

- 4 MAR 2004

Proceedings of the 4th meeting of the Apex Advisory Committee for  
Urban Health Improvement Programme held on 11<sup>th</sup> December 2003 at  
3.30 P.M. in the VIP Conference Room, Unnayan Bhavan,  
Bidhannagar, Kolkata- 700 091.



**MEMBERS PRESENT:**

- |   |                 |
|---|-----------------|
| 1. Smt. Anju Kar, Minister of State,<br>Municipal Affairs Deptt., Govt. of West Bengal        | Chairperson     |
| 2. Shri Dipankar Mukhopadhyay, Secretary,<br>Municipal . Affairs Deptt., Govt. of West Bengal | Member          |
| 3. Shri Mrinalendu Bandopadhyay, Chairman<br>New Barrackpore Municipality.                    | -do-            |
| 4. Dr. Sujit Kr. Ghosh, Chief Health Officer<br>Kolkata Municipal Corporation.                | -do-            |
| 5. Dr. N.G.Gangopadhyay.  | -do-            |
| 6. Smt. Nandini Chakravorty, Special Secretary ,KMDA<br>& Project Director, Health            | Member-Convener |

Dr. Rajeshwar  
4/3/04

**OTHERS PRESENT:**

1. Shri M.M. Saha, Officer on Special Duty, Health, KMDA
2. Dr. K. L. Mukherjee, Dy.CO, UHIP, KMDA
3. Shri P. Aich Bhowmick, Project Officer, IEC

Smt.Anju Kar, Minister of State, Municipal Affairs Deptt., Government of West Bengal and Chairperson of the Apex Advisory Committee took the chair.

Before taking up the agenda proper, the Committee observed that the Apex Advisory Committee for Urban Health Improvement Programme could not avail of the benefits of advice and suggestion of the Health & Family Welfare Deptt. for integration of all health activities between Urban Local Bodies and the Department of Health and Family Welfare for optimal utilisation of resources and maximum output as no representative from the Health and Family Welfare Department was ever present in the meeting.

The members felt that the involvement of the Health and Family Welfare Department in the decision making process of the Apex Advisory Committee was vital for any positive outcome.

The Committee, therefore, proposed that Shri Rajeev Dube, IAS, Special Secretary (Project) & Programme Director . SIP & HSDI, Health & Family Welfare Deptt. be made a member of the Committee to assist the Apex Advisory Committee in its decision making process. Secretary, Municipal affairs Deptt. was requested to take up the matter with the Principal Secretary, Health & Family Welfare Deptt.

**Information regarding collection of Registration fees  
@ Rs. 2/- from the beneficiaries and opening of Health Development  
Fund account.**

| Sl. No. | Name of the Municipal Corporation/ Municipality | Whether introduced Registration fees @ Rs. 2/- from the beneficiaries | Whether opened an account in the Name of Health Development Fund                           | Total amount deposited (Rs.) |
|---------|---|---|--|------------------------------|
| 1.      | Uttarpara Kotrung                               | Yes   | C.A. No.3-1/16, UCO Bank, Uttarpara Bazar Branch   |                              |
| 2.      | Chandannagar                                    | Yes   | S.B.A. No. 9437, UBI, Kolisani Branch  | 28,000.00                    |
| 3.      | Maheshtala                                      | Yes   | C.A. No. 01000050089, SBI, Batanagar Branch  | 43,943.00                    |
| 4.      | Bansberia                                       | Yes   | C.A. No. 3745, UBI, Bansberia Branch   |                              |
| 5.      | Gayeshpur                                       | Yes   | C & I -53037, SBI, Gayeshpur Branch  |                              |
| 6.      | Rajarhat Gopalpur                               | Yes   | CD 100345, UBI, Kaikhalii Branch   |                              |
| 7.      | New Barrackpore                                 | Yes   | SB 317497, UBI, New Barrackpore Branch   | 11,47,091.00                 |
| 8.      | Naihati   | Yes   | (CD 57- ESOPD CD-56, Mat. Home) Bhatpara-Naihati Co-op Bank. CA 813 - RDC, Allahabad Bank. |                              |
| 9.      | Bhadreswar                                      | Yes   | CA 178764, UBI, Bhadreswar   | 1,01,294.00                  |
| 10.     | Madhyamgram                                     | Yes   | SB 10604, Allahabad Bank Madhyamgram   | 7,82,000.00                  |
| 11.     | Serampore                                       | Yes   | 8624, Bank of Baroda, Serampore Branch (Health Development Fund)                           | 3,39,919.00                  |
| 12.     | Panihati  | Yes   | SB 162883, UTI, Panihati Branch  |                              |
| 13.     | Budge Budge                                     | Yes   | C.A. -73, Kanara Bank, Budge Budge Branch  |                              |
| 14.     | North Barrackpore                               | Yes   | C.A. 01100050720, SBI, Barrackpore Branch  |                              |
| 15.     | Rajpur Sonarpur                                 | Yes   | C.A. No. 628, UBI, Rajpur Branch(H.D.Fund)<br>411/91, UBI, Rajpur Branch(Matrisadan Fund)  | 1,56,660.00<br>2,26,675.52   |
| 16.     | Rishra  | Yes   | C.A. No. 8, Allahabad Bank, Rishra Branch  | 5,89,831.00                  |
| 17.     | Titagarh  | No  | C.A. No. 259, Central Bank of India, Titagarh Branch                                       |                              |
| 18.     | Bally   | No  | S.B.A. No. 6929, UCO Bank, Liluah Branch   |                              |

(Contd...)

| Sl. No. | Name of the Municipal Corporation/ Municipality | Whether introduced Registration fees @ Rs. 2/- from the beneficiaries | Whether opened an account in the Name of Health Development Fund   | Total amount deposited (Rs.) |
|---------|---|---|--|------------------------------|
| 19.     | Bhatpara  | No  | A/c. No. 01100050109 SBI, Kakinara Branch                          | 3,54,615.00                  |
| 20.     | Barrackpore                                     | No  | 313, State Co-operative Bank, Barrackpore                          |                              |
| 21.     | Uluberia  | Yes   | CA 6549, Allahabad Bank, Uluberia Branch                           | 68,843.00                    |
| 22.     | Konnagar  | No  | CA 24, Allahabad Bank, Konnagar                                    |                              |
| 23.     | North Dum Dum                                   | No  | SB/GEN/22211, UCO Bank   | 70,325.00                    |
| 24.     | Hooghly Chinsurah                               | No  | CA 626, PNB, Chinsurah   |                              |
| 25.     | Garulia   | No  | CA -56, PNB, Syamnagar Branch                                      |                              |
| 26.     | Dum Dum   | Under Process   | CA 15233, UCO Bank, Cantonment Branch                              | 63,076.00                    |
| 27.     | Kamarhati                                       | Yes   | S/B 20903, Bank of India, Kamarhati Branch                         | 43,443.00                    |
| 28.     | Pujali  | Yes   | A/c. No. 20099 with Allahabad Bank, Budge Budge                    | 2,000.00                     |
| 29.     | Kanchrapara                                     | No  | No   |                              |
| 30.     | Khardah   | No  | C&I/C/19, SBI, Khardah Branch                                      | 1,000.00                     |
| 31.     | Baranagar                                       | No  | No   |                              |
| 32.     | Barasat   | No  | No   |                              |
| 33.     | Halisahar                                       | No  | CD-793 PNB, Halisahar Br.  | Nil                          |
| 34.     | Kalyani   | Yes   | SB A/c. 01000050124 of SBI, Kalyani                                | 4,18,394.00                  |
| 35.     | South Dum Dum                                   | No  | C.A. No. 205666, UCO Bank, Dum Dum                                 | 1,95,000.00                  |
| 36.     | Howrah  | No  | No   |                              |
| 37.     | Kolkata   | No  | No   |                              |
| 38.     | Baidyabati                                      | No  | No   |                              |
| 39.     | Bidhannagar                                     | Yes   | S.B. A/c. No. 0110004824, SB of Bikaneer & Jaipur, Saltlake Branch | 36,000.00                    |
| 40.     | Champdani                                       | Yes   | S.B. A/c. No. 15601, BOI, Champdani                                |                              |
| 41.     | Baruipur  | No  | No   |                              |

**Synopsis :** 1. Health Development Fund already opened – 34 Municipalities  
2. Collection of beneficiary charges @ Rs. 2/- per month – 22 Municipalities.

(Information regarding collection of Registration fees.doc)

## STATUS OF HEALTH FUND RAISED UNDER IPP-VIII (Extn)

(As on September, 2003)

| Name of ULBs  | Health Fund Raised | Imposition of House-hold Level Beneficiary Charges | Mobilisation of NSDP Fund |
|---------------|--------------------|--|---------------------------|
| Alipurduar    | 1,63,644/-         | Yes  | --                        |
| Balurghat     | 1,09,600/-         | Yes  | Yes                       |
| Burdwan       | 7,82,025/-         | Yes  | Yes                       |
| Darjeeling    | 2,62,697/-         | Yes  | Yes                       |
| Durgapur      | 6,23,099/-         | Yes  | --                        |
| English Bazar | 4,04,967/-         | Yes  | Yes                       |
| Jalpaiguri    | 1,26,848/-         | Yes  | --                        |
| Kharagpur     | 17,89,696/-        | Yes  | Yes                       |
| Raiganj       | 3,31,960/-         | Yes  | Yes                       |
| Siliguri      | 10,28,081/-        | Yes  | Yes                       |

**List of nominated persons of Health & Family Welfare Committee of  
different Corporations / Municipalities**

| <b>Sl. No.</b> | <b>Name of the Municipality / Corporation</b> | <b>Name of the Nominated Person</b>            |
|----------------|---|--|
| 1.             | Madhyamgram                                   | Dr. K. L. Mukherjee, DCOH, IPP- VIII, KMDA     |
| 2.             | Bhadreswar                                    | -Do-   |
| 3.             | Baranagar                                     | Dr. P. K.Chatterjee, ACOH,IPP – VIII, KMDA     |
| 4.             | Kalyani                                       | -Do-   |
| 5.             | Titagarh                                      | -Do-   |
| 6.             | Bidhannagar                                   | Dr. K.L.Mukherjee, DCOH, IPP – VIII, KMDA      |
| 7.             | Bansberia                                     | Dr. Chaitali Mukherjee, ACOH,IPP – VIII, KMDA  |
| 8.             | Chandannagar Municipal Corporation            | -Do-   |
| 9.             | Halisahar                                     | Dr. P. K.Chatterjee, ACOH, IPP – VIII, KMDA    |
| 10.            | Garulia                                       | -Do-   |
| 11.            | Champdany                                     | Dr. Chaitali Mukherjee, ACOH,IPP-VIII,KMDA     |
| 12.            | Khardah                                       | Dr. P. K.Chatterjee, ACOH, IPP – VIII, KMDA    |
| 13.            | Pujali  | -Do-   |
| 14.            | Gayeshpur                                     | -Do-   |
| 15.            | Hooghly Chinsurah                             | Dr. Chaitali Mukherjee, ACOH, IPP-VIII, KMDA.  |
| 16.            | New Barrackpore                               | Dr. K.L.Mukherjee, DCOH, IPP-VIII, KMDA.       |
| 17.            | Rishra  | Dr. Chaitali Mukherjee, ACOH, IPP – VIII, KMDA |
| 18.            | Serampore                                     | -Do-   |
| 19.            | Maheshtala                                    | Dr. P.K.Chatterjee, ACOH, IPP-VIII, KMDA.      |
| 20.            | Naihati                                       | -Do-   |
| 21.            | Dum Dum                                       | Dr. K.L.Mukherjee, DCOH, IPP – VIII, KMDA      |
| 22.            | Kamarhati                                     | Shri J.K.Saha, DCOH, IPP-VIII, KMDA.           |
| 23.            | South Dum Dum                                 | Dr. Chaitali Mukherjee, ACOH, IPP-VIII, KMDA.  |
| 24.            | Panihati                                      | Dr. P. K. Chatterjee, ACOH, IPP-VIII, KMDA     |
| 25.            | Rajpur- Sonarpur                              | -Do-   |
| 26.            | North Dum Dum                                 | Dr. K.L.Mukherjee, DCOH, IPP-VIII,KMDA.        |
| 27.            | Barrackpore                                   | Dr. P.K.Chatterjee,ACOH,IPP-VIII,KMDA          |
| 28.            | Uluberia                                      | Dr. Chaitali Mukherjee, ACOH, IPP-VIII, KMDA   |
| 29.            | Howrah  | -Do-   |

(List of nominated persons of Health.doc)

# Progress Report

On

## Constitution of Health & Family Welfare Committee by ULBs

| Sl. No. | Name of ULBs  | Committee Constituted | Remarks         |
|---------|---------------|-----------------------|-----------------|
| 1       | Alipurduar    | No                    |                 |
| 2       | Balurghat     | No                    |                 |
| 3       | Burdwan       | Yes                   | 2 Meetings held |
| 4       | Darjeeling    | No                    |                 |
| 5       | Durgapur      | Yes                   | 2 Meetings held |
| 6       | English Bazar | No                    |                 |
| 7       | Jalpaiguri    | Yes                   |                 |
| 8       | Kharagpur     | Yes                   | 3 Meetings held |
| 9       | Raiganj       | Yes                   | 2 Meetings held |
| 10      | Siliguri      | No                    |                 |

## Financial Progress Report

**Budgeted Expenditure for 1<sup>st</sup> year – vis-à-vis actual Expenditure upto 30.11.2003 along with Committed Expenditure and further estimated expenditure upto 31.12.2003.**

(Rs. in lakhs)

| Components<br>(1)  | EC's<br>allocation<br>(2) | Budget approved by<br>Apex Advisory<br>Committee in 3 <sup>rd</sup><br>meeting upto<br>31.12.2003<br>(3) | Actual<br>Expn. to<br>30.11.03<br>(4) | Committed<br>Expn. as on<br>30.11.03<br>(5) | Total actual<br>+ committed<br>expn. as on<br>30.11.03<br>[(4) + (5)]<br>(6) | Further<br>estimated<br>expn. upto<br>31.12.03<br>(7) | Estimated<br>total upto<br>31.12.03.<br>[(6) + (7)]<br>(8) |
|--|---------------------------|--|---------------------------------------|---|--|---|--|
| 1. Civil works for repair and renovation.  | 259.50                    | 175.00   | 89.82                                 | 25.12                                       | 114.94   | 20.75   | 135.69   |
| 2. Furniture, Fittings & Equipment   | 92.25                     | 50.00  | 47.20                                 | 8.75  | 55.95  | 2.50  | 58.45  |
| 3. Drugs, disposables & consumables  | 30.84                     | 10.00  | 6.09                                  | 16.20                                       | 22.29  | 1.80  | 24.09  |
| 4. Development protocol through assessment studies   | 20.00                     | 6.00   | 5.49                                  | 1.49  | 6.98   | -   | 6.98   |
| 5. Management Training   | 6.00                      | 2.00   | 0.79                                  | -   | 0.79   | -   | 0.79   |
| 6. Orientation Training for skill upgradation of field staff                                     | 10.27                     | 4.00   | 2.04                                  | 0.10  | 2.14   | -   | 2.14   |
| 7. Strengthening convergence & Forging partnership   | 8.00                      | -  | -                                     | -   | -  | -   | -  |
| 8. Male participation  | 2.00                      | -  | -                                     | -   | -  | -   | -  |
| 9. School Health Programme   | -                         | 2.94   | 0.04                                  | 0.90  | 0.94   | 0.50  | 1.44   |
| 10. NGO for monitoring & Evaluation and MIS data cross checking                                  | 3.00                      | -  | -                                     | -   | -  | -   | -  |
| 11. IEC  | 15.00                     | 10.00  | 0.60                                  | 5.26  | 5.86   | 2.65  | 8.51   |
| 12. Consultancy  | 5.00                      | -  | 0.94                                  | -   | 0.94   | -   | 0.94   |
| 13. Quality of care  | 5.00                      | -  | -                                     | -   | -  | -   | -  |
| 14. Referral linkages  | 5.00                      | -  | -                                     | -   | -  | -   | -  |
| 15. MIES   | 15.78                     | 5.00   | 2.42                                  | -   | 2.42   | 8.90  | 11.32  |
| 16. AMC for existing equipment, replacement of worn out medical equipment and repair of Building | 43.66                     | 15.00  | -                                     | 10.42                                       | 10.42  | 2.50  | 12.92  |
| 17. Salary & Honorarium  |                           |  |                                       |   |  |   |  |
| a) Salary at HQ level  | 24.00                     | 24.00  | 20.08                                 | 0.01  | 20.09  | 1.10  | 21.19  |
| b) Honorarium at Municipal level   | 131.34                    | 78.84  | -                                     | -   | -  | 10.13   | 10.13  |
| 18. Operation & Maintenance  |                           |  |                                       |   |  |   |  |
| a) Municipality Level  | 14.12                     | 8.00   | -                                     | 4.78  | 4.78   | 2.39  | 7.17   |
| b) Headquarter level   | 12.24                     | 12.24  | 1.26                                  | 0.15  | 1.41   | 0.20  | 1.61   |
| <b>TOTAL</b>   | <b>703.00</b>             | <b>403.02</b>  | <b>176.77</b>                         | <b>73.18</b>                                | <b>249.95</b>  | <b>53.42</b>  | <b>303.37</b>  |

**Funds received :** Rs. 100.00 lakhs on 13.05.2002  
Rs. 150.00 lakhs on 28.01.2003  
Rs. 75.00 lakhs on 27.06.2003

**TOTAL Rs. 325.00 lakhs**

**IPP-VIII (Extn.)**  
**Progress Report**

**On**

**Constitution of Health & Family Welfare Committee by ULBs**

| SL No. | Name of ULBs  | Committee Constituted<br>( Yes / No ) |
|--------|---------------|---------------------------------------|
| 1      | Alipurduar    | No                                    |
| 2      | Balurghat     | Yes                                   |
| 3      | Burdwan       | Yes                                   |
| 4      | Darjeeling    | No                                    |
| 5      | Durgapur      | Yes                                   |
| 6      | English Bazar | Yes                                   |
| 7      | Jalpaiguri    | Yes                                   |
| 8      | Kharagpur     | Yes                                   |
| 9      | Raiganj       | Yes                                   |
| 10     | Siliguri      | No                                    |



**IPP-VIII (Extn.)**  
**Progress Report**

**On**

**Part-time engagement of Specialist Doctors and Technicians  
from Govt. Hospitals**

| SL No. | Name of ULBs  | Part-time engagement of |                 |
|--------|---------------|-------------------------|-----------------|
|        |               | Specialist Doctors      | Technicians     |
| 1      | Alipurduar    | Yes [3 Disciplines]     | Yes [Radiology] |
| 2      | Balurghat     | Yes [3 Disciplines]     | No              |
| 3      | Burdwan       | Under Process           | No              |
| 4      | Darjeeling    | Yes [2 Disciplines]     | No              |
| 5      | Durgapur      | Under Process           | Yes [Radiology] |
| 6      | English Bazar | Yes [2 Disciplines]     | Yes [Radiology] |
| 7      | Jalpaiguri    | Under Process           | No              |
| 8      | Kharagpur     | Under Process           | No              |
| 9      | Raiganj       | Yes [2 Disciplines]     | No              |
| 10     | Siliguri      | Under Process           | No              |

## STATUS OF HEALTH FUND RAISED UNDER IPP-VIII (Extn)

(As on January, 2004)

| Name of ULBs  | Health Fund Raised | Imposition of House-hold Level Beneficiary Charges | Mobilisation of NSDP Fund |
|---------------|--------------------|--|---------------------------|
| Alipurduar    | 2,08,144/-         | Yes  | --                        |
| Balurghat     | 4,09,169/-         | Yes  | Yes                       |
| Burdwan       | 11,11,380/-        | Yes  | Yes                       |
| Darjeeling    | 2,91,262/-         | Yes  | Yes                       |
| Durgapur      | 21,62,125/-        | Yes  | Yes                       |
| English Bazar | 5,19,822/-         | Yes  | Yes                       |
| Jalpaiguri    | 1,85,938/-         | Yes  | --                        |
| Kharagpur     | 21,25,239/-        | Yes  | Yes                       |
| Raiganj       | 4,14,192/-         | Yes  | Yes                       |
| Siliguri      | 14,05,482/-        | Yes  | Yes                       |

Proposed for 5th Apex  
Advisory Committee Meeting.

to be held on 22.3.04.

## **Agenda No. III**

Review of the Implementation of

**DFID assisted**

Honorary Health Worker Scheme

in

11 new Municipalities

## Composition of the Management and Supervision Cell under the project :

### 1. Central Co-ordinating Cell (CCC) at SUDA

- Consultant - 1
- Project Officer - 1
- Medical Specialist - 2
- Community Development Specialist - 1
- MIES Officer - 1
- Accounts Officer - 1
- Data Entry Operator - 1
- Clerk cum Store Keeper - 1
- Attendant - 1

### 2. Municipal Management Cell (MMC)

- ADM / SDO - Project Director
- Chairman of the ULB
- Councillor-in-Charge in Health
- ACMOH of Sub-Division Hospital
- Supdt. of nearest Govt. Hospital
- Health Officer / Asstt. Health Officer
- Community Development Officer
- Public Health Nurse (training)
- Data Entry Operator
- Accounts Asstt.
- Clerk cum Store Keeper
- Attendant

- ♦ Municipal Level Health & FW Committee will monitor and supervise the project activities.

### Month-wise action plan :

Enclosed at Annexure - A

### Progress Report :

1. Initial sensitisation meeting of MOS, MA Dept. was held on 12.02.2004. The participants were Secretary, MA Dept., Chairpersons, CIC (Health), Health Officer of the project ULBs, Director, SUDA and officials from Health Wing, SUDA.
2. A meeting was held on 13.02.2004 between Secretary, MA Dept. and Spl. Secretary (Project) and Programme Director, SIP & HSDI, DHFW in connection with decision on policy matters.
3. Govt. order according administrative approval to the DFID funded pilot project in 11 municipalities and to create Central Co-ordinating Cell at SUDA and Municipal Management Cell in each of 11 municipalities has been issued by MA Dept.
4. CCC at SUDA - The existing personnel of Health Wing, SUDA (comprising of Project Officer - 1, Finance Officer - 1, MIES Officer - 1, Clerk cum Store Keeper - 1, Data Entry Operator - 1) is looking after the functions of CCC at present. The engagement of manpower of CCC is under process.

5. MMC - 9 out of the 11 municipalities has already formed MMC with their own staff as per guidelines issued on the subject (except Bolpur and Bishnupur where formation is under process). But engagement of the personnel on contractual basis like AHO (where HO not available), PHN training, Accounts Asstt., Community Development Officer is awaited.
6. Job responsibility for manpower of MMC has been prepared and circulated to the ULBs.
7. The process of selection has been started. But in the mean time with the announcement of date for ensuing Parliamentary Election a question has been arisen whether selection and engagement of personnel can be done now. The issue has been referred to the Principal Secretary, Health to take up the matter with the CEO.
8. **Project Director of the said scheme :** Alrcady communicated to the concerned DM to nominate one ADM / SDO (for Sub-Divisional Town) to act as Project Director additionally. As learnt from the Municipality, the nomination for the Project Director are as under :

| Towns        | Name of ADM / SDO        |
|--------------|--------------------------|
| Cochbihar    | Sri Onkar Singh Meena    |
| Jangipur     | Sri Bimal Kanti Das      |
| Baharampur   | Ms. <del>D.</del> Lama   |
| Suri         | Sri Pinaki Ghosh         |
| Bolpur       | Sri Samar Mukherjee      |
| Purulia      | Not yet communicated.    |
| Bankura      | Sri Debasish Maity       |
| Bishnupur    | Sri Koushick Halder      |
| Kalna        | Sri Srikumar Chakraborty |
| Krishnanagar | Sri Ajoy Sanyamat        |
| Medinipur    | Not yet communicated.    |

- Necessary orders from Competent Authority is required to be issued with regard to Project Director.

9. ULB wise status of formation of Health & FW Committee :

| Towns         | Formed (Yes / No) |
|---------------|-------------------|
| Cochbihar     | Yes               |
| Jangipur      | Yes               |
| Baharampur    | Yes               |
| Suri          | Yes               |
| Bolpur        | Yes               |
| Purulia       | Yes               |
| Bankura       | Yes               |
| Bishnupur     | No                |
| Kalna         | Yes               |
| Krishna nagar | Yes               |
| Medinipur     | Yes               |

10. Status on submission of new BPL list by the municipality duly approved by DM.

| Towns        | Submitted (Yes / No) |
|--------------|----------------------|
| Cochbihar    | Yes                  |
| Jangipur     | No                   |
| Baharampur   | Yes                  |
| Suri         | Yes                  |
| Bolpur       | No                   |
| Purulia      | Yes                  |
| Bankura      | Yes                  |
| Bishnupur    | No                   |
| Kalna        | Yes                  |
| Krishnanagar | Yes                  |
| Medinipur    | No Yes               |

- Those municipalities who have not yet submitted the BPL list, communication has been made to expedite.
11. Guidelines in Bengali for implementing scheme had already been issued to the municipalities.
  12. 3 months tentative training programme has been drawn and circulated to the municipalities. Status on training performance by the municipalities :

| Towns        | No. of sensitisation meeting Held |
|--------------|-----------------------------------|
| Cochbihar    | 1                                 |
| Jangipur     | 3                                 |
| Baharampur   | 2                                 |
| Suri         | 3                                 |
| Bolpur       | 3                                 |
| Purulia      | 1                                 |
| Bankura      | 3                                 |
| Bishnupur    | -                                 |
| Kalna        | 3                                 |
| Krishnanagar | 1                                 |
| Medinipur    | 3                                 |

13. Preparation of guidelines by DHFW for writing project proposal by the individual municipality is under process and likely to be completed shortly.
14. Health officials of CCC already visited Kalna, Medinipur, Bankura, Jangipur, Suri, Bolpur Municipality and held sensitisation meeting / fruitful discussion on the project issues with the members of Health & FW committee, Councillors, ACMOH, Supdt. of Govt. Hospital, representative of NGOs.
15. Separate Bank A/C at CCC, SUDA has already been opened. Requisition of fund has already been submitted to DHFW.
16. Opening of separate Bank A/C at Municipal Level which is to be operated jointly by the Chairman and the Project Director is awaited (except Suri).
17. GOI reviewed the project on 17.02.2004 in a meeting held at the chamber of Principal Secretary, Health. Discussion about progress on base line survey by external agency, identification of beneficiary, formation of CCC, project fund movement, documentation of professional agency etc. took place during the reviewed meeting.
18. For base line survey DHFW has already started the process.

- 19. DIIFW will document the process wrt the scheme centrally. A communication has been made to DHFW in this regard.
20. Training curriculum of HHWs and different categories health manpower is under preparation by CCC.

**Issues :**

- Decision with regard to municipalities who have not yet submitted new BPL list.
- Issuance of GO detailing ADM / SDO who have been nominated by DMs, to function additionally as Project Director of this HHW Scheme.
- Clearance from CEO for notification, selection, engagement of manpower of MMC and HHWs. GOI may be apprised of the anticipated delay, if regard.
- Instruction from DHFW to CMOH regarding involvement of ACMOH and Supdt. of nearest Govt. Hospital in the Project.

**STATUS OF HEALTH FUND RAISED  
UNDER IPP-VIII (Extn)**

(As on January, 2004)

| Name of ULBs  | Health Fund Raised | Imposition of House-hold Level Beneficiary Charges | Mobilisation of NSDP Fund |
|---------------|--------------------|--|---------------------------|
| Alipurduar    | 2,08,144/-         | Yes  | --                        |
| Balurghat     | 4,09,169/-         | Yes  | Yes                       |
| Burdwan       | 11,11,380/-        | Yes  | Yes                       |
| Darjeeling    | 2,91,262/-         | Yes  | Yes                       |
| Durgapur      | 21,62,125/-        | Yes  | Yes                       |
| English Bazar | 5,19,822/-         | Yes  | Yes                       |
| Jalpaiguri    | 1,85,938/-         | Yes  | --                        |
| Kharagpur     | 21,25,239/-        | Yes  | Yes                       |
| Raiganj       | 4,14,192/-         | Yes  | Yes                       |
| Siliguri      | 14,05,482/-        | Yes  | Yes                       |



# IPP-VIII (Extn.)

## Progress Report

On

### Constitution of Health & Family Welfare Committee by ULBs

| SL No. | Name of ULBs  | Committee Constituted ( Yes / No ) |
|--------|---------------|------------------------------------|
| 1      | Alipurduar    | No                                 |
| 2      | Balurghat     | Yes                                |
| 3      | Burdwan       | Yes                                |
| 4      | Darjeeling    | No                                 |
| 5      | Durgapur      | Yes                                |
| 6      | English Bazar | Yes                                |
| 7      | Jalpaiguri    | Yes                                |
| 8      | Kharagpur     | Yes                                |
| 9      | Raiganj       | Yes                                |
| 10     | Siliguri      | No                                 |

## UHIP, KMDA

# URBAN HEALTH IMPROVEMENT PROGRAMME



## Kolkata Metropolitan Development Authority

Unnayan Bhavan, Bidhannagar, 'G' Block, 3<sup>rd</sup> floor, Kolkata - 700 091.

2334-5257/2337-0697/2358-6771. FAX No. : 2358-3931 E-mail : [cmdaipp8@vsnl.net](mailto:cmdaipp8@vsnl.net)

No. /KMDA/M-29/FW(US)/2002 (Pt)

Dated: 17.03.2004

### NOTICE

The 5th meeting of the Apex Advisory Committee on Urban Health Improvement Programme will be held at the VIP Conference Room, Unnayan Bhavan, Bidhan Nagar, Kolkata-700 091 on March 22, 2004 at 4.00 PM to consider the following agenda:-

1. Confirmation of the minutes of the 4th meeting of the Apex Advisory Committee held on 11.12.2003..
2. Follow-up actions on the decisions of the 4<sup>th</sup> Apex Advisory Committee Meeting.
3. Review of the implementation of the DFID assisted Honorary Health Worker Scheme in 11 new Municipalities.
4. Review of the implementation of the Urban Health Improvement Plan.
5. Miscellaneous.

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.

*Nandini*

(Nandini Chakravorty)  
Special Secretary, KMDA &  
Member-Secretary  
Apex Advisory Committee  
Urban Health Improvement Programme

No. /KMDA/M-29/FW(US)/2002 (Pt)

Dated : 17.03.2004

**Copy forwarded for favour of information and necessary action to:**

1. P.S. to MIC, UD&MA Deptt., Govt. of West Bengal, Writers' Buildings, Kolkata-700 001
2. P.S. to MOS, M.A. Deptt., Govt. of West Bengal, Writers' Buildings, Kolkata-700 001.

with the request to bring the notice to the kind attention of MIC and MOS for their kind presence in the meeting.

3. Principal Secretary, U.D. Deptt. Govt. of West Bengal, Nagaryan Bhavan, Salt Lake.
4. Principal Secretary, Health & Family Welfare Deptt., Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata-700 091.

Contd.

5. Secretary, M.A. Deptt., Govt. of West Bengal, Writers' Buildings, Kolkata-700 001.
6. Chief Executive Officer, KMDA, Prasashan Bhavan, Block-DD-1, Sector-I, Kolkata-700064.
7. Shri Rajeev Dube, IAS,  
Special Secretary (Project ) & Programme Director, SIP & HSDI  
Government of West Bengal, Health & Family Welfare Deptt.  
Swasthya Bhawan, 4<sup>th</sup> floor, Project Branch,  
GN-29, Sector-V, Bidhannagar, Kolkata-700 091.
8. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality,  
North 24-Parganas.
9. Shri Rathin Roy, Mayor, Durgapur Municipal Corporation, Durgapur, Burdwan.
10. Shri Sujit Ghosh, Chief Health Officer, Kolkata Municipal Corporation, 5, S.N.  
Banerjee Road, Kolkata-700 013.
11. Shri Gopal Banerjee, Director, SUDA, ILGUS Bhavan, HC Block, Sector-  
III, Kolkata-700097.
12. Dr. N.G. Gangopadhyay, Member
13. Dr. B. Bhattacharjee, Member

*Nandini*

(Nandini Chakravorty)  
Special Secretary, KMDA &  
Member-Secretary  
Apex Advisory Committee  
Urban Health Improvement Programme

No. 980/1(13)/1/KMDA/M-29/FW(US)/02

Dated: 18.03.2004

Copy forwarded to Dr. Shibani Goswami, Project Officer,  
Health, SUDA for information with the request to attend the  
meeting on the above mentioned date and time.

*R*  
18/03/04

OSD, Health, KMDA.

No. 980/2(13)/1/KMDA/M-29/FW(US)/02

Dated: 18.03.2004

Copy forwarded to Shri S. Gupta, Asstt. Engineer, Common Service  
Divn. TT Sector, Unnayan Bhavan for information with the request to  
keep the VIP Conference Room reserved for the meeting to be held  
on 22.03.2004 at 4-00 PM and arrange tea and snacks for the  
participants.

OSD, Health, KMDA



30DA

4 MAR 2004

**Proceedings of the 4th meeting of the Apex Advisory Committee for Urban Health Improvement Programme held on 11<sup>th</sup> December 2003 at 3.30 P.M. in the VIP Conference Room, Unnayan Bhavan, Bidhannagar, Kolkata- 700 091.**

**MEMBERS PRESENT:**

- |   |                 |
|---|-----------------|
| 1. Smt. Anju Kar, Minister of State,<br>Municipal Affairs Deptt., Govt. of West Bengal        | Chairperson     |
| 2. Shri Dipankar Mukhopadhyay, Secretary,<br>Municipal . Affairs Deptt., Govt. of West Bengal | Member          |
| 3. Shri Mrinalendu Bandopadhyay, Chairman<br>New Barrackpore Municipality.                    | -do-            |
| 4. Dr. Sujit Kr. Ghosh, Chief Health Officer<br>Kolkata Municipal Corporation.                | -do-            |
| 5. Dr. N.G.Gangopadhyay,  | -do-            |
| 6. Smt. Nandini Chakravorty, Special Secretary ,KMDA<br>& Project Director, Health            | Member-Convener |

**OTHERS PRESENT:**

1. Shri M.M. Saha, Officer on Special Duty, Health, KMDA
2. Dr. K. L. Mukherjee, Dy.COH, UHIP, KMDA
3. Shri P. Aich Bhowmick, Project Officer, IEC

Smt. Anju Kar, Minister of State, Municipal Affairs Deptt., Government of West Bengal and Chairperson of the Apex Advisory Committee took the chair.

Before taking up the agenda proper, the Committee observed that the Apex Advisory Committee for Urban Health Improvement Programme could not avail of the benefits of advice and suggestion of the Health & Family Welfare Deptt. for integration of all health activities between Urban Local Bodies and the Department of Health and Family Welfare for optimal utilisation of resources and maximum output as no representative from the Health and Family Welfare Department was ever present in the meeting.

The members felt that the involvement of the Health and Family Welfare Department in the decision making process of the Apex Advisory Committee was vital for any positive outcome.

The Committee, therefore, proposed that Shri Rajeev Dube, IAS, Special Secretary (Project) & Programme Director , SIP & HSDI, Health & Family Welfare Deptt. be made a member of the Committee to assist the Apex Advisory Committee in its decision making process. Secretary, Municipal affairs Deptt. was requested to take up the matter with the Principal Secretary, Health & Family Welfare Deptt.

Secretary, Municipal Affairs Deptt. underlined the need for transparency and simplified accounting procedure for collection of Registration Fees. He also requested Special Secretary, KMDA to look into the particular aspect.

The Committee desired that the latest status of collection of Registration Fees by the ULBs should be placed in the next meeting of the Apex Advisory Committee.

- **Optimum Utilisation of facilities created and their extension (appointment of assistant Health Officer)**

5(five) posts of Assistant Health Officer were reported to be still lying vacant.

The meeting requested KMDA to take urgent steps for filling up the vacancies to pre-empt under utilisation of the health facilities and safeguard the interest of the primary stakeholders.

- **Deputation of practicing and non-practicing Specialist Doctors and Technicians of government hospitals to ESOPD, Maternity Home and RDC**

The issue was discussed threadbare and the Committee desired that an updated status report of engagement of practicing Specialist Doctors and Technicians of Government Hospitals at the ESOPD, Maternity Home and RDC run by the Urban Local Bodies should be placed in the next meeting.

As regards the proposal for engagement of non-practicing Specialist Doctors of the West Bengal Medical Education Service, the Committee was of the opinion it would be difficult to carry through the proposal in the context of the existing financial rules.

- **Municipal level Health & Family Welfare Committee : -**

So far 29 Urban Local Bodies in the KMA and 6(six) Urban Local Bodies in the IPP-VIII (Extension) area had constituted the Municipal level Health & Family Welfare Committee for Integration of Health facilities for maximum output. The details are at Annexure - 'C' & 'D'.

The Committee desired that the Municipal level Health & Family Welfare Committee in the remaining ULBs should be constituted and made functional without any further delay.

- **Dovetailing of NSDP Fund with the Health Development Fund : -**

The Committee deliberated the issue and desired that a latest status report as to the dovetailing of NSDP Fund with the Health Development Fund by the Urban Local Bodies be placed in the next meeting.

As to the representation made by some urban local bodies for augmentation of NSDP allocation to their ULBs for such dovetailing, Secretary, M.A. Deptt. opined that it might be difficult to augment the NSDP allocation for the State as the NSDP allocation is a shared contribution between the Centre and the State in the ratio of 80 : 20. He also clarified that pulling of 5 times of the Community mobilization fund from NSDP fund is the maximum limit and the ULB could pull lesser amount from their NSDP fund and deposit it into the Health Development Fund for sustaining the Health Care activities of the ULBs.

The Committee considered the above difficulties and extended the time frame for making functional the additional health facilities under UHIP norms upto 31.03.2004.

**Agenda Item No. 4 :**

• **Consideration of the Draft Project Report on support to Health Sector under Kolkata Urban Services for the Poor:-**

The draft Project Report was placed in the meeting and briefly discussed.

Secretary, M.A. Deptt. stated that the Draft Project Report needed scrutiny in the context of the DFID Guidelines and a decision on the Health Inputs suggested in the draft report might be taken after such scrutiny.

**Agenda Item No. 5 :**

• **Miscellaneous :-**

i) **Performance Report:-**The Committee noted Performance Report of different Health facilities of IPP-VIII (Extension)and UHIP upto Sept., 2003.

ii) **Study on Municipal Capacity for Resource Generation and Health Service Delivery :** MOS, M.A. Deptt. and Chairperson suggested that a study be undertaken to assess the Municipal capacity so far developed for resource generation and service delivery in respect of the Health facilities created under different programmes alongwith other related issues.

It was decided to undertake such a study and the Special Secretary and Project Director, KMDA was requested to draft the TORs for the proposed study.

iii) **Non utilisation of the HAU building constructed under IPP-VIII by the Kolkata Municipal Corporation.** The Committee was informed that the HAU building constructed under IPP-VIII at 61, West Jamnanagar Road, Kolkata had not yet been made functional by the Kolkata Municipal Corporation and the activities of the HAU were reportedly being carried out from the Vector Control Office at Maulali.

The Committee noted that the HAU building still remained unutilised notwithstanding that the assurance given by the Kolkata Municipal Corporation in a meeting held on 03.10.2001 and chaired by the Minister of State, M.A. Deptt. that the HAU building would be made functional by 15.11.2001.

The Committee requested Special Secretary, KMDA and Project Director to look into it and take up the issue with the Kolkata Municipal Corporation at the earliest.

Sd/-

( Smt. Anju Kar )

M.O.S., MA Deptt.

Chairperson, Apex Advisory Committee  
for Urban Health Improvement Programme

(Apex Advisory Committee.doc)

No. 924 /1(12)/M-29/KMDA/UHIP/2002 (Pt)

Dated: 03.03.2004

Copy forwarded for favour of information and necessary action to:-

1. P.S. to the MIC,UD & MA Deptt., Govt. of West Bengal, Writers' Buildings, Kolkata-700 001.
2. P.S. to the MOS, MA Department, Government of West Bengal, Writers' Buildings, Kolkata-700 001.
3. Principal Secretary, U.D. Deptt. Govt. of West Bengal, Nagaryan Bhavan, Salt Lake, Kolkata.
4. Principal Secretary, Health & Family Welfare Deptt., Govt. of West Bengal, Swasthya Bhavan, Salt Lake, Kolkata.
5. Secretary, M.A. Deptt. Govt. of West Bengal, Writers' Buildings, Kolkata-700 001.
6. Chief Executive Officer, KMDA.
7. Mayor, Durgapur Municipal Corporation.
8. Shri Mrinalendu Bandopadhyay, Chairman, New Barrackpore Municipality.
9. Shri Sujit Ghosh, Chief Health Officer, Kolkata Municipal Corporation.
10. Srhi Gopal Banerjee, Director, SUDA.
11. Dr. N.G. Gangopadhyay
12. Dr. B. Bhattacharjee.

Sd/-

(Smt. Nandini Chakravorty )  
Special Secretary, KMDA & Member Secretary  
Apex Advisory Committee for UHIP.

No. 925/1(43)/M-29/KMDA/UHIP/2002 (Pt)

Dated: 03.03.2004

Copy forwarded for favour of information and necessary action to:-

1. Mayor, Chandannagar /Howrah Corporation.
2. Chairperson \_\_\_\_\_ Municipality.
3. ✓ Dr. Shibani Goswami, Project Officer, Health, SUDA.
4. Dr. K.L. Mukherjee, Dy.CO, UHIP, KMDA
5. Shri J.K. Saha, Dy.CO, UHIP, KMDA
6. Shri P. Bhattacharya, ACOH, UHIP, KMDA
7. OSD, Health, KMC.

  
OSD, Health, KMDA.

03/03/04

**Information regarding collection of Registration fees  
@ Rs. 2/- from the beneficiaries and opening of Health Development  
Fund account.**

| Sl. No. | Name of the Municipal Corporation/ Municipality | Whether introduced Registration fees @ Rs. 2/- from the beneficiaries | Whether opened an account in the Name of Health Development Fund                           | Total amount deposited (Rs.) |
|---------|---|---|--|------------------------------|
| 1.      | Uttarpara Kotrung                               | Yes   | C.A. No.3-1/16, UCO Bank, Uttarpara Bazar Branch   |                              |
| 2.      | Chandannagar                                    | Yes   | S.B.A. No. 9437, UBI, Kolisani Branch  | 28,000.00                    |
| 3.      | Maheshtala                                      | Yes   | C.A. No. 01000050089, SBI, Batanagar Branch  | 43,943.00                    |
| 4.      | Bansberia                                       | Yes   | C.A. No. 3745, UBI, Bansberia Branch   |                              |
| 5.      | Gayeshpur                                       | Yes   | C & I -53037, SBI, Gayeshpur Branch  |                              |
| 6.      | Rajarhat Gopalpur                               | Yes   | CD 100345, UBI, Kaikhali Branch  |                              |
| 7.      | New Barrackpore                                 | Yes   | SB 317497, UBI, New Barrackpore Branch   | 11,47,091.00                 |
| 8.      | Naihati   | Yes   | (CD 57- ESOPD CD-56, Mat. Home) Bhatpara-Naihati Co-op Bank. CA 813 - RDC, Allahabad Bank. |                              |
| 9.      | Bhadreswar                                      | Yes   | CA 178764, UBI, Bhadreswar   | 1,01,294.00                  |
| 10.     | Madhyamgram                                     | Yes   | SB 10604, Allahabad Bank Madhyamgram   | 7,82,000.00                  |
| 11.     | Serampore                                       | Yes   | 8624, Bank of Baroda, Serampore Branch (Health Development Fund)                           | 3,39,919.00                  |
| 12.     | Panihati  | Yes   | SB 162883, UTI, Panihati Branch  |                              |
| 13.     | Budge Budge                                     | Yes   | C.A. -73, Kanara Bank, Budge Budge Branch  |                              |
| 14.     | North Barrackpore                               | Yes   | C.A. 01100050720, SBI, Barrackpore Branch  |                              |
| 15.     | Rajpur Sonarpur                                 | Yes   | C.A. No. 628, UBI, Rajpur Branch(H.D.Fund)<br>411/91, UBI, Rajpur Branch(Matrisadan Fund)  | 1,56,660.00<br>2,26,675.52   |
| 16.     | Rishra  | Yes   | C.A. No. 8, Allahabad Bank, Rishra Branch  | 5,89,831.00                  |
| 17.     | Titagarh  | No  | C.A. No. 259, Central Bank of India, Titagarh Branch                                       |                              |
| 18.     | Bally   | No  | S.B.A. No. 6929, UCO Bank, Liluah Branch   |                              |

(Contd...)



| Sl. No. | Name of the Municipal Corporation/ Municipality | Whether introduced Registration fees @ Rs. 2/- from the beneficiaries | Whether opened an account in the Name of Health Development Fund   | Total amount deposited (Rs.) |
|---------|---|---|--|------------------------------|
| 19.     | Bhatpara  | No  | A/c. No. 01100050109 SBI, Kakinara Branch                          | 3,54,615.00                  |
| 20.     | Barrackpore                                     | No  | 313, State Co-operative Bank, Barrackpore                          |                              |
| 21.     | Uluberia  | Yes   | CA 6549, Allahabad Bank, Uluberia Branch                           | 68,843.00                    |
| 22.     | Konnagar  | No  | CA 24, Allahabad Bank, Konnagar                                    |                              |
| 23.     | North Dum Dum                                   | No  | SB/GEN/22211, UCO Bank   | 70,325.00                    |
| 24.     | Hooghly Chinsurah                               | No  | CA 626, PNB, Chinsurah   |                              |
| 25.     | Garulia   | No  | CA -56, PNB, Syamnagar Branch                                      |                              |
| 26.     | Dum Dum   | Under Process   | CA 15233, UCO Bank, Cantonment Branch                              | 63,076.00                    |
| 27.     | Kamarhati                                       | Yes   | S/B 20903, Bank of India, Kamarhati Branch                         | 43,443.00                    |
| 28.     | Pujali  | Yes   | A/c. No. 20099 with Allahabad Bank, Budge Budge                    | 2,000.00                     |
| 29.     | Kanchrapara                                     | No  | No   |                              |
| 30.     | Khardah   | No  | C&I/C/19, SBI, Khardah Branch                                      | 1,000.00                     |
| 31.     | Baranagar                                       | No  | No   |                              |
| 32.     | Barasat   | No  | No   |                              |
| 33.     | Halisahar                                       | No  | CD-793 PNB, Halisahar Br.  | Nil                          |
| 34.     | Kalyani   | Yes   | SB A/c. 01000050124 of SBI, Kalyani                                | 4,18,394.00                  |
| 35.     | South Dum Dum                                   | No  | C.A. No. 205666, UCO Bank, Dum Dum                                 | 1,95,000.00                  |
| 36.     | Howrah  | No  | No   |                              |
| 37.     | Kolkata   | No  | No   |                              |
| 38.     | Baidyabati                                      | No  | No   |                              |
| 39.     | Bidhannagar                                     | Yes   | S.B. A/c. No. 0110004824, SB of Bikaneer & Jaipur, Saltlake Branch | 36,000.00                    |
| 40.     | Champdani                                       | Yes   | S.B. A/c. No. 15601, BOI, Champdani                                |                              |
| 41.     | Baruipur  | No  | No   |                              |

**Synopsis :** 1. Health Development Fund already opened – 34 Municipalities  
2. Collection of beneficiary charges @ Rs. 2/- per month – 22 Municipalities.

(Information regarding collection of Registration fees.doc)

## STATUS OF HEALTH FUND RAISED UNDER IPP-VIII (Extn)

(As on September, 2003)

| Name of ULBs  | Health Fund Raised | Imposition of House-hold Level Beneficiary Charges | Mobilisation of NSDP Fund |
|---------------|--------------------|--|---------------------------|
| Alipurduar    | 1,63,644/-         | Yes  | --                        |
| Balurghat     | 1,09,600/-         | Yes  | Yes                       |
| Burdwan       | 7,82,025/-         | Yes  | Yes                       |
| Darjeeling    | 2,62,697/-         | Yes  | Yes                       |
| Durgapur      | 6,23,099/-         | Yes  | --                        |
| English Bazar | 4,04,967/-         | Yes  | Yes                       |
| Jalpaiguri    | 1,26,848/-         | Yes  | --                        |
| Kharagpur     | 17,89,696/-        | Yes  | Yes                       |
| Raiganj       | 3,31,960/-         | Yes  | Yes                       |
| Siliguri      | 10,28,081/-        | Yes  | Yes                       |

Annexure - 'C'

**List of nominated persons of Health & Family Welfare Committee of  
different Corporations / Municipalities**

| <b>Sl. No.</b> | <b>Name of the Municipality / Corporation</b> | <b>Name of the Nominated Person</b>            |
|----------------|---|--|
| 1.             | Madhyamgram                                   | Dr. K. L. Mukherjee, DCOH, IPP- VIII, KMDA     |
| 2.             | Bhadreswar                                    | -Do-   |
| 3.             | Baranagar                                     | Dr. P. K.Chatterjee, ACOH,IPP - VIII, KMDA     |
| 4.             | Kalyani                                       | -Do-   |
| 5.             | Titagarh                                      | -Do-   |
| 6.             | Bidhannagar                                   | Dr. K.L.Mukherjee, DCOH, IPP - VIII, KMDA      |
| 7.             | Bansberia                                     | Dr. Chaitali Mukherjee, ACOH,IPP - VIII, KMDA  |
| 8.             | Chandannagar Municipal Corporation            | -Do-   |
| 9.             | Halisahar                                     | Dr. P. K.Chatterjee, ACOH, IPP - VIII, KMDA    |
| 10.            | Garulia                                       | -Do-   |
| 11.            | Champdany                                     | Dr. Chaitali Mukherjee, ACOH,IPP-VIII,KMDA     |
| 12.            | Khardah                                       | Dr. P. K.Chatterjee, ACOH, IPP - VIII, KMDA    |
| 13.            | Pujali  | -Do-   |
| 14.            | Gayeshpur                                     | -Do-   |
| 15.            | Hooghly Chinsurah                             | Dr. Chaitali Mukherjee, ACOH, IPP-VIII, KMDA.  |
| 16.            | New Barrackpore                               | Dr. K.L.Mukherjee, DCOH, IPP-VIII, KMDA.       |
| 17.            | Rishra  | Dr. Chaitali Mukherjee, ACOH, IPP - VIII, KMDA |
| 18.            | Serampore                                     | -Do-   |
| 19.            | Maheshtala                                    | Dr. P.K.Chatterjee, ACOH, IPP-VIII, KMDA.      |
| 20.            | Naihati                                       | -Do-   |
| 21.            | Dum Dum                                       | Dr. K.L.Mukherjee, DCOH, IPP - VIII, KMDA      |
| 22.            | Kamarhati                                     | Shri J.K.Saha, DCOH, IPP-VIII, KMDA.           |
| 23.            | South Dum Dum                                 | Dr. Chaitali Mukherjee, ACOH, IPP-VIII, KMDA.  |
| 24.            | Panihati                                      | Dr. P. K. Chatterjee, ACOH, IPP-VIII, KMDA     |
| 25.            | Rajpur- Sonarpur                              | -Do-   |
| 26.            | North Dum Dum                                 | Dr. K.L.Mukherjee, DCOH, IPP-VIII,KMDA.        |
| 27.            | Barrackpore                                   | Dr. P.K.Chatterjee,ACOH,IPP-VIII,KMDA          |
| 28.            | Uluberia                                      | Dr. Chaitali Mukherjee, ACOH, IPP-VIII, KMDA   |
| 29.            | Howrah  | -Do-   |

(List of nominated persons of Health.doc)

# Progress Report

On

## Constitution of Health & Family Welfare Committee by ULBs

| Sl. No. | Name of ULBs  | Committee Constituted | Remarks         |
|---------|---------------|-----------------------|-----------------|
| 1       | Alipurduar    | - Yes / No            |                 |
| 2       | Balurghat     | Yes No                | 2 Meetings.     |
| 3       | Burdwan       | Yes -                 | 2 Meetings held |
| 4       | Darjeeling    | - No                  |                 |
| 5       | Durgapur      | Yes -                 | 2 Meetings held |
| 6       | English Bazar | yes <del>No</del>     | 2 Meetings.     |
| 7       | Jalpaiguri    | Yes -                 |                 |
| 8       | Kharagpur     | Yes -                 | 3 Meetings held |
| 9       | Raiganj       | Yes -                 | 2 Meetings held |
| 10      | Siliguri      | - No                  |                 |

## Financial Progress Report

**Budgeted Expenditure for 1<sup>st</sup> year – vis-à-vis actual Expenditure upto 30.11.2003 along with Committed Expenditure and further estimated expenditure upto 31.12.2003.**

**(Rs. in lakhs)**

| Components<br>(1)  | EC's<br>allocation<br>(2) | Budget approved by<br>Apex Advisory<br>Committee in 3 <sup>rd</sup><br>meeting upto<br>31.12.2003<br>(3) | Actual<br>Expn. to<br>30.11.03<br>(4) | Committed<br>Expn. as on<br>30.11.03<br>(5) | Total actual<br>+ committed<br>expn. as on<br>30.11.03<br>[(4) + (5)]<br>(6) | Further<br>estimated<br>expn. upto<br>31.12.03<br>(7) | Estimated<br>total upto<br>31.12.03.<br>[(6) + (7)]<br>(8) |
|--|---------------------------|--|---------------------------------------|---|--|---|--|
| 1. Civil works for repair and renovation.  | 259.50                    | 175.00   | 89.82                                 | 25.12                                       | 114.94   | 20.75   | 135.69   |
| 2. Furniture, Fittings & Equipment   | 92.25                     | 50.00  | 47.20                                 | 8.75  | 55.95  | 2.50  | 58.45  |
| 3. Drugs, disposables & consumables  | 30.84                     | 10.00  | 6.09                                  | 16.20                                       | 22.29  | 1.80  | 24.09  |
| 4. Development protocol through assessment studies   | 20.00                     | 6.00   | 5.49                                  | 1.49  | 6.98   | -   | 6.98   |
| 5. Management Training   | 6.00                      | 2.00   | 0.79                                  | -   | 0.79   | -   | 0.79   |
| 6. Orientation Training for skill upgradation of field staff                                     | 10.27                     | 4.00   | 2.04                                  | 0.10  | 2.14   | -   | 2.14   |
| 7. Strengthening convergence & Forging partnership   | 8.00                      | -  | -                                     | -   | -  | -   | -  |
| 8. Male participation  | 2.00                      | -  | -                                     | -   | -  | -   | -  |
| 9. School Health Programme   | -                         | 2.94   | 0.04                                  | 0.90  | 0.94   | 0.50  | 1.44   |
| 10. NGO for monitoring & Evaluation and MIS data cross checking                                  | 3.00                      | -  | -                                     | -   | -  | -   | -  |
| 11. IEC  | 15.00                     | 10.00  | 0.60                                  | 5.26  | 5.86   | 2.65  | 8.51   |
| 12. Consultancy  | 5.00                      | -  | 0.94                                  | -   | 0.94   | -   | 0.94   |
| 13. Quality of care  | 5.00                      | -  | -                                     | -   | -  | -   | -  |
| 14. Referral linkages  | 5.00                      | -  | -                                     | -   | -  | -   | -  |
| 15. MIES   | 15.78                     | 5.00   | 2.42                                  | -   | 2.42   | 8.90  | 11.32  |
| 16. AMC for existing equipment, replacement of worn out medical equipment and repair of Building | 43.66                     | 15.00  | -                                     | 10.42                                       | 10.42  | 2.50  | 12.92  |
| 17. Salary & Honorarium  |                           |  |                                       |   |  |   |  |
| a) Salary at HQ level  | 24.00                     | 24.00  | 20.08                                 | 0.01  | 20.09  | 1.10  | 21.19  |
| b) Honorarium at Municipal level   | 131.34                    | 78.84  | -                                     | -   | -  | 10.13   | 10.13  |
| 18. Operation & Maintenance  |                           |  |                                       |   |  |   |  |
| a) Municipality Level  | 14.12                     | 8.00   | -                                     | 4.78  | 4.78   | 2.39  | 7.17   |
| b) Headquarter level   | 12.24                     | 12.24  | 1.26                                  | 0.15  | 1.41   | 0.20  | 1.61   |
| <b>TOTAL</b>   | <b>703.00</b>             | <b>403.02</b>  | <b>176.77</b>                         | <b>73.18</b>                                | <b>249.95</b>  | <b>53.42</b>  | <b>303.37</b>  |

**Funds received :** Rs. 100.00 lakhs on 13.05.2002  
Rs. 150.00 lakhs on 28.01.2003  
Rs. 75.00 lakhs on 27.06.2003

**TOTAL Rs. 325.00 lakhs**

## STATUS OF HEALTH FUND RAISED UNDER IPP-VIII (Extn)

(As on January, 2004)

| Name of ULBs  | Health Fund Raised | Imposition of House-hold Level Beneficiary Charges | Mobilisation of NSDP Fund |
|---------------|--------------------|--|---------------------------|
| Alipurduar    | 2,08,144/-         | Yes  | --                        |
| Balurghat     | 4,09,169/-         | Yes  | Yes                       |
| Burdwan       | 11,11,380/-        | Yes  | Yes                       |
| Darjeeling    | 2,91,262/-         | Yes  | Yes                       |
| Durgapur      | 21,62,125/-        | Yes  | Yes                       |
| English Bazar | 5,19,822/-         | Yes  | Yes                       |
| Jalpaiguri    | 1,85,938/-         | Yes  | --                        |
| Kharagpur     | 21,25,239/-        | Yes  | Yes                       |
| Raiganj       | 4,14,192/-         | Yes  | Yes                       |
| Siliguri      | 14,05,482/-        | Yes  | Yes                       |

# **Agenda No. III**

Review of the Implementation of

**DFID assisted**

Honorary Health Worker Scheme

in

11 new Municipalities

5. MMC - 9 out of the 11 municipalities has already formed MMC with their own staff as per guidelines issued on the subject (except Bolpur and Bishnupur where formation is under process). But engagement of the personnel on contractual basis like AHO (where HO not available), PHN training, Accounts Asstt., Community Development Officer is awaited.
6. Job responsibility for manpower of MMC has been prepared and circulated to the ULBs.
7. The process of selection has been started. But in the mean time with the announcement of date for ensuing Parliamentary Election a question has been arisen whether selection and engagement of personnel can be done now. The issue has been referred to the Principal Secretary, Health to take up the matter with the CEO.
8. **Project Director of the said scheme :** Alrcady communicated to the concerned DM to nominate one ADM / SDO (for Sub-Divisional Town) to act as Project Director additionally. As learnt from the Municipality, the nomination for the Project Director are as under :

| Towns        | Name of ADM / SDO        |
|--------------|--------------------------|
| Cochbihar    | Sri Onkar Singh Meena    |
| Jangipur     | Sri Bimal Kanti Das      |
| Baharampur   | Ms. D. Lama              |
| Suri         | Sri Pinaki Ghosh         |
| Bolpur       | Sri Samar Mukherjee      |
| Purulia      | Not yet communicated.    |
| Bankura      | Sri Debasish Maity       |
| Bishnupur    | Sri Koushick Haldar      |
| Kalna        | Sri Srikumar Chakraborty |
| Krishnanagar | Sri Ajoy Sanyamat        |
| Medinipur    | Not yet communicated.    |

- Necessary orders from Competent Authority is required to be issued with regard to Project Director.
9. ULB wise status of formation of Health & FW Committee :

| Towns         | Formed (Yes / No) |
|---------------|-------------------|
| Cochbihar     | Yes               |
| Jangipur      | Yes               |
| Baharampur    | Yes               |
| Suri          | Yes               |
| Bolpur        | Yes               |
| Purulia       | Yes               |
| Bankura       | Yes               |
| Bishnupur     | No                |
| Kalna         | Yes               |
| Krishna nagar | Yes               |
| Medinipur     | Yes               |



19. DIIFW will document the process wrt the scheme centrally. A communication has been made to DHFW in this regard.
20. Training curriculum of HHWs and different categories health manpower is under preparation by CCC.

**Issues :**

- Decision with regard to municipalities who have not yet submitted new BPL list.
- Issuance of GO detailing ADM / SDO who have been nominated by DMs, to function additionally as Project Director of this HHW Scheme.
- Clearance from CEO for notification, selection, engagement of manpower of MMC and HHWs. GOI may be apprised of the anticipated delay, if regard.
- Instruction from DHFW to CMOH regarding involvement of ACMOH and Supdt. of nearest Govt. Hospital in the Project.

প্রথম এক বছরে আমাদের কি কি করণীয়ঃ

| কাজ   | মাস |   |   |   |   |   |   |   |   |    |    |    |   |
|---|-----|---|---|---|---|---|---|---|---|----|----|----|---|
|   | ১   | ২ | ৩ | ৪ | ৫ | ৬ | ৭ | ৮ | ৯ | ১০ | ১১ | ১২ |   |
| প্রকল্প অন্তর্গত পৌরসভার বিভিন্ন স্তরে জনকর্মী আয়োগান সন্ত্রর আয়োজন                                   |     | ↑ |   |   |   |   |   |   |   |    |    |    |   |
| মিউনিসিপ্যাল ম্যানেজমেন্ট সেল গঠন   |     | ↑ |   |   |   |   |   |   |   |    |    |    |   |
| পিছিয়ে থাকা জনগোষ্ঠীর নিষ্টি করণ এক প্রকল্প সম্বন্ধে তাগেরে জানানো।                                    |     |   | ↑ |   |   |   |   |   |   |    |    |    |   |
| অংশগ্রহণ যুক্ত পদ্ধতির মাধ্যমে জনগণের প্রয়োজন অনুসন্ধান এবং প্রত্যেক পৌরসভা এক বছরের জন্য এই খেছাসেবা। |     |   | ↑ |   |   |   |   |   |   |    |    |    |   |
| স্বাস্থ্যকর্মীর পইফট প্রকল্প রচনা ও সুভাতে গেশ করা।   |     |   |   | ↑ |   |   |   |   |   |    |    |    |   |
| খেছাসেবা স্বাস্থ্যকর্মী নিবাচন  |     |   |   |   |   | ↑ |   |   |   |    |    |    |   |
| খেছাসেবা স্বাস্থ্যকর্মী প্রশিক্ষণ   |     |   |   |   |   |   | ↑ |   |   |    |    |    |   |
| প্রথমসারির পরিদর্শিকা নিবানে ও প্রশিক্ষণ  |     |   |   |   |   |   |   | ↑ |   |    |    |    |   |
| ডাক্তার, নার্স ইত্যাদির নিবাচন ও প্রশিক্ষণ  |     |   |   |   |   |   |   |   | ↑ |    |    |    |   |
| খেছাসেবা স্বাস্থ্যকর্মী দ্বারা নিজ নিজ বকের স্বাস্থ্য সমীক্ষা   |     |   |   |   |   |   |   |   |   | ↑  |    |    |   |
| খেছাসেবা স্বাস্থ্যকর্মীর বকে কাজ শুরু   |     |   |   |   |   |   |   |   |   |    | ↑  |    |   |
| উপস্বাস্থ্য কেন্দ্র স্বাস্থ্য কেন্দ্রের জন্য স্থান নিষ্টি করণ   |     |   |   |   |   |   |   |   |   |    |    | ↑  |   |
| রেফারেল কেন্দ্র নিষ্টি করণ  |     |   |   |   |   |   |   |   |   |    |    |    | ↑ |
| রেফারেল কেন্দ্রে পরিষেবা লাগু করা   |     |   |   |   |   |   |   |   |   |    |    |    | ↑ |

## IPP-VIII (Extn.)

### Functioning Status of MH [Upto January, 2004]

| Sl No. | Name of ULBs  | Functioning Status<br>( Yes / No ) |
|--------|---------------|------------------------------------|
| 1      | Alipurduar    | No                                 |
| 2      | Balurghat     | Yes                                |
| 3      | Burdwan       | No                                 |
| 4      | Darjeeling *  | Yes                                |
| 5      | Durgapur      | Yes                                |
| 6      | English Bazar | Yes                                |
| 7      | Jalpaiguri *  | Yes                                |
| 8      | Kharagpur     | Yes                                |
| 9      | Raiganj       | Yes                                |
| 10     | Siliguri      | Yes                                |

\* Surgical cases like hydrocele, appendicectomy and gynaecological cases i.e. D & E, D & C, ligation done.

## IPP-VIII (Extn.)

### Functioning Status of MH [Upto January, 2004]

| Sl. No. | Name of ULBs  | Functioning Status<br>( Yes / No ) |
|---------|---------------|------------------------------------|
| 1       | Alipurduar    | No                                 |
| 2       | Balurghat     | Yes                                |
| 3       | Burdwan       | No                                 |
| 4       | Darjeeling *  | Yes                                |
| 5       | Durgapur      | Yes                                |
| 6       | English Bazar | Yes                                |
| 7       | Jalpaiguri *  | Yes                                |
| 8       | Kharagpur     | Yes                                |
| 9       | Raiganj       | Yes                                |
| 10      | Siliguri      | Yes                                |

\* Surgical cases like hydrocele, appendicectomy and gynaecological cases i.e. D & E, D & C, ligation done.

**SEVENTH  
APEX COMMITTEE MEETING  
ON  
16TH FEBRUARY, 2000 AT 3-30 P.M.**



**FAMILY WELFARE (URBAN SLUMS ) PROJECT  
IPP-VIII, CALCUTTA  
CMDA**

# CONTENTS

| Sl.No. | TOPIC  | Pages   |
|--------|--|---------|
| 1.     | List of Agenda items   | 1       |
| 2.     | Minutes of the 6th Apex Committee meeting dated 13.5.1999.                                       | 2 - 4   |
| 3.     | Follow up action on decision of the 6th Apex Committee meeting - (Agenda - 2)                    | 5 - 12  |
| 4.     | Achievement Status of Service Delivery Agenda - 3  | 13 - 17 |
| 5.     | Status Report on Civil Construction under IPP- VIII ( Agenda - 3a -2)                            | 18      |
| 6.     | Progress of Procurement activities [3a(3)]   | 19      |
| 7.     | Aide Memoire - December 1999 (3b)  | 20 - 26 |
| 8.     | Budgetary Provision for<br>a) IPP-VIII, Calcutta<br>b) Extended IPP-VIII-10 Cities<br>(Agenda 4) | 27 - 29 |
| 9.     | Further Proposals to improve Project performance (Agenda 5)                                      | 30 - 31 |
| 10.    | Continuity of the Project after June 2001 - Recurring cost (Agenda- 6)                           | 32      |
| 11.    | IPP-VIII- Extended Project to 10 Cities in West Bengal ( Agenda -7)                              | 33 - 36 |
| 12.    | Development of an integrated Health Care Delivery System - (Agenda - 8)                          | 37 - 40 |

**AGENDA FOR THE 7th MEETING OF THE APEX COMMITTEE OF FAMILY WELFARE (URBAN SLUMS ) PROJECT,IPP-VIII, CALCUTTA TO BE HELD ON THE 16th FEB., 2000 AT 3.30 P.M. IN THE CHIEF SECY'S CONFERENCE ROOM AT WRITERS' BUILDINGS, CALCUTTA - 700 001.**

---

1. Confirmation of the proceedings of the 6th Apex Committee Meeting held on 13.5.1999.
2. To discuss follow up actions on decisions of the 6th Apex Committee Meeting held on 13.5.1999.
3. To consider a) the physical achievements on beneficiary coverage for service, Civil works and other sub heads. b) Benchmarks as settled by Aide Memoire dt. 29.12.99.
4. Budgetary provisions for
  - a) IPP-VIII, Calcutta
  - b) Extended IPP-III to Ten Cities in non CMA.
5. To consider further proposals to improve project performance.
6. Continuity of the project after June, 2001.
7. IPP-VIII - extended project in 10 cities of West Bengal.
8. Miscellaneous - Development of an integrated Health Care Delivery system.

Minutes of the 6th meeting of the Apex Committee of the Family Welfare (US) Project (IPP-VIII) held on the 13th May 1999 at the Conference Room of the Chief Secretary, Govt. of West Bengal at 3-30 p.m. at Writers' Buildings, Calcutta - 700 001.

Chief Secretary to the Govt. of West Bengal presided over the meeting.

List of participants of the meeting is placed in the annex.

1. Confirmation of the proceedings of the 5th Apex Committee meeting held on the 28th April, 1998.

The proceedings of the 5th Apex Committee meeting as circulated (and also enclosed with agenda notes) were confirmed.

2. To consider follow-up actions taken on decisions of the the 5th Apex Committee meeting held on 28.4.98.

In the 4th meeting of the Apex Committee held on 4th June'97, the Municipal Affairs Deptt. was requested to take actions with respect to item No. 5b(III), (IV) & (V) as follows :

**5b(III) Establishment of Maternity Hospitals in Municipalities where no such facility exists and staffing thereof.**

The Joint Secretary, Deptt. of Municipal Affairs, Govt. of West Bengal, Writers' Buildings Cal. had already been requested for creation of posts for new Maternity Homes vide this office No. 565/CMDA/FW(US)/IPP-VIII/E-20/98 dt. 23.04.98. The Apex Committee observed that the Municipal Affairs Deptt. would create the posts in the municipalities for the maternity hospitals in consultation with the Finance Deptt. Govt. of West Bengal. As regards setting up of maternity hospitals in municipalities, the Secretary, the Municipal Affairs Department requested CMDA to furnish a copy of the earlier proposal indicating staff requirements and also willingness of concerned municipalities to run these hospitals during the post project period.



5b(IV) The Municipal Affairs Deptt. would be responsible for maintaining the service created by IPP-VIII in post Project period.

It was decided that, the Municipal Affairs Deptt. will make suitable budget provisions in their budget for the financial year 2000-2001 for post project maintenance of IPP-VIII activities.

5b(V) Proposal for creation of 23 posts of Asstt. Health Officer.

The Secretary, Municipal Affairs Deptt. informed that 23 posts of Asstt. Health Officers have been created for one year only and Govt. order has already been issued.

3. To consider the physical achievements on beneficiary coverage with services, civil works, procurement and achievements under other sub-heads as upto 31st March'99.

Progress in respect of service achievement was noted with appreciation.

The Committee noted and approved the engagement of IRCON International Ltd. which has been selected as sole source consultant for supervision, monitoring and quality control of civil construction works for 5 maternity homes & 5 HAUs for which TOR had been approved by the World Bank.

4. The revised yearwise budgetary provision for the year 1999-2000 and 2000-2001 was noted and approved.

5. TO CONSIDER PROPOSALS TO IMPROVE PROJECT PERFORMANCE.

Item No. 1.

In 3 municipalities there are no posts of Health Officer. Creation of posts of Health Officers for Bidhan Nagar, Kalyani and Pujali may be made early. Municipal Affairs Deptt. was requested to create the posts of Health Officers in consultation with Finance Deptt., Govt. of West Bengal.

Item No. 2

In some municipalities (5) where the posts of Health Officers had been created are lying vacant. Secretary Municipal Affairs Department informed that the vacancies have been filled up in two municipalities viz.

Kancharapara and Bansberia and the remaining vacancies will be filled up soon. Proposal from Municipalities would also be considered.

Item No. 3.

The practice of collection of user fees from the beneficiaries was noted and approved.

Item No. 4

The proposals on rationalisation of Health services of CUDP-III(IDA assisted) and IPP-VIII was noted and the actions to be taken were approved.

Item No. 5

The proposal on engagement of retired nursing personnel to improve technical supervision, quality of ante-natal care and to provide IUD services was noted and approved by the committee.

Item No. 6

It was noted that the proposal for additional honorarium to be paid to the part-time workers under IPP-VIII has been forwarded by the Urban Development Department to Finance Department, Government of West Bengal.

Item No. 7

The Progress of IPP-VIII (Extension) in West Bengal was noted.

Miscellaneous.

The Central share of funds will be directly allotted to CMDA through the State Health Department and the matching share of the State Government will also be routed to CMDA through the Health (BMS) Programme.

The meeting ended with thanks to the Chair and to all present.

Sd/-

Chief Secretary  
To The Govt. of West Bengal

## Agenda : 2

- A. ITEM 1 TO 8: WERE NOTED BY THE COMMITTEE.
- B. FOLLOW -UP ACTIONS ON THE RECOMMENDATIONS OF THE 6<sup>TH</sup> APEX COMMITTEE MEETING IN RESPECT OF IPP-VIII, CALCUTTA, HELD ON 13.5.99 AT WRITERS' BUILDING, CALCUTTA. IN THE 6<sup>TH</sup> MEETING OF THE APEX COMMITTEE THE MUNICIPAL AFFAIRS DEPARTMENT HAD BEEN REQUESTED TO TAKE ACTION WITH RESPECT TO ITEMS NO.5B (III), 5B(IV), 5(1) & 5(2).

5b(iii) : ESTABLISHMENT OF MATERNITY HOSPITALS IN MUNICIPALITIES WHERE NO SUCH FACILITY EXISTS AND STAFFING THEREOF.

The decision of the Apex Committee pertaining to CMDA was complied with in terms of letter No. 0838/CMDA/FW(US)/IPP-VIII/E-20/98 dated 16.6.99 addressed to the Secretary, Municipal Affairs Department. However, no further information has been communicated to CMDA by the Municipal Affairs Department as yet.

In the meantime, out of the target of total 23 Maternity Homes 17 have already been set-up and Civil construction the remaining 6 new Maternity Homes with Clinics is expected to be completed by December, 2000. It is difficult to render reasonable standard of child care and maternity services unless the Maternity Homes set up either through new construction or renovated and expanded in different municipalities are adequately staffed. In order that these centres can be purposefully maintained, the Chairpersons of the concerned municipal bodies have been requesting for providing various categories of staff for these centres. Accordingly, the IPP-VIII, Calcutta formulated a fresh proposal to utilise the fund of Rs. 154 lakhs, originally agreed to by the World Bank for providing staff for nine Maternity homes by extending the same for 23 Maternity Homes by drawing up a revised staffing pattern. The proposal was taken up with the World Bank and they have since agreed to the same vide the letters at Annexures - 1 & 2. The Chairpersons of the concerned local bodies have also resolved to maintain the services during the post-project period vide Resolution dated 25.1.2000 at Annexure - 3. The Municipal Affairs Department is requested to create the posts as per the revised staffing pattern in modification of the earlier proposal. The posts when created will be filled-up on the stipulated monthly fixed remuneration on contract basis. Since creation of these posts is likely to take sometime, it is proposed that IPP-VIII authority may be permitted to engage such staff on daily remuneration basis within the ceiling limit. The proposal is placed before the Apex Committee for consideration.

6b(iv) : IT WAS DECIDED THAT THE MUNICIPAL AFFAIRS DEPARTMENT WOULD MAKE SUITABLE BUDGET PROVISION IN THEIR BUDGET FOR THE FINANCIAL YEAR 2000 - 2001 FOR POST PROJECT MAINTENANCE OF IPP-VIII ACTIVITIES.

Action taken by the Municipal Affairs Department, if any, is not known to CMDA. This item has been again introduced in Agenda item No. 6



IPP - VIII. CMD

## FAMILY WELFARE (US) PROJECT

Unnayan Bhavan, Bidhan Nagar 'G' Block, 3rd Floor, Calcutta - 700 091 Phone : 334-5257 / 358-6771 / 337-0697 Fax : 358-3931

No. 1696/E-2/98(PT)

Date : 16-12-99.

From : The Chief of Health,  
IPP-VIII, CMDA.To : Dr. G.N.V. Ramanna,  
Public Health Specialist,  
Health Nutrition & Population,  
The World Bank,  
70 Lodi Estate  
New Delhi-110003.Sub : Staffing pattern for Maternity Centres  
in IPP-VIII.

Sir,

This is to recall the discussion held during the Mission's visit on 24th & 25th Nov.'99 on the above mentioned subject. It was observed that the minimum staffing pattern for operating a 20-bedded Maternity Clinic for providing quality services is as follows :

Medical Officers - 2 (in 12 hours shifts per day)

Nurses-4 ( in 8 hours shifts per day with one day off  
per week)

Ayah-4 (do)

Sweepers-2/3 (do)

In this context, we refer to Ms. Catherine Fogle's letter dated 8.12.97 in which the Bank had no objection to the project's proceedings with the staffing pattern at a cost of Rs.154 lakhs for 2 years for the total of 9 facilities to be created in the project.

As constructions of the new Maternity Homes are yet to be completed the proposed funds may be utilised in all the 23 facilities including those operative at present. This will ensure fruitful utilisation of the expenses and also assist in rendering quality services in the Maternity Homes.

With regards,

Yours sincerely,

Encl :  
NO. 1696/1/CMDA/IPP8/E-20/AS(PT) Dt. 16/12/99  
Copy to: Mr. E.J. Jos, Under Secy  
Ministry of Health & FW, Govt of India  
Birnan Dhavan, New Delhi-100011.

Chief of Health, IPP-VIII

C.O.H. IPP-VIII.

Financial implication for providing staff for 23 number of maternity centres under IPP-8 Calcutta :- (Pay has been calculated on the basis of consolidated fixed remuneration for the individual category of staff)

|                            |                      |              |
|----------------------------|----------------------|--------------|
| 2 ( Two ) Medical Officers | - @ Rs.5,500/- X 2 = | Rs.11,000.00 |
| 4 ( Four ) Nurses          | - @ Rs.3,500/- X 4 = | Rs.14,000.00 |
| 4 ( Four ) Ayas            | - @ Rs.1,500/- X 4 = | Rs. 6,000.00 |
| 2 ( Two ) Sweepers         | - @ Rs.1,500/- X 2 = | Rs. 3,000.00 |
|                            |                      | Rs.34,000.00 |

Unitwise cost for 1 ( one ) year = Rs.34,000/- X 12 = Rs.4.08 lac.

Unit cost for 2(Two) years = Rs.4.08 lacs X 2 = Rs.8.16 lakhs.

(1) For 18 Units = Rs.8.16 lakhs X 18 Nos. = Rs.146.88 lacs.

(2) For 5 Units = Rs.0.34 X 6 X 5 or. Rs. 10.20 lacs.

for six months

Rs.157.08 lakhs

or say Rs.154.00 lakhs. ]

*[Signature]*  
16/12/99



IPP - VIII. **CMDA**

## FAMILY WELFARE (US) PROJECT

Unnayan Bhavan, Bidhan Nagar 'G' Block, 3rd Floor, Calcutta - 700 091 Phone : 334-5257 / 358-6771 / 337-0697 Fax : 358-3931

L,

No. 1744/CMDA/IPP-VIII/E-20/98(Pt.)

Dated : 28.12.99

From : Dr. B. Bhattacharjee  
Chief of Health,  
IPP-VIII, Calcutta  
Fax No. (033) 358- 3931

To : Dr. G.N.V. Ramana  
Public Health Specialist,  
Health, Nutrition & Population,  
The World Bank  
70, Lodi Estate  
New Delhi - 110003  
Fax No. (011) 4619393

**Sub: Staffing pattern For Maternity Centres in IPP-VIII**

Sir,

Kindly refer this office letter no. 1696 dated December 16th, 1999 on the subject indicated above. Your verbal approval was obtained during discussion with the Mission on 24th & 25th November, 1999 in Calcutta.

Your formal clearance is solicited for utilisation of the proposed fund in 23 facilities keeping the expenditure within the ceiling limit of Rs. 154 lakhs, approved by the Bank for 2 years maintenance of staff for the total of Nine facilities. This will ensure rendering quality services in the Maternity Homes by utilisation of funds fruitfully.

With personal regards,

Yours faithfully,

*B. Bhattacharjee*

Chief of Health  
IPP-VIII, Calcutta  
CMDA

**THE WORLD BANK**  
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT  
INTERNATIONAL DEVELOPMENT ASSOCIATION

New Delhi Office  
70 Lodi Estate  
New Delhi - 110 003  
India

Telephone: 4617241/4619491  
Cable Address: INTBAFRAD  
Mailing Address: P.O. Box 416  
Facsimile: 4619393

December 31, 1999

Dr. B. Bhattacharjee  
Chief of Health  
Family Welfare Urban Slums (IPP VIII), Project  
Calcutta Metropolitan Development Authority  
3<sup>rd</sup> Floor, Unnayan Bhavan  
Bidhan Nagar, G Block  
Calcutta - 700 091

Dear Dr. Bhattacharjee,

*Subject: Minimum Staffing Pattern for Maternity Centers*

This is in response to your letters dated December 16 and 28 on the above subject. We find the proposed staffing pattern for Maternity Homes quite appropriate. However, we suggest you to consider service contract for maintenance. Based on your explanation that the cost of proposed staffing would be met within approved budget of Rs. 154 lakhs during the remainder of the project, we have no objection to the proposed staffing pattern provided these positions are filled on contractual basis and sustained after the project period.

With kind regards

Sincerely,

*For favour of  
information of the  
Project Director, IPP8*  
*G. N. V. Ramana*  
3/11/2000

G. N. V. Ramana  
Public Health Specialist  
HNP Division

CC:

Mr. E. J. Jos, Under Secretary, A P Division, MOHFW, Nirman Bhavan, New Delhi 110 001

Minutes of the meeting held with the Chairpersons of the Local Bodies who have established ESOPD & Maternity Homes under IPP-8 Health Programme at the Office of the Chief of Health IPP-8 on 17. 1. 2000 at 3.00 p.m.

-----

A meeting was held in the office of the Chief of Health IPP-8, Unnayan Bhavan at the IEC Museum with the Chairpersons of the Local Bodies who had established/will establish maternity homes / ESOPD under IPP-8.

The meeting was presided over by Dr. S. Das, Chairman, Dum Dum Municipality. The number of Chairpersons of different local bodies and the officials of the municipalities attending the meeting may be seen from the list enclosed.

At the outset Dr. B. Bhattacharjee, COH, IPP-8, CMDA. initiated the discussion covering different points of the agenda and after thread bearing discussion the following decision had been taken :-

1. Staffing Pattern of maternity clinics.

All the chairpersons desired to run the maternity homes/ESOPD during the post project period. They observed that the following minimum additional staff of different categories are required to maintain the maternity home with 20 beds.

| Sl. No. | Name of the Post  | Number of the Post | Remuneration proposed on contractual basis. |
|---------|-------------------|--------------------|---|
| 1.      | Medical Officer   | 2 nos              | Consolidated Remuneration of:Rs 5,500/-     |
| 2.      | Staff Nurse       | 4 nos              | -do-Rs 3,500/-                              |
| 3.      | Nursing Attendant | 2 nos              | -do-Rs 1,500/-                              |
| 4.      | Sweeper           | 2 nos              | -do-Rs 1,500/-                              |

As regards emolument structure, the Chairpersons were of the opinion that while engaging the additional staff prayed for, steps to be taken to see that it conforms with the pay - structure of the incumbents ( existing staff ).

2. Proposal for creation of one staff nurse & one full time Medical Officer for improving the quality of out-reach service delivery, supporting supervision & training of H.H.W.s to improve their skill.

The proposal was agreed unanimously.



3. Maintenance of Stock at the municipal level:

Maintenance of stock at municipal level would be strictly followed by all the local bodies under IPP-8 project. Appropriate steps would be taken by the chairpersons of the local bodies immediately so that it is completed by 31.3.2000.

4. Submission of monthly progress report along with the stock at hand.

Monthly report will include the stock in hand (drug etc.) at the municipal central store.

5. To introduce realisation of fees for services under IPP-8 project - to create Health Development fund for post project maintenance.

This was agreed to unanimously. Steps would be taken in those municipalities where it had not been started as yet. ~~Immediate steps would be taken in those municipalities where realisation of fees for service have not been started as yet.~~ Immediate steps would be taken in those municipalities where realisation of fees for service have not been started as yet.

6. Rationalisation of CUDP-III & IPP-8 - at Municipal level.

This was agreed to unanimously.

Sd/— 25.1.2000  
Dr. S. Das  
CHAIRMAN  
Dum Dum Municipality.

No.: 96(50)/CMDA/Health/IPP-8/M-96/95

Dated : 27-1-2000

Copy forwarded for information and necessary action to :

1. The Mayor / Chairman \_\_\_\_\_

2. The Deputy/Assistant Chief / Nodal Officer/F.W.Prof. \_\_\_\_\_

*Sd/*  
Chief of Health, IPP-VIII, CMDA.  
27/1/2000

Meeting held with the chairpersons of the committees on  
 17th January, 1960 at 3 pm. at ABC Museum Room.

| Sl. No. | Name.                   | Designation                             | Signature |
|---------|-------------------------|---|-----------|
| 1.      | Arum K. Ghosh           | M.P.                                    |           |
| 2.      | Amiya Kumar Sanyal ✓    | Chairman                                |           |
| 3.      | Arunabha                | Member CINE<br>D.D.M.                   |           |
| 4.      | J. K. Das               | V.C. DDM                                |           |
| 5.      | <del>Arundhati</del>    | Health C-ii-c. DDM                      |           |
| 6.      | Amita Das               | Health councillor                       |           |
| 7.      | Arundhati Das           | Chairman in Council                     |           |
| 8.      | Chandan Chatterjee      | Health Officer                          |           |
| 9.      | DR Ashutosh Choudhury   | Health Offr. Barua                      |           |
| 10.     | Enayya Haldar           | SAS, MP.                                |           |
| 11.     | Dr. J. M. Roy           | Health off. Bhatnagar                   |           |
| 12.     | D. K. Mitra             | Officer Superintendent                  |           |
| 13.     | DILIP SARKAR ✓          | Chairman                                |           |
| 14.     | Madanmohan Das ✓        | Chairman                                |           |
| 15.     | Rohini Ghosh ✓          | Chairman                                |           |
| 16.     | Mrs. Indrani Banerjee ✓ | Chairwoman                              |           |
| 17.     | Ms. Chandani            | Chairwoman                              |           |
| 18.     | Ananda Roy ✓            | Chairman (M)                            |           |
| 19.     | Subhadra Ghosh          | Councilor                               |           |
| 20.     | SB Chakrabarty          | Engg Adviser / M.P.                     |           |
| 21.     | J. K. Saha              | Dy. Coll. / 1st St.                     |           |
| 22.     | B. N. Tripathy          | ACOT                                    |           |
| 23.     | S. K. Chatterjee        | Dy. Coll. / I.P.P.S.                    |           |
| 24.     | S. K. Sanyal            | Secretary<br>Barua of Municipal<br>M.P. |           |
| 25.     | AMIYA DAS ✓             | Chairman                                |           |
| 26.     | Agchalarabati           | Chairman<br>Bhadra Municipal            |           |
| 27.     | Suchita Nandy Kosmit    | Health officer<br>Bhadra                |           |
| 28.     | Sarita Das ✓            | Chairman DDM                            |           |
| 29.     | B. K. Das ✓             | Chairman (M)                            |           |
| 30.     | P. C. Pal               | Secretary<br>Bhadra Municipal           |           |
| 31.     |                         | Chairman                                |           |
| 32.     | Arundhati Das ✓         | Chairman in Council                     |           |

35

13

**Agenda -3**

**Item No. 3(a):-To consider the physical achievements on beneficiary coverage for service, civil works, procurement and achievements under other sub heads as upto 31st March, 1999.**

**3(a) (1) ACHIEVEMENT STATUS OF SERVICE DELIVERY - AS ON JANUARY 2000.  
Beneficiaries Coverage - 35.06 Lakhs against 38.00 Lakhs**

| Sl. No. | Name of Items                  | Project target<br>(Revised) | Achievement<br>upto the month (January,2000) |
|---------|--------------------------------|-----------------------------|--|
| 01.     | A. Health Administrative Unit  | 109                         | 109  |
|         | B. Extended Specialised O.P.D. | 25                          | 17   |
|         | C. Maternity Homes             | 23                          | 10   |
|         | D. Sub-Centres                 | 763                         | 687  |

(Contd....)

| Sl. No.                          | Name of Items   | Project target (Revised) | Achievement upto the month |   | REMARKS  |
|----------------------------------|---|--------------------------|----------------------------|---|--|
|                                  |   |                          | September 1999             | January 2000                              |  |
| 02.                              | A. Pre-placement Training<br>(a) HHWs (60 working days including 25 field trg. days per batch). | 4400                     | 4684                       | 4684                                      | 6.5% extra no. trained (panel candidates) to fillup vacancies created by promotion & drop-outs.                                    |
|                                  | (b) Other trg.  |                          |                            |   |  |
|                                  | i) 1st Tier supervisors.  | 763                      | 654                        | 654                                       | 85.5% covered, balance will be trained in about 6 months   |
|                                  | ii) 2nd Tier supervisors  | 220                      | 113                        | 113                                       | Short fall is due to non-availability of adequate no. of nursing personnel   |
|                                  | iii) Health officer/part-time Medical Officer/Specialists of ESOPD.                             | 430                      | 501                        | 501                                       | No. is exceeded due to trg. of substitute PTMOs against those resigned / replaced.   |
|                                  | B. Orintation Trg.  |                          |                            |   |  |
|                                  | i) HHWs   | 4400                     | 4262                       | 4262                                      | 97% covered : balance will be covered in about 6 months.   |
|                                  | ii) 1st Tier Supervisors.   | 763                      | 701                        | 791                                       | 28 Nos. were found to be weak, so re-oriented.   |
|                                  | iii) 2nd Tier Supervisors.  | 220                      | 224                        | 224                                       | 111 re-oriented after one year.  |
|                                  | iv) Health Officer/PTMO/Specialists of ESOPD  | 430                      | 671                        | 1046                                      | As per World Bank's recommendation the MOs are retrained in important areas of RCH & FP as a part of continuing medical education. |
| C. Training of Trainers of IPP-8 | 500   | 330                      | 385                        | Balance will be covered in about 9 months |  |

(Contd....)

| Sl. No. | Name of Items   | Project target (Revised) | Achievement upto the month |              | REMARKS   |
|---------|---|--------------------------|----------------------------|--------------|---|
|         |   |                          | September 1999             | January 2000 |   |
|         | D. Training of the officials of local bodies and CMDA | 100                      | 240                        | 240          | 1 day's training is imparted to the officials to keep them abreast with changes of programme inputs as recommended by World Bank. |
|         | E. Training of representatives of P.V.Os & NGOs.      | 4800                     | 2107                       | 2221         | Sufficient no. of PVOs and NGOs are not available. However, efforts are being made to cover the shortfall.                        |

(Contd....)

| Sl. No. | Name of Item                           | Project target                             | Achievement upto January, 2000 | Remarks  |
|---------|--|--|--------------------------------|--|
| 03.     | a) Vocational<br>(No. of participants) | 10,000 +<br><u>2,000</u> (Addl.)<br>12,000 | 10,100                         | Additional for 2000 sanction of World Bank received vide their letter dt. 11.10.99.  |
|         | b) EDP<br>(No. of participants)        | 1000<br><u>1175</u> (Addl.)<br>2175        | 1005                           |  |
| 04      | IEC- Programme Activities              | -  | 7947                           | Activities include:-<br>i) Video Film shows-<br>792<br>ii) Folk Programme-<br>2566<br>iii) Mothers' meeting -<br>4218<br>iv) Exhibitions - 115<br>v) Baby shows,<br>Seminar etc. - 256 |

(Contd....)

| Sl.No. | Name of Items  | Project target<br>(Revised)  | Achievement<br>upto the month (Jan.,2000) |       |
|--------|--|--|---|-------|
| A.     | Immunisation Coverage  |  |   |       |
|        | B.C.G.   | 100%   | 97.5%                                     |       |
|        | D.P.T.   | 100%   | 95.0%                                     |       |
|        | Measles  | 100%   | 78.1%                                     |       |
|        | Polio  | 100%   | 98.2%                                     |       |
|        | T.T.(P.W.)   | 100%   | 96.0%                                     |       |
| B.     | Couple Protection by<br>various methods                                |  |   |       |
|        | Female Sterilisation   |  | 36.6%                                     | 70.2% |
|        | Male Sterilisation   |  | 1.2%                                      |       |
|        | IUD  |  | 7.9%                                      |       |
|        | Nirodh   |  | 10.4%                                     |       |
|        | Oral Pill  |  | 14.1%                                     |       |
|        | Others   |  | 7.7%                                      |       |
| C.     | Demographic Indicators   |  | Baseline (1993-94)                        |       |
|        | C.B.R.   |  | 19.63                                     | 15.8  |
|        | C.D.R.   |  | 5.91                                      | 4.2   |
|        | M.M.R.   |  | 4.60                                      | 0.3   |
|        | I.M.R.   |  | 55.60                                     | 24.0  |
|        | C.P.R. (Couple protection rate)  |  | 39.10                                     | 70.2  |
|        | D.   | Other important indicators (* Outcome indicators & ** Utilisation of Services) |   |       |
|        | Indicators   |  | Coverage                                  |       |
| *      | i) Institutional Delivery  |  | 89.5%                                     |       |
|        | ii) Contraceptive prevalence among couples with less than two children |  | 45.8%                                     |       |
|        | iii) Pregnant woman having three antenatal visits                      |  | 89.9%                                     |       |
|        | iv) Measles immunisation   |  | 78.1%                                     |       |
| **     | v) Women using O.P. for more than 6 months                             |  | 84.2%                                     |       |
|        | vi) Women using I.U.D. for more than 6 months                          |  | 61.0%                                     |       |

Source : MIS Unit, IPP-VIII

Item No. 3(a)

**3(a)(2) STATUS REPORT ON CIVIL  
CONSTRUCTION UNDER IPP-VIII UPTO  
31<sup>st</sup> JANUARY, 2000.**

|                               | TARGET | ACHIEVEMENT   | COMPLETION SCHEDULE FOR BALANCE WORK                              |
|-------------------------------|--------|---|---|
| HAU                           | 109    | Completed - 95<br>Under Construction - 11<br>Cancelled - 3        | 4 Nos - March, 2000<br>1 No. - June, 2000<br>6 Nos - Dec., 2000 * |
| ESOPD                         | 25     | Completed - 17<br>Under Construction - 8                          | 7 Nos - March, 2000<br>1 No - June, 2000 ***                      |
| MATERNITY HOMES               | 23     | Completed - 11<br>Under Construction - 12                         | 7 Nos - March, 2000<br>5 Nos - Dec., 2000 **                      |
| CENTRAL MEDICAL STORE         | 1      | Completed - 1   |   |
| IMPROVEMENT OF SCHOOLS        | 300    | AA&FS issued - 300<br>Completed - 180<br>Under Construction - 120 | 120 Nos - March, 2000   |
| SUBCENTRE (New Construction)  | 114    | Completed - 103<br>Under Construction - 11                        | 8 Nos - March, 2000<br>3 No.s - May, 2000                         |
| SUBCENTRE (Repair/Renovation) | 159    | Completed - 144<br>Under Construction - 15                        | 12 Nos - March, 2000<br>3 Nos - May, 2000                         |

\* Replaced HAUs in lieu of cancelled HAUs

\*\* Sanction of World Bank received on 6.12.1998.

\*\*\* Pending on account of Sub-judicial matter disposed of in January, 2000.



**Item No. 3(a)**

**3(a)(3) Statement showing the progress of procurement activities  
vis - a - vis construction of Civil works under IPP – VIII, C.M.D.A.**

|                                     | Target | Construction completed           | Equipment  | Furniture                         | Drugs  |
|-------------------------------------|--------|----------------------------------|--|-----------------------------------|--|
| I. HAU                              | 109    | 95<br>11 (U.C.)<br>Service – 110 | 100% (101)<br>75% (9)  | 100%(101)<br>75%(9)               | 110%   |
| II. ESPOD                           | 25     | 17<br>8 (U.C.)                   | 100%<br>stock ready  | 100%<br>Procurement<br>in process | 100%<br>Ready in<br>stock  |
| III. Mater-<br>nity<br>Homes        | 23     | 11<br>12 (U.C.)                  | 100%<br>75% proce-<br>ssed<br>25%under<br>process                | 100%<br>-Do-                      | 100%<br>-Do-   |
| IV.Regional<br>Diagnostic<br>Centre | 8      | 4                                | 1 <sup>st</sup> phase.<br>Processing<br>nearing com-<br>pletion. | - Do -                            | Local body<br>will be au-<br>thorised to<br>purchase<br>re- agent. |

U.C. – Under Construction

Item No. 3(b)

December 29, 1999

Ms. Meenakshi Datta Ghosh  
Joint Secretary  
Ministry of Health & Family Welfare  
Government of India  
Nirman Bhavan  
New Delhi - 110 001

Dear Ms. Ghosh,

*Subject: Family Welfare Urban Slums Project (Cr. 2394 - In) - Supervision Mission  
between October - December 1999*

We would like to express our sincere appreciation to your division, project directors and various staff from the States of Andhra Pradesh, Delhi, Karnataka and West Bengal for facilitating site visits and discussions.

This letter confirms the contents and recommendations of the attached Aide Memoire which summarizes cross cutting issues across all the project cities while separate Aide Memoires highlighting specific issues for each project city were shared with GOI and respective project states during the wrap-up meeting held on December 17, 1999.

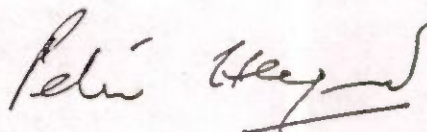
While GOI approved the overall outlay for project restructuring agreed during MTR review mission (May 1998), clearance for expanded scope of the project beyond original project cities is yet to be given. As the project is unlikely to be expanded, GOI needs to confirm by January 2000, the status of approval and provide realistic assessment of the activities that could be completed during the remainder of the project period.

Overall implementation progress in project cities is highly satisfactory in West Bengal and satisfactory in Karnataka and Andhra Pradesh. Despite establishing good MIS and innovative IEC activities, implementation progress in Delhi is unsatisfactory. Except for few locations where re-tendering is in progress, contracts for all the approved civil works have been awarded which will be completed by December 2000.

Disbursements have improved and so far Rs.1313.93million out of the original outlay of Rs. 2233.5 Million has been spent. Consequent to the approval of GOI for project restructuring, the outlay for overall project has gone up to Rs. 4220 million. As the project is unlikely to be extended GOI and project states need to expeditiously monitor the implementation progress and ensure adequate funds during the next 18 months. .

As it is customary, we are copying this letter to the Department of Economic Affairs, Ministry of Finance and respective project states.

Sincerely,



for Edwin Lim  
Country Director  
India

CC:

Mr. V. Govindarajan, Additional Secretary, Ministry of Finance  
Mr. R. Bhatnagar, Director (FB), Department of Economic Affairs, Ministry of Finance  
Mr. Abhaji Sen Gupta, Principal Secretary (Health & F W) Govt. of Karnataka  
Mr. N. Siva Sailam, Project Director, IPP IX and IPP VIII (Additional City component), Govt. of Karnataka  
Dr. M. Jayachandra Rao, Project Director, IPP VIII, Bangalore  
Mr. N. K.S. Jhala, Principal Secretary (Health & FW), Govt. of West Bengal  
Ms. Nandita Chatterjee, Project Director IPP VIII, Calcutta  
Mr. V. K. Duggal, Commissioner, MCD, Delhi  
Dr. P. P. Singh, Project Director, IPP VIII, Delhi  
Ms. Rachel Chatterjee, Secretary (Health & FW), Govt. of AP  
Dr. G.S.G. Ayyangar, Project Director, IPP VIII, Hyderabad

India: World Bank Review Mission  
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394- IN

December, 1999

Aide Memoire

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Drs./Messers. Tawhid Nawaz (Team Leader Population and State Health Systems cluster) G.N.V. Ramana (Task leader IPP VIII), Sadia Chowdhury (Task leader IPP IX), Preeti Kudesia (Public Health), Anu Bharadwaj (Training and Service Delivery), Nirmala Murthy (MIS), Subhash Chakravarty (Civil Works) and Supriya Mukherjee (IEC) between October to December 1999. To facilitate better integration, this review was undertaken conjointly with Family Welfare (Assam, Karnataka and Rajasthan), Reproductive and Child Health and State Health Systems (SHS) projects. The mission would like to thank Government of India, Secretary, Joint Secretary and officials of Department of Family Welfare, Ministry of Health & Family Welfare, Secretaries of health and family welfare, project directors, officials and various staff from Governments of AP, Delhi, Karnataka and West Bengal for facilitating field visits and discussions, and for the warm hospitality that was extended to the mission.
2. This Aide Memoire summarizes cross cutting issues across all the project cities while separate Aide memoires highlighting specific issues for each project city were shared with GOI and respective project states during the wrap-up meeting held on December 17, 1999. Aide-memoires for the IPP IX and SHS projects are separately being issued.
3. **Summary:** During the mid term review of the project held during May/June 1998 about USD 38 million savings was estimated and in consultation with GOI and project states restructuring of the project was undertaken. While GOI approved the overall outlay for project restructuring during September 1999, clearance for expanded scope of the project beyond original project cities is yet to be given. As the project is unlikely to be expanded, GOI needs to confirm by January 2000, the status of approval and provide realistic assessment of the activities that could be completed during the remainder of the project period so that IDA credit which is unlikely to be utilized could be cancelled. Despite good progress at the project city level, the ongoing LACI pilot also did not meet the agreed bench mark of full operationalization by September 1999.

Overall implementation progress of the project is highly satisfactory in West Bengal and satisfactory in Karnataka and Andhra Pradesh. Despite establishing good MIS and innovative IEC initiatives, implementation progress in Delhi is unsatisfactory. Except for few locations where re-tendering is going on, contracts for all the approved civil works have been awarded as per agreed bench marks and all awarded works will be completed by December 2000. Now that project is nearing its final year of implementation, project cities need to develop strategies to sustain successful project activities. Disbursements have improved and so far Rs.1313.93million out of the original outlay of Rs. 2233.5

Million was spent. Consequent to the approval of GOI for project restructuring, the outlay for the current Project cities has gone up to Rs. 2692.76 million. Thus, during the next 18 months the project will need to disburse about Rs. 1378.83 million (Annex I). GOI and Project states will need to ensure that flow of funds is adequate as well as closely monitor project implementation since it is unlikely that the project period will be extended. The bench marks agreed for next six months are presented in Annex II.

#### **Development objectives:**

4. The development objectives envisaged in the project are being met. In Calcutta nearly a half of the low parity couples in the project area are using one or other contraception. About 90% of the expectant mothers had 3 antenatal visits and delivered at institutions and more than three fourths of eligible infants received measles immunization. In Delhi about two thirds (65.4%) of estimated pregnant women received 3 antenatal visits and more than three fourths (75.4%) of the eligible children received Measles immunization. However, contraceptive prevalence among low parity couples (25.5%) and institutional deliveries (12.4%) continues to be low (Annex III). While process and outcome indicators in Bangalore and Hyderabad continue to show improvement, project authorities need to pay more attention to ensure that MIS captures segregated outcome data for project beneficiaries.

#### *Improve access to FW and MCH services:*

5. **Community Workers:** All the project cities had planned link volunteers in position. While most link volunteers seemed familiar with their roles and responsibilities, additional hands on training in organizing social mobilization activities such as organizing group meetings and tracking the children who miss immunization and expectant women for early antenatal registration would be necessary. Agreements were reached with project cities to facilitate such training. So far, only Calcutta made efforts to sustain the link volunteers. While model adopted in Hyderabad does not envisage any payment to link volunteers, Delhi and Bangalore by June 2000 need to assess the utility of such community mobilizers and develop strategies to sustain this initiative.

6. **Civil Works:** All the approved civil works, except those which had a pending legal disputes and those which required re-tendering, have been awarded. It was agreed that all planned civil works would be completed by December 1999. Project authorities will need to expeditiously monitor the progress to ensure timely completion as per agreed schedule (Annex IV).

7. **Provision of services:** The mission is pleased to note that regular service delivery has started in most facilities planned under the project. Temporary arrangements have been made to provide services in the facilities undergoing construction/renovation. While Bangalore and Calcutta have established good referral linkage of outreach facilities with maternity homes, GOAP has agreed to review and rationalize the institutional care for MCH and FW services provided by city hospitals under different managements in Hyderabad. Specific agreements were reached with respective project authorities

regarding special efforts needed to monitor the utilization of services, especially preventive and promotive care, by slum residents and filling of critical technical posts agreed in the project.

*Improve quality of FP and MCH Services:*

8. **Training:** Now that most of the training activities planned in the SAR have been completed, efforts are needed to identify and address the critical gaps during the remaining period of the project to ensure skills required for effective implementation of activities envisaged under national RCH program. The mission is pleased to note in that project authorities in Bangalore and Calcutta have taken support of National Teacher's Training Centre (NTTC), Pondicherry to organize Trainer's Training and are also planning to strengthen existing clinical skill training sites. Delhi has undertaken a rapid assessment of training needs and is developing a decentralized training strategy with specific attention to skills. Agreements were reached regarding training plans for the reminder of the project which require close monitoring of project authorities.

9. **Healthcare waste management:** The health care waste management practices in the facilities require attention. Right now the wastes are being regularly collected by respective corporations. The mission advised project authorities to initiate short-term measures such as segregation of waste, colour coding by type of waste, and proper disposal of infectious wastes through deep burial pits.

*Enhance demand for FW and MCH services:*

10. Following the discussions during July 99 IEC workshop, project authorities in all four cities have developed IEC strategies. While the effort is good, there is still cluttering of messages and audience segmentation requires more attention. Also, female sterilization still receives more attention in interpersonal communication. Agreements were reached with project authorities regarding technical assistance for IEC strategy development, implementation and assessing impact before upscaling the initiatives.

*Improve management:*

11. The project authorities are constantly reviewing the progress by undertaking field visits as well as monthly review meetings. The PHNs/LHVs and Medical officers need to give more attention to maintenance of records by ANMs and address quality issues by providing on the job guidance. Now that the project is reaching its last year of implementation, attention is needed for gradual integration of PMU activities with that of the municipal bodies and promote local ownership of the project initiatives. Excellent effort in this regard has been made by Calcutta. Agreements were reached with respective authorities regarding establishment of facility level advisory committees to promote local ownership and community monitoring and development sustainability plan to ensure continuity of the project initiatives.

| Benchmarks for Nov. 1999 to March 2000 - Calcutta  |                                 |
|--|---------------------------------|
| <i>Component 1 : Improve supply of FW Services</i>   | Target date                     |
| Appoint at least one staff nurse and one full time medical officer per municipality to provide quality outreach services and supportive supervision including on the job training for the HHWs | March 31, 2000                  |
| Ensure timely completion of all civil works already awarded  | As per bench marks in Annex IV  |
| Operationalize the completed facilities  | As per bench marks in Annex III |
| <i>Component 2: Improve quality of FW services</i>   |                                 |
| Complete the planned training of trainers  | March 31, 2000                  |
| Train PTMOs in IUD insertion and monitor the use of skills developed   | March 31, 2000                  |
| Initiate short-tem measures for managing healthcare wastes at the facility level in consultation with concerned SHS officials  | June 30, 2000                   |
| Forward proposal for replacement of equipment at CUDP facilities using project savings under procurement of goods  | January 31, 2000                |
| <i>Component 3: Enhance demand for FW services</i>   |                                 |
| Conduct external evaluation of utility of cooking demonstrations and reproductive health education of adolescent girls towards achieving project development objectives                        | March 31, 2000                  |
| Regular field monitoring of the IEC activities and messages by the project staff.  | March 31, 2000                  |
| <i>Component 4: Improve program management</i>   |                                 |
| Forward proposal for GIS software to map under served areas to develop special social mobilization strategies  | March 31, 2000                  |
| Develop a sustainability plan to ensure continuity of the project initiatives  | June 30, 2000                   |
| GOI to reassess the expanded scope of the project and forward its recommendations to the Bank  | December 31, 1999               |

| Status of outcome indicators (April - Sept 1999) - Calcutta        |                           |                         |                       |
|--|---------------------------|-------------------------|-----------------------|
| Indicator  | Estimated Number (Annual) | Achievement till Oct 99 |                       |
|  |                           | No.                     | % of estimated number |
| Contraceptive prevalence among couples having less than 2 children | 1,73,124                  | 79,230                  | 45.8                  |
| Pregnant women having 3 Antenatal visits                           | 29,180                    | 25,970                  | 89.0                  |
| Institutional deliveries   | 28,685                    | 25,673                  | 89.5                  |
| Measles Immunization   | 27,900                    | 21,790                  | 78.1                  |

| Civil Works Summary Status Matrix - Calcutta |                             |                |                  |                |   |
|--|-----------------------------|----------------|------------------|----------------|---|
| Sl. No.                                      | Project Activity            | Revised Target | Work in Progress | Work Completed | Remarks                                 |
| I.   | Health Administrative Unit  | 96             | 22               | 74             | 17 Nos. to be completed by March 2000   |
| II.  | ESOPD- HAUs                 | 7              | 1                | 6              | 5 Nos. to be completed by December 2000 |
| III.   | ESOPD- Maternity Home       | 17             | 7                | 10             | To be completed by March 2000           |
| IV.  | Composite Services Building | 1              | 1                | 0              | To be completed by December 2000        |
| V.   | Maternity Home with Clinic  | 5              | 5                | 0              | To be completed by December 1999        |
| VI.  | Central Medical Store       | 1              | 0                | 0              | To be completed by December 2000        |
| VII.   | Sub Centers                 | 114            | 23               | 91             | 23 Nos. to be completed by May 2000     |



Budgetary Provision of IPP-VIII, Calcutta

The Finance Deptt. of the State Government is now releasing fund for the project by re appropriation over the budget provision since the original provision in the budget has been exhausted. The Deptt. of Health and Family Welfare, (Family Welfare Branch) has already been moved to release a sum of Rs.2000.00 lakhs approximately during the current F.Y. to meet the proposed expenditure 1.2.2000 to 30.6.2000.

Basically 2000-2001 is the last year for both the projects – Family Welfare (Urban Slum) Project, Calcutta and Extension of activities to 10 addl. Cities in West Bengal. The Deptt. of Health & Family Welfare has, therefore, been moved to take up the matter with the Finance Deptt. for making budget provision for Rs. 3400.00 lakhs ( Rs. 1533.00 lakhs for IPP-VIII Project, Calcutta and Rs. 1867.00 lakhs for extension of IPP-VIII activities to 10 addl. Cities in West Bengal).

This is submitted for recommendation to the State Govt. for early release of Rs. 2000.00 lakhs during the current F.Y. and for making budget provision of Rs. 3400.00 lakhs during 2000 – 2001 to facilitate implementation of the Project and also to avoid re appropriation afterwards as in the case of F.Y. 1998 – 1999 and F.Y. 1999 – 2000.

## Item No. 4(a)

## FINANCIAL MONITORING IPP-VIII, CALCUTTA

31.1.2000

(Rs. in lakh)

| Item of Expenditure                                     | Project estimate IPP-VIII,<br>Calcutta | Actual upto Jan.,2000<br>(Cumulative) | Actual till Jan.,2000 &<br>estimates Feb. & March,<br>2000 | Balance ( April, 2000 -<br>June, 2001) |
|---|--|---------------------------------------|--|--|
| <b>A. Construction</b>                                  |  |                                       |  |  |
| 1. Civil Works  | 3130.70                                | 2225.97                               | 2437.73  | 692.97                                 |
| 2. Consultancy  |  |                                       |  |  |
| <b>Total</b>  | <b>3130.70</b>                         | <b>2225.97</b>                        | <b>2437.73</b>   | <b>692.97</b>                          |
| <b>B. Non recurring</b>                                 |  |                                       |  |  |
| 1. Procurement  |  |                                       |  |  |
| a) Equipment  | 882.93                                 | 471.69                                | 478.30   | -404.63                                |
| b) Furniture  | 299.98                                 | 250.97                                | 269.71   | 30.27                                  |
| c) Vehicles   | 153.94                                 | 132.81                                | 132.81   | 21.13                                  |
| d) Drugs  | 1140.51                                | 463.05                                | 476.12   | 664.39                                 |
| <b>Total : Procurement</b>                              | <b>2477.36</b>                         | <b>1318.52</b>                        | <b>1356.94</b>   | <b>1120.42</b>                         |
| 2. Training including V.T.                              | 521.21                                 | 501.60                                | 526.57   | (-) 5.36                               |
| 3. IEC  | 320.48                                 | 243.47                                | 256.04   | 64.44                                  |
| 4. Consultancy  | 55.05                                  | 35.19                                 | 35.19  | 19.86                                  |
| 5. Innovative Scheme                                    | 815.78                                 | 139.72                                | 140.57   | 675.21                                 |
| <b>Total : Non recurring other than<br/>Procurement</b> | <b>1712.52</b>                         | <b>919.98</b>                         | <b>958.37</b>  | <b>754.15</b>                          |
| <b>Total : Non recurring</b>                            | <b>4189.88</b>                         | <b>2238.50</b>                        | <b>2315.31</b>   | <b>1874.57</b>                         |
| <b>C. Recurring</b>                                     |  |                                       |  |  |
| 1. Sakaries   | 269.68                                 | 182.65                                | 192.34   | 77.34                                  |
| 2. Honorarium   | 1289.42                                | 1163.68                               | 1196.99  | 92.43                                  |
| 3. Rent   | 92.15                                  | 55.77                                 | 56.77  | 35.38                                  |
| 4. Consumables  | 24.46                                  | 9.98                                  | 10.98  | 13.48                                  |
| 5. Operation & Maintenance                              | 263.26                                 | 127.56                                | 148.17   | 115.09                                 |
| <b>Total : Recurring</b>                                | <b>1938.97</b>                         | <b>1539.64</b>                        | <b>1605.25</b>   | <b>333.72</b>                          |
| <b>Grand Total</b>                                      | <b>9259.55</b>                         | <b>6004.11</b>                        | <b>6358.29</b>   | <b>2901.26</b>                         |

**Item - 4(b) : FINANCIAL MONITORING IPP-VIII, 10 ADDITIONAL CITIES**

31.1.2000

(Rs. in lakhs)

| Item of Expenditure                                     | Project estimate IPP-VIII,<br>10 Additional Cities | Actual upto Jan.,2000<br>(Cumulative) | Actual till Jan.,2000 &<br>estimates Feb. & March,<br>2000 | Balance ( April, 2000 -<br>June, 2001) |
|---|--|---------------------------------------|--|--|
| A. Construction   |  |                                       |  |  |
| 1. Civil Works  | 1367.22  | -                                     | 200.00   | 1167.22                                |
| 2. Consultancy  | -  | -                                     | -  | -                                      |
| <b>Total</b>  | <b>1367.22</b>                                     |                                       | <b>200.00</b>  |  |
| B. Non recurring  |  |                                       |  |  |
| 1. Procurement  |  |                                       |  |  |
| a) Equipment  | 286.67   | -                                     | -  | 286.67                                 |
| b) Furniture  | 143.31   | -                                     | 78.50  | 64.81                                  |
| c) Vehicles   | 66.00  | -                                     | -  | 66.00                                  |
| d) Drugs  | 250.80   | -                                     | -  | 250.80                                 |
| <b>Total : Procurement</b>                              | <b>746.78</b>                                      |                                       | <b>78.50</b>   | <b>668.28</b>                          |
| 2. Training including V.T.                              | 547.50   | 29.74                                 | 49.74  | 497.76                                 |
| 3. IEC  | 137.68   | 0.06                                  | 33.66  | 104.02                                 |
| 4. Consultancy  | 69.70  | -                                     | -  | 69.70                                  |
| 5. Innovative Scheme                                    | 216.97   | -                                     | -  | 216.97                                 |
| <b>Total : Non recurring other than<br/>Procurement</b> | <b>971.85</b>                                      | <b>29.80</b>                          | <b>85.40</b>   | <b>886.45</b>                          |
| <b>Total : Non recurring</b>                            | <b>1718.63</b>                                     | <b>29.80</b>                          | <b>163.90</b>  | <b>1554.73</b>                         |
| C. Recurring  |  |                                       |  |  |
| 1. Salaries   | 35.52  | 6.85                                  | 19.35  | 16.17                                  |
| 2. Honorarium   | 573.74   | 9.91                                  | 44.11  | 529.63                                 |
| 3. Rent   | 43.24  | 0.40                                  | 3.10   | 40.14                                  |
| 4. Consumables  | 155.05   | 0.13                                  | 9.13   | 145.91                                 |
| 5. Operation & Maintenance                              | 227.52   | 21.83                                 | 29.33  | 198.19                                 |
| <b>Total : Recurring</b>                                | <b>1035.06</b>                                     | <b>39.12</b>                          | <b>105.02</b>  | <b>930.04</b>                          |
| <b>Grand Total</b>                                      | <b>4120.91</b>                                     | <b>68.92</b>                          | <b>468.92</b>  | <b>3651.99</b>                         |

**Item No.5 :** **To Consider further proposals to improve project performance including the progress of the activities for similar services to several cities of the State.**

**5(a)(i) :** In the 6<sup>th</sup> Meeting of the Apex Committee it was decided that posts of Health Officer for 3 (three) municipalities viz. Bidhannagar, Kalyani & Pujali where there are no such posts would be created by the M.A. Department in consultation with the Finance Department, Govt. of West Bengal.

The creation of the posts of Health Officer in the aforementioned 3 (three) municipal bodies by the Municipal Affairs Deptt. is still awaited. Again posts of Health Officer are lying vacant in altogether 6 (six) municipal bodies viz. (i) Bansberia, (ii) Bhatpara, (iii) Rajarhat – Gopalpur, (iv) Serampore, (v) Mahestala & (vi) Baranagar.

Also out of 23 (twenty – three) posts of Asstt. Health Officer created by the Municipal Affairs Department for equal no. of municipal bodies under G.O. 111/ MA/O/C-91/2A-19/97 dt. 13.5.99 appointment orders in respect of 14 (fourteen) candidates for the posts have been selected and recommended by the concerned municipalities. A communication to this effect has already been sent to the Municipal Affairs Deptt. vide CMDA's letter No. 70/CMDA/FW(US)/IPP-8/E :- 20/ 98 dt. 14/18.1.2000. Municipal Affairs Deptt. is requested kindly to take early necessary action in the matter.

**5(a)(ii) :** **Vide World Bank's Aide Memoire dt. 29.12.99 against component 1 of the Benchmark, the Bank has advised appointment of one Staff Nurse and one full-time Medical Officer (preferably lady doctor) to provide quality out-reach services and supportive supervision including on the job training for the HHWs, the target date of finanlisation of the issue having been fixed as 31s' March, 2000.**

On examination of all aspects of the recommendations of the World Bank and taking into account the possibility of manning the posts of medical officers by the Assistant Health Officers as per the yardstick approved by the Apex Committee previously, a detailed proposal for creation of 9 (nine) new posts of Assistant Health Officer, 8 (eight) posts of full-time medical officer (preferably lady doctor) and 40 (forty) posts of full-time staff nurse at a total estimated cost of Rs. 26.49 lakhs has been formulated by CMDA.

The proposal has been sent to the Municipal Affairs Deptt. by CMDA's letter No. 95/CMDA/A-25/99/FW(US)/IPP-VIII dt. 25.01.2000. The Municipal Affairs Deptt. is requested to take early necessary action in the matter.

5(a)(iii) :

Vide World Bank's Aide Memoire dt. 29.12.99 against component 1 of the Benchmark, the Bank has advised to forward a proposal for GIS Software to map under served areas to develop social mobilisation strategies.

The recommendation of the World Bank is under process and as advised by the competent authority of C.M.D.A., follow-up actions are being taken.

5(a)(iv) :

The proposal for replacement of equipments and furniture etc. at CUDP-III facilities using projects savings under IPP-VIII, CMDA, amounting to Rs. 98.00 lakhs has been sent to the World Bank under CMDA's letter No. 39/CMDA/FW(US)/IPP-8/R-32/99 dated 11.1.2000.

**IPP-VIII, Calcutta****Continuity of the Project after June, 2001 - Recurring cost  
from 1.7.2001 and onwards**

| Item   | Recurring Expenditure per annum (Rs. in lakhs) |
|--|--|
| 1. Honorarium, Salary etc.   | 683.88   |
| 2. Operation & Maintenance (Contingencies)                                 | 71.82  |
| 3. Drug & Medicines  | 246.60   |
| 4. Maintenance of Building ( at 2% on capital cost of Rs. 2930.70 lakhs    | 52.61  |
| 5. Replacement cost of Equipment at 5% on capital cost of Rs. 882.93 lakhs | 44.15  |
| 6. Replacement cost of Furniture at 5% on capital cost of Rs. 299.98 lakhs | 14.99  |
| Replacement cost of vehicles at 15% on capital cost Rs. 153.94 lakhs.      | 23.09  |
| <b>TOTAL</b>   | <b>1137.14</b>                                 |

Hence provision for recurring expenditure required for 9 months of 2001 – 2002 (1.7.2001 – 31.3.2002) is Rs. 852.85 lakhs (Rs. 1137.14 lakhs x 9/12).

A list of immovable & movable assets & liabilities has been forwarded to the M.A. Deptt., Govt. of West Bengal.

IPP-VIII – EXTENDED PROJECT TO 10 CITIES OF WEST BENGAL

✓ On behalf of the State Government the Government of India had been moved for obtaining approval of the World Bank for implementation of IPP-VIII(Extension) Project at ten towns outside the Calcutta Metropolitan Area, in West Bengal at an estimated cost of Rs. 41.20 crores. The project activities, implementation strategies and financial estimates were finalised after a series of meetings with the World Bank and officials in the Health & Family Welfare Department in Government of India towards the early part of 1999. The Project proposal was appraised by the World Bank last year, and the approval of the World Bank was communicated to CMDA and the State Government towards the middle of 1999. But the implementation of the Project got inordinately delayed because of delay in getting formal clearance from Government of India ultimately the approval of Govt. of India was communicated to the State Govt. and CMDA on 7.1.2000. Originally, the Project implementation period was supposed to be from January, 1999 to June 2001, i.e. 2½ years. Because of delay in receiving the approval of Govt. of India of the Project proposal about 13/14 months of working time were lost. According to revised schedules all Civil constructions will be required to be completed by March, 2001, and the closing date of Project would be June, 2001.

The main objectives of the project include delivery of Primary Health Care and Family Welfare Services and Nutrition services for slum population residing at the selected 10 towns at their door steps by engagement of female Honorary Health Workers ensuring community participation in preventive health care services in low income neighbourhoods with involvements of urban local bodies, decentralisation of decision making and implementation authorities to develop adequate health awareness in low income communities and to achieve the goals of "Health for All" within the project period . The project envisages selection and training of community women to develop a cadre of Honorary Health Workers in the ratio of 1 HHW for 750 to 1000 beneficiaries approximately. The Target group would comprise of families below the defined poverty lines in urban areas, with particular emphasis on expecting and lactating mothers and children below the age of five years, at Darjeeling, Siliguri, Jalpaiguri, Alipurduar, Raiganj, Balurghat, English Bazar, Burdwan, Durgapur and Kharagpur towns. An estimated 8.15 lakhs beneficiaries are expected to benefit from different project activities. The proposed preventive health care services are listed below :-

- i) Health education on general and specific health issues;
- ii) Immunisation of infants and pregnant mothers;
- iii) Antenatal , Postnatal and Infant Care;
- iv) Temporary and Permanent family planning services for eligible couples;
- v) Nutrition awareness and growth monitoring of children below the age of five years;
- vi) Ensuring institutional deliveries;
- vii) Surveillance of communicable diseases;
- viii) Curative services : treatment of minor ailment at the door steps and at Sub-health posts;
- ix) Referral back-up services at OPD – cum- Maternity Home;

- x) Implementation of innovative schemes like bridge courses, vocational training and EDP for women.

While the central administrative units for planning and monitoring of the project activities are the Health posts, the focal points for delivery of health care services to mothers and children would be the subhealth posts. 11 Combined General OPD-cum-Maternity Homes would also be set up under the project. The sizes of target group populations and infrastructure facilities to be set up under the Project at different towns are indicated below :

| Sl No. | Name of the town | Slum population to be covered | No. of Health Posts to be created | No. of SHPs to be created | Combined OPD-cum-Maternity Home |
|--------|------------------|-------------------------------|-----------------------------------|---------------------------|---------------------------------|
| 1.     | Alipurduar       | 28,250                        | 1                                 | 7                         | 1                               |
| 2.     | Balurghat        | 48,258                        | 2                                 | 12                        | 1                               |
| 3.     | Burdwan          | 1,15,300                      | 5                                 | 27                        | 1                               |
| 4.     | Darjeeling       | 31,534                        | 2                                 | 16                        | 1                               |
| 5.     | Durgapur         | 1,72,000                      | 11                                | 57                        | 2                               |
| 6.     | English Bazar    | 61,206                        | 2                                 | 14                        | 1                               |
| 7.     | Jalpaiguri       | 34,705                        | 1                                 | 12                        | 1                               |
| 8.     | Kharagpur        | 88,500                        | 4                                 | 30                        | 1                               |
| 9.     | Raiganj          | 52,853                        | 2                                 | 14                        | 1                               |
| 10.    | Siliguri         | 1,82,292                      | 8                                 | 61                        | 1                               |
|        | <b>TOTAL</b>     | <b>8,14,898</b>               | <b>38</b>                         | <b>250</b>                | <b>11</b>                       |

The contents of this Project are similar to those of IPP-VIII, CUDP-III Health Project and CSIP Health Project earlier implemented in the Calcutta Metropolitan Area. The implementation periods of these project were 5 years or more. So far as IPP-VIII (Extension) Project is concerned, only 2 ½ years were originally available from the commencement to the end of the project. Given the time constraints, Calcutta Metropolitan Development Authority and State Urban Development agency in Government of West Bengal had completed most of the preparatory works atleast 6 to 8 months back. Suitable sites for construction of health posts and Maternity Homes were identified and locations of Sub health posts were finalised. The process of selection and training of honorary health workers was completed at eight out of these ten towns quite some time back. Project Directors for all the ten towns have been appointed and project officers have been set up every where. Local coordination committees have been set up at the municipalities/municipal corporation levels for decision making and monitoring of the project at local levels. The overall tasks of implementation and monitoring of the project has been



entrusted upon the State Urban Development Agency. The municipal Engineering Directorate in the State Government have finalised bid documents for Civil Works in consultation with the Government of India and the World Bank. Tenders for these Civil Construction have been floated by the M.E. Directorate. The Procurement plans prepared in consultation with the World Bank and Govt. of India are also lying ready. Most of the Health Posts envisaged in the Project are now functioning in temporarily hired accomodations. A large number of sub-health posts at the 10 towns have also been set up. Honorary health workers in most areas have started their house visits, distribution of family planning materials, organisation of IEC etc. Data for Base line Surveys at Project towns were collected in 1999, and these are now being compiled and analysed. The universal base lines surveys by HHWs have been completed in majority of theses towns. A skeleton management and monitoring cell has been set up in SUDA for overall monitoring of the project.

The budgets for the financial years 1999 - 2000, and 2000 - 2001 and the subsequent period of the project have been prepared. While RS. 4.69 crores are likely to be spent in 1999 - 2000, expenditures to the tune of Rs. 36.52 crores would be incurred in the period April, 2000 to June, 2001.

Considerable enthusiasm has been created among people's representatives in the urban local bodies and target group beneficiaries at these towns. All possible efforts will be made to sustain the project activities beyond June, 2001. ✓

These informations are being placed before the Apex Committee for its information and considered suggestions, if any.

The endorsements of the Apex Committee are being sought on the following decisions taken :

- a) The time available for implementation of the Project was indeed short. People's representatives and officials entrusted with implementation of project activities were expected to achieve the project goals, which normally require 5 years to achieve within 2 ½ years. Due to inordinate delays in obtaining Govt. of India's sanction the project implementation period has further been reduced to 1 ½ years only. The success of the project basically hinges on generation of health awareness among members of low income families, particularly women and close involvement of target group communities in surveillance of preventive health care activities at the project towns. The targets of health awareness, health education and community involvement would invariably involve some minimum time. In case the project is wound up in June, 2001, it would be difficult to sustain the project activities thereafter. SUDA and CMDA after obtaining approval of the State Govt. , would move Govt. of India and the World Bank for extension of the Project by atleast another year, i.e. upto June, 2002.
- b) While designing the Project conscious efforts were made not to create permanent staff liabilities for SUDA or ULBs after expiry of the project period. Keeping this end in view the sizes of management and supervision cell at SUDA and implementation and monitoring units at ULB levels were kept at their minimum. The management and supervision cell at SUDA would be manned by only 14 officials while the same at each

ULB would include 6 officials. The handful of posts to be created at ULBs and at SUDA for planning, implementation and monitoring of the Project were proposed to be filled up either by getting suitable State Govt. officials on deputation basis or by engagement of retired Govt. of India or State Govt. officials for fixed terms on contract basis. Only in exceptional cases some of the municipalities were permitted to engage Doctors, Nurses etc. from the open market on short term contract basis. The strength and composition of the Project Management Cells at SUDA and at ULBs were finalised after detailed interactions with the World Bank and the Govt. of India Officials. The costs thereof are included in the total project outlays shown in the cost Matrix prepared by the World Bank. While communicating the approval of the Union Cabinet for launching IPP-VIII (Extension) Project, Govt. of India did not separately convey its approval for engagement of the project staff at SUDA and at ULBs on contract basis. The attention of Health & Family Welfare Department in Government of India was drawn immediately and they were informed that after elaborate interactions with the World Bank and Govt. of India Officials Project Management Cells had already been set up at SUDA and ULB levels in anticipation of formal approval of Govt. of India. Given the time constraints for achieving the projects goals neither SUDA nor CMDA can afford to delay in setting up of the skeleton project management/ supervision cells. SUDA and ULBs are going ahead with filling up temporary posts in Project Management Cells by engagement of suitable qualified and experienced officials on short term contractual basis.

## Development of an integrated Health Care Delivery System

The Project has now entered in the last phase. The overall implementation of the Project including meeting development objectives have been found to be as follows :-

01. Service delivery started in 90% at blocks and Sub-centres planned in the project.
02. 10 out of 23 Maternity homes and 17 out of 25 ESOPDs (Extended Specialist out Patient Department ) are operational.
03. Institutional deliveries, immunisation coverage contraceptive use of low parity couples are reflecting improvement. A monitoring system has been finalised after field trial for monitoring the utilisation of services by the project beneficiaries to routinely monitor the utilisation of service by the project beneficiaries and achieving the project objective.
04. Action has already been taken to maintain the facilities beyond the project period by introducing fees for services rendered among the beneficiaries ( at subsidised rate) and to create resources for health development fund.
05. The World Bank mission visited the IPP-VII Project, Calcutta during November, 24 – 25 1999. In their Aide Memoire in the city of Calcutta has been rated as highly satisfactory of all projects in India. Some of the World Bank's comments on the project performance is as follows :-

**DEVELOPMENT OBJECTIVES :** "In Calcutta nearly a half of the low parity couples in the project area are using one or other contraception. About 90% of the expectant mothers had 3 antenatal visits and delivered at institution and more than three fourths of eligible infants received measles immunisation".

**IMPROVEMENT IN MANAGEMENT :** "Excellent effort in this regard has been made by Calcutta. Agreements were reached with respective authorities regarding establishment of facility level advisory committees to promote local ownership and community monitoring and development sustainability plan to ensure continuity of the project initiatives".

In the mean while keeping in view of the future sustainability, a Health Development Fund has been created in each local body through realisation of fees for service. If such activities are sustained beyond project period, it will go a long way in sustaining such activities. Thereby, financial burden on the public exchequer will proportionately be less.

The sustain these efforts, it is imperative to create linkages with others health facilities in ULBs, districts & the city core.

It is hence proposed to organise an efficient referral mechanism from the grass-root level - a Three Tier referral system has been proposed for IPP-VIII & CUDP-III beneficiaries since all the projects including the State Health system Development Project have been funded from the same source.(Please also see Chart below).

1. Primary Care -
  - (a) From blocks (Cluster) having 1000 beneficiaries to
  - (b) Sub-centres (With 5 blocks)  
for Immunisation  
Antenatal Care (Urine & Haemoglobin tests are available)  
Post natal & Child care services with emphasis on FW activities.
  - (c) (i) Ambulatory cases requiring specialised attention for medicine, Paediatric, Obs. & Gynae, Family Planning counselling, Eye, ENT, Dental - are referred to Extended -out-Patient services (for every 2 -3 municipalities depending upon the number of beneficiaries)  
(ii) Normal delivery cases are referred to maternity homes & Clinics for natal care where routine clinico-pathological investigation are available.
2. Intermediary Care - Complicated labour cases (mostly identified during antenatal check-ups) are either referred to municipal Hospitals, capable of taking care of those cases (on payment of Rs. 1000 - Rs. 2000 per case from Project fund depending upon the type of intervention necessary ) or in private voluntary hospitals located within a reasonable distance, or to State Sub-divisional Hospitals - considering the type of interventions required and their accessibility.

N.B. Cases requiring special investigations are proposed to be made available by establishing eight regional Diagnostis Centres.

- 3(i) For Teritary Care : Cases under intermediate care requiring specialised intervention and interventions to be referred to the teaching hospitals identified for the purpose.
- (ii) To provide Teritary Care for some specific diseases are proposed to be referred to the particular specialised hospitals either. Public or Private viz. Paediatirc, T.B. Cancer, Leprosy, Neurology, Eye, Sterility, mental hospital and Infectious disease hospital.
- (iii) Cases requiring specialised speciality care may be referred to the IPGMER - for appropriate intervention.

4. Necessary referral – back system from Tertiary level/ intermediary level to the next appropriate level has been taken care of in the system.

IPP-VIII , Calcutta has developed the necessary infrastructure to generate reasonable level of awareness among the beneficiaries . There has been appreciable increase in demand for services among them.

Sincere efforts need to be made to coordinate the activities of the different health institutions rendering different components of health services, to provide an integrated health care delivery system with a sound referral mechanism. It will meet the expectations generated in the socio-economically weaker section of the population through the community based out-reach services during the post Project Period.

Schematic Drawing showing the referral mechanism proposed under IPP-VIII

**TERTIARY CARE**  
Tertiary Care for specialised specialities Hospitals.

Institute of Post – Graduate Medical Education & Research

Tertiary Care :  
Public Specialised Hospital, T.B., Leprosy, Cancer, Neurology Mental etc.

TEACHING HOSPITAL (PUBLIC)

**SECONDARY CARE**  
Reginal Diagnostic Centres attached Eight Maternity Homes

PUBLIC DISTRICT HOSPITALS

PUBLIC GENERAL HOSPITALS

PRIVATE VOLUNTARY HOSPITALS

PUBLIC HOSPITAL

MUNICIPAL HOSPITAL

PRIVATE VOLUNTARY HOSPITAL

**PRIMARY CARE**

MAT. HOME  
20 BEDS  
ESOPD

SUB CENTRE  
5000

5 – 7 Sub-centres per Health Administrative Unit covering 20000 – 35000 population

B

B

B

B

B

Services at Grass root level.

B – Blocks with 1000 beneficiaries.

UNIVERSAL BASE LINE  
SURVEY

TABULATION DESIGN

---

ASANSOL PROJECT AREA

# Universal Base Line Survey

## Asansol Municipal Town

### R. CH Sub-Project

#### Demographic feature, 1991 Census.

| Item No. | Category   | Asansol Municipal Town. |
|----------|--|-------------------------|
| 1.       | <u>Population - 1991 Census</u><br>(in '000)       |                         |
|          | <u>Person*</u>                                     | 262                     |
|          | <u>male</u>  | 143                     |
|          | <u>Female.</u>                                     | 119.                    |
| 2.       | <u>Area in Sq. Kms.</u>                            | 25.02                   |
| 3.       | <u>Density of population per</u><br><u>Sq. Km.</u> | 10479                   |
| 4.       | <u>Sex ratio (females per 1000 males)</u>          | 832                     |
| 5.       | <u>Total literates (in '000)</u><br>[ 7 yr. + ]    | 171                     |
| 6.       | <u>Literacy rate (%)</u>                           | 76                      |
| 7.       | <u>Total main workers</u>                          | 69                      |
| 8.       | <u>p.e. of main workers</u>                        | 28.4                    |
| 9.       | <u>Scheduled Caste popln. (in '000)</u>            | 22                      |
| 10.      | <u>Scheduled tribe popln. (in '000)</u>            | 2                       |

\* Due to conversion into Municipal Corporation since 1994, 1991 Census popln in Asansol M.C stands at 4,78,000 with inclusion of areas by 127.24 sq. Kms.



Universal Baseline Survey,

Asansol Municipal Town

R.C.H Sub project

General outlay. Project Area,

| Item No. | Category                                | Number |
|----------|---|--------|
| 1.       | Total no. of Hony. Health Workers (HHW) | 144    |
| 2.       | Total families surveyed.                | 21600  |
| 3.       | Av. no. Family load per HHW.            | 150-   |
| 4.       | Total Family members enumerated:        |        |
|          | Person                                  | 99971  |
|          | male                                    | 51,213 |
|          | female                                  | 48,753 |
| 5.       | Family Size                             |        |
|          | Person                                  | 4.6    |
|          | male                                    | 2.4    |
|          | female                                  | 2.2    |
| 6.       | Sex ratio (enumerated)                  | 952    |

Universal Basic Survey

Asanool Municipal Town.

R. e. H sub-project

Age - Sex break up in p.c.

| Age (yrs) \ Sex | male | female | Total.           |
|-----------------|------|--------|------------------|
| < 1 yr.         | 1.2  | 1.0    | 2217<br>(2.2)    |
| 1 - 2           | 2.5  | 2.4    | 4900<br>(4.9)    |
| 3 - 5           | 4.8  | 4.6    | 9398<br>(9.4)    |
| 6 - 14          | 10.9 | 9.8    | 20729<br>(20.7)  |
| 15 - 45         | 19.3 | 18.2   | 37488<br>(37.5)  |
| 46 & over       | 12.5 | 12.7   | 25239<br>(25.2)  |
| Total.          | 51.2 | 48.8   | (99971)<br>100.0 |

Universal Baseline Survey.

Asansol Municipal Town.

R.C.H Sub-project

School enrolment of Children of 6-14 yrs age

| Sex    | Enrole-<br>ment<br>rate<br>% | Not attend<br>ing<br>School<br>% | Total            |
|--------|------------------------------|----------------------------------|------------------|
| Male   | 7107<br>(65.0)               | 3827<br>(35.0)                   | 10934<br>(100.0) |
| Female | 4898<br>(50.0)               | 4897<br>(50.0)                   | 9795<br>(100)    |
| Total  | 12005<br>(57.9)              | 8724<br>(42.1)                   | 20729<br>(100.0) |
|        |                              |                                  |                  |
|        |                              |                                  |                  |

# Universal Base Line Survey

## Asansol Municipal Town

### R.CH Sub-project

#### Outcome of total pregnancies

| Sl. No. | Item                              | Number                 | %                       |
|---------|-----------------------------------|------------------------|-------------------------|
| 1.      | <u>Pregnancy outcome</u>          |                        |                         |
|         | (a) Live birth (LB)               | 2217                   | 97.1                    |
|         | (b) Still birth (SB)              | 67                     | 2.9                     |
|         | TOTAL                             | 2284                   | 100.0                   |
| 2.      | <u>Place of delivery (LB)</u>     |                        |                         |
|         | (a) Institutional                 | 1271                   | 57.3                    |
|         | (b) Domiciliary                   | 946                    | 42.7                    |
|         |                                   | 2217                   | 100.0                   |
| 3.      | <u>Low birth wt. status (LBW)</u> |                        |                         |
|         | Birth wt. of babies < 2.5 kg.     | 255                    | 11.5                    |
| 4.      | <u>Age at Delivery of mother</u>  |                        |                         |
|         | (a) below 20 yrs                  | <del>738</del><br>1179 | <del>33.3</del><br>56.7 |
|         | (b) 20 yrs & above                | 1179                   | 66.7                    |
|         |                                   | 2217                   | 100.0                   |

Universal Base Line Survey

Asansol Municipal Town.

R.C.H sub project

Percent Distribution of live births by live Birth  
order

| TOTAL<br>LIVE<br>BIRTHS. | Order of Live birth |               |               |                    |
|--------------------------|---------------------|---------------|---------------|--------------------|
|                          | First               | Second        | Third         | fourth &<br>Higher |
| 2217.<br>(100.0)         | 662<br>(29.9)       | 614<br>(27.7) | 498<br>(22.5) | 443<br>(20.0)      |

Universal Baseline Survey

Asanod Municipal Town

R.E.H. Sub-project

Percent Distribution of 2nd & Higher order of  
Live birth by interval

| Interval between current & previous live birth by interval |              |            |       |
|--|--------------|------------|-------|
| 12-24 months   | 24-36 months | 36+ months | Total |
| 37.0   | 33.0         | 30.0       | 100.0 |

Universal Base line Survey

Asansol Municipal Town  
R.C.H Sub-project

Ante-natal Care (ANC) to mother

| Item No. | Category  | Number | %    |
|----------|---|--------|------|
| 1.       | <u>Attendance of mothers at maternity centres for ANC</u> |        |      |
|          | (a) <u>Attended</u> TOTAL                                 | 1204   | 54.3 |
|          | (a) <u>below 3 times</u>                                  | 584    | 48.5 |
|          | (b) <u>3 times &amp; above</u>                            | 620    | 25.8 |
|          | (b) <u>Not attended</u> ... TOTAL                         | 1013   | 45.7 |
| 2.       | Immunisation (IT) to mother (having < 1 yr child)         |        |      |
|          | (a) protected   | 1299   | 57.7 |
|          | (b) Un-protected  | 938    | 42.3 |
| 3.       | folic acid tabs. consumed by mothers                      | 1184   | 53.4 |

# Universal Base line Survey

## Profile on Maternal Complication numbers

| Item<br>nr. | Category   | Number | %   |
|-------------|--|--------|-----|
| 1           | Mothers on maternal complication during pre-natal stage.               | 122    | 5.5 |
| 2           | Mothers on maternal complication sent to Hospl. during pre-natal stage | 85     | 3.8 |
| 3           | Mothers on maternal complication while on delivery                     | 25     | 1.1 |
| 4           | Mothers on maternal complication sent to Hospl. while on delivery      | 25.    | 1.1 |



# Universal Base Line Survey

Asansol Municipal Town

R.E.H - Sub-project

## Eligible couple & its characteristics

| Item no. | Category  | Number | %     |
|----------|---|--------|-------|
| 1.       | Total no. of eligible couple (15-45 yrs)                      | 18281  | ✓     |
| 2.       | Eligible couple having break up of age at marriage            |        |       |
|          | (a) below 18 yrs.   | 8030   | 44.2  |
|          | (b) 18 yrs. & above   | 10201  | 55.8  |
|          | Total.  | 18281  | 100.0 |
| 3.       | Total no. of pregnant women (enumerated on the day of Survey) |        |       |
|          | (a) below 20 yrs.   | 139    | 27.5  |
|          | (b) 20 yrs. & above   | 367    | 72.5  |
|          | Total   | 506    | 100.0 |

Universal Base Line Survey

Asansol Municipal Town

R.E.H - Sub-project

Contraception coverage under F.W.

| Item no. | Category   | Number    | %    |      |
|----------|--|-----------|------|------|
| 1        | Total no. of eligible couple (Survey data) (15-45 yrs) | 18281     | x    |      |
| 2        | Sterilisation  | Total (A) | 3537 | 55.5 |
|          |  | Male      | 67   | 1.1  |
|          |  | Female    | 3470 | 54.4 |
| 3        | Oral pill users (OP)                                   | 2116      | 33.4 |      |
| 4        | Condom users   | 582       | 9.1  |      |
| 5        | I. U. D  | 126       | 2.0  |      |
|          | Total (B)  | 2834      | 44.5 |      |
|          | Total. (A)+(B)   | 6371      | -    |      |
|          | Eligible Couple protection rate (ECPR)                 | -         | 34.9 |      |

Universal Base line Survey

Asansol Municipal Town

Direct Sterilisation vis-a-vis Living Children

| Living Children                                   | Number of Sterilisation   | %              |
|---|---------------------------|----------------|
| 1   | 120                       | 3.4            |
| 2   | 1090                      | 30.8           |
| 3   | 1132                      | 32.0           |
| 4   | 686                       | 19.4           |
| 5+  | 509                       | 14.4           |
| TOTAL   | 3537                      | 100.0          |
| Average no. of Living children of a sterilisation | Percent Area West Bengal. | 3.10           |
|   |                           | 3.07 (1993-94) |

Universal Base Line Survey

Asansol Munel. Town.

Immunisation Status of Children (12-23 months)

| Percentage to total children (<2y) |           |             |         |
|------------------------------------|-----------|-------------|---------|
| BCG                                | DPT (III) | Polio (III) | measles |
| 2088                               | 2005      | 2014        | 1513    |
| (42.6)                             | (40.9)    | (41.1)      | (30.9)  |

# Universal Basic Survey

## Asansol Municipal Corporation R.C.H. Sub-project

### Morbidity profile of Children (< 5 yrs of age)

| Sl. No. | Category                         | Number | %     |
|---------|----------------------------------|--------|-------|
| 1.      | <u>Six preventable Diseases</u>  |        |       |
|         | (a) T.B                          | 20     | 12.3  |
|         | (b) Diphtheria                   | 4      | 2.5   |
|         | (c) Tetanus                      | 15     | 9.2   |
|         | (i) < 28 days                    |        |       |
|         | (ii) 29 days & >                 |        |       |
|         | (d) Whooping Cough               | 23     | 14.2  |
|         | (e) Poliomyelitis                | 11     | 6.7   |
|         | (f) Measles                      | 47     | 28.8  |
| 2.      | <u>Other Infectious diseases</u> |        |       |
|         | (a) Antrick                      | 25     | 15.3  |
|         | (b) Pneumonia                    | 18     | 11.0  |
|         | Total                            | 163    | 100.0 |

# Universal Baseline Survey

Asansol Municipal Corp.

R.C.H Sub project

## Chief Vital/Health Statistics

| Item                                    | Rate/s                                 | India<br>(1996) | West Bengal<br>(Urban)<br>1996 | Asansol<br>project<br>Area | unit             |
|---|--|-----------------|--------------------------------|----------------------------|------------------|
| 1.                                      | Crude Birth rate (CBR)                 | 21.6            | 16.0                           | 22.2                       | per mille        |
| 2.                                      | Crude Death rate (CDR)                 | 6.5             | 7.2                            | 12.4                       | -Do-             |
| 3.                                      | Infant Mortality rate (IMR)            | 46              | 44                             | 60                         | per'000 LB       |
| 4.                                      | Natural growth rate                    | 15.1            | 8.8                            | 9.8                        | per mille        |
| 5.                                      | Maternal Mortality rate (MMR)          | NA              | NA                             | 3                          | per'000 LB.      |
| 6.                                      | Eligible couple protection rate (ECPR) | 45.4            | 37.9                           | 34.9                       | percentage of EC |
| 7.                                      | Low Birth wt. rate in%. (LBW)          | NA              | 25                             | 41.5                       | percentage of LB |
| <u>Immunisation status (% coverage)</u> |  |                 |                                |                            |                  |
| (a)                                     | TT (Women) (1-2 yrs)                   | NA              | NA                             | 59.7                       | percentage       |
| (b)                                     | DPT (1-2 yrs)                          | NA              | NA                             | 40.9                       | -Do-             |
| (c)                                     | Polio (1+2 yrs)                        | NA              | NA                             | 41.1                       | -Do-             |
| (d)                                     | BCG (1+2 yrs)                          | NA              | NA                             | 62.6                       | -Do-             |
| (e)                                     | Mumps (1-2 yrs)                        | NA              | NA                             | 30.9                       | -Do-             |

Minutes of the 8<sup>th</sup> Apex Committee meeting of the Family Welfare (US) Project (IPP-VIII) held on 18.01.2001 at 5-30 p.m. at the Conference Room of the Chief Secretary, Govt. of West Bengal, Writers' Building, Kolkata - 700 001.

The Chief Secretary, Govt. of West Bengal presided over the meeting.

List of participants in the meeting is placed in the annex.

1. Confirmation of the proceedings of the 7<sup>th</sup> Apex Committee meeting held on 16.02.2000. The proceedings of the 7<sup>th</sup> Apex Committee meeting as circulated (and also enclosed with Agenda notes) were confirmed.

2(a) To discuss follow-up actions on the decisions of the 7<sup>th</sup> Apex Committee meeting:

2(a)(i) Establishment of Maternity hospitals in municipalities where no such facilities exist and staffing thereof through creation of the following posts by the Municipal Affairs Department.

In this connection, the Municipal Affairs Department had, vide their No. 16/MA/C-10/2E-1/2000 dated 3-01-2001 stated that the hospitals should be self-sustained to generate revenue to meet the cost of remuneration of the Medical Officers, Nurses and Laboratory technicians-cum-Store Keepers. The Department also advised that such personnel should be engaged purely on contract basis and paid out of the revenue so generated. In the 7<sup>th</sup> meeting of the Apex Committee dated, 16-02-2000, however, the Committee had decided that the Municipal Affairs Department will take necessary action for creation of the following posts, viz. Medical Officer - 2: Nurses - 3: Laboratory Technician-cum-Store Keeper -1. The decision of the 7<sup>th</sup> meeting was reiterated.

2(a)(ii) Continuity of the Project after June, 2001:

The M.A. Department has informed that the Finance Department has been moved for introducing the required provisions under the Non-Plan Budget head for continuity of the project after June, 2001. It was further advised that considering the timely completion of the project, both in terms of cost and time, and also considering the benefits that have reached the target group ( based on evidence provided by Sample

registration survey 1998-1999, Mid-term Evaluation of the project by ISI and MIES conducted by the project) the recurring expenditure of the project be borne in the budgetary provision of the State Government in its Municipal Affairs Department. It was recommended that the Secretaries, Health & Family Welfare, Municipal Affairs and Urban Development Departments should jointly examine the actual requirements of the maintenance funds as required by IPP-8 Calcutta, IPP-8 Extension and CUDP-III.

2(b) To consider further proposals to improve project performance:

2(b) (i) The Apex Committee decided that the Municipal Affairs Deptt. would take immediate action for creation of the posts of Health officers in 3 municipalities viz. Bidhannagar, Kalyani & Pujali.

2(b)(ii) The recommendation of the World Bank to appoint Staff Nurse and one full time Medical Officer (preferably Lady Doctors) was noted by the Committee.

2(b)(iii) Proposal to map underserved areas using GIS Software.

Action taken by the project was noted.

2(b)(iv) Proposal for replacement of equipment and furniture for CUDP-III after rationalization of the project with the IPP-VIII. Procurement activities undertaken by the project was noted.

2(b)(v) The World Bank in their Aide Memoire dated 29.12.99 had advised for initiating short time measures for managing Health Care Waste.

Action taken by the project was noted.

2(b)(vi) Establishment of 8 (eight Rational Diagnostic Centre attached to Maternity Home under IPP-VIII Project:

It was discussed that 8 (eight) RDCs have been proposed for sophisticated diagnostic facilities to the beneficiaries and the non-beneficiaries which are only available in Kolkata will be of great benefit for the beneficiaries to receive such services within their easy reach. After successful implementation of the programme it may be expected that within a span of 3 years such units will be self-financing. The proposal was appreciated by the Committee.



3. Budgetary provision for a) IPP-VIII – Kolkata and b) Extended IPP-VIII activities to 10 (ten) additional cities in West Bengal.

The proposal to include Rs.4878.43 lakhs in budget of 2000-2001 and release of balance funds was approved by the committee.

4(a) Sustainability of the project after June, 2001.

This was already decided upon under item 2(a)(ii) of the Agenda.

4(b) Continuation of IPP-8 (Extension) beyond EOP i.e. 30.06.2001.

Due to late launching of the project the available time period for service implementation within the EOP has been shortened. As such, within this short spell of time all services perhaps could not be delivered to have a palpable impact on the project. This point was discussed in the Review Committee meeting held at New Delhi with Government of India and World Bank on 11.01.2001. In consideration of the satisfactory progress of the project, the MOH&FW, Government of India, had indicated favourable consideration to the proposal of extension of the project (IPP-8 Extn.) for a further period of one year at present.

However, in the event of extension not being granted, the O&M beyond this current EOP is required to be arranged by the Municipal Affairs department of the State Government as indicated under items 2(a)(ii) of the agenda

5 (a): To consider (a) physical achievement on beneficiary coverage for service, civil works and other sub-heads.

5(b): Bench works as indicated in the last Aide Memoire of September, 2000.

Noted by the Committee.

5(c): Requirement of ANM in IPP-8 extension:

In spite of best efforts the recruitment position of ANM has not improved. Out of 70 nos. of ANM authorized for IPP-8 (Extension), only 27 could be engaged so far by the concerned municipalities. This category of staff is quite scarce and is not

readily available in the municipal area. In consideration of the vital role of ANM with regard to immunization and pregnancy care of the beneficiaries, it was recommended that the State Health Department may explore the possibilities to tide over this crisis.

The meeting ended with thanks to the Chair.



**Chief Secretary  
Govt. of West Bengal**

**MEMBERS PRESENT IN THE 8<sup>TH</sup> APEX COMMITTEE**  
**MEETING DT. 18.01.2001**

**MEMBERS PRESENT**

1. Shri. M. Gupta, Chief Secretary, Government of West Bengal.
2. Shri. N.L. Basak, Principal Secretary, Urban Development Department, Government of West Bengal.
3. Shri. A. Gupta, Principal Secretary, Finance Department, Government of West Bengal.
4. Smt. M. Gupta, Principal Secretary, Social Welfare Department, Government of West Bengal
5. Shri. Nikhilesh Das, Secretary, School Education Department, Government of West Bengal.
6. Shri.A. M. Chakrabarti, Secretary, Health & Family Welfare Department, Government of West Bengal.
7. Shri. P. K. Pradhan, Secretary, Municipal Affairs Department, Government of West Bengal.
8. Smt. N. Chatterjee, Chief Executive Officer, CMDA
9. Shri. R. P. S. Kahlon, Commissioner, Family Welfare & Special Secretary, Health & Family Welfare Department, Government of West Bengal
10. Shri. D. Sen, Project Director, IPP-VIII & Secretary, CMDA

**INVITEES PRESENT :-**

1. Shri. S.K. Bhattacharyya, DGO(MD), CMDA
2. Dr. B. Bhattacharjee, Chief of Health, IPP-VIII, CMDA
3. Dr. N.G. Gangopadhyaya, Adviser (Health), CMDA & SUDA
4. Dr. K.L. Mukherjee, Assistant Chief of Health, IPP-VIII, CMDA

Copy forwarded for information and necessary action :-

1. Shri. M. Gupta, Chief Secretary, Government of West Bengal, Writers' Buildings, Calcutta -700 001.
2. Shri. N. L. Basak, Principal Secretary, Urban Development Department, Government of West Bengal, 18, Rabindra Sarani, Calcutta - 700 001.
3. Shri. A. Gupta, Principal Secretary, Finance Department, Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
4. Smt. M. Gupta, Principal Secretary, Social Welfare Department, Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
5. Shri. Nikhilesh Das, Secretary, School Education Deptt., Government of West Bengal, Bikash Bhawan, 6th Floor, Salt Lake, Calcutta - 700 091.
6. Shri. H. B. Naik, Secretary, Mass Education Extension Department, Government of West Bengal, Bikash Bhawan, Salt Lake, Calcutta - 700 091.
7. Shri. A.M. Chakrabarti, Secretary, Health and Family Welfare Department, Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
8. Shri. P.K. Pradhan, Secretary, Municipal Affairs Department, Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
9. Smt. N. Chatterjee, Chief Executive Officer, CMDA, 3A Auckland Place Calcutta 700 017.
10. Shri. Goutam Basu, Joint Secretary, Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi -110011.
11. Shri. R.P.S. Kailon, Commissioner, Family Welfare and Special Secretary, Health and Family Welfare Department, Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
12. Shri. S.K. Bhattacharyya, DGO(MD), CMDA
13. Dr. B. Bhattacharjee, Chief of Health, IPP-VIII, CMDA
14. Dr. N.G. Gangoopadhyaya, Advisor (Health), CMDA and SUDA.
15. Dr. K.L. Mukherjee, Chief of Health, IPP-VIII, CMDA.

(D. Sen)

Secretary, CMDA  
& Project Director IPP-VIII

(16)

Minutes of the 4th Meeting of the Apex Committee  
of the Family Welfare (Urban Slums) Project (IPP-VIII)  
held on 4th June, 1997 at 10.00 a.m. at Writers'  
Buildings, Calcutta

The Chief Secretary to the Government of West Bengal presided  
over the meeting.

The list of participants in the meeting is in the Annex.

1. Confirmation of the Proceedings of 3rd Apex  
Committee held on May 22, 1996 :

The proceedings of the 3rd Apex Committee Meeting circulated vide  
No.240(13)/CMDA/Secl(Prog)/FW(USP)-20/94 dated May 30, 1996 (and also  
enclosed to Agenda Notes) were confirmed.

2. To consider follow-up actions taken on decisions  
of the 3rd Apex Committee Meeting :

The follow-up actions as circulated with the agenda notes were  
noted.

3. To consider physical achievements of beneficiary  
coverage by service, civil works & achievements  
under other sub-heads upto March 31, 1997 :

The Committee noted that out of 100 Health Administrative Units,  
65 had been set up till March, 1997. Against the target of 765, 410  
Sub-Centres had been set up upto March, 1997. Against the target of  
3815 blocks, 2000 blocks had been set up till March, 1997. AA & FS  
had been issued against all 18 ESOPDs targetted for the project and  
for 11 Maternity Homes against the target of 25 for the entire project.  
The Central Medical Store had already been established. 75 schools had  
been renovated out of the target of 100. 60 training programmes for  
Honorary Health Workers have been completed and 5 were ongoing. 139  
Vocational training programmes and 4 EDPs had been completed against  
the target of 360 and 40 respectively. 887 IEC programmes had been  
completed. A total population of 20.90 lakhs has been covered since the  
inception of the project against the target of 30 lakhs. A total expenditure  
of Rs.1072.40 lakhs has been incurred till March, 1997.

contd....2.

15

4. To consider year-wise budgetary provision for the years 1996-97 to 2000-2001 against the revised sanctioned cost approved by the Government of India :

The expenditure made and the budgetary provisions under various items of expenditure during the remaining years of the project as prescribed during the meeting and enclosed in the Agenda Notes were noted by the Committee.

5(a). To consider further proposals to improve project performance including new proposals on engagement of RITES for procurement activities, strengthening engineering support, etc.

Steps taken to accelerate project activities were presented before the Committee. These included establishment of further Health Administrative Units, extension of beneficiary coverage, engagement of RITES as a procurement consultant and strengthening of engineering support. The Committee noted the same.

5(b). To consider issues on which decisions were sought for :  
1) Creation of posts of nodal officers of coordinating with municipalities :

The Committee considered the proposal for creation of posts of management Oriented Project Officers to be posted at local bodies. It was decided that for a cluster of every 3 municipalities, 1 such Nodal Officer may be engaged at the very outset. The officers would be appointed on contract and the expenses incurred thereupon would be borne by the Project. The progress achieved and necessity for further officers can be reviewed in the next meeting.

ii) Strengthening of Project implementation capacity and Technical support capacity of the Project :

The Committee noted the revised proposal on appointment of supervisory staff, as recommended by the World Bank in 1997 and approved appointment of 8 Family Welfare-Oriented-Professionals, 4 Accounts Professionals and 10 additional Technical staff, including an Architect. It was decided that while the Family Welfare oriented professionals and Accounts Professionals will be appointed on contract by the Project, the technical staff would be deployed from CMDA and establishment costs for such staff will be charged to the Project.

iii) Establishment of Maternity Hospitals in Municipalities where no such facility exists and staffing thereof :

It was decided, that, in principle, the Apex Committee has no objection to the municipalities providing staff for the Maternity hospitals provided the Municipal Affairs Department agreed to sustain the same after the project period. The representative from Ministry of Health & F.W., Government of India also concurred to this.

iv) Proposal for maintaining of IPP-VIII activities from the project period :

It was decided by the Committee that the Municipal Affairs Department would be responsible for maintaining the services created by the project in the post project period.

v) Proposal for creation of post of Asstt. Health Officer in municipalities for technical supervision and monitoring of IPP-VIII Health Programmes :

It was decided that 23 nos. of Asstt. Health Officers may be engaged by the municipalities on contract basis. The cost would be borne by the Project. The contract period, however, should initially be one year after which, the position should be reviewed.

6. Enhancement of honorarium, in respect of grass-root level medical, para-medical and non-medical staff of the project :

The following enhancement was recommended by the Committee :

| Sl.No. | For existing rates of honorarium p.m.                | Quantum of enhancement recommended by the Committee. |
|--------|--|--|
| 1.     | For those drawing upto Rs.400/- p.m.                 | Rs.100/- p.m.  |
| 2.     | For those drawing Rs.401/- p.m. upto Rs.700/- p.m.   | Rs.150/- p.m.  |
| 3.     | For those drawing Rs.701/- p.m. upto Rs.1,200/- p.m. | Rs.200/- p.m.  |

7. The meeting ended with vote of thanks to the Chair and all present.

Sd/- A. K. Majumder  
Chief Secretary  
to the Government of West Bengal

(13)

Annex

Copy to: List of participants in the 4th meeting of the  
Apex Committee of the Family Welfare (Urban Slum)  
Project (IPP-VIII) held on 4th June, 1997 at  
10.00 a.m. at Writers' Buildings, Calcutta.

MEMBERS PRESENT :

01. Shri A. K. Majumder, Chief Secretary to the Govt. of West Bengal.
02. Shri L.R.K. Prasad, Principal Secretary, Health & Family Welfare  
Department, Govt. of West Bengal.
03. Shri N. L. Basak, Principal Secretary, U.D. Department, Govt. of  
West Bengal.
04. Shri Ashok Gupta, Principal Secretary, Finance Department, Govt.  
of West Bengal.
05. Shri C. S. Samal, Principal Secretary, Social Welfare Department,  
Govt. of West Bengal.
06. Shri P. K. Pradhan, Chief Executive Officer, CMDA.
07. Smt. N. Chatterjee, Secretary, CMDA.
08. Shri Trilochan Singh, Joint Secretary, Family Welfare Department,  
Govt. of West Bengal.
09. Shri Desh Deepak, Deputy Secretary, A.P. Ministry of Health &  
Family Welfare, Health & Family Welfare Deptt  
Govt. of India

INVITEES PRESENT :

01. Shri Asim Burman, Municipal Commissioner, Calcutta Municipal  
Corporation.
02. Dr. B. Bhattacharya, Chief of Health, IPP-VIII, CMDA.
03. Shri B. L. De, Adviser, PPI, CMDA.

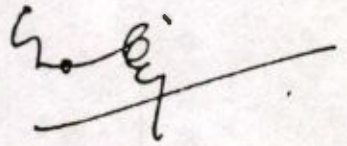


No.225(16)/CMDA/Soctt(Prog.)/FW(USP)-20/94

Dated : 13.06.1997

Copy forwarded for information & necessary action to :

1. Shri A. K. Majumder, Chief Secretary to the Government of West Bengal.
2. Shri L.R.K. Prasad, Principal Secretary, Health & Family Welfare Deptt.  
Govt. of West Bengal.
3. Shri N. L. Basak, Principal Secretary, U.D. Department, Govt. of West  
Bengal.
4. Shri Ashok Gupta, Principal Secretary, Finance Department, Govt. of  
West Bengal.
5. Shri C. S. Samal, Principal Secretary, Social Welfare Department,  
Govt. of West Bengal.
6. Shri P. K. Pradhan, Chief Executive Officer, CMDA.
7. Shri Nikhilesh Das, Secretary, School Education Department, Govt. of  
West Bengal.
8. Shri Asok Mohan Chakraborti, Secretary, Municipal Affairs Department,  
Govt. of West Bengal.
9. Smt. Kalyani Chowdhury, Secretary, Mass Education Extension Deptt.  
Govt. of West Bengal.
10. Shri Prasad Roy, Secretary, C&SSI Department, Govt. of West Bengal.
11. Shri Trilochan Singh, Joint Secretary, Family Welfare Department,  
Govt. of West Bengal.
12. Shri Dosh Deepak, Deputy Secretary, A.P. Ministry of Health & Family  
Welfare, Health & Family Welfare Department,  
Govt. of India.
13. Shri Asim Burman, Municipal Commissioner, Calcutta Municipal Corpn.
14. Dr. B. Bhattacharya, Chief of Health, IPP-VIII, CMDA.
15. Shri B. L. De, Adviser, PPI, CMDA.

  
( N. Chatterjee )  
Secretary, C. M. D. A.

Agenda - 4**Sustainability of IPP-VIII, Calcutta vis-à-vis integration with similar health projects and financial implication thereof.**

IPP-VIII Calcutta, a Community based primary Health Care Programme had been designed in 1994 – 1995 as per recommendations of World Health Organisation (WHO) based on the findings and observations of CUDP-III for the Slum population of Urban areas in C.M.A..

The CUDP-III ( 1987 – 1988 to 1991 – 1992) is now under the maintenance phase and serving 16 lakhs of beneficiaries and spread – over to 3 (three) Municipal Corporations and 28 ( twenty eight ) Municipalities, while IPP-VIII, Calcutta which will enter in the maintenance phase from July, 2001 onwards encompasses 38 ( thirty-eight) Municipalities and 3(three) Municipal Corporations of C.M.A. spreading over to 1433 sq. kms. to serve 3.8 million beneficiaries of low socio-economic status. CUDP-III is functioning in 38 (thirty eight) municipalities which are also being served by the IPP-VIII though in different identified slum areas. Lately, the IPP-VIII project had been extended to 10 (ten) cities of West Bengal viz., Kharagpur, Durgapur, Burdwan, Jalpaiguri, Alipurduar, Darjeeling, Siliguri, English Bazaar, Raipur and Balurghat. The whole process has been initiated during the year 1999 - and expected to be completed by 30<sup>th</sup> June, 2002 ( As per discussion in the Review meeting of the MOH & FW & World Bank on 11.01.2001 at World Bank Office, New Delhi).

The existing man-power and infrastructures of IPP-VIII is massive one in comparison to CUDP-III including the IPP-VIII extension to the 10 (ten) cities. In the existing phase of IPP-VIII (excluding Extended Project) a total number of 5835 health functionaries of different categories have manned 4480 numbers of health infrastructures viz., Blocks, Sub-centres, HAUs, ESOPDs & ESOPD-cum-Maternity Homes along with Regional Diagnostic Centres. On the other hand, CUDP- III in their maintenance phase has got 2006 of health infrastructures with a man-power of 2226 health functionaries.

I. **Integration of the Health Projects :-** The two projects viz., CUDP-III and IPP-VIII require to be integrated due to the following reasons, so that during the post-project period of IPP-VIII and the maintenance phase of the CUDP-III can have an unified functioning.

- **Similarity in functioning of the projects :-**

- (1) The basic objectives of both the projects are similar and catering service to slum population of urban areas.
- (2) Both the projects are decentralized and Community based.
- (3) Chairman/ Mayor of the local bodies is the implementing authority under his or her leadership.

- (4) Both the projects are run by the CMDA.
- (5) The pattern of health infrastructures are similar.
- (6) The designation and the remuneration of different categories of health functionaries are same.
- (7) The demographic achievements of both the projects are identical as an impact of the Services provided so far.
- (8) Health Officers of the Municipalities / Corporations take care of different activities of both the projects.

• **Dissimilarity in functioning of the Project :-**

However, there are some dissimilarity in functioning of both the projects which are as following :-

- (1) At the implementation level both the projects have different local committees to supervise the functioning of both the projects.
- (2) While IPP-VIII has got good referral system for maternity care in the Maternity Homes and Regional Diagnostic Centres, CUDP-III is lacking in that aspect.
- (3) The flow of funds in the existing situation of both the projects are from different sources. At present, the World Bank through the Govt. of India and Govt. of West Bengal provides the fund for IPP-VIII while CUDP-III in its maintenance phase receive funds from U.D. Deptt. of Govt. of West Bengal
- (4) The Subcentres under CUDP-III are mostly located at the local Clubs while IPP-VIII has got number of newly constructed accommodations for functioning of Subcentres.

In view of the facts as mentioned above it is being considered that integration of both the projects will not raise any major problem and will greatly help in sustenance of both the projects under an unified and suitable hierarchy at the government level.

While planning for sustainability of the IPP-VIII during the post project and CUDP-III in its maintenance phase under an unified administrative hierarchy at the Govt. level, major components of the activities viz., Civil, Procurement, Service delivery & Monitoring and Budget etc. will have to be considered in an integrated manner based of existing manpower, material and money vis-à-vis the provision of manpower, material and money against the suggested revised administrative hierarchy under the proposed unified establishment.

The status of different components in the existing situation and in the proposed integrated set-up are detailed below :-

1. **Civil (maintenance of infrastructure )** : The issue of sustenance i.e. maintenance of infrastructures during the post project period of IPP-VIII and the existing phase of CUDP-III will have to be looked into in depth. In the existing situation, the maintenance of the infrastructures of IPP-VIII will not be a problem

immediately for 2 – 3 years. But the infrastructures of CUDP-III require urgent attention of their repair and maintenance. It is to be mentioned that most of the infrastructures of CUDP-III are in dilapidated condition without any maintenance since the post project period beyond 1992. The maintenance could not be done by the local bodies and also there was no provision of funds under the head “ Repair and maintenance of Assets” during the post project period of CUDP-III. Thus, an amount of Rs. 115.87 lakhs has been proposed under the head ‘ Repairs and maintenance of Assets’ of both the projects proposed to be functioned under an unified administrative hierarchy of the Govt. for nine months ( 01.07.2001 – 31.03.2002).

2. In the existing situation of the construction and maintenance of IPP-VIII infrastructures are broadly supervised by the CMDA authorities. One Assistant Engineer of the local body supervises the implementation of the construction and maintenance etc.. In the proposed regulatory body there will be no necessity of an Engineering Wing of CMDA for monitoring and supervision of such activities. The Municipal Engineering Deptt., Govt. of West Bengal can take up the responsibility during the post project period of IPP-VIII and CUDP-III in its maintenance phase.
3. **Procurement of drugs and equipment :** In the existing system of IPP-VIII, the drugs and equipment and furniture are procured centrally and supplied to the Local Bodies as per their requirement. However, the CUDP-III during the post project period decentralized the system for procurement of drugs. Lately, the CUDP-III has reversed the system and procurement of drugs is being done centrally at present.

The apprehension in the system of decentralization is based on some pertinent issues which are as following :-

- i) Capability of the local bodies to undertake all the procedural aspect of procurement
- ii) Financial capability to procure the required drugs, equipment and furniture.
- iii) Feasibility to enforce the drugs on generic formulae in lieu of different trade names.
- iv) Capability of inventory control and regular supply of the drugs at different health infrastructures.
- v) Meagre staff in the local bodies will not be capable for these important task.

Based on the experiences gained form the CUDP-III during its maintenance phase, it is suggested the existing policy on this issue may be retained even when both the projects are integrated.

Thus an amount of Rs. 4.36 crores annually have been estimated (vide Annexure No. - III). For effective functioning of the system the regulatory body under the Government will have to establish a section with necessary manpower which has been suggested in Annexure No. IV.

4. **Service :** Services on different components of the IPP-VIII extending from the block level upto the referral centres have been developed. Similarly CUDP-III

- (4) Both the projects are run by the CMDA.
- (5) The pattern of health infrastructures are similar.
- (6) The designation and the remuneration of different categories of health functionaries are same.
- (7) The demographic achievements of both the projects are identical as an impact of the Services provided so far.
- (8) Health Officers of the Municipalities / Corporations take care of different activities of both the projects.

• **Dissimilarity in functioning of the Project :-**

However, there are some dissimilarity in functioning of both the projects which are as following :-

- (1) At the implementation level both the projects have different local committees to supervise the functioning of both the projects.
- (2) While IPP-VIII has got good referral system for maternity care in the Maternity Homes and Regional Diagnostic Centres, CUDP-III is lacking in that aspect.
- (3) The flow of funds in the existing situation of both the projects are from different sources. At present, the World Bank through the Govt. of India and Govt. of West Bengal provides the fund for IPP-VIII while CUDP-III in its maintenance phase receive funds from U.D. Deptt. of Govt. of West Bengal
- (4) The Subcentres under CUDP-III are mostly located at the local Clubs while IPP-VIII has got number of newly constructed accommodations for functioning of Subcentres.

In view of the facts as mentioned above it is being considered that integration of both the projects will not raise any major problem and will greatly help in sustenance of both the projects under an unified and suitable hierarchy at the government level.

While planning for sustainability of the IPP-VIII during the post project and CUDP-III in its maintenance phase under an unified administrative hierarchy at the Govt. level, major components of the activities viz., Civil, Procurement, Service delivery & Monitoring and Budget etc. will have to be considered in an integrated manner based of existing manpower, material and money vis-à-vis the provision of manpower, material and money against the suggested revised administrative hierarchy under the proposed unified establishment.

The status of different components in the existing situation and in the proposed integrated set-up are detailed below :-

1. **Civil (maintenance of infrastructure )** : The issue of sustenance i.e. maintenance of infrastructures during the post project period of IPP-VIII and the existing phase of CUDP-III will have to be looked into in depth. In the existing situation, the maintenance of the infrastructures of IPP-VIII will not be a problem

provides the services to the beneficiaries to their referral infrastructures to fulfill the objectives. Every measures have been taken care under the projects activities for an quality care and develop appropriate referral system.

5. **Manpower at different levels :** The existing manpower of IPP-VIII and the CUDP-III is considered to be adequate for supervision and monitoring of the services from the grass root level up to the referral institutions existing within the Local Bodies viz., ESOPDs, Maternity Homes and Regional Diagnostic Centres under IPP-VIII, are responsible to supervise the activities of different categories of health functionaries of both the projects. Due to heavy supervisory load, the Health Officers had to work under great constraints possibly leading to inadequate and superficial supervision. To overcome the situation, one Assistant Health Officer to each of the Local Bodies have been sanctioned but unfortunately many a local bodies are not yet manned by the said category of personnel. Moreover, as per desire of the World Bank the LMOs and the Sr. Nursing personnel could not be available in most of the local bodies yet. The Apex body of IPP-VIII has approved for deployment for these categories of staff. During the sustenance phase supervision at level of Local Bodies will be smooth provided the norms are fulfilled.

In the existing situation, different committees have been set-up with representatives of the Local Bodies separately both for IPP-VIII and CUDP-III for the purpose of monitoring and supervision. In the proposed integration during the sustenance period of IPP-VIII and present phase of CUDP-III can be unified to take care of the activities at local level.

But under the integrated system the supervision and monitoring from the regulatory body as exists today can not be withdrawn substantially. There should be a section adequately manned within the regulatory body so that programme objectives are not deviated and functioning of the different infrastructures maintains an optimum level of quality of care to the beneficiaries. Details of the manpower requirement have been illustrated in Annexure No. IV.

A provision of an amount Rs.86.69 lakhs annually has also been made against the required manpower at the level of the regulatory body (vide Annexure No.III).

6. a) **MIS :-** During the integrated system it is strongly desirable that the monitoring and the supervision should be given priority by the regulatory body under the government. The existing MIS System should be entrusted with the said function of monitoring and feed-back to maintain the quality of services. An adequately manned cell should function as a centralized unit under the proposed integrated system. The quality of reports generated from the grass root level and also the final output from the HAU level require a constant vigilance on validity of data. Such reporting system seems to be standard under the IPP-VIII but such a cell is not operating under the CUDP-III. So during the integration of both the projects there will be necessity of more number of personnel well versed with the MIS.

Adequate number of personnel should function at the headquarters level who can take up the responsibilities for groups of HAUs. It is needless to mention here there should also be adequate number of Technical persons (Computer assistance) to bear the load of work as expected during the integrated system. For the said purpose requirement of personnel has been shown in the Annexure No. II .

b) Supervision :- As mentioned earlier after the integration, 160 HAUs will be operating. It is proposed, for intensive supervision atleast 8 - 10 Supervisory Officers will be necessary having 16 HAUs per Supervisory Officer.

c) Training :- The element of training will have to be taken care of under the integrated system. Apart from routine upgradation of knowledge and skill of health functionaries, the programme on continued education on managerial, inventory and financial aspects are to be incorporated.

Vocational training and EDP for women can be merged with SJSRY scheme. It is suggested that the centralise authority should take up such continued training programmes as because it is apprehended that the local bodies will have less expertise for the purpose and financially they will not be capable to conduct such programmes.

#### 7. Financial implications under integrated scheme (Annexure - III)

a) The project IPP-VIII since long has developed the ways and means for the generation of fund at the local level. This fund will help in meeting the non-recurring expenditure.

Users charges have been introduced by cross subsidising the poor beneficiaries and in concessional rates for non-beneficiaries for the services offered by IPP-VIII to help municipalities to sustain the project. Such fees will be deposited with the local Banks under the Head of A/c. "Health Development Fund" at municipal level. After completion of the project during June 2001, provision of funds have been proposed as recurring cost during the post project period for 9 months i.e. from 1.7.2001 to 31.3.2002 a total amount of Rs. 934.62 lakhs for IPP-VIII, Kolkata only have been proposed under the following heads so that local bodies can continue the activities. ( vide Annexure No. I )

- b) The IPP-VIII extension to 10 cities has got the following budgetary provision which has been detailed in Annexure No. III(b).
- c) The CUDP-III during its maintenance phase has got the following budgetary annual provision under the different heads. The details have been shown in Annexure No. III.
- d) The Summary of the budgetary provision that will be necessary for running the both the projects in an integrated manner as proposed has been shown in Annexure III (Rs. 1693.07 lakhs, Rs. 2200.86 lakhs & Rs. 2402.24 lakhs for the financial years 2001 - 2002 ( 9 months), 2002 - 2003 & 2003-3004 respectively).

- e) However, some of the pertinent issues relating to financial operation is to be highlighted for necessary attention.

The Operation & Maintenance charge in respect of CUDP-III health programme is provided by U.D. Department since April, 1992 whereas the responsibility of post project maintenance both for IPP-VIII, Calcutta and IPP-VIII (Extn.) in 10(ten) additional cities outside CMA lies with Municipal Affairs Department Govt. of West Bengal.

Since both CUDP-III and IPP-VIII, Calcutta along with IPP-VIII extension programme are having great similarity for the welfare of Urban Slums under different local bodies, it is felt that both the above mentioned health programme be brought under one umbrella i.e. Municipal Affairs Department, Govt. of West Bengal. This integration at the highest level will help in smooth running of the programme not only administratively but also operationally particularly financial component.

**8. Integration of both the projects under the same department :**

For post project maintenance of these programmes with regard to administrative, procurement, training, IEC, MIS, Supervision and Maintenance, it for consideration to establish a suitable health sector/ wing like MED at SUDA for the purpose. In the interim period, if considered CMDA may be vested with this responsibility under one umbrella at the health programme Sector with suitable augmentation of staff.



**Item No. 5(a):-To consider the physical achievements on beneficiary coverage for service, civil works, procurement and achievements under other sub heads as upto 30th December, 2000.**

**5(a) (1) ACHIEVEMENT STATUS OF SERVICE DELIVERY - AS ON DECEMBER, 2000.  
Beneficiaries Coverage - 36.06 Lakhs against 38.00 Lakhs**

| Sl. No. | Name of Items                  | Project target<br>(Revised) | Achievement<br>upto the month (December,2000) |
|---------|--------------------------------|-----------------------------|---|
| 01.     | A. Health Administrative Unit  | 109                         | 112   |
|         | B. Extended Specialised O.P.D. | 25                          | 24  |
|         | C. Maternity Homes             | 23                          | 18  |
|         | D. Sub-Centres                 | 763                         | 714   |

(Contd...)

Agenda-5  
coverage  
under

ER, 2000.

er.2000)

| Sl. No.                          | Name of Items   | Project target (Revised) | Achievement upto the month                | REMARKS  |
|----------------------------------|---|--------------------------|---|--|
|                                  |   |                          | December 2000                             |  |
| 02.                              | A. Pre-placement Training<br>(a) HHWs (60 working days including 25 field trg. days per batch). | 4400                     | 4897                                      | 11% extra no. trained (panel candidated) to fillup vacancies created by promotion & drop outs                                      |
|                                  | (b) Other trg.  |                          |   |  |
|                                  | i) 1st Tier supervisors.  | 763                      | 659                                       | 86.3% covered, Balance will be trained in about 6 months   |
|                                  | ii) 2nd Tier supervisors  | 220                      | 113                                       | Short fall is due to non-availability of adequate no. of nursing personnel   |
|                                  | iii) Health officer/part-time Medical Officer/Specialists of ESOPD.                             | 430                      | 624                                       | No. is exceeded due to trg. of substitute PTMOs against those resigned / replaced.   |
|                                  | B. Orientation Trg.   |                          |   |  |
|                                  | i) HHWs   | 4400                     | 4862                                      | Excess trained   |
|                                  | ii) 1st Tier Supervisors.   | 763                      | 850                                       | 87 Nos. were found to be weak, so re-oriented.   |
|                                  | iii) 2nd Tier Supervisors.  | 220                      | 259                                       | 39 re-oriented after one year.   |
|                                  | iv) Health Officer/PTMO/Specialists of ESOPD  | 430                      | 1147                                      | As per World Bank's recommendation the MOs are retrained in important areas of RCH & FP as a part of continuing medical education. |
| C. Training of Trainers of IPP-R | 500   | 480                      | Balance will be covered in about 3 months |  |

(Contd...)

| Sl. No. | Name of Items   | Project target (Revised) | Achievement upto the month | REMARKS   |
|---------|---|--------------------------|----------------------------|---|
|         |   |                          | December, 2000             |   |
|         | D. Training of the officials of local bodies and CMDA | 100                      | 270                        | 1 day's training is imparted to the officials to keep them abreast with changes of programme inputs as recommended by World Bank. |
|         | E. Training of representatives of P.V.Os & NGOs.      | 4800                     | 2221                       | Sufficient no. of PVOs and NGOs are not available. However, efforts are being made to cover the shortfall.                        |

(Contd....)

| Sl. No. | Name of Item                           | Project target (Revised)          | Achievement upto December, 2000 | Remarks   |
|---------|--|-----------------------------------|---------------------------------|---|
| 03.     | a) Vocational<br>(No. of participants) | 10,000+<br>2,000 Addl.)<br>12,000 | 12,000                          | Additional for 2000 sanction of World Bank received vide their letter dt. 11.10.99.   |
|         | b) EDP<br>(No. of participants)        | 1000<br>1175 (Addl.)<br>2175      | 1747                            |   |
| 04.     | IEC- Programme Activities              | 12781                             |                                 | Activities include :<br>i) Video Film shows- 980<br>ii) Folk Programme- 4153<br>iii) Mothers' meeting- 7201<br>iv) Exhibitions - 140<br>v) Baby shows, Seminar etc. - 307 |

RKS

training  
ted to  
sials to  
em abreast  
anges of pro  
e inputs as  
ended by  
Bank.

ent no. of  
and NGOs  
available.  
er, efforts  
ng made to  
he shortfall.

(Contd...)

(Contd...)

(Stats.D)

**STATUS REPORT ON CIVIL CONSTRUCTION**  
**UNDER IPP-VIII UPTO 31<sup>st</sup> December, 2000.**

|                               | TARGET | ACHIEVEMENT  | COMPLETION SCHEDULE FOR BALANCE WORK |
|-------------------------------|--------|--|--------------------------------------|
| HAU                           | 109    | Completed - 102<br>Under Construction - 3<br>Cancelled - 2<br>Existing - 2 | 3 Nos - Feb., 2001                   |
| ESOPD                         | 25     | Completed - 25   |                                      |
| MATERNITY HOMES               | 23     | Completed - 20<br>Under Construction - 3                                   | 3 Nos - Feb., 2001                   |
| CENTRAL MEDICAL STORE         | 1      | Completed - 1  |                                      |
| IMPROVEMENT OF SCHOOLS        | 300    | AA&FS issued - 300<br>Completed - 285<br>Under Construction - 15           | 15 Nos- Feb., 2001                   |
| SUBCENTRE (New Construction)  | 114    | Completed - 114  |                                      |
| SUBCENTRE (Repair/Renovation) | 159    | Completed - 159  |                                      |

**Item No. 5(a)****5(a)(3) Statement showing the progress of procurement activities vis-a-vis construction of Civil works under IPP – VIII, CMDA****(Upto December, 2000)**

|                                | Target | Construction completed                                       | Equipment                     | Furniture                     | Drugs  |
|--------------------------------|--------|--|-------------------------------|-------------------------------|--|
| I. HAU                         | 109    | 102<br>3 (U.C.)<br>Service – 112<br>New Service Proposed – 7 | 100% (110)<br>In process – 9  | 100% (110)<br>In process – 9  | 100%(110)<br>In process for<br>119 units for the<br>year 2000-2001 |
| II. ESOPD                      | 25     | 25   | 100%                          | 100%                          | 100%(25)<br>In process for<br>the year 2000-<br>2001               |
| III. Maternity Homes           | 23     | 20<br>3 (U.C)  | 100% (18)<br>In process for 5 | 100% (18)<br>In process for 5 | 100%(18)<br>In process for<br>23 for 2000-<br>2001                 |
| IV. Regional Diagnostic Centre | 8      | 2 (Functional)<br>6 ( Awaiting Apex<br>Committee approval )  | 100% (4)<br>In process for 6  | 100% (4)<br>In process for 6  | Local body will<br>be authorised to<br>purchase<br>re-agent        |

**U.C -- Under Construction**

**CMDA**

**FAMILY WELFARE (URBAN SLUMS) PROJECT  
IPP-VIII, CALCUTA**



**18<sup>TH</sup> JANUARY, 2001 AT 5-30 P.M.**

**EIGHTH  
ON  
APEX COMMITTEE MEETING**

# CONTENTS

| SI.No. | TOPIC  | Pages    |
|--------|--|----------|
| 1.     | List of Agenda items   | 1        |
| 2.     | Minutes of the 7th Apex Committee meeting dated 16.02.2000.  | 2 - 5    |
| 3.     | Follow up action on decision of the 7th Apex Committee meeting   | 6        |
| 4.     | To consider further proposals to improve Project performance   | 7 - 11   |
| 5.     | Budgetary Provision for<br>a) IPP-VIII, Calcutta<br>b) Extended IPP-VIII-10 Cities   | 12A - 14 |
| 6.     | Sustainability of the Project after Project period   | 15 - 20  |
| 7.     | To consider the Physical achievement on beneficiary coverage for service, Civil works, Procurement & achievements under Sub-heads. | 21 - 26  |
| 8.     | Aide Memoire - September, 2000   | 27 - 38  |
| 9.     | Annexures  | 39 - 43  |



Agenda for the 8<sup>th</sup> Meeting of the Apex Committee of Family Welfare (Urban Slums) Project, IPP-VIII, Kolkata will be held on the 18.01.2001 at 5.30 p.m. in the office chamber of the Chief of Secretary, Govt. of West Bengal at Writers' Buildings, Calcutta - 700 001.

1. Confirmation of the proceedings of the 7<sup>th</sup> Apex Committee Meeting held on 16.02.2000.

2. (a) To discuss follow-up action on the decisions of the 7<sup>th</sup> Apex Committee Meeting.  
 (i) Establishment of Maternity Hospitals in Municipalities where no such facility exists and staffing thereof through creation of the following posts by the M.A. Department :

|  |   |                                |
|--|---|--------------------------------|
| Medical Officer                        | - | 2 (in 12 hours shifts per day) |
| Nurse                                  | - | 3                              |
| Laboratory Technician-cum-Store-keeper | - | 1                              |

(ii) Continuity of the project after June, 2001 - M.A. Deptt. to initiate a proposal for incorporation of suitable budgetary provision for the recurring cost of the project since 01.07.2001 and onwards and submission of the same to the Finance Deptt.  
 (b) To consider further proposal to improve project performance.

3. Budgetary provisions for :  
 (a) IPP-VIII, Kolkata.  
 (b) Extended IPP-VIII to 10(ten) cities in non-CMA.

4. Sustainability of the project after June, 2001 by rationalisation of CUDP-III and IPP-VIII, Kolkata.

5. To consider (a) the physical achievements on beneficiary coverage for service, Civil works and other sub-heads (b) Bench Marks as indicated in the last Aide Memoire of September, 2000.

6. Miscellaneous.

a) The members of the committee noted the achievements on service delivery, civil works and other sub-heads. The project was advised to state the yearwise achievements of the demographic indicators specially immunisation coverage during its submission before the next Apex Committee.

3. To consider (a) the physical achievements on beneficiary coverage with services, Civil works, procurement and achievements under other sub-heads b) Benchmarks as settled by Aide Memoire dt. 29.12.1999.

6b(iv) Noted at Agenda 6.

until formal sanction is received to continue functioning of the units.

APS(Vol.III) dated 27.1.2000. The Project, however, may engage the personnel on daily basis Approval issued by the Ministry of Health & Family Welfare vide their No. L-19012/7/98- consonance with the staff pattern of Maternity Homes as indicated in the Administrative Laboratory Technicians-cum-Storekeeper - 1; for each Maternity Home. This is in Nurses - 3; Medical Officer - 2 (in 12 hours shifts per day);

creation of the following posts :  
It was decided that the Municipal Affairs Department will take necessary action for exists and staffing thereof.

Sb(iii) Establishment of Maternity Hospitals in Municipalities where no such facility Department was requested to take actions with respect to item no. 5b(iii) and 6b(iv) as follows :  
In the 6th meeting of the Apex Committee held on 13.5.1999, the Municipal Affairs

2. To consider follow-up actions taken on decisions of the 6th Apex Committee meeting held on 13.5.1999.  
The proceedings of the 6th Apex Committee meeting as circulated ( and also enclosed with agenda notes) were confirmed.

1. Confirmation of the proceedings of the 6th Apex Committee Meeting held on 13th May, 1999.  
List of participants in the meeting is placed in the annex.

Chief Secretary to the Govt. of West Bengal presided over the meeting.

Writers' Buildings, Calcutta - 700 001.  
Govt. of West Bengal at 3-30 p.m. at  
16.2.2000 at the Conference Room of the Chief Secretary,  
Family Welfare (Urban Slums) Project (IPP-VIII) held on  
Minutes of the 7th Meeting of the Apex Committee of the

Chief Secretary  
to the Govt. of West Bengal



The meeting ended with thanks to the Chair and to all present.

The Committee appreciated the management innovations introduced by the project towards sustainability especially creation of Health Development fund in Municipalities. The committee noted the projects' proposal for integration of I.P.P-VIII with the Public District Hospitals, Public General Hospitals, Public Voluntary Hospitals, Municipal Hospital and thereafter to teaching Hospitals and the Institute of Post Graduate Medical Education and Research Centre. The State Health Dept. was advised to suitably examine the proposal to ensure integration of the project with existing referral mechanisms.

8. Development of an integrated Health Care Delivery System

APS(Vol.III) dated 27.1.2000.

Regarding the proposal for engagement of project staff, the committee noted that sanction have since been obtained vide Govt. of India's approval bearing No. L-19012/7/98-

2002.

The committee noted the developments with respect to I.P.P-VIII-extended projects to 10 additional cities of West Bengal. It was agreed that to allow the project to experience favourable impacts of the project objectives and also to sustain the project activities meaningfully, the State Govt. of India in its Ministry of Health & Family Welfare and the World Bank for extension of the project for atleast another year i.e. upto June,

7. I.P.P-VIII - extended project in 10 cities in West Bengal.

**MEMBERS PRESENT IN THE 7TH APEX  
COMMITTEE MEETING DT. 16.2.2000.**

**MEMBER PRESENT :**

01. Shri M. Gupta, Chief Secretary, Govt. of West Bengal.
02. Shri. A. Gupta, Principal Secretary, Finance, Govt. of West Bengal.
03. Smt. M. Gupta, Principal Secretary, Social Welfare, Govt. of West Bengal.
04. Shri. A. M. Chakrabarti, Secretary, Municipal Affairs Department, Govt. of West Bengal.
05. Shri. P.K. Pradhan, Chief Executive Officer, CMDA
06. Smt. N. Chatterjee, Secretary, CMDA & Project Director, IPP-VIII, Calcutta.
07. Smt. N. Saggi, Commissioner, Health and Family Welfare, Govt. of West Bengal.
08. Shri. A.K. Mehra, Director (AP), MOH&FW, Govt. of India.

**INVITEES PRESENT :**

01. Shri. S.K. Mukherjee, DGO(AD), CMDA.
02. Dr. B. Bhattacharya, Chief of Health, IPP-VII, CMDA.
03. Dr. N.G. Gangooopadhyaya, Advisor (Health), CMDA.
04. Dr.P.N. Chakraborty, Asst. Chief of Health, IPP-VIII, CMDA.
05. Shri.K.K. Pal, Administrative Officer, CMDA

## Agenda : 2

A. Items 1 to 6 were noted by the Committee.

B. Follow up actions on the recommendations of the 7<sup>th</sup> Apex Committee Meeting in respect of IPP-8, Calcutta held on 16.02.2000 at Writers' Buildings, Calcutta. In the 7<sup>th</sup> Meeting of the Apex Committee held on 16.02.2000 the Municipal Affairs Deptt. was requested to take actions with respect to item No. 5b(iii) and 6b(iv) [ noted at Agenda - 6 ] as follows :-

2.(a)(i) :- Establishment of Maternity Hospitals in Municipalities where no such facility exist and staffing thereof.  
It was decided that the Municipal Affairs Deptt. would take necessary action for creation of the following posts for each Maternity Home :-

Medical Officer - 2 ( in 12 hours shifts per day);  
Nurse - 3

Laboratory Technician - cum - Store keeper.  
The Project was however authorised to engage the staff on daily basis until a formal sanction is received.

Creation of the posts on the part of the Municipal Affairs Deptt. is still awaited. In the meantime following the decision of the Apex Committee an order has been issued by the Project Authority under No. 877/ CMDA /FW(US) /IPP-VIII/E-20/98(Pt.) dated 09.06.2000 authorising the Chairpersons of the concerned municipalities to engage such personnel on contract on daily wage basis. This is for information and further direction of the Committee.

2(a)(ii) Continuity of the project after June , 2001.

The Municipal Affairs Department was requested to initiate a proposal for incorporation of suitable budgetary provision for the recurring cost of the project since 1.7.2001 and onwards and submit the same to the Finance Department.

In response to the Municipal Affairs Deptt., the project authority furnished the details of revised recurring cost from 1.7.2001 to 31.3.2002 vide letter No. 1175/CMDA/FW(US)/IPP-8/P-69/98 dated 4.8.2000 (Annexure- I).

2(b) : To consider further proposals to improve project performance.

2(b)(i) The Apex Committee in its 7<sup>th</sup> Meeting decided that the Municipal Affairs Deptt. would take immediate action to sanction the posts of Health Officer in the three municipalities of Biddhannagar, Kalyani and Pujali as well as to fill up the vacancies of Health Officer created in the municipalities of Baranagar, Bansberia, Rajarhat - Gopalpur, Serampore, Maheshala and Khardah.

As far as sanction to the creation of the posts of Health Officers in 3 (three) municipalities is concerned the Municipal Affairs Deptt. is yet to take necessary action in this regard.

2(b)(ii) The recommendation of the World Bank to appoint one Staff Nurse and one full time Medical Officer (preferably Lady Doctor) was discussed and the Committee decided that the proposal which had been sent to the Municipal Affairs Deptt. by the Project would be acted upon by the Municipal Affairs Deptt. so as to enable State Govt. to take a decision in this regard. Thereafter the decision would be forwarded to the Ministry of Health and Family Welfare, Govt. of India for their consideration.

Decision taken by the State Govt. in the Municipal Affairs Deptt. on the proposal of the project has not yet been made known to the Project authority in spite of issuance of consecutive reminders.

Pending decision of the State Govt. in the matter, the Project authority, in pursuance of the recommendations of the World Bank, has issued an order No. 1023(39)/CMDA/ IPP-VIII/FW(US)/ A-25/99 dated 05.07.2000 deciding engagement of 15 Assst. Health Officer / Medical Officer and 39 Staff Nurses on contract basis on daily wages and has authorised the Chairpersons of the concerned local bodies to take necessary action in this regard .

2(b)(iii) - Proposal to map under-served areas using GIS Software as per recommendation of the World Bank in their Aide Memoire & 29.12.99 against component I of the Benchmark.

The Apex Committee in its 7<sup>th</sup> meeting noted that the recommendation of the World Bank is under process and follow-up actions are being taken.

It is submitted for further information of the Committee that administrative approval and financial sanction has already been accorded under Project's order No. 1094/CMDA/FW(US)/IPP-VIII/P-83/99 dated 20.07.2000 for mapping under-served areas using GIS Software in 10 (ten) local bodies in CMA at a total cost of Rs. 39.25 lakhs with the target of completion by 31.12.2000.

2(b)(iv) Proposal for replacement of equipments and furniture etc. at CUDP-III facilities using Project savings of Rs. 98.00 lakhs under IPP-VIII, Calcutta.

The Apex Committee in its 7<sup>th</sup> Meeting noted that the proposal in question was sent to the World Bank for clearance. Subsequently the World Bank vide their letters dated 16.01.2000 and 28.02.2000 cleared the proposal. Clearance to the proposal has also been received from the Govt. of India in the Ministry of Health & Family Welfare in pursuance of which process of procurement of equipments and furniture worth Rs. 85.00 lakhs is in progress.

2(b)(v) World Bank in their Aide Memoire dated 29.12.99 against component I of the Benchmark had advised for initiating short-term measures for managing health care wastes in the facility level in consultation with SHS officials.

As advised by the World Bank a scheme for implementation of bio-waste management scheme in Municipal Hospitals / Maternity Homes/ ESOPDs and Laboratories including Regional Diagnostic centres created under the FW(US) Project - IPP-8, Calcutta has been drawn up in consultation with the West Bengal State Health System Development Project officials. Administrative approval and financial sanction has since been accorded to the scheme under Project's order No. 1249/CMDA/ FW(US)/ IPP-VIII/ I -17/ 2000 dated 22.08.2000 for implementation in 10 (ten) local bodies at the initial phase at a total cost of Rs. 29.37 lakhs for its execution by the Chairpersons of the concerned local bodies .

2(b)(vi) Reproductive Health Education (R.H.E.) for adolescent girls and young women :-

The Reproductive Health Education (R.H.E.) for adolescent girls & young women, as approved by World Bank & Govt. of India was launched in June, 2000 with a target trainees of 25,000 beneficiaries. By now 10,275(41%). Concurrent evaluation of the programme has been done. The Pre-evaluation & Post evaluation of status of enhancement of knowledge & attitude has shown an increase from 23% to 98.7%.



2(b)(VII) Establishment of 8 (eight) Regional Diagnostic Centres attached to Maternity Homes under IPP - VIII programme.

In order to provide laboratory services and specialised investigation facilities to the beneficiaries of Reproductive and Child Health Care Programme of IPP - VIII, Calcutta a proposal for establishment of 8 (eight) Regional Diagnostic Centres attached to the Maternity Homes set-up under IPP - VIII Health Programme was mooted by the project and sent to the World Bank and the Ministry of Health and Family Welfare, Govt. of India. The proposal having been concurred by the World Bank and the Govt. of India, the Maternity Homes set-up by the IPP - VIII under the following Municipalities have been selected so as to cater to the needs of the beneficiaries in best possible way because of their locational advantage and infrastructural facilities :- (1) Dum Dum Municipality, (2) North Barrackpore Municipality, (3) Budge Budge Municipality, (4) Rajpur Sonarpur Municipality, (5) New Barrackpore Municipality, (6) Uttarpara Kotrung Municipality, (7) Bhadreswar Municipality, (8) Nalhati Municipality.

The proposal of IPP - VIII also contained some financial involvement on the project for procurement of equipments and furniture as non-recurring expenditure as per scale and specifications mutually agreed upon by the project and the World Bank and for subsequent supply to the municipalities for use in the Regional Diagnostic Centres. The proposal also contained incurring of recurring expenditure for payment of remuneration to the supportive staff to be engaged in those Regional Diagnostic Centres till such centres become financially viable on their own. While procurement of furniture and equipments are mostly completed and major portion supplied, two out of eight) of Regional Diagnostic Centres have since been made functional with staff on daily wage basis, the remaining six) such centres can be made functional once the same are actually manned with the following minimum staff. Provision for expenses is detailed below :-

Regional Diagnostic Centres - Operating Cost (1.7.2001 - 31.3.2002)

A. Consolidated Honorarium

| Sl. No. | Name of the Post              | Part time with retainer fee/month | No. per centre | Rate per month (Rs) |
|---------|-------------------------------|-----------------------------------|----------------|---------------------|
| 1.      | Admn. Management Professional | -Do-                              | 1              | 3,500.00            |
| 2.      | Radiologist                   | -Do-                              | 1              | 2,500.00            |
| 3.      | Pathologist                   | -Do-                              | 1              | 2,500.00            |
| 4.      | Sonologist                    | -Do-                              | 1              | 2,500.00            |
| 5.      | Technician & Radiographer     | -Do-                              | 2              | 1,500.00            |
| 6.      | Cashier cum Clerk             | -Do-                              | 1              | 1,000.00            |
| 7.      | Attendant/ Sweeper            | -Do-                              | 2              | 750.00              |
|         |                               |                                   |                | 16,500.00           |

The payment to the aforementioned supportive staff will be made by the concerned local bodies which will be subsequently re-imbursed by IPP-VIII during the remaining project period. Later the onus for payment will rest on the local bodies out of the income generated from the fees to be realised for the delivery of services. It is expected that these units will become self financing after 3 years of functioning (on an average). Short fall, if any, during initial 3 years, will have to be borne by the respective Local bodies from the Health Development Fund. A separate account in the name and title of "Health Development Fund" to be opened at the local bank by the respective local bodies where fund generated from service charges, donations, annual fund drive etc., received by the municipalities for the health activities will be deposited.

Estimated Expenditure for 8 R.D.C. for 6 months = Rs. 29500 x 8 x 6 = Rs. 14,16000

= Rs. 29,500

Total for R.D.C./Month 16,500 + 13,000.00

| SL. No. | Amount / Month |   |
|---------|----------------|---|
| 1       | 7,000.00       | Consumables, chemicals glass goods, X-ray plates etc. |
| 2       | 3,000.00       | Electric, Telephone charges etc.                      |
| 3       | 1,000.00       | Printing Stationary and Sundry expenses               |
| 4       | 2,000.00       | Expenses for repair of equipment furniture etc.       |
|         | 13,000.00      |   |

B. Consumables, Operation & Maintenance etc.

**Agenda 3:** Budgetary Provision for (a) IPP-VIII, Calcutta and (b) Extended IPP-VIII to 10 (ten) Cities in non-CMA.

**Agenda 4:** Sustainability of the project after June, 2001 by rationalisation of CUDP-III and IPP-VIII, Kolkata.

**Agenda 5:** To consider (a) the physical achievements on beneficiary coverage for services, civil works, procurement and achievements under other sub-heads (b) Benchmark as settled by the Aide Memoire of September, 2000.

The Project was advised by the Apex Committee to state the year wise achievements of the demographic indicators specially immunisation coverage during its submission before the next Apex Committee.

As advised by the Committee year-wise achievements of the demographic indicators is submitted before the 8<sup>th</sup> meeting of the Apex Committee at annexure - II

**Budgetary Provision of IPP-VIII, Calcutta**

The Finance Department of the State Government has made Budget provision for 3300.00 lakhs during 2000 - 2001 for IPP-VIII, Calcutta as well as for extension of the IPP-VIII activities to 10 additional cities in West Bengal and of which Rs. 1650.00 lakhs have so far been released.

The current Financial year is virtually the last year for both the projects. The Department of Health & Family Welfare is, therefore, being moved to take up the matter with the Finance Department for making revised budget provision for Rs. 4878.43 lakhs during 2000 - 2001.

This is submitted for recommendation to the State Government for early release by Rs. 1650.00 lakh during current Financial year from the budget provision already made and Rs. 1578.43 lakhs by re-appropriation pending revised budget provision of Rs. 4878.43 lakhs during the Financial year 2000 - 2001.

Item No. 3(a) :

Financial Monitoring- IPP – VIII, Calcutta

The estimated cost of IPP – VIII, Calcutta has been revised from Rs, 9259.55 lakhs to Rs. 9625.00 lakhs with the approval of the World Bank. The actual expenditure incurred upto 31.12.2000 is Rs. 7780.97 lakhs leaving a balance of Rs. 1844.03 lakhs to be spent between January, 2001 – June, 2001 (the closing date of the Project).

## Item 3(a)

## FINANCIAL MONITORING IPP-VIII, CALCUTTA

(Rs. in Lakhs)

## Agenda - 3

| Item of Expenditure                                 | Revised Project Estimate IPP-VIII, Calcutta | Actual upto Dec., 2000 (Cumulative) | Estimated Expenditure from January, 2001 to June, 2001 (6 months) | Estimated from Jan., 2001 to March, 2001 | Expenditure from April, 2001 - June, 2001 | REMARKS   |
|---|---|-------------------------------------|---|--|---|---|
| <b>A. Construction</b>                              |   |                                     |   |  |   | 1. All Construction works grounded.<br>2. All liabilities in connection with project activities will be established within 30.06.2001 |
| 1. Civil Works including Consultancy                | 3290.70                                     | 2780.42                             | 510.28  | 430.28                                   | 80.00                                     |   |
| <b>Total : Construction</b>                         | <b>3290.70</b>                              | <b>2780.42</b>                      | <b>510.28</b>   | <b>430.28</b>                            | <b>80.00</b>                              |   |
| <b>B. Non recurring</b>                             |   |                                     |   |  |   |   |
| <b>1. Procurement</b>                               |   |                                     |   |  |   |   |
| a) Equipment  | 807.06                                      | 641.58                              | 165.48  | 69.48                                    | 96.00                                     |   |
| b) Furniture  | 355.42                                      | 281.50                              | 73.92   | 52.92                                    | 21.00                                     |   |
| c) Vehicles   | 132.81                                      | 132.81                              | -   | -  | -   |   |
| d) Drugs  | 936.60                                      | 617.84                              | 318.76  | 302.76                                   | 16.00                                     |   |
| <b>Total : Procurement</b>                          | <b>2231.89</b>                              | <b>1673.73</b>                      | <b>558.16</b>   | <b>425.16</b>                            | <b>133.00</b>                             |   |
| <b>2. Training including VT</b>                     | 633.39                                      | 589.18                              | 44.21   | 34.21                                    | 10.00                                     |   |
| <b>3. IEC</b>                                       | 326.55                                      | 312.30                              | 14.25   | 9.25                                     | 5.00                                      |   |
| <b>4. Consultancy</b>                               | 55.05                                       | 35.24                               | 19.81   | 19.81                                    | -   |   |
| <b>5. Innovative Scheme</b>                         | 336.83                                      | 212.14                              | 124.69  | 94.69                                    | 30.00                                     |   |
| <b>Total : Non recurring other than procurement</b> | <b>1351.82</b>                              | <b>1148.86</b>                      | <b>202.96</b>   | <b>157.96</b>                            | <b>45.00</b>                              |   |
| <b>Total : Non recurring</b>                        | <b>3583.71</b>                              | <b>2822.59</b>                      | <b>761.12</b>   | <b>583.12</b>                            | <b>178.00</b>                             |   |
| <b>C. Recurring</b>                                 |   |                                     |   |  |   |   |
| 1. Salaries   | 282.00                                      | 249.28                              | 32.72   | 16.72                                    | 16.00                                     |   |
| 2. Honorarium                                       | 1922.63                                     | 1654.61                             | 268.02  | 138.02                                   | 130.00                                    |   |
| 3. Rent   | 92.15                                       | 70.02                               | 22.13   | 19.13                                    | 3.00                                      |   |
| 4. Consumables                                      | 24.46                                       | 10.07                               | 14.39   | 12.39                                    | 2.00                                      |   |
| 5. Operation & Maintenance                          | 429.35                                      | 193.98                              | 235.37  | 163.37                                   | 72.00                                     |   |
| <b>Total : Recurring</b>                            | <b>2750.59</b>                              | <b>2177.96</b>                      | <b>572.63</b>   | <b>349.63</b>                            | <b>223.00</b>                             |   |
| <b>Grand Total</b>                                  | <b>9625.00</b>                              | <b>7780.97</b>                      | <b>1844.03</b>  | <b>1363.03</b>                           | <b>481.00</b>                             |   |

**Family Welfare (Urban Slum)  
Project IPP-VIII-(Extn.)  
to 10 Additional Cities in West Bengal**

Agenda-3 (b)

| Sl. No | Item of Expenditure                           | Revised Project Estimate | Actual Expenditure upto 31.12.2000 | Proposed Expenditure       |                            |
|--------|---|--------------------------|------------------------------------|----------------------------|----------------------------|
|        |   |                          |                                    | From 1.1.2001 to 31.3.2001 | From 1.4.2001 to 30.6.2001 |
| AI     | Civil Works                                   | 1457.00                  | 623.20                             | 833.80                     | --                         |
|        | Total Construction                            | 1457.00                  | 623.20                             | 833.80                     | --                         |
| B      | Procurement                                   |                          |                                    |                            |                            |
|        | i. Furniture                                  | 143.31                   | 58.19                              | 52.85                      | 32.27                      |
|        | ii. Equipment                                 | 300.00                   | 25.24                              | 125.66                     | 149.10                     |
|        | iii. Vehicles                                 | 66.00                    | --                                 | 66.00                      | --                         |
|        | iv. I.E.C. & Training Materials               | 51.08                    | 17.44                              | 18.25                      | 15.39                      |
|        | v. Drugs                                      | 577.43                   | 3.35                               | 185.90                     | 388.18                     |
|        | Total Procurement                             | 1137.82                  | 104.22                             | 448.66                     | 584.94                     |
| 2.     | Training, Consultancy & Professional Services | 50.79                    | 22.03                              | 18.72                      | 10.04                      |
|        | i. Training, Consultancy                      |                          |                                    |                            |                            |
|        | ii. Contracts for innovative schemes          | 184.30                   | 27.41                              | 90.53                      | 66.36                      |
|        | Total Non-Recurring other than Procurement    | 235.09                   | 49.44                              | 109.25                     | 76.40                      |
|        | Total Non-Recurring                           | 1372.91                  | 153.66                             | 557.91                     | 661.34                     |
| C.     | Recurring                                     |                          |                                    |                            |                            |
|        | i. Salaries for Addl. Staff                   | 71.00                    | 23.76                              | 23.60                      | 23.64                      |
|        | ii. Honorarium                                | 325.00                   | 208.36                             | 58.32                      | 58.32                      |
|        | iii. Consumables                              | 85.55                    | 5.65                               | 50.12                      | 29.78                      |
|        | iv. Rent                                      | 26.00                    | 12.32                              | 8.02                       | 5.66                       |
|        | v. O & M                                      | 280.00                   | 65.09                              | 120.19                     | 94.72                      |
|        | Total Recurring                               | 787.55                   | 315.18                             | 260.25                     | 212.12                     |
|        | <b>Grand Total</b>                            | <b>3617.46</b>           | <b>1092.04</b>                     | <b>1651.96</b>             | <b>873.46</b>              |

**Sustainability of IPP-VIII, Calcutta vis-à-vis integration with similar health projects and financial implication thereof.**

IPP-VIII Calcutta, a Community based primary Health Care Programme had been designed in 1994 - 1995 as per recommendations of World Health Organisation (WHO) based on the findings and observations of CUDP-III for the Slum population of Urban areas in C.M.A..

The CUDP-III ( 1987 - 1988 to 1991 - 1992) is now under the maintenance phase and serving 16 lakhs of beneficiaries and spread - over to 3 (three) Municipal Corporations and 28 ( twenty eight ) Municipalities, while IPP-VIII, Calcutta which will enter in the maintenance phase from July, 2001 onwards encompasses 38 ( thirty-eight) Municipalities and 3(three) Municipal Corporations of C.M.A. spreading over to 1433 sq. kms. to serve 3.8 million beneficiaries of low socio-economic status. CUDP-III is functioning in 38 (thirty eight) municipalities which are also being served by the IPP-VIII though in different identified slum areas. Lately, the IPP-VIII project had been extended to 10 (ten) cities of West Bengal viz., Kharagpur, Durgapur, Burdwan, Jalpaiguri, Alipurdwar, Darjeeling, Siliguri, English Bazaar, Raiganj and Balurghat. The whole process has been initiated during the year 1999 - and expected to be completed by 30<sup>th</sup> June, 2002 ( As per discussion in the Review meeting of the MOH & FW & World Bank on 11.01.2001 at World Bank Office, New Delhi).

The existing man-power and infrastructures of IPP-VIII is massive one in comparison to CUDP-III including the IPP-VIII extension to the 10 (ten) cities. In the existing phase of IPP-VIII (excluding Extended Project) a total number of 5835 health functionaries of different categories have manned 4480 numbers of health infrastructures viz., Blocks, Sub-centres, HAVs, ESOPDs & ESOPD-cum-Maternity Homes along with Regional Diagnostic Centres. On the other hand, CUDP- III in their maintenance phase has got 2006 of health infrastructures with a man-power of 2226 health functionaries.

I. **Integration of the Health Projects :-** The two projects viz., CUDP-III and IPP-VIII require to be integrated due to the following reasons, so that during the post-project period of IPP-VIII and the maintenance phase of the CUDP-III can have an unified functioning.

● **Similarity in functioning of the projects :-**

(1) The basic objectives of both the projects are similar and catering service to slum population of urban areas.

(2) Both the projects are decentralized and Community based.

(3) Chairman/ Mayor of the local bodies is the implementing authority under his or her leadership.



The status of different components in the existing situation and in the proposed integrated set-up are detailed below :-

1. **Civil (maintenance of infrastructure)** : The issue of sustenance i.e. maintenance of infrastructures during the post project period of IPP-VIII and the existing phase of CUDP-III will have to be looked into in depth. In the existing situation, the maintenance of the infrastructures of IPP-VIII will not be a problem

While planning for sustainability of the IPP-VIII during the post project and CUDP-III in its maintenance phase under an unified administrative hierarchy at the Govt. level, major components of the activities viz, Civil, Procurement, Service delivery & Monitoring and Budget etc. will have to be considered in an integrated manner based of existing manpower, material and money vis-a-vis the provision of manpower, material and money against the suggested revised administrative hierarchy under the proposed unified establishment.

In view of the facts as mentioned above it is being considered that integration of both the projects will not raise any major problem and will greatly help in sustenance of both the projects under an unified and suitable hierarchy at the government level.

Subcentres.

VIII has got number of newly constructed accommodations for functioning of (4) The Subcentres under CUDP-III are mostly located at the local Clubs while IPP- receive funds from U.D. Deptt. of Govt. of West Bengal

Bengal provides the fund for IPP-VIII while CUDP-III in its maintenance phase sources. At present, the World Bank through the Govt. of India and Govt. of West (3) The flow of funds in the existing situation of both the projects are from different Homes and Regional Diagnostic Centres, CUDP-III is lacking in that aspect.

(2) While IPP-VIII has got good referral system for maternity care in the Maternity supervise the functioning of both the projects.

(1) At the implementation level both the projects have different local committees to

However, there are some dissimilarity in functioning of both the projects which are as following :-

• **Dissimilarity in functioning of the Project :-**

- (4) Both the projects are run by the CMDA.
- (5) The pattern of health infrastructures are similar.
- (6) The designation and the remuneration of different categories of health functionaries are same.
- (7) The demographic achievements of both the projects are identical as an impact of the Services provided so far.
- (8) Health Officers of the Municipalities / Corporations take care of different activities of both the projects.

1. Civil (maintenance of infrastructure) : The issue of sustenance i.e. maintenance of infrastructures during the post project period of IPP-VIII and the existing phase of CUDP-III will have to be looked into in depth. In the existing situation, the maintenance of the infrastructures of IPP-VIII will not be a problem integrated set-up are detailed below :-

The status of different components in the existing situation and in the proposed

While planning for sustainability of the IPP-VIII during the post project and CUDP-III in its maintenance phase under an unified administrative hierarchy at the Govt. level, major components of the activities viz., Civil, Procurement, Service delivery & Monitoring and Budget etc. will have to be considered in an integrated manner based of existing manpower, material and money vis-a-vis the provision of manpower, material and money against the suggested revised administrative hierarchy under the proposed unified establishment.

In view of the facts as mentioned above it is being considered that integration of both the projects will not raise any major problem and will greatly help in sustenance of both the projects under an unified and suitable hierarchy at the government level.

Subcentres.  
VIII has got number of newly constructed accommodations for functioning of (4) The Subcentres under CUDP-III are mostly located at the local Clubs while IPP- receive funds from U.D. Deptt. of Govt. of West Bengal Bengal provides the fund for IPP-VIII while CUDP-III in its maintenance phase sources. At present, the World Bank through the Govt. of India and Govt. of West (3) The flow of funds in the existing situation of both the projects are from different Homes and Regional Diagnostic Centres, CUDP-III is lacking in that aspect. (2) While IPP-VIII has got good referral system for maternity care in the Maternity supervise the functioning of both the projects. (1) At the implementation level both the projects have different local committees to following :-  
However, there are some dissimilarity in functioning of both the projects which are as

• Dissimilarity in functioning of the Project :-

- (4) Both the projects are run by the CMDA.
- (5) The pattern of health infrastructures are similar.
- (6) The designation and the remuneration of different categories of health functionaries are same.
- (7) The demographic achievements of both the projects are identical as an impact of the Services provided so far.
- (8) Health Officers of the Municipalities / Corporations take care of different activities of both the projects.

- immediately for 2 - 3 years. But the infrastructures of CUDP-III require urgent attention of their repair and maintenance. It is to be mentioned that most of the infrastructures of CUDP-III are in dilapidated condition without any maintenance since the post project period beyond 1992. The maintenance could not be done by the local bodies and also there was no provision of funds under the head "Repair and maintenance of Assets" during the post project period of CUDP-III. Thus, an amount of Rs. 115.87 lakhs has been proposed under the head "Repairs and maintenance of Assets" of both the projects proposed to be functioned under an unified administrative hierarchy of the Govt. for nine months (01.07.2001 - 31.03.2002).
2. In the existing situation of the construction and maintenance of IPP-VIII infra-structures are broadly supervised by the CMDA authorities. One Assistant Engineer of the local body supervises the implementation of the construction and maintenance etc. In the proposed regulatory body there will be no necessity of an Engineering Wing of CMDA for monitoring and supervision of such activities. The Municipal Engineering Deptt., Govt. of West Bengal can take up the responsibility during the post project period of IPP-VIII and CUDP-III in its maintenance phase.
3. **Procurement of drugs and equipment** : In the existing system of IPP-VIII, the drugs and equipment and furniture are procured centrally and supplied to the Local Bodies as per their requirement. However, the CUDP-III during the post project period decentralized the system for procurement of drugs. Lately, the CUDP-III has reversed the system and procurement of drugs is being done centrally at present.
- The apprehension in the system of decentralization is based on some pertinent issues which are as following :-
- i) Capability of the local bodies to undertake all the procedural aspect of procurement
  - ii) Financial capability to procure the required drugs, equipment and furniture.
  - iii) Feasibility to enforce the drugs on generic formulae in lieu of different trade names.
  - iv) Capability of inventory control and regular supply of the drugs at different health infrastructures.
  - v) Meagre staff in the local bodies will not be capable for these important task.
- Based on the experiences gained from the CUDP-III during its maintenance phase, it is suggested the existing policy on this issue may be retained even when both the projects are integrated.
- Thus an amount of Rs. 4.36 crores annually have been estimated (vide Annexure No. - III). For effective functioning of the system the regulatory body under the Government will have to establish a section with necessary manpower which has been suggested in Annexure No. IV.
4. **Service** : Services on different components of the IPP-VIII extending from the block level upto the referral centres have been developed. Similarly CUDP-III

- provides the services to the beneficiaries to their referral infrastructures to fulfill the objectives. Every measures have been taken care under the projects activities for an quality care and develop appropriate referral system.
5. **Manpower at different levels :** The existing manpower of IPP-VIII and the CUDP-III is considered to be adequate for supervision and monitoring of the services from the grass root level up to the referral institutions existing within the Local Bodies viz., ESOPDs, Maternity Homes and Regional Diagnostic Centres under IPP-VIII, are responsible to supervise the activities of different categories of health functionaries of both the projects. Due to heavy supervisory load, the Health Officers had to work under great constraints possibly leading to inadequate and superficial supervision. To overcome the situation, one Assistant Health Officer to each of the Local Bodies have been sanctioned but unfortunately many a local bodies are not yet manned by the said category of personnel. Moreover, as per desire of the World Bank the LMOs and the Sr. Nursing personnel could not be available in most of the local bodies yet. The Apex body of IPP-VIII has approved for deployment for these categories of staff. During the sustenance phase supervision at level of Local Bodies will be smooth provided the norms are fulfilled.
- In the existing situation, different committees have been set-up with representatives of the Local Bodies separately both for IPP-VIII and CUDP-III for the purpose of monitoring and supervision. In the proposed integration during the sustenance period of IPP-VIII and present phase of CUDP-III can be unified to take care of the activities at local level.
- But under the integrated system the supervision and monitoring from the regulatory body as exists today can not be withdrawn substantially. There should be a section adequately manned within the regulatory body so that programme objectives are not deviated and functioning of the different infrastructures maintains an optimum level of quality of care to the beneficiaries. Details of the manpower requirement have been illustrated in Annexure No. IV.
- A provision of an amount Rs.86.69 lakhs annually has also been made against the required manpower at the level of the regulatory body (vide Annexure No.III).
6. a) **MIS :-** During the integrated system it is strongly desirable that the monitoring and the supervision should be given priority by the regulatory body under the government. The existing MIS System should be entrusted with the said function of monitoring and feed-back to maintain the quality of services. An adequately manned cell should function as a centralized unit under the proposed integrated system. The quality of reports generated from the grass root level and also the final output from the HAU level require a constant vigilance on validity of data. Such reporting system seems to be standard under the IPP-VIII but such a cell is not operating under the CUDP-III. So during the integration of both the projects there will be necessity of more number of personnel well versed with the MIS.

d) The Summary of the budgetary provision that will be necessary for running the both the projects in an integrated manner as proposed has been shown in Annexure III (Rs. 1693.07 lakhs, Rs. 2200.86 lakhs & Rs. 2402.24 lakhs for the financial years 2001 - 2002 ( 9 months), 2002 - 2003 & 2003-3004 respectively).

c) The CUDDP-III during its maintenance phase has got the following budgetary annual provision under the different heads. The details have been shown in Annexure No. III.

b) The IPP-VIII extension to 10 cities has got the following budgetary provision which has been detailed in Annexure No. III(b).

a) The IPP-VIII extension to 10 cities has got the following budgetary provision which has been detailed in Annexure No. III(a).

Users charges have been introduced by cross subsidising the poor beneficiaries and in concessional rates for non-beneficiaries for the services offered by IPP-VIII to help municipalities to sustain the project. Such fees will be deposited with the local Banks under the Head of A/c. "Health Development Fund" at municipal level. After completion of the project during June 2001, provision of funds have been proposed as recurring cost during the post project period for 9 months i.e from 1.7.2001 to 31.3.2002 a total amount of Rs. 934.62 lakhs for IPP-VIII, Kolkata only have been proposed under the following heads so that local bodies can continue the activities. ( vide Annexure No. I )

7. Financial implications under integrated scheme (Annexure - III)

a) The project IPP-VIII since long has developed the ways and means for the generation of fund at the local level. This fund will help in meeting the non-recurring expenditure.

c) Training :- The element of training will have to be taken care of under the integrated system. Apart from routine updgradation of knowledge and skill of health functionaries, the programme on continued education on managerial, inventory and financial aspects are to be incorporated.

Vocational training and EDP for women can be merged with SJSRY scheme. It is suggested that the centralise authority should take up such continued training programmes as because it is apprehended that the local bodies will have less expertise for the purpose and financially they will not be capable to conduct such programmes.

b) Supervision :- As mentioned earlier after the integration, 160 HAVs will be operating. It is proposed, for intensive supervision atleast 8 - 10 Supervisory Officers will be necessary having 16 HAVs per Supervisory Officer.

Adequate number of personnel should function at the headquarters level who can take up the responsibilities for groups of HAVs. It is needless to mention here there should also be adequate number of Technical persons (Computer assistance) to bear the load of work as expected during the integrated system. For the said purpose requirement of personnel has been shown in the Annexure No. II .

e) However, some of the pertinent issues relating to financial operation is to be highlighted for necessary attention.

The Operation & Maintenance charge in respect of CUDP-III health programme is provided by U.D. Department since April, 1992 whereas the responsibility of post project maintenance both for IPP-VIII, Calcutta and IPP-VIII (Extn.) in 10(ten) additional cities outside CMA lies with Municipal Affairs Department Govt. of West Bengal.

Since both CUDP-III and IPP-VIII, Calcutta along with IPP-VIII extension programme are having great similarity for the welfare of Urban Slums under different local bodies, it is felt that both the above mentioned health programme be brought under one umbrella i.e. Municipal Affairs Department, Govt. of West Bengal. This integration at the highest level will help in smooth running of the programme not only administratively but also operationally particularly financial component.

8. Integration of both the projects under the same department :  
For post project maintenance of these programmes with regard to administrative, procurement, training, IEC, MIS, Supervision and Maintenance, it for consideration to establish a suitable health sector/ wing like MED at SUDA for the purpose. In the interim period, if considered CMDA may be vested with this responsibility under one umbrella at the health programme Sector with suitable augmentation of staff.

Item No. 5(a):-To consider the physical achievements on beneficiary coverage for service, civil works, procurement and achievements under other sub heads as upto 30th December, 2000.

5(a) (i) ACHIEVEMENT STATUS OF SERVICE DELIVERY - AS ON DECEMBER, 2000. Beneficiaries Coverage - 36.06 Lakhs against 38.00 Lakhs

| Sl. No. | Name of Items                       | Project target (Revised) | Achievement upto the month (December,2000) |
|---------|-------------------------------------|--------------------------|--|
| 01.     | A. Health Adminis-<br>trative Unit  | 109                      | 112  |
|         | B. Extended Speciali-<br>sed O.P.D. | 25                       | 24   |
|         | C. Maternity Homes                  | 23                       | 18   |
|         | D. Sub-Centres                      | 763                      | 714  |

(Contd..)

| Sl. No. | Name of Items  | Project target (Revised) | Achievement upto the month | REMARKS  |
|---------|--|--------------------------|----------------------------|--|
| 02.     | A. Pre-placement Training<br>(a) HHTWs (60 working days including 25 field days per batch).<br>(b) Other trg.<br>(i) 1st Tier supervisors.<br>(ii) 2nd Tier supervisors.<br>(iii) Health officer/part-time Medical Officer/Specialists of ESOPD.<br>Orientation Trg. IIIWs | 4400                     | 4897                       | 11% extra no. trained (panel candidates to fillup vacancies created by promotion & drop outs.<br>86.3% covered, Balance will be trained in about 6 months<br>Short fall is due to non-availability of adequate no. of nursing personnel<br>No is exceeded due to trg. of substitute PTMOs against those resigned / replaced.<br>Excess trained |
|         |  | 763                      | 659                        | 86.3% covered, Balance will be trained in about 6 months<br>Short fall is due to non-availability of adequate no. of nursing personnel<br>No is exceeded due to trg. of substitute PTMOs against those resigned / replaced.<br>Excess trained  |
|         |  | 220                      | 113                        | 87 Nos. were found to be weak, so re-oriented.<br>39 re-oriented after one year.<br>As per World Bank's recommendation the MOs are retrained in important areas of RCH & FP as a part of continuing medical education.   |
|         |  | 430                      | 624                        | 87 Nos. were found to be weak, so re-oriented.<br>39 re-oriented after one year.<br>As per World Bank's recommendation the MOs are retrained in important areas of RCH & FP as a part of continuing medical education.   |
|         |  | 763                      | 850                        | 87 Nos. were found to be weak, so re-oriented.<br>39 re-oriented after one year.<br>As per World Bank's recommendation the MOs are retrained in important areas of RCH & FP as a part of continuing medical education.   |
|         |  | 220                      | 259                        | 87 Nos. were found to be weak, so re-oriented.<br>39 re-oriented after one year.<br>As per World Bank's recommendation the MOs are retrained in important areas of RCH & FP as a part of continuing medical education.   |
|         |  | 430                      | 1147                       | 87 Nos. were found to be weak, so re-oriented.<br>39 re-oriented after one year.<br>As per World Bank's recommendation the MOs are retrained in important areas of RCH & FP as a part of continuing medical education.   |
|         |  | 500                      | 480                        | 87 Nos. were found to be weak, so re-oriented.<br>39 re-oriented after one year.<br>As per World Bank's recommendation the MOs are retrained in important areas of RCH & FP as a part of continuing medical education.   |
|         |  | 4400                     | 4897                       | 11% extra no. trained (panel candidates to fillup vacancies created by promotion & drop outs.<br>86.3% covered, Balance will be trained in about 6 months<br>Short fall is due to non-availability of adequate no. of nursing personnel<br>No is exceeded due to trg. of substitute PTMOs against those resigned / replaced.<br>Excess trained |
|         |  | 4400                     | 4897                       | 11% extra no. trained (panel candidates to fillup vacancies created by promotion & drop outs.<br>86.3% covered, Balance will be trained in about 6 months<br>Short fall is due to non-availability of adequate no. of nursing personnel<br>No is exceeded due to trg. of substitute PTMOs against those resigned / replaced.<br>Excess trained |

December 2000



| Sl. No. | Name of Items   | Project target (Revised) | Achievement upto the month December, 2000. | REMARKS  |
|---------|---|--------------------------|--|--|
|         | D. Training of the officials of local bodies and CMDA | 100                      | 270  | 1 day's training is imparted to the officials to keep them abreast with changes of programme inputs as recommended by World Bank. Sufficient no. of PVOs and NGOs are not available. However, efforts are being made to cover the shortfall. |
|         | E. Training of representatives of P.V.Os & NGOs.      | 4800                     | 2221                                       |  |

(Contd...)

| Sl. No. | Name of Item  | Project target (Revised)   | Achievement upto December, 2000 | Remarks  |
|---------|---|--|---------------------------------|--|
| 03.     | a) Vocational (No. of participants)<br>b) EDP (No. of participants) | 10,000+<br>2,000 Addl.<br>12,000<br>1000<br>1175 (Addl.)<br>2175 | 12,000<br>1747                  | Additional for 2000 sanction of World Bank received vide their letter dt. 11.10.99.<br>Activities include :<br>i) Video Film shows- 980<br>ii) Folk Programme- 4153<br>iii) Mothers' meeting- 7201<br>iv) Exhibitions - 140<br>v) Baby shows, Seminar etc. - 307 |
| 04.     | IEC- Programme Activities   | 12781  |                                 |  |

(Contd...)

**STATUS REPORT ON CIVIL CONSTRUCTION  
UNDER IPP-VIII UPTO 31<sup>st</sup> December, 2000.**

Item No. 5(a)  
5(a)(2)

Agenda

| COMPLETION<br>SCHEDULE FOR<br>BALANCE<br>WORK | ACHIEVEMENT  | TARGET |                                  |
|---|--|--------|----------------------------------|
| 3 Nos - Feb, 2001                             | Completed - 102<br>Under Construction - 3<br>Cancelled - 2<br>Existing - 2 | 109    | HAU                              |
|   | Completed - 25   | 25     | ESOPD                            |
| 3 Nos - Feb, 2001                             | Completed - 20<br>Under Construction - 3                                   | 23     | MATERNITY<br>HOMES               |
|   | Completed - 1  | 1      | CENTRAL<br>MEDICAL STORE         |
| 15 Nos- Feb, 2001                             | AA&FS issued - 300<br>Completed - 285<br>Under Construction - 15           | 300    | IMPROVEMENT<br>OF SCHOOLS        |
|   | Completed - 114  | 114    | SUBCENTRE<br>(New Construction)  |
|   | Completed - 159  | 159    | SUBCENTRE<br>(Repair/Renovation) |

**Item No. 5(a)****5(a)(3) Statement showing the progress of procurement activities vis-a-vis construction of Civil works under IPP – VIII, CMDA****(Upto December, 2000)**

|                                | Target | Construction completed                                       | Equipment                     | Furniture                     | Drugs  |
|--------------------------------|--------|--|-------------------------------|-------------------------------|--|
| I. HAU                         | 109    | 102<br>3 (U.C.)<br>Service – 112<br>New Service Proposed – 7 | 100% (110)<br>In process – 9  | 100% (110)<br>In process – 9  | 100%(110)<br>In process for<br>119 units for the<br>year 2000-2001 |
| II. ESOPD                      | 25     | 25   | 100%                          | 100%                          | 100%(25)<br>In process for<br>the year 2000-<br>2001               |
| III. Maternity Homes           | 23     | 20<br>3 (U.C)  | 100% (18)<br>In process for 5 | 100% (18)<br>In process for 5 | 100%(18)<br>In process for<br>23 for 2000-<br>2001                 |
| IV. Regional Diagnostic Centre | 8      | 2 (Functional)<br>6 ( Awaiting Apex<br>Committee approval )  | 100% (4)<br>In process for 6  | 100% (4)<br>In process for 6  | Local body will<br>be authorised to<br>purchase<br>re-agent        |

**U.C – Under Construction**

AGENDA . 5

ITEM : 5 (b)

October 9, 2000

Mr. Asok M. Chakravarty  
Secretary (Health & Family Welfare)  
Gov. of West Bengal  
Writer's Building  
Calcutta 700 001

Dear Mr. Chakravarty:

*Subject: Family Welfare Urban Slums Project (Cr. 2394-IN) Calcutta - Review Mission  
September, 2000 - Aide-Memoire*

1. I would like to thank you, the Calcutta Metropolitan Development Authority (CMDA), State Urban Development Agency (SUDA), project staff and Government of West Bengal for discussions, organization of field visits and support extended to the World Bank mission during September, 2000. The attached Aide Memoire summarizes the issues discussed and agreements reached on actions to be implemented during the next six months. For your ease of reference, I am summarizing the main points.

Calcutta:

2. The overall implementation progress of the project in Calcutta continues to be highly satisfactory and the development objectives are being met. The mission appreciates the efforts to start health development fund at municipality level to support the project activities. The Project city has so far spent Rs. 701.99 million out of an outlay of Rs. 925.96 million. To fully spend the committed resources, an average monthly expenditure of about Rs. 30 million would be required during next 9 months. Both GOI and GOWB should ensure adequate availability of funds.

3. The agreed benchmark for appointment of at least one full time staff nurse and one doctor (preferably lady doctor) in each of the 40 municipalities has been partially met. Revised benchmarks agreed need to be monitored as these functionaries are critical to improve quality of outreach services.

Critical Benchmarks:

1. Completing the appointment of remaining 14 staff nurses and 21 full time medical officers on contractual basis by December 31, 2000
2. Forwarding bid evaluation reports of 5 new maternity homes for Bank review by October 15, 2000
3. Training of 100 part time medical officers in IUD insertion by December 31, 2000

Headquarter (2) Washington DC (2) U.S.A

- cc: 1. Mr. Gautam Basu, Joint Secretary, MOHFW, Nirman Bhavan New Delhi  
 2. Mr. A. K. Mehra, Director, AP Division, MOHFW, Nirman Bhavan, New Delhi  
 3. Ms. Nandita Chatterjee, Chief Executive Officer, Calcutta Metropolitan Development Authority & 3 A, Auckland Place, Calcutta 700 017  
 4. Mr. P. K. Pradhan, Secretary, Municipal Affairs & Chairman, State Urban Development Agency, Writer's Building, Calcutta - 700 001  
 5. Mr. Debasis Sen, Secretary CMDA and Project Director Family Welfare Urban Slums, Project, 3 A, Auckland Place, Calcutta 700 017

Attachment: Aide-Memoire

Senior Public Health Specialist  
 Health Nutrition & Population

G. N. V. Kamana



Sincerely,

With best personal regards,

1. Monitoring the completion of civil works as per agreed benchmarks
2. Filling the remaining posts of 68 ANMs and 5 PHNs

**Critical Benchmarks:**

4. The mission is pleased to note that service delivery has started in 1075 blocks and contracts for all the approved works have been awarded. However, only 2 out of the 70 ANMs and only half of the 10 PHNs planned are in position. The mission reiterates the importance of filling these approved posts to ensure fixed day delivery of quality RCH services.

Additional City component:

Mr. Asok M. Chakravartly