.							
• Pregnancy	50/-	-	75/-	200/-	180/-	160/-	50/-
• Upper/ lower abdomen	50/-	-	150/150	250/275	200/180	180/160	150/150
• Whole abdomen	75/-	-	250/-	450/-	280/-	260/-	200/-
• X-ray KUB	-	-	100/-	200/-	200/-	180/-	100/-
• ECG	-	-	20/-	40/-	30/-	25/-	20/-
• Endoscopy	-	-	200/-	350/-	280/-	240/-	200/-
• Echo-Cardiography	-	-	200/-	300/-	320/-	240/-	200/-

(Minimum rates)

Item of service	Existing rates		Recommendation of the Municipality, regarding revision of existing rates			Rates / charges introduced by the State Health Deptt. & F.W.			Rates suggested by KNIDA	
	Beneficiary	Non Beneficiary	Beneficiary	Non Beneficiary	Cabin	Paying / OPD	Beneficiary	Non Beneficiary	(Minimum rate)	
T3	-	-	50/-	150/-	70/-	60/-	50/-	150/-	150/-	
T4	-	-	50/-	150/-	70/-	60/-	50/-	150/-	150/-	
T _{sh}	-	-	50/-	150/-	70/-	60/-	50/-	150/-	150/-	
Any two	-	-	150/-	350/-	180/-	160/-	150/-	350/-	350/-	
T3. T4. T _{sh}	-	-	150/-	350/-	180/-	160/-	150/-	350/-	350/-	

For home visit by the honorary health workers

: Fees of Rs. 2/- per month (@ Re 1/- for fortnightly visit to each beneficiary family).

Government of West Bengal
Department of Municipal Affairs
Writers' Buildings, Kolkata.

No. 738(23)/MA/3-10/2E-1/2000Pt. Dated, Kolkata, The 23rd April, 2001.

From: A. K. Datta,
Deputy Secretary to the Govt. of West Bengal.

- To :
- 1) Shri Prabh Das, IAS, Chief Executive Officer,
Calcutta Metropolitan Development Authority,
3A, Auckland Place, Kolkata-700 017.
 - 2) Shri Debashish Sen, IAS,
Secretary, Calcutta Metropolitan Development Authority,
3A, Auckland Place, Kolkata - 700 017.
 - 3) Dr. D.K. Roy, Director & Chief Executive, SUDA,
'ILGUS BHAWAN', IC Block, Sector-III, Salt Lake, Kolkata-700 091.
 - 4) Dr. N.G. Gangopadhyay, Director,
Health Programme Unit, CMDA, 3A, Auckland Place, Kolkata-700 017.
 - 5) Shri S.K. Mukherjee, Chief Engineer,
Municipal Engineering Directorate, Bikash Bhawan, Salt Lake, Kolkata-91
 - 6) Dr. R.N. Kar, Health Programme Unit, CMDA, 3A, Auckland Place,
Kolkata - 700 017.
 - 7) Dr. Shibani Goswami, Health Programme Unit, CMDA,
3A, Auckland Place, Kolkata - 700 017.
 - 8) Shri Bikash Ghosh, Mayor, Siliguri Municipal Corporation,
P.O.: Siliguri, Dist: Darjeeling.
 - 9) Shri Rathindra Mohan Roy, Mayor, Durgapur Municipal Corporation,
Durgapur, City Centre, P.O.: Durgapur, Dist:- Burdwan.
 - 10) Shri S.K. Mukherjee, Mayor, Asansol Municipal Corporation,
P.O.: Asansol, Dist: Burdwan.
 - 11) Shri Shibapada Bhowmick, Chairman, Jalpaiguri Municipality,
P.O.: & Dist: Jalpaiguri.
 - 12) Shri K. Chowdhury, Chairman, Englishbazar Municipality,
P.O.: English Bazar, Dist: Malda.
 - 13) Shri Suren Mondal, Chairman, Burdwan Municipality, PO:&Dist: Burdwan.
 - 14) Shri Rabishankar Pandey, Chairman, Kharagpur Municipality,
P.O.: Kharagpur, Dist: Midnapore.
 - 15) Shri A.K. Bhowmick, Chairman, Alipurduar Municipality,
P.O.: Alipurduar Court, Dist: Jalpaiguri.
 - 16) Smt. Sucheta Biswas, Chairman, Balurghat Municipality,
P.O.: Balurghat, Dist: West Dinajpur.
 - 17) Shri Arnab Roy, IAS., Chief Executive Officer,
Siliguri-Jalpaiguri Development Authority & Project Director,
Siliguri Municipal Corporation, P.O.: Siliguri, Dist: Darjeeling.
 - 18) Shri Manju Nalu Prasad, IAS., Chief Executive Officer,
Asansol-Durgapur Development Authority & Project Director,
Durgapur Municipal Corporation, City Centre, P.O.: Durgapur,
Dist: Burdwan.
 - 19) Shri Goutam Ghosh, Additional District Magistrate,
Dakshin Dinajpur & Project Director, Balurghat Municipality,
P.O.: Balurghat, Dist: Dakshin Dinajpur.
 - 20) Shri Manish Jain, IAS., Additional District Magistrate, Burdwan & P.D.,
Burdwan Municipality, P.O.: & Dist: Burdwan.
 - 21) District Planning Officer, Jalpaiguri, P.O. & Dist: Jalpaiguri.
 - 22) Health Officer, Durgapur Mupl. Corpn., P.O.: Durgapur, Dist: Burdwan.
 - 23) Councillor-in-Charge, Health, Englishbazar Municipality,
P.O.: Englishbazar, Dist: Malda.

Sub: Proceedings of the meeting held on 10.4.2001 in connection with
review of the progress of work on the IPP-VIII(Extension) Programme
in 10 Non-CMA Municipal Towns and the R.C.H. Project at Asansol.

Sir,
I am directed to send herewith a copy of the proceedings of the
meeting held on 10.4.2001 in connection with review of the progress of
work on the IPP-VIII(Extn.) Programme in 10 Non-CMA Municipal Towns and
the R.C.H. Project at Asansol, for your information.

Encl: As stated.

Yours faithfully,

Deputy Secretary.

Decision arrived

Follow-up by.

3. Service Schedule including days and time of rendering different service activities should be documented at the face of each health facilities. Chairman, Project Director
14. All the health facilities should be utilized fully. Innovative thoughts may be developed in chalking out the sustainable service schedules. A guideline on the issue may be developed by SUDA incorporating service components, operational strategies, list of care providers, fiscal provision, imposition of user charges etc. SUDA, Chairman, Project Director
15. Out of the First Tier Supervisors engaged, incumbents having Higher Secondary qualification may be considered for admission into nursing training. A note accordingly may be prepared by Adviser(Health) and submitted to Secretary, MA for taking further action. Adviser (Health)
16. Enhancement of the rate of honorarium for the Doctors may be considered by the respective ULBs and expense may be borne out of its fund released for other projects. It is proposed that the health component of National Slum Development Programme may be converged with the IPP-VIII (Extn.) & RCH-Asansol programmes as the target group for all the programme are same. Under NSDP there is a provision that for carrying out health support to mothers & children, the community can raise fund to engage the require doctors or nurse or any other supporting staff, provided that the community has to raise funds to pay the persons engaged. To meet up the additional expenditure towards engaging PTMO, Nurses, the municipality may explore the possibilities of utilising provision of fund made in the guide line of NSDP where it is mentioned that for such purpose collection of each rupee by the community will entitle the community to get Rs.5/- from NSDP project. Chairman, Project Director
17. The OPD cum M&T Home constructed under IPP-VIII (Extn.) & RCH Sub-Project Asansol may be utilised by the various specialists to run the specialists' clinics. Under the projects only 3 disciplines (Gen. Medicine, Paediatrics, OBG & GYN.) are aimed at Municipalities/ Corporations may add further services in the Maternity Home cum QIDs at their own arrangement and expenses for the targetted population. The time schedule for operation of different clinics may be determined by the ULBs. Efforts should be taken for maximum utilisation of the building in respect of space & time. User's fee (beneficiary, non-beneficiary) as will be decided by the ULBs may be charged to generate health fund for supporting the fees of the consultants and Q&M Costs. Chairman, Project Director

Brief notes on Health activities along with Work Plan for the FY 2005 - 06 under KUSP Health Component

- Visit of Human Development Advisor, DFID at Barrackpore Municipality during 20 - 21 April, 2005 to witness existing health care delivery system.
- First Annual Review by DFID Mission was held during 10 - 13 May, 2005.
- A sensitisation session for the Mayor / Chairman, CIC / MIC (Health), HO / AHO of 22 Non-KMA ULBs on Health Component of KUSP has been scheduled during July, 2005 at SUDA.
- Work Plan for FY 2005-06 has been drawn and submitted to DFID for approval.

A) Brief description of Work Plan is as under :

Work Details	Objective	Time Plan
Re-structuring of block of ULBs	<ul style="list-style-type: none"> • More decentralisation of services with emphasis to marginalised & vulnerable groups. • Improved accessibility. • Netting comprehensive health data for further planning. 	June - Nov., 05
Re-orientation training		
Trainers training on Food & Nutrition and Growth Monitoring of Under-Five Children	<ul style="list-style-type: none"> • Building up of capacity of Health Officer & / or Asstt. Health Officer of the ULBs for imparting training to the grass root level health functionaries i.e. HHWs, FTS, STSs on the subject. • Planning, implementation, supervision & monitoring. 	April - May, 05
Training for HHWs, FTSs, STSs at HAU level on Food & Nutrition and Growth Monitoring of Under-Five Children.	<ul style="list-style-type: none"> • Strengthening of services for Maternal & Child Nutrition and Growth Monitoring of Under-Five Children. • Prevention of Anaemia of pregnant / lactating women and under five children. • Prevention of malnutrition of under five children. • Supporting National Anaemia Control Programme. 	April - July, 05
Training on STDs / HIV / AIDS	<ul style="list-style-type: none"> • Decentralising STD / HIV / AIDS control programme to field level. • Integration with National Programmes. • Preventing socially weaker groups for becoming vulnerable to HIV infection. • Promoting better understanding of HIV infection among people. 	May - Aug., 05
Training on Adolescent care.	Capacity building of the grass root level health functionaries for providing support to adolescents in respect of knowledge on physiological, emotional changes, reproductive health, hygiene and sanitation.	July - Oct., 05
Training on Community mobilization and gender empowerment.	<ul style="list-style-type: none"> • Capacity building of the grass root level health functionaries in communication skills. • Enhancing capacity in respect of social mapping, resources mapping, identification of potentials and recognition, group formation and activation, self esteem arousal, participatory planning and implementation by community. 	Aug. - Dec., 05

Work Details	Objective	Time Plan
HMIS & Family Schedule	Strengthening capacity of grass root level health functionaries in respect of systematic data collection, entry, compilation and preparation of fortnightly and monthly report.	July-Oct., 05
On National Health Programmes	<ul style="list-style-type: none"> • Updating knowledge on National Health Programmes. • Strengthening capacity for implementation of National Health Programmes at grass root level, data compilation and reporting. 	Oct.,-Jan, 06
Retraining for HO, AHO, PTMO & others		
Training for HO & AHO in Public Health & Management	<ul style="list-style-type: none"> • Boosting up of orientation in preventive & public health. • Updating knowledge on community based Primary Health Care services. • Strengthening knowledge in principles of Epidemiology, epidemic investigation, methods for its prevention and control. • Developing managerial skills in planning, implementation, monitoring and supervision. 	Mar.-July, 05
Refresher training of HOs & AHOs on Adolescent Care	<ul style="list-style-type: none"> • Updating knowledge on Adolescent Care Programme so that they can impart training to grass root health functionaries. • Planning, implementation, monitoring & supervision of Adolescent Care Programme. 	June-Sept., 05
Re-orientation for PTMOs & Urban Health Improvement Organisers (UHIOs)	Re-orientation in KUSP objectives, health components, community based primary health care.	May-June, 05
Re-training for HO & AHO on Family Schedule & HMIS	Strengthening managerial skills in data scrutiny, consolidation, analysis and planning thereof.	June-July, 05
I.E.C.		
Group discussion at block level with female and male members of the community.	<ul style="list-style-type: none"> • Enhancing awareness on different health issues, availability and accessibility of primary health care services. • Community participation. 	Apr.- Mar. 06
Installation of hoarding / repair & repainting of existing message board.	Promoting awareness on health, health facilities.	May-Nov., 05
Baby Show	<ul style="list-style-type: none"> • Making every child count. • Healthy and fully immunized baby. • Sensitising mother / family towards better rearing of child. 	Nov.-Jan., 06
Awareness through deployment of folk media.	Promoting awareness of community on preventive health care, safe behaviour, attitude and practice.	June-Jan., 06

Work Details	Objective	Time Plan
Development of I.E.C. materials i.e. leaflet, pictorial calendar, translit box, exhibition set etc.	Enhancing awareness on health, gender, HIV / AIDS issues.	July - Jan., 06
Procurement		
Printing of Growth Monitoring Card.	<ul style="list-style-type: none"> Recording weight of under five children for proper growth monitoring. Early detection of malnutrition of under five children and taking corrective measures thereof. 	Apr.-June, 05
Provision of weighing Machine with jacket.	Facilitating weighing of under five children as mentioned above.	Apr.-June, 05
Development of training manual for grass root level health functionaries.	Comprehensive training manual including updated information and some new health components to facilitated re-training of grass root level health functionaries for delivery of health care services.	June-Aug., 05
Printing of training manual.	<ul style="list-style-type: none"> Same as above. Enhancing capacity building of grass root level health functionaries. 	July - Sept., 05
Development of family schedule & HMIS format.	Developing, updating and consolidating the required base line information collected by the grass root level health functionaries.	July-Sept., 05
Printing of Family Schedule & HMIS format	Facilitating recording of base line information by the HHWs and generation of Health Management Information System.	Aug.-Sept., 05
Refurbishment of Sub-Centre (SC)	<ul style="list-style-type: none"> Providing better services. Strengthening of primary health care services. 	Aug.-Nov., 05
Provision of furniture and equipment for Sub Centres (SC)	<ul style="list-style-type: none"> Providing better services. Strengthening of primary health care services. 	Sept - Dec. 05

B) Progress Report on activities already approved by DFID for 40 KMA ULBs and 22 Non-KMA ULBs :

Activities	Achievement
Provision of Uniform to grass root level health functionaries (HHWs, FTSS & STSS).	<ul style="list-style-type: none"> Allotment letter issued to 40 KMA and 22 Non-KMA ULBs. Sample for Uniform have been provided to the ULBs concerned for undertaking procurement at their end. Procurement of Uniform completed in 32 ULBs. And for the rest ULBs, the procurement are under process.
Provision of HHW Kit bag.	<ul style="list-style-type: none"> Allotment letter issued to 40 KMA and 22 Non-KMA ULBs. Specimen sample for Kit bag have been provided to the ULBs concerned for undertaking procurement at their end. Procurement of Kit bag completed in 40 ULBs. And for the rest ULBs, the procurement are under process.

Activities	Achievement
<p>Re-training for different level of health care providers i.e. HHW, FTS, STS / ANM, PTMO, HO, AHO and UHIO for updating of technical knowledge and skill and strengthening of primary health care services at door step.</p>	<p>Re-training for Health Officers (HO) & Asstt. Health Officers (AHO)</p> <ul style="list-style-type: none"> • All India Institute of Hygiene & Public Health, the renowned institute was vested with the responsibility for designing course curriculum and organizing 5 days residential course for retraining of HO and AHO on Public Health & Management. • The 1st batch of training for 26 HOs & AHOs of 16 ULBs was held during 14 - 18 March, 2005. • The 2nd batch of training for 22 HOs & AHOs of 19 ULBs was held during 18 - 22 April, 2005. • The training for 3rd batch will be held during September, 2005. • Trainers training of 40 KMA ULBs on Food & Nutrition and growth monitoring of under five children have been completed by CMU in April, 2005. <p>Re-training for grass root level health functionaries Re-training on Food & Nutrition and Growth Monitoring of under five children has started at Health Administrative (HAU) level with effect from May, 2005 and will be completed by July, 2005 for KMA ULBs.</p>
<p>I.E.C. activities.</p>	<p>Action plan on I.E.C. activities has been drawn and allotment had already been issued to the ULBs.</p>

C) Pilot Activity with regard to health insurance scheme in 2 KMA ULBs.

Piloting health insurance scheme in one or two KMA ULBs - the issue was placed in before the meeting of Health Steering Committee of KUSP held on 11.01.2005. The health insurance scheme suggested by Interim Support Consultants was found not feasible. The said issue was discussed with DFID during Annual Review Meeting. Exploration of alternative scheme is under process.

D) Refurbishment of Sub-Centre.

DFID desired to examine cost effectiveness and levels of utilisation etc. at the Sub-Centres of ULBs concerned. A study in this regard was done by CMU and the report had been submitted to DFID during last Annual Review.

E) Criteria for incentive fund have been drawn and circulated to the functionaries concerned.

F) Salient information of health issue have been kept in DDP guideline.

G) Citizens charter at slum level included Birth & Death Certificate.

H) The issue of training with regard to Sanitary Inspector and Conservancy Personnel towards capacity building have been proposed for comprehensive and co-ordinated addressal of health issues.



23 JUN 2005

Secretary, Municipal Affairs Deptt. of
 the State informed over phone to-day
 that M.I.C. of the Deptt. will take
 a meeting on 6 July, 2005 to
 review the status of the DFID assisted
 health programme which is
 being implemented in 11 ULBs
 of the State. Venue of the meeting
 is yet to be communicated.
 Dr. Gowami will please attend
 the meeting, as desired. A status
 report may pl. be prepared
 to facilitate the discussion.

U. N. Gowami
 23/6/05

UOMD.30/2005
 dt 23/6/05
 Dr. Gowami,
 P.O. (Health), SUDA

Report - Submitted to Director, SUDA.

[Signature]
 23.06.05