

**Minutes of the 7th Meeting of the Apex Committee of the Family Welfare (Urban Slums) Project (IPP-VIII) held on 16.2.2000 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 in the meeting is placed in the annex.

**1. Confirmation of the proceedings of the 6th Apex Committee Meeting held on 13th May, 1999.**

The proceedings of the 6th Apex Committee meeting as circulated ( and also enclosed with agenda notes) were confirmed.

**2. To consider follow-up actions taken on decisions of the 6th Apex Committee meeting held on 13.5.1999.**

In the 6th meeting of the Apex Committee held on 13.5.1999, the Municipal Affairs Department was requested to take actions with respect to item no.5b(iii) and 6b(iv) as follows :

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

It was decided that the Municipal Affairs Department will take necessary action for creation of the following posts :

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

Nurses - 3;

Laboratory Technicians-cum-Storekeeper - 1; for each Maternity Home. This is in consonance with the staff pattern of Maternity Homes as indicated in the Administrative Approval issued by the Ministry of Health & Family Welfare vide their No. L-19012/7/98-APS(Vol.III) dated 27.1.2000. The Project, however, may engage the personnel on daily basis until formal sanction is received to continue functioning of the units.

**6b(iv) Noted at Agenda 6.**

**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.**

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.

b)The Committee noted that the World Bank had rated IPP-VIII, Calcutta as highly satisfactory. The Committee also noted the Benchmarks as recommended by the World Bank in their November- December Mission.

#### **4. Budgetary Provisions for**

a) IPP-VIII, Calcutta

b) Extended IPP-VIII to Ten Cities in non-CMA.

The Committee recommended the budgetary provisions to be incorporated in the budget of the State Government for the financial years 1999-2000 and 2000 - 2001 as placed in the Agenda note.

4(a) & (b) The Committee further approved the budget for IPP-VIII, Calcutta and that for ten other additional cities as proposed in item 4(a) and (b) of the Agenda note.

#### **5. To consider further proposals to improve project performance**

The difficulties being faced on account of non sanction of posts of Health Officers in the three municipalities Bidhan Nagar, Kalyani and Pujali as well as vacancies created in Municipalities of Baranagar, Bansberia, Rajarhat-Gopalpur, Serampur, Maheshtala & Baranagar was noted by the Committee. It was decided that Municipal Affairs Deptt. will take immediate action to fill up such vacancies and also issue appointment orders in respect of 14 candidates already recommended by the concerned municipality against 23 posts of Assistant Health Officers.

5(a)(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 has since been sent to the Municipal Affairs Deptt. by the project will 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 & Family Welfare, Govt. of India for their consideration.

5(a)(iii) & 5(a)(iv) The actions take on item nos. 5(a)(iii) & 5(a)(iv) of the Agenda note were noted by the committee.

#### **6. Continuity of the project after June, 2001.**

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

## **7. IPP-VIII - extended project in 10 cities in West Bengal.**

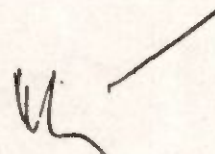
The committee noted the developments with respect to IPP-VIII-extended projects to 10 additional cities of West Bengal. It was agreed that to allow the project to experience favourable impacts of the project objectives and also to sustain the project activities meaningfully, the State Govt. would move 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, 2002.

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-APS(Vol.III) dated 27.1.2000.

## **8. Development of an integrated Health Care Delivery System**

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 IPP-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 Deptt. was advised to suitably examine the proposal to ensure integration of the project with existing referral mechanisms.

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



**Chief Secretary  
to the Govt. of West Bengal**

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

### **MEMBER PRESENT :**

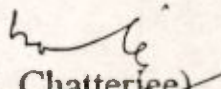
01. Shri M. Gupta, Chief Secretary, Govt. of West Bengal.
02. Shri. A. Gupta, Principal Secretary, Finance, Govt. of West Bengal.
03. Smt. M. Gupta, Principal Secretary, Social Welfare., Govt. of West Bengal.
04. Shri. A. M. Chakrabarti, Secretary, Municipal Affairs Department, Govt. of West Bengal.
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-VIII, CMDA.
03. Dr. N.G. Gangoopadhyaya, Advisor (Health), CMDA.
04. Dr.P.N. Chakraborty, Asst. Chief of Health, IPP-VIII, CMDA.
05. Shri.K.K. Pal, Administrative Officer, CMDA

Copy forwarded for information and necessary action to :-

1. Shri. M. Gupta, Chief Secretary, Government of West Bengal, Writers' Buildings, Calcutta -700 001.
2. Secretary, Health and Family Welfare Department, Government of West Bengal, Writers' Buildings, Calcutta-700 001.
3. Shri. N. L. Basak, Principal Secretary, Urban Development Deptt., Government of West Bengal, 18, Rabindra Sarani, Calcutta - 700 001.
4. Shri. A. Gupta, Principal Secretary, Finance Deptt., Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
5. Smt. M. Gupta, Principal Secretary, Social Welfare Deptt., Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
6. Shri. Nikhilesh Das, Secretary, School Education Deptt., Government of West Bengal, Bikash Bhawan, 6th Floor, Salt Lake, Calcutta - 700 091.
7. Shri. A.M. Chakrabarti, Secretary, Municipal Affairs Deptt., Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
8. Shri. H. B. Naik, Secretary, M.E.E. Deptt., Government of West Bengal, Bikash Bhawan, Salt Lake, Calcutta - 700 091.
9. Shri. P.K. Pradhan, Chief Executive Officer, CMDA, 3A, Auckland Place, Calcutta - 700 017.
10. Smt. N. Saggi, Commissioner, Health and Family Welfare, Government of West Bengal, Writers' Buildings, Calcutta - 700 001.
11. Shri. A. K. Mehra, Director (A.P.), Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, New Delhi.
12. Shri. S.K. Mukherjee, DGO(AD), CMDA, 3A, Auckland Place, Calcutta - 700 017.
13. Dr. B. Bhattacharjee, Chief of Health, IPP-VIII, CMDA
14. Dr. N.G. Gangoopadhyaya, Advisor (Health), CMDA.
15. Dr. P.N. Chakraborty, Asst. Chief of Health, IPP-VIII, CMDA.
16. Shri. K.K. Pal, Administrative Officer, Programme Cell, CMDA, 3A, Auckland Place, Calcutta - 700 017.

  
(N. Chatterjee)  
Secretary, CMDA  
& Project Director IPP-VIII

VERY URGENT.

Page No - ①

A.H.N.  
TO: SRI A.M. CHAKRABARTI, Government of West Bengal  
Municipal Affairs Department  
SECRETARY - MUNICIPAL Writers' Buildings, Calcutta.  
AFFAIRS DEPTT.  
GOVT OF W. BENGAL

FAX MESSAGE

No. 011 372-1991

372-1992

Page - 4 nos.

From : A.M. Chakrabarti,  
Secretary to the Govt. of West Bengal.

To : Ms. Meenakshi Dutta Ghosh,  
Joint Secretary to the Govt. of India,  
Ministry of Health & Family Welfare,  
Nirman Bhawan,  
New Delhi-110041.



No.332-S/99

Dated Calcutta, the 27<sup>th</sup> August, 1999.

Madam,

You are aware that a decision to extend IPP VIII Project to ten cities outside the Calcutta Metropolitan Area, had been taken by Government of India after obtaining the endorsement of the World Bank. In obedience to Government of India's instructions it was proposed in our Project Report on IPP VIII Extension Programme that no permanent staff would be recruited for planning, implementation and monitoring of the Project. Instead we had indicated that only six posts would be created at each municipality temporarily, for implementation and monitoring of the Project and that these posts would be filled up by appointing retired Government officials on contractual basis. The tasks of overall planning, coordination and MIS were given to the State Urban Development Agency in Calcutta. The Project Document on IPP VIII (Extn.) envisaged that fourteen such posts would be temporarily created at the State Urban Development Agency and that the posts should be manned by serving Government employees on deputation basis, or retired Government officials engaged on contracts. A detailed statement on project outlays agreed to by the World Bank for IPP VIII Extension Programme was handed over by Dr. Ramanna of the World Bank Office, New Delhi, to Smt. N. Chatterjee, Project Director, IPP VIII, Calcutta, on 10.7.99, in a floppy. There is clear mention of approval of World Bank towards creation of these temporary posts at sheet 4 in the floppy printout. Mr. E.J. Jose, Under Secretary in your Ministry, is aware of these matters.

A meeting of the Expenditure Finance committee (EFC) was held in New Delhi on 11.3.99. Shri Jose was reportedly, on leave when the agenda for discussions at EFC meeting were prepared. Whoever had prepared the agenda for discussions had missed out on the need for creation of temporary posts in the IPP VIII (Extension) set up in the write-up. Curiously enough, the additional posts needed for Uttar Pradesh, Tamilnadu, Karnataka and Andhra Pradesh were mentioned in details in the agenda. We had pointed out these mistakes to Shri Mehra, Director, A.P., in the Ministry immediately. He promised to make necessary corrections.

Dr. N. G. Gangopadhyay, Adviser (Health), S.U.D.A. participated in the review meeting of RCH in New Delhi on 12.8.99, and met Shri Mehra. I understand that he was told by Shri Mehra that the setups for monitoring of IPP VIII (Extn.) Project at S.U.D.A. and ten urban local bodies had not been sanctioned. The reasons are not known to us. We understand that the total project outlay which is inclusive of contractual remunerations to these staff remains unaltered.

I may mention that the Project Offices for IPP VIII Extension Project have already been set up at S.U.D.A. and at the ten municipalities in consultation with Project Director, IPP VIII, Calcutta and Government of India. Shri A.K. Mehra, Director, had written to Secretary, CMDA and Project Director, IPP VIII, Calcutta, on July 9, 1998, communicating the consent of Government of India for appointment of key personnel for the Project on contractual basis. Shri K.S. Sugathan, the then Joint Secretary in the

Ministry was kept informed of this in my letter dt. 7.8.98. We were anxious not to create any permanent liability for the State Government and the municipalities after the Project period was over. With a view to keeping recurring costs low the Project Document on IPP VIII Extension Project, West Bengal, suggested creation of only a minimum number of technical posts required for effective monitoring of the project. Required funds are available in the approved Project Outlay. After the EFC meeting the State Government and CMDA reviewed the list of posts originally proposed to be created for implementation of the Project and reduced the number to the bare minimum. It is pertinent to mention that the ten towns included in IPP VIII Extension Project are situated in non-CMA area and it will not be practically possible for the IPP VIII unit in CMDA to oversee day to day implementation of the Extension Project at the municipalities situated at far flung areas. The question of abolishing the few technical posts that have already been approved and are being manned does not arise at this moment.

I would request you to kindly communicate the approval of competent authorities towards retaining the technical supervisory officers who are already in position.

Yours faithfully,

Sd/- A.M. Chakrabarti.

Secretary to the Govt. of West Bengal.

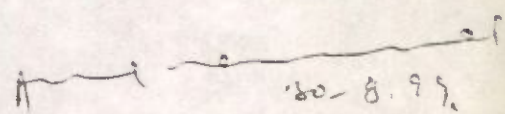
No. 322/1(2)-S/99

Copy forwarded to :

1) Smt. N. Chatterjee, IAS,  
Secretary, C.M.D.A. & Project Director,  
IPP VIII (Extension) Project,  
3A, Auckland Place,  
Calcutta.

✓2) Dr. N.G. Gangopadhyay,  
Adviser (Health),  
S.U.D.A.

Dated Calcutta,  
27<sup>th</sup> August, 1999.

  
20-8-99  
Secretary to the Govt. of West Bengal.

**SUDA**ATTN. —  
SRI. A.M. CHAKRABARTI 4 SHEETS  
SECRETARY - MUNICIPAL AFFAIRS DEPTT**STATE URBAN DEVELOPMENT AGENCY**

"ILGUS BHAVAN"

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

Ref No. SUDA-15/98(Pt-II)/167

Date 04.10.99

From: Adviser (Health)  
S.U.D.ATo: Mr. A. K. Mehra  
Director (Area Projects)  
Govt. of India  
Ministry of Health & Family Welfare  
Nirman Bhavan  
New Delhi-110 001Sub: Creation of temporary posts for Management Cell at Head Quarters' level (SUDA), and Implementation & Monitoring Unit at ULBs level under IPP-VIII (Extn) in West Bengal.

Sir,

Reference is invited to memo No. 322-S/99 dated 27.8.99 from the Secretary, Govt. of West Bengal, Municipal Affairs Deptt. to Ms. Meenakshi Datta Ghosh, Joint Secretary, Govt. of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi-11; and telephonic discussion of Mr. E. J. Jos, under Secretary, Govt. of India with Chief of Health, IPP-VIII, CMDA, Unnayan Bhavan, Salt Lake, Calcutta-91 on 4.10.99.

The following temporary posts need to be created and filled-up on contractual basis at SUDA level and ULBs level for implementation of the IPP-VIII Extn;-

Management Cell at Head Quarters' level (SUDA).

- |                           |     |
|---------------------------|-----|
| 1. Project Officer        | - 1 |
| 2. Sr. Engineer           | - 1 |
| 3. Medical Specialist     | - 1 |
| 4. IEC Specialist         | - 1 |
| 5. Procurement Specialist | - 1 |
| 6. CD Specialist          | - 1 |
| 7. Finance Manager        | - 1 |
| 8. Training Co-ordinator  | - 1 |

Contd..2/-



**SUDA**

- 9. MIES Officer - 1
- 10. P A - 1
- 11. Clerks - 2
- 12. Attendants - 2

<u>unit at</u>	<u>Implementation &amp; Monitoring</u> <u>each ULB</u>	<u>No.</u>	<u>Total for</u> <u>10 ULBs</u>
1.	CD Specialist	1	10
2.	A H O	1	10
3.	PHN (Training)	1	10
4.	Accounts Assistant	1	10
5.	Statistical Assistant	1	10
6.	Clerk	1	10

The ten ULBs (Towns) covered under IPP-VIII Extn, West Bengal are - Alipurduar, Balurghat, Bardhaman, Darjeeling, Durgapur, English Bazar, Jalpaiguri, Kharagpur, Siliguri, Raiganj.

In absence of the above mentioned posts it will not be practically possible to implement the project opcit.

It is therefore requested to accord approval of the Competent Authorities towards creation of the ibid posts.

Yours faithfully,

*[Signature]*  
✓ (Adviser Health) 04/10/99

Memo no. SUDA-15/98(Pt-II)/167(1)  
C.C

dated 04.10.99

The Secretary to the Govt. of West Bengal, Department of Municipal Affairs and Chairman, SUDA- for favour of kind information.

*[Signature]*  
(Adviser Health) 04/10/99

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 Government and CMDA on 7.1.2000. Originally, the project implementation period was supposed to be from January, 1999 to June 2001, i.e. 2<sup>1</sup>/<sub>2</sub> 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 the 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 ten towns at their doorsteps 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, Englishbazar, 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 Subhealth 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.	Englishbazar	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 projects were five years or more. So far as IPP VIII (Extension) Project is concerned, only 2<sup>1</sup>/<sub>2</sub> 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 Subhealth Posts were finalised. The process of selection and training of Honorary Health Workers was completed at eight out of these ten towns quite sometime back. Project Directors for all the ten towns have been appointed and Project offices have been set up everywhere. 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 task 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 Govt. of India and the World Bank. Tenders for these civil constructions 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 accommodations. A large number of Subhealth Posts at the ten 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 line surveys by HHWs have been completed in majority of these 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.4.65 crores are likely to be spent in 1999-2000, expenditures to the tune of Rs.36.55 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 information 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 five years to achieve, within 2<sup>1</sup>/<sub>2</sub> years. Due to inordinate delays in obtaining Govt. of India's sanction the project implementation period has further been reduced to 1<sup>1</sup>/<sub>2</sub> 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 Government, 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 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 Govt. 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 project 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.

Recruitment Rules for Health Man-Power

A. At ULB level

<u>Sl. No.</u>	<u>Category of post</u>	<u>Qualification &amp; manner of engagement</u>
i)	Assistant Project Officer-cum-C.D. Specialist	Officers belonging to W.D.C.S. having atleast five years experience in development activities with emphasis on women's development. In the event of nonavailability of serving officers, retired officers of State Govt. or Central Govt. and other comparable cadres having considerable experience in development administration, may also be selected.
ii)	Assistant Health Officer	Medical Officer of West Bengal Health Services on deputation, failing which retired Medical Officers of Central Govt. or State Govt. or Govt. Undertaking having experience in Public Health services may also be selected.
iii)	Public Health Nurse (PHN)	Deputation from State or Central Govt. or Govt. Undertakings of nursing personnel recognised by the Nursing Council of India having experience in Public Health activities. In case serving officials are not available L.C.1 may also recruit retired Public Health Nurses having experience in Public Health Nursing.
iv)	Accountant	Deputation from Govt. services/ Undertakings of officials possessing B.Com. or equivalent qualification, and having experience in handling accounts matters. Retired Accountants or U.D. Clerks of State/Central Govt. possessing wide experience in accounts matters may also be considered.
v)	Statistical Assistant	Deputation from State/Central Govt. or Govt. Undertakings. The candidate must have experience in handling MIS and/or data compilation and reporting. A degree in Statistics is preferable.
vi)	Clerk-cum-Typist	Deputation from State/Central Govt. or Govt. Undertakings.

All the selection should be done through a screening committee constituted locally for the purpose and Primary Selection done. The Panel should then be finally recommended by LCC and sent to SUDA for vetting.

All the engagements subsequently shall be made by Chairperson/Member of the ULB. Initially engagement will be made for a period of 6 (Six) months.

B. H. P level:-

- i. M.O Part-time - M. B. B. S
- ii. S.T.S - Public Health Nurse/Lady Health Visitor/General Nurse and Midwife.  
or  
Passed Sanitary Inspectorship.

C. S.H.P level :-

- i. F. T. S - Through screening test out of the HHWs at the ratio of 1 F.T.S out of 5 HHWs

Final selection through L . C . C, where representative of SUDA will be present. After selection Chairperson/Mayor will issue the necessary engagement orders. Engagement should be made on contractual basis for a short period, 6 (Six) months.



IPP-VIII (EXTN)

Health Man-power at ULE level per Health Facility

A. <u>Health Post :-</u>	<u>Nos</u>	<u>Honorarium/person per month</u>
i. Part-time Medical Officer	2	1600/-
ii. Second Tier Supervisor	1	1150/-
iii. Clerk cum Store Keeper	1	850/-
iv. Attendent	1	650/-
v. Sweeper	1	450/-
B. <u>Sub Health Post:-</u>		
i. Honorary Health Worker @1 (HHW) <sup>PA</sup> 150-200 families)	1	750/-
ii. First Tier Supervisor	1	850/-
C. <u>E. S.O.P.D</u> <u>WITH H.R</u>		
i. Part-time Medical Officer	1	1600/-
ii. Nurse	1	1250/-
iii. Pharmacist	1	1000/-
iv. Lab. Technician	1	1200/-
v. Clerk cum Store Keeper	1	850/-
vi. Sweeper	1	450/-
vii. Specialist Doctors for General Medicine, Obs & Gynae and Paediatrics	1 each	

IPP-VIII (EXTN)

Local Co-ordination Committee

Terms of Reference

- i. Policy planning for implementation of the project.
- ii. Periodical monitoring of the progress of the project.
- iii. Guidelines for modification of action strategies, if necessary.
- iv. Effective linkage and convergence of various service deliveries of different Government and non Government organisations.
- v. Final selection of health man-power.
- vi. Selection of encumbrance free sites/land for construction of health facilities with permissive possession.
- vii. Monitoring of fund flow and expenditure.
- viii. Any other issue considered by the committee for review.

IPP-VIII (EXTN)

Health Man-power at ULB level per Health Facility

A. <u>Health Post :-</u>	<u>Nos</u>	<u>Honorarium/person per month</u>
i. Part-time Medical Officer	2	1600/-
ii. Second Tier Supervisor	1	1150/-
iii. Clerk cum Store Keeper	1	850/-
iv. Attendent	1	650/-
v. Sweeper	1	450/-
B. <u>Sub Health Post:-</u>		
i. Honorary Health Worker @1 (HHW) <sup>P</sup> 150-200 families	1	750/-
ii. First Tier Supervisor	1	850/-
C. <u>E. S.O.P.D WITH M.H</u>		
i. Part-time Medical Officer	1	1600/-
ii. Nurse	1	1250/-
iii. Pharmacist	1	1200/-
iv. Lab. Technician	1	1200/-
v. Clerk cum Store Keeper	1	850/-
vi. Sweeper	1	450/-
vii. Specialist Doctors for General Medicine, Obs & Gynae and Paediatrics	1 each	
D. <u>Medical Store</u>		
i. Store Officer	1	
ii. Store Keeper cum Clerk	2	
iii. Packer	2	
E. <u>Management &amp; Supervision Cell at ULB level</u>		
i. Assistant Project Officer cum CD Specialist	1	
ii. Assistant Health Officer	1	
iii. Public Health Nurse	1	
iv. Accountant	1	
v. Statistical Assistant	1	
vi. Clerk cum Typist	1	

24/81-D

No.L.19017/7/2001-APS(Vol.II)  
Government of India  
Ministry of Health & Family Welfare  
(Department of Family Welfare)

Nirman Bhavan, New Delhi  
Dated the 9<sup>th</sup> August, 2001

To

Shri Ashok Mohan Chakraborty,  
Secretary(FW),  
Health & Family Welfare Department,  
Govt. of West Bengal,  
Writers Building,  
Calcutta-700 001.

Subject:- World Bank – assisted IPP-VIII Project – Extension and revision of project cost.

Sir,

In continuation of this Ministry's letter of even number dated 19<sup>th</sup> July, 2001 on the subject mentioned above, I am directed to say that the project cost of IPP-VIII extended Project for Additional cities of West Bengal been enhanced from Rs.41.20 crores to Rs.44.00 crores. The component-wise revised cost may please be seen at Annexure I. The following additional activities have been approved for continuation:-

1. Procurement of furniture for document cell at ULB level for 10 municipalities – Rs.4.7 lakhs
2. Equipments for special laboratory facilities at 10 municipality at maternity home-cum-OPD – Rs.141 lakhs.
3. Improvement of operational facilities at sub-health posts – Rs. 37 lakhs
4. Action research studies – Rs. 2.00 lakhs.

Yours faithfully,

J.K. Trikha

(J.K. Trikha)  
Under Secretary to the Govt. of India

Copy to: 1. Shri Balachandran, Secretary, Municipal Affairs Department, Government of West Bengal, Kolkata

2. Shri Debasis Sen, Secretary, CMDA & Project Director (IPP-VIII), Calcutta Metropolitan Development Authority, 3A, Auckland Place, Kolkata -700 017.

3. Dr. B. Bhattacharjee, Chief of Health(IPP-VIII), Calcutta Metropolitan Development Authority, Unnyayan Bhawan, 3<sup>rd</sup> floor, G Block, Salt Lake City, Kolkata-700091.

form a pl.  
13/8  
Shri Gangopadhyay,  
Admnr (Health)  
S.W.P.

4. Dr. N.G. Gangopadhyay, Adviser (Health), State Urban Development Agency, Health Wing, ILGUS Bhavan, H-C Block, Sector-III, Bidhannagar, Kolkata -700 091.
5. Dr. G.N.V. Ramana, Sr. Public Analyst, World Bank, 70, Lodhi Estate, New Delhi-110003.

**IPP-VIII WEST BENGAL ADDITIONAL CITIES  
APPROVED COST, EXPENDITURE, ADDITIONAL REQUIREMENT/SAVINGS UPTO 30.6.2002**

S.NO.	Description of Items	Approved		Expenditure		Additional Expenditure for		Total Revised Cost
		Cost	Cost	upto 31.3.01	approved activities upto 30.6.02	Continuation of approved activities upto 30.6.02	Additional activities upto 30.6.02	
I.	<b>CAPITAL</b>							
	<b>CONSTRUCTION</b>							
1	Civil Works	1367.22		1031.40	431.43			1462.83
2	Deptt. Charges							
3	Land							
	Sub-Total	1367.22		1031.40	431.43			1462.83
II.	<b>NON-RECURRING EXPENDITURE</b>							
4	Furniture	143.31		59.92	141.17		4.70	205.79
5	Equipment	395.55		78.94	221.06		140.86	440.86
6	Vehicles	66.00		-	66.00		-	66.00
7	Books, IEC & Trg. Materials	51.08		20.62	92.46		-	113.08
8	MCH F.W.Supplies							
9	Health Kits							
10	Drugs							
11	Training	577.43		30.05	359.69		-	389.74
12	IEC	0						
13	Consultancy and Professional fees	69.7		26.95	78.84		-	105.79
14	Contract for innovative schemes (revolving fund)	216.97		46.19	248.11		38.65	332.95
	Sub-Total	1520.04		262.67	1207.33			1654.21
	Total	2887.26		1294.07	1638.76			3117.04
	<b>RECURRING</b>							
1	Additional staff salaries	152.99		29.79	91.89			121.68
2	Honorarium to Health Workers	573.74		244.4	230.49			474.89
3	Consumable	155.04		6.87	118.64			125.55
4	Rent	43.24		16.15	9.85			26.35
5	Operation and Maintenance	308.64		94.14	440.35			534.49
	Sub-Total	1233.65		391.35	891.22			1252.96
	Total	4120.91		1655.42	2529.98		184.21	4400.00

No. L.19012/38/2001-APS  
GOVERNMENT OF INDIA  
Ministry of Health & Family Welfare  
(Department of Family Welfare)



Nirman Bhavan, New Delhi-11.  
Dated the January 11, 2002

**21 JAN 2002**

To

All the Project Directors of  
IPP-VIII, IPP-IX and IPD Projects

Subject: Fourth Report of the Committee on Empowerment of Women (2001-02) on "Family Welfare Programme for Women"

Sir/Madam,

I am directed to send herewith a copy of the "Fourth Report of the Committee on "Empowerment of Women (2001-02) on Family Welfare Programme for Women". Your specific attention is invited to paras 3.43 to 3.70 of the Report. It is requested that you may send action taken report to this Ministry urgently for onward transmission to the Parliamentary Committee.

Yours faithfully,

*J.K. Trikha*

(J. K. TRIKHA)

Under Secretary to the Government of India

## CHAPTER-III

## SCHEMES OF DEPARTMENT OF FAMILY WELFARE

National Family Welfare Programme

The National Family Welfare Programme was launched in 1952 when India became the first country in the world to formulate such a programme with the objective of "reducing the birth rate to the extent necessary to stabilise the population at a level consistent with the requirement of national economy." To achieve this goal the Department of Family Welfare is implementing the three pronged strategy of

- i) Improvement in the health status of women and children
- ii) Fulfillment of the unmet needs of contraception with a special focus on widening the range of choice available to the people.
- iii) Professionalising and broad basing the information, education and communication campaign (IEC) on family welfare.

Funding for the Programme

3.2 Outlays for the Family Welfare Programme under the Five Plans are as under:

Table - VI

Period	Year	Outlays(Rs. In crores) *
First Plan	(1951-56)	0.65
Second Plan	(1956-61)	5.00
Third Plan	(1961-66)	27.00
Fourth Plans	(1969-74)	285.80
Fifth Plan	(1974-78)	285.60
Sixth Plan	(1980-85)	1309.00
Seventh Plan	(1985-90)	2868.00
Eighth Plan	(1992-97)	6195.00

\* Figures exclude provision for arrears.



3.3 In this regard the Department of Family Welfare has stated that for the ninth Five Year Plan, Rs. 15,120 Crores is the outlay against the Department's projection of Rs. 20,555.79 Crores. The outlay does not appear to be adequate as within this amount, no other activity can be undertaken except the revision of norms (which were fixed long back) and the new initiatives proposed in the National Population Policy. A unique feature of the programme of family welfare is that the costs of maintaining the infrastructure created over the previous plan periods, continue to be plan expenditure. Thus, though the Plan size looks very impressive, in reality, a major portion of it (around 50%) is spent on meeting the committed liability of the States. What is left over is too meager to launch new initiatives. In fact the amount earmarked for infrastructure maintenance has always been falling short of the actual requirement of States resulting in accumulation of huge arrears payable to them. The issue relating to transfer of cost on infrastructure to States has again been placed before the Eleventh Finance Commission.

3.4 Apart from the Central funds, external assistance from World Bank, UNFPA, UNICEF, DFID, European Commission, USAID, WHO etc. is received by the Government of India. Agency-wise and year-wise details of external assistance received by the GOI for various Family Welfare Programmes are as under:

Table - VII

(Rs. in Crores)

Agency	1995-96	1996-97	1997-98	1998-99	1999-2000
World Bank	300.35	267.11	66.51	97.84	244.56
UNICEF Including bilateral	40.00	57.00	73.00	70.00	30.00
DFID	--	89.00	76.42	80.00	142.75
EC	-	-	-	74.00	99.00
KfW	-	-	-	97.00	61.64
FRG		10.00			
UNFPA	38.00	45.40	36.00	37.35	30.6
USAID	19.16	19.00	40.00	60.00	70.00
WHO	-	3.8	3.9	4.8	4.7

3.5 The overall goals are to (a) Improve the Reproductive and Health status of Women and children, thereby reducing mortality and morbidity which contribute to stabilisation of population growth; (b) Eradication of Polio; (c) Strengthening of infrastructure; (d) Population education (e) Media advocacy etc.

#### Performance of the National Family Welfare Programme

3.6 The Department of Family Welfare has stated that since 1952, the year when India launched its Family Planning Programme, the demographic profile of the country has changed considerably. Between 1951 and 1998, Crude Birth Rate (CBR) has declined from 40.8 to 26.4 per 1000 population and Infant Mortality Rate (IMR) from an average of 146 to 72 per 1000 live births during the same period. The Maternal Mortality Rate (MMR) has also come down from 437 in 1992-93 to 408 in 1997 per 100,000 live births. The Couple Protection Rate (CPR) has gone up from 10 per cent in 1951 to 44 per cent in 1999. Total Fertility Rate (TFR) has come down from six children per woman to slightly more than three children in 1997. The life expectancy at birth has increased by almost 25 years during the same period. The coverage under universal immunisation has dramatically improved.

Table - VIII

Immunisation Status (% coverage)	1985-86	1998-99
<b>For Pregnant women</b>		
T.T		
For infants	40	
BCG		82.9
Measles	29	
DPT	44	97.0
Polio	41	87.3
	36	92.8
		94.3

3.7 Further, according to the Department, there are substantial differences between states in the achievements of socio-demographic indices. It is significant that at least nine States and Union Territories have achieved net replacement levels: Kerala, Tamil Nadu, Goa, Delhi, Andaman and Nicobar Islands, Chandigarh, Nagaland, Mizoram and Pondicherry. Twelve States and Union Territories have a total fertility rate of more than 2.1, but less than 3.0. They are Karnataka, Andhra Pradesh, Maharashtra, Gujarat, Punjab, West Bengal, Arunachal Pradesh, Himachal Pradesh, Manipur, Sikkim, Daman and Diu and Lakshadweep. However, there are at least 11 States and Union Territories that have a total fertility rate of over 3.0. These are : Orissa, Assam, Haryana, Tripura, Meghalaya, Jammu and Kashmir, Dadra and Nagar Haveli, Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh. The inter-state differences stem largely from differing levels of poverty, illiteracy and inadequate access to health and family welfare services which co-exist and reinforce each other.

#### Reproductive And Child Health Programme (RCH)

3.8 Maternal health care is a part of the family welfare programme. From its inception, schemes such as the National Nutritional Anemia Control Programme, TT Immunisation of Pregnant mother (part of immunisation programme) and Dais training

programmes were introduced. Family Planning had remained a separate intervention until 1992, when the Child Survival and Safe Motherhood Programme integrated all the schemes for better implementation. This programme had the following components:-

- Early registration of pregnancy
- Minimum three ante-natal check ups
- Universal coverage of all pregnant women with TT immunisation
- Advice on food, nutrition and rest
- Detection of high risk pregnancies and prompt referral
- Clean deliveries by trained personnel
- Birth spacing
- Promotion of institutional deliveries.

3.9 The Reproductive and Child Health Programme (RCH) was launched in October, 1997 for implementation during the 9<sup>th</sup> Plan period by integrating and strengthening all the existing interventions like Maternal and Child Health (MCH) and Child Survival and Safe Motherhood (CSSM). The Programme integrates all interventions of fertility regulation, maternal and child health with reproductive health of both men and women. The concept of RCH Programme is to provide need based, client centred, demand driven, high quality and integrated RCH services to the beneficiaries. It is a 100 per cent centrally funded programme being implemented in all the States and Union Territories.

The outlay for the RCH Programme is Rs. 5112.53 Crores for the 9<sup>th</sup> Plan period. This is jointly funded by the Government of India, the World Bank, European Commission, UNFPA and UNICEF etc. Foreign assistance for the RCH programme will be worth more than US\$ one billion during the 9<sup>th</sup> Plan. The programme is being implemented with a differential approach and in a phased manner.

### Child Health

3.10 Improvement in Child Health and Survival are elements of the Family Welfare programme. Low birth weight, diarrhoeal diseases, acute respiratory infections, vaccine

preventable diseases and inadequate maternal and newborn care have been identified as major causes of high infant and child mortality rates in the country.

3.11 Under the RCH programme interventions like antenatal care, improving safe deliveries, essential newborn care, immunisation against six vaccine preventable diseases, control of deaths by diarrhoea and acute respiratory infections are being implemented. As a result of these interventions, deaths due to vaccine preventable diseases have come down significantly. In 1985, 2,47,519 deaths had been reported due to measles. These came down to 38,950 in 1998, which is a reduction of more than 84%. Similarly with the implementation of Oral Rehydration Programme for preventing deaths due to diarrhoea, the number of deaths has drastically come down from an estimated 10-15 lakhs in 1985 to about 6-7 lakhs in 1996-97.

3.12 The Department has stated that as a result of various programmes implemented by the Government of India, the Infant Mortality Rate has declined from 104 per thousand live births during 1984 to 72 in 1998. There are, however, wide inter-state variations with a range of 16 in Kerala to 98 in Orissa. The States of Orissa (98), Madhya Pradesh (97), Rajasthan (83), Uttar Pradesh (85) and Assam (78) continue to be above the national average of 72. Efforts are being made to strengthen the programme in these State also to accelerate the decline in IMR and Child Mortality.

3.13 In order to operationalize the district level quality assessment and initial evaluation of the Family Welfare Programme, a large scale sample survey of households called 'Rapid Household Survey' at district level was started in 1998. The salient features of the district survey are as under:-

- (a) **Birth Order:** The contribution from birth order 3 and above to total births are lower in Kerala (17.9%), Karnataka (27.8%), Tamil Nadu (23.1%), Goa (26.9%) and Pondicherry (21.3%). The States with poor performance are Assam (39.8%), Bihar (57.8%), M.P. (45.2%), Orissa (46.0%), Rajasthan (51.2%) and U.P. (59.8%).

- (b) **Age at marriage:** The States having lowest percentage of girls marrying below 18 years are Goa (4.1%), H.P. (3.5%), J&K (3.4%), Kerala (9.6%), Manipur (18.8%), Meghalaya (8.0%), Punjab (10.8%), Delhi (6.4%), Pondicherry (9.4%), Sikkim (11.5%) and Tamil Nadu (21.0%) and the State having higher percentage of girls marrying below 18 years are Andhra Pradesh (38.5%), Bihar (58.9%), Haryana (30.8%), Karnataka (39.3%), M.P. (53.2%), Maharashtra (40.0%), Rajasthan (55.5%), U.P. (53.8%) and West Bengal (54.9%).
- (c) **Antenatal Care:** The National programme provides for 3 antenatal check up to take care of completed pregnancies/deliveries. The States in which more pregnant women had undertaken a minimum of 3 ante-natal check ups are A.P. (32.2%), Karnataka (25.5%), Kerala (63.6%) while States of Bihar (5.3%), Manipur (3.5%), Punjab (7.4%), Rajasthan (4.9%), U.P. (3.4%) have very low performance in this regard.
- (d) **Safe Deliveries:** For reducing maternal deaths and also deaths of new born, safe deliveries should be promoted. The States where more safe deliveries were conducted were mainly Goa (96.5%) Kerala (98.3%), Tamil Nadu (84.8%) and Pondicherry (92.4%) and lower in the States of Assam (25.2%), Bihar (21.0%), Haryana (33.3%), M.P.(24.3%), Orissa (33.9%), Rajasthan (34.6%) and U.P. (20.3%).
- (e) **Immunization :** The percentage of children who have been fully immunized with 3 doses of Polio, 3 doses of BCG, Measles and DPT are Andhra Pradesh (61.7%), Karnataka (64.3%), Kerala (71.4%), Maharashtra (65.9%), Punjab (62.8%) and Tamil Nadu (74.1%). The performance is low in the States of Assam (34.0%), Bihar (23.6%), M.P. (35.2%), Manipur (30.7%), Meghalaya (29.2%), Nagaland (21.3%), Rajasthan (34.0%) and U.P. (35.9%)

## Maternal Health

3.14 It has been estimated that Maternal Mortality Rate in India is 408 per one lakh live births (Sample Registration Survey, Registrar General of India, 1997). This means that more than one lakh women die each year due to pregnancy related causes.

### **IN INDIA**

- 676 fully occupied Airbus 320s crash killing all the passengers on board equals – 1,21,000 – the number of women who die each year due to complications related to pregnancy and child birth.
- One woman dies every five minutes due to maternal complications.
- Out of the total maternal deaths 60 per cent occur after delivery due to lack of emergency obstetric care and delay in reaching a health care unit.
- 50 per cent of maternal deaths of girls in the age group of 15 to 19 years are due to unsafe abortions.
- Only 25 per cent of deliveries are institutional.

### **AROUND THE WORLD - EVERY MINUTE.**

- One woman dies from complications related to pregnancy and child birth, Ninety-nine per cent of them in developing countries.
- 380 women become pregnant.
- 190 women face unplanned or unwanted pregnancies.
- 110 women experience pregnancy related complications.
- 40 women have unsafe abortions.

**AND YET - all these deaths can be prevented.**

*As reported in "The White Ribbon Alliance for Safe Motherhood", India march 2000*

This is mainly due to the large number of deliveries being conducted at home and by untrained persons. In addition lack of adequate referral facilities to provide emergency obstetric care for complicated cases also contributes to high Maternal Mortality and Morbidity.

3.15 Statewise Maternal Mortality Rate in the Country is as under:-

**Table – IX** **Maternal Mortality Rate**  
**India and Bigger States, 1997**

<b>Major States</b>	<b>Maternal Mortality Rate (per one lakh live births)</b>
Andhra Pradesh	154
Assam	401
Bihar	451
Gujarat	29
Haryana	105
Karnataka	195
Kerala	195
Madhya Pradesh	498
Maharashtra	135
Orissa	361
Punjab	196
Rajasthan	677
Tamil Nadu	76
Uttar Pradesh	707
West Bengal	264
India	408

3.16 The Department has stated that for improving the health status of women, one of the major goals of the Department of Family Welfare is to reduce Maternal Mortality and Morbidity. During the current plan, several new initiatives have been taken to make the programme more broad based and people friendly. The focus has, accordingly, shifted from individualised vertical interventions to a more holistic and integrated approach focusing on reproductive health care. Specifically, the programme aims at easy



availability of essential obstetric care as close to the community as possible, improving and expanding safe abortion services and providing for treatment of RTI/STI cases at sub-district level in as many facilities as possible.

### Major Interventions of the Programme

3.17 As per the information submitted by the Department, the Committee have been informed that the major interventions of this programme are:

- i) Essential Obstetric Care- to provide the basic maternity services to all pregnant women through
  - a) Early registration of pregnancy (within 12 to 16 weeks)
  - b) Provision of minimum three ante-natal check-ups by the ANM or medical officers
  - c) Provision of safe delivery at home or at an institution
  - d) Provision of three post natal care checks

3.18 The Essential Obstetric Care in the RCH programme is more relevant for Assam, Bihar, Rajasthan, Orissa, Uttar Pradesh, Madhya Pradesh because most of the deliveries in these States are still conducted at home, in unclean environments, causing high maternal morbidity and mortality.

3.19 Some of the other measures taken by the Department to sustain and strengthen interventions under the Child Survival and Safe Motherhood (CSSM) programme are as under:

- Provision of Referral Transport has been made in 25% sub-centres of "C" category districts for ensuring referral of the women of indigent families in obstetric emergencies, to the referral facilities.

- NGO and IEC activities have been revamped and expanded to ensure greater awareness of the needs of the services and their availability, and ensure community mobilization.
- Training activity has been greatly expanded to ensure that the existing personnel are given refresher training as well as to ensure that necessary specialized skills are developed.
- Under the overall umbrella of the RCH programme, an initiative to strengthen routine immunization programmes is being undertaken.

3.20 During oral evidence of the representatives of the Department, the Committee pointed out that in some States where Dai system is implemented, the Dais are only trained for one month. This training is not really adequate to make them qualified enough for delivering children or being able to diagnose cases of pregnant women with complications who would require to go to hospital.

3.21 In this context, the Secretary, Department of Family Welfare replied during evidence, that there is an Auxiliary Nurse Midwife (ANM), who is the In-Charge of the Primary Health Sub-Centre that looks after five villages. "There is one and a half years of training for an ANM. She is like a paramedical staff there. She is trained in maternal and child health services, family planning, etc. Since the Dai is a woman who has not had much formal education, providing her a degree and even six months training is not of much use. We give the Dai a one-month intensive training and attach her to a hospital so that she will have an opportunity to see how deliveries take place. After that the Dai works in association with the ANM" - he stated.

#### Needs And Deficiencies in Contraceptive Services

3.22 According to the Department of Family Welfare there are four population control methods popularly known as family Planning methods viz. (i) Sterilisation (Vasectomy for male and Tubectomy for female ) (ii) IUD insertion (iii) Condom User (iv) Oral Pill.

Vasectomy and Condom relate to male acceptors whereas Tubectomy, IUD and Oral Pill related to female acceptors.

3.23 Sterilisation which is a permanent method of contraception has found the lowest male acceptance as less as 2 % for Vasectomy. With a view to increase the male participation in Family Planning, the Government of India has launched a programme for popularising the new method of vasectomy known as No Scalpal Vasectomy (NSV). Under this programme, 1500 medical personnel are to be trained all over the Country to promote and conduct NSV. The NSV training has been held so far in Andhra Pradesh, Orissa, Maharashtra, Haryana, Uttar Pradesh, Tamil Nadu, West Bengal, Sikkim, Kerala and Rajasthan. The response is very good with more men coming for sterilisation. The programme is funded by UNFPA. IEC methods are being extensively used to popularise the use of this technique. It has also been noticed that majority of sterilization takes place after the birth of the third or fourth child. The Committee was informed that this practice is more so in states such as Uttar Pradesh, Rajasthan, Bihar and Madhya Pradesh.

3.24 A study conducted by National Commission for Women has revealed that sterilization operation for men (Vasectomy) costs much less and also takes less time as compared to tubectomy. Besides, after taking rest for 6 to 8 hours, men can go to work but for women the operation is more difficult and she has to take rest for 10 to 15 days to recoup.

3.25 The Committee desired to know whether it was a fact that population growth in India continues to be high on account of the unmet need for cheap and easy contraception especially in the semi-urban and rural areas. The Committee also wanted to know the steps that are to be taken to improve the supply and availability of contraception so as to ensure that the population stabilisation programmes are not impeded by non-availability of contraception.

3.26 In reply the Department of Family Welfare has stated that efforts have been made to meet the gap by supplying contraceptives at subsidized rates through Social Marketing.

It is agreed that there still remains a large unmet need, but the effort of the Department has resulted in increasing availability.

3.27 The Department has further stated that to expand the outreach, projects have been undertaken by the Department of Family Welfare. During 1998-99, the Department of Family Welfare had sanctioned a pilot project to M/s Hindustan Latex Limited Family Promotion Trust (HLFFPT), Thiruvananthapuram for strengthening Social Marketing of Contraceptives. The project is for a period of four years and is being implemented in three districts of Madhya Pradesh viz. Gwalior, Bhind and Morena. Two more districts of Shivpuri and Datia have been added to this project. This Project has been evaluated by International Institute for Population Sciences, Mumbai. The evaluation study reveals that the model adopted has been effectively implemented and may be replicated in some demographically backward districts of other states on pilot basis. The project has a good potential to promote contraceptive use. Another project of Society for Women and Child Health for four districts of Haryana, is being implemented. M/s Hindustan Latex Limited is providing the support base to an NGO in UP in penetrating the Social Marketing endeavor there. The first project was completed in April 2000. Encouraged by the outcome, the second project for Social Marketing has been launched in UP covering all district rural areas by HLL in May 2000, for a duration of 3 years. In addition, a project in Andhra Pradesh has also been approved and implemented since February, 2000 covering rural areas of the whole State.

3.28 To give further impetus to this Programme, a Working Group on Social Marketing of Contraceptives was set up in the Department of Family Welfare to address its problems and to make recommendations. The Group consisted of members from Social Marketing Organisations, manufacturers, Donor Agencies and Experts. The Working Group formed six-Sub-Committees on different items like supply, costing, pricing, contraceptive choices etc. The recommendations of the Sub-Committees were considered by the Working Group and a programme to enhance the activities of Social Marketing was drawn. As a follow up of the recommendations of the Working Group, a Committee to fix the range of Maximum Retail Prices (MRP) of branded contraceptives

(Condoms and OCPs) was constituted which has given its recommendations incorporating more flexibility to the Social Marketing Organisations for fixing the MRPs.

### Medical Termination of Pregnancy Act, 1972

3.29 Medical Termination of Pregnancy is a reproductive health measure that enables women to opt out of an unwanted pregnancy without endangering her life and well being. The Medical Termination of Pregnancy Act was passed by the Indian Parliament in 1971 and came into force in 1972.

3.30 The aim of the Act was to eliminate illegal abortions by unqualified personnels and in unhygienic conditions and thereby reduce maternal morbidity and mortality. The Act stipulates that termination of pregnancy shall be performed only in Government hospitals and in places approved by Government. The Act also provides safeguards to the mother by authorizing only registered medical practitioners having experience in gynecology and obstetrics or trained in the MTP techniques, for performing MTP. If the duration of pregnancy does not exceed 12 weeks, the decision of one registered medical practitioner is sufficient. However, where the pregnancy exceeds 12 weeks and is not more than 20 weeks, the opinion of two registered medical practitioners is necessary to terminate the pregnancy.

3.31 The Medical Termination of Pregnancy Act, 1972 was enacted to improve the accessibility and availability of scientifically approved services and facilities for termination of pregnancy in properly screened cases and thereby reduce the number of illegally induced abortions. However, despite the Act and service provision made under it by the Government, a large number of illegal abortions are still performed in rural areas by persons who are neither skilled or authorized under the Act.

3.32 Explaining the measures being taken to check illegal abortions, the Department has stated that under the rule, a place/clinic, in the private sector has to be recognized by the State Directorate of Health Services. However, Government of India is taking a

number of steps to improve the situation and increase access of the rural population to MTP services. In order to facilitate early registration of private clinics, an amendment to MTP Act is being proposed, whereby the power for recognition of the centres will be decentralized to the district level. The first amendment is in the definition of "lunatic" to bring it in conformity with Mental Health Act, 1987. The second amendment proposed is in the definition of "minor", where it is proposed that decision to seek abortion should be available to a minor if she is married. The third proposal is to make unregistered clinics and untrained persons performing abortions punishable with the punishment made stiffer.

#### Pre-natal Diagnostic Techniques Act, 1994

3.33 In order to address the problem of female foeticide prevalent in many States in the Country, Government of India enacted the Pre-natal Diagnostic Techniques Act, 1994. Under the Act, the pre-natal diagnostic techniques and genetic counselling can be conducted only in genetics clinics, genetics laboratories and genetics counselling centers registered under the Act. Use of pre-natal diagnostic techniques must comply with the conditions prescribed in the act, and is permitted solely for detecting foetal abnormalities. Disclosure of the sex of the foetus is prohibited. Punishment upto five years imprisonment is prescribed for violation of the law. The implementation of this Act is a state subject.

3.34 The Central Supervisory Board has decided to constitute two sub-committees: (a) to suggest modifications in the Act on account of newer techniques being used for pre-natal sex determination. This Sub-Committee will also examine the loopholes in the existing rules to enforce stricter compliance of the provisions of the Act.; (b) a Sub-Committee which will suggest innovative strategies and programmes for awareness and for advocacy and other related issues.

3.35 As regards the steps taken to tackle and prevent female foeticide, the Department has stated that Workshops/Seminars are being organised at State/district level, to create awareness about the provisions of the Act. Grant-in-aid has already been released to the

Voluntary Health Association of India, New Delhi, and the Orissa Voluntary Health Association to conduct seminars and workshops to create awareness about the provisions of the above Act. The NGOs are being requested to come up with programmes to generate awareness about the provisions of the Act, particularly about the penalties for the violators.

### Infrastructure Facilities

3.36 The primary unit of implementing the Family Welfare Programmes in India is the Primary Health Care infrastructure set up under a 3-tier system of Primary Health Sub Centres (PHSC), Primary Health Centres (PHC) and Community Health Centres (CHC) in the rural areas. This is supported by a network of Post-Partum Centres, Urban Family Welfare Centres and Health Posts in urban areas.

3.37 A PHSC is the most basic unit at the grass root level for providing Health and Family Welfare services to the people. It is set up for a rural population of 5000 persons in plains and 3000 in difficult areas. It has mainly promotive and educative functions relating to Maternal and Child Health, Family Welfare etc. It also provides basic drugs for minor ailments. A Multipurpose Worker (Male) and a Multipurpose Worker (Female) called ANM (Auxiliary Nurse Mid-wife) constitute the staff provided at the PHSC. A **Primary Health Centre (PHC)** is the intermediate referral centre in the chain of Primary Health Care System and is set up for a population of 30000 in plains and 20000 in hilly and tribal areas. The services of a medical officer along with 14 paramedical and other staff are available at the PHC both for health as well as family welfare services. The **Community Health Centre (CHC)** is the last chain in Primary Health Care infrastructure and is in the nature of a referral hospital, set-up for a population of 1.2 lakh in plains and 80,000 in hilly and tribal areas. It is manned by four medical specialists, i.e. surgeon, physician, gynecologist and pediatrician supported by 21 paramedical and other staff. It has 30 indoor beds with one x-ray, labor room and laboratory facilities.

3.38 According to the Department, the network of primary health care infrastructure across the country is now inclusive of 1,37,027 PHSCs, 23,266 PHCs and 2,962 Community Health Centres. On an average, there is a Sub-Centre for every village within the radius of 2.69 km., thus providing health services to an average population of 4,579.

3.39 The Committee desired to know the steps that are being taken by the Department to bridge the shortages in the existing infrastructure. The Department has stated that the State Governments have been assigned targets in the ninth Five-Year Plan for creation and establishment of new PHSCs, PHCs and CHCs to maintain the norms set by the Department.

**Table - X Targeted Establishment of Health Centres**

	Target	Achievement
PHSCs	7686	842
PHCs	1521	799
CHCs	2903	297

3.40 The Department has added that additional Central allocation of Rs.375 crores has been provided under the Prime Ministers Gramodaya Yojana for maintenance and improvement of existing infrastructure. A scheme has been announced by the Finance Minister whereby the Government of India will subsidize creation of new sub-centres to the extent of 40% if any Gram Panchayat is willing to provide 20% of the total cost. Comments of the State Governments are being invited before finalisation of the Scheme.

3.41 Trained Medical Personnel:

As per the National Population Policy, 2000 inadequacies of trained personnel are as under:-

- i) Shortage in personnel is estimated as 27,504 ANMs, 64,860 male multi-purpose workers, and 4,224 LHVs. 5,126 health Assistants (male); 2,475 medical officers in PHCs, 1,429 surgeons, 1,446 gynecologists, 1,525 physicians, 1,774 pediatricians, and an overall shortage of 6,635 specialists.



- ii) Other health services reflect a shortfall of 1,171 radiographers, 6,045 pharmacists, 12,793 Lab Technicians, and 18,851 nurse mid-wives, in the rural primary health care delivery system.
- iii) The financial requirement to address these unmet needs for trained personnel is approximately Rs. 2,300 crores.
- iv) For safe abortion services, no MTP kits have been made available since 1997. However, during the CSSM programme, 1748 MTP kits were distributed to the FRUs. Most of these are lying unused, on account of shortage of trained staff. This year an additional 185 MTP sets are being procured.

3.42 The life expectancy at birth has increased by almost 25 years during the same period. However, these achievements are still short of the targets laid down for the year 2000 and population growth remains a formidable challenge even today, demanding urgent and concerted efforts to achieve population stabilisation.

#### Disparities Continue:

3.43 India remains a country of striking demographic diversity. There are substantial differences between States in the achievement of socio-demographic indices. It is significant that while nine States and Union Territories have achieved net replacement levels, twelve States and Union Territories have a total fertility rate of more than 2.1, but less than 3.0 and 11 States and Union Territories have a total fertility rate of over 3.0. The inter-state differences stem largely from poverty, illiteracy and inadequate access to health and family welfare services which co-exist and reinforce each other. The Sample Registration Survey conducted by the Registrar General of India reveals that 8 states have higher percentage of girls marrying below 18 years of age, 5 States in which the pregnant women had not undertaken a minimum of 3 ante natal check-ups and 6 States where safe deliveries are not being conducted.

3.44 The Committee desire that the performance in the implementation of Family Welfare Programmes in the demographically weak States should be reviewed on a periodical basis with a view to taking remedial measures in consultation and coordination with the concerned State Governments. The Department of Family Welfare in consultation and coordination with the State Governments should immediately take necessary steps to remove the deficiencies in the programme.

3.45 One of the major goals of the Department of Family Welfare is the reduction of maternal mortality and morbidity. The maternal mortality rate of India is 408 per 1,00,000 live births which was projected to be brought down to 200 per 1,00,000 in 2000. The trend in this regard has not changed significantly in the last five years. This is mainly due to the large number of deliveries being conducted at home and by untrained persons. In addition, lack of adequate referral facilities to provide emergency obstetric care for complicated cases also contributes to high maternal mortality and morbidity. Major causes of maternal death are ante- and post-partum haemorrhage, anaemia, toxæmia, abortions and sepsis. A large number of these causes are preventable through improved maternal care. Promoting safer institutional deliveries and ensuring appropriate treatment of complications can substantially reduce the fatality rate.

3.46 The Committee are of the opinion that Maternal mortality is affected by a whole range of socio-economic determinants. Thus, besides improving the maternal health care services, it is necessary to improve the social status of women, including the literacy rate, to reduce the current level of MMR.

3.47 There are some problems of women like anaemia, mal-nutrition and problems relating to menstrual cycle etc. which are prevalent in the reproductive age group including the adolescent girl. The women silently suffer these problems due to ignorance, the lack of medical facilities and attention by the concerned authorities. It is high time that the Department of Family Welfare takes note of these problems and takes suitable and remedial steps to identify these women and

provide the necessary medical facilities in consultation and coordination with the State Governments and local NGOs.

3.48 It is pertinent to note that a vicious relationship exists between high birth rates and high infant mortality, contributing to the desire for more children. The highest priority must, therefore, be given to launching special programmes for the improvement of maternal and child health, with a special focus on the less privileged sections of society. The Committee were informed that the Department has initiated a number of measures to sustain and strengthen interventions started under the Child Survival and Safe Motherhood (CSSM) Programme. The Committee are of the opinion that such programmes need to be decentralised to the maximum possible extent, their delivery being at the primary level, nearest to the doorsteps of the beneficiaries. While efforts should continue at providing refresher training and orientation to the traditional birth attendants, schemes and programmes should be launched to ensure that progressively, all deliveries are conducted by competently trained persons, so that complicated cases receive timely and expert attention. It is important to strengthen, energise and make accountable health infrastructure at the village, sub centre and primary health centre levels, to improve facilities for referral transportation and to encourage and strengthen local initiatives for ambulance services at village and block levels.

3.49 Child survival interventions i.e. universal immunisation, control of childhood diarrhoea with oral rehydration therapies, management of acute respiratory infections, and massive doses of Vitamin A and food supplements should be provided to reduce infant and child mortality and morbidity and disabilities. With intensified efforts, the eradication of polio is within reach. However, the decline in standards, outreach and quality of routine immunisation is a matter of concern. Significant improvements need to be made in the quality and coverage of the routine immunisation programme. It is necessary to launch an organised, nation-wide immunisation programme, aimed at 100 per cent coverage of targeted population groups with vaccines against preventable and communicable diseases. Such an

approach would not only prevent and reduce disease and disability, but also bring down the existing high infant and child mortality rate.

3.50 Time and again it has been emphasised that breast-feeding is vital to the health of the infants. Women need to be properly educated and made aware of the importance of breast feeding through large-scale campaigns. Since a number of women now work in both the organised and unorganised sectors the government should ensure that maternity leave which has been recently extended, is made uniform in all the States so that the benefits of the extended leave is given to all the women.

3.51 Despite five decades of concerted efforts by the Government under the Contraception Programme, desired results have not been achieved in lowering the fertility level in the country. About 44% of the eligible couples in the reproductive age group (15-44 years) are currently protected against conception by one or the other approved family planning methods as of 31<sup>st</sup> March, 1999. This falls far short of the target laid down in the National Health Policy which targets 60% of effective couple protection by the year 2000.

3.52 The Committee are of the view that rather than implementing the same strategy or following the same policies, newer intervention strategies need to be planned and vigorously implemented, so as to see a rapid decline in fertility rate in the immediate future. The Committee recommend that sterilisation facilities be made available in each of the PHSCs, PHCs, Community Health Centres, etc. The outreach of the Family Planning Services should be increased by involvement of NGOs, Health volunteers and through community based distribution of contraceptives. Lastly, there should be proper emphasis on programmes for training and skill development of both the Medical Officers and Health workers of both Government and voluntary agencies involved in the delivery of family welfare services, with respect to special procedures such as IUD insertions, sterilisation and also administering of oral contraceptives.

3.53 The Committee also note that the proportion of tubectomy acceptors to total sterilization have been approximately 93% compared to only 2% of vasectomy acceptors which shows that till now the entire burden of sterilization has fallen on the women, even though, studies have shown that sterilization on men is less complicated. The Committee therefore urge upon the Department of Family Welfare and the Government to initiate necessary changes in policy formulation and strategy implementation so as to involve more males in the family planning exercise. The counselling of couples in this regard would go a long way in encouraging male sterilisation. In this regard, the type and quantum of incentives given for male sterilization should be enhanced in order to encourage more men to opt for sterilization.

3.54 The prime reasons cited by the Department for such low rate of male sterilization viz. fear of weakness (66%), fear of operation (13%) and method failure (6%), could have been easily tackled through an effective Information, Education and Communication (IEC) strategy. The fact that such misconception has been allowed to prevail for so long without any counter strategy on the part of the Government and the Department, exposes their gender bias and callous and casual approach to the matter.

3.55 Abortion has been a matter of public health concern particularly because of sepsis and other complications which lead to high maternal morbidity and mortality. The Committee note that the MTP Act, 1971 which came into force in 1972 enables women to opt out of an unwanted pregnancy, by an authorization from a registered Medical Practitioner only in Government Hospitals and in places approved by the Government. Despite this, illegal abortions continue to be conducted by unqualified persons and in unauthorised places. The Committee would like to emphasize that the aim of the MTP Act was to reduce maternal mortality due to illegal and unsafe abortions. The Government should therefore expand and improve the MTP facilities and their utilisation under the RCH

Programme so as to make safe abortion facilities accessible to all women in the country. Necessary assistance from the Government of India should be provided in the form of training, supply of adequate MTP equipment, and provision for engaging doctors trained in MTP to visit Primary Health Centres.

3.56 The Committee have been informed that the MTP Act has been reviewed by the Ministry in consultation with the experts and three amendments are proposed to be made. One of these amendments proposed is that the decision to seek abortion should be available to a minor if she is married. The Committee are of the view that if a minor is married, that itself is against the law. Medical Termination of Pregnancy, especially in the present context, is more of an issue related to women's health rather than a social issue. The Committee therefore insist that irrespective of whether a woman, in this case a 'minor', is married or not, she should have the right to a safe abortion. The Committee expect the Government to make the necessary amendments to the MTP Act keeping this in view.

3.57 The Committee note that despite having passed a law to check female foeticide, the girl child is being denied birth by using modern scientific devices, and female foeticide still continues unabated. In spite of the existence of appropriate authorities and advisory committees set up for monitoring the progress of implementation of the Act, very few cases of female foeticide have been reported. The Committee strongly feel that innovative strategies and programmes for awareness and for advocacy are needed to stop this practice. The Government should also examine the loopholes in the existing rules to enforce strict compliance of the provisions of the Act.

3.58 Studies have shown that a large section of eligible couples are knowledgeable and about 60% hold a favourable attitude towards family welfare. But the percentage of couples using contraception is much smaller (44% CPR). This gap between knowledge and attitude on the one hand and practice on the other requires to be bridged. One reason for this gap is the non-availability of contraceptive

services at convenient points. Other reasons for this gap therefore, require to be identified and tackled effectively. Although in theory the reach of print and electronic media is quite large but it is still not reaching certain groups, particularly the disadvantaged ones because of illiteracy and non-availability of radio-TV sets at the household or even at the village level. Alternate approaches closer to the cultural affinity of target groups have to be adopted for this segment of the population who are mostly residents of rural and tribal areas. Social and behavioral scientists, media specialists and providers of family welfare services, must closely interact to design new and meaningful approaches for information dissemination and community motivation.

3.59 The Committee would like to point out that the age group of 6-16 years is particularly critical and vulnerable as far as women are concerned. The Ministry have admitted in this connection, that there has not been much progress in the area of adolescent reproductive health reach. It is essential to make this group aware and knowledgeable as to how the birth of the child could be avoided. This aspect is not being given any attention and girls in this age group generally get pregnant at an early age which causes many health and social problems. It is, therefore, important that an environment is created in which the younger generation particularly the girls in schools, are brought within some kind of programme of awareness about responsiveness and responsibility.

3.60 The Committee are informed that to make PHCs and CHCs functional the Government of India on its part is taking various steps which include supply of drugs and equipment kits, essential obstetric care, emergency obstetric care, 24 hour delivery services, referral transport to indigent families through panchayats, blood supply to ERUs/PHCs, essential newborn care inputs, medical termination of pregnancy etc.

3.61 The Committee are, however, constrained to point out that despite these steps taken by the Government, the state of Primary Health Centres is dismal.

Obviously, the steps contemplated by Government have not resulted in actual improvement of PHCs. The Committee during its Study tours to some States have observed the condition of the Primary Health Centres and their poor maintenance. Some of these are set up in dilapidated buildings with no infrastructure, like electricity, beds, furniture and telephone facilities. They lack the necessary hygiene. At some centres there is no separate ward for female patients and only one doctor is posted on rotation basis to attend to all the patients. Also there is acute shortage of essential drugs and other material. The result is that these Centres are unable to meet the basic health service needs of the community. It is, therefore, necessary that the PHSC, PHC and Community Health Centres should be fully operationalised by providing necessary facilities including buildings and residential quarters, filling-up of all vacant posts and ensuring supply of essential drugs, dressings and other consumables.

3.62 The Committee would also like to point out that during interaction with the beneficiaries at various Primary Health Centres/Community Health Centres, it came to their notice that there is acute shortage of doctors and para-medical staff and at times hardly any doctor is available. In this regard, the Committee were informed by the officials that they faced difficulty as doctors are reluctant to work in such centres which are mostly situated in rural areas. In this connection, the Committee would suggest that for the medical students it should be made obligatory to serve the last six months of their internship in rural health centres. The concerned State Government authorities should be impressed upon to coordinate with the medical colleges in their respective States regarding this suggestion of the Committee.

3.63 To improve the outreach and quality of the family welfare services, the Committee recommend that a time bound programme should be launched by the Department to remove the backlog of establishment of sub-centres and primary health centres. Special area projects, community donations and adoption of cheaper



and appropriate technology for construction should be used for removing the backlog in physical facilities.

3.64 The general norms prescribed for setting up health and family welfare service centres elsewhere in the country should not be applied to the tribal areas because tribal habitats are scattered in rough and difficult topographic areas. The yardstick for the tribal areas should be distance instead of population. Till this is achieved, provision for more outreach camps and mobile clinics should be made to improve the health and family welfare services in tribal, remote and inaccessible areas.

3.65 The Committee have been informed that the total outlay of the Central Government both under plan and non-plan for all the three Departments of the Ministry of Health and Family Welfare is Rs. 7,400 crores for the year 2000-2001. Out of this, an expenditure of Rs. 2,250 crores is exclusively earmarked for diseases related to women. These are stated to be generally related to mother and child care and family welfare related activities. In this connection the Committee feel that all the studies and surveys made, should be gender specific, so that the Government is able to find the number of women suffering from various diseases, the number of them being provided medical facilities, and the amount being spent on the women related diseases/issues and the additional funds which need to be spent for them. This would help the government to formulate and implement the necessary policies/schemes accordingly.

3.66 It has been noted that more than 50 % of the budgetary outlay is towards recurring expenditure. The Committee would like the Department to ensure that available funds are properly and prudently utilised through well laid out plans, schemes and constant vigilance and monitoring. Care must be taken to avoid overlapping of schemes and wastage of resources. At the same time, available infrastructure and facilities should be put to optimum use. However, in view of the critical importance of the projects and schemes, the Committee would urge upon the

Government to further enhance the annual budgets for Family Welfare Programmes. Prevention and promotion services such as ante-natal, post-natal care for women, immunisation of children, availability of contraceptives etc., should be given priority in allocation of funds.

3.67 National Population Policy, 2000 has pointed out huge inadequacies in trained personnel for the Family Welfare Programme. The Committee are of the view that without adequate trained health personnel, it would be difficult for the Government to achieve the objective of population stabilization even with the increased infrastructure and facilities. There is an urgent need for capacity building of the existing staff. The Planning Commission and the Ministry of Finance should also consider the need for a special grant in this connection so as to enable the Department of Family Welfare to recruit and train health personnel.

3.68 The Committee have been given to understand that as per targets laid down by the Government, 80 per cent of the births will be institutionalised by the year 2010. The Committee, however, find this target too ambitious and are of the opinion that it will take considerable time to achieve this target. The Committee feel that there should be a practical approach in this regard. It should be the effort of the government to make a team of panchayat members, anganwadi workers, Self Help Groups, trained dais and the rural health care women in each village so as to deliver maternal care and services to women. To give basic health care to women and children, it would be better if the existing grassroot functionaries are motivated so that they become instruments of a better health delivery system. The Government should give serious thought to this approach and take proper measures in consultation with State Governments.

3.69 In order to improve the efficiency and effectiveness of the family planning programme, and to achieve better health for both the mother and the child, the Committee insist that 100% ante-natal registration should be made mandatory. This should form the basis of identifying high risk pregnancies and the eligible

Sub: Release of fund to ULBs implementing  
IPP-VIII (Extension).

On adhoc basis a sum of Rs. 42.09 was received from IPP-8/CMDA for the purpose of recurring expenditure for service delivery. Out of the same, funds were released to ULBs on as required basis.

On 10.03.2000, a sum of Rs. 1.0 Crore has been received from IPP-8/CMDA.

Apropos discussion held in the meeting of MIC on 24.01.2000 at SUDA, the Chairpersons of the ULBs were requested to procure furniture for HPs and SHPs immediately for which fund to be provided. Further more, for running of services at Blocks/SHPs/ HPs levels (in hired accommodation) recurring would also be provided.

Accordingly, the quantum of fund to be released to respective ULBs for the afore-said procurement and to meet the recurring expenses for service delivery for 3 months (Jan to March, 2000) has been marked out in the enclosed sheet \*.

\* placed below

Secretary, MA Deptt. & Chairman SUDA may kindly accord approval for release of the fund as proposed.

The ULBs are pressing hard for immediate release of fund. Hence, immediate action is solicited to maintain smooth implementation of the Project, whose life span with World Bank's fund support is only upto 30.6.2001. The grass-root level workers (HHWs), the pillars of the Project have not been paid their honorarium from Jan 2000 in most of those ULBs.

Submitted for an early approval, please

*L. S. Samanta*  
 13/3/2000

U.C. No SUDA-15/98(PH)  
 / 347 dt 13.3.2000

Secretary M.A.  
 Chairman  
 ANDA

IPP-VIII (EXTENSION)

Proposed Fund Disbursement Scenario

prepared on 13.03.2000

(Fund received Rs. 1.0 Crore on 10.03.2000)

Sl.No	Name of ULBs/Others	Fund to be Disbursed (Rs)
1.	Alipurduar	- 2,40,350
2.	Burdwan	- 9,56,850
3.	Balurghat	- 4,54,150
4.	Darjeeling	- 5,95,600
5.	Durgapur	- 21,40,850
6.	English Bazar	- 6,01,800
7.	Jalpaiguri	- 3,62,650
8.	Kharagpur	- 8,29,200
9.	Raiganj	- 5,16,200
10.	M E D	- 20,00,000
11.	SUDA/Hd.Qrs	- 13,02,350
G. Total-		100,00,000

- N.B.
- A) Fund to ULBs for recurring expenditure Jan to March/2000; and non-recurring for furniture of Hps/SHPs level.
- B) No fund shown for Siliguri in absence of U/C.

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

Ref.No. ....

Date .....

TO WHOM IT MAY CONCERN.

This is to certify that M/S. Parijat Printers,  
of 7, Gurudas Dutta Garden Lane, Calcutta-700 067 have  
made the supply of Family Schedules to this organisation.

The Job has been done satisfactorily.

Dated: 23.5.2000



*(Handwritten signature)*  
(Adviser, Health) 23/5/2000

(Dr. N. G GANGOPADHYAY,  
Adviser (Health)  
S. U. D. A

FOR  
FTSS UNDER IPP-VIII (EXTENSION)

Week	Day	Hours	Topic
Ist	I	i) 11am-12.30 pm	- Objective/Target group/approach/ services- IPP-VIII(Extn).
		ii) 12.30 pm-2.00pm	- Group management/Leadership. Presentation & Discussion by the trainer. Role play on the topic- by the participants.(Preparation/presentation/discussion).
		iii) 2 pm-2.30pm 2.30pm-4pm	- Lunch Break - Job list of FTSS. Didactic session by Trainers. - Group work on listing of Jobs vis-a-vis identification of responsibilities;presentation. - Evaluation & Wrap-up of the day
II	I	i) 11am-12.30pm	- Reproductive health of adolescents & Women/Maternal Health. - What is reproductive health? Why is it important to care for reproductive health. - Basic Anatomy of Reproductive tract. - Adolescent group. - Right age at marriage, Right age of first maternity, gap. between successive Pregnancies- Why are these important?.
		ii) 12.30pm-2.00pm	- Ante/intra & postnatal period-duration, Normal occurrence & outcome. Home delivery vs Institutional Delivery / complications High risk pregnancies.
		iii) 2.30pm- 4pm	- Services for Reproductive/maternal Health.

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III

- i) 11 am -12.30pm
- Care of new born/U-5 children.
  - Exclusive breast feeding till completed 3 months.
  - Proper weaning.
  - Complications due to inappropriate weaning.

- ii) 12.30pm-2.00pm
- 6-Vaccine preventable Diseases (VPDs).
  - T.B, Diphthria, pertusis, Tetanus, Polio, Measles.
  - Vit A- Prophylaxis.

- iii) 2.30pm-4pm
- Group discussion/Roleplay on acceptance of ante/intra/post natal care services.
  - Preparation.
  - Presentation.
  - Evaluation & Wrap-up of the day.

III

- i) 11am-12.30pm
- Reproductive tract- Infections (RTIs) / Sexually-Transmitted-Infections (STIs) / AIDs.

- ii) 12.30pm-2.00pm
- Communication (IEC) / Behaviour change communication (BCC) on general issues.
- iii) 2.30pm-4pm
- Eligible couple (ECPR)
  - Fertility regulation-Temporary/permanent.

iv)

- i) 11am-12.30pm
- Un-met need for Family Planning.
  - Immunisation.
  - Cold chain
  - Immunisation Schedule/Types of Vaccines/Route of administration.

- ii) 12.30pm-2.00pm
- Nutritional Status- U-5 children.
  - Assessment
  - Importance of birth weight.
  - Growth Monitoring.
  - Practical Demonstration.
  - On spring balance, plotting of weights on growth monitoring card.

- iii) 2.30pm-4.00pm
- Diarrhoea
  - Symptoms/Signs/Care management, both at home & referral level. ORs/HAF.
  - ARI
  - Symptoms / Signs /care management.

- v) 1) 11am-12.30pm - Vital Statistics  
 - Importance  
 - Calculation  
 - CBR, CDR, MMR, IMR, ECPR.
- ii) 12.30pm-2.00pm - Anaemia & its causes.  
 - Effects of anaemia on mother & child health.
- iii) 2.30pm-4.00pm - ~~Registers to be maintained at SHP level~~  
 - Registers to be maintained at SHP level  
 - Ant<sup>e</sup>natal Register.  
 - Postnatal Register  
 - Immunisation Register  
 - Stock/~~articles~~ Register

- IIInd I 1) 11am-12.30pm - MIES  
 Re-orientation on Family Schedules.  
 - Identification of problems faced during filling up.
- ii) 12.30pm-2.00pm - Handling of data generated out of Family Schedule.
- iii) 2.00pm-4.00pm - Weely Report/Monthly Report.  
 - Tabulation/compilation.
- II 1) 11am-12.30pm - Contd. MIES.
- ii) 12.30pm-2.00pm - Contd. MIES.  
 Data Generation & compilation at SHP level. Preparation of charts/graphs/posters etc.
- iii) 2.00pm-4.00pm - Video Cassette on IPP-VIII  
 - discussion.
- III 1) 11am-12.30pm - Demonstration- Kit; Bag/ drug contents.
- ii) 12.30pm-2.00pm - Dosage schedule
- iv) - Nutrition-Adolescents/Mothers.  
 Importance, complications, Services,  
 Curative/preventive/promotive/  
 community nutrition.



- IV
- i) 11.am-12.30pm - MIES
  - ii) 12.30pm-2.00pm - MIES
  - iv) - ~~Conduct~~ Clinic visit <sup>- conduct</sup> Immunisation session.
- V
- i) 11am-12.30pm - ~~Conduct~~ Clinic visit <sup>- conduct</sup> ante/postnatal clinic
    - Hb%
    - Urine exam. for albumin
  - ii) 12.30pm-2.00pm - Conduct HAF/ORT session.
    - Malaria clinic visit.
  - iv) - Facilities available for service programme.
    - liaison
    - Problems- solution.
- vi)
- i) 11am-12.30pm - Discussion sessions on different-Queries.
  - ii) 12.30pm-2.00pm - Post evaluation test.

Name & address of the Project director of IPP-VIII(Extn): [As on 6.1.2000]

Name of the town ----- !	Name & address of the project Director -----
1. Alipurduar	Sri R.Singh, IAS ADM, Alipurduar Dist.-Alipurduar, Pin-735101
2. Balurghat	Sri Deb Kumar Chakraborty, IAS ADM-Dakshin Dinajpur, Pin-733101
3. Burdwan	Sri S. Biswas, IAS ADM-Burdwan, Pin-713101
4. Darjeeling	Sri Manish Jain, IAS ADM-Darjeeling, Pin-734101
5. Durgapur	Sri A.R. Bardhan, IAS CEO Asansol Durgapur Development Authority P.O!Durgapur, Dist.-Burdwan City Centre, Pin-713201
6. English Bazar	Sri S.C. Pahari ADM, Malda P.O-English Bazar, Pin.-732101
7. Jalpaiguri	Sri <sup>Bud Kumar</sup> H. Mohan, IAS ADM, Jalpaiguri Pin-735101
8. Kharagpur	Sri A. Subbiah, IAS ADM-Midnapur, Pin-721101
9. Raiganj	Sri P.K. Mishra, IAS ADM-UttarDinajpur, Pin-733134
10. Siliguri	Sri Manoj Agarwal, IAS CEO- Siliguri Jalpaiguri Development Authority P.O- Siliguri, Dist.- <del>Marjeeling</del> Pin-734401

## STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

Ref No. 286/SUDA/2000

Date 31.01.2000.....

From : The Adviser (Health)  
S.U.D.A.To : The Chief of Health  
IPP-VIII, CMDA.Sub : Printing of Family Schedule in respect  
of IPP-8 Extension beneficiaries.

Sir,

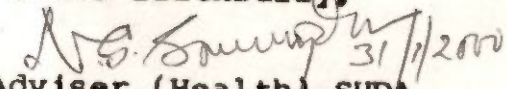
The undersigned is directed to request you kindly to print two lakhs ( 2,00,000 ) family schedule as per the specimen enclosed for the beneficiary families of IPP-8 Extension being implemented in 10 (ten) ULBs. The pages which are to be deleted have been marked with 'X' in red ink. A few amendments have also been made in red ink. The amendments have been made as per the instruction of the Secretary, Municipal Affairs Deptt., Govt. of West Bengal and the Project Co-ordinator, IPP-8 Extn. who has finally approved this amended family schedule to be printed from IPP-VIII, CMDA.

The cost involved for printing of the same may be met from the IPP-8 Extn. fund to be released by CMDA.

Since the MIC, UD & MA Department, Govt. of West Bengal in his meeting on 24.1.2000 at SUDA had desired to provide the family schedules to the 10 project towns within February 2000, you may please get the family schedules printed and supply the same to SUDA at the earliest.

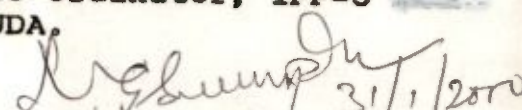
Encl: As stated above.

Yours faithfully,

*g/c*  31/1/2000  
Adviser, (Health), SUDA

Copy forwarded for favour of kind information to :

1. The Secretary , Municipal Affairs Deptt. GOWB.
2. The Secretary, CMDA & Project Co-ordinator, IPP-8
3. Sri S. Pal, Finance Officer, SUDA.

*g/c*  31/1/2000  
Adviser (Health), SUDA.

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**"ILGUS BHAVAN"**

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

**West Bengal**

*Ref No.* .....

*Date* .....

XMT REPORT

Feb. 01 2000 02:24PM

NO.	OTHER FACSIMILE	START TIME	USAGE TIME	MODE	PAGES	RESULT
01	2351632	Feb. 01 02:23PM	00'45	TX	01	OK

24.01.2K

Meeting <sup>will be</sup> started at 1-00pm  
Tea + Snacks at 1-15pm

Tiffin Packet at 1-45 to 2-00pm

Coffee at 2-00pm  
Tea + Snacks at 3-15pm

Biscuit + Kaju (Cashew Nut)

Biscuit + Chanachury (Wadiyan)

Tiffin.

Non-veg.

Veg.

- 1. Orange - 5.00
- 2. Sandesh - 5.00
- 3. Chicken Roll ~~(Roll)~~  
(Bread Roll) - 10.00
- 4. Pastajie - 10.00
- 5. ~~Mutton Pat~~ Fish Envelope - 9.00

- 1. Orange - 5.00
- 2. Sandesh - 5.00
- 3. Paneer-Butter Roll - 12.00
- 4. Pastajie - 10.00
- 5. Veg. Pizza - 6.00

39.00

38.00

Kaju - 2kg - 2 x 350 = 700.00  
 Chanachury - 2kg - 2 x 100 = 200.00  
 Tea + Coffee + Milk - 500.00

1400.00

2000.00

Tiffin 40 x 50  
 Biscuit (Cream Crake & Good Day)

3400.00

100.00

Rs. 3500.00

P.O.D. : Approved Cost Sheet of IPP-8 (Extn.)  
 Communicated to us by Govt.  
 of India: Sanctioning of  
additional manpower.

It appears that for IPP-8 (Extn.), wh.  
 the total approved Project Cost is  
 Rs. 41.20 Crores. Though the Cost Sheet  
 includes item of expenditure on 'additional  
 man power', the description of these  
 are lacking.

Govt. may be approached for  
 confirming the approval of the Competent  
 Authorities towards sanctioning of the  
 'additional man power'.

Do not for kind approval.

J. Chakrabarti  
 20/1/2002

As per (A)

Secretary  
 SWDA

As discussed in the meeting of date  
 a draft letter addressed to the J.S. 509  
 Min of Health & FN for 'Additional staff'  
 at SWDA and ULB level for IPP-VIII (Ext)  
 is placed below for further necessary action please.

Xerox copies of earlier communication to Govt.  
 in this regard are also placed in the file for kind  
 perusal of the Secretary. An early action is requested.

Neena  
 20/1/2002

P.O.D.: Approved Cost Sheet of IPP-8 (Ext.)  
Communicated to us by Govt.  
of India: Sanctioning of  
additional manpower

It appears that for IPP-8 (Ext.), the  
the total approved Project Cost is  
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includes item of expenditure on 'additional  
man power', the description of these  
are lacking.

Govt. may be approached for  
confirming the approval of the Competent  
Authorities towards sanctioning of the  
'additional man power'.

Draft for kind approval.

J. K. Das  
(20/1/2002)

~~As per (S)~~

Secretary  
22  
Chairman  
SUDP.

As discussed in the meeting of date  
a draft letter addressed to the JS-509  
Min of Health & FN for 'Additional staff'  
at SUDP and ULB level for IPP-VII (Ext.)  
is placed below for further necessary action please.

Xerox copies of earlier communication to 509  
in this regard are also placed in the file for kind  
perusal of the Secretary. An early action is requested.  
Yours  
20/1/2002



## STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

Ref No. SUDA-15/98(Pt-II)/167

Date 04.10.99

From: Adviser (Health)  
S.U.D.ATo: Mr. A. K. Mehra  
Director (Area Projects)  
Govt. of India  
Ministry of Health & Family Welfare  
Nirman Bhavan  
New Delhi-110 001

Sub: Creation of temporary posts for Management Cell at Head Quarters' level (SUDA), and Implementation & Monitoring Unit at ULBs level under IPP-VIII (Extn) in West Bengal.

Sir,

Reference is invited to memo No. 322-S/99 dated 27.8.99 from the Secretary, Govt. of West Bengal, Municipal Affairs Deptt. to Ms. Meenakshi Datta Ghosh, Joint Secretary, Govt. of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi-11; and telephonic discussion of Mr. E. J. Jos, under Secretary, Govt. of India with Chief of Health, IPP-VIII, CMDA, Unnayan Bhavan, Salt Lake, Calcutta-91 on 4.10.99.

The following temporary posts need to be created and filled-up on contractual basis at SUDA level and ULBs level for implementation of the IPP-VIII Extn;-

Management Cell at Head Quarters' level (SUDA).

1.	Project Officer	- 1
2.	Sr. Engineer	- 1
3.	Medical Specialist	- 1
4.	IEC Specialist	- 1
5.	Procurement Specialist	- 1
6.	CD Specialist	- 1
7.	Finance Manager	- 1
8.	Training Co-ordinator	- 1

Contd..2/-

9. MIES Officer	- 1
10. P A	- 1
11. Clerks	- 2
12. Attendants	- 2

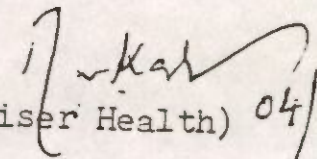
<u>unit at</u>	<u>Implementation &amp; Monitoring each ULB</u>	<u>No.</u>	<u>Total for 10 ULBs</u>
1.	CD Specialist	1	10
2.	A H O	1	10
3.	PHN (Training)	1	10
4.	Accounts Assistant	1	10
5.	Statistical Assistant	1	10
6.	Clerk	1	10

The ten ULBs (Towns) covered under IPP-VIII Extn, West Bengal are - Alipurduar, Balurghat, Bardhaman, Darjeeling, Durgapur, English Bazar, Jalpaiguri, Kharagpur, Siliguri, Raiganj.

In absence of the above mentioned posts it will not be practically possible to implement the project opcit.

It is therefore requested to accord approval of the Competent Authorities towards creation of the ibid posts.

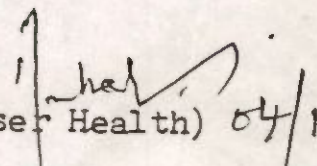
Yours faithfully,

  
✓ (Adviser Health) 04/10/99

Memo no. SUDA-15/98(Pt-II)/167(1)  
C.C

dated 04.10.99

The Secretary to the Govt. of West Bengal, Department of Municipal Affairs and Chairman, SUDA- for favour of kind information.

  
✓ (Adviser Health) 04/10/99

**SUDA**

Draft

# STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

Ref No.....

Date.....

From: A.M.Chakrabarti  
Secretary to the Govt. of West Bengal

To: Ms Meenakshi Dutta Ghosh,  
Joint Secretary to the Govt. of India,  
Ministry of Health & Family Welfare,  
Nirman Bhavan,  
New Delhi-110011

Sub: Creation of temporary posts for Management Cell at  
Head Quarters' level (SUDA), and Implementation  
& Monitoring Unit at ULBs level under IPP-VIII  
(Extn) in West Bengal.

Madam,

Reference is invited to communications \* bearing no.  
332-S/99 and SUDA/15/98(Pt-IIIO/167 dated 27.8.99 & 4.10.99  
respectively on the above issue (vide enclosure\*).

It is heartening to learn that after considerable  
delay, IPP-VIII(Extn) has now been formally approved by  
both the World Bank and Govt.of India. Given the time cons-  
traints, all of us will be required to gear up our machiner-  
ies and launch project activitirs right earnest to achieve  
any tangible progress.

Creation of temporary posts for Management Cell at  
Head Quarters' level (SUDA) and Implementation & Monitoring  
Unit at ULBs level are imperative & must for the purpose,  
as reflected in the reference communications.

The approved cost sheet (vide no. L.19012/7/98-APS of  
GOI, MOHFW) circulated to us (FAX communication) denotes  
total project cost for West Bengal as Rs.41.20 Crores at  
par with that of Dr.G.V.Ramana of World Bank incorporating  
the component of additional man-power for Management Cell  
at SUDA and I & M unit at ULBs.

I would therefore request you to kindly communicate  
the confirmation and approval of Competent Authorities  
towards creation of ibid full-time temporary posts.

Yours faithfully

A.M.Chakrabarti

Encl.\*

C.C

1. Secretary, CMDA .
2. Adviser(Health) SUDA.

A.M.Chakrabarti

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

From : A.M. Chakrabarti,  
Secretary to the Govt. of West Bengal.

To : Ms. Meenakshi Dutta Ghosh,  
Joint Secretary to the Govt. of India,  
Ministry of Health & Family Welfare,  
Nirman Bhawan,  
New Delhi-110011.

No.332-S/99

Dated Calcutta, the 27<sup>th</sup> August, 1999.

Madam,

You are aware that a decision to extend IPP VIII Project to ten cities outside the Calcutta Metropolitan Area, had been taken by Government of India after obtaining the endorsement of the World Bank. In obedience to Government of India's instructions it was proposed in our Project Report on IPP VIII Extension Programme that no permanent staff would be recruited for planning, implementation and monitoring of the Project. Instead we had indicated that only six posts would be created at each municipality temporarily, for implementation and monitoring of the Project and that these posts would be filled up by appointing retired Government officials on contractual basis. The tasks of overall planning, coordination and MIS were given to the State Urban Development Agency in Calcutta. The Project Document on IPP VIII (Extn.) envisaged that fourteen such posts would be temporarily created at the State Urban Development Agency and that the posts should be manned by serving Government employees on deputation basis, or retired Government officials engaged on contracts. A detailed statement on project outlays agreed to by the World Bank for IPP VIII Extension Programme was handed over by Dr. Ramanna of the World Bank Office, New Delhi, to Smt. N. Chatterjee, Project Director, IPP VIII, Calcutta, on 10.7.99, in a floppy. There is clear mention of approval of World Bank towards creation of these temporary posts at sheet 4 in the floppy printout. Mr. E.J. Jose, Under Secretary in your Ministry, is aware of these matters.

A meeting of the Expenditure Finance committee (EFC) was held in New Delhi on 11.3.99. Shri Jose was reportedly, on leave when the agenda for discussions at EFC meeting were prepared. Whoever had prepared the agenda for discussions had missed out on the need for creation of temporary posts in the IPP VIII (Extension) set up in the write-up. Curiously enough, the additional posts needed for Uttar Pradesh, Tamilnadu, Karnataka and Andhra Pradesh were mentioned in details in the agenda. We had pointed out these mistakes to Shri Mehra, Director, A.P., in the Ministry immediately. He promised to make necessary corrections.

Dr. N. G. Gangopadhyay, Adviser (Health), S.U.D.A. participated in the review meeting of RCH in New Delhi on 12.8.99, and met Shri Mehra. I understand that he was told by Shri Mehra that the setups for monitoring of IPP VIII (Extn.) Project at S.U.D.A. and ten urban local bodies had not been sanctioned. The reasons are not known to us. We understand that the total project outlay which is inclusive of contractual remunerations to these staff remains unaltered.

I may mention that the Project Offices for IPP VIII Extension Project have already been set up at S.U.D.A. and at the ten municipalities in consultation with Project Director, IPP VIII, Calcutta and Government of India. Shri A.K. Mehra, Director, had written to Secretary, CMDA and Project Director, IPP VIII, Calcutta, on July 9, 1998, communicating the consent of Government of India for appointment of key personnel for the Project on contractual basis. Shri K.S. Sugathan, the then Joint Secretary in the

Ministry was kept informed of this in my letter dt. 7.8.98. We were anxious not to create any permanent liability for the State Government and the municipalities after the Project period was over. With a view to keeping recurring costs low the Project Document on IPP VIII Extension Project, West Bengal, suggested creation of only a minimum number of technical posts required for effective monitoring of the project. Required funds are available in the approved Project Outlay. After the EFC meeting the State Government and CMDA reviewed the list of posts originally proposed to be created for implementation of the Project and reduced the number to the bare minimum. It is pertinent to mention that the ten towns included in IPP VIII Extension Project are situated in non-CMA area and it will not be practically possible for the IPP VIII unit in CMDA to oversee day to day implementation of the Extension Project at the municipalities situated at far flung areas. The question of abolishing the few technical posts that have already been approved and are being manned does not arise at this moment.

I would request you to kindly communicate the approval of competent authorities towards retaining the technical supervisory officers who are already in position.

Yours faithfully,

Sd/- A.M. Chakrabarti.

Secretary to the Govt. of West Bengal.

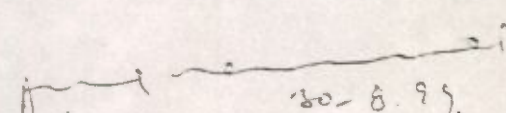
No. 332/1(2)-S/99

Copy forwarded to :

1) Smt. N. Chatterjee, IAS,  
Secretary, C.M.D.A. & Project Director,  
IPP VIII (Extension) Project,  
3A, Auckland Place,  
Calcutta.

✓2) Dr. N.G. Gangopadhyay,  
Adviser (Health),  
S.U.D.A.

Dated Calcutta,  
27<sup>th</sup> August, 1999.

  
20-8-99,  
Secretary to the Govt. of West Bengal.

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

From : A.M. Chakrabarti,  
Secretary to the Govt. of West Bengal.

To : Ms. Meenakshi Dutta Ghosh,  
Joint Secretary to the Govt. of India,  
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New Delhi-110011.

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I would request you to kindly communicate the approval of competent authorities towards retaining the technical supervisory officers who are already in position.

Yours faithfully,

Sd/- A.M. Chakrabarti.

Secretary to the Govt. of West Bengal.


No. 332/1(2)-S/99

Copy forwarded to :

1) Smt. N. Chatterjee, IAS,  
Secretary, C.M.D.A. & Project Director,  
IPP VIII (Extension) Project,  
3A, Auckland Place,  
Calcutta.

✓2) Dr. N.G. Gangopadhyay,  
Adviser (Health),  
S.U.D.A.

Dated Calcutta,  
27<sup>th</sup> August, 1999.

  
Secretary to the Govt. of West Bengal.



All Communication to Government should give the Number, Date and Subject of any previous Correspondence and be addressed to the Secretary of the Department concerned.

# Government of West Bengal

Municipal Affairs Department



Branch

No. 87(14)-S/2000

From : Shri A.M. Chakrabarti,  
Secretary to the Govt. of West Bengal

To : The Chairperson/Mayor,  
Alipurduar/Balurghat/Burdwan/Danjeeling/Durgapur/  
English Bazar/Jalpaiguri/Kharagpur/Raigunj/Siliguri

Dated Calcutta, the 12th January, 199x 2000

Sir,

You may be aware that the IPP-VIII (Extension) project for your town has recently been approved by Govt. of India and the World Bank. Given the time constraints, we will be required to draw up our action plans for the next 6 months for implementation of project activities on priority basis.

Minister-In-Charge, Municipal Affairs & Urban Development Departments will review the project preparedness in your town in a meeting to be held at 1 P.M. on January 24, 2000, at the Conference Hall at ILGUS Bhaban in Salt Lake, Calcutta. Kindly make it convenient to participate in the meeting. The nodal member of the Mayor-in-Council/Chairman-in-Council, who would be overseeing the project may also kindly be requested to remain present.

Yours faithfully,

Sd/-

Secy. to the Govt. of West Bengal

BY SPECIAL MESSENGER

87(14)-S/2000 dt. 12.1.2000

Copy forwarded to :

- 1) Shri P.K. Pradhan, IAS, CEO, CMDA, 3A, Auckland Place, Calcutta
- 2) Smt. N. Chatterjee, Secretary, CMDA -do-
- 3) Dr. B. Bhattacharya, Chief of Health, CMDA -do-
- 4) Dr. N.G. Gangopadhaya, Adviser (Health), S.U.D.A.
- 5) Shri D.K. Roy, Director & C.E., S.U.D.A.
- 6) Shri S.K. Mukherjee, Ch. Engineer, M.E.D.
- 7) Dr. R.N. Kar, Adviser (Health), S.U.D.A.
- 8) Shri J.K. Chakraborty, Jt. Director, I.L.G.U.S.

They are requested to make it convenient to attend the meeting.

12.1.2000

Secy. to the Govt. of West Bengal



Phone : 25-1216

Fax : 25-8262

সচিব  
পৌরবিষয়ক বিভাগ  
পশ্চিমবঙ্গ সরকার  
কলিকাতা-৭০০ ০০১

১২/০৩

SECRETARY  
MUNICIPAL AFFAIRS DEPARTMENT  
GOVERNMENT OF WEST BENGAL  
WRITERS BUILDINGS  
CALCUTTA-700 001

= 2 =

A sum of Rs. 5,89,100.00 has so far been placed with you. S.U.D.A. has received Utilisation Certificate for a sum of Rs. 4,95,631.00 only. Kindly send balance UCs to SUDA [C/o. Dr. N.G. Gangopadhaya, Adviser (Health)] without further delay.

I plan to visit your town to draw up a time-bound action plan during the course of next 4 weeks or so.

Please keep me informed of the present status of your Project.

I would request District Magistrates of Jalpaiguri, Burdwan, Darjeeling, Uttar Dinajpur and Dakshin Dinajpur districts to propose names of Project Directors for the Project at Alipurdwan, Jalpaiguri, Darjeeling, Siliguri, Burdwan, Raiganj and Balurghat.

Kind regards.

Yours sincerely

11.1.2000

(Asok M. Chakrabarti)

Shri Manoj Agarwal, IAS,  
District Magistrate,  
Uttar Dinajpur,  
PIN-733134



Phone : 25-1216

Fax : 25-8262

সচিব  
পৌরবিষয়ক বিভাগ  
পশ্চিমবঙ্গ সরকার  
কলিকাতা-৭০০ ০০১

Asok M. Chakrabarti  
SECRETARY  
MUNICIPAL AFFAIRS DEPARTMENT  
GOVERNMENT OF WEST BENGAL  
WRITERS BUILDINGS  
CALCUTTA-700 001

D.O.No.85(10)-S/2000

Dated, CALCUTTA, the 11th Jan., 2000

Dear Shri Agarwal,

After considerable delay IPP-VIII Extension Project has now been formally approved by both the World Bank and the Govt. of India. Given the time constraints, all of us will be required to gear up our machineries and launch Project activities within the next two months or so. Otherwise, it would be very difficult to achieve any tangible progress by June, 2001.

I have advised Municipal Engineering Directorate to immediately begin tender formalities for the approved civil works at Raiganj. We have got to complete all civil constructions by September, 2000 and submit reimbursement claims to the World Bank. I would request you to see to it that land identified for setting up of Health Posts and Maternity Homes are readily available for civil construction purposes.

As many as 14 Sub-Health Posts will be set up at your town under the Project. I hope you have already identified the buildings. These centres will be the nodal points for delivery of preventive health care services to the Target Group. Kindly get in touch with Dr. N.G. Gangopadhaya, Adviser (Health), S.U.D.A. immediately and procure furniture, equipments, drugs, etc. and make these Sub-Health Posts functional.

Have you completed selection of staff for the Project? Kindly see to it that the full complement of available staff are in position within 3 weeks or so.

contd...../p.2/

All Communication to Government should give the Number, Date and Subject of any previous Correspondence and be addressed to the Secretary of the Department concerned.

# Government of West Bengal

Municipal Affairs Department

Branch

No. 87(14)-S/2000

**BY SPEED POST**

From : Shri A.M. Chakrabarti,  
Secretary to the Govt. of West Bengal

To : The Chairperson/Mayor,  
Alipurduar/Balurghat/Burdwan/Danjeeling/Durgapur/  
English Bazar/Jalpaiguri/Kharagpur/Raipur/Siliguri

Dated Calcutta, the 12th January, 1990 2000

Sir,

You may be aware that the IPP-VIII (Extension) project for your town has recently been approved by Govt. of India and the World Bank. Given the time constraints, we will be required to draw up our action plans for the next 6 months for implementation of project activities on priority basis.

Minister-in-Charge, Municipal Affairs & Urban Development Departments will review the project preparedness in your town in a meeting to be held at 1 P.M. on January 24, 2000, at the Conference Hall at ILGUS Bhaban in Salt Lake, Calcutta. Kindly make it convenient to participate in the meeting. The nodal member of the Mayor-in-Council/Chairman-in-Council, who would be overseeing the project may also kindly be requested to remain present.

Yours faithfully,

Sd/-

Secy. to the Govt. of West Bengal

No. 87(14)-S/2000 dt. 12.1.2000

Copy forwarded to : IAS

- 1) Shri Ramesh Kumar, District Magistrate, Jalpaiguri
- 2) Shri Anil Verma, IAS, District Magistrate, Danjeeling
- 3) Shri Swami Singh, IAS, District Magistrate, Burdwan
- 4) Shri Manoj Agarwal, IAS, District Magistrate, Uttar Dinajpur

I have already written to you for recommending names of Project Directors for the towns of Alipurduar, Burdwan, Danjeeling, Raipur and Siliguri. The officer recommended for appointment as Project Director may kindly be requested to attend this meeting without fail.

Secy. to the Govt. of West Bengal

**SUDA**

221  
**STATE URBAN DEVELOPMENT AGENCY**

"ILGUS BHAVAN"

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

3937  
27 JAN 2000  
Ref No. SUDA-15/98(Pt-II)/276

Date 18.01.2000

From: Adviser(Health)  
S. U. D.A

Seen  
A 21/1  
Adv., Health,  
SUDA

To: The Project Director, IPP-VIII(Extn),  
Alipurduar/Balurghat/Bardhaman/Darjeeling/Durgapur/  
English Bazar/Jalpaiguri/Kharagpur/Raiganj/Siliguri.

sub: Re-imburement claim in connection with  
IPP-VIII (Extn): settlement thereof.

Sir,

Reference is invited to this office communication bearing No. SUDA-15/98 dated 24th Nov'98 and SUDA-15/98(Pt-II) dated 1.2.99 on the issue.

You were requested to make purchases and incur expenditure on specified items for training, setting up RCH Project office etc. and prefer reimbursement claim to SUDA.

Incidentally it is to be noted that such reimbursement claim will be regarding incurring of expenditure on the specified items during the period prior to placement of IPP-VIII(Extn) fund to your ULB.

as  
It appears that certain reimbursement claims are yet outstanding. Some of the claims might have been re-directed to your address for re-submission after meeting up certain objections recorded therein. Further it might be that you are yet to prefer reimbursement claims to SUDA. In any case, you are requested to take action accordingly towards re-submission or submission of the claims as stated above to SUDA within 24.1.2000 at the latest. It may kindly be noted that no such re-imburement claims be admitted after the date stated.

The matter being extremely urgent, You are requested for immediate action.

Yours faithfully,  
*[Signature]*  
(Adviser, Health)

Contd page....2/-

**SUDA**

- 2 -

Memo No. SUDA-15/98(Pt-II)/276(1)

dated 18.1.2000

Copy to: Mayor/Chairperson-ULB.

Alipurduar/Balurghat/Bardhaman/Darjeeling/Durgapur/  
English Bazar/Jalpaiguri/Kharagpur/Raiganj/Siliguri  
- for favour of kind information & necessary action.

*Sd/x*

(Adviser, Health)

Memo no. SUDA-15/98(Pt-II)/276(2)

dated 18.1.2000.

Copy to:-

1. The Secretary, M.A. Deptt. Govt. of West Bengal.
2. The Secretary, CMDA.
3. The Special Secretary, M.A. Deptt. Govt. of West Bengal
4. The Chief of Health, IPP-VIII, CMDA.
5. Director & Chief Executive, SUDA.
6. F.O., Health Wing, SUDA.

*[Signature]*  
18/1  
(Adviser, Health)

**IPP-VIII EXTENSION**

Talking Points / Urgent work list for Meeting of MIC, UD & MA,  
Govt. of West Bengal with the Mayor / Chairpersons and  
Project Directors of 10 ULBs implementing IPP - VIII (Extn.)  
to be held on 24.01.2000 at SUDA.

A. Approval of the project received from Govt. of India. → Rs 41.20 cr. ✓

Administrative / Financial approval forthcoming.

B. Project period - upto March, 2001.

C. Urgent work list for implementation of the project services

Sl.No.	Work item	Action by	Target date
1.	Construction - Civil (35 <del>PPS</del> / 11 ESOPD with MMS) MHS		
III	a) Permissive possession of the <del>land</del> <sup>with</sup> intimation to MED.	ULB ULB	Feb 2000 1 February, 2000
	b) Completion of works	MED/ULB	September 2000
2.	Fund flow:		
IV	a) CMDA to SUDA (bi-annual)	CMDA/SUDA	
	b) SUDA to ULBs (Quarterly)	SUDA/ULB	
3.	- Item-wise requisition - UC and S.O.E. of previous advance <u>Adjustment of advance &amp; submission of claims</u> <u>Settlement of over-billed bills</u> (for the period before release of advance to ULBs)	ULB/SUDA CMDA	February, 2000 February, 2000
4.	Procurement of furniture at ULB, HP and SHP level.	ULB	March, 2000

Procurement of furniture at ULB, HP & SHP level along with adjustment of advance

Sl.No.	Work item	Action by	Target date
5.  II  I.	Man-power <del>SHP HHW.</del>		
	a) Additional staff at project office	ULB	Feb./March, 2000
	b) At HP level [ ANM (PHN)/P.L.M.O./STS/ Store-keeper cum clerk/ Attendant/ Sweeper	ULB	-do-
	c) Hiring of services of MO, PHN till engagement is completed	ULB	Febraury, 2000
	d) At SHP level : (i) Completion of final selection <del>and training of HHWs.</del> Training of HHWs	ULB/SUDA	February, 2000 April, 2000
	(ii) Selection and training of <del>FTSs</del>		February, 2000 March, 2000
	e) <del>ALESOPD level:</del>	ULB	March, 2000
	6. Service Operation :		
	a) At Block level	HHWs/ULB	
	b) At SHP level : " establishment of SHP	ULB	75% by March, 2000 & 25% by May, 2000.
c) At HP level (temporary accommodation)	ULB	-do-	
d) ESOPD level : Hiring of temporary accommodation and functioning	ULB	March, 2000	
e) At MH level : - Hiring services of private hospitals for essential obstretic care.	ULB	To start by March, 2000	
7.	IEC activities :		
a) Orientation on IEC strategy/modality for HO/AHO/SUDA concerned officials	CMDA	Febraury, 2000	

c) ESOPD ~~at~~ ~~level~~  
Specialist  
Tobacco  
of ~~the~~ ~~project~~  
of ~~the~~ ~~project~~  
of ~~the~~ ~~project~~

f d)  
MH - ~~permission~~  
staffing.  
Notes to give consent  
on staffing.



Sl.No.	Work item	Action by	Target date
8.	Workshop / Seminar	SUDA/CMDA /ULB	
9.	Female Education :		
	a) Reconstruction of existing primary schools		
	b) Bridge courses @ 1 per HP	ULD	50% by June, 2000
	c) Vocational Training @ 1 per HP	ULB/SUDA	-do-

## Urban Health Improvement Programme

The following Health Programmes have been implemented for urban poor for delivery of primary health care.

Health Programmes	No. of ULBs	Population Covered	Duration of the Programme	Funding Agency	Operation & Maintenance by
CUDP - III	31 KMA ULBs	16 lakhs	1984 - 1992	World Bank	Dept. of Urban Development
CSIP	3 KMA ULBs	2.88 lakhs	1992 - 1998	DFID	Dept. of Health & Family Welfare
IPP-VIII	40 KMA ULBs	37 lakhs	1994 - 2002	World Bank	Dept. of Municipal Affairs
IPP-VIII (Extn.)	10 Non-KMA ULBs	8.14 lakhs	2000 - 2002	World Bank	Do
RCH Sub-Project, Asansol	1 Non-KMA ULB	2.53 lakhs	1998 - 2004	World Bank	Do
European Commission	6 KMA ULBs <i>upgradation of services</i>	-	2002 - Continuing	E.C.	-
HHW Scheme	11 Non-KMA ULBs	2.58 lakhs	2004 - Continuing	DFID	-

### Major Objectives :

- To reduce Maternal & Child Morbidity and Mortality.
- To reduce fertility amongst the target population.
- To ensure Primary Health Care services at the doorstep of the clientele.

### Service Strategy :



## Status of Health Facilities, IPP - VIII (Extn.)

As on September, 1999.

Sl. No.	ULBs	Health Post/s			Sub Health Post/s		
		Authorised	Identified	Functioning	Authorised	Identified	Functioning
1.	Alipurduar	1	-	-	7	7	-
2.	Baluarghat	2	2	2	12	10	4
3.	Burdwan	5	-	-	27	-	-
4.	Darjeeling	2	2	2	16	16	<del>16</del> 16
5.	English Bazar	2	2	1	14	<del>14</del>	12
6.	Jalpaiguri	1	1	1	12	9	9
7.	Kharagpur	4	4	4	30	10	-
8.	Raiganj	2	2	2	14	14	14
9.	Siliguri	8	-	-	61	-	-
10.	Durgapur	8	4	-	57	25	10
		35	<del>12</del> 17	<del>7</del> 12	250	95	<del>48</del> 65

**Status of Health Manpower at HP level  
as on September, 1999.**

Sl.No.	ULBs	Pt M.O.		
		Authorised	Identified & engaged	Identified
1.	Alipurduar	2	-	-
2.	Baluarghat	4	4	4
3.	Burdwan	10	-	-
4.	Darjeeling	4	2	2
5.	English Bazar	4	-	-
6.	Jalpaiguri	2	-	-
7.	Kharagpur	8	3	3
8.	Raiganj	4	4	4
9.	Siliguri	16	-	-
10.	Durgapur	16	4	4
		70	17	12

**Status of Recurring Fund\* / Expenditure : IPP VIII (Extn.)**

**As on September, 1999.**

**(Fund\* received from CMDA)**

Sl. No.	ULB	Fund Received (Rs.)	Fund Released (Rs.)	Released on	U.C. Received (Rs.)
1.	Balurghat	16,59,000/- on 26.4.99	2,43,750/-	2.7.99 & 17.9.99	71,500/-
2.	Darjeeling	(ULBs - 14,96,000/- SUDA - 1,63,000/-)	2,78,000/-	13.5.99	1,35,714/-
3.	Jalpaiguri		1,50,000/-	16.6.99	83,146/-
4.	Raiganj		3,19,300/-	27.5.99 & 8.9.99	3,05,665/-
			9,91,050/-		5,96,025/-
5.	Alipurduar	25,50,000/- on 3.8.99	87,600/-	4.8.99	-
6.	Burdwan	(ULBs - 24,30,000/- SUDA - 1,20,000/-)	2,71,400/-	do	-
7.	English Bazar		1,44,400/-	do	-
8.	Kharagpur		2,25,800/-	do	-
9.	Siliguri		4,58,600/-	do	-
10.	Durgapur		4,37,600	do	-
		42,09,000/-	16,25,400/-		-
		(ULBs - 39,26,000/- SUDA - 2,83,000/-)	26,16,450/-		

**N.B:** U.C. of SUDA submitted for Rs.1,23,452/- to CMDA.

## Summary Sheet

Amount received from CMDA on 26.4.99 for recurring expenditure for 3 months for 4ULBs	=	16.59 lakhs
Out of which 1,63,000 is for SUDA level expenditure:		
Amount thereof for 4 ULBs = 16.59 - 1.63	=	14.96 lakhs
Amount released from SUDA to 4 ULBs	=	9,91,050/-
Fund balance for 4 ULBs	=	5,04,950/-

Amount received from CMDA on 3.8.99 for recurring expenditure for 3 months for 6 ULBs	=	25.50 lakhs
Amount released from SUDA to 6 ULBs for recurring Expenditure for 2 months for 6 ULBs	=	16,25,400/-
Out of 25.50 lakhs 1,20,000 earmarked for SUDA Headquarter		
Amount thereof for 6 ULBs 25.50-1.20	=	24.30 lakhs
Fund balance for 6 ULBs	=	8,04,600/-

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Total amount received from CMDA Rs.42,09,000/- only.

Fund released Rs.26,16,450/- only.

U.C. received from ULBs for Rs.5,96,025/- only.

Financial Status of Recurring expenditures as on 31.12.99.

Date	Fund Released by CMBA	Fund Released to ULBs	U.C. Received by SVDA	U.C. Submitted to CMBA	U.C. Admin. by CMBA	Remarks
26.4.99	16,59,000 ULB = 14,96,000 HA.SVDA = <u>1,63,000</u>	14,96,000	9,23,782	9,23,782	6,40,257 <sup>(*)</sup> 1,63,000 (HA)	<sup>(*)</sup> 2,83,525 Pending with CMBA.
3.8.99	25,50,000 ULB = 24,30,000 HA.SVDA = <u>1,20,000</u>	22,15,605	8,71,049	8,71,049*	1,17,762 99,584 (HA)	* 4,07,100 Submittal by Durgapur Urban for medical in HA.SVDA. Out of 1,20,000 expd 99,584 Bal. Rs. <u>20,416</u>



Rolling Fund position of 4 ULBS Rs. 16.59 lakhs

Fund received from CMDA on 26.4.99

ULBS Rs. 14.96  
SUDA Rs. 1.63

Sl. No.	Name of ULBS	Fund released Rs. (Lakhs)	u/c. Received (Rs)	u/c Submitted to CMDA. Rs.
1.	Darjeling	2,78,000 (13/5) 2,67,600 (16/12)	1,35,714 77,881	1,35,714 77,881
2.	Rangjung	2,21,000 (27/5) 98,300 (8/9) 1,83,200 (5/11) 86,600 (25/12)	1,02,317 52,086 1,60,884 90,100 90,244	1,02,317 52,086 1,80,344 1,60,884
3.	Jalpaiguri	1,50,000 (10/6) 46,380 (27/12)	83,146 25,300 27,450*	83,146 25,300
			* Returned on 5/1/2000.	
4.	Balurghat	2,08,000 (2/7) 35,750 (17/9)	1,07,250.	1,07,250

Rolling Fund Position of 6 ULBs.

B. Fund received from CMDA on 3.8.99 = Rs. 25.50 lakhs.  
 ULBs = 24.30 }  
 SUDA = 1.20 }

Sl. No.	Name of ULBs.	Fund Released.	U/c Received from ULBs.	U/c Submitted to CMDA.
1.	Siliguri	4,58,600 (4/8)	-	-
2.	Durgapur.	4,37,600 (4/8) 2,29,925 (16/11)	4,07,100 *	* Returned to ULB for rectification on 27/12/99
3.	Kharagpur	2,25,800 (4/8) 69,600 (27/12)	1,96,844	1,96,844
4.	Burdwan	2,71,400 (4/8) 1,90,400 (23/12)	1,98,355	1,98,355
5.	English Bazar	1,44,400 (4/8)		
6.	Alipurdhara	87,600 (4/8) 21,450 (27/12)	47,300 21,450	47,300 - 14/11 21,450 - 21/11
		<u>21,26,725</u>	<u>11,069</u>	<u>8,71,049</u>

**Financial Status of expenditure made by ULBs & SVDA  
Subsequent Reimbursement as on 31.12.99.**

Sl. No.	Name of ULBs.	Amount claimed Rs.	Amount passed by credit for ULB	Amount passed by credit for SVDA
1.	Alipurdhara	2,15,428 = 00	68,753 = 00	3,37,660 = 00
2.	Baharghat	2,08,237 = 00	1,43,167 = 00	
3.	Bardhaman	3,79,765 = 00	3,61,243 = 00	
4.	Darjeeling	6,24,593 = 00	4,01,906 = 00	
5.	Durgapur	7,91,074 = 00	2,38,525 = 00	
6.	English Bazar	1,59,726 = 00	56,122 = 00	
7.	Jalpaiguri	1,25,809 = 00	1,25,809 = 00	
8.	Kharagpur	2,47,498 = 00	1,57,831 = 00	
9.	Raipur	71,931 = 00	23,334 = 00	
10.	Siliguri	4,84,082 = 00	4,39,082 = 00	
		<u>33,08,143 = 00</u>	<u>20,15,772 = 00</u>	<u>3,37,660 = 00</u>

Pending claims  
 12,92,371 = 00 — Pending with ULBs.  
 + 2,18,048 = 00 — Darjeeling  
 60,334 = 00 Alipurdhara  
 64,395 = 00 Bardhaman  
 1,03,604 = 00 English Bazar } Pending with SVDA.  
 5,52,050 = 00 Durgapur  
Total Rs. 22,90,802 = 00

Total amount passed for ULBs and SVDA.  
 Till date: Rs. 23,53,432 = 00  
 (20,15,772 + 3,37,660)

Amount earmarked for Reimbursement: Rs. 15,00,000/-  
 Amount passed = 23,53,432/-  
Overpayment made Rs. 8,53,432/-

Sanction for further amount required  
 Rs. 22,90,802 = 00 — Pending claims.  
 + 8,53,432 = 00 — Overpayment  
 + 4,00,000 = 00 — Further amount estimated bills  
35,44,234 = 00  
 Say Rs. 35,00,000/-

Syno Name of ULBs

Details of Reimbursement claims  
 No. date of letter  
 Amount Claimed  
 Amount Paid

Cheque no & date

Remarks

1) Khanraopur M.P.L

NO - NIL dt 3.8.99

2,11,974-00

1,23,094-00

007808 dt 15.9.99

For the remaining amount billd vrs. handed over to the ULB on 20.9.99 for certification (88,880)

-do-

35,524-00  
 2,47,498-00  
 Amount = 2,50,272  
 Project No. 10497

34,737-00

050297 dt 30.4.99

Rs 787/- not paid being the security deposit.

2) Alipurduar

418/5-103 dt 22.5.99  
 received on 14.7.99  
 833/5-103 dt  
 dt 21-9-99

1,01,254-00  
 53,840-00

37,313-00  
 (Bal. bill-18,400)  
 31,440-00

007593 dt 16.8.99  
 018300 dt 11.10.99

Bill vrs. returned to ULB vide our letter no - nil dt 11.8.99 (Amount (63,941)  
 Rs. 22,400/- (Cost of Furniture)  
 Pending w/cr CRDA  
 Pending w/cr SUDA (60,334)

1086-1PP-VIII  
 dt 25-11-99

60,334-00

Pending w/cr  
 H8 SUDA

2,15,428-00

68,753-00

3) Balurghat

260/5-72 dt 19.5.99  
 671/5-72 dt 28.7.99  
 1293/5-72 dt 1.12.99

97,599-00  
 46,243-00  
 64,395-00

2,08,237-00

96,924-00  
 46,243-00  
 143,167-00

007448 dt 29.7.99  
 007591 dt 8.8.99

Rs 64,395/- Pending w/cr SUDA

6751- not allowed.

Sl. No.	Name of ULR	Letter No & date	Amount claimed	Amount paid	Charge No & date	Remarks
4)	Jalpaiguri	4154/M Dt. 16.3.99	43,600 = ₹	43,600 = ₹	050296 5.5.99	Base Line Survey = 16,000/- HHA's training = 27,600/- <u>43,600</u>
		1221/M dt. 24.6.99	52,356 = ₹	52,356 = ₹	000945 13.7.99	
		1692/M dt. 27.7.99	29,853 = ₹	29,853 = ₹	007592 16.8.99	
			<u>1,25,809 = ₹</u>	<u>1,25,809 = ₹</u>		
5)	Durgajoling -	UR/977 dt. 27.3.99	89,653 = ₹	88,302 = ₹	050295 30.4.99	72A charge extra. 8,135/- not allowed. Base Line Survey = 76,697 = ₹ HHA's Tramp = 81,986 = ₹ <u>89,653 = ₹</u>
		UR/244 dt. 8.2.99	1,27,017 = ₹	1,24,204 = ₹	057724 5.5.99	
		ND dt. 30.6.99	1,89,875 = ₹	1,89,400 = ₹	007442 29.7.99	
		UR/169/1 dt. 30.7.99	2,18,048 = ₹	-	-	
		<u>6,24,593 = ₹</u>	<u>4,01,906 = ₹</u>			

Rs. 2,18,048 pending with SUDA.

Base Line Survey = 1,900/-  
HHA's Tramp = 1,60/-  
1,70,000

Sl. No.	Name of U/LB	Letter nos date	Amount Claimed	Amount Paid	Cheque nos date	Remarks
6)	Durgapur	DMC/REH/4/EN dt- 9.2.99	1,17,310-00 Regd HWS 92,310 Balance 25,000	1,17,310-00	50001 31.3.99	Co-ordinators fees Rs 500/- not paid.
7)	Siliguri Me	DMC/REH/50 dt 27.11.99	1,21,715-00 5,52,049.58	1,21,215-00	57781 17.5.99	Rs 5,39,540/- Pending with CMDA. Rs 12,510/- Returned to U/LB for re-eligibility.
8)	English Bazar	16/1 P.D. VIII dt 22.9.99	25,580-00 4,58,502-00 4,84,082	25,580-00 4,13,502-00 4,39,082-00	Released on 21.10.98 018577 17.11.99	Rs 45000/- returned to U/LB for re-eligibility.
9)	Bardhaman	31/ER/1 P.D. VIII 30-11-99	56,122-00 1,03,604-00 1,59,726-00	56,122-00	Released 19.2.99	Rs 1,03,604/- out of CMDA on 9.12.99 for reimbursement.
10)	Rengam	26/3/VII-1/MA/59 dt 21.5.99 9/1 P.D. dt 13.7.99	23,334-00 (Balance due) 48,597-00 71,931-00	23,334-00	018299 11-10-99 020944 13.7.99	Rs 18,522/- returned to the U/LB for recording in the stock ledger (Parmitive). Rs 68,902/- Pending with U/LB Rs 48,597/- Pending with CMDA (Parmitive)

IPP-VIII (6x)

## STATEMENT - I

### STATEMENT SHOWING THE DETAILS OF ACA FOR THE STATUS DURING 1999-2000

STATE : WEST BENGAL

(Rs. in Crore)

Sl. No.	Name of the Project	Donor	Loan/Credit No.	Total Project Cost (Original/Revised (Rs.))	Loan Grant /Amount (Rs.)	Opening/closing Date	Cumulative expenditure till 30.9.99	Budget estimate 2000 - 2001 *
1.	Family Welfare (Urban Slums Project) IPP-VIII, Calcutta	The World Bank	2394-IN	Original 75.28 1st revn. 101.64 2nd revn. 92.59	US\$22.05 million	30.5.94 30.6.2001	53.97	23.31

\* If 10 Cities in non CMA receive sanction of MOH & FW, Govt. of India, an additional Rs. 10 Cr. is projected as Budget estimate

Bastaman  
11-1-2000

Admin (SUDA)



বিঃ

## নিরাপত্তায় গোয়েন্দাও

বঙ্গদেশে ৩২ জন, এর মধ্যে মোটের ৩৩ জন। সব মিলিয়ে ৩ হাজার পুলিশ কর্মী থাকবে মেসার নিরাপত্তা।

মুর্শিদাবাদ পরগনা জেলায় পুলিশ সুপার অফিসের কাছে মালিগাচাল জামিয়েছেন, গঙ্গাসাগর জেলার নিরাপত্তা অফিসে এয়ারই প্রথম মধ্যমো হাফ গোয়েন্দা বিভাগকে। রাজ্য গোয়েন্দা পুলিশের পাশাপাশি থাকবে কেন্দ্রীয় গোয়েন্দাও। এছাড়াও অতিরিক্ত সঠিকভাবে বাধ্য হিসাবে থাকবে একটি সংস্থার গোয়েন্দা কর্মীরা। প্রশাসন দূরে জানানো হয়েছে, নতুনদের মাধ্যমে মাঝে মধ্যে শাসন বেলার নিরাপত্তা বাহিনী জোপনার করতে হবে। এতেই যানবাহন নিয়ন্ত্রণের উপর সর্বদিক তত্ত্ব নেওয়া হয়েছে।

### একজোড়া বিশেষ ট্রেন

বিভিন্ন প্রতিমিহি: গঙ্গাসাগর জেলায় কীভাবেই হোক ডিউ সমন্বয়ে পূর্বের দুটি বিশেষ ট্রেন চালানো: মেসার পূর্বের পথে থেকে এক ট্রেন বিজয়পুরে জানানো হয়, তাগামী ১৪ ও ১১ জনসংখ্যা নিরাপত্তার থেকে ডায়মন্ডহাটের উদ্দেশ্যে একজোড়া বিশেষ ট্রেন ছাড় হবে।

একটি ট্রেন হাতে রাত বায়েটা দল মিলিয়ে, অন্যটি হাতে রাত দুটো দল মিলিয়ে। কিয়ংকমে জোরাল ট্রেনটি ডায়মন্ডহাটের থেকে রাত বায়েটা পঞ্চাশ মিনিটে ছাড়বে।

### মধ্যে করতে হবে

## য়কর চালু না ষ্ট রাজ্যকে

কারণ, মহাবলী, পশ্চিমবঙ্গ, ওড়িশা, অন্ধ্রপ্রদেশ এবং মধ্যপ্রদেশ রাজ্যগুলি মুক্তিযোদ্ধা এই সিদ্ধান্ত কার্যকরী করেছে।

শিবি এবং উত্তরপ্রদেশ ইতিমধ্যে দুটি সিদ্ধান্ত কার্যকরী করে কার্যকরী হয়েছে: দুই রাজ্যের তথ্য প্রতিনিধি বেওয়া হয়েছে, বিভিন্ন সময়েই মধ্যে তা পুরোপুরি কার্যকর করা হবে।

কর্তৃত্বাধীন অঞ্চলগুলিও যাতে এই সিদ্ধান্ত মেনে চলে সেজন্য বেশ কয়েকটি অর্থমন্ত্রী সমন্বিত সিন্ডিকেট গঠন করা হবে।

মনসিকের বিভিন্ন সন্দেহের কারণে নিরাপত্তা অফিসের তালিকা দেওয়ার জন্য এ মাসের

এই ঘটনার পরে নিরাপত্তার ট্রেনের দুই শাখার কঠোর নিরাপত্তার ব্যবস্থা করা হয়।

উক্ত শাখার প্রতিটি ট্রেনেও সতর্কবার্তা পরিবেশ করা হয় বলে জানা যায়।

## বিশ্বব্যাঙ্কের টাকায় জন্ম-নিয়ন্ত্রণ প্রকল্পের মেয়াদ বাড়ল

বিভিন্ন প্রতিমিহি: বিশ্বব্যাঙ্কের আর্থিক সহায়তার জন্য নিয়ন্ত্রণ প্রকল্পের মেয়াদ চলতি বছরের ডিসেম্বর পর্যন্ত বাড়ানো হল।

রাষ্ট্রের পুরনো আশেপাশে উত্তীর্ণ মেসারের সহায়কভাবে এ বছর জানিয়ে বলেন, ৪১ কোটি টাকা ব্যয়ে ১০ টি শহরে এই প্রকল্প সম্পন্ন করা হবে।

পুরনো প্রকল্পের নতুনায়ন বলে একেই ক্রিয়াকার কোমন্ড বর্ত আরোপ করেনি।

বর্ত আরোপ করার পরিকারামো উন্নয়নে বিশ্বব্যাঙ্কের আর্থিক সহায়তা যে থাকবে তাহলে অর্থাৎ সে সম্পর্কে দুটি আশঙ্কিত করা হলে পুরনোই বলেন, এ ব্যাপারে আলোচনা চলবে।

পুরনোই জানায়, প্রথম বছর ১০০ কোটি টাকা ব্যয়ে ৪১ টি শহরে এই প্রকল্প সম্পন্ন করা হয়েছে।

পশ্চিমবঙ্গে এই প্রকল্প সম্পন্নকার কাজ সর্বোচ্চমত হওয়ার এর মেয়াদ বাড়ানো হল। এই প্রকল্পের মধ্যে রয়েছে কলী উন্নয়ন, সা ও শিশু পরিচর্যা, প্রস্তুতি সমন নির্মাণ, মহিলাদের শিক্ষা।

মুর্শিদাবাদের বর্ধমান, দুর্গাপুর ও নন্দাপুর এবং উত্তরবঙ্গে দার্জিলিং, জলপাইগুড়ি, জালিপুরপুর, শিলিগুড়ি, হায়দ্রাবাদ, হালুদহাটী ও হুসৈনগাজরে এই প্রকল্প সম্পন্ন করা হবে।

এর মধ্যে রয়েছে ৩০ টি বায়ু কোমন্ড ও ২০০ টি উপস্বাভ্যেভ্যে নির্মাণ। এছাড়া ১ হাজার ৪০০ জন অধিকারিত আশ্রয়ার্থী নিয়োগ করা হবে।

## পথ নিরাপত্তা সপ্তাহ শুরু, নেই ট্রাফিক পুলিশ

বিভিন্ন প্রতিমিহি: মেসারের থেকে সহজে পথ নিরাপত্তা সপ্তাহ শুরু হলেও ট্রাফিক পুলিশের তরফে তা পালনের উদ্যোগ শহরের সর্বে নগরে পড়েনি।

তবে পথ নিরাপত্তা সপ্তাহ উপলক্ষে শহরের বিভিন্ন মোড়ে বেশকয়টি সংস্থার সশস্ত্র করা সূক্ষ্ম কাম্প অফিস অবশ্য দেখা গেছে। তবে অনেক জায়গাতেই সেই কাম্প অফিস থেকে পথচারীদের উদ্দেশ্যে বোকা পোকা ছাড়াই।

কোনও কোনও কাম্প অফিসে সোফটওয়্যার জানানো গেছে পড়েনি।

বেলাপেরক না সার্কেট না বাতার মান-নির্বিদ্যাস সহ বিভিন্ন বাসবাহনকে অর্থাৎ বর্ধক করার দেখা যায়।

সপ্তাহে জালসৌলিত মহাকরণের সশস্ত্রের মোড়ক সার্কেটের দেখা যায়নি, ছিল না কোনও বেজামেবকত।

### এস পি জি অধিকর্তা হচ্ছেন তুয়ার মিত্র?

বিভিন্ন প্রতিমিহি, লগামিহি, ১০ জানুয়ারি: কেন্দ্রীয় গোয়েন্দা সংস্থার অধিকর্তা তুয়ার মিত্রের পদে পদোন্নতি করা হয়েছে।

বিভিন্ন প্রতিমিহি: বিভিন্ন বৌদ্ধ কারমাগাকে পায়ে দালিহি চাকরার ভারত হবে এ ঘটনার ছিল তা নিয়েও

কারমাগা মে কর্তাদের দূখে। মহলে থেকে পু লস বশোবক পুলিস সহ বি শ্রাণনাশের হ কারমাগাকে ২ কারমাগার সেওয়া। তবও ভারতে ৫ পতকালের ৩ সন্নাসী, বলা করলেও ট শ ১৯৮৯-৫ পূর্বপূরী মো টার সূত্র। কমেটেক। ট কিং এসব ১ সন্নাসি কে নির্বিদ্যে কীবিনে ধা নরাসিহি কারমাগার কর্তব্যক্তি বলা হবে

প্র

বিভিন্ন ৪ কারপিগ পুরোটো: হেরেহার ব্যাপারে বিষয়ক প্রক কেবু' তখনই করে ৫ তা তক্রব কথি। বিশে তবে সরব প্রমা: জাদ: করে মেন করে জি বিচ প্রক প্রব প্রা পা দে কা





শ্রী অধ্যায় হইবে। Onkar Narayan Herjee ওঁকার নারায়ণ চ্যাটার্জী, ডোকেট, জাজেস্ কোর্ট, হাওড়া।

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লদহ ডিস্ট্রিক্ট ডেলিগেট সাকসেশান নং ২৩০/৯৯, এতদ্বারা জানানো হচ্ছে দিল্লিয়ারসেবী সাং ১/২/এইচ/৭ জি পাশী রোড থানা কাশিপুর কাটা-২ মৃত স্বামী রামনাথ সিং এর ২৭, ১৫৪.৪৫ পরস (সাতশ হাজার ত চুয়ার টাকা পর্যতাদিশ পরস) অধিকার সাব্যস্তের জন্য উপরিউক্ত সশান কোন রুজু করিয়াছেন। ইহাতে স্ত্রী কোন আপত্তি থাকিলে এই বিজ্ঞপ্তি শর এক মাসের মধ্যে আপত্তি দাখিল ত হইবে। নতুবা আবেদনকারিণীর দন গ্রাহ্য হইবে। অনুমত্যানুসারে, নবেজ নাথ গুপ্ত, সেরেস্তাদার, ২০০০

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মেদিনীপুর, তমলুক সিঃ জঃ ডিষ্ট্রিক্ট গট ১ম আদালত ২২ নং জে ৯৯৯ শ্রী নন্দলাল দেব গোস্বামী, কারী। শ্রীমতী রাসমনি অধিকারী, তিপক্ষ। এতদ্বারা সর্ব সাধারণকে া যায় যে নিম্ন তপশীল বর্ণিত ১ সম্বন্ধে তমলুক থানার কুপাই ১ শ্রীমতী ইন্দুবালা দেবগোস্বামী বাং সালে ২৮ ফাল্গুন ইং ১২/৩/৮৯ সাক্ষীগণের সাক্ষাতে তমলুক থানার সাকিনে শ্রী নন্দলাল দেব াকে উইলপত্র দলিল দ্বারা উইল ছিলেন। উক্ত শ্রী নন্দলাল দেব ী উইল প্রবেষ্ট প্রার্থনায় উপরোক্ত ত ১৯৯৯ সালে ২২ নং উইল ন্য দরখাস্ত করিয়াছেন। নিম্ন তপশীল সম্পত্তিতে কাহারও কোন স্বঘ থাকিলে তাহার ইং ১৮/১/২০০০ উপরোক্ত আদালতে হাজির হইয়া ্রকিতে পারিবেন। অন্যথায় আইন কার্য করা হইবে। অদ্যসন ১৯৯৯

১৪/১২ তারিখে আদালতে

নুসারে অত্র নোটিশ দেওয়া হইল। ত তপশীল সম্পত্তির বিবরণ। (ক) ভূক্ত ভূমি সিন্দু দেবতার সম্পত্তি। মদিনীপুর, থানা—তমলুক, মৌজা- স্বধ নং-৯। ১২৪৩ দাগ কালা ৪৬ ২৪২ দাগ খাই ৪১ ডেঃ, ১৩০২ ষিঙ্কল ২৬ ডেঃ (ক/১) তপশীল টইলদাত্রী ওয়ারীশসূত্রে প্রাপ্ত তে-সা-মেদিনীপুর, থানা-তমলুক, রপাই, খতিয়ান নং ৯। ১২৪৩ ১৪৬ ডেঃ মধ্যে ৩১ ডেঃ, ১২৪২ ৪১ ডেঃ মধ্যে ১৪ ডেঃ, ১৩০২ ন রাস্তা মায় সমাধি স্থান ২৬ ডেঃ ১ ডেঃ। (খ) তপশীল সম্পত্তি, মেদিনীপুর, থানা—তমলুক, রপাই, খতিয়ান নং ১৩। ১২৭৪ ১ বাস্ত খাই এক বন্দ মোট ১ একর ১২৭৬ দাগ এক বন্দ মোট ০১ ১৭ দাগ এক বন্দ মোট ০৩ ডেঃ দাগে ১ একর ৭০ ডেঃ মধ্যে ১ অনুযায়ী পশ্চিমাংশে কালা বাস্ত ট ৭৬/ ডেঃ। ১২৭২ দাগে ১ মোট ১২ ডেঃ মধ্যে ১/ অংশে ডঃ। ১২৭২/ ১০৪১ দাগে খাই মোট ২ ডেঃ। সর্বমোট ডঃ। (গ) তপশীল ভূক্ত সম্পত্তি রীমোহনের কোবলা খরিদা জলা-মেদিনীপুর, থানা-তমলুক, পাই, খতিয়ান নং ৩৫৫। ১২৩৪ বন্দ জল মোট ৫২ ডেঃ মধ্যে ১০ গতা অংশে ২১ ডেঃ ৫ ৫ মৌজা মির্জাপুর ২৭/১ নং ৩৬ দাগে এক বন্দ জল ৫২ ডেঃ ৪ দখলি মোট ১৭ ডেঃ মোট ৩৮ Order, মির্জা আবদুল্লা বেগ, r, Civil Judge (Jr. Div.) 1st mluk

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তুগমূল নেতা সূত্রত চৌধুরী একশ শতকের গোড়ায় পশ্চিমবঙ্গের কলকতম অধ্যায় হিসেবে চিহ্নিত করলেন। হাঙ্গামাতাল সুপারের সঙ্গে তাঁদের কথাবার্তা চলছে। তুগমূল নেতা বিধায়ক পবজ বানার্জি স্বাস্থ্যমন্ত্রীকে চিঠি দিয়েছেন। যিরেছেন সূত্রত চৌধুরীও। তাঁরা মানবাধিকার কমিশনে যাচ্ছেন।

সামগ্রিকভাবে হাসপাতালের অবহেলাতেই ১ বছরের রাণা দাসের মৃত্যুর কাছে জবাবদিহি চেয়ে তুগমূল নেতারা চিঠি দিচ্ছেন। প্রসঙ্গত, স্বাস্থ্যমন্ত্রী পার্থ মে-কে আগেই রাণা দাসের ফ্রি বেডের জন্য আবেদন করা হয়েছিল। কিন্তু সে আবেদন গ্রাহ্য হয়নি বলে তুগমূল নেতা সূত্রত চৌধুরীর অভিযোগ।

## রাজ্যের বস্তিবাসী শিশুদের জন্য বিশ্বব্যাঙ্কের ৪১ কোটি টাকা

স্টাফ রিপোর্টার : সিএমডিএ এলাকার বাইরে রাজ্যের দশটি শহরের বস্তিবাসী শিশু ও মায়াদের জীবনযাত্রার মানোন্নয়নের জন্য বিশ্বব্যাঙ্ক ৪১ কোটি টাকা দীর্ঘমেয়াদী ঋণ দিয়েছে। কেন্দ্রীয় স্বাস্থ্যদপ্তরের রূপরেখা মেনে রাজা পুর ও স্বাস্থ্যদপ্তর যৌথ উদ্যোগে আগামী দু'বছর ধরে এই প্রকল্পের কাজ করবে। আলিপুরদুয়ার, বালুরঘাট, বর্ধমান, দার্জিলিং, দুর্গাপুর, ইংলিশবাজার, জলপাইগুড়ি, খড়গপুর, রায়গঞ্জ, শিলিগুড়িতে শিশু ও মায়ের স্বাস্থ্যের উন্নতির লক্ষ্যে অওতায় আসলে আট লাখ ১৪ হাজার জন। রাজ্যের পুরমন্ত্রী অশোক উট্টাচার্য সোমবার মহাকরণে সাংবাদিকদের একত্র আনিয়ে বলেছেন, আইপিপি-৮ প্রকল্প হিসাবে চিহ্নিত এই প্রকল্পের পাশাপাশি সিএমডিএ এলাকার ৪১টি শহরে একই উদ্দেশ্যে ১০০ কোটি টাকা ব্যয়ে যে কাজ হচ্ছে তা একবছরের মধ্যেই শেষ হবে। এই প্রকল্পে বস্তিবাসী মায়াদের জন্য দশটি আউট পেসেট ডিপার্টমেন্ট কাম মেটোরনিটি হোম তৈরি করা হবে শহরগুলিতে। ৩৫টি হেলথ আউটপোস্ট এবং ২৫০টি উপ-স্বাস্থ্যকেন্দ্র গড়ে তোলা হবে। আগামী একবছরের মধ্যে এই প্রকল্পের পরিকাঠামো তৈরি করে ফেলবে পুরদপ্তর। প্রতিটি পুরসভায় এই প্রকল্পের কাজ চালানোর জন্য একজন করে হেলথ অফিসার,

অ্যানিস্ট্রাক্ট হেলথ অফিসার, কমিউনিটি অফিসার ও অ্যাকাউন্ট্যান্ট নিয়োগ করা হবে। এছাড়া স্থানীয় মহিলাদের মধ্যে থেকে ১৪০৫ জন হেলথ ওয়ার্কার নেওয়া হবে। তাড়বে প্রতিমাসে পাঁচশো টাকা করে সাময়িক পেওয়া হবে। এর পাশাপাশি প্রকল্প এলাকায় মেয়েদের স্কুল, সেক্টর ও বাথরুমও তৈরি করা হবে। অশোকবাবু জানিয়েছেন, দু'বছরের মধ্যে প্রকল্পের কাজ শেষ হলেও রাজ্য সরকার এর পরিবেশা চালু রাখবে। এদিকে, 'আইপিপি-এইচ' প্রকল্পে বিশ্ব ব্যাংক তেমন কোন শর্ত চাপিয়ে দেয়নি বলে এদিন দাবি করেছেন পুরমন্ত্রী। তবে এই দশটি শহরের পরিকাঠামো উন্নয়নে রাজ্য সরকার বিশ্বব্যাঙ্ক থেকে পাঁচশো কোটি টাকা ঋণের যে চেষ্টা মাঝপথে ছেড়ে দিয়েছে সে সম্পর্কে কোন সিদ্ধান্ত হয়নি। অশোকবাবু বক্তব্য, ওই প্রকল্প বাতিল তা এখনই বলা যাবে না। আসলে বিশ্বব্যাঙ্ক শর্ত চাপাচ্ছিল, আমরা (রাজ্য সরকার) আপত্তি করেছিলাম। কিন্তু বাতিল বলে কিছু জানানো হয়নি। অশোকবাবু দাবি, চালু প্রকল্পগুলি সম্পর্কে বিশ্বব্যাঙ্ক কর্তৃপক্ষ শুধু আশাবাসী নয় খেটে সন্তুষ্ট। তারই জের হিসাবে আইপিপি-৮ প্রকল্পে সিএমডিএ এলাকার বাইরে দশটি পুরসভায় ৪১ কোটি টাকার দীর্ঘমেয়াদী ঋণ মঞ্জুর করা হয়েছে।

## অক্ষমতা মানলেন আনিসুর

নিজ স্ববেদনামতা, বারাকপুর : প্রাণী সম্পদ বিকাশের ক্ষেত্রে রাজ্য তাঁর অক্ষমতার কথা মনে নিল। রাজ্যের প্রাণীসম্পদ বিকাশমন্ত্রী আনিসুর রহমান সোমবার দুপুরে এই অক্ষমতার কথা স্বীকার করেও প্রাণী চিকিৎসকদের যার্থতা, অসুবিধার কথাও বিধাইনিভাবে উচ্চারণ করলেন বেলগাছিয়ায় প্রাণীসম্পদ বিকাশ ও মৎস্যবিজ্ঞান বিশ্ববিদ্যালয় প্রাঙ্গণে। অনিসুর রহমান রাজ্য সরকারের স্বামতির কথা স্বীকার করেও স্কোভের সঙ্গে অনুযোগ করলেন পশ্চিমবঙ্গের প্রায় শহরে প্রাণীসম্পদ বিকাশ ও সুরক্ষণে যাদের দায়িত্ব খুব বেশি তাঁদের সে কাজে তেমন মন নেই। তিনি বলেন, এবার থেকে প্রতিবছর ১০ জানুয়ারি পশ্চিমবঙ্গ সরকার প্রাণী চিকিৎসক দিবস হিসেবে পালন করবে সামাজিকভাবে উপেক্ষিত। কিন্তু অত্যন্ত গুরুত্বপূর্ণ সমাজকর্মী ও প্রাণী

চিকিৎসকদের সামাজিক প্রতিষ্ঠার জন্য। তিনি এদিন ঘোষণা করেন এবার থেকে প্রাণী চিকিৎসক এবং রাজ্য সরকারের যৌথ উদ্যোগে প্রাণী চিকিৎসকদের জন্য 'স্টেট ওয়েলফেয়ার ফান্ড' গঠন করা হবে। এই ফান্ড দিয়ে প্রাণী চিকিৎসকদের, তাঁদের পরিবারের চিকিৎসা, পড়াশুনা, এমনকি প্রমোদ ভ্রমণের সুবিধার জন্য 'হলিডে হোম' তৈরির চেষ্টা করা হবে। রাজ্য সরকারের অয়োজনে 'প্রাণী চিকিৎসক দিবস' সংঘদ মেহেবুব জাহেদি 'প্রাণী সম্পদ সমাচার' পত্রিকার এক বিশেষ সংখ্যা প্রকাশ করেন। এদিনের অনুষ্ঠানে প্রাণী সম্পদ বিকাশ ও মৎস্য বিজ্ঞান বিশ্ববিদ্যালয়ের উপাচার্য অসীমকুমার ভট্টাচার্য, প্রাণী পালন ও পুত চিকিৎসার অধিকর্তা শশাঙ্ক হালদার, বিভাগীয় সচিব এবং বিশিষ্ট বিজ্ঞানী ডাঃ চিত্তামণি সিং ডঃ সঞ্জীব চৌধুরী প্রমুখ উপস্থিত ছিলেন।

### হারালো প্রাপ্তি

জনসাধারণের অবগতির জন্য জানানো হইতেছে যে, একটি WAY BILL No.-I2253717, Dated 30 SEP 1999, (WBST-BU/9384), BATTERY CENTRE (P) LTD, 19 J. M. AVENUE, CAL-6, EXIDE INDUSTRIES LTD-এর নামে ইস্যু করিয়াছিল, যেটি হারাইয়া গিয়াছে। কেহ যদি পাইয়া থাকেন, নিম্নোক্ত ঠিকানায় ফেরৎ দিলে বামিত হইবেঃ- EXIDE INDUSTRIES LIMITED 6A, HATIBAGAN ROAD CAL-700 014

### এখানে ওখানে

● বিবেকানন্দ সোসাইটি : ১৫১, বিবেকানন্দ বোডে সোসাইটি ভবনে সন্ধ্যা সাড়ে ৬টার শ্রীশ্রী রামকৃষ্ণ কথামৃত পাঠ ও আলোচনা। ● এস এম জি গ্রুপ : পঞ্চ নির্যাসতা ২০০০ উপসঙ্গে আয়োজিত বসে আসকী প্রতিযোগিতার পুরস্কার বিতরণী অনুষ্ঠান বিকাশ ৫টায় কুমিরাম অনুষ্ঠান কেন্দ্রে। ● সাহা ইনস্টিটিউট অফ নিউক্লিয়ার ফিজিক্স : ১/৭ এক, বিধাননগরে বিকাশ ৪টায় ইনস্টিটিউটের সূর্য জয়ন্তী বর্ষের অনুষ্ঠান। প্রধান অতিথি মুখ্যমন্ত্রী জ্যোতি বসু। ● প্রজাপিন্ডা কলকাতা : ১৫ নং ১০২০৪৫৪ মুখার্জি রোডে সন্ধ্যা ৮টায় কাব্যমঞ্চিক শরিক বিলাপে পদ্য পাঠ। ● টেংগার সোসাইটি ফর ক্রুরাল ডেভেলপমেন্ট : কলেজ স্কোয়ারের স্টুডেন্টস হলে বিকাশ চারটে প্রথম বার্ষিক পারাগাস হলে শুভ আরম্ভ বক্তৃতা অনুষ্ঠান। ● লিটল ম্যাগাজিন মেলা : বর্ষিক সদস্যের মূল্যে

সরকার প্রয়াত হয়েছেন। গত ৭ জানুয়ারি শুক্রবার তিনি শেষ নিশ্বাস ত্যাগ করেন। তিনি ১৯৭২ সালে কংগ্রেস পার্শী হিসেবে জয়নগর কেন্দ্রে থেকে লোকসভায় নির্বাচিত হন। জরুরি অবস্থার সময় তিনি কংগ্রেস ত্যাগ করে বামফ্রন্ট ও জনতা পার্টির সমর্থনে ১৯৭৭ সালে জয়নগর থেকে ফের 'সংসদ হিসেবে নির্বাচিত হন। এর আগে ১৯৬২ সালে বাকইপুর থেকে রাজ্য বিধানসভাতেও নির্বাচিত হন তিনি। এম এন রায় এবং বি আর আবেদকরের চিন্তাধারায় অনুপ্রাণিত এবং রাজনীতিতে প্রয়াত জগজীবন রামের ঘনিষ্ঠ প্রয়াত শক্তি সরকার আমৃত্যু সুন্দরবনের উন্নতি নিয়ে ব্যস্ত ছিলেন। এ-রাজ্যের রাজনীতিকদের মধ্যে তিনিই প্রথম পরিবেশ আন্দোলনে যুক্ত হন। ১৯৯১ সালে জানুয়ারিতে নর্মদা আন্দোলনের সমর্থনে কলকাতার প্রথম জনসভার উদ্যোক্তাও ছিলেন তিনি।

### রাজনৈতিক সম্মেলন

স্টাফ রিপোর্টার : দক্ষিণ ২৪ পরগনার ১০৭, ডাঙ্গড় রকের তুগমূল কংগ্রেসিদের রাজনৈতিক সম্মেলন সন্ধ্যাতি অনুষ্ঠিত হয়। স্থানীয় ডাঙ্গড় হাইস্কুল মাঠে এই সম্মেলনে প্রায় দু'হাজার প্রতিনিধি হাজির ছিলেন। সভার উদ্বোধন করেন রাজ্য তুগমূল কংগ্রেস নেতা ডাঃ সুদীপ্ত রায়। এছাড়া হাজির ছিলেন রাজ্য সরকারি কর্মচারীদের নেতা মনোজ চক্রবর্তী, পবজ মাকান ও প্রাক্তন স্বাস্থ্যমন্ত্রী ডাঃ আমির আলি মোহা প্রমুখ।

### বেবি শো

স্টাফ রিপোর্টার : সন্ধ্যাতি উত্তর কলকাতার নিকাশিপাড়া সার্বজনীন যুগোৎসব সমিতির উদ্যোগে ও বছর থেকে ৬ বছর পর্যন্ত শিশুদের নিয়ে এক অভিনয় এবং উত্তর কলকাতাতে তো বটেই, রাজ্যেও সত্ত্বত প্রথম এক বেবি-শো হয় যা অনেকটা মিস ইউনিভার্স ও মিস ওয়ার্ল্ড প্রতিযোগিতার মত। প্রতিযোগিতায় এ বছরের শ্রেষ্ঠ বেবি '৯৯ শিরোপার (Max রূপোর মুকুট) হাতে ভুলে দেওয়া হয়েছে একটি ৫ বছরের শিশু তার নাম টুয়েন্টল রায়। বিতীয় স্থানে তীয়াস মলিক ও তৃতীয় স্থানে দেবকুশ দে নির্বাচিত হয়েছে।

### জয়পুরে রক্তদান

স্টাফ রিপোর্টার : রক্তদান সম্পর্কে সাধারণ মানুষের সচেতনতা যে বেড়েছে তার প্রমাণ দিল হাওড়া জেলার জয়পুর গ্রামের বাসিন্দারা। এই প্রত্যন্ত গ্রামের ৯০ জন রবিবার রক্তদান করলেন জয়পুর সাধনা সমিতির পরিচালনায় দ্বিতীয় বার্ষিক রক্তদান শিবিরে। রক্তদাতাদের উৎসাহিত করতে হাজির ছিলেন হাওড়া পুরসভার মেয়র সুধীন খোব, বিশিষ্ট শল্যচিকিৎসক আর বি পাণ্ড, শ্রীমতী রিজতা পাল-সহ আরও বহু বিশিষ্ট ব্যক্তি।

### রক্তদান শিবির

নিজ স্ববেদনামতা : অনু গুপ্তার স্মৃতির উদ্দেশে গড়িয়া নব রবীন সংঘ রবিবার এক রক্তদান শিবিরের আয়োজন করে। এদিন ৪৪ জন রক্তদাতা রক্ত দেন। একইদিনে ওড়িশার ত্রাণের জন্য তাঁরা মুখ্যমন্ত্রীর ত্রাণ তহবিলে ১০০১ টাকা দান করেন। অনুষ্ঠানে উপস্থিত ছিলেন কাউন্সিলর তুর্ডি চক্রবর্তী, ফুটবলার প্রশান্ত চক্রবর্তী।

### দৈনিক রাশিফল

মেঘ : প্রবেশনে যশোলাভ, বন্ধ সুখ। বৃষ : কর্মে প্রভাব বৃদ্ধি, মানসিক সুখ। মিত্র : শুভীজনের সহায়তা লাভ, মনোবল বৃদ্ধি। কর্কট : স্বাস্থ্যহানি, গীতি হানি। সিংহ : কর্মে শুভ প্রভাব বৃদ্ধি, বজন সুখ, ব্যয়বাহুল্য। কন্যা : কর্মে বাধাবির, মনোবল হ্রাস। তুলা : প্রবেশনে যশোলাভ, পারিবারিক সুখ। মৃগশ্রিক : কর্মে সফলতা, স্বয়ম সূত্রে লাভবান। মনু : স্বকর্ম চিন্তা, কর্মে বিচলিত মাফল্য। মকর : প্রবেশনে সফলতা, মিত্র লাভ। কুর্ভ : কর্মে শুভ সন্তানতা, সংখ্য মুক্তি। মীন : কর্মে বাধা বির, শত্রুতা।

খুটু ডাগ

১২) নির্ধোঁক

মূল্যবান রক্ত

১৫) তুলা

সমাসের উ

১৬) শৌহ

স	স
খ	খ
ক	ক
গ	গ
ঘ	ঘ
ঙ	ঙ
চ	চ
ছ	ছ
জ	জ
ঝ	ঝ
ঞ	ঞ
ট	ট
ঠ	ঠ
ড	ড
ঢ	ঢ
ণ	ণ
ত	ত
থ	থ
দ	দ
ধ	ধ
ন	ন
প	প
ফ	ফ
ব	ব
ভ	ভ
শ	শ
ষ	ষ
স	স

### সমাধান

১২) নির্ধোঁক

১৫) তুলা

১৬) শৌহ

### দিগ্গি

ডি ডি ১৭.০০

৮.০০ নিউজ ৮.১

পায়ে ৯.৩০ এ

ইংরেজি ইউর

১.৩৩ মিওয়ার ২

সন্যচার ৮.৪৫ নি

নং: পিনার ১০.৩

অব দা ওয়ার্ল্ড

ডি ডি ২- ৭.১

ম্যাটারস ৮.৩০ দা

বো পায়ে ১০.৩০

কিসমৎ ৩.০০ প্রি

মনোরজন ৭.৩০

মা ৯.০০ রাজ্য

১০.৩০ নিউজ ১১

ডি ডি ১ ও

১০.৩০ স্ট্রীপটী ২

৩.৩০ ভুল ঠিকান

৪.০০ কব্বক ৪.৩

৫.১৫ দৈনন্দিন

৭.৩০ আকাশে

গল্পা।

ডি ডি ২ ও ৭

আকাশচোয়া ১.০০

ডি ডি ৭- ৫.১০

৫.২৫ বিজ্ঞানগী

৫.৪৫ কিপ কিট

বিশ্ববঙ্গ সংঘেলন

শাব্দীয় সর্বাভ ৮.৩

### স্টার প্রাস-এ রা

ধারাবাহিক।

এ টি এন বাংলা

৯.৪০ মামা ডা

চোপালি ২.০০

● ডি ডি-২

৩.০০ হাম প

● আলফা বাংলা

২.০০ অচা

৪.০০

● সি টি টি এ

২.৩৫ মর্দগ

● সি সি সি এ

২.৩০ মশ ম

● সোলি

শি অগ্রাহ্য হইবে। Onkar Narayan (terjcek) তাঁকার নারায়ণ চ্যাটার্জী, ডোকেট, জাজেস্ কোর্ট, হাওড়া।

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লদহ ডিস্ট্রিক্ট ডেলিগেট সাকসোনো নং ২৩০/৯৯, এতদ্বারা জানানো হচ্ছে সিপিআইএসসি সাং ১/২/এইচ/৭ জি পানী রোড থানা কাশিপুর হাতা-২ মৃত স্বামী রামনাথ সিং এর ২৭, ১৫৪, ৪৫ পরসা (সাতশ হাজার ত চুয়ান টাকা পর্যায়ক্রমিক পরসা) ধীকার স্বাভাবিক জন্ম উপরিউক্ত সশান কেস রুজু করিয়াছেন। ইহাতে রা কোন আপত্তি থাকিলে এই বিজ্ঞপ্তি শর এক মাসের মধ্যে আপত্তি দাখিল ত হইবে। নতুবা আবেদনকারিগীর দন প্রাথ্য হইবে। অনুমতানুসারে, বব্রেন নাথ গুপ্ত, সেরেক্তাদার, ২০০০

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মেদিনীপুর, তমলুক সিং জঃ ডিষ্ট্রিক্ট স্ট ১ম আদালত ২২ নং জে ৯৯৯ শ্রী নন্দলাল দেব গোস্বামী, কারী। শ্রীমতী রাসমনি অধিকারী, তিপক্ষ। এতদ্বারা সর্ব সাধারণকে য়ায় যে নিম্ন তপশীল বর্ণিত সস্বন্ধে তমলুক থানার কুরপাই ঙ শ্রীমতী ইন্দুবাল দেবগোস্বামী বাং সালে ২৮ ফান্বন ইং ১২/০/৮৯ সাক্ষীগণের সাক্ষাতে তমলুক থানার সাকিনে শ্রী নন্দলাল দেব াকে উইলপত্র দলিল দ্বারা উইল ছিলেন। উক্ত শ্রী নন্দলাল দেব া উইল প্রবর্তে প্রার্থনায় উপরোক্ত ত ১৯৯৯ সালে ২২ নং উইল ন্য দরখাস্ত করিয়াছে। নিম্ন তপশীল সম্পত্তিতে কাহারও কোন স্বয় থাকিলে তাহার ইং ১৮/১/২০০০ উপরোক্ত আদালতে হাজির হইয়া করিতে পারিবেন। অন্যথায় আইন কার্য করা হইবে। অদ্যসন ১৯৯৯ ১৪/১২ তারিখে আদালতে নুসারে অত্র নোটিশ দেওয়া হইল। ত্ত তপশীল সম্পত্তির বিবরণ। (ক) ভুক্ত ভূমি সিদ্ধ দেবপুর সম্পত্তি।

মেদিনীপুর, থানা—তমলুক, মৌজা- স্বয় নং-৯। ১২৪৩ দাগ কালা ৪৬ ১৪২ দাগ খাই ৪১ ডেঃ, ১৩০২ বিহুল ২৬ ডেঃ (ক/১) তপশীল টইলদারী ওয়ারীশসূত্রে প্রাপ্ত কে-না-মেদিনীপুর, থানা-তমলুক, রপাই, খতিয়ান নং ৯। ১২৪৩ ১৪৬ ডেঃ মধ্যে ৩১ ডেঃ, ১২৪২ ৪১ ডেঃ মধ্যে ১৪ ডেঃ, ১৩০২ ন রাস্তা মায় সমাধি স্থান ২৬ ডেঃ ১ ডেঃ। (খ) তপশীল সম্পত্তি, মেদিনীপুর, থানা—তমলুক, রপাই, খতিয়ান নং ১৩। ১২৭৪ ১ বাস্ত খাই এক বন্দ মোট ১ একর ১২৭৬ দাগ এক বন্দ মোট ০১ ১৭ দাগ এক বন্দ মোট ০৩ ডেঃ দাগে ১ একর ৭০ ডেঃ মধ্যে ন অনুযায়ী পশ্চিমাংশে কালা বাস্ত ট ৭৬/১ ডেঃ। ১২৭২ দাগে ৭ মোট ১২ ডেঃ মধ্যে ১/ অংশে ডঃ। ১২৭১ দাগে খাই মোট মধ্যে মোট ১০ ডেঃ। সর্বমোট ডঃ। (গ) তপশীল ভুক্ত সম্পত্তি রীমোহনের কোবলা খরিদা জেলা-মেদিনীপুর, থানা-তমলুক, পাই, খতিয়ান নং ৩৫৫। ১২৩৪ বন্দ জল মোট ৫২ ডেঃ মধ্যে মনা ১০ গণ্ডা অংশে ২১ ডেঃ ঐ ১ মৌজা মির্জাপুর ২৭/১ নং ৩৬ দাগে এক বন্দ জল ৫২ ডেঃ ৪ মলি মোট ১৭ ডেঃ মোট ৩৮ Order, মির্জা আবদুল্লা বেগ, r. Civil Judge (Jr. Div.) 1st mluk

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তুণমূল নেতা সূত্রত চৌধুরী একশ শতকের গোড়ায় পশ্চিমবঙ্গের কলকতম অধ্যায় হিসেবে চিহ্নিত করলেন। হাসপাতাল সূপারের সঙ্গে তাঁদের কথাবার্তা চলছে। তুণমূল নেতা বিধায়ক পঙ্কজ ব্যানার্জি স্বাস্থ্যমন্ত্রীকে চিঠি দিয়েছেন। দিয়েছেন সূত্রত চৌধুরীও। তাঁরা মানবাধিকার কমিশনে যাচ্ছেন।

সামগ্রিকভাবে হাসপাতালের অবহেলাতেই ৯ বছরের রাণা দাসের সূত্রত কাছে জবাবদিহি চেয়ে তুণমূল নেতারা চিঠি দিচ্ছেন। প্রসঙ্গত, স্বাস্থ্যমন্ত্রী পার্থ মে-কে আগেই রাণা দাসের ফ্রি বেডের জন্য আবেদন করা হয়েছিল। কিন্তু সে আবেদন প্রাথ্য হয়নি বলে তুণমূল নেতা সূত্রত চৌধুরীর অভিযোগ।

## রাজ্যের বস্তিবাসী শিশুদের জন্য বিশ্বব্যাঙ্কের ৪১ কোটি টাকা

স্টাফ রিপোর্টার : সিএমডিএ এলাকার বাইরে রাজ্যের দশটি শহরের বস্তিবাসী শিশু ও মায়াদের জীবনযাত্রার মানোন্নয়নের জন্য বিশ্বব্যাঙ্ক ৪১ কোটি টাকা দীর্ঘমেয়াদী ঋণ বিবেছে। কেন্দ্রীয় স্বাস্থ্যপত্রের রূপরেখা মেনে রাজ্য পুর ও স্বাস্থ্যপত্র যৌথ উদ্যোগে আগামী দুবছর ধরে এই প্রকল্পের কাজ করবে। আলিপুরদুয়ার, বালুরঘাট, বর্ধমান, দার্জিলিং, দুর্গাপুর, ইংলিশবাজার, জলপাইগুড়ি, খড়গপুর, রায়গঞ্জ, শিলিগুড়িতে শিশু ও মায়ের স্বাস্থ্যের উন্নতির লক্ষ্যে আওতায় আসবে আট লাখ ১৪ হাজার জন। রাজ্যের পুরমন্ত্রী অশোক কবাবুর সোমবার মহাকরণে সাংবাদিকদের এখবর জানিয়ে বলেছেন, আইপিপি-৮ প্রকল্প হিসাবে চিহ্নিত এই প্রকল্পের পাশাপাশি সিএমডিএ এলাকার ৪১টি শহরে একই উদ্দেশ্যে ১০০ কোটি টাকা ব্যয়ে যে কাজ হচ্ছে তা এবছরের মধ্যেই শেষ হবে। এই প্রকল্পে বস্তিবাসী মায়াদের জন্য দশটি আউট পেসেট ডিপার্টমেন্ট কাম মেটরনিটি হোম তৈরি করা হবে শহরগুলিতে। ৩৫টি হেলথ আউটপোস্ট এবং ২৫০টি উপবাস্ত্যকেন্দ্র গড়ে তোলা হবে। আগামী একবছরের মধ্যে এই প্রকল্পের পরিকাঠামো তৈরি করে ফেলবে পুরপত্র। প্রতিটি পুরসভায় এই প্রকল্পের কাজ চালানোর জন্য একজন করে হেলথ অফিসার,

অ্যাসিস্ট্যান্ট হেলথ অফিসার, কমিউনিটি অফিসার ও অ্যাকাউন্ট্যান্ট নিয়োগ করা হবে। এছাড়া স্থানীয় মহিলাদের মধ্যে থেকে ১৪০৫ জন হেলথ ওয়ার্কার নেওয়া হবে। তাদের প্রতিমাসে পাঁচশো টাকা করে সামান্যিক নেওয়া হবে। এর পাশাপাশি প্রকল্প এলাকায় মেয়েদের স্কুল, স্কোরার ও বাথরুমও তৈরি করা হবে। অশোকবাবু জানিয়েছেন, দুবছরের মধ্যে প্রকল্পের কাজ শেষ হলেও রাজ্য সরকার এর পরিবেশা চালু রাখবে। এদিকে, 'আইপিপি-এইচ' প্রকল্পে বিশ্ব ব্যাঙ্ক তেমন কোন শর্ত চাপিয়ে দেয়নি বলে এদিন দাবি করেছেন পুরমন্ত্রী। তবে এই দশটি শহরের পরিকাঠামো উন্নয়নে রাজ্য সরকার বিশ্বব্যাঙ্ক থেকে পাঁচশো কোটি টাকা ঋণের বে চেটা মাফপথে ছেড়ে দিয়েছে সে সম্পর্কে কোন সিদ্ধান্ত হয়নি। অশোকবাবুর বক্তব্য, ওই প্রকল্প বাতিল তা এখনই বলা যাবে না। আসলে বিশ্বব্যাঙ্ক শর্ত চাপাচ্ছিল, আমরা (রাজ্য সরকার) আপত্তি করেছিলাম। কিন্তু বাতিল বলে কিছু জানানো হয়নি। অশোকবাবুর দাবি, চালু প্রকল্পগুলি সম্পর্কে বিশ্বব্যাঙ্ক কর্তৃপক্ষ শুধু আশাবাসী নয় হতে সন্তুষ্ট। তারই জের হিসাবে আইপিপি-৮ প্রকল্পে সিএমডিএ এলাকার বাইরে দশটি পুরসভায় ৪১ কোটি টাকার দীর্ঘমেয়াদী ঋণ মঞ্জুর করা হয়েছে।

## অক্ষমতা মানলেন আনিসুর

নিজস্ব সংবাদদাতা, বারাকপুর : প্রাণী সম্পদ বিকাশের ক্ষেত্রে রাজ্য তাঁর অক্ষমতার কথা মনে নিল। রাজ্যের প্রাণীসম্পদ বিকাশমন্ত্রী আনিসুর রহমান সোমবার দুপুরে এই অক্ষমতার কথা স্বীকার করেও প্রাণী চিকিৎসকদের ব্যর্থতা, অনীহার কথাও বিধাইনভাবে উচ্চারণ করলেন বেলগাছিয়ার প্রাণীসম্পদ বিকাশ ও মৎস্যবিজ্ঞান বিশ্ববিদ্যালয় প্রাঙ্গণে। আনিসুর রহমান রাজ্য সরকারের খামতির কথা স্বীকার করেও স্কোডের সঙ্গে অনুযোগ করলেন পশ্চিমবঙ্গের গ্রাম শহরে প্রাণীসম্পদ বিকাশ ও সংরক্ষণে যাদের দায়িত্ব খুব বেশি তাঁদের সে কাজে তেমন মন নেই। তিনি বলেন, এবার থেকে প্রতিবছর ১০ জানুয়ারি পশ্চিমবঙ্গ সরকার প্রাণী চিকিৎসক দিবস হিসেবে পালন করবে সামাজিকভাবে উপেক্ষিত। কিন্তু অত্যন্ত গুরুত্বপূর্ণ সমাজকর্মী ও প্রাণী

চিকিৎসকদের সামাজিক প্রতিষ্ঠার জন্য। তিনি এদিন ঘোষণা করেন এবার থেকে প্রাণী চিকিৎসক এবং রাজ্য সরকারের যৌথ উদ্যোগে প্রাণী চিকিৎসকদের জন্য 'সেট উপযোগের ফার্ম' গঠন করা হবে। এই ফার্ম দিয়ে প্রাণী চিকিৎসকদের, তাঁদের পরিবারের চিকিৎসা, পাড়াগোনা, এমনকি প্রমোদ ভ্রমণের সুবিধার জন্য 'হলিডে হোম' তৈরি করা হবে। রাজ্য সরকারের অয়োজনে 'প্রাণী চিকিৎসক দিবস' সংসদ মেহেবুব জাহেদি 'প্রাণী সম্পদ সমাচার' পত্রিকার এক বিশেষ সংখ্যা প্রকাশ করবেন। এদিনের অনুষ্ঠানে প্রাণী সম্পদ বিকাশ ও মৎস্য বিজ্ঞান বিশ্ববিদ্যালয়ের উপাচার্য অসীমকুমার ভট্টাচার্য, প্রাণী পালন ও পণ্ড চিকিৎসার অধিকর্তা শশাঙ্ক হালদার, বিভাগীয় সচিব এবং বিশিষ্ট বিজ্ঞানী ডাঃ চিত্তামণি সিং ডঃ সঞ্জীব চৌধুরী প্রমুখ উপস্থিত ছিলেন।

### হারানো-প্রাপ্তি

জনসাধারণের অবগতির জন্য জানানো হইতেছে যে, একটি WAY BILL No.-12253717, Dated 30 SEP 1999, (WBST-BU/9384), BATTERY CENTRE (P) LTD, 19 J. M. AVENUE, CAL-6, EXIDE INDUSTRIES LTD-এর নামে ইস্যু করিয়াছিল, যেটি হারাইয়া গিয়াছে। কেহ যদি পাইয়া থাকেন, নিম্নোক্ত ঠিকানায় ফেরৎ দিলে কাহিত হইবে :- EXIDE INDUSTRIES LIMITED 6A, HATIBAGAN ROAD CAL-700 014

### এখানে ওখানে

● বিবেকানন্দ সোসাইটি : ১৫১, বিবেকানন্দ বোডে সোসাইটি ভবনে সন্ধ্যা সাড়ে ৬টার স্ত্রী স্ত্রী রামকৃষ্ণ কথাসূত্র পাঠ ও আলোচনা। ● এস এম জি গ্রুপ : পণ্ড নিয়ন্ত্রণ ২০০০ উপপত্রকে আয়োজিত বসে অস্ট্রেলিয়ায় প্রত্যাগমনের পূর্বস্বর বিহবরী অনুষ্ঠান বিকাশ ৫টার কুমিল্লি রাস্তা অনুষ্ঠান। ● সাহা ইনস্টিটিউট অফ নিউক্লিয়ার ফিজিক্স : ১/এ এফ, বিমানঘরবে বিকাল ৪টার ইনস্টিটিউটের সুবর্ণ জয়ন্তী বর্ষের অনুষ্ঠান। প্রধান অতিথি মুখ্যমন্ত্রী কোটি বসু। ● প্রজাপিতা রক্তকুমারী ঐক্য শ্রীক বিদ্যালয় : ১ এ এফ ৫৫৫৫৫৫ মুখার্জি বোডে সন্ধ্যা ৮টার আধ্যাতিক পত্রিক বিকাশের লক্ষ্যে যাত্রা। ● টেগোর সোসাইটি ফর রুরাল ডেভেলপমেন্ট : কলেজ স্কোয়ারের স্টুডেন্টস হল বিকাশ চারটের প্রথম বার্ষিক পাঠালাপ রাস্তা শুধু স্মারক বক্তৃতা অনুষ্ঠান। ● নিউন ম্যাগাজিন মেলা : বর্ষান্ত্র সদনের লুৎলা স্ট্রীট সিনেমা হাউসে ১০টা থেকে ১২টা পর্যন্ত।

সরকার প্রয়াত হয়েছেন। গত ৭ জানুয়ারি শুক্রবার তিনি শেষ নিশ্বাস ত্যাগ করেন। তিনি ১৯৭২ সালে কংগ্রেস প্রার্থী হিসেবে জয়নগর কেন্দ্রে থেকে লোকসভায় নির্বাচিত হন। জরুরি অবস্থার সময় তিনি কংগ্রেস ত্যাগ করে বামফ্রন্ট ও জনতা পার্টির সমর্থনে ১৯৭৭ সালে জয়নগর থেকে ফের 'সাংসদ হিসেবে নির্বাচিত হন। এর আগে ১৯৬২ সালে বারুইপুর থেকে রাজ্য বিধানসভাতেও নির্বাচিত হন তিনি। এম এন রায় এবং বি আর আবেদকরের চিত্তাধারায় অনুপ্রাণিত এবং রাজনীতিতে প্রয়াত জগজীবন রামের ঘনিষ্ঠ প্রয়াত শক্তি সরকার আমৃত্যু সুন্দরবনের উন্নতি নিয়ে ব্যস্ত ছিলেন। এ-রাজ্যের রাজনীতিকদের মধ্যে তিনিই প্রথম পরিবেশ আন্দোলনে যুক্ত হন। ১৯৯১ সালে জন্মায়িত নর্মদা আন্দোলনের সমর্থনে কলকাতায় প্রথম জনসভার উদ্যোক্তাও ছিলেন তিনি।

## রাজনৈতিক সম্মেলন

স্টাফ রিপোর্টার : দক্ষিণ ২৪ পরগনার ১০৭, ডাকড রকের তুণমূল কংগ্রেসদের রাজনৈতিক সম্মেলন সম্প্রতি অনুষ্ঠিত হয়। স্থানীয় ডাকড হাইকুল মাঠে এই সম্মেলনে প্রায় দুই হাজার প্রতিনিধি হাজির ছিলেন। সভার উদ্বোধন করেন রাজ্য তুণমূল কংগ্রেস নেতা ডাঃ সুদীপ রায়। এছাড়া হাজির ছিলেন রাজ্য সরকারি কর্মচারীদের নেতা মনোজ চক্রবর্তী, পরজ মাফল ও প্রাক্তন স্বাস্থ্যমন্ত্রী ডাঃ আমির আলি মোম্বা প্রমুখ।

## বেবি শো

স্টাফ রিপোর্টার : সম্প্রতি উত্তর কলকাতার নিকশিপাড়া সার্বোজনীন দুর্গোৎসব সমিতির উদ্যোগে ৩ বছর থেকে ৬ বছর পর্যন্ত শিশুদের নিয়ে এক অভিনব এবং উত্তর কলকাতাতে তো বটেই, রাজ্যেও সর্বপ্রথম এক বেবি-শো হয় যা অনেকটা মিস ইউনিভার্স ও মিস ওয়ার্ল্ড প্রতিযোগিতার মত। প্রতিযোগিতায় এ বছরের শ্রেষ্ঠ বেবি '৯৯ শিরোপাটি (Max রুপোর মুকুট) হাতে তুলে দেওয়া হয়েছে একটি ৫ বছরের শিশুর যার নাম টুয়েঙ্কল রায়। দ্বিতীয় স্থানে তীয়াস মল্লিক ও তৃতীয় স্থানে দেবকুশ দে নির্বাচিত হয়েছে।

## জয়পুরে রক্তদান

স্টাফ রিপোর্টার : রক্তদান সম্পর্কে সাধারণ মানুষের সচেতনতা যে বেড়েছে তার প্রামেয় দিন হাওড়া জেলার জয়পুর গ্রামের বাসিন্দারা। এই প্রত্যয় গ্রামের ৯০ জন রবিবার রক্তদান করলেন জয়পুর সাধনা সমিতির পরিচালনায় দ্বিতীয় বার্ষিক রক্তদান শিবিরে। রক্তদাতাদের উৎসাহিত করতে হাজির ছিলেন হাওড়া পুরসভার মেয়র সুবিনয় শৌব, বিশিষ্ট শল্যচিকিৎসক-ডঃ বি পাল, শ্রীমতী রিত্তা পাল-সহ আরও বহু বিশিষ্ট ব্যক্তি।

## রক্তদান শিবির

নিজস্ব সংবাদদাতা : অনু গুণ্ডার স্মৃতির উদ্দেশ্যে গড়িয়া নব রবীন সংঘ রবিবার এক রক্তদান শিবিরের আয়োজন করে। এদিন ৪৪ জন রক্তদাতা রক্ত দেন। একইদিনে ওড়িশার ত্রাণের জন্য তাঁরা মুখ্যমন্ত্রীর ত্রাণ তহবিলে ১০০১ টাকা দান করেন। অনুষ্ঠানে উপস্থিত ছিলেন কাউন্সিলর তড়িৎ চক্রবর্তী, ফুটবলার প্রশান্ত চক্রবর্তী।

## দৈনিক রাশিফল

মেঘ : প্রফেশনে যশোহাভ, বন্ধ সুখ। বৃষ : কর্মে প্রভাব বৃষ্টি, মানসিক সুখ। মিবুণ : শুণীজনের সহায়তা লাভ, মনোবল বৃষ্টি। কর্কট : স্বাস্থ্যহানি, প্রীতি হানি। সিংহ : কর্মে শুভ প্রভাব বৃষ্টি, স্বজন সুখ, ব্যয়বহুল। কন্যা : কর্মে ব্যাবিধি, মনোবল হ্রাস। তুলা : প্রফেশনে যশোলাভ, পারিবারিক সুখ। বৃশ্চিক : কর্মে সফলতা, স্বজন সুখে লাভবান। ধনু : স্বজন চিন্তা, কর্মে মিলনিত সাফল্য। মকর : প্রফেশনে সফলতা, মিত্র লাভ। কৃত্তিক : কর্মে শুভ সফলতা, সংসার মুক্তি। মীন : কর্মে ব্যাধ বিয়, শত্রুতা।

১২) নির্ণোজ মূল্যবান রত্ন ১৫) তুলা অস সমাসের উত্তর ১৬) পৌষ বা

স	ম	স
ব	খ	রা
গ	ঘ	ঙ
চ	ছ	জ
ট	ঠ	ড
ঢ	ণ	ত
থ	দ	ধ
ন	প	ফ
ব	শ্রী	য়

## দুর্ঘটনা

দিবসি ডি ডি ১-৭০০ স ৮.০০ মিউজ ৮.১৫ সায়েল ৯.৩০ এক ইহেতজার অউর সই ১.৩৩ মিউজার ২.০০ সমাচার ১০.৩০ নমঃ শিবার ১০.৩০ অম দা ওয়ার্স।

ডি ডি ২-৭.১৫ স ম্যাটারস ৮.৩০ দা ফোপারো ১০.০০ না কিসমৎ ৩.০০ হিদি মনোরঞ্জন ৭.৩০ সারি মা ৯.০০ রাজা অউ ১০.৩০ নির্তর ১১.৫০ ডি ডি ১ ও ১০.৩০শৌপনী ২.৩ ৩.৩০ তুল ঠিকানার ৪.০০ কব্বক ৪.৩০ ৫.১৫ দৈনদিন ৫.৩ ৭.৩০ আকাশে আ গায়া।

ডি ডি ২ ও ৭- আকাশেগোয়া ১.০০ ডি ডি ৭-৫.১০ শা ৪.২৫ বিজ্ঞপ্তিগীতি ৫.৪৫ কিপ সিউ ৬.৫ নিখবস সংঘলন ৮.৩ শাস্ত্রীয় সর্নীত ৮.০০

স্টার হোস-এ রাত পারাবাহিক। এ টি এক বাংলা ৯.৪০ মামা ডায়ে চোরাগালি ২.৩০ গ



স্টার হোস-এ রাত পারাবাহিক। এ টি এক বাংলা ৯.৪০ মামা ডায়ে চোরাগালি ২.৩০ গ

● ডি ডি-২ ৩.০০ হাম পাঁচ ● আলফা বাংলা ২.০০ অচরা ৯.০০ প্রেমী ● গি টি টি এন ২.৩৫ ধর্মযুদ্ধ ● সি সি এন ১.৩০ রূপ নম্বর ● সোনি



All Correspondence at the following  
H. O. : Janak House, Opp. Indian Oil  
Sheikh Misry Road, Wadala (East), Mumbai  
Phone : 412 0171 / 413 0407  
Cable : JANAKBED - BOMBAY  
Telex : 11-71584 JKMG IN  
Fax No. : 91-22-413 9870 / 418 0  
E-Mail : janak@bom3.vsnl.net.in  
Website : www.metalbeds.com

Copy.

DR. N. GANGOPADHYAY  
(ADVISOR)  
C.S.I.P. - HEALTH  
UNNAYAN BHAWAN  
SALT LAKE, CALCUTTA.

Date : 09-07-'99.

Sir,

I thank you for the courtesy extended to me during my visit to your office of date. I also take the opportunity in informing you that we have been awarded with a contract by IPP VIII (Family Welfare US Project) CMDA, UNNAYAN BHAWAN recently for the supply of Hospital furnitures for 30 Municipals areas. Likewise we were also awarded the contract from IPP IX - Assan area.

As desired by you I am enclosing the copies of the Contract issued by IPP VIII for your perusal alongwith the product specifications.

I do hope this will meet your requirements and please do not hesitate to give me a call if you need any clarifications.

Thanking you,

Yours faithfully,

*Shekhar Das*

(SHEKHAR DAS )  
for METALBEDS INDIA

Encl : a) Photocopy of Contract.

b) Product Specifications.

*You may reach on the  
specifications in your  
letter if you so desire.*

Local Address :

432/1/2, Prince Anwar Shah Road  
Calcutta-700045.

Tel.No.472-5228

FAX NO. 0334130133



All Correspondence at the following Address  
H. O. : Janak House, Opp. Indian Oil Corporation  
Sheikh Misry Road, Wadala (East), Mumbai - 400 032  
Phone : 412 0171 / 413 0407  
Cable : JANAKBED - BOMBAY (MT)  
Telex : 11-71584 JKMG IN  
Fax No. : 91-22-413 9870 / 418 0637  
E-Mail : janak@bom3.vsnl.net.in  
Website : www.metalbeds.com

REF : WO/MB/1200/98-99/

12th March 99

The Chief of Health,  
IPP-VIII, C.M.D.A.,  
Family Welfare (US) Project,  
G-Block, Unnayan Bhawan,  
Salt Lake,  
CALCUTTA - 700 001

Dear Sir,

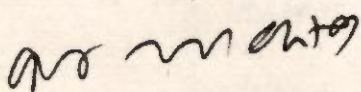
Ref : Your Contract No. 0306/CMDA/Health/IPP-VIII/G-55/94(Pt. VIII)  
dated 3/3/99 for the supply of Hospital Steel Furniture against our  
Bid No. C-17/MB/98-99/3141 dated 8/10/98.  
Sub : Performance Security Bank Guarantee.

With reference to the above, we are enclosing herewith Performance Security  
Bank Guarantee No. GT/257/99 dated 12/3/99 for a sum of Rs. 7,75,000.00  
valid till 30th June 2000.

We are arranging to send you Contract Form in a day or two.

Thanking you,

Yours faithfully,  
for METALBEDS INDIA

  
ANUPAM J. MEHTA  
MANAGING PARTNER

c.c. : Mr. Shekhar Das,  
432/1/2, Prince Anwar Shah Road,  
Calcutta - 700 016



GT. 01/257/99  
12.3.99

64  
100/-  
Dena Bank  
9 MAR 1999  
Sion  
K C Deochake

### SECTION X : PERFORMANCE SECURITY



To : The Chief of Health, IPP-VIII, C.M.D.A. Family Welfare (US) Projects Block, Unnayan Bhawan, Salt Lake, Calcutta - 700 001 (Name of Purchaser)

WHEREAS Metalbeds India, Mumbai (Name of Supplier).

hereinafter called "the Supplier" has undertaken, in pursuance of Contract No. 0306/CMDA/Health/IPP-VIII/G-55/94(Pt. VIII) dated 3/3/99 to supply of Hospital Steel Furniture (Description of Goods and Service) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that the Supplier METALBEDS INDIA, MUMBAI shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Supplier's performance obligations, in accordance with the Contract.

AND WHEREAS we have agreed to give the Supplier a Guarantee :





W of P/A  
Calc Tax Form No.  
40A

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

No. 0306/CMDA/Health/IPP-VIII/G-55 194(A/VII)

Dated : 03.3.99  
~~12.98~~

From : The Chief of Health  
IPP-VIII: C.M.D.A.

To : M/s Metal Beds India

1 JANAK HOUSE (opp - Indian oil Corp Depot)  
Sheikhi Misry Road, Wadala (East)  
MUMBAI - 400037

Tel - 412-0171, 413-0407  
Fax - 022-4139870/4180637

Sub. : Notification of Award for Supply of Hospital Steel Furniture through  
National Competitive Bidding . IFB NO. PUR/FC/IPP-VIII/CAL/NCB/03 198  
and your bid C-17/MB/98-99/3/41 dated 8.10.98

Dear Sirs,

In terms of clause 33.1 ITB of the IV CB referred to above, I am  
to inform you that your bid has been accepted in respect to the items as per the list attached  
here to.

As you are now eligible for awarded of the contract, you are requested to convey your  
acceptance of the offer by return Speedy Mail or Fax and to take simultaneous steps to  
comply with all formalities like executing the contract and furnishing performance security etc.  
within 15 days of receipt of this award.

Incidentally, if may be noted that there should be as many contracts as the items are  
there for which the Awards will be made and that this letter will form a part of the contract as  
'Notification of Awards' severally for each of the contracts.

Yours faithfully,

*[Signature]*  
Chief of Health  
IPP-VIII. CMDA  
Calcutta

1.3.99



FOR ACKNOWLEDGMENT

Copy



All Correspondence at the following Address:-  
H. O. : Janak House, Opp. Indian Oil Corpn. Depot,  
Sheikh Misry Road, Wadala (East), Mumbai - 400 037.  
Phone : 412 0171 / 413 0407  
Cable : JANAKBED - BOMBAY (MT)  
Telex : 11-71584 JKMG IN  
Fax No. : 91-22-413 9870 / 418 0637  
E-Mail : janak@bom3.vsnl.net.in  
Website : www.metalbeds.com

REF : WO/MB/1200/98-99/ 5713

13th March 99

The Chief of Health,  
IPP-VIII, C.M.D.A.,  
Family Welfare (US) Project,  
G-Block, Unnayan Bhawan,  
Salt Lake,  
CALCUTTA - 700 001

Dear Sir,

Ref : Your Contract No. 0306/CMDA/Health/IPP-VIII/G-55/94(Pt. VIII)  
dated 3/3/99 for the supply of Hospital Steel Furniture against our  
Bid No. C-17/MB/98-99/3141 dated 8/10/98.

Sub : **Section IX - CONTRACT FORM**

This is further to our letter dated 12th March 99.

As agreed we are enclosing herewith Contract Forms for 15 items i.e.

YR.ITEM SR. NO.	ITEM NAME
1)	Patient Examination Table Steel (Healthcheck - Examination Table)
2)	Patient Examination Table Steel - Obstetric Type (Healthcheck - Examination cum Gynaec Table)
4)	Stretcher Trolley - Steel (Stretcher on Trolley)
3)	Bedstead Heavy Design with detachable side Rails (Wardcare Bed Fixed Height) <i>Bedstead In fact</i>
6)	Bed Stead (Infant) with side rails (Arrive Crib Carrier)



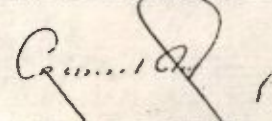
All Correspondence at the following Address :  
H. O. : Janak House, Opp. Indian Oil Corpn. Depot,  
Sheikh Misry Road, Wadala (East), Mumbai - 400 037.  
Phone : 412 0171 / 413 0407  
Cable : JANAKBED - BOMBAY (MT)  
Telex : 11-71584 JKMG IN  
Fax No. : 91-22-413 9870 / 418 0637  
E-Mail : janak@bom3.vsnl.net.in  
Website : www.metalbeds.com

: 2 :

- 7) Labour Table (Labour Table - Simple Model).
- 8) Saline Stand - Irregular Stand (Wardcare - Saline Stand).
- 9) Bed Sted - Light Type (Wardcare Bed Fixed Height).
- 10) Bed Sted Fowler Heavy Design (Wardcare Bed Fixed Height, Fowler Position)
- 11) Instrument Cabinet.
- 12) Stool Revolving - Steel (Revolving Stool)
- 13) Step for Patient - Steel (Double Step Stool).
- 14) Screen Stand Steel 3 fold (Wardcare - Bedside Screen Three Fold).
- 15) Ward Locker (Wardcare - Bedside Locker - S.S. Top)
- 16) Backrest Steel.

Thanking you,

Yours faithfully,  
for METALBEDS INDIA

  
V.R.C. MENON  
MARKETING MANAGER

Encl : As above.

c.c. : Mr. Shekhar Das, Calcutta

ress  
Dep  
00 03.

7307

M/s. Metal Beds India

<u>Name of the Item</u>	<u>Rate</u>	<u>Quantity</u>	<u>Total</u>
1. Patient Examination Table(Steel) with adjustable folding arrangement at head side. Size 1800 x 600 x 750 mm IS - 4787/1968.	Rs.3333.96 + ST 10%	259	Rs.949845.20
2. Patient Examination Table Steel (Obstetric Type) with adjustable folding arrangement at head side Size 1800 x 600 x 750mm fitted with leg support of 16 mm steel rods with canvas Swaps and 'U' cut on the Sheet at leg end to facilitate obstr. examination, IS - 4787/1968.	Rs.3699.00 + ST 10%	19	Rs.77309.10
3. Instrument/Dressing Table Steel, Size 675 x 450 x 800 mm.	Rs.268.00 + ST 10%	74	Rs.21815.20
4. Stretcher Trolley (Steel), Size 1850 x 550 x 800 mm.	Rs. 6024.24 + ST 10%	93	Rs.616275.75
5. Bedstead Heavy Design with detachable side rails size 1950 x 900 x 600mm with 4 mosquito poles.	Rs.5369.76 + ST 10%	144	Rs.850569.98
6. Bedstead infant with side rails, size 750 x 400 mm with mosquito net poles	Rs. 3132.00 + ST 10%	270	Rs.930204.00
7. Labour Table, Size 1800 x 700 x 750 mm.	Rs.7290.00 +ST 10%	36	Rs.288684.00
8. Saline Stand, (Irrigator Stand)	Rs.1593.00 +ST 10%	72	Rs.126165.60
9. Bedstead Light Type, size, 1950x 900 x 600, Weight minimum Bedstead 47 kg. Misquito net poles to be provided.	Rs.3864.24	180	Rs.765119.52
10. Bedstead Fowler Heavy design with two separate screws to actuate to give many positions from flat to upright.	Rs.10020.20 + ST 10%	36	Rs.396799.92

*Handwritten notes:*  
3994.92  
- Ex with  
295.92  
Material excluded

*Handwritten notes:*  
3351 + 268 x  
+ ST

*Handwritten notes:*  
Weight  
3351 + 268

*Handwritten note:*  
(Rs.6184.72)

*Handwritten note:*  
3419.08

*Handwritten note:*  
Price  
typing error

<u>Name of the Item</u>	<u>Rate</u>	<u>Quantity</u>	<u>Total</u>
11. Instrument Cabinet (Steel), size 1500x 600 x 400mm, 4mm thick glass door & sides. 6mm thick fine glass shelves and CR sheet back. Bascule lock okay.	Rs.12960.00 + ST 10%	110	Rs.1568160.00
12. Stool revolving (steel)Revolving to raise & lower Tubular legs welded joints 3 mm dia special screws, Top stainless steel perforated.	Rs.1035.72 + ST 10%	148	Rs. 168615.21
13. Step for patient(Steel) Mounted as 4 stump feet size of Top height 450 mm with 500 mm.	Rs.1374.84 + ST 10%	112	Rs. 169380.28
14. Screen Stand 3 fold, mounted on Castors of 2" Dia, the large being 1200 mm wide, the narrow folds each 600 mm wide.	Rs. 1964.52 + ST 10%	76	Rs.164233.87
15. Ward Locker size 400 x 400 x 800 mm. Tubular sheet frame, CR Sheet Cup-board, one shelf inside (350 mm weight), Aluminium/SS Top with provision of locking arrangement.	Rs. 1571.40 + ST 10%	360	Rs. <u>722274.40</u>
16. Back Rest Size 875 x 600 mm G I Sheet.	Rs. 1188.00 + ST 10%	36	Rs. 47044.80
			<u>Rs. 77,62,496.83</u> incl. ST/SC.

*Handwritten notes:*  
 13. Step for patient  
 14. Screen Stand

*Handwritten signature*  
 13 33

(Price wrongly typed - deleted)  
 60 +

77,62,496.83	
21,815.20	77,46,866.30
77,25,051.10	
6,184.72	
<u>77,31,235.80</u>	

SPCIFICATIONS (AS PER APPROVED SAMPLE)

SCHEDULE 1

SL.NO.		DESCRIPTION
01	A	PATIENT EXAMINATION TABLE STEEL (HEALTHCHECK - EXAMINATION TABLE) SUITABLY, REINFORCED TOP WITH ANGLE SUPPORT INSTEAD OF HAT TYPE SUPPORT. SIZE : 1830 MM X 610 MM W X 760 MM H. INSTEAD OF SYNTHETIC ENAMEL PAINT. WE OFFER EPOXY POWER COATED (OTHER DETAILS AS PER OUR ITEM CODE 1801).
02	B	PATIENT EXAMINATION TABLE STEEL - OBSTETRIC TYPE (HEALTHCHECK - EXAMINATION CUM GYNAEC TABLE) SIZE 1830 MM L X 610 MM W X 760 MM H. STAINLESS LITHOTOMY ROD WITH REXINE BELT. "U" CUT ON TOP AT LEG END, WITH DRAINAGE TRAY (OTHER DETAILS AS PER OUR ITEM CODE 1802).
03	D	STRETCHER TROLLEY - STEEL (STRETCHER ON TROLLEY) TROLLEY HAVING VERTICAL UPRIGHT OF 31.75 MM O.D. X 1.22 MM ERW TUBE & HORIZONTAL SUPPORTS OF 25.4 MM O.D. TOP OF ALUMINIUM SHEET OF 1.22 MM (TO MAKE PRODUCT LIGHT WEIGHT) SUITABLY REINFORCED FROM UNDER ALUMINIUM TOP SHALL BE IN 1 PIECE AND EXTRA CORNERS ADDED TO PREVENT IT FROM TEARING AT ITS RESTING PLACE ON TROLLEY. HANDLES ON TWO SIDES WITH PVC BUFFERS. ALL SHEET OF 18 G. TROLLEY HAS BOTH HORIZONTAL & TRANSVERSE TUBULAR SUPPORTS AT TOP AND BOTTOM. 4 CASTORS (HEAVY DUTY) OF 200 MM DIA SWIVELLING TYPE. OVERALL SIZE : 2030 MM L X 560 MM W X 820 MM H. PAINTED IN EPC POWDER PAINT. TWO HANDLES WITH PVC BUFFERS. (OTHER DETAILS AS PER OUR ITEM CODE 1703).
04	E	BEDSTEAD HEAVY DESIGN WITH DETACHABLE SIDE RAILS (WARDCARE BED FIXED HEIGHT) LENGTH 1980 MM FRAME SIZE. WIDTH 910 MM. HEIGHT 600 MM. SHEET TOP OF DOUBLE PRESSED BENT LENGTHWISE AND REINFORCED WITH CHANNEL LENGTHWISE AND EPOXY POWDER COATED. LEGS MADE OF 31.7 MM OD X 1.22 MM (CAN WITHSTAND OVER 600 KG OF WT). DETACHABLE BOWS ON BRACKET AND FRAME. HEAD END BOW HEIGHT 1060 MM. LEG END BOW HEIGHT 820 MM. RUBBER SHOES ON ALL LEGS. M.C. POLES OF 15.8 MM DIA PIPE & 3/4" ERW TUBES. EPOXY POWDER COATING IN SIEMENS GREY COLOUR. FULL LENGTH RAILS ADULT BED TYPE. (OTHER DETAILS AS PER OUR ITEM CODE 0101)

SL.NO.	DESCRIPTION
05	<p>F BED STEAD (INFANT) WITH SIDE RAILS (ARRIVE-CRIB CARRIER) : OVERALL APPROX. SIZE : 910 MM L X 450 MM W X 840 MM H. CRIB SIZE 760 MM L X 380 MM W. 15.8 MM DIA X 1.22 MM TUBULAR FRAME. NO NEED OF GUARD RAILS AS CRIB IS COVERED FROM ALL SIDE. 6 MM ROD FILLING. MOSQUITO NET POLES WILL BE PROVIDED. 50 MM DIA SWIVEL CASTORS. EPC POWDER COATED IN SIEMENS GREY COLOUR AFTER THOROUGH PRE-TREATMENT. (OTHER DETAILS AS PER OUT ITEM CODE 1083).</p>
06	<p>G LABOUR TABLE (LABOUR TABLE - SIMPLE MODEL) LEGS OF 31.75 MM VERTICAL UPRIGHT AND 25.4 MM DIA HORIZONTAL TUBE SUPPORT. THICKNESS OF TUBE IS 1.22 MM. 6 MM THICK DECORATIVE LAMINATE (BOILING WATER PROOF). TOP IN TWO SECTIONS. LEG SECTION IS REMOVABLE FOR THE PURPOSE OF CLEARING. TOP HAVING GUTTER SHAPED. CUT OUT AT FOOT END FOR DRAINAGE. FOUR STUMP FEET, FITTED WITH METAL REINFORCED RUBBER SHOES. SIZE 1830 MM L X 700 MM W X 750 MM H. COLOUR : EPC POWDER PAINT IN SIEMENS GREY. TABLE HAS 12 MM DIA S.S. LITHOTOMY RODS WITH REXINE BELT. (OTHER DETAILS AS PER OUT ITEM CODE 1508).</p>
07	<p>I SALINE STAND - IRRIGATOR STAND (WARDCARE - SALINE STAND) : TUBES OF 31.75 MM X 1.22 MM AND S.S. ROD OF 12 MM &amp; 10 MM. 5 PRONGED M.S. FABRICATED BASE (MORE STABLE THAN TRIPOD). STAND FITTED WITH M.S. BOWL RING FOR 150 MM DIA. &amp; S.S. BOWL. EPC IN SIEMENS GREY. (OTHER DETAILS AS PER ITEM CODE 1044).</p>
08	<p>J BED STED - LIGHT TYPE. (WARDCARE BED FIXED HEIGHT) : LENGTH 1980 MM. WIDTH 910 MM. HEIGHT 600 MM. SLEEPING LEVEL 400 MM. BOTH BOWS HEIGHT 600 MM. DETACHABLE BOWS ON BRACKET. SHEET TOP. SHEET TOP DOUBLE BEND AND REINFORCED WITH CHANNEL LENGTHWISE. 1.22 MM EPC POWDER COATED. TWO SUPPORTS 38 X 38 X 3 MM. TWO ROWS OF 6 HOLES. M.C. POLES OF 15.8 MM DIA PIPE. WEIGHT APPROX 40 KG. COLOUR : EPOXY POWDER COATED IN SIEMENS GREY COLOUR. (OTHER DETAILS AS PER OUT ITEM CODE 0101 BUT WITH LOWER AOWA HEIGHT AND BOWS HAVING NO VERTICAL SUPPORT).</p>

SL.NO.		DESCRIPTION
09	L	BED STED FOWLER HEAVY DESIGN (WARD CARE AND FIXED HEIGHT, FOWLER POSITION). LENGTH 2070 MM (MATTRESS SIZE) SLEEPING SURFACE HEIGHT 600 MM. WIDTH 910 MM. HEADBOW HEIGHT 1060 MM H. LEGBOW HEIGHT 820 MM H. BOWS MADE FROM 31.75 MM DIA X 1.22 MM (IT IS STRONG. BOWS LOAD - CARRYING CAPACITY IS 600 KG/PAIR. 3 VERTICAL PIPE SUPPORT. FRAMEWORK OF 60 X 30 X 1.6 MM THICK RECTANGULAR TUBE. PERFORATED SHEET TOP IN FOUR SECTIONS. MATTRESS SHEET TOP OF 1.22 MM SHEET FITTED TO TUBULAR FEET SUPPORT AS REQUIRED. TWO SEPARATE SCREWS AT FOOT END TO GIVE POSITIONS NEARLY UPRIGHT IN SITTING POSITION. LIFTING POLE PROVIDED ON HEAD END. MOSQUITO POLE PROVIDED. SET OF 100 MM DIA CASTORS FITTED TO THE LEGS. TWO WITH BRAKE AND TWO WITHOUT BRAKE. EPC POWDER COATED IN SIEMENS GREY COLOUR. ONLY ONE KEY WILL BE PROVIDED WITH CHAINED. (OTHER DETAILS AS PER OUR ITEM CODE 0301).

SCHEDULE II

10	A	INSTRUMENT CABINET :- ALUMINIUM DOOR AND WINDOW SECTIONS WITH GLASS ON BOTH SIDES AND FRONT. THREE SHELVES OF 6 MM THICK WATER PROOF LAMINATES. S.S. SHEET ON BACK TOP AND BOTTOM. NICKLE PLATED FITTINGS WILL BE PROVIDED. LOCK AND KEY WILL BE PROVIDED. OVERALL APPROX SIZE : 600 MM L X 460 MM W X 1600 MM H. ANODIZED AND BUFFED S.S. (OTHER DETAILS AS PER OUR ITEM CODE 9901-A).
11	B	STOOL REVOLVING -STEEL (REVOLVING STOOL). TUBE OF 25.4 MM DIA WITH 38 MM OD CENTRAL TUBE & WELDED JOINTS. 25 MM DIA SPINAL SCREW. 0.9 MM STAINLESS STEEL TOP. HEIGHT ADJUSTMENT FROM 480 MM TO 680 MM. EPC POWDER COATED IN SIEMENS GREY COLOUR.
12	C	STEP FOR PATIENT - STEEL. (DOUBLE STEP STOOL). 25 MM OD X 1.25 MM TUBULAR CONSTRUCTION. WELDED JOINT. 1.22 MM THICK M.S. TOP EPC POWDER COATED WITH ALUMINIUM THREADED STRIPS. FIRST STEP 230 MM. 2ND STEP 450 MM. EPC POWDER COATED IN SIEMENS GREY COLOUR.

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SL.NO.	DESCRIPTION	
13	E	SCREEN STAND STEEL 3 FOLD (WARD CARE - BEDSIDE SCREEN THREE FOLD. MADE FROM 19.05 MM OD X 1.22 MM THICK. ERW STEEL TUBES. THREE FOLD. 1210 MM WIDE. NARROW FOLDS 610 MM (EACH) WIDE. HEIGHT 1680 MM. 6 CASTORS OF 2" DIA. EPOXY POWDER COATED IN SIEMENS GREY COLOUR. (OTHER DETAILS AS PER OUR ITEM CODE 1051).
14	F	WARD LOCKER (WARD CARE - BEDSIDE LOCKER - S.S. TOP). 25 MM O.D. X 1.22 MM THICK TUBULAR FRAMEWORK. 1 MM IRON CUPBOARD OF IS : 513 D QUALITY. ONE SHELF INSIDE THE BOX. DOOR WITH VENTILATING LOUVERS (NOT WIRE NETTED). FITTED WITH SUPERIMPOSED S.S. TOP WITH RAISED EDGE ON THREE SIDES. LATCH TYPE BRASS KNOB. SIZE : 400 X 400 X 820 MM H. EPC POWDER COATED. SIEMENS GREY COLOUR FROM INSIDE AS WELL AS OUTSIDE.
15	G	BACKREST STEEL : SIZE 875 MM X 600 MM TUBULAR 25 X 4 MM TUBE X 18 G. IRON ROD OF 12 MM DIA. EPC POWDER COATED IN SIEMENS GREY COLOUR. TOP OF 1.22 MM THICK STEEL SHEET.

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No L.19012/7/98-APS  
Government of India  
Ministry of Health & Family Welfare

Mrs. N Chatterjee,  
Secretary(C&DA),  
Government of West Bengal,  
Calcutta.

This is to intimate that Government of India has approved the extension of the IPP-VIII Project to 10 cities in West Bengal, 11 cities in Karnataka and 13 cities and towns in Andhra Pradesh as well as taking up the Logistic Development Projects in LP and Tamilnadu under the IPP-VIII project. Request kindly pursue further action to operationalise the expanded project. The Administrative approval follows.

*[Signature]*  
(E J Jos) 7/1/2000  
Under Secretary to the Government of India

*Forwarded to D. S. S. Srinivasulu Reddy,  
Admn. (2000) for information & action please*

*For no: 358-7368*

*11.1.2000*

*This approval letter is endorsed to CE, MED by  
Sary, MA Dept. for information & necessary action.*  
*[Signature]*

9PP-VIII (Ext)  
file  
RV  
18/11/99

NO. L 19012/7/98-APS (VOL.III)  
GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
(DEPARTMENT OF FAMILY WELFARE)  
\*\*\*\*\*

New Delhi, October 21, 1999.

To

1. Ms. Rachel Chatterjee  
Secretary (H&FW)  
Health, Med. & FW Deptt.  
Govt. of Andhra Pradesh  
General Admn. Deptt.  
AP Secretariat  
4th floor, C Block,  
Samatha Building  
Hyderabad-500 022
2. Shri A. Sengupta  
Secretary  
Govt. of Karnataka  
Health & FW Department  
Multistoreyed Building  
III stage, 1st floor,  
Dr. B.R. Ambedkar Veedhi  
Bangalore-560 001.
3. Shri Chandra Mohan  
Secretary (Medical)  
Govt. of NCT of Delhi  
5, Shamnath Marg,  
Delhi-110 054
4. Shri M.K.S. Jala  
Secretary (FW)  
Health & FW Deptt.  
Govt. of West Bengal  
Writers' Building  
Calcutta-700001

Subject: World Bank assisted IPP-VIII Project - Extension and revision of Project cost.

\*\*\*\*\*

Sir/Madam,

I am directed to refer to this Ministry's letter No.L.19012/31/92-APS, dated 6th August, 1993, conveying administrative approval of the Government of India to the implementation of the World Bank assisted VIIIth India Population Project in the four Cities of Bangalore, Calcutta, Delhi and Hyderabad w.e.f. 6th August, 1993, at a total cost of Rs. 223.37 Crores. The question of enhancement of the Project cost to meet the escalation in civil works, etc. and extension of the Project period up to 30th June, 2001 has been under consideration of the Government of India for quite some time.

2. I am now directed to convey the administrative approval of the Government of India for the extension of the Project period up to 30th June, 2001 and for revision of the Project cost from Rs.223.37 Cr. to Rs.276.06 Cr. for the on-going Project in

Contd....2/-

the four cities as per the following details:-

<u>Name of City</u>	<u>Original Cost</u>	<u>Revised Cost</u>
(Rs. in Crores)		
a. Bangalore	39.21	56.57
b. Calcutta	101.64	92.59 ✓
c. Delhi	47.25	73.84*
d. Hyderabad	35.15	53.06
	**223.25	276.06

\* Includes Rs.6.48 crores for 23 maternity homes and child welfare centres.

\*\* Excluding allocation for Min. Health & F.W.

A statement giving component wise and City wise break up of the revised cost is enclosed.

3. The proposal for taking up additional cities and the States of Uttar Pradesh and Tamil Nadu for logistic progress under the World Bank assisted IPP-VIII Project is still under consideration of the Government of India and a decision is expected shortly.

4. The revised cost for the individual cities would be met up to 90% by the Central Government and the remaining 10% would be borne by the respective Cities/States. The latter would also bear the recurring liabilities of the Project after the expiry of the project period.

5. The progress of the IPP-VIII Project will be monitored through monthly progress reports which would be submitted on every 10th of the following month. In addition, the monitoring of the progress of the Project will also be done through process indicators (copy enclosed) in the area of maternal health, immunisation, ORT, etc.

5. The expenditure involved will be met from within the sanctioned Budget Grant No. 41 Major Head 3601 Grants in Aid to State Governments 04 Grants for Centrally Sponsored Plan Schemes 04.243 FW - Selected Area Projects (including India Population Projects) 02 Externally Aided Component 02,00.31 Grants in aid (Plan).

6. This issues with the approval of the Finance Division vide their Dy. No.4866/99-DS(IF) dated 7.10.99.

Yours faithfully,

  
(E.J. JOS)

UNDER SECRETARY TO GOVT. OF INDIA

MATERNITY AND CHILD HEALTH CARE

Process Indicators

Indicator	At the start of the Project	At the end of each year of completion of the project		At the end of the Project
Number of Diarrhoea cases among children . * treated with ORT * Referred to Maternity centre/District Hospital				
ARI/Pneumonia cases among children * Treated * Referred to Maternity - centre/District Hospital				
Family Planning Practices Number Practising: * Sterilisation * IUD * Conventional Contraceptive * Oral Pill * Any other				

INFRASTRUCTURE AND MANPOWER

Process Indicators

Indicator	At the Start of the Project	At the end of each year of completion of the Project	At the end of the Project
1. <u>No. of Health Posts</u>			
-Without Doctors			
-Without ANMs			
2. <u>No. of Maternity Centre</u>			
-Without Doctors			
-Without facilities for safe delivery			
-With trained Doctors but without MTP equipment			
-With MTP facilities but without trained Doctors			

MATERNITY AND CHILD HEALTH CARE

Process Indicators

Population covered by the Health Post  
 Regular updating (Annual) of Eligible  
 Couple Register  
 Number of Eligible Couples  
 Number of women aged 15-49 years  
 Expected number of births  
 Number of children aged 0-5 years

Yes/No

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Indicator	At the start of the Project	At the end of each year of completion of the project		At the end of the Project
- No. of Pregnant women				
- No. of MTPs				
- % early An registration (<20 weeks)				
- % detected as high risk pregnancies				
- % of high risk pregnancies referred to Maternity Homes/District hospital				
- % of AN mothers given TT				
- % of An mothers given IFA Tab.				
- % of AN mothers who completed three visits				
- % institutional deliveries				
- % of new born for which birth weight was taken within 24 hours after birth				
- % of live births with birth weight <2.5 Kg.				
- % of live births detected as high risk new born and referred				
- % of infants immunised *BCG *DPT *OPV *Measles *First dose of "Vitamin-A"				

## IPP-VIII (Extn.) in West Bengal

### A. Objective :

- (i) Delivery of primary health care services, family welfare and nutrition for urban slum population through community based trained female Honorary Health Workers (HHWs) at the door step of the beneficiaries.
- (ii) To organise, motivate and train up community women to develop a cadre of Honorary Health Workers in the ratio of 1 HHW to 750 – 1000 beneficiaries approximately.
- (iii) To ensure community participation through involvement of local bodies and by the decentralisation of authority.
- (iv) To develop adequate and effective health consciousness in the community to help to achieve the goal – “Health for all by 2000 AD”.

### B. Target Group :

- (i) Population below poverty line according to SJSRY (Swarna Jayanti Sahari Rojgar Yojana) with a special focus to mother (Pregnant & lactating) and under five children.

### C. Approach :

- (i) Decentralisation at different levels of authority.
- (ii) Involvement of local body and decentralisation.
- (iii) Ensuring community participation.
- (iv) Delivering the primary health care services at the door step of the clientele.
- (v) Establishing back up and referral services.

### D. Proposed Services :

Understanding the existing health scenario amongst the targetted population the following health care services are proposed to achieve the National Goal – “Health For All by 2000 AD”.

- i) Health education/IEC on general and specific health issues.

- (ii) Preventive services eg.
  - (a) Immunisation for infants and pregnant mothers.
  - (b) Antenatal, postnatal and infant care.
  - (c) Surveillance of communicable diseases like malaria, diarrhoea, acute respiratory infection, tuberculosis etc.
  - (d) Temporary and permanent family planning services for the eligible couples.
  - (e) Growth monitoring of under five children.
- (iii) Curative services :
  - a) Treatment of minor ailments at the door-steps of the beneficiaries
  - b) Treatment at sub-health post and ESOPD and first referral units.
- (iv) Backup services :
  - a) At sub-health post, health post and first referral units, maternity home & ESOPD.
  - b) Utilisation of Ambulance Services and Laboratory facilities.

High Lights of Overall Status of IPP-VIII Extn. In West Bengal (Current position)

- I. Formation of Local Co-ordination Committee (LCC) and demarcation of Project Areas, Block Health Post completed in all the 10 cities under IPP-VIII Extn.
- II. Selection & Basic Training of Honorary Health Workers (HHWs) already completed in 4 cities – Raiganj, Jalpaiguri, Balurghat & Darjeeling.
- III. In remaining 6 cities selection of HHWs completed and training of the HHWs started and in progress
- IV. Baseline Survey for all the 10 cities completed.  
Analysis of the data on the march.
- V. Health facilities (sites) viz. Health Post, Sub-Health Post, ESOPD & MHs already identified. Tender floated for Civil Construction works of HPs, ESOPD & MHs as per Bank's instruction.
- VI. Project Office at Municipal level established.
- VII. Additional Man power for project Office identified.
- VIII. E F C Meeting at New Delhi on 11.3.99 was attended by State Representatives.



(ii) Preventive services eg.

- (a) Immunisation for infants and pregnant mothers.
- (b) Antenatal, postnatal and infant care.
- (c) Surveillance of communicable diseases like malaria, diarrhoea, acute respiratory infection, tuberculosis etc.
- (d) Temporary and permanent family planning services for the eligible couples.
- (e) Growth monitoring of under five children.

(iii) Curative services :

- a) Treatment of minor ailments at the door-steps of the beneficiaries
- b) Treatment at sub-health post and ESOPD and first referral units.

(iv) Backup services :

- a) At sub-health post, health post and first referral units, maternity home & ESOPD.
- b) Utilisation of Ambulance Services and Laboratory facilities.

(V) Project Outlay: 41 Crores.

(VI) ULB wise Population Coverage/ Health Facilities :

Sl. No	Name of Town	Population under the Project	Required No. of HHWs				No. of Health Facilities		
			R	R1 (FTS)	R2	T	Health Post	Combined OPD cum Maternity Home	Sub Health Post
1.	Alipurduar	28250	39	7	5	51	1	1	7
2.	Balurghat	48258	65	12	9	86	2	1	12
3.	Burdwan	115300	136	27	7	170	5	1	27
4.	Darjeeling	31534	78	16	0	94	2	1	16
5.	Durgapur	172000	229	57	11	297	8	1	57
6.	English Bazar	61206	71	14	5	90	2	1	14
7.	Jalpaiguri	34705	46	12	4	62	1	1	12
8.	Kharagpur	88500	112	30	6	142	4	1	30
9.	Raiganj	52853	70	14	10	94	2	1	14
10.	Siliguri	182292	244	61	14	319	8	1	61
<b>Total</b>		814898	1090	250	71	1405	35	10	250

Name & address of the Project director of IPP-VIII(Extn): [As on 6.1.2000]

<u>Name of the town</u> ----- !	<u>Name &amp; address of the project Director</u> -----
1. Alipurduar	Sri R.Singh, IAS ADM, Alipurduar Dist.-Alipurduar, Pin-735101
2. Balurghat	Sri Deb Kumar Chakraborty, IAS ADM-Dakshin Dinajpur, Pin-733101
3. Burdwan	Sri S. Biswas, IAS ADM-Burdwan, Pin-713101
4. Darjeeling	Sri Manish Jain, IAS ADM-Darjeeling, Pin-734101
5. Durgapur	Sri A.R. Bardhan, IAS CEO Asansol Durgapur Development Authority P.O!Durgapur, Dist.-Burdwan City Centre, Pin-713201
6. English Bazar	Sri S.C. Pahari ADM, Malda P.O-English Bazar, Pin.-732101
7. Jalpaiguri	Sri H. Mohan, IAS ADM, Jalpaiguri Pin-735101
8. Kharagpur	Sri A. Subbiah, IAS ADM-Midnapur, Pin-721101
9. Raiganj	Sri P.K. Mishra, IAS ADM-UttarDinajpur, Pin-733134
10. Siliguri	Sri Manoj Agarwal, IAS CEO- Siliguri Jalpaiguri Development Authority P.O- Siliguri, Dist.-Darjeeling Pin-734401

Sl. No	Name of Town	Population under the Project	Required No. of IHWs				IHWs identified & training completed	IHWs selected for training
			R	R1 (1/2)	R2	1		
1	Aligarh	20200	20	7	2	21	21	
2	Bahadur	10278	62	12	9	80	80	
3	Haridwar	117700	126	37	7	120	120	
4	Darjeeling	21771	28	10	6	84	84	
5	Durgam	17000	20	27	11	207	207	
6	English Bazar	61200	71	14	2	89	89	
7	Jalpaiguri	41700	40	20	1	61	61	
8	Kharagpur	88700	112	29	6	147	147	
9	Raiganj	25271	30	11	10	51	51	
10	Shilgaon	182202	114	61	14	189	189	
	<b>Total</b>	818898	1000	320	71	1402	1402	

Sample Base: The survey data is compiled in 10 cities - completion and training over - 100% in 10 cities

- \* Estimated - on the basis of IHWs available in 10 Cities - 100% completion and training over - 100% in 10 cities
- \* Implementation of survey work - 100% completion and training over - 100% in 10 cities

1.00 - Remaining 1100  
 17.00 - Bahadur  
 1.00 - Darjeeling, Jalpaiguri, Haridwar

### Status of Health Facilities, IPP - VIII (Extn.)

As on September, 1999.

Sl. No.	ULBs	Health Post/s			Sub Health Post/s		
		Authorised	Identified	Functioning	Authorised	Identified	Functioning
1.	Alipurduar	1	-	-	7	7	-
2.	Baluarghat	2	2	2	12	10	4
3.	Burdwan	5	-	-	27	-	-
4.	Darjeeling	2	2	2	16	16	10
5.	English Bazar	2	-	-	14	- 13	-
6.	Jalpaiguri	1	1	1	12	9	9
7.	Kharagpur	4	1	-	30	10	-
8.	Raiganj	2	2	2	14	14	14
9.	Siliguri	8	-	-	61	-	-
10.	Durgapur	8	4	-	57	25	10
		35	12	7	250	91	41

**Status of Health Manpower at HP level  
as on September, 1999.**

Sl.No.	ULBs	Pt. M.O.		
		Authorised	Identified & engaged	Identified
1.	Alipurduar	2	-	-
2.	Baluarghat	4	-	-
3.	Burdwan	10	-	-
4.	Darjeeling	4	2	1
5.	English Bazar	4	-	-
6.	Jalpaiguri	2	-	-
7.	Kharagpur	8	-	-
8.	Raiganj	4	2	1
9.	Siliguri	16	-	-
10.	Durgapur	16	-	-
		70	4	2

## Status of Recurring Fund\* / Expenditure : IPP VIII (Extn.)

As on September, 1999.

(Fund\* received from CMDA)

Sl. No.	ULB	Fund Received (Rs.)`	Fund Released (Rs.)	Released on	U.C. Received (Rs.)
1.	Balurghat	16,59,000/- on 26.4.99	2,43,750/-	2.7.99 & 17.9.99	71,500/-
2.	Darjeeling	(ULBs – 14,96,000/- SUDA- 1,63,000/-)	2,78,000/-	13.5.99	1,35,714/-
3.	Jalpaiguri		1,50,000/-	16.6.99	83,146/-
4.	Raiganj		3,19,300/-	27.5.99 & 8.9.99	3,05,665/-
			9,91,050/-		5,96,025/-
5.	Alipurduar	25,50,000/- on 3.8.99	87,600/-	4.8.99	-
6.	Burdwan	( ULBs – 24,30,000/- SUDA – 1,20,000/-)	2,71,400/-	do	-
7.	English Bazar		1,44,400/-	do	-
8.	Kharagpur		2,25,800/-	do	-
9.	Siliguri		4,58,600/-	do	-
10.	Durgapur		4,37,600	do	-
		42,09,000/-	16,25,400/-		-
		(ULBs – 39,26,000/- SUDA – 2,83,000/-)	26,16,450/-		

N.B: U.C. of SUDA submitted for Rs.1,23,452/- to CMDA.

## Summary Sheet

Amount received from CMDA on 26.4.99 for recurring expenditure for 3 months for 4ULBs = 16.59 lakhs

Out of which 1,63,000 is for SUDA level expenditure:

Amount thereof for 4 ULBs = 16.59 - 1.63 = 14.96 lakhs

Amount released from SUDA to 4 ULBs = 9,91,050/-

Fund balance for 4 ULBs = 5,04,950/-

Amount received from CMDA on 3.8.99 for recurring expenditure for 3 months for 6 ULBs = 25.50 lakhs

Amount released from SUDA to 6 ULBs for recurring Expenditure for 2 months for 6 ULBs = 16,25,400/-

Out of 25.50 lakhs 1,20,000 earmarked for SUDA Headquarter

Amount thereof for 6 ULBs 25.50-1.20 = 24.30 lakhs

Fund balance for 6 ULBs = 8,04,600/-

---

Total amount received from CMDA Rs.42,09,000/- only.

Fund released Rs.26,16,450/- only.

U.C. received from ULBs for Rs.5,96,025/- only.

RAIGANJ ULB

1. H. P level | Further amount of Fund may be released |  
| toward recurring expenditure upto 11/99 |

---

- |     |  |           |             |
|-----|--|-----------|-------------|
| a). | Honorarium of HHWs for<br>2 months (Oct & Nov '99) | = 70x55x2 | = 77,000  - |
| b)  | Fees to PHN  | = 1200x2  | = 2,400  -  |
| c)  | Part time M.O<br>@ 1400x2x3months( Sept, Oct, Nov) |           | = 8,400  -  |
| d)  | Sundries   |           | = 4,000  -  |

v Mang. & Supv;

Salary to Add. Manpower

@ 25,800 x 3 months( Sep, Oct & Nov 99) = 77,400 |-

A.H.O	- 6800  -
Acctt.	- 5500  -
Sta.Asst	- 5500  -
Typ.cum clk.	- 4000  -
PHN	- 4000  -

---

25800

---

- |    |          |                   |
|----|----------|-------------------|
| b) | Vehicle  | - 10,000  -       |
| c) | Sundries | 4,000  -          |
|    |          | <hr/> 1,83,200  - |



## **Points for discussions : IPP VIII (Extn.)**

1. Sanction of the project still awaited – to check up from Govt. of India.
2. Service operation started with the fund of Rs.42.09 lakhs towards recurring expenditure. The said fund is likely to be exhausted soon. For continuance of service operation source for fund should be explored pending sanction of the project by Govt. of India .
3. Construction process of Health facilities are kept pending. It is doubtful whether the stipulated time period of two years regarding active life of the project can witness such facilities.
4. Utilisation certificates are pending from majority of the ULBs for the funds already released to them towards service operation.

Reminders have been issued.

5. Non recurring fund for logistic procurement – furniture, MSR, Family Schedules etc. are urgently required for sound service operation - Source ?
6. Miscellaneous.

H.O

PT M.O

- (ii) Preventive services eg.
  - (a) Immunisation for infants and pregnant mothers.
  - (b) Antenatal, postnatal and infant care.
  - (c) Surveillance of communicable diseases like malaria, diarrhoea, acute respiratory infection, tuberculosis etc.
  - (d) Temporary and permanent family planning services for the eligible couples.
  - (e) Growth monitoring of under five children.

(iii) Curative services :

- a) Treatment of minor ailments at the door-steps of the beneficiaries
- b) Treatment at sub-health post and ESOPD and first referral units.

(iv) Backup services :

- a) At sub-health post, health post and first referral units, maternity home & ESOPD.
- b) Utilisation of Ambulance Services and Laboratory facilities.

Name & address of the Project director of IPP-VIII(Extn): [As on 6.1.2000]

<u>Name of the town</u> ----- !	<u>Name &amp; address of the project Director</u> -----
1. Alipurduar	Sri R.Singh, IAS ADM, Alipurduar Dist.-Alipurduar, Pin-735101
2. Balurghat	Sri Deb Kumar Chakraborty, IAS ADM-Dakshin Dinajpur, Pin-733101
3. Burdwan	Sri S. Biswas, IAS ADM-Burdwan, Pin-713101
4. Darjeeling	Sri Manish Jain, IAS ADM-Darjeeling, Pin-734101
5. Durgapur	Sri A.R. Bardhan, IAS CEO Asansol Durgapur Development Authority P.O!Durgapur, Dist.-Burdwan City Centre, Pin-713201
6. English Bazar	Sri S.C. Pahari ADM, Malda P.O-English Bazar, Pin.-732101
7. Jalpaiguri	Sri H. Mohan, IAS ADM, Jalpaiguri Pin-735101
8. Kharagpur	Sri A. Subbiah, IAS ADM-Midnapur, Pin-721101
9. Raiganj	Sri P.K. Mishra, IAS ADM-UttarDinajpur, Pin-733134
10. Siliguri	Sri Manoj Agarwal, IAS CEO- Siliguri Jalpaiguri Development Authority P.O- Siliguri, Dist.-Darjeeling Pin-734401

Name & address of the Project director of IPP-VIII(Extn): [As on 6.1.2000]

<u>Name of the town</u> ----- !	<u>Name &amp; address of the project Director</u> -----
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3. Burdwan	Sri S.Biswas, IAS ADM-Burdwan, Pin-713101
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9. Raiganj	Sri P.K.Mishra, IAS ADM-UttarDinajpur, Pin-733134
10. Siliguri	Sri Manoj Agarwal, IAS CEO- Siliguri Jalpaiguri Development Authority P.O- Siliguri, Dist.- <del>Marjeeling</del> Pin-734401

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

No. 475(8)/MA/P/C-10/3S-21/98.

Dated, Calcutta, 19.06.98

From : The Special Secretary to the  
Government of West Bengal.

To : The District Magistrate,  
Jalpaiguri/Darjeeling/Uttar Dinajpur/Dakshin Dinajpur/  
Burdwan/Midnapore/Malda.

ORDER

Launching of IPP VIII extended programme at ten Non-CMA towns viz. Darjeeling, Siliguri, Jalpaiguri, Alipurduar, Raiganj, Balurghat, Durgapur, Burdwan, Kharagpur and Englishbazar is expected to be approved by the World Bank shortly. The World Bank has, however, made it clear in their Aid Memoire that all the project activities will have to be completed by June, 2001. In order to ensure that all the preparatory measures to commence the programme are taken up immediately and the project activities are completed within the stipulated time, it is necessary that the Project Implementation Cells at Municipality/Municipal Corporation levels are headed by senior officers of the State Government able to work in close co-operation with different Departments, N.G.Os and people's representatives. The Governor, therefore, has been pleased to appoint the following officers to act as Project Directors for IPP VIII extended Projects for the towns mentioned against each in addition to their own duties with immediate affect and until further orders.

- 1) Shri V. Bharadwaj, A.D.M., Darjeeling - Darjeeling Municipality
- 2) Shri M. Agarwal, Chief Executive Officer,  
Siliguri Jalpaiguri Development Authority - Siliguri Municipal  
Corporation
- 3) Shri A. Roy, A.D.M., Jalpaiguri - Jalpaiguri Municipality
- 4) Shri R. Singh, S.D.O., Alipurduar - Alipurduar Municipality
- ✓ 5) Shri P. Mishra, A.D.M., Raiganj - Raiganj Municipality
- 6) Shri Anup Agarwal, A.D.M., Balurghat - Balurghat Municipality
- 7) Shri H. K. Dwibedi, Chief Executive Officer,  
Asansol - Durgapur Development Authority - Durgapur Municipal  
Corporation
- 8) Shri S. Biswas, A.D.M., Burdwan - Burdwan Municipality
- 9) Shri Suresh Kumar, A.D.M., Midnapore - <sup>Kharagpore</sup> ~~Midnapore~~ Municipality
- 10) Shri A. Santra, District Magistrate, Malda - English Bazar  
Municipality

This has the approval of the Chief Secretary, Govt. of West Bengal and the Hon'ble Minister-in-Charge, Municipal Affairs & Urban Department.

*22/6/19/98*  
Special Secretary

No. 475/1/MA/P/C-10/3S-21/98.

Dated, Calcutta, 19.06.98

Copy forwarded to Shri \_\_\_\_\_

for information and necessary action.

*25/6/98*  
Special Secretary

No. 475/1/MA/P/C-10/3S-21/98.

Dated, Calcutta, 19.06.98

Copy forwarded to -

1. The Director & Chief Executive, SUDA
2. The Chief Engineer, Municipal Engineering Directorate.
3. The Mayor/Chairman, \_\_\_\_\_ Municipal Corporation/Municipality.

P.O. \_\_\_\_\_ Dist \_\_\_\_\_

for information and necessary action.

*25/6/98*  
Special Secretary

No. 475/1/MA/P/C-10/3S-21/98.

Dated, Calcutta, 19.06.98

Copy forwarded to -

1. Principal Secretary,  
Home (PAR) Department.
2. Chief Executive Officer,  
Calcutta Metropolitan Development Authority,  
3A, Auckland Place, Calcutta - 700 017.
3. Secretary,  
Calcutta Metropolitan Development Authority,  
3A, Auckland Place, Calcutta - 700 017.
4. Dr. R. N. Kar,  
Adviser, SUDA.
5. P.S. To Minister-in-Charge of this Department.

*25/6/98*  
Special Secretary

03523-52250  
*0352292*

IPP-VIII Ext. File  
A.I-2000

From : The Special Secretary to the Government of West Bengal.

To : The District Magistrate, Jalpaiguri/Darjeeling/Uttar Dinajpur/Dakshin Dinajpur/Burdwan/Midnapore/Malda.

ORDER

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- 1) Shri <sup>Manish Jain</sup> ~~V. Bharadwaj~~, A.D.M., Darjeeling - Darjeeling Municipality
- 2) Shri M. Agarwal, Chief Executive Officer, Siliguri Jalpaiguri Development Authority - Siliguri Municipal Corporation
- 3) Shri A. Roy, A.D.M., Jalpaiguri - Jalpaiguri Municipality
- 4) Shri R. Singh, S.D.O., Alipurduar - Alipurduar Municipality
- 5) Shri P. Mishra, A.D.M., Raiganj - Raiganj Municipality
- 6) Shri Anup Agarwal, A.D.M., Balurghat - Balurghat Municipality
- 7) Shri H. <sup>Bardhan</sup> ~~K. Dwivedi~~, Chief Executive Officer, Asansol - Durgapur Development Authority - Durgapur Municipal Corporation
- 8) Shri S. Biswas, A.D.M., Burdwan - Burdwan Municipality
- 9) Shri <sup>A. Subbiah</sup> ~~Suresh Kumar~~, A.D.M., Midnapore - <sup>Kharagpur</sup> Midnapore Municipality
- 10) Shri <sup>A.C. Sikdar</sup> ~~A. Santra~~, <sup>ADW (Zilla Parishad)</sup> District Magistrate, Malda - English Bazar Municipality

This has the approval of the Chief Secretary, Govt. of West Bengal and the Hon'ble Minister-in-Charge, Municipal Affairs & Urban Department.

*[Signature]*  
Special Secretary

Form No. XXIX, S.I, 1924.

Government of West Bengal

FAX

Municipal Affairs Department

FROM : A.M. Chakrabarti,  
Secretary to the Govt. of West Bengal.

To : Shri Naveen Prakash,  
District Magistrate, Darjeeling.

No. 64-S/99 Dated Calcutta, the 11th Feb., 1999.

Sir,

Kindly recall our discussions held at Darjeeling on 4.2.99. Shri Manish Jain, Additional District Magistrate, Darjeeling may be advised to work as Project Director of IPP VIII (Extension) Project for Darjeeling Municipality area.

*Darjeeling file  
for  
12/2/99*

Yours faithfully,

Sd/-

Secretary to the Govt. of  
West Bengal.

No. 64/1(2)-S/99

Copy forwarded for information to :-

- (i) Dr. N.G. Gangopadhyay, Advisor (Health), S.U.D.A.
- (ii) Shri D.K. Pradhan, Chairman, Darjeeling Municipality, 1A, Laden La Road, Darjeeling-734101.

Dated Calcutta,  
the 11th Feb., 1999.

*[Signature]*  
11.2.99  
Secretary.



Government of West Bengal

Municipal Affairs Department

FROM : A.M. Chakrabarti,  
Secretary to the Govt. of West Bengal.  
To : Shri A.K. Bal,  
District Magistrate, Midnapore.  
Fax No. 03222-62427.

No. 65-S/99 Dated Calcutta, the 11th Feb.<sup>19</sup> 99.

Sir,

Kindly recall our discussions held over telephone today. Shri A. Subbiah, Additional District Magistrate, Midnapore may be advised to work as Project Director of IPP VIII (Extension) Project for the Kharagpur Municipality area.

Yours faithfully,

Sd/-

Secretary to the Govt. of  
West Bengal.

No. 65/1(2)-S/99

Copy forwarded for information to:-

- 1) Dr. H.G. Gangopadhyay, Advisor (Health), SUDA.
- 2) Shri Rabishankar Pandey, Chairman,  
Kharagpur Municipality, Jhapalapur,  
Kharagpur, Midnapore-721301.

Dated Calcutta,  
the 11th Feb., 1999.

*[Signature]*  
Secretary. 11-295

*Kharagpur  
file for 12/2*

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

No. 475(8)/MA/P/C-10/3S-21/98.

Dated, Calcutta, 19.06.98

From : The Special Secretary to the  
Government of West Bengal.

To : The District Magistrate,  
Jalpaiguri/Darjeeling/Uttar Dinajpur/Dakshin Dinajpur/  
Burdwan/Midnapore/Malda.

ORDER

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Corporation
- 3) Shri A. Roy, A.D.M., Jalpaiguri - Jalpaiguri Municipality
- 4) Shri R. Singh, S.D.O., Alipurduar - Alipurduar Municipality
- ✓ 5) Shri P. Mishra, A.D.M., Raiganj - Raiganj Municipality
- 6) Shri Anup Agarwal, A.D.M., Balurghat - Balurghat Municipality
- 7) Shri H. K. Dwibedi, Chief Executive Officer,  
Asansol - Durgapur Development Authority - Durgapur Municipal  
Corporation
- 8) Shri S. Biswas, A.D.M., Burdwan - Burdwan Municipality
- 9) Shri Suresh Kumar, A.D.M., Midnapore - <sup>Kharagpore</sup> ~~Midnapore~~ Municipality
- 10) Shri A. Santra, District Magistrate, Malda - English Bazar  
Municipality

This has the approval of the Chief Secretary, Govt. of West Bengal and the Hon'ble Minister-in-Charge, Municipal Affairs & Urban Department.

*[Signature]*  
19/06/98  
Special Secretary

No. 475/1/MA/P/C-10/3S-21/98.

Dated, Calcutta, 19.06.98

Copy forwarded to Shri \_\_\_\_\_

for information and necessary action.

*25/6/98*  
Special Secretary

No. 475/1/MA/P/C-10/3S-21/98.

Dated, Calcutta, 19.06.98

Copy forwarded to -

1. The Director & Chief Executive, SUDA
2. The Chief Engineer, Municipal Engineering Directorate.
3. The Mayor/Chairman, \_\_\_\_\_ Municipal Corporation/Municipality.

P.O. \_\_\_\_\_ Dist \_\_\_\_\_

for information and necessary action.

*25/6/98*  
Special Secretary

No. 475/1/MA/P/C-10/3S-21/98.

Dated, Calcutta, 19.06.98

Copy forwarded to -

1. Principal Secretary,  
Home (PAR) Department.
2. Chief Executive Officer,  
Calcutta Metropolitan Development Authority,  
3A, Auckland Place, Calcutta - 700 017.
3. Secretary,  
Calcutta Metropolitan Development Authority,  
3A, Auckland Place, Calcutta - 700 017.
4. Dr. R. N. Kar,  
Adviser, SUDA.
5. P.S. To Minister-in-Charge of this Department.

*25/6/98*  
Special Secretary

0352292 03523-52250

Municipal Affairs Department

I would like to meet all officers of S.U.D.A. and I.L.G.U.S. Including officers attached to the Health Wing of S.U.D.A. and Research Officers of I.L.G.U.S., at SUDA at 10-30 A.M. on 4.1.2000. The Director & Chief Executive, SUDA is requested to kindly inform all concerned.

NR officers ✓  
SUDA → Kous  
note to  
29/12

A \_\_\_\_\_  
28.12.99

Secretary to the Govt. of W. Bengal

H.O.No. 497-S/99 dt. 28.12.99

The Director, & C.E.,  
S.U.D.A.

NR  
29/12

noted  
of SUDA  
29/12  
Blanca  
29/12

noted pl.  
29/12

Secy  
29/12

ULB - 14,96,000  
SUDA - 1,63,000

As on 7.12.99.

16.59 Lakhs. received from CMDA on 26.4.99.

Fund released		U/C received [%]
Doojchong	2,78,000 <del>Lakhs.</del>	2,13,595 [76.8]
Raiganj	5,02,500	3,63,884 [72.4]
Bahughat	2,13,750	1,07,250 [44.0]
Jalpaiguri	1,50,000	1,08,356 [72.2]
	<u>11,74,250</u>	<u>7,93,085 [67.5]</u>

B 25.50 Lakhs received from CMDA on 3.8.99.

ULB - 24.30  
SUDA - 1.20.

Fund Released		U/C received [%]
Siliguri	4,58,600	-
Durgapur	4,37,600	4,07,100 [93.0]
Kharaypur	2,25,800	70,462 [31.2]
Eng. Bazar	1,44,400	-
Burdwan	2,71,400	1,56,693.45 [57.7]
Alipurdooar	87,600	47,300 [54.0]
	<u>16,25,400</u>	<u>6,81,555.45 [41.9]</u>

ULB - 17,96,000  
 SUDA - 1,63,000.

A 16.59 Lakhs. received from CMDA on 7.12.99.

<u>Fund released</u>		<u>U/C received</u> [%]
Doojcelhoj	2,78,000 Lakhs.	2,13,595 [76.8]
Raiganj	5,02,500	3,63,884 [72.4]
Balesghat	2,13,750	1,07,250 [44.0]
Jalpaiguri	1,50,000	1,08,356 [72.2]
	<u>11,74,250</u>	<u>7,93,085 [67.5]</u>

B 25.50 Lakhs received from CMDA on 3.8.99.

ULB - 24.30  
 SUDA - 1.20.

<u>Fund Released</u>		<u>U/C received</u> [%]
Siliguri	4,58,600	4,07,100 [93.0]
Durgapur	4,37,600	70,462 [31.2]
Kharaypur	2,25,800	-
Eng. Bazar	1,44,400	1,56,693.45 [57.7]
Burdwan	2,71,400	47,300 [54.0]
Alipurdwar	87,600	
	<u>16,25,400</u>	<u>6,81,555.45 [41.9]</u>

RCH Sub- Project/ IPP-VIII(Extn)

Medical Officer (Part-Time)

Job Responsibilities

1. Will remain incharge of H.A.U, SCs & Command area.
2. Will visit/ attend SCs on rotation basis as per a pre-fixed schedule.
3. Will attend reffered cases by HHWs.
4. Will conduct/ supervise different service activities at the SCs viz. M.C.H (antenatal/ postnatal/ well baby etc.) Nutrition program (Weight Monitoring, Grading of Malnutrition etc.), Immunization, Treatment of referred cases, F.W, and the like.
5. Will undertake/ supervise simple clinical tests at SCs for determination of Anaemia ,Toxaemia of pregnant women.
6. Will collect blood slides of fever cases and arrange its despatch to earmarked laboratories foe detection of M.P.
7. Will refer the cases to E.S.O.P.D/ M.H.
8. Will take up in-house/ on the job training program of FTSS for administration of injectable immunizations/ drawing of blood slides.
9. Will draw the Action plans of the HAU/HP in regard to various service-components under the project.
10. Will visit field for the purpose of checking data-entry by HHWs in Family Schedule/Operational Research/Miscellaneous formats. At least 10% cross check per month is desirable.
11. Will remain responsible for collection/compilation/ transmission of HAU-report in prescribed proforma(s) in specified time to ULB & SUDA as per instruction.
12. Will render guidance to Health staff of the HAU in matters of medical & allied topics.
13. Will plan/ participate in various IEC-sessions on Health & F.W issues.
14. Will maintain liaison with people's Representatives, Community Leaders, C.B.Os and other concered organizations, Officials and people.
15. Will put up demands(indents) for Drugs, Vaccines for HAU to Health Officer, & maintain stock ledger.
16. Will receive assistance of STSS particularly in the matter of H.I.S and I.E.C programs.
17. Will perform any other duties assigned to him/ her by Authorities.

RCH Sub- Project/ IPP-VIII(Extn)

Medical Officer (Part-Time)

Job Responsibilities

1. Will remain incharge of H.A.U, SCs & Command area.
2. Will visit/ attend SCs on rotation basis as per a pre-fixed schedule.
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5. Will undertake/ supervise simple clinical tests at SCs for determination of Anaemia ,Toxaemia of pregnant women.
6. Will collect blood slides of fever cases and arrange its despatch to earmarked laboratories for detection of M.P.
7. Will refer the cases to E.S.O.P.D/ M.H.
8. Will take up in-house/ on the job training program of FTSs for administration of injectable immunizations/ drawing of blood slides.
9. Will draw the Action plans of the HAU/HP in regard to various service-components under the project.
10. Will visit field for the purpose of checking data-entry by HHWs in Family Schedule/Operational Research/Miscellaneous formats. At least 10% cross check per month is desirable.
11. Will remain responsible for collection/compilation/ transmission of HAU-report in prescribed proforma(s) in specified time to ULB & SUDA as per instruction.
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16. Will receive assistance of STSs particularly in the matter of H.I.S and I.E.C programs.
17. Will perform any other duties assigned to him/ her by Authorities.

Extension of tenure of the contractual appointment of Sri. G. Sanyal, Asstt. Statistician, Health Wing, SUDA.

Sri. G.Sanyal, retired Asstt. Statistician, Govt. of West Bengal was appointed on contract basis for a period of 6 (six) months as Asstt. Statistician, Health Wing, SUDA on 07.7.99 (FN) vide order no. SUDA-38/99/528 dated 6.7.99 of Director & CE, SUDA. His Present tenure of service will expire on 6.1.00(AN).

Implementation process of different health projects are in progress in a no. of towns. All the projects take care of the low income population in the slum-neighbourhoods of Municipalities.

To draw the base line indicators and to monitor the progress of the project a host of data regarding health of women and under-5 children generated from the grass root level is to be processed, compiled, tabulated where professional & expertise services of Asstt. Statistician is essentially required.

Sri. G. Sanyal has rendered his service quite efficiently and satisfactorily.

In view of the above, the tenure of contractual appointment of Sri. G. Sanyal is recommended to be extended for a period of 6 (six) months w.e.f 07.1.00(FN) for the interest of health projects.

Submitted for favour of kind consideration.

SUDA-1598(11)/227  
dt 8.12.99

Director & CE,  
SUDA

Secretary MA  
Chairman, SUDA

S. Sanyal  
8/12/99

SUDA

# STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

SUDA-38/99/528

Ref No. ....

6th July, 1999

Date .....

## ORDER

Shri Goutam Sanyal, retired Asst. Statistician, State Bureau of Health Intelligence is hereby appointed on Contract basis as Assistant Statistician in the Health Wing, SUDA for 6 (six) months from date he assumes charge.

Shri Sanyal shall draw a contractual remuneration as per SUDA's rule.

This appointment has the approval of the Chairman, SUDA, & Secretary, M.A. Deptt. vide U.O. No.364, dt: 2.7.99. The contract may be terminated with one month's notice from either side.

(D.K. Roy)

Director & Chief Executive.

No. SUDA-38/99/528/1(7)

6.7.99

Copy for information & necessary action to :

- 1) The Chairman, SUDA & Secy., M.A, Deptt.
- 2) Special Secretary, M.A. Deptt.
- 3) Sri N.G. Gangopadhya, Adviser(Health) SUDA
- 4) A.O., SUDA
- 5) Sri Goutam Sanyal, Anandaloke, Chowmatha, Madhyamgram, 24-Prgns.
- 6) JAO/HA, SUDA.

(D.K. Roy)

Director & Chief Executive.



P. #1  
Anoph. Stephensi (vector  
mosquito for malaria)

Chairman of M.A. Committee (Mr. Munnick)

~~Sheelaxi~~  
M.A.  
↓  
Conc. →

notion to transfer

High Rise  
Construction

Under

Cases to be

B/S of  
3 floor

~~B/S of~~

fine → Rs. 500/-

to Proctor

M. J. Winter → Residence of  
Malawi ↓

M. To convene an inter-  
agency meeting of such concerns  
of H/2, H/M, EPH, BOP,  
MA, & V/D etc.

M. Munnick  
CPR  
↑  
duplex in  
at floor  
West of Chennai,  
Boulevard, Delhi

M. J. Winter - admission between H/2 and  
M.A. & H/2 -

BY SPECIAL MESSENGERBY FAX

GOVERNMENT OF WEST BENGAL  
DEPARTMENT OF MUNICIPAL AFFAIRS  
WRITERS' BUILDINGS ; CALCUTTA.

No. : 751 (4)/MA/O/C-5/CG/2M-1/99. Dated : 1st December, 1999.

FROM : A.K. Datta,  
Deputy Secretary to the  
Government of West Bengal.

To : (1) Sri A. Sarman, IAS,  
Municipal Commissioner,  
Calcutta Municipal Corporation,  
5, S.N. Banerjee Road,  
Calcutta-700013.

(2) Dr. Sujit Ghosh,  
Chief Municipal Health Officer,  
Calcutta Municipal Corporation,  
5, S.N. Banerjee Road,  
Calcutta-13.

(3) Dr. B. Bhattacharjee, Chief of Health,  
1PP VIII Section, CMDA, Unnayan Bhawan,  
Block 'D', 3rd floor, Salt Lake, Calcutta-700091.

(4) Dr. P.M. Das,  
adviser (Health),  
SURA.

*Dr. Kar*

Sub : Meeting of the Standing Committee of the M.B.L.A. on  
Urban Development, Municipal Affairs, Housing, Public  
Works and Tourism, West Bengal Legislative Assembly  
on 4 P.M. on 06-12-1999.

SIR,

I am directed to inform that the Standing Committee on Urban  
Development, Municipal Affairs, Housing, Public Works, and Tourism,  
West Bengal Legislative Assembly will meet on 6-12-99 at 1 P.M. in  
the Bejoy Kumar Banerjee Hall, Assembly House, Calcutta to have a  
detailed discussion on the recent spurt of Malaria in West Bengal.

I am, therefore, directed to request you kindly to make it  
convenient to attend the aforesaid meeting positively on 6-12-99  
at 1 P.M. with necessary papers and fully prepared.

Yours faithfully,

*A.K. Datta*

Deputy Secretary