Restructuring of Urban Health Programmes in 40 KMA ULBs

Objective

- Effective and uniform service by amalgamating different existing community based health programme in each of the 40 ULBs.
- Maximum utilization of health infrastructure and functionaries judiciously and effectively through restructuring.
- Rational distribution of beneficiaries amongst the HHWs for more or less uniform coverage per HHW.
- Ensuring service coverage in each of the wards of the ULB.
- Ensuring health coverage to all left out, vulnerable and marginalized group of people.
- Revamping of health cell of ULB for effective supervision and monitoring.
- Development of HMIS for total population of ULB.

Situation Analysis

Information on ULB-wise total population as per 2001 census, no. of wards and HHWs, existing Health programmes, average no. of HHWs per ward, percentage of population covered (out of total population of the ULB) under Health programmes are as under :

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
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27	Naihati	215432	28	129	4.61	146171	67.85	CUDP III & IPP-VIII
28	New Barrackpore	83183	19	95	5.00	77964	93.73	CUDP III & IPP-VIII
29	North Barrackpore	123523	22	169	7.68	171110	138.52	CUDP III & IPP-VIII
30	North Dum Dum	220032	30	126	4.20	125431	57.01	CUDP III & IPP-VIII
31	Panihati	348379	35	198	5.66	182312	52.33	CUDP III & IPP-VIII
32	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
33	Rajarhat Gopalpur	271781	27	186	6.89	186647	68.68	IPP VIII
34	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
35	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII

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36	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
37	South Dum Dum	392150	35	198	5.66	200025	51.01	IPP VIII
38	Titagarh	124198	23	105	4.57	104887	84.45	IPP VIII
39	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
40	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

- **Source of information :** (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.

Average No. of HHWs per Ward

Avg. no. of HHWs / ward	No. of ULBs	Name of ULBs
1 – 2	4	Baranagar, Baruipur, Bidhannagar, Kalyani
3 – 4	9	Baidyabati, Barrackpore, Gayeshpur, Chandernagar, Dum Dum, Kamarhati, Kanchrapara, Konnagar, Pujali
5 - 6	22	Bally, Bansberia, Bhadreswar, Bhatpara, Budge Budge, Champdany, Garulia, Halisahar, Hooghly Chinsurah, Madhyamgram, Naihati, Maheshtala, New BKP, N. Dum Dum, Panihati, Rajpur Sonarpur, Rishra, S. Dum Dum, Titagarh, Uluberia, Uttarpara Kotrung
7 – 8	5	Barasat, Khardah, North BKP, Rajarhat Gopalpur, Serampore

Coverage % against total population

Coverage %	No. of ULBs	Name of ULBs
20 to 30%	2	Baranagar, Bidhannagar
31 to 40%	2	Kamarhati, Rajpur Sonarpur
41 to 50%	5	Bally, Bhatpara, Dum Dum, Howrah, Kalyani
51 to 60%	7	BKP, Baruipur, Chandernagar, Maheshtala, N. Dum Dum, Panihati, S. Dum Dum
61 to 70%	5	Baidyabati, Madhyamgram, Naihati, Rajarhat Gopalpur, Uluberia
71 to 80%	3	Kanchrapara, Serampore, Uttarpara Kotrung
81 to 90%	5	Champdany, Halisahar, Hooghly Chinsurah, Konnagar, Titagarh
91 to 100%	3	Bansberia, Barasat, New Barrackpore
More than 100%	8	Bhadreswar, Budge Budge, Garulia, Gayeshpur, Khardah, North Barrackpore, Pujali, Rishra

Coverage of the population by the ULBs

- There are left out population i.e. floating population, red light area, slum population at service land, brick field areas etc. in the municipal area who are not being covered under the fold of Health services of the ULB (i.e. family schedule for each of the family are not being maintained and HHWs do not pay home visits). But these people when come to Sub-Centre for any of the services they are being provided. Any health related data is not reflected in the HMIS report.
- HHW is covering much less than BPL 200 families or 1000 population in many of the ULBs (In each of the health programmes it is spelt out that one HHW is to cover 150–200 BPL families or 750 to 1000 population).
- In the ULBs implementing CUDP III and IPP-VIII, fraction of BPL population are covered by HHW of CUDP III and some by IPP-VIII in a ward. Furthermore, one HHW is to cover BPL families of her jurisdiction containing in more than one ward. As a result, it is very difficult to get overall picture of the ward at one point of time.

- One Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000-40,000 BPL population
- In some of the ULBs, population of rural area are also being covered and some of the Sub-Centres are located in Panchayet area e.g. Budge Budge - 4 SCs, in Uttarpara Kotrung – 9 SCs are in Panchayet area , in Hooghly Chinsurah – 15 SCs in pachayet area.

Functioning of HHWs / FTSs and other Health Manpower

- When the health programmes started in the 1985-86 for CUDP-III and during1991-92, 1992-93 and 1993-94 for IPP-VIII (in phases in KMA ULBs), age criteria for selection of HHW had been fixed to 35 – 45 years. It was silent about the retiring age. Over the years, the capacity of some of the HHWs has been reduced due to ageing and as such they can not pay visit to the households regularly.
- Understanding level of some of the HHWs / FTSs is so deficient that they can not fill up the requisite information in the family schedule, can not make any discussion with the mothers on different health issues where the most important component of making aware the community is being defeated, can not prepare HMIS report more or less accurately even after a long period of 25-30 years of service. In KUSP, retraining had been imparted to all the health functionaries at a regular interval and pre & post evaluation was done separately for each of the retraining programme. Some of the health functionaries were the perpetual low / very low scorers.
- Existing PTMOs in most of the places are not functioning adequately, main barrier is low remuneration which is Rs. 2100/- per head per month. Sanctioned no. of PTMO is one (1) per HAU under CUDP III and two (2) in IPP-VIII.

Sub-Centres & HAUs

- A Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000- 40,000 BPL population.
- One FTS is in charge of the SC.
- In many of the ULBs more than one Sub-Centre are functioning from the same premises of HAU which do not justify decentralization of primary health care services.
- In some of the ULBs, a no. of SCs are located in the Panchayet area and serve the population of Panchayets, though there is a definite health care delivery structure of DHFW.

- At least 7-8 clinics (ANC / PNC clinic, Immunisation Clinic, Growth Monitoring Clinic – 1 each per month and General Treatment Clinic – 1 per week) are to be provided from each of the SCs.
- In some of the Sub-Centres, one multipurpose clinic per week is being held where all the cases for ANC/ PNC, Immunisation, general treatment done instead of holding separate clinics.
- Man-power structure at HAU level differs from programme to programme eg. there is sanction of one Pt MO per HAU in CUDP III whereas it is two in IPP-VIII,
- Less monitoring and supervision in respect of activities under CUDP III.

HMIS

- ULB is having database for HMIS for the population covered under Health programme – not for total population.
- At present the ULB is not having any health related information for its total population
- HMIS for Public Health is not existing in uniform pattern in all the ULBs.

Public Health

- Different components of public health i.e. vector control, solid waste disposal, water testing etc. not being done at regular frequency.
- Implementation of National Health Programmes are being done as and when directed by DHFW.
- At present Disease surveillance in the true sense of term is not being done by the ULBs.
- There is no definite infrastructure for implementation of Public health services.
- System of Birth & Death registration as well as the responsibility of Registrar for the same varies from ULB to ULB.
- There is no systematic Malaria and DOTS clinic

Monitoring & Supervision

- Responsibility of Ward Committee in implementation of primary and public health care services at Ward level is not uniform in nature.
- Municipal Level Health & Family Welfare Committee – not functioning adequately and regularly.

Others

User Charges – particularly collection of Rs. 2/- per month by the HHW from the families where they pay visit twice in a month. This was introduced somewhere in the year 2003. HHWs find difficulty in raising this collection as most of their times are lost on this issue, where main activity in respect of health care delivery is being hampered. It has been learnt unofficially that some of the HHWs pay the amount from their honorarium, as it was told to them that if they could not collect the user's fee at family level, their efficiency would be put in query and in some of the cases they would not be allowed to draw honorarium.

It has also been informed that the beneficiary families do not agree to contribute for user's fee at family level, they may agree to give charges for receipt of health services at SC / HAU / OPD cum MH and RDC level

General opinion is in favour of abolishing the practice of realizing user charges of Rs. 2/- at beneficiary family level.

Suggestion for Restructuring of Primary and Public Health Care Services at ULB level

Activity	Responsibility
Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB. There will be only one Cell for Health from where health services will be administered by the HO, in absence of HO this will be done by AHO.	Order is to be issued by the Dept. of Municipal Affairs.
Source of funding for existing different health programmes should be under one Department instead of multiple departments which will help in preparing and submitting one HMIS Report only by the ULB. (Source of funding for CUDP III – DHFW, for IPP-VIII – Dept. of Municipal Affairs)	Dept. of Municipal Affairs
Supervision and monitoring cell of the restructured health programmes – whether by KMDA or SUDA ?	Dept. of Municipal Affairs is to decide.
Fund flow from the Dept. to the ULBs should be at regular interval and through one channel (KMDA ? SUDA ?)	Do
Average no. of HHWs per ward per ULB varies. Lowest is 1.52 in Bidhannagar Municipality and highest is 7 - 8 in 5 ULBs i.e. Barasat, Khardah, North Barrackpore, Rajarhat Gopalpur and serampore. The quantitative strength of HHWs may be utilized in geographical restructuring.	ULB
Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.	Do
Re-allocation of SC which are at Panchayet area.	Do

Health Cell at ULB level

Activity	Responsibility
There will be one office of HO along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be pulled from the existing ones of HAUs.	ULB
The office of HO shall be equipped with the logistics like computer, software for e-governance etc.	Do

Health Manpower

Activity	Responsibility
Posting of Health Officer at each ULB	Dept. of Municipal Affairs
Designation of part time Medical officer should be redesignated as "Medical Officer" only.	Do
One of the options may be to stop continuation of PTMOs and keep a list of panel doctors who will render clinic services at SCs as per schedule set up by the ULBs on a clinic based fee which is Rs. 300/- per clinic per day (inclusive of all) for 3 hours, not exceeding 20 clinics per month per person. Service charge for providing treatment to APL population by the MO at Sus-Centre during general / specialised treatment clinic may be imposed by the ULB concerned. The MO may get a percentage of that service charge in addition to his clinic based fee of Rs. 300/- per day. At least 1 - 2 doctors should be conversant with the practice of conducting BCG and measles vaccination.	Do
The post of AHO will remain in position as it is existing.	Do
Salary of AHO may be enhanced at least to Rs. 8,000/- per head p.m. with a provision of increment at a fixed interval.	Do
Post of UHIO may be phased out within two (2) years. The responsibility of UHIO may be vested upon the existing STSs.	Do
Additional no. of FTSs may be required who will remain in-charge of Public Health Services @ 1 additional FTS for 30,000 population.	Do
Existing STSs who are not within the retiring age, services of whom be utilized as FTS (PH) but their pay protection be provided.	Do

Activity	Responsibility
Retiring age criteria for all of the Health functionaries i.e. HHWs, FTSs, STSs, ANM, GNM, Clerk, Attendant, Sweeper - may be fixed at 60 for all category of staff. In special cases where the technical persons are physically fit and mentally alert in delivering the service, the retiring age may be extended upto 65 years.	Issuance of necessary order by Dept. of Municipal Affairs. ULB be vested to exercise discretion on the merit of individual case.
Even if the Health manpower is within the limit of retiring age, the performance capability of each of the category of staff needs to be assessed at regular frequency and necessary action be taken accordingly.	ULB and Municipal Level Health & Family Welfare Committee

Sub-Centres

Activity	Responsibility
Construction of Sub-Centre is preferred instead of utilization of premises of club or NGOs. The SC should have waiting space for the clients and toilet facilities.	Dept. of Municipal Affairs
Construction of SCs under JNNURM is to be linked.	ULB

Public Health

Activity	Responsibility
Birth & Death registration – HO will be the overall incharge.	ULB
Role of SI in managing public health – Linkage between HO / Health Office and SI to be established.	Do
Water testing at terminal or user's end may be done by the HHW / FTS (PH) at a regular frequency / during outbreak. For the purpose, testing Kit is to be made available to the HHWs / FTS (PH). This testing will be basically to identify coliforms. On receipt of positive test, HHW / FTS (PH) will intimate the Complaint Cell of the ULB and the HO concerned as well.	Do
Setting up of Malaria clinic and DOTs centre. One such clinic may be established for one lakh or less population. Laboratory Technician at a salary of Rs. 3000/- per month who will draw blood slides, examine the slides under microscope for malaria and TB organism, estimate hemoglobin and the like. The fund for setting up such clinic may be obtained from the Dept. of Health & Family Welfare.	Dept. of Municipal Affairs and ULB

HMIS

Activity	Responsibility
Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole. Recently done economic survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.	Dept. of Municipal Affairs & ULB

Monitoring & Supervision

Activity	Responsibility
Ward Committee be made responsible for implementing, monitoring and supervising the health programmes in the respective ward.	ULB
Ward Committee will submit a report * as per proforma given below on monthly basis. The said report is to be attached with HMIS report while submitting to appropriate Authority.	Do
Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.	Do
Report on the meeting of MHFWC shall be attached with the HMIS report twice in a year i.e. April and October.	Do
In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.	Do

Others

Activity	Responsibility
Realisation of Users' charges @ Rs. 2/- at family level by the HHWs be abolished.	Dept. of Municipal Affairs
Other service charges existing in the ULB be revised (if necessary) and continued.	ULB
Honorarium of HHWs, FTSs, STSs and other grass root level functionaries be enhanced periodically.	Dept. of Municipal Affairs

Annexure

* Format for Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

KUSP

DC

File

Sub. : Restructuring of Urban Health Programmes in 40 KMA ULBs.

Pursuant to work plan for 2007-08 in respect of Health component, KUSP, a draft note on restructuring of urban health programmes in 40 KMA ULBs had been prepared and circulated to the Mayor / Chairperson of the ULBs concerned vide this office memo no. CMU-94/2003(Pt. V)/779(40) dt. 04.07.2007 (Flag – 'A') for offering their valuable comments. Copy of the said draft note had also been forwarded for information to the Principal Secretary, Dept. of Municipal Affairs; PS to MIC, Dept. of Municipal Affairs; CEO, KMDA; Director of DLB; Director, SUDA and General Secretary, West Bengal Municipal Association.

Comments / views has been received from 21 nos. of ULBs. Their views are mostly common with draft note. However, their valuable views on some issues of the draft note have been incorporated.

Subsequently, the said draft on restructuring has been placed before the 4th meeting of the Health Steering Committee, KUSP held on 20.08.2007 (Flag – 'B') for discussion and finalization. Minutes of the 4th meeting of Health Steering Committee is enclosed - (Flag – 'C').

A final note on restructuring of urban health programmes along with suggestion has been prepared which is placed below - (Flag – 'D').

Submitted for kind perusal and further necessary action.

03.09.07

PD, CMU

The above may be seen.
The restructuring proposals have been discussed with ULBs and most have agreed to the proposals.
Now action needs to be taken as detailed at Flag X.
If required, a discussion on operationalising the action points may be held by the Department with concerned officials.
Submitted for kind consideration.

5/9

Principal Secretary, MA Deptt.

U.O.No.: CMU-94/2003(Pt-V)/131
Date: - 05.09.07.

C:\Dr Goswami\KUSP\Note Sheet.doc

Ilog C

Minutes of the 4th meeting of the Health Steering Committee (HSC), KUSP held at ILGUS Conference Room on 20.08.2007

Participants :

1. Sri Arnab Roy, Project Director, CMU - Chairman HSC
2. Dr. Kallol Kr. Mukherjee, Project Manager, CMU- Member
3. Sri Amiya Das, Mayor, Chadernagar Municipal Corporation – Member
4. Sri Mrinalendu Banerjee, Chairman New Barrackpore - Member
5. Sri Govinda Ganguly, Chairman, Kamarhati Municipality & President, West Bengal Municipal Association
6. Sri H. P. Mondal, OSD, UHIP , KMDA, representative of Secretary, KMDA
7. Dr. N.G. Gangopadhyay, Adviser, Health, SUDA – Member
8. Dr. Ms. Sucheta Mazumdar, HO, Bhadreswar Municipality – Member
9. Dr. S.K. Debnath, HO, Rajpur Sonarpur Municipality – Member
10. Dr. P.K.Gupta, HO, South DumDum Municipality – Member
11. Dr. Shibani Goswami, Health Expert, CMU- Member Secretary

The meeting was held under the chairmanship of the Project Director, CMU who initiated the discussion on objective of restructuring of the urban health programmes in 40 KMA ULBs. He briefed the participants then asked the Health Expert, CMU to present the draft proposals.

Accordingly, Health Expert, CMU, presented the scenario on existing situation of different health programmes implemented by 40 KMA ULBs and suggestive points on restructuring.

After a thread bare discussion, all the participants felt that restructuring of all the health programmes at ULB level is most essential, but for the purpose one parent unit is to identified at State Level by the Competent Authority. That unit would be responsible for providing necessary instruction, supervision, monitoring and regular flow of fund to the ULBs. Unless this issue is settled and finalized first, the restructuring at ULB level perhaps would not be practical. This issue is to be given priority.

All the participants agreed upon almost all the suggestive points for restructuring of health programmes as drafted and circulated to all the ULBs before and made certain points for improving upon some of the suggestions. Discussion points of the participants were noted down and will be incorporated in the final draft on restructuring accordingly.

It was decided that the final draft on re-structuring and consequent activities for restructuring along with involvement of responsible Department / Authority be forwarded to the Dept. of Municipal Affairs.

Arnab Roy
Project Director, CMU
&
Chairman, HSC

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26	Maheshtala	389214	35	204	5.83	195910	50.33	IPP-VIII
27	Naihati	215432	28	129	4.61	146171	67.85	CUDP III & IPP-VIII
28	New Barrackpore	83183	19	95	5.00	77964	93.73	CUDP III & IPP-VIII
29	North Barrackpore	123523	22	169	7.68	171110	138.52	CUDP III & IPP-VIII
30	North Dum Dum	220032	30	126	4.20	125431	57.01	CUDP III & IPP-VIII
31	Panihati	348379	35	198	5.66	182312	52.33	CUDP III & IPP-VIII
32	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
33	Rajarhat Gopalpur	271781	27	186	6.89	186647	68.68	IPP VIII
34	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
35	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered Under Health Programmes
36	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
37	South Dum Dum	392150	35	198	5.66	200025	51.01	IPP VIII
38	Titagarh	124198	23	105	4.57	104887	84.45	IPP VIII
39	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
40	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

- **Source of information :** (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.

Average No. of HHWs per Ward

Avg. no. of HHWs / ward	No. of ULBs	Name of ULBs
1 – 2	4	Baranagar, Baruipur, Bidhannagar, Kalyani
3 – 4	9	Baidyabati, Barrackpore, Gayeshpur, Chandernagar, Dum Dum, Kamarhati, Kanchrapara, Konnagar, Pujali
5 - 6	22	Bally, Bansberia, Bhadreswar, Bhatpara, Budge Budge, Champdany, Garulia, Halisahar, Hooghly Chinsurah, Madhyamgram, Naihati, Maheshtala, New BKP, N. Dum Dum, Panihati, Rajpur Sonarpur, Rishra, S. Dum Dum, Titagarh, Uluberia, Uttarpara Kotrung
7 – 8	5	Barasat, Khardah, North BKP, Rajarhat Gopalpur, Serampore

Coverage % against total population

Coverage %	No. of ULBs	Name of ULBs
20 to 30%	2	Baranagar, Bidhannagar
31 to 40%	2	Kamarhati, Rajpur Sonarpur
41 to 50%	5	Bally, Bhatpara, Dum Dum, Howrah, Kalyani
51 to 60%	7	BKP, Baruipur, Chandernagar, Maheshtala, N. Dum Dum, Panihati, S. Dum Dum
61 to 70%	5	Baidyabati, Madhyamgram, Naihati, Rajarhat Gopalpur, Uluberia
71 to 80%	3	Kanchrapara, Serampore, Uttarpara Kotrung
81 to 90%	5	Champdany, Halisahar, Hooghly Chinsurah, Konnagar, Titagarh
91 to 100%	3	Bansberia, Barasat, New Barrackpore
More than 100%	8	Bhadreswar, Budge Budge, Garulia, Gayeshpur, Khardah, North Barrackpore, Pujali, Rishra

Coverage of the population by the ULBs

- There are left out population i.e. floating population, red light area, slum population at service land, brick field areas etc. in the municipal area who are not being covered under the fold of Health services of the ULB (i.e. family schedule for each of the family are not being maintained and HHWs do not pay home visits). But these people when come to Sub-Centre for any of the services they are being provided. Any health related data is not reflected in the HMIS report.
- HHW is covering much less than BPL 200 families or 1000 population in many of the ULBs (In each of the health programmes it is spelt out that one HHW is to cover 150–200 BPL families or 750 to 1000 population).
- In the ULBs implementing CUDP III and IPP-VIII, fraction of BPL population are covered by HHW of CUDP III and some by IPP-VIII in a ward. Furthermore, one HHW is to cover BPL families of her jurisdiction containing in more than one ward. As a result, it is very difficult to get overall picture of the ward at one point of time.

- One Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000-40,000 BPL population
- In some of the ULBs, population of rural area are also being covered and some of the Sub-Centres are located in Panchayet area e.g. Budge Budge - 4 SCs, in Uttarpara Kotrung – 9 SCs are in Panchayet area , in Hooghly Chinsurah – 15 SCs in pachayet area.

Functioning of HHWs / FTSs and other Health Manpower

- When the health programmes started in the 1985-86 for CUDP-III and during1991-92, 1992-93 and 1993-94 for IPP-VIII (in phases in KMA ULBs), age criteria for selection of HHW had been fixed to 35 – 45 years. It was silent about the retiring age. Over the years, the capacity of some of the HHWs has been reduced due to ageing and as such they can not pay visit to the households regularly.
- Understanding level of some of the HHWs / FTSs is so deficient that they can not fill up the requisite information in the family schedule, can not make any discussion with the mothers on different health issues where the most important component of making aware the community is being defeated, can not prepare HMIS report more or less accurately even after a long period of 25-30 years of service. In KUSP, retraining had been imparted to all the health functionaries at a regular interval and pre & post evaluation was done separately for each of the retraining programme. Some of the health functionaries were the perpetual low / very low scorers.
- Existing PTMOs in most of the places are not functioning adequately, main barrier is low remuneration which is Rs. 2100/- per head per month. Sanctioned no. of PTMO is one (1) per HAU under CUDP III and two (2) in IPP-VIII.

Sub-Centres & HAUs

- A Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000- 40,000 BPL population.
- One FTS is in charge of the SC.
- In many of the ULBs more than one Sub-Centre are functioning from the same premises of HAU which do not justify decentralization of primary health care services.
- In some of the ULBs, a no. of SCs are located in the Panchayet area and serve the population of Panchayets, though there is a definite health care delivery structure of DHFW.

- At least 7-8 clinics (ANC / PNC clinic, Immunisation Clinic, Growth Monitoring Clinic – 1 each per month and General Treatment Clinic – 1 per week) are to be provided from each of the SCs.
- In some of the Sub-Centres, one multipurpose clinic per week is being held where all the cases for ANC/ PNC, Immunisation, general treatment done instead of holding separate clinics.
- Man-power structure at HAU level differs from programme to programme eg. there is sanction of one Pt MO per HAU in CUDP III whereas it is two in IPP-VIII,
- Less monitoring and supervision in respect of activities under CUDP III.

HMIS

- ULB is having database for HMIS for the population covered under Health programme – not for total population.
- At present the ULB is not having any health related information for its total population
- HMIS for Public Health is not existing in uniform pattern in all the ULBs.

Public Health

- Different components of public health i.e. vector control, solid waste disposal, water testing etc. not being done at regular frequency.
- Implementation of National Health Programmes are being done as and when directed by DHFW.
- At present Disease surveillance in the true sense of term is not being done by the ULBs.
- There is no definite infrastructure for implementation of Public health services.
- System of Birth & Death registration as well as the responsibility of Registrar for the same varies from ULB to ULB.
- There is no systematic Malaria and DOTS clinic

Monitoring & Supervision

- Responsibility of Ward Committee in implementation of primary and public health care services at Ward level is not uniform in nature.
- Municipal Level Health & Family Welfare Committee – not functioning adequately and regularly.

Others

User Charges – particularly collection of Rs. 2/- per month by the HHW from the families where they pay visit twice in a month. This was introduced somewhere in the year 2003. HHWs find difficulty in raising this collection as most of their times are lost on this issue, where main activity in respect of health care delivery is being hampered. It has been learnt unofficially that some of the HHWs pay the amount from their honorarium, as it was told to them that if they could not collect the user's fee at family level, their efficiency would be put in query and in some of the cases they would not be allowed to draw honorarium.

It has also been informed that the beneficiary families do not agree to contribute for user's fee at family level, they may agree to give charges for receipt of health services at SC / HAU / OPD cum MH and RDC level

General opinion is in favour of abolishing the practice of realizing user charges of Rs. 2/- at beneficiary family level.

Suggestion for Restructuring of Primary and Public Health Care Services at ULB level

Activity	Responsibility
Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB. There will be only one Cell for Health from where health services will be administered by the HO, in absence of HO this will be done by AHO.	Order is to be issued by the Dept. of Municipal Affairs.
Source of funding for existing different health programmes should be under one Department instead of multiple departments which will help in preparing and submitting one HMIS Report only by the ULB. (Source of funding for CUDP III – DHFW, for IPP-VIII – Dept. of Municipal Affairs)	Dept. of Municipal Affairs
Supervision and monitoring cell of the restructured health programmes – whether by KMDA or SUDA ?	Dept. of Municipal Affairs is to decide.
Fund flow from the Dept. to the ULBs should be at regular interval and through one channel (KMDA ? SUDA ?)	Do
Average no. of HHWs per ward per ULB varies. Lowest is 1.52 in Bidhannagar Municipality and highest is 7 - 8 in 5 ULBs i.e. Barasat, Khardah, North Barrackpore, Rajarhat Gopalpur and serampore. The quantitative strength of HHWs may be utilized in geographical restructuring.	ULB
Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.	Do
Re-allocation of SC which are at Panchayet area.	Do

Health Cell at ULB level

Activity	Responsibility
There will be one office of HO along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be pulled from the existing ones of HAUs.	ULB
The office of HO shall be equipped with the logistics like computer, software for e-governance etc.	Do

Health Manpower

Activity	Responsibility
Posting of Health Officer at each ULB	Dept. of Municipal Affairs
Designation of part time Medical officer should be redesignated as "Medical Officer" only.	Do
One of the options may be to stop continuation of PTMOs and keep a list of panel doctors who will render clinic services at SCs as per schedule set up by the ULBs on a clinic based fee which is Rs. 300/- per clinic per day (inclusive of all) for 3 hours, not exceeding 20 clinics per month per person. Service charge for providing treatment to APL population by the MO at Sus-Centre during general / specialised treatment clinic may be imposed by the ULB concerned. The MO may get a percentage of that service charge in addition to his clinic based fee of Rs. 300/- per day. At least 1 - 2 doctors should be conversant with the practice of conducting BCG and measles vaccination.	Do
The post of AHO will remain in position as it is existing.	Do
Salary of AHO may be enhanced at least to Rs. 8,000/- per head p.m. with a provision of increment at a fixed interval.	Do
Post of UHIO may be phased out within two (2) years. The responsibility of UHIO may be vested upon the existing STSs.	Do
Additional no. of FTSs may be required who will remain in-charge of Public Health Services @ 1 additional FTS for 30,000 population.	Do
Existing STSs who are not within the retiring age, services of whom be utilized as FTS (PH) but their pay protection be provided.	Do

Activity	Responsibility
Retiring age criteria for all of the Health functionaries i.e. HHWs, FTSs, STSs, ANM, GNM, Clerk, Attendant, Sweeper - may be fixed at 60 for all category of staff. In special cases where the technical persons are physically fit and mentally alert in delivering the service, the retiring age may be extended upto 65 years.	Issuance of necessary order by Dept. of Municipal Affairs. ULB be vested to exercise discretion on the merit of individual case.
Even if the Health manpower is within the limit of retiring age, the performance capability of each of the category of staff needs to be assessed at regular frequency and necessary action be taken accordingly.	ULB and Municipal Level Health & Family Welfare Committee

Sub-Centres

Activity	Responsibility
Construction of Sub-Centre is preferred instead of utilization of premises of club or NGOs. The SC should have waiting space for the clients and toilet facilities.	Dept. of Municipal Affairs
Construction of SCs under JNNURM is to be linked.	ULB

Public Health

Activity	Responsibility
Birth & Death registration – HO will be the overall incharge.	ULB
Role of SI in managing public health – Linkage between HO / Health Office and SI to be established.	Do
Water testing at terminal or user's end may be done by the HHW / FTS (PH) at a regular frequency / during outbreak. For the purpose, testing Kit is to be made available to the HHWs / FTS (PH). This testing will be basically to identify coliforms. On receipt of positive test, HHW / FTS (PH) will intimate the Complaint Cell of the ULB and the HO concerned as well.	Do
Setting up of Malaria clinic and DOTs centre. One such clinic may be established for one lakh or less population. Laboratory Technician at a salary of Rs. 3000/- per month who will draw blood slides, examine the slides under microscope for malaria and TB organism, estimate hemoglobin and the like. The fund for setting up such clinic may be obtained from the Dept. of Health & Family Welfare.	Dept. of Municipal Affairs and ULB

HMIS

Activity	Responsibility
Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole. Recently done economic survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.	Dept. of Municipal Affairs & ULB

Monitoring & Supervision

Activity	Responsibility
Ward Committee be made responsible for implementing, monitoring and supervising the health programmes in the respective ward.	ULB
Ward Committee will submit a report * as per proforma given below on monthly basis. The said report is to be attached with HMIS report while submitting to appropriate Authority.	Do
Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.	Do
Report on the meeting of MHFWC shall be attached with the HMIS report twice in a year i.e. April and October.	Do
In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.	Do

Others

Activity	Responsibility
Realisation of Users' charges @ Rs. 2/- at family level by the HHWs be abolished.	Dept. of Municipal Affairs
Other service charges existing in the ULB be revised (if necessary) and continued.	ULB
Honorarium of HHWs, FTSs, STSs and other grass root level functionaries be enhanced periodically.	Dept. of Municipal Affairs

Annexure

* Format for Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

DRAFT

NOTIFICATION

Sub. : Restructuring of Health Programmes of 40 KMA ULBs , 10 Non-KMA ULBs implementing IPP-VIII(Extn) & Asansol M.C implementing RCH Sub-project.

Community Based Urban Health Programmes initially started with the implementation of CUDP III assisted by the World Bank in the 31 KMA ULBs out of 41 in the year 1985-86 and continued upto 1991-92, after which donor support had come to an end. The activities of CUDP III are continued with the support of State Government. The resultant effect in terms of output in the Health scenario was remarkable. With this experience several other community based urban Health programmes specially for the urban poor have been launched in phases covering all the 126 Urban Local Bodies of the State of West Bengal. IPP-VIII started in 1993-94 in 40 KMA ULBs and IPP-VIII (Extn.) in 2000 in the 10 Non-KMA ULBs with World Bank assistance upto the period of June, 2002, after which the activities have been continued with State Government support. Similarly, RCH Sub-Project was launched at Asansol Municipal Corporation in the year 1998 & continued upto March, 2004 with World Bank funding. At present it is also maintained by the State Government. Commmunity Based Primary Health Care Services Programme in 63 ULBs not covered in earlier Health progammes has been started by the State Government in 2006.

Now in the O & M phase of the various Urban Health Programmes as mentioned above, the Government has decided to organize the Urban Health services in a wholistic manner, not merely as vertical Health programmes. The objective is to provide Primary Health Care services, implementation of National Health Programmes and Public Health to all population with focus to urban poor so that existing resources are effectively utilized, maximum benefit is derived and data base for entire population of the ULB is maintained. A similar approach will also be taken for the 63 ULBs where the State Government supported Community Based Primary Health Care Services has been started.

An office for Health is to be set up at each ULB level from where all the related activities are to be administered by the Health Officer (HO) or by the Asstt. Health Officer (AHO) in absence of Health Officer. HO / AHO is to be assisted by supporting staff namely one Clerk, one Computer Assistant and one Attendant to carry out office works smoothly. The office of HO is also to be equipped with logistics like Computer, software for HMIS, telephone and internet for speedy communication. The HO is to be made responsible with the entire Health matters including being made incharge of birth & death registration in the ULB. Proper linkage is to be established between HO / Health Office & Sanitation Inspector in managing public health.

Contd. to P-2.

All the existing Health programmes in the ULB are to be clubbed and one HMIS report at ULB level is to be generated. Action area of Honorary Health Workers (HHW) are to be reallocated keeping in view the location of their residence so that working place become nearer to their residence. Accordingly HHWs are also to be reallocated Sub-Centre and HAU-wise. If BPL population is less than 200 families in a Ward, there should be one HHW, if there are between 200 and 400 families there should be two HHWs and so on. If there is no BPL population in a Ward, there should still be an HHW for other Health programmes. The geographical restructuring is to be done keeping the total number of existing HHWs in the ULB unaltered.

Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Health Department are to be collected twice in a year (data upto 31st March in the month of April and data upto 30th September in the month of October) by HHWs. Each month there should be a report prepared in "Form C/D" for BPL population and at the end of each 6 months there should be a report prepared for APL, BPL and a combined one for the ULB as a whole. Recently done household survey is to be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward is to be used by the ULB.

Initiative is also to be taken up by the ULB in respect of reallocation of Sub-Centre (which are existing at Panchayet area) in the municipal area. In such case, the ULB may need to undertake construction of Sub-Centre wherever possible and feasible.

Timely monitoring & supervision is required for better Health service delivery. Each Ward Committee is to be made responsible for implementing, monitoring & supervising, health activities in the respective ward. Ward Committee is to submit a report to the Chairman of the ULB with a copy to Health office as per proforma designed by SUDA on monthly basis. The said report is to be attached with HMIS report while submitting to SUDA. SUDA is the Nodal Authority and support organization of the Department looking after all Urban Health Programmes.

Municipal Level Health & Family Welfare Committee (MHFWC) is to monitor and supervise Urban Health service at ULB level twice in a year i.e. April & October and the report is to be submitted with HMIS accordingly.

The ULB is to incorporate status on Urban Health services in the agenda for the BOC meeting.

All out efforts are to be taken by the ULB to reorganize and restructure Urban Health care service delivery by March, 2009 and is to be intimated to Dept. of Municipal Affairs by April, 2009.

Enclo. : As stated.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

DRAFT

NOTIFICATION

Sub. : Restructuring of Health Programmes of 40 KMA ULBs , 10 Non-KMA ULBs implementing IPP-VIII(Extn) & Asansol M.C implementing RCH Sub-project.

You may be aware that Community Based Urban Health Programmes initially started with the implementation of CUDP III assisted by the World Bank in the 31 KMA ULBs out of 41 in the year 1985-86 and continued upto 1991-92, after which donor support had come to an end. The activities of CUDP III are continued with the support of State Government. The resultant effect in terms of output in the Health scenario was remarkable. With this experience several other community based urban Health programmes specially for the urban poor have been launched in phases covering all the 126 Urban Local Bodies of the State of West Bengal. Urban Health Programmes namely IPP-VIII started in 1993-94 in 40 KMA ULBs and IPP-VIII (Extn.) in 2000 in the 10 Non-KMA ULBs with World Bank assistance upto the period of June, 2002, after which the activities are continued by the State Government support. Similarly, RCH Sub-Project was launched at Asansol Municipal Corporation in the year 1998 & continued upto March, 2004 with World Bank funding, now it is also maintained by the State Government.

Now in the O & M phase of the various Urban Health Programmes as mentioned above, the Government has decided to organize the Urban Health services in a wholistic manner, not merely as vertical Health programmes. The objective is to provide Primary Health Care services, implementation of National Health Programmes and Public Health to all population with focus to urban poor so that existing resources are effectively utilized, maximum benefit is derived and data base for entire population of the ULB is maintained.

An office for Health is to be set up at each ULB level from where all the related activities are to be administered by the Health Officer (HO) or Asstt. Health Officer (AHO) in absence of Health Officer. HO / AHO is to be assisted by supporting staff namely one Clerk, one Computer Assistant and one Attendant to carry out office works smoothly. The office of HO is also to be equipped with logistics like Computer, software for HMIS, telephone and internet for speedy communication. The HO is to be made responsible with the entire Health matters including incharge of birth & death registration in the ULB. Proper linkage is to be established between HO / Health Office & Sanitation Inspector in managing public health.

Contd. to P-2.

All the existing Health programmes in the ULB is to be clubbed and one HMIS report at ULB level is to be generated. Action area of Honorary Health Workers (HHW) are to be reallocated keeping in view the location of their residence so that working place become nearer to their residence. Accordingly HHWs are also to be reallocated Sub-Centre and HAU-wise. If BPL population is less than 200 families in a Ward, there should be one HHW, if there are between 200 and 400 families there should be two HHWs and so on. If there is no BPL population in a Ward, there should still be an HHW for ~~other~~ Public Health programmes. The geographical restructuring is to be done keeping the total number of existing HHWs in the ULB unaltered.

Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH are to be collected twice in a year (in the month of April & October, data upto 31st March and 30th September respectively) by HHWs. Each month there should be a report prepared in "Form C/D" for BPL population and at the end of each 6 months there should be a report prepared for APL, BPL and a combined one for the ULB as a whole. Recently done household survey is to be taken for identification of ward-wise BPL & APL population. ~~At the same time, data for the total population of the ward is to be used by the ULB.~~

Initiative is also to be taken up by the ULB in respect of reallocation of Sub-Centre (which are existing at Panchayet area) in the municipal area. In such case, the ULB may need to undertake construction of Sub-Centre wherever as possible and feasible.

Timely monitoring & supervision is required for better & quality Health service delivery. Each Ward Committee is to be made responsible for implementing, monitoring & supervising, health activities in the respective ward. Ward Committee is to submit a report to the Chairman of the ULB with a copy to Health office/AHO as per proforma designed by SUDA on monthly basis. The said report is to be attached with HMIS report while submitting to appropriate Authority.

Municipal Level Health & Family Welfare Committee (MHFWC) is to monitor and supervise Urban Health service at ULB level twice in a year i.e. April & October and the report is to be submitted with HMIS accordingly in the following month.

The ULB is to incorporate status on Urban Health services in the agenda for the BOC meeting.

All out efforts are to be taken by the ULB to reorganize and restructure Urban Health care service delivery by April, 2008 and is to be intimated to Dept. of Municipal Affairs by 10th May, 2008.

Enclo. : As stated.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

Enclo.

Format for Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

Format for Bi-annual Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

Submitted to PD, as instructed on 15.1.08.

DRAFT

NOTIFICATION

Sub. : Restructuring of Health Programmes of 40 KMA ULBs.

The Community Based Primary Health Care Services are being provided to the population of your ULB under the different Health programmes i.e. CUDP III, IPP-VIII and UHIP.

Since the active phase of all the Health programmes have ended and entered in O & M phase, supported by State Government, it is right time to restructure existing primary health care services at ULB level for effective utilization of existing resources towards extending services in consolidated manner to wider section of population and to have data base in totality.

The 40 ULBs in KMA are to adop the following activities :

- There will be only one Cell for Health from where health services will be administered by the HO, in absence of HO this will be done by AHO.
- An office for HO is to be set up along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be pulled from the existing ones of HAUs.
- The office of HO shall be equipped with the logistics like computer, software for e-governance etc.
- Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB is to be done.
- Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.
- The quantitative strength of HHWs be utilized in geographical restructuring.
- Re-allocation of SC which are at Panchayet area, wherever existing.
- Construction of SCs under JNNURM is to be linked wherever applicable.
- HO is to be made overall incharge of Birth & Death registration.
- Linkage between HO / Health Office and SI to be established in managing public health.

Contd. to P-2.

- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole. Recently done economic survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.
- Ward Committee be made responsible for implementing, monitoring and supervising the health programmes in the respective ward.
- Ward Committee will submit a report * as per proforma given below on monthly basis. The said report is to be attached with HMIS report while submitting to appropriate Authority.
- Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.
- Report on the meeting of MHFWC shall be attached with the HMIS report twice in a year i.e. April and October.
- In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.

These activities should be completed by March, 2008 and is to be intimated to the Dept. of Municipal Affairs by 10th April, 2008.

Principal Secretary
to the Govt. of West Bengal
Dept. of MA & UD

Annexure

* Format for Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

Restructuring of Urban Health Programmes in 40 KMA ULBs

Situation Analysis

Information on ULB-wise total population as per 2001 census, no. of wards and HHWs, existing Health programmes, average no. of HHWs per ward, percentage of population covered (out of total population of the ULB) under Health programmes are as under :

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
1	Baidyabati	108231	22	85	3.86	74449	68.79	CUDP III & IPP-VIII
2	Bally	261575	29	127	4.38	128384	49.08	CUDP III & IPP-VIII
3	Bansberia	104453	22	99	4.50	98721	94.51	CUDP III & IPP-VIII
4	Baranagar	250615	33	60	1.82	58267	23.25	CUDP III & IPP-VIII
5	Barasat	231515	30	197	6.57	228557	98.72	CUDP III & IPP-VIII
6	Barrackpore	144331	24	85	3.54	84447	58.51	CUDP III & IPP-VIII
7	Baruipur	44964	17	24	1.41	23203	51.60	CUDP III
8	Bhadreswar	105944	20	175	8.75	185938	175.51	CUDP III & IPP-VIII
9	Bhatpara	441956	35	191	5.46	190174	43.03	IPP VIII
10	Bidhannagar	167848	23	35	1.52	38356	22.85	IPP VIII
11	Budge Budge	75465	20	84	4.20	80566	106.76	CUDP III & IPP-VIII
12	Champdani	103232	22	94	4.27	91786	88.91	CUDP III & IPP-VIII
13	Chandannagar MC	162166	33	85	2.58	91067	56.16	CUDP III & IPP-VIII
14	Dum Dum	101319	22	53	2.41	49007	48.37	CUDP III & IPP-VIII
15	Garulia	76300	21	95	4.52	114326	149.84	CUDP III & IPP-VIII
16	Gayeshpur	55028	18	58	3.22	60031	109.09	CUDP III & IPP-VIII
17	Halisahar	124479	23	99	4.30	107410	86.29	CUDP III & IPP-VIII
18	Hooghly Chinsurah	170201	30	148	4.93	140144	82.34	CUDP III & IPP-VIII
19	Howrah MC	1008704	50	423	8.46	409765	40.62	CUDP III & IPP-VIII
20	Kalyani	81984	19	35	1.84	35892	43.78	IPP VIII

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
21	Kamarhati	314334	35/28	137	3.91	125721	40.00	IPP-VIII
22	Kanchrapara	126118	24/19	93	3.88	90013	71.37	CUDP III & IPP-VIII
23	Khardah	116252	21/27	135	6.43	122270	105.18	CUDP III & IPP-VIII
24	Konnagar	72211	19	65	3.42	64239	88.96	CUDP III & IPP-VIII
25	Madhyamgram	155503	23/19	94	4.09	99451	63.95	IPP VIII
26	Maheshtala	389214	35	204	5.83	195910	50.33	IPP-VIII
27	Naihati	215432	28/20	129	4.61	146171	67.85	CUDP III & IPP-VIII
28	New Barrackpore	83183	19/15	95	5.00	77964	93.73	CUDP III & IPP-VIII
29	North Barrackpore	123523	22/21	169	7.68	171110	138.52	CUDP III & IPP-VIII
30	North Dum Dum	220032	30/22	126	4.20	125431	57.01	CUDP III & IPP-VIII
31	Panihati	348379	35/40	198	5.66	182312	52.33	CUDP III & IPP-VIII
32	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
33	Rajarhat Gopalpur	271781	27/32	186	6.89	186647	68.68	IPP VIII
34	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
35	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII
36	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
37	South Dum Dum	392150	35/41	198	5.66	200025	51.01	IPP VIII
38	Titagarh	124198	23/20	105	4.57	104887	84.45	IPP VIII
39	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
40	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

- **Source of information :** (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.

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KUSP 4579 14/9/07 CHANGE MANAGEMENT UNIT

BARANAGAR MUNICIPALITY

87, Deshbandhu Road (East)
Kolkata – 700 035

Memo No:. H/2276 Date: 23.08.07

To
Sri Arnab Roy
Project Director, CMU
KUSP

Dr. Goswami 14/9

Sub: Restructuring of Health Programmes of 40 KMA ULBS.

Sir,

In context of the above subject, I do hereby state the following suggestions and opinions categorically for this municipality.

I. You are well aware that, like other ULBS, two numbers Health projects viz CUDPIII & IPPVIII were introduced in this Municipality. And as per instruction of the then CMDA (now KMDA) authority, slum dwellers and others who were under poverty line were included with these projects as beneficiaries. And naturally health related data of all the families of APL are not reflected in the HMIS report.

II. Health services for the APL families as well as BPL, such as Immunization, Vector control, disposal of Solid Wastes, pollution control, and surveillance of diseases are done by the Municipality through its Health Deptt. In case of Immunization, surveillance of diseases, survey work, HHWS, FTS & all the staff of the projects are engaged and the report is sent to District Head Quarter of Health in a regular manner.

III. It is fact that National Health Programmes are implemented as and when directed by DHFW, because no body can implement the National Health Programme unless or otherwise directed by National Govt. through State Govt.

IV. The services of Solid Waste Disposal are done regularly,starting from collection of garbages at door step up to the final disposal.

V. If the HHWS, FTS & Others are engaged in the sub center for holding separate clinic [ANC/PNC=1, Immunization=1, General treatment=1, 0-5 Years clinic=1], how the HHWS will pay home visit to the beneficiaries according to their programme as scheduled. [Out of six days one day for

contd - to Page-2

weekly meeting and four days for holding clinic].However, this is for your information 7/8 clinics are being done per month by each of the sub center in our Municipality.

VI. In respect of monitoring and supervision, this is to inform you that, there are multifarious jobs are to be done by personnel, attached with health projects. Besides the jobs entrusted by KMDA, at present they have to organize "group meetings" (Block wise), Baby Show, IEC programmes (as per instruction of KUSP). All these are done successfully and regularly. These jobs are sincerely monitored, supervised & organized by UHIO & Health officer, besides the adequate functioning in the way of monitoring by Ward Committee and Public Health and Sanitation Standing Committee.

VII. Besides two Health Projects run by the Municipality, there exit one project in the name and style of ICDS run by Social Welfare Dept., Govt. of West Bengal in our Municipal area.

Suggestions: -

I. The HHWS & others attached with the projects were never forced or were put to query as regards with collection of service charges. However this Municipality is in favour of abolishing the practice of realizing user charges @ Rs. 2/- per beneficially family.

II. Amalgation of reports of all the Health Projects including ICDS may be considered.

III. Report of health status of APL families (Immunization, Survellince of diseases etc.) is sent to District Health Authority, Govt. of W.B. regularly. Copy of the same may be sent to KMDA Authority for information.

IV. Reallocation of HHWS ward wise may be arranged .But the problem arises that, in some wards we may not get 200 BPL Families. And in some other wards like ward no. 12,13,14,15,16,29,30,33 all the families are belongs in to BPL. That is, to have health status of BPL families ward wise, more then one HHWS be deputed in such wards.

V. So far our experience goes, it was a wise decision on the part of KMDA Authority to engage one U.H.I.O to some Municipalities and their duties were also recommended by KMDA. You will please appreciate that, at present multifarious jobs are to be performed by this Municipality through the personnel engaged in the projects. Beside the jobs entrusted by KMDA, we have to organize block wise group meeting. I.E.C programmes, Baby Show, and other jobs as per instruction of KUSP. Be it added that, under Health Care Delivery Plan of this municipalities for five years ADP consisting of some sub projects like Organizations of detection camp, Mass Awareness Camp for diseases like diabetes, diahorrhoea and other diseases, School Health Programmes, Mass Awareness camp, Baby Shows have been taken into consideration and were sent to your office for approval. How-ever, to implement all the programs (programs of KMDA, KUSPand programmes under ADP) successfully UHIO is a must for the municipality.

Contd to Page - 3

It is not possible for second tier supervisor (ANM) to organize all these in the vast Municipal areas having 33 wards.

So under the circumstances we recommend that, instead of abolishing the post of U.H.I.O, sanction for the post of U.H.I.O be given to all the Municipalities for the interest of the projects. Appointment in the category of U.H.I.O is made with requisite qualification, so that U.H.I.O may monitor supervise and organize the program efficiently. As the project involves with the job of Nutrition Awareness Programmes, Preventive Services beside public health, U.H.I.O should be a graduate in science with knowledge of public health (Sanitary inspector) and in food and nutrition. Be it added that for Municipalities with two numbers of health project running, there must be one post of U.H.I.O and two posts of second tier supervisor (one for each HAU).

VI. In the exiting infrastructure PTMOS are the personnel of the projects. According to their duties given by KMDA they attend weekly meeting and different clinics in the sub centers. If they are deployed on basic of clinic based fees, they may perhaps avoid in sharing the responsibility in successful implementations of the programmes of the project.

VII. It is not a fact that, the capacities of some of the HHWS have been reduced due to ageing. Their services are being extended for a term of one year by KMDA every year. The Municipal Authority always keeping watch about their performance and ability. As the services of the staff attached to the project are purely temporary and on extension basis, then the question of "Retiring age" does not arise. Moreover, they are not entitled to any benefits excepting a minimum amount of honorarium.

VIII. Overall picture of the ward at one point of time - if it means the picture of only BPL families of the wards - it can be obtained by restructuring the area of operation of HHWS and Others of the Projects.

IX. We are of same opinion for setting up a malaria clinic in our Municipality. DOTS clinic is running at present and to run the clinics efficiently a laboratory Technician is to be appointed.

X. **HIMS:**

Information for APL population on vital parameter data's may be collected and the combined report for APL & BPL families may be prepared but to have all the data's from the APL families extra
man power is to be engaged.

XI. The last but not least, this is to inform that, the vital events, that is Birth and Death are registered in our Municipality as per exiting Acts and Rules and certificates are being issued by Health Officer in the capacity of Birth and Death registrar as per application.

With Thanks,

A Roy

CHAIRMAN

KUSP
FOOTFALLS OF FUTURE

Sub. : Restructuring of Urban Health Programmes in 40 KMA ULBs.

Pursuant to work plan for 2007-08 in respect of Health component, KUSP, a draft note on restructuring of urban health programmes in 40 KMA ULBs had been prepared and circulated to the Mayor / Chairperson of the ULBs concerned vide this office memo no. CMU-94/2003(Pt. V)/779(40) dt. 04.07.2007 for offering their valuable comments. Copy of the said draft note had also been forwarded for information to the Principal Secretary, Dept. of Municipal Affairs; PS to MIC, Dept. of Municipal Affairs; CEO, KMDA; Director of DLB; Director, SUDA and General Secretary, West Bengal Municipal Association.

Comments / views has been received from 21 nos. of ULBs. Their views are mostly common with draft note. However, their valuable views on some issues of the draft note have been incorporated.

Subsequently, the said draft on restructuring has been placed before the 4th meeting of the Health Steering Committee, KUSP held on 20.08.2007 for discussion and finalization. General Secretary, West Bengal Municipal Association also participated in the said meeting as a special invitee. After a thread dare discussion a final note on restructuring of urban health programmes along with suggestion has been prepared which is placed below.

Submitted for kind perusal and further necessary action.

29.08.07

KUSP
FOOTFALLS OF FUTURE

KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

State Urban Development Agency
2460
Received
- 6 JUL 2007

Office of
2559

Memo No. CMU-94/2003(Pt. V)/779(40) Dt. .. 04.07.2007

From : Arnab Roy
Project Director, CMU

To : The Mayor / Chairman

..... Municipal Corporation / Municipality

09 JUL 2007

Sub. : Restructuring of Health Programmes of 40 KMA ULBs.

Sir,

You are aware that Community Based Primary Health Care Services are being provided to the population of your ULB under the different Health programmes i.e. CUDP III, IPP-VIII and UHIP (in selected ULBs).

Since the active phase of all the Health programmes have ended and entered in O & M phase, supported by State Government, it is probably right time to restructure existing primary health care services at ULB level for effective utilization of existing resources towards extending services to wider section of population and to have data base in totality.

Concept of ward-wise placement of Honorary Health Worker, Public Health service and HMIS for total population, adopted in recently launched Community Based Primary Health Care Services in 63 Non-KMA ULBs have been followed while preparing a draft on restructuring of Health programmes at ULB level.

The Draft Note on restructuring of Health programmes in 40 KMA ULBs depicting Situation Analysis and Suggestions is enclosed. You are requested to offer your valuable comments by 20th July, 2007. Following to that, a discussion session will be convened at CMU with all the Mayor / Chairpersons.

Thanking you.

Yours faithfully,

Project Director, CMU

Contd. to P-2.

C:\Dr Goswami\KUSP\Letter Head ULBs(1).doc

ILGUS BHAVAN, HC BLOCK, SECTOR 3, BIDHANNAGAR, KOLKATA - 700 106
PH. : 033-2337 8723/6226, 2358 6403/5767, FAX : 033-2337 7318/6229
E-mail : kuspcmu@vsnl.net, Website : www.changekolkata.org

Memo No. CMU-94/2003(Pt. V)/779(40)/1(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Principal Secretary, Dept. of Municipal Affairs

sd/-
Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/2(1)
Copy forwarded for kind information to :
PS to MIC, Dept. of Municipal Affairs
Dt. .. 04.07.2007

sd/-
Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/3(1)
Copy forwarded for kind information to :
Chief Executive Officer, KMDA
Dt. .. 04.07.2007

sd/-
Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/4(1)
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Director, Directorate of Local Bodies
Dt. .. 04.07.2007

sd/-
Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/5(1)
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Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/6(1)
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General Secretary, WB Municipal Association
Dt. .. 04.07.2007

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/7(1)
Copy forwarded for kind information to :
Project Manager, CMU
Dt. .. 04.07.2007

Project Director, CMU

Restructuring of Urban Health Programmes in 40 KMA ULBs

Situation Analysis

Information on ULB-wise total population as per 2001 census, no. of wards and HHWs, existing Health programmes, average no. of HHWs per ward, percentage of population covered (out of total population of the ULB) under Health programmes are as under :

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- **Source of information :** (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.

Average No. of HHWs per Ward

Avg. no. of HHWs / ward	No. of ULBs	Name of ULBs
1 – 2	4	Baranagar, Baruipur, Bidhannagar, Kalyani
3 – 4	9	Baidyabati, Barrackpore, Gayeshpur, Chandernagar, Dum Dum, Kamarhati, Kanchrapara, Konnagar, Pujali
5 - 6	21	Bally, Bansberia, Bhatpara, Budge Budge, Champdany, Garulia, Halisahar, Hooghly Chinsurah, Madhyamgram, Naihati, Maheshtala, New BKP, N. Dum Dum, Panihati, Rajpur Sonarpur, Rishra, S. Dum Dum, Titagarh, Uluberia, Uttarpara Kotrung
7 – 8	5	Barasat, Khardah, North BKP, Rajarhat Gopalpur, Serampore
9 – 10	1	Bhadreswar

Coverage % against total population

Coverage %	No. of ULBs	Name of ULBs
20 to 30%	2	Baranagar, Bidhannagar
31 to 40%	2	Kamarhati, Rajpur Sonarpur
41 to 50%	5	Bally, Bhatpara, Dum Dum, Howrah, Kalyani
51 to 60%	7	BKP, Baruipur, Chandernagar, Maheshtala, N. Dum Dum, Panihati, S. Dum Dum
61 to 70%	5	Baidyabati, Madhyamgram, Naihati, Rajarhat Gopalpur, Uluberia
71 to 80%	3	Kanchrapara, Serampore, Uttarpara Kotrung
81 to 90%	5	Champdany, Halisahar, Hooghly Chinsurah, Konnagar, Titagarh
91 to 100%	3	Bansberia, Barasat, New Barrackpore
More than 100%	8	Bhadreswar, Budge Budge, Garulia, Gayeshpur, Khardah, North Barrackpore, Pujali, Rishra

Coverage of the population by the ULBs

- There are left out population i.e. floating population, red light area, slum population at service land, brick field areas etc. in the municipal area who are not being covered under the fold of Health services of the ULB (i.e. family schedule for each of the family are not being maintained and HHWs do not pay home visits). But these people when come to Sub-Centre for any of the services they are being provided. Any health related data is not reflected in the HMIS report.
- HHW is covering much less than BPL 200 families or 1000 population in many of the ULBs (In each of the health programmes it is spelt out that one HHW is to cover 150–200 BPL families or 750 to 1000 population).
- In the ULBs implementing CUDP III and IPP-VIII, fraction of BPL population are covered by HHW of CUDP III and some by IPP-VIII in a ward. Furthermore, one HHW is to cover BPL families of her jurisdiction containing in more than one ward. As a result, it is very difficult to get overall picture of the ward at one point of time.
- One Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000-40,000 BPL population
- In some of the ULBs, population of rural area are also being covered and some of the Sub-Centres are located in Panchayet area e.g. Budge Budge - 4 SCs, in Uttarpara Kotrung – 9 SCs are in Panchayet area , in Hooghly Chinsurah – 15 SCs in pachayet area.

Functioning of HHWs / FTSs and other health man-power

- When the health programmes started in the 1985-86 for CUDP-III and during1991-92, 1992-93 and 1993-94 for IPP-VIII (in phases in KMA ULBs), age criteria for selection of HHW had been fixed to 35 – 45 years. It was silent about the retiring age. Over the years, the capacity of some of the HHWs has been reduced due to ageing and as such they can not pay visit to the households regularly.
- Understanding level of some of the HHWs / FTSs is so deficient that they can not fill up the requisite information in the family schedule, can not make any discussion with the mothers on different health issues where the most important component of making aware the community is being defeated, can not prepare HMIS report more or less accurately even after a long period of 25-30 years of service. In KUSP, retraining had been imparted to all the health functionaries at a regular interval and pre & post evaluation was done separately for each of the retraining programme. Some of the health functionaries were the perpetual low / very low scorers.
- Existing PTMOs in most of the places are not functioning adequately, main barrier is low remuneration which is Rs. 2100/- per head per month. Sanctioned no. of PTMO is one (1) per HAU under CUDP III and two (2) in IPP-VIII.

Sub-Centres & HAUs

- A Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000- 40,000 BPL population.
- One FTS is in charge of the SC.
- In many of the ULBs more than one Sub-Centre are functioning from the same premises of HAU which do not justify decentralization of primary health care services.
- In some of the ULBs, a no. of SCs are located in the Panchayet area and serve the population of Panchayets, though there is a definite health care delivery structure of DHFW.
- At least 7-8 clinics (ANC / PNC clinic, Immunisation Clinic, Growth Monitoring Clinic – 1 each per month and General Treatment Clinic – 1 per week) are to be provided from each of the SCs.
- In some of the Sub-Centres, one multipurpose clinic per week is being held where all the cases for ANC/ PNC, Immunisation, general treatment done instead of holding separate clinics.
- Man-power structure at HAU level differs from programme to programme eg. there is sanction of one Pt MO per HAU in CUDP III whereas it is two in IPP-VIII,
- Less monitoring and supervision in respect of activities under CUDP III.

HMIS

- ULB is having database for HMIS for the population covered under Health programme – not for total population.
- At present the ULB is not having any health related information for its total population
- HMIS for Public Health is not existing in uniform pattern in all the ULBs.

Public Health

- Different components of public health i.e. vector control, solid waste disposal, water testing etc. not being done at regular frequency.
- Implementation of National Health Programmes are being done as and when directed by DHFW.
- At present Disease surveillance in the true sense of term is not being done by the ULBs.
- There is no definite infrastructure for implementation of Public health services.
- System of Birth & Death registration as well as the responsibility of Registrar for the same varies from ULB to ULB.
- There is no systematic Malaria and DOTS clinic

Monitoring & Supervision

- Responsibility of Ward Committee in implementation of primary and public health care services at Ward level is not uniform in nature.
- Municipal Level Health & Family Welfare Committee – not functioning adequately and regularly.

Others

User Charges – particularly collection of Rs. 2/- per month by the HHW from the families where they pay visit twice in a month. This was introduced somewhere in the year 2003 HHWs find difficulty in raising this collection as most of their times are lost on this issue, where main activity in respect of health care delivery is being hampered. It has been learnt unofficially that some of the HHWs pay the amount from their honorarium, as it was told to them that if they could not collect the user's fee at family level, their efficiency would be put in query and in some of the cases they would not be allowed to draw honorarium.

It has also been informed that the beneficiary families do not agree to contribute for user's fee at family level, they may agree to give charges for receipt of health services at SC / HAU / OPD cum MH and RDC level

General opinion is in favour of abolishing the practice of realizing user charges of Rs. 2/- at beneficiary family level.

Suggestion for restructuring of primary and public health care services at ULB level

- Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB. There will be only one Cell for Health from where health services will be administered by the HO, in absence of HO this will be done by AHO.
- Source of funding for existing different health programmes should be under one Department instead of multiple departments which will help in preparing and submitting one HMIS Report only by the ULB.
- Average no. of HHWs per ward per ULB varies. Lowest is 1.52 in Bidhannagar Municipality and highest is 8.75 in Bhadreswar. The quantitative strength of HHWs may be utilized in geographical restructuring.
- Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.

Health manpower

- There will be one office of HO along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be pulled from the existing ones of HAUs.
- The office of HO shall be equipped with the logistics like computer, software for e-governance etc.
- Existing man-power of HAU are Part-time MO-2, ANM / STS-2, Clerk cum Store Keeper-1, Attendant -1.

For Pt MO alternative proposal is as under :

- One of the options may be to stop continuation of PTMOs and keep a list of panel doctors who will render clinic services at SCs as per schedule set up by the ULBs on a clinic based fee which is Rs. 300/- per clinic per day (inclusive of all) for 3 hours, not exceeding 20 clinics per month per person. Service charge for providing treatment to APL population by the MO at Sus-Centre during general / specialised treatment clinic may be imposed by the ULB concerned. The MO may get a percentage of that service charge in addition to his clinic based fee of Rs. 300/- per day.

  Apprehension is that the PTMO may draw more remuneration than AHO. In that event, all the AHOs may resign and join the panel of doctors creating vacancy in the post of AHO who looks after monitoring & supervision of service implementation and also assists HO in administration.

- The term "part time" should be deleted and designation should be MO only.
- Retiring age criteria for all of the Health functionaries i.e. HHWs, FTSs, STSs, ANM, GNM, Clerk, Attendant, Sweeper - may be fixed at 60 for all category of staff. In special cases where the technical persons are physically fit and mentally alert in delivering the service, the retiring age may be extended upto 65 years.
- Even if the Health manpower is within the limit of retiring age, the performance capability of each of the category of staff needs to be assessed at regular frequency and necessary action be taken accordingly.
- The ULBs having 1,00,000 and above population, the HO be assisted by AHO.
- Salary of AHO may be enhanced to Rs. 8,000/- per head p.m. with a provision of increment at a fixed interval.
- Post of UHIO may be phased out within two (2) years. The responsibility of UHIO may be vested upon the existing STSs.

HHWs & FTSs

- One FTS for 30,000 population will remain in charge of public health services.
- More no. of FTSs will be required in such cases which can be met up by upgrading existing HHWs.
- Existing STSs who are not within the retiring age, services of whom be utilized as FTS (PH) but their pay protection be provided.

Sub-Centres

- Construction is preferred instead of utilization of premises of club or NGOs.
- The SC should have waiting space for the clients and toilet facilities.
- Construction of SCs under JNNURM is to be linked.
- Re-allocation of SC which are at Panchayet area.

Public Health

- Birth & Death registration – HO will be the overall incharge.
- Role of SI in managing public health – Linkage between HO / Health Office and SI to be established.
- Water testing at terminal or user's end may be done by the HHW / FTS (PH) at a regular frequency / during outbreak. For the purpose, testing Kit is to be made available to the HHWs / FTS (PH). This testing will be basically to identify coliforms. On receipt of positive test, HHW / FTS (PH) will intimate the Complaint Cell of the ULB and the HO concerned as well.

- Setting up of Malaria clinic and DOTs centre.

  One such clinic may be established for one lakh or less population. Laboratory Technician at a salary of Rs. 3000/- per month who will draw blood slides, examine the slides under microscope for malaria and TB organism, estimate hemoglobin and the like. The fund for setting up such clinic may be obtained from the Dept. of Health & Family Welfare.

HMIS

- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole..
- Recently done economic survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.

Monitoring & Supervision

- Ward Committee be made responsibility for implementing, monitoring and supervising the health programmes in the respective ward.
- Ward Committee will submit a report as per proforma given below on monthly basis. The said report is to be attached with HMIS report while submitting to KMDA.

Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

- Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.
- Report on the meeting of MHFWC shall be attached with the HMIS report twice in a year i.e. April and October.

Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

- Performance / capability of HHWs, FTSs, STSs will be reviewed by MHFWC annually.
- In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.

Others

- Realisation of Users' charges @ Rs. 2/- at family level by the HHWs be abolished.
- Other service charges existing in the ULB be revised (if necessary) and continued.
- BPl card issued to the families may be assessed annually and renewed at a fee of Rs. 20/- per family. This collection may add to the Health fund of the municipality.

Restructuring of Health facilities in 40 KMA ULBs

Comments received from the ULBs :

Received from / on	Comments
Howrah Mpl. Corpn. on 18.07.07	➢ In addition to MBBS doctor as PT MO, Homoeopathic Medical graduate may be considered. ➢ AHO shoul be given full responsibility to monitor /supervise the programme. ➢ STS may be selected from the FTS. ➢ Fees may be adopted for APL population for getting services from HAU and SCs.
Barrackpore on 20.07.07	➢ Uncovered floating labour population in the brick field at Manirampur, ward – 20. In the mill area most of the labours are seasonal, leaving in the slums, station platform and station sarounding areas. ➢ In each & every ward except ward no. 9, BPL population covered by HHW of CUDP III partly and IPP-VIII partly. ➢ HAU CUDP III covers 28457 population, HAU 1 of IPP-VIII covers 33143 and HAU 2 of IPP-VIII covers 20086, thus totaling 81686. ➢ HAU 2 covers 8000 rural population. ➢ Some of the HHWs, FTSs & STSs are aging, as a result activity output reduced. ➢ Some HHWs are staying in panchayet and away from municipal area. ➢ Understanding level of some of the HHWs & FTSs is so deficience that can not fill up requisite information sheet Family Schedule and report forms and can not make any discussion with the mothers on Health issues. ➢ After repeatedly training of KUSP their knowledged has not been improved. As they were non matric during there recruitment time. ➢ Existing PTMOs not attending regularly due to poor remuneration. Some times post of PTMO remain vacant. ➢ Exisgting PTMO status one at CUDP III and three at IPP-VIII instead of four. ➢ In HAU I of IPP-VIII two SCs are functioning from the same premises. ➢ Wednesday is the immunization day at SC once in a month. ➢ One fixed day at SC runs the ANC / PNC and general treatment clinic ➢ Contingent money for HAU CUDP III is Rs. 1055/- pm and IPP-VIII is Rs. 3500/- . ➢ The SCs functioning from the club – some times it becomes very difficult to continue with the work as the clubs have their own programme and reluctant to give any space as they are not getting any rent in CUDP III 4 SCs. **Suggestion :** ➢ One SC (1st floor) shall be removed to ward no. 16. ➢ Contingent money for HAU shall be made equal. ➢ 69 more HHWs will be required to cover all the families of the wards or to allot 400 families per HHW. ➢ Software development of Health data. ➢ Every enlisted families be supplied with a card where the HHWs will put signature and date during their visit. ➢ Set up of one diagnostic centre at Naya Basti, Ward – 18. ➢ Set up of one pathological laboratory. ➢ Arrangement for clinic of GP on Sunday in HAU & SC. ➢ Special clinic for Coper T

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BARANAGAR MUNICIPALITY

87, Deshbandhu Road (East)
Kolkata – 700 035

Memo No:. H/2276 Date: 23.08.07

To
Sri Arnab Roy
Project Director, CMU
KUSP

Sub: Restructuring of Health Programmes of 40 KMA ULBS.

Sir,

In context of the above subject, I do hereby state the following suggestions and opinions categorically for this municipality.

I. You are well aware that, like other ULBS, two numbers Health projects viz CUDPIII & IPPVIII were introduced in this Municipality. And as per instruction of the then CMDA (now KMDA) authority, slum dwellers and others who were under poverty line were included with these projects as beneficiaries. And naturally health related data of all the families of APL are not reflected in the HMIS report.

II. Health services for the APL families as well as BPL, such as Immunization, Vector control, disposal of Solid Wastes, pollution control, and surveillance of diseases are done by the Municipality through its Health Deptt. In case of Immunization, surveillance of diseases, survey work, HHWS, FTS & all the staff of the projects are engaged and the report is sent to District Head Quarter of Health in a regular manner.

III. It is fact that National Health Programmes are implemented as and when directed by DHFW, because no body can implement the National Health Programme unless or otherwise directed by National Govt. through State Govt.

IV. The services of Solid Waste Disposal are done regularly,starting from collection of garbages at door step up to the final disposal.

V. If the HHWS, FTS & Others are engaged in the sub center for holding separate clinic [ANC/PNC=1, Immunization=1, General treatment=1, 0-5 Years clinic=1], how the HHWS will pay home visit to the beneficiaries according to their programme as scheduled. [Out of six days one day for

contd - to Page-2

weekly meeting and four days for holding clinic) However, this is for your information 7/8 clinics are being done per month by each of the sub center in our Municipality.

VI. In respect of monitoring and supervision, this is to inform you that, there are multifarious jobs are to be done by personnel, attached with health projects. Besides the jobs entrusted by KMDA, at present they have to organize "group meetings" (Block wise), Baby Show, IEC programmes (as per instruction of KUSP). All these are done successfully and regularly. These jobs are sincerely monitored, supervised & organized by UHIO & Health officer, besides the adequate functioning in the way of monitoring by Ward Committee and Public Health and Sanitation Standing Committee.

VII. Besides two Health Projects run by the Municipality, there exit one project in the name and style of ICDS run by Social Welfare Dept., Govt. of West Bengal in our Municipal area.

Suggestions: -

I. The HHWS & others attached with the projects were never forced or were put to query as regards with collection of service charges. However this Municipality is in favour of abolishing the practice of realizing user charges @ Rs. 2/- per beneficially family.

II. Amalgation of reports of all the Health Projects including ICDS may be considered.

III. Report of health status of APL families (Immunization, Survellince of diseases etc.) is sent to District Health Authority, Govt. of W.B. regularly. Copy of the same may be sent to KMDA Authority for information.

IV. Reallocation of HHWS ward wise may be arranged .But the problem arises that, in some wards we may not get 200 BPL Families. And in some other wards like ward no. 12,13,14,15,16,29,30,33 all the families are belongs in to BPL. That is, to have health status of BPL families ward wise, more then one HHWS be deputed in such wards.

V. So far our experience goes, it was a wise decision on the part of KMDA Authority to engage one U.H.I.O to some Municipalities and their duties were also recommended by KMDA. You will please appreciate that, at present multifarious jobs are to be performed by this Municipality through the personnel engaged in the projects. Beside the jobs entrusted by KMDA, we have to organize block wise group meeting. I.E.C programmes, Baby Show, and other jobs as per instruction of KUSP. Be it added that, under Health Care Delivery Plan of this municipalities for five years ADP consisting of some sub projects like Organizations of detection camp, Mass Awareness Camp for diseases like diabetes, diahorrhoea and other diseases, School Health Programmes, Mass Awareness camp, Baby Shows have been taken into consideration and were sent to your office for approval. How-ever, to implement all the programs (programs of KMDA, KUSPand programmes under ADP) successfully UHIO is a must for the municipality.

Contd to Page - 3

It is not possible for second tier supervisor (ANM) to organize all these in the vast Municipal areas having 33 wards.

So under the circumstances we recommend that, instead of abolishing the post of U.H.I.O, sanction for the post of U.H.I.O be given to all the Municipalities for the interest of the projects. Appointment in the category of U.H.I.O is made with requisite qualification. so that U.H.I.O may monitor supervise and organize the program efficiently. As the project involves with the job of Nutrition Awareness Programmes, Preventive Services beside public health, U.H.I.O should be a graduate in science with knowledge of public health (Sanitary inspector) and in food and nutrition. Be it added that for Municipalities with two numbers of health project running, there must be one post of U.H.I.O and two posts of second tier supervisor (one for each HAU).

VI. In the exiting infrastructure PTMOS are the personnel of the projects. According to their duties given by KMDA they attend weekly meeting and different clinics in the sub centers. If they are deployed on basic of clinic based fees, they may perhaps avoid in sharing the responsibility in successful implementations of the programmes of the project.

VII. It is not a fact that, the capacities of some of the HHWS have been reduced due to ageing. Their services are being extended for a term of one year by KMDA every year. The Municipal Authority always keeping watch about their performance and ability. As the services of the staff attached to the project are purely temporary and on extension basis, then the question of "Retiring age" does not arise. Moreover, they are not entitled to any benefits excepting a minimum amount of honorarium.

VIII. Overall picture of the ward at one point of time - if it means the picture of only BPL families of the wards - it can be obtained by restructuring the area of operation of HHWS and Others of the Projects.

IX We are of same opinion for setting up a malaria clinic in our Municipality. DOTS clinic is running at present and to run the clinics efficiently a laboratory Technician is to be appointed.

X. **HIMS:**
Information for APL population on vital parameter data's may be collected and the combined report for APL & BPL families may be prepared but to have all the data's from the APL families extra
man power is to be engaged.

XI. The last but not least, this is to inform that, the vital events, that is Birth and Death are registered in our Municipality as per exiting Acts and Rules and certificates are being issued by Health Officer in the capacity of Birth and Death registrar as per application.

With Thanks,

Roy
CHAIRMAN

To Mr Arnab Roy

- Project Director CMC
  Salt Lake
  Nigam Bhaban

Dr Goswami 21/8

Sub: Suggestions for Restructuring of Health Programmes of ULBs

D/s in Response to your proposal Regarding the Restructuring of Health Programmes vide memo no CMC-94/2003(Pt V)/779(40) dated 04/07/2007 our Suggestions regarding that are enclosed here with:

No-1- all are O.K.

No. 2 → Health Manpower

i) No need at present
ii) No need
iii) O.K. iv)

No 3 → For PTMO-alternative proposal

i) This need to be more discussion
ii) The term PTMO should be deleted
iii) Retiring age Should not be implicated; but in future if implicate they Should be provided in grade Scale.
iv) May or May not be.
v) Regarding Salary of A.H.O. - The Salary of A.H.O Should be at least 10000/- as because When No H.O is not functioning the A H O is looking all programmes in Health.

No 4: → HHWs & FTSs

all proposals may be accepted

Dr. S. Goswami
18/7.

HOWRAH MUNICIPAL CORPORATION

Office : 4, Mahatma Gandhi Road, Howrah - 711 101
Phone : 660 3032, 660 3211 - 13
Fax : (091-33) 660 3214

Mayor

Date .....

To
Arnab Roy,
Project Director, C M U,

Sub : Reply of your letter regarding "Restructuring of Health Programmes of 40 KMA ULBs".

Sir,

In reference to your Memo No.CMU-94/2003(Pt. V)/779(40) dt.04.07.07 I would like to inform you that the suggestion of restructuring of 'Health Programmes of ULBs' as spelt out in your draft is appropriate and is very much required for sustainable success. However, only some suggestion may be included.

1) In addition to Allopath Medical Graduate as PTMO, Homeopathic Medical Graduate can also be considered.
2) Assistant Health Officers (IPP-VIII) should work with full responsibility to monitor/supervise the programme.
3) Second Tier Supervisors may be selected from 1st Tier Supervisor.
4) Fees may be imposed for APL population who are getting service from HAU and Sub-Centres.

Thanking you,

Yours faithfully,

Gopal Mukherjee

(Gopal Mukherjee)
Mayor,
Howrah Municipal Corporation

BARRACKPORE MUNICIPALITY

B. T. Road, P.O. Talpukur, North 24 Parganas

Memo No : 400/BM/3HO - 21/07 **Dated :** 18.7.07

From : **Bijali Kanti Mitra**
Chairman

To
Mr. Arnab Roy,
Project Director / CMU,

Dr. Goswami
20/7

Sub : **Restructuring of Health Programme of 40 KMA ULBs.**

Ref : Memo No.CMU-94/2003 (Pt.-V) / 779 (40) dt.04.07.07.

Sir,

In inviting reference to memo No. quoted above, I am sending herewith my comments on situation analysis and proposed suggestion for restructuring of Primary and Public Health care Services at ULB levels.

With thanks,

Yours faithfully,

18/7/07

Chairman,
Barrackpore Municipality.

Encl:- Page 1 2

br/1877/ho/39

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Find us at http://www.barrackporemunicipality.org

Coverage of Population by the ULBs in Barrackpore Municipality

There is floating labour population in the brickfield (RBM) at Manirampur, W-20 and in the mill area most of the labourşare seasonal and they move their family members all the times. Some people are temporarily living in the Slums, in the station Platform and the station surrounding areas.

Each HHW's are more or less covering about 200 families or 1000 BPL population.

In each and every ward (except ward No.9) the BPL Population covered by HHW's of CUDP III or IPP VIII or partly by CUDP III & partly by IPP VIII. Some HHW's for fulfilling their BPL quota of 200 families or 1000 population has to cover more than one ward.

One Sub centre is covering 4000 to 5000 BPL population
and HAU CUDP III - 28457
HAU IPP VIII (1) – 33143
HAU IPP VIII (2) - 20086

81686
85(4)+32

In IPP-VIII (2) some rural population about 8000 are also being covered.

Functioning of HHWs / FTS & other health manpower.

Somo HHWs and FTS as woll as STS due to ago and their physical condition the activities are reducod and they cannot visit to the households regularly. Somo HHWS' aro staying away from Municipal area and in panchayet

Understanding level of some of the HHWs / FTS is so deficient that they cannot fill up the requisite information sheet and report forms and family schedule and can not make any discussion with the mothers regarding different health issues and immunization. After repeated training & retraining of KUSP their knowledge has not been. improved as because during their recruitment most of them are non matric.

Existing PTMO'S are not always attending due to poor remuneration. sometimes some posts of PTMOS are always vacant.

In our Municipality one PTMO at CUDP III2 PTMO at IPP VIII (1) & one PTMO at IPP VIII(2) instead of 2 PTMO'S at IPP VIII (2).

Sub Centres and HAUs

We have 17 FTS in charge of 17 Sub centre.

In HAU IPP VIII (1) at Muktapukur, Old Kolkata road two Sub Centres are functioning from the same building. The 41st floor sub Centre should be removed to ward No.16 which will help the BPL population of that area and will be helpful to those HHWS' who are working in that area.

In our Subcentres Wednesday is the immunization day and one fixed day in a week the PTMO attending the AN / PN mother and treat the general patients.

Sanction of contingent money varies from HAU CUDP III to HAU IPP VIII. HAU CUDP III receives Rs.1500/- p.m. and HAU IPP VIII receives Rs.3500/- p.m.

The contingent money is proposed to be uniform and proportionate to population number.

Suggestions :
Average No. of HHWS per ward (24 wards 2 & 81 HHWS) – 3.37%

There is about 32000 families. So if allot 200 families per HHW we have to engage about 69 more HHWS' or we have to allot 400 families per HHW.

Software development to make the health data up to date.

Every enlisted family must be supplied with a 'Card' where the HHW's will give signature & date during their house visit.

One diagnostic centre at Nayabastee, Ward – 18,

One Pathological Laboratory.

arrangement of Clinic for G.P. on Sunday in the HAU & Sub-centre,

Special Clinic for Copper T.

Health check up at Primary school level.

Thalassaemia & Blood donation camp.

ICCU & Recoveryroom for Biraj Mohini Matrisadan.

Appointment of one AHO.

Sub Centres :

there are 4 Subcentres – all belonging to CUDP III are situated either in clubs or in the Municipal Sector Office (1) Dipak Nagar, (ward No.2)
(2) Anandanagar Co-operative, (W-23),
(3) Jagriti Sangha (W-12)
(4) Ali Hyder Rd. (W-18)

In the clubs it is very difficult to continue the health programme regularly as the clubs have their own programme and they are reluctant to give any space as they are not getting any rent.

Phone : 24338-201
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Office of the Councillors, Baruipur Municipality

Baruipur, South 24 Parganas.

Shakti Roy Chowdhury
Chairman
BARUIPUR MUNICIPALITY

Ref : 468/BM/Health/07

Date : 26.7.2007

KUSP 3244 27/7/07 CHANGE MANAGEMENT UNIT

To,
The Project Director, C.M.U.
ILGUS BHAWAN,
HC – Block, Sector – III,
Bidhan Nagar, Kolkata- 106.

Dr. Chaudhuri 27/7

Sub.: Restructuring of Health Programmes of 40 KMA ULBs.

Sir,

This has reference to your memo no. – CMU-94/2003(Pt.V)/779 (40), dated – 04.07.2007 on the captioned subject.

In this connection we offer our comments as enclosed herewith for your kind information and necessary action please.

Thanking you.

Yours faithfully,

26.7.07

Chairman
Baruipur Municipality

Enclo: As Stated

RESTRUCTURING OF HEALTH PROGRAMMES

Coverage of the population by the ULB :-

Baruipur Municipality is covered under CUDP-III H.P. only. There is no one posted as HO/AHO at our ULB. Smt. Mita Dutta, the councilor of our municipality administrates the health services programmes at present. Due to shortage of HHW, slums in service area are partially covered. As far as possible, necessary data has been reflected in our HMIS report properly.

ULB is being covered much ~~less~~ more than 200 families or 1000 population by HHW. HMIS report submitted to CMOH & KMDA (OSD).

At present, 19 HHWs and 5 FTSs are working. 6 nos. of HHWs expired. In absence of them relative areas are not being covered under the fold of health services programme. Meantime various new types of health programmes have been introduced, such as – Polio Vaccination, HIV/AIDS awareness, Phileria, Leprosy, Kalajar, Malaria etc. More over, population has widely been increased. Therefore, it becomes impossible for us to extend services to weaker sections of population with the existing manpower structure. Reallocation of HHWs ward-wise can only be done when the suitable manpower strength is available. More nos. of HHWs are required to be posted. (Avg. nos. of HHWs per ward = 1.41). At least 2 nos. of HHW should be engaged for each ward, i.e. 34 Nos. of HHWs are required for 17 wards of Baruipur Municipality.

Function of HHWs/FTSs & other health manpower:-

The health services of our ULB have been functioning without any HO & AHO since long, as a result the administrative work of this department is being neglected and services cannot be extended to BPL families properly.

In respect of retiring age criteria and assessment of the performance capability of staff (HHW), we may accept your suggestion.

Sub- Centers (SC):-

At present Sub- Centers (SC) under JNNURM are not being built up.

If the adequate fund for construction of Sub- Centers (SC) is obtained, we may construct on ULB lands with waiting space for the clients and toilet facilities as suggested. For regular training and orientation of HHW, FTS a permanent M.O. must be deployed.

Public Health:-

Neither HO/AHO nor SI posted at our ULB since long. Various new health programmes have been introduced.

Regarding health manpower we agree with the suggestion for restructuring of primary and public health care services at ULB level as depicted by you. Without HO/AHO posted at ULB no doctors is available for the services of MO/Pt. MO. Due to non-posting of H.O., Baruipur Municipality is facing losses of revenue regarding collection of health license fees too.

Testing kit for water testing is not being supplied to ULB. If available, water testing can only be done as per your suggestion.

Setting up of Malaria clinic & DOTs Centre:-

We have no such infrastructure in order to run a public health clinic at our ULB level.

Monitoring & Supervision:-

For monitoring and supervising the health programmes in the ward level the transport allowance and refreshment have to be provided to respective ward committee members.

Others:-

In regards collection of users' charges fees from the BPL families as suggested by you, the Board of Councillor's (BOC) of Baruipur Municipality as not permitting to collect the same due to poor infrastructure.

UTTARPARA KOTRUNG MUNICIPALITY

NO 1/1206
dt 23/7/07

To,

The Project Director, CMU,
Kolkata Urban Services for the Poor,
ILGUS Bhaban,
H.C.Block, Sector III,
Bidhannagar,
Kolkata 700106.

Dr. Goswami
25/7

Sub: Restructuring of Health Programmes of 40 KMA ULBS.

Sir,

With reference to your Memo No. CMU 94/2003(Pt V)1779(40) dated 04/07/2007 on the subject mentioned above. I am sending herewith my comments on the Draft Note on restructuring of Health Programme as requested therein for information and necessary action.

Yours faithfully,

P. Bhowmik

Chairman.
Uttarpara Kotrung Municipality

UTTARPARA KOTRUNG MUNICIPALITY

Comments on the suggestions for restructuring of Primary and Public Health Care services at ULB level:

1. This Municipality agrees with views of amalgamation of different existing health programmes in ULB and of the administration of the unified unit by the H.O. or the A.H.O.
2. We agree with the proposal/suggestion of one source of funding and to the submission of HMIS report to the single authority.
3. Sub- Centres under CUDP III and IPP VIII at Panchayat areas create much difficulty in administering those units due to distance. Moreover, activities of those units often overlap with those of the Public Health Services Care. At present this Municipality has as many as 9 Sub- Centres under IPP VIII Programme in the Panchayat areas. 45 posts of HHWs, 9 posts of FTS and 2 posts of STS are attached to those units. We want to reallocate those units in urban area in order to cover all the wards of the Municipality. Placing of those HHWs after such reallocation will be made keeping in view of the proximity of residence.
4. H.O. /A.H.O. should have one office with logistics support. The posts attached to the said office should be manned by experienced staff. Pulling up of staff from HAU may not be feasible in as much as the work of the HAU will be hampered. In most of the cases it has been found that those staff lacks office experiences and is of below standard.
5. We agree to the suggestion of alternative proposal for appointment of M.O.s on clinic basis.

   As regarding A.H.O. we are of the opinion that instead of advising the A.H.O s to resign and to serve as panel doctor it would be better to enhance their remuneration to Rs.10000/- only per month with provision of increment at a fixed interval, in order to utilize their experience in Health Administration.
6. As regarding suggestion for prescribing retiring age of all categories of staff we are in consonant with the suggestion.

   At present there is no provision for leave for HHWs except for Maternity (one time only). But we feel that provision for leave should also be made for their illness, emergency requirement, etc.
7. In the ULB having population more than I lakh and the post of H.O. attached to it has been lying vacant and AHO has been looking after the work of H.O. in addition to his duties the AHO should be promoted to the post of H.O. and the consequential vacancy in the post of A.H.O. should be filled up.
8. Regarding suggestion for phasing out the post of UHIO and to vest the responsibility of UHIO upon the existing S.T.S. I am of the opinion that it would not be wise to take such decision.

FTS/STS have no office administration experience. They have also not sufficient education to bear the responsibility of the post.

9. We agree to all the points raised under the heading- "HHW and FTS" and "Sub-Centres".
10. We agree to the suggestion regarding Public Health, the role of the H.O. on Birth and Death registration and the role of S.I. in managing Public Health etc.
11. Regarding water testing at terminal or users end the same may be done by HHWs/ FTS (PH) provided they are trained for the job properly.
12. We agree with the suggestion for setting up of Malaria Clinic and DOTs Centre at ULB provided arrangement for availability of sufficient fund for the purpose is made.
13. Regarding HMIS, sending of reports on vital parameters etc. and monitoring and implementation and supervision of the Health Programmes in the respective wards by the ward committee and Municipal Level Health and Family Welfare Committee, we have nothing to say to the contrary.
14. We agree to the suggestions for abolition of user's charge@ Rs.2/- per family, and we also have no objection to the revision of service charges as and when necessary and annual assessment of the BPL families and renewal of the same at a fee of Rs.20/- only per family.
15. Regarding HMIS we have no objection to the proposal for collection of information for APL population on vital parameters and sending of reports etc.

Chairman
Uttarpara Kotrung Municipality

Ref. No. 1117/IX

From
Dilip Sarkar
Chairman
Rishra Municipality

Ph : 672 1373
672 2953

Office of the Municipal Councillors
Rishra, Hooghly, West Bengal.

Dated Rishra the 23.7.07

Mr. S. Goswami.
23/7

To

Mr. Arnab Roy.
Project Director, CMU
KUSP
ILGUS BHAVAN
HC Block, Sector 3
Biddhannagar,
Kolkata - 700106. (Fax : 033-2337, 7318/6229)

Dear Sir,

With reference to ypur letter Memo No. CMU-94/2003(pt.V) 779(40), I do hereby offer my observations and remarks, regarding Restructuring of Health Programmes.

Thanking you.

Yours faithfully

Chairman
Rishra Municipality

Date: 23 rd July 2007

19

RISHRA MUNICIPALITY.

Sub:- Restructuring of Health Programmes vide Memo No.GMU-94/2003 (Pt.V)779(40) dt. 4.7.2007.

After detailed situational analysis, following observations noted for our ULB.

	Observations			Remarks
1.	Total Population	:	1,13,259	
2.	Total Wards	:	23	
3.	Total No. of Sub-Centre.	:	24	(Not shown in observation)
4.	No. of HHWs	:	121	Actually it should be 24x5 =120) at present we have 115 Vacancy:- CUDP-III 3 & IPP-VIII 2 Unit-II Total Vacancy = 5
5.	Avg. no. of HHWs per ward:		5.26	At present it is = 5.00 (115 ÷ 23)
6.	Popn covered by HHWs	:	1,15,747	1,02,693 as per report of June, 2007)
7.	Coverage Percentage	:	102.20	[it will be < 100]
8.	No. of B.P.L. family to be covered by HHW.	:	150-200	
9.	No. of Popn. to be covered by HHW	:	750-1000	
10.	No. of B.P.L. Popn to be covered by one Sub-Centre.	:	3500-5000	
11.	No. of B.P.L. Popn to be covered by one H.A.U.	:	30,000 to 40,000	[Only IPP-VIII Unit-III covers 20,000.]

23/7/07

M.C.C.(H)
Rishra Municipality.

23/7/07

A.H.O.,
Rishra Municipality.

2.

SUGGESTION FOR RESTRUCTURING OF PRIMARY AND PUBLIC HEALTH CARE SERVICES AT ULB LEVEL.

- Different Health Programmes in the ULB (e.g. CUDP-III & IPP-VIII in our ULB) to be amalgamated.

  H.O. and in absence of H.O., the A.H.O. will administer Health Services from one CELL for Health.

- Source of funding for health programmes should be under one Department, instead of multiple Deptts., which will help in preparing and submitting one HMIS report by the ULB.

- Average No. of H.H.Ws per Ward per ULB varies. The quantative strength of HHWs may be utilised in geographical restructuring.

- Reallocation of HHWs Wardwise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.

HEALTH MANPOWER.

- There will be one Office of H.O. alongwith supporting staff e.g. One Clerk, One Computer assistant and one attendant. These staff are to be pulled from the existing ones of H.A.Us.

- Office of H.O. shall be equipped with the logistics e.g. Computer Software for e-governance etc.

EXISTING MAN-POWER OF H.A.U.:-

P.T.M.O. - 2
ANM/STS - 2
Clerk cum
Storekeeper-1
Attendant - 1

For Pt. M.O. - alternative proposal.

Continuation of Pt. M.Os and A list of panel Docters may be prepared.

Docters from panel will render clinic services at SCs as per schedule setup by the ULB on a clinic based fee of Rs.300/- per clinic per day (inclusive of all) for 3 hours, not exceeding 20 clinics per month per person. Service charge for providing treatment to APL popn. by the M.O. may be imposed by the ULB. The M.O. will get a percentage of that service charge additionally. In that case honerarium of Pt.M.O. may be more that that of A.H.O. In that event, all the A.H.O.s may resign and join the panel of Docters, creating vacancy in the post of A.H.O.

- The term "Part time" should be deleted and designated as M.O. only.

- Retiring age of all health functionaries may be fixed at 60 for all category of staff. In special cases where the technical persons are physically fit and mentally alert, this age may be extended upto 65.

contd.....2.

- Even if the health manpower is within the limit of retiring age, the performance capability of each of the category of Staff needs to be assessed at regular frequency and necessary action be taken accordingly.

- The ULBs having 1,00,000 and above popn., the H.O. be assisted by A.H.O.

- The Salary of A.H.O. may be enhanced to Rs.8,000/- per head p.m. with a provision of increment at a fixed interval.

- Post of UHIO may be phased out within 2(two) years. This post is lying vacant in our ULB. The responsibility of U.H.I.O. may be vested upon the existing STSs.

HHWs & FTSs.

- One FTS for 30,000 popn will remain in charge of Public Health Services.

- More no. of FTSs will be required in such cases which can be met up by upgrading existing HHWs.

- Existing STSs who are not within the retiring age, services of whom be utilised as FTS(PH) but their pay protection be provided.

SUB-CENTRES:-

- Construction is preferred, instead of utilization of premises of Cluber NGOs.
(in our ULB there is no such utilization).

- The SC should have waiting space and toilet facilities.

- Construction of SC under UNNURM is to be linked.

PUBLIC HEALTH:

- Birth & Death registration - H.O. will be the overall incharge. (Post of H.O. is lying vacantion our ULB).

- Role of S.I.

In managing Public Health (Post of S.I.....)
Linkage between H.O. & S.I. to be established

- Water testing at terminal/users and may be done by HHW/FTS(PH) at a a regular frequency/during outbreak.

They should be provided with Testing Kit . This testing is basically to identity coliforms. On receipt of Positive test, they will intimate the complaint Cell of the ULB and the HO concerned.

- Setting up of Malaria clinic and Dots clinic.

One such clinic may be established for one lakh or less popn. Laboratory Technician at a Salary of 3000/- per month may be engaged. The fund for setting up such clinic may be obtained from Deptt. of Health & Family Welfare

HMIS

- For APL Popn.:-

Information on vital parameters.
(Birth, Death, Immunisation & Couple Protection) & Diseal servrillance for 14 diseases as provided by Dy.CMOH, be collected twice in a year.(April & October) when data upto 31st March & 30th September respectively be collected.

contd.....3.

In each month report for BPL Popn will be collected on "Form C/D"

At the end of 6 months:- Report for APL. BPL will be collected and also a combined report for the ULB as a whole will be made.

- Wardwise BPL popn may be obtained from Socio-economic Survey.

  Data for the total popn. of the Ward may be used by the ULB.

Monitoring & Supervision

- Ward Committee be made responsible for implementing, monitoring & Supervising the Health Programmes in the respective Ward.
- Ward Committee will hold monthly meeting on Health Issues & submit its report in the prescribed proforma which will be attached to HMIS report while submitting to KMDA.
- Municipal Level Health & Family Welfare Committee (MHFWC) - will moniter and supervise health programme at ULB level.
- Report on the meeting of MHFWC (in a prescribed format) shall be attached with the HMIS report their in a year (i.e. April & October)
- Performance/Capability of HHWs, FTSs, STSs will be reviewed by MHFWC annually.
- In B.O.C. meeting, status of Health Programme in the ULB to be incorporated in the agenda and discussed.

Others:-

- Realisation of user@ charges @ Rs.2/- at Family Level by HHWs be abolished.
- Other service charges existing in the ULB be revised (if necessary) and continued.
- BPL Card issued to the families may be assessed anually and renewed at a fee of Rs.20/- per family. This collection may add to the Health fund of the ULB.
- A Vechele/Car may be provided for the use of Public Health Dept. of the ULBS.

Phone No:-2477 9245

RAJPUR-SONARPUR MUNICIPALITY

VILL&P.O-HARINAVI,SOUTH24-PARGANAS

Ref. No. 6.R.|HAV|RSM Date. 19.7.07.

P. M. Goswami Sl. 20/7.

To

Mr. Arnab Roy
Project Director,CMU

Sub: Restructuring of Health Prog.
Your ref. : No.CMU-94/2003(Pt.v)/779(40) Dt...04.07.2007

Sir,

Please accept our thanks for your suggestions regarding the subject matter. Most of the suggestions are acceptable but however we are putting here our views/suggestions regarding some points which in our opinion will help the restructuring process and thus strengthen the process of delivery of Community Based Primary Health Care Services.

1)There should be at least one own S.C per ward(preferably centrally located) with provision of a shed,electricity,toilet and safe drinking water facility.

2)Wardwise HHWteam should be defined and number of team members will depend on population and geographical area of the particular ward in stead of fixed number per ward.

3)Regarding age of retirement professionals/technical staff should include Doctors,GNM,ANM, Technician,Pharmacist.As there is no after retirement benefits formation of fund to give one time financial benefit during retirement should be considered.

4) With maximum days of duty(20days) in a month one proposed MO will get a total remuneration of Rs.6000=00(Six thousand only)including all per month which is not enough to ensure regular availability of MO for smooth running of the prog.It may be Rs.400=00per clinic instead of Rs.300=00per clinic keeping in mind that avg. about Rs.50=00will be spent for conveyance. In this connection enhancement of remuneration of AHO to Rs.10,000=00per month may be considered.

5)Post of GNM Nurse as STS should not be abolished instead they may also be utilized if available at a remuneration of Rs.250=00 per clinic including all.

6)One post of F.T.S, responsible for supervision , report preparation, organization of IEC programme should be created for avg. about 5 S.C at a monthly remuneration equal to that of F.T.S. This will help smooth running of the service.

7)Monthly user charge may be collected through alternative agencies who will also supervice the performance of the health workers.

8)To run the Deptt. at Head Office level full time post of (1)One Store Keeper cum Clerk (2) One Statistician (3)One Attendant should be created.

9)Whole Municipal population should be included within the municipal health service and for this reason increase of remuneration of all categories of health staff should be considered

10)Strengthening of functions of MH,ESOPD,RDC should also be considered to strengthen the referrel system.

Thanking You,

19.7.07

(Kamal Ganguli)
(Chairman)
Rajpur-Sonarpur Municipality

Amitra

Phone : 2553-2909 / 2563-4457
Fax : 2553-1487

Office of
The Municipal Councillors of Panihati
PANIHATI, 24 PARGANAS (N)
PIN : 700 114

From : Sri Mondranjan Sarker
Chairman,

NO: PM/H/07 /342 Dated, 17.07.2007.

KUSP CHANGE MANAGEMENT UNIT 3077 20/7/07

To:
The Project Director, CMU,
KUSP,
Elgus Bhaban,
Salt Lake City.

Sub: Comments on Restructuring of Health Programmes in Panihati Municipality.

Ref: Your Office Memo No. CMU-94/2003 (Pt-V)/779(40) dt. 4.7.2007.

Sir,

Comments on the concept of community based primary Health Care Services covering all population both BPL & APL are furnished in the enclosed sheets as requested in the Memo under reference.

This is for favour of your information and kind consideration.

Yours faithfully,

Chairman 18/7/07
Panihati Municipality.

Enclo: As above.

PANIHATI MUNICIPALITY
Panihati, B.T.Road, Sodepur, (N) 24-PGS
Kolkata- 700110.

Comments on suggestions for Re-structuring of Primary Public Health care services at ULB level.

HEALTH MAN POWER:-

At Municipal level :- Office of the Health Officer- indicates office of the Health Department of the respective Municipality comprising Health Officer, Asstt. Health Officer, Sanitory-Inspectors, one Clerk cum store- keeper, one Computer Asst., one office Peon, one Attendant. All are full time permanent. Accountability of all stuff may be fixed. It is practically very difficult to keep transperancy and records,reports etc. properly without any permanent stuff. Pulling of the stuff from the HAUs are not feasible since there is no excess stuff and the work load has been increasing day by day and their duties are time bound i.e. 4 hours only.

We agree with the proposal that amalgamation of the existing Health Projects at ULB will be much helpful at the moment.

Restructuring of the HAUs :- It will be much helpful and beneficial to the poorer section of the people if the HAUs converted to function as P.H.C. and run OPD clinic for treatment of patients both APL and BPL categories covering one lakh population per PHC. However, in case of BPL card holders services may be offered free. But a token fee of rupees 10=00 only may be charged from the APL categories.

RE STRUCTURING OF THE SUB CENTER:-

Additional Man power:-

In the S/Cs, in addition to FTSs, one full time Supervisor (for 30,000 population) have a minimum qualification and age graduate and 35 years respectively may be engaged including one Attendant and one Sweeper with fixed duty hours from 10 am to 5 pm. Other wise, it will be very much difficult to cope with new concept as suggested.

Office Building of the S/Cs :-

All Sub-centers must be withdrawn from the Clubs or NGOs. One building for each S/Cs consisting of two specious rooms with toilet, water supply, electricity and arrangement of drinking water may be provided.

Equipments:- In addition to other Equipments, one domestic Refrigerator is required for maintaining cold chain.

Drugs:- Scheduled drugs as usually supplied to the S/Cs now may be changed according to demand and other consumable products may be supplied regularly.

RE-STRUCTURING AND STRENTHENING OF THE ESOPD:-

In the proposal, there is no mention of the ESOPD. For smooth and attractive of the community, strengthening of the ESOPD is very much needed at this hour. Hence, the following proposal may be considered:-

1. Existing Specialists in six disciplines engaged for functioning at the ESOPD with a remuneration of Rs. 200=00 per session and ceiling limit of session a maximum 8 per month. Hence, fees and no. of the Specialist as well as sessions may be increased to ensure quality services.
2. The duty hours of all may be from 10 am to 5 pm .
3. Equipments :- Adequate equipments may be arranged for different disciplines e.g. Dental, G&O, Opthalmology and ENT, Paediatrics etc.

Lastly, it may be stated regarding other suggestions as mentioned in the memo under reference, our opinion is affirmative.

03/7/09

Chairman, Panihati Municipality.

Monoranjan Sarker
CHAIRMAN
Panihati Municipality

Phone : 512-2101/2990
OFFICE OF THE
NORTH DUM DUM MUNICIPALITY
BIRATI, KOLKATA-700 051

KUSP 3232 27/7/07 CHANGE MANAGEMENT UNIT

No. NDDM / KUSP/ 2194 Dated 24th July '07.

To
The Arnab Roy, Project Director, CMU
Ilgus Bhawan,HC Block,Sector-3
Bidhannagar,Kolkata-106.

Dr. Goswami 27/7

Ref: No. CMU-94/2003(Pt.V)/779(40) Dt. 04.07.2007.

Sir,

I am with you regarding restructuring of primary and public health services . But few points need to be discussed or changed to set-up the new policy. Points are mentioned below :-

1. Reallocation of HHWs ward-wise -Fixed HHW : Population ratio should be maintained. In some cases, if the existing number of HHWs remains unchanged few HHWs may have to work in the adjacent ward.
2. APL group may not aceept the primary health care services from our set-up as evident from DOT's centre.

   Not only that they may not open the door to HHWs for providing information on vital parameter as well as surveillance of 14 diseases.

3. M.O.s maximum working days should be 23days/month as they will have to attend the clinics on fixed week days. Alternatively they may be engaged on a monthly remuneration of Rs.6600 per month.

4. Second Tier Supervisors are all retired S.I. in our Municipality . So the age relaxation may be subject to their working ability only.As GNMs are not available for STS , vacant posts of STS may be filled-up from retired S.I as they are well versed with preventive aspects of health care system.

   After retirement at the age of 60 what will be the financial support to them and how.
5. No. of FTS should be kept as per sub-centre as it is at present.If number is decreased it will be difficult to eliminate any one from their existing position.

6. Water testing may be done centrally by water deptt.at regular interval as the quality of test may not be reliable if done by HHWs.

Thanking you,

Yours faithfully,

CHAIRMAN
NORTH DUM DUM MUNICIPALITY

North Dum Dum Municipality Kol-51 Birati

Phone : 2593-2028, 2592-0429
Tele Fax : 91-33-2592-6004

NORTH BARRACKPORE MUNICIPALITY

PALTA , P.O. BARRACKPORE
NORTH 24 PARGANAS
PIN – 700120

Ref. No. 895/H.O. Dated: 19.07.2007

From : - Sri Samarendra Mohan Sanyal
Chairman
North Barrackpore Municipality

To : The Project Director, CMU,
ILGUS Bhavan, HC-Block,
Sector-III, Salt Lake,
Bidhannagar, Kolkata.

Dr. Goswami
19/7

Sub : Comments and suggestion about restructuring of Health Programme.

Sir,

With reference to your letter vide memo no. CMU-94/2003 (Pt-V)/779(40) dated 4.7.2007, I do hereby offer my comments and suggestions about the draft note on restructuring of health programmes proposed for the U.L.B.P.

Thanking you,

Yours faithfully,

Chairman
North Barrackpore Municipality

Enclo : Comments and suggestion

NORTH BARRACKPORE MUNICIPALITY

Comments and Suggestions about Restructuring of Health Programme

1) No. of H.H.W. - Sanctioned = 117, Working strength = 104 (Vacant – 13)

2) Average no. of H.H.W. per ward = 4.73

3) Population covered by H.H.W. = 1,09,474

4) Present population is about = 1,30,000

5) Average no. of H.H.W. per ward = 4 to 5

6) Coverage % against total population = 84.2%

7) In Our Municipality - 4 Sub-centers are working in Mayapalli S.C. Room
3 Sub-centers + Zonal health staff are working in Goalapara S.C.Room.
5 Sub-centers are working in Anandamath H.A.U.
3 Sub-centers are working in Kalitala H.A.U.
2 Sub-centers are working in Monirampore H.A.U.
2 Sub-centers are working in Nayabasti S.C. Room

So more sub-centers are to be constructed preferably in the wards – 2,5,7,20, and immunisation clinic should be provided

8) ANC/PNC in selected S.C.S one per week instead of one per month.

9) Monitoring and supervision of CUDP-III is less due to the reason that there is no STS in these Units.

10) In our Municipality N.G.O. are running D.O.T. clinic and zonal staff are running Malaria Clinic.

11) Office of H.O. needs an additional logistic Xerox Machine for plenty of report forms of routine health programme as well as National health Programmes.

12) Retiring age should be extended upto 65 years in case of all medically fit helath functionaries.

13) Both H.O. and A.H.O. in our municipality do their best to give excellent health Service to the population of U.L.B. so their must be a symmetry of salaries of H.O. and A.H.O. In that case the deference of salaries of H.O. and A.H.O. should not be much more.

14) The utility of U.H.I.O. cannot be ignored as he does coordination and control of the whole I.E.C. activities throughout the year. At the same time U.H.I.O. supervise the field works of the H.H.Ws. So this post should not be abolished. Not only that, the salary of U.H.I.O. should fully be reimbursed by KUSP.

15) Two S.T.S. should be provided for each H.A.U. irrespective of CUDP-III and IPP-VIII.

P.T.O.

16) In our municipality all the A.P.L. population could be brought under the health programme if 13 vacancies of H.H.W. are filled up in addition 8 new H.H.W. are allotted.

17) From the very beginning of CUDP-III, IPP-VIII progrmme the sanctioned health contingency of each CUDP-III H.A.U. is Rs.1500/- per month and that of each IPP-VIII H.A.U. is Rs.3000/- per month. This amount should be equal in case of Both CUDP-III and IPP-VIII, HAWs and that should be enhanced to Rs.10000/- per month.

18) At present the health programme is facing much inconvenience due to the lack of Ligation Camp. So KUSP should make a separate Ligation Team to continue the Programme of sterilization.

19) Our municipality is willing to run 5 D.O.T. Clinics and 5 Malaria Clinics each per day in different areas of the whole municipality and for that purpose proper Medical and Non-Medical staff should be provided.

20) We agree with the proposal of provision of clinic based fee of Rs.300/- per day for the M.Os. for this purpose we would request you to sanction 8 clinic days per month for each of the 24 sub-centers.

21) We would propose to sanction 4 new FTSs. for the whole municipality in charge of public health services. In addition some funds and equipment should also be provided.

22) Remuneration of the specialists of ESOPD and Upgraded HAUs should be enhanced to Rs.400/- per clinic and those of other staff should also be increased. In addition one male attendant should be provided for each upgraded HAU Besides some amount of contingency should be provided for each upgraded H.A.U.

23) To encourage the activities of the whole health programme the remuneration of UHIO, STS, FTS, HHW, Clerks and Other staff should be enhanced by Rs.500/- per month.

KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. V)/779(40) **Dt. .. 04.07.2007**

From : Arnab Roy
Project Director, CMU

To : The Chairperson
North Barrackpore Municipality
375, B.T. Road,
P.O.- Barrackpore,
Dist.- 24 Parganas (North),
PIN - 700 120.

Sub. : Restructuring of Health Programmes of 40 KMA ULBs.

Sir,

You are aware that Community Based Primary Health Care Services are being provided to the population of your ULB under the different Health programmes i.e. CUDP III, IPP-VIII and UHIP (in selected ULBs).

Since the active phase of all the Health programmes have ended and entered in O & M phase, supported by State Government, it is probably right time to restructure existing primary health care services at ULB level for effective utilization of existing resources towards extending services to wider section of population and to have data base in totality.

Concept of ward-wise placement of Honorary Health Worker, Public Health service and HMIS for total population, adopted in recently launched Community Based Primary Health Care Services in 63 Non-KMA ULBs have been followed while preparing a draft on restructuring of Health programmes at ULB level.

The Draft Note on restructuring of Health programmes in 40 KMA ULBs depicting Situation Analysis and Suggestions is enclosed. You are requested to offer your valuable comments by 20th July, 2007. Following to that, a discussion session will be convened at CMU with all the Mayor / Chairpersons.

Thanking you.

Yours faithfully,

Encl. - As stated.

Project Director, CMU

Contd. to P-2.

C:\Dr. Goswami\KUSP\Letter Head ULBs(1).doc

ILGUS BHAVAN, HC BLOCK, SECTOR 3, BIDHANNAGAR, KOLKATA - 700 106
PH. : 033-2337 8723/6226, 2358 6403/5767, FAX : 033-2337 7318/6229
E-mail : kuspcmu@vsnl.net, Website : www.changekolkata.org

Memo No. CMU-94/2003(Pt. V)/779(40)/1(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Principal Secretary, Dept. of Municipal Affairs

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/2(1) Dt. .. 04.07.2007
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PS to MIC, Dept. of Municipal Affairs

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/3(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Chief Executive Officer, KMDA

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/4(1) Dt. .. 04.07.2007
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Director, Directorate of Local Bodies

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/5(1) Dt. .. 04.07.2007
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Director, SUDA

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/6(1) Dt. .. 04.07.2007
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General Secretary, WB Municipal Association

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/7(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Project Manager, CMU

Project Director, CMU

Restructuring of Urban Health Programmes in 40 KMA ULBs

Situation Analysis

Information on ULB-wise total population as per 2001 census, no. of wards and HHWs, existing Health programmes, average no. of HHWs per ward, percentage of population covered (out of total population of the ULB) under Health programmes are as under :

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
1	Baidyabati	108231	22	85	3.86	74449	68.79	CUDP III & IPP-VIII
2	Bally	261575	29	127	4.38	128384	49.08	CUDP III & IPP-VIII
3	Bansberia	104453	22	99	4.50	98721	94.51	CUDP III & IPP-VIII
4	Baranagar	250615	33	60	1.82	58267	23.25	CUDP III & IPP-VIII
5	Barasat	231515	30	197	6.57	228557	98.72	CUDP III & IPP-VIII
6	Barrackpore	144331	24	85	3.54	84447	58.51	CUDP III & IPP-VIII
7	Baruipur	44964	17	24	1.41	23203	51.60	CUDP III
8	Bhadreswar	105944	20	175	8.75	185938	175.51	CUDP III & IPP-VIII
9	Bhatpara	441956	35	191	5.46	190174	43.03	IPP VIII
10	Bidhannagar	167848	23	35	1.52	38356	22.85	IPP VIII
11	Budge Budge	75465	20	84	4.20	80566	106.76	CUDP III & IPP-VIII
12	Champdani	103232	22	94	4.27	91786	88.91	CUDP III & IPP-VIII
13	Chandannagar MC	162166	33	85	2.58	91067	56.16	CUDP III & IPP-VIII
14	Dum Dum	101319	22	53	2.41	49007	48.37	CUDP III & IPP-VIII
15	Garulia	76300	21	95	4.52	114326	149.84	CUDP III & IPP-VIII
16	Gayeshpur	55028	18	58	3.22	60031	109.09	CUDP III & IPP-VIII
17	Halisahar	124479	23	99	4.30	107410	86.29	CUDP III & IPP-VIII
18	Hooghly Chinsurah	170201	30	148	4.93	140144	82.34	CUDP III & IPP-VIII
19	Howrah MC	1008704	50	423	8.46	409765	40.62	CUDP III & IPP-VIII
20	Kalyani	81984	19	35	1.84	35892	43.78	IPP VIII

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
21	Kamarhati	314334	35	137	3.91	125721	40.00	IPP-VIII
22	Kanchrapara	126118	24	93	3.88	90013	71.37	CUDP III & IPP-VIII
23	Khardah	116252	21	135	6.43	122270	105.18	CUDP III & IPP-VIII
24	Konnagar	72211	19	65	3.42	64239	88.96	CUDP III & IPP-VIII
25	Madhyamgram	155503	23	94	4.09	99451	63.95	IPP VIII
26	Maheshtala	389214	35	204	5.83	195910	50.33	IPP-VIII
27	Naihati	215432	28	129	4.61	146171	67.85	CUDP III & IPP-VIII
28	New Barrackpore	83183	19	95	5.00	77964	93.73	CUDP III & IPP-VIII
29	North Barrackpore	123523	22	169	7.68	171110	138.52	CUDP III & IPP-VIII
30	North Dum Dum	220032	30	126	4.20	125431	57.01	CUDP III & IPP-VIII
31	Panihati	348379	35	198	5.66	182312	52.33	CUDP III & IPP-VIII
32	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
33	Rajarhat Gopalpur	271781	27	186	6.89	186647	68.68	IPP VIII
34	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
35	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII
36	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
37	South Dum Dum	392150	35	198	5.66	200025	51.01	IPP VIII
38	Titagarh	124198	23	105	4.57	104887	84.45	IPP VIII
39	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
40	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

- **Source of information :** (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.

Suggestion for restructuring of primary and public health care services at ULB level

- Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB. There will be only one Cell for Health from where health services will be administered by the HO, in absence of HO this will be done by AHO.
- Source of funding for existing different health programmes should be under one Department instead of multiple departments which will help in preparing and submitting one HMIS Report only by the ULB.
- Average no. of HHWs per ward per ULB varies. Lowest is 1.52 in Bidhannagar Municipality and highest is 8.75 in Bhadreswar. The quantitative strength of HHWs may be utilized in geographical restructuring.
- Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.

Health manpower

- There will be one office of HO along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be pulled from the existing ones of HAUs.
- The office of HO shall be equipped with the logistics like computer, software for e-governance etc.
- Existing man-power of HAU are Part-time MO-2, ANM / STS-2, Clerk cum Store Keeper-1, Attendant -1.

For Pt MO alternative proposal is as under :

- One of the options may be to stop continuation of PTMOs and keep a list of panel doctors who will render clinic services at SCs as per schedule set up by the ULBs on a clinic based fee which is Rs. 300/- per clinic per day (inclusive of all) for 3 hours, not exceeding 20 clinics per month per person. Service charge for providing treatment to APL population by the MO at Sus-Centre during general / specialised treatment clinic may be imposed by the ULB concerned. The MO may get a percentage of that service charge in addition to his clinic based fee of Rs. 300/- per day.

  Apprehension is that the PTMO may draw more remuneration than AHO. In that event, all the AHOs may resign and join the panel of doctors creating vacancy in the post of AHO who looks after monitoring & supervision of service implementation and also assists HO in administration.

- The term "part time" should be deleted and designation should be MO only.
- Retiring age criteria for all of the Health functionaries i.e. HHWs, FTSs, STSs, ANM, GNM, Clerk, Attendant, Sweeper - may be fixed at 60 for all category of staff. In special cases where the technical persons are physically fit and mentally alert in delivering the service, the retiring age may be extended upto 65 years.
- Even if the Health manpower is within the limit of retiring age, the performance capability of each of the category of staff needs to be assessed at regular frequency and necessary action be taken accordingly.
- The ULBs having 1,00,000 and above population, the HO be assisted by AHO.
- Salary of AHO may be enhanced to Rs. 8,000/- per head p.m. with a provision of increment at a fixed interval.
- Post of UHIO may be phased out within two (2) years. The responsibility of UHIO may be vested upon the existing STSs.

HHWs & FTSs

- One FTS for 30,000 population will remain in charge of public health services.
- More no. of FTSs will be required in such cases which can be met up by upgrading existing HHWs.
- Existing STSs who are not within the retiring age, services of whom be utilized as FTS (PH) but their pay protection be provided.

Sub-Centres

- Construction is preferred instead of utilization of premises of club or NGOs.
- The SC should have waiting space for the clients and toilet facilities.
- Construction of SCs under JNNURM is to be linked.
- Re-allocation of SC which are at Panchayet area.

Public Health

- Birth & Death registration – HO will be the overall incharge.
- Role of SI in managing public health – Linkage between HO / Health Office and SI to be established.
- Water testing at terminal or user's end may be done by the HHW / FTS (PH) at a regular frequency / during outbreak. For the purpose, testing Kit is to be made available to the HHWs / FTS (PH). This testing will be basically to identify coliforms. On receipt of positive test, HHW / FTS (PH) will intimate the Complaint Cell of the ULB and the HO concerned as well.

- Setting up of Malaria clinic and DOTs centre.

  One such clinic may be established for one lakh or less population. Laboratory Technician at a salary of Rs. 3000/- per month who will draw blood slides, examine the slides under microscope for malaria and TB organism, estimate hemoglobin and the like. The fund for setting up such clinic may be obtained from the Dept. of Health & Family Welfare.

HMIS

- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole..
- Recently done economic survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.

Monitoring & Supervision

- Ward Committee be made responsibility for implementing, monitoring and supervising the health programmes in the respective ward.
- Ward Committee will submit a report as per proforma given below on monthly basis. The said report is to be attached with HMIS report while submitting to KMDA.

Monthly Report of Ward Committee Meeting on Health Issues

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, Ward Committee

- Municipal Level Health & Family Welfare Committee (MHFWC) – will monitor and supervise Health programmes at ULB level.
- Report on the meeting of MHFWC shall be attached with the HMIS report twice in a year i.e. April and October.

Report of MHFWC Meeting

Meeting Held on	
Comments & Views on existing Health programmes	
Any issues / gaps identified	
Steps taken for solution	

Signature of the Chairman, MHFWC

- Performance / capability of HHWs, FTSs, STSs will be reviewed by MHFWC annually.
- In BOC meeting, status on Health programme in the ULB are to be incorporated in the agenda and discussed.

Others

- Realisation of Users' charges @ Rs. 2/- at family level by the HHWs be abolished.
- Other service charges existing in the ULB be revised (if necessary) and continued.
- BPl card issued to the families may be assessed annually and renewed at a fee of Rs. 20/- per family. This collection may add to the Health fund of the municipality.

Sub-Centres & HAUs

- A Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000- 40,000 BPL population.
- One FTS is in charge of the SC.
- In many of the ULBs more than one Sub-Centre are functioning from the same premises of HAU which do not justify decentralization of primary health care services.
- In some of the ULBs, a no. of SCs are located in the Panchayet area and serve the population of Panchayets, though there is a definite health care delivery structure of DHFW.
- At least 7-8 clinics (ANC / PNC clinic, Immunisation Clinic, Growth Monitoring Clinic – 1 each per month and General Treatment Clinic – 1 per week) are to be provided from each of the SCs.
- In some of the Sub-Centres, one multipurpose clinic per week is being held where all the cases for ANC/ PNC, Immunisation, general treatment done instead of holding separate clinics.
- Man-power structure at HAU level differs from programme to programme eg. there is sanction of one Pt MO per HAU in CUDP III whereas it is two in IPP-VIII,
- Less monitoring and supervision in respect of activities under CUDP III.

HMIS

- ULB is having database for HMIS for the population covered under Health programme – not for total population.
- At present the ULB is not having any health related information for its total population
- HMIS for Public Health is not existing in uniform pattern in all the ULBs.

Public Health

- Different components of public health i.e. vector control, solid waste disposal, water testing etc. not being done at regular frequency.
- Implementation of National Health Programmes are being done as and when directed by DHFW.
- At present Disease surveillance in the true sense of term is not being done by the ULBs.
- There is no definite infrastructure for implementation of Public health services.
- System of Birth & Death registration as well as the responsibility of Registrar for the same varies from ULB to ULB.
- There is no systematic Malaria and DOTS clinic

Monitoring & Supervision

- Responsibility of Ward Committee in implementation of primary and public health care services at Ward level is not uniform in nature.
- Municipal Level Health & Family Welfare Committee – not functioning adequately and regularly.

Others

User Charges – particularly collection of Rs. 2/- per month by the HHW from the families where they pay visit twice in a month. This was introduced somewhere in the year 2003 ... HHWs find difficulty in raising this collection as most of their times are lost on this issue, where main activity in respect of health care delivery is being hampered. It has been learnt unofficially that some of the HHWs pay the amount from their honorarium, as it was told to them that if they could not collect the user's fee at family level, their efficiency would be put in query and in some of the cases they would not be allowed to draw honorarium.

It has also been informed that the beneficiary families do not agree to contribute for user's fee at family level, they may agree to give charges for receipt of health services at SC / HAU / OPD cum MH and RDC level

General opinion is in favour of abolishing the practice of realizing user charges of Rs. 2/- at beneficiary family level.

Coverage of the population by the ULBs

- There are left out population i.e. floating population, red light area, slum population at service land, brick field areas etc. in the municipal area who are not being covered under the fold of Health services of the ULB (i.e. family schedule for each of the family are not being maintained and HHWs do not pay home visits). But these people when come to Sub-Centre for any of the services they are being provided. Any health related data is not reflected in the HMIS report.
- HHW is covering much less than BPL 200 families or 1000 population in many of the ULBs (In each of the health programmes it is spelt out that one HHW is to cover 150–200 BPL families or 750 to 1000 population).
- In the ULBs implementing CUDP III and IPP-VIII, fraction of BPL population are covered by HHW of CUDP III and some by IPP-VIII in a ward. Furthermore, one HHW is to cover BPL families of her jurisdiction containing in more than one ward. As a result, it is very difficult to get overall picture of the ward at one point of time.
- One Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000-40,000 BPL population
- In some of the ULBs, population of rural area are also being covered and some of the Sub-Centres are located in Panchayet area e.g. Budge Budge - 4 SCs, in Uttarpara Kotrung – 9 SCs are in Panchayet area , in Hooghly Chinsurah – 15 SCs in pachayet area.

Functioning of HHWs / FTSs and other health man-power

- When the health programmes started in the 1985-86 for CUDP-III and during1991-92, 1992-93 and 1993-94 for IPP-VIII (in phases in KMA ULBs), age criteria for selection of HHW had been fixed to 35 – 45 years. It was silent about the retiring age. Over the years, the capacity of some of the HHWs has been reduced due to ageing and as such they can not pay visit to the households regularly.
- Understanding level of some of the HHWs / FTSs is so deficient that they can not fill up the requisite information in the family schedule, can not make any discussion with the mothers on different health issues where the most important component of making aware the community is being defeated, can not prepare HMIS report more or less accurately even after a long period of 25-30 years of service. In KUSP, retraining had been imparted to all the health functionaries at a regular interval and pre & post evaluation was done separately for each of the retraining programme. Some of the health functionaries were the perpetual low / very low scorers.
- Existing PTMOs in most of the places are not functioning adequately, main barrier is low remuneration which is Rs. 2100/- per head per month. Sanctioned no. of PTMO is one (1) per HAU under CUDP III and two (2) in IPP-VIII.

Average No. of HHWs per Ward

Avg. no. of HHWs / ward	No. of ULBs	Name of ULBs
1 – 2	4	Baranagar, Baruipur, Bidhannagar, Kalyani
3 – 4	9	Baidyabati, Barrackpore, Gayeshpur, Chandernagar, Dum Dum, Kamarhati, Kanchrapara, Konnagar, Pujali
5 - 6	21	Bally, Bansberia, Bhatpara, Budge Budge, Champdany, Garulia, Halisahar, Hooghly Chinsurah, Madhyamgram, Naihati, Maheshtala, New BKP, N. Dum Dum, Panihati, Rajpur Sonarpur, Rishra, S. Dum Dum, Titagarh, Uluberia, Uttarpara Kotrung
7 – 8	5	Barasat, Khardah, North BKP, Rajarhat Gopalpur, Serampore
9 – 10	1	Bhadreswar

Coverage % against total population

Coverage %	No. of ULBs	Name of ULBs
20 to 30%	2	Baranagar, Bidhannagar
31 to 40%	2	Kamarhati, Rajpur Sonarpur
41 to 50%	5	Bally, Bhatpara, Dum Dum, Howrah, Kalyani
51 to 60%	7	BKP, Baruipur, Chandernagar, Maheshtala, N. Dum Dum, Panihati, S. Dum Dum
61 to 70%	5	Baidyabati, Madhyamgram, Naihati, Rajarhat Gopalpur, Uluberia
71 to 80%	3	Kanchrapara, Serampore, Uttarpara Kotrung
81 to 90%	5	Champdany, Halisahar, Hooghly Chinsurah, Konnagar, Titagarh
91 to 100%	3	Bansberia, Barasat, New Barrackpore
More than 100%	8	Bhadreswar, Budge Budge, Garulia, Gayeshpur, Khardah, North Barrackpore, Pujali, Rishra

Memo No : 802/MC-II Date : 25.07.2007

To
Mr. Arnab Roy
Project Director,CMU
Ilgus Bhavan,
HC Block, Sector 3
Bidhannagar,
Kolkata - 700 106

KUSP CHANGE MANAGEMENT UNIT 3192 25/7/07

Dr. Goswami 25/7

Sub: - Restructuring of Health Programmes of 40 KMA ULB's

Sir.

In response to your letter, Memo No. CMU-94/2003 (Pt. V)/ 779 (40), with due respect this is for your information regarding our observation and suggestions for restructuring of primary & public health cares delivery services at ULB level

1) The actual No. of HHW's in our Municipality is 98 and the population covered is about 1.10.000
2) Documents of the service giving to the mentioned population under the heading of 'Coverage of the population' by the ULB's are in our hand but their health related data is not reflected in the HMIS report due to the absence of specific column in the respective data collection form.
3) It is very difficult at present to redistribute the HHW's ward-wise so that at one point of time overall health picture of the ward can be assessed but within a short period of time we are trying to achieve this.
4) Though decentralization of primary health cares services are our target but due to lack in No. of our own SC's we are compelled to run those in the same premises of HAU. All sub centers located in clubs/NGO's should be relocated to Municipality owned premises. Scheme for new constructions/ addition/ alteration to existing buildings may be undertaken with financial assistance from KMDA/JNNURM. In each SC's there should be one caretaker for multipurpose works.
5) At present there are no requisite infrastructure to run ANC PNC clinic. Growth Monitoring Clinic in the SC's
6) Regarding manpower we have no STS in CUDP-III and there is lack of one Pt MO (Cannot be made available due to poor amount of payment). Upgrading the existing FTS through examination/interview may fill vacant posts of STS. There should be a sweeper & night guard/caretaker in each HAU/CUDP-III
7) Municipality has database for HMIS for population covered under health programme and the population covered by different Govt. programmes.
8) Regarding different component of public health. we have faced a lot of problem in continuing the vector control programme. This programme cannot be implemented successfully until the drainage and sewerage system are completed as per our DDP. There are no infrastructures of water testing & proper disease surveillance.
9) No malaria clinic is present in our Municipality. Necessary infrastructures should be provided along with Lab.Tech to run the clinic smoothly. Existing SC's are already functioning as DoT center. Microscopic examinations of sputum are examined in NSG Hospital. Medicines of the diagnosed cases are being sent to their respective SC's
10) Implementation of primary and public health care services delivery in ward basis and its monitoring by the ward committee can not be done yet due to lack of infrastructure and it would take time to make that kind of infrastructure
11) Distribution and reallocation of HHW's ward wise (geographical restructuring) is not an easy job and it will take time.
12) The function of the Municipal level Health & Family Welfare Committee should be strengthened to look after the different health programmes of the ULB

13) It is to be mentioned categorically that the health programmes under UHIP is very difficult to run smoothly as the financial help is so inadequate that necessary infrastructure cannot be set up to continue the programmes in an acceptable standard. The health programmes under UHIP should be rethink in realistic way.

14) Remuneration of HHW's, FTS, STS, Doctor's attached with the health care delivery system should be increased in a rational way.

Dated, 24th July 2007

Thanking You
Yours Truly

RB Bhattacharya
23.07.07

Mr. Rabindra Bhattacharya
Chairman, Naihati Municipality

11)Honorarium of HHWs/FTS & STS – the quantum should be increased in view of the fact that on their work depends the successful implementation of the Health Programme unless they work with sincerity and feed the data with accuracy the data base of the ULB will not reflect the real picture and the data base for HMIS may not be correct. In all fairness the existing honorarium should be doubled.

12)Sub-Centre – construction of Sub-Centre is always preferred to its functioning in the premises of Club or NGO. It should have wide waiting space and toilet facilities separately for male & female both for beneficiaries & HHWs. Ceiling fan in the waiting space and Sub-Centre room should be arranged.

13)Public Health – Birth & Death Registration – HO is already entrusted with the job and he is the Registrar of Birth & Death of ULB.

Role or SI – in addition to his duties of looking into the sanitation of the ULB he has complete linkage between HO, Health Office and other public health activities.

Water testing – we agree with the suggestion fully the routine or schedule of examination of water sample by HHW/FTS will be drawn up by the Engineering Section looking after the water supply system and the results of examination should be intimated to the complaint cell/Health Officer and Engineer, who will inform the Chairman for getting his direction to take remedial measures.

14)Setting up of Malaria Clinic & DOT centre – suggestion is welcome.

15)HMIS – we agree that information for APL population on vital parameters and surveillance for fourteen diseases should be collected regularly and a combined report will be sent to the appropriate authoroty.

16)Economic Survey – the ULB has already in possession with the Ward wise BPL population figure. Attempts will be made to collect data for the other population Ward wise by the ULB.

17)Monitoring & Supervision – suggestion made are well accepted. It may be mentioned that such committee at Ward level and Municipal level with representation of the DHFW section are already in existence.

18)Report Form – Monthly Report form for Ward Committee meeting & MHFWC meeting are accepted and report on functioning will be sent.

19)Performance/Capability of HHW/FTS/STS – is already being reviewed by HO& Local Coordination Committee constituted at the Municipal level for implementing the Health Programme.

20)BOC Meeting – all Health Programme in the ULB are usually placed as agenda in BOC meeting before its acceptance and implementation.

21)OTHERS – (A) Realisation of users charges from the families @ Rs. 2/- for availing the primary health care services – we agree and contemplate to abolish this procedure in near future; (B) Other service charge existing in the ULB – charges are usually levied in the Hospital & Poly-Clinic – it is felt that the existing rates in counts should have an upward revision;(C) BPL Card – so long no fee is realised for issue of BPL card but the suggestion is noted for future action.

It will not be pertinent to mention that many of these suggestions were made by this ULB in the past to the Programme Authorities of KMDA but to no effect.

Chairman
New Barrackpore Municipality

Date : 18th July,2007

Chairman
New Barrackpore Municipality

Phone :- 2537- 5408, Fax :-2537-1006, URL:www.nbmonline.org , E mail: chnbrk@yahoo.com ,chairman@nbmonline.org

NEW BARRACKPORE MUNICIPALITY
NEW BARRACKPORE, KOLKATA-700 131.

Chairman : ***Sri Mrinalendu Banerjee***
Vice-Chairman : ***Sri Hiran kr. Sen***

No. : NBM/CMU-I/818/07 Date 18-07-2007

To
The Project Director,
CMU, KUSP,
ILGUS Bhavan, HC Block, Sector –III,
Bidhannagar, Kolkata – 700106.

Dr. Ganguli 20/7

Sir,

Thank you for your correspondence bearing memo no. CMU-94/2003(Pt-V)/779(40) dated 04-07-2007 on the subject of restructuring of Health Programme.

It has been felt that with ending of the active phase of all health programmes (CUDP-III,IPP-VIII & UHIP) in the ULB it is right time to restructure the existing primary health care services at ULB level in its O & M Phase for effective utilization of existing resources and for extending services not only for BPL population alone but for wider section of population to have data base in totality and to prepare and maintain HMIS for total population. I am also grateful to have wider study of the running Health Programmes in ULBs including one of mine and these may help no doubt for restructuring the programme in proper perspective. We have our comments on the suggestions for restructuring of primary and public health care services at Urban Municipal level as enclosed.

Thanking you,

Yours faithfully.

Chairman
New Barrackpore Municipality

Chairman
New Barrackpore Municipality

New Barrackpore Municipality

(ANNEXURE)

Comments on the suggestion for restructuring of Primary & Public Health Care Services at ULB Level.

1) Amalgamation – It is high time to consider that the existing health programme – CUDP-III, IPP-VIII & UHIP should be amalgamated and guidance should come from a single agency, CMU or KMDA and there should be no compartment. The Health Cell of the ULB will be administered by the ULB with its HO/AHO.
2) Coordination – linkage with the State Government Health & Family Welfare Department and its coordination should be established, and clearly defined to run the ULB Health Programme effectively as the ULBs Health Programme forms a part of the District Health Programme.
3) Funding – it should be under one department to which the ULB will be accountable.
4) Number of HHW – it is agreed that quantitative strength of the HHWs should be fixed according to geographical restructuring and population of the said geographical zone encompassing not only the BPL Group but also the APL and other marginalized floating population.
   HHWs should be engaged for the population and geographical area where she is a resident.
5) Health Man power - HO should have a separate office fully equipped with furniture and other Equipments along with other staff like AHO(1), Accounts knowing Clerk, Computer knowing Assistant and one Attendant to carry out office work. The office should be equipped with logistics like computer, software for e governance etc.
   All other existing man power of HAU, PTMO at least 2, ANM/STS-2, Clerk-cum Store Keeper-1 and Attendant-1.
   For mobility of the HO/AHO some forms of transport facility should be provided.
6) PTMO – alternative proposal – we are in favour of retaining the PTMOs in preference to keeping a list of panel Doctors with per day visit terms. If the list of panel doctor procedure is followed it may be and it is apprehended that in time of need in the Clinic on a specific Clinic day that panel doctor may not be available being busy otherwise in management of emergency patients elsewhere. Instead a Part-time Medical Officer(removing the designation Parttime) if paid at a higher rate than the existing rate – say Rs. 5000/- per month, his responsibility for visiting the clinic on his specific day will be there as he will feel that it is his duty to visit there the Sub-Centres in time, there time of visit will be of 4(four) hours duration and no. of days will be six days a week. This Medical Officers may also be allowed to get a percentage of the service charges received from APL patients in addition to his remuneration. Each PTMO at least have three clinics in a week.
7) Retiring age- it should be fixed for all category of staff – at sixty years, however, exceptional efficiency and sincerity may be recognised by allowing extension of service beyond sixty years upto a maximum of sixtyfive years.
8) Placement of AHO – all ULBs should have a AHO irrespective of the population and AHO's remuneration should not be less than Rs. 8000/- per month with provision of annual increment.
9) UHIO – we consider UHIO post is redundant and the function can be entrusted on a Senior STS.
10) HHW/FTS/STS – we do not agree about one FTS per 30000populations ,we rather prefer to continue the procedure of one FTS per 5000 population. We always prefer selection of FTS should be from efficient HHWs, post of STS should be filled up from senior and sincere FTS.

Kamarhati Municipal Office

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KOLKATA-700 056

Ref. No. 19/UHIP/IPP-8/ILGUS/07-08 dt. 19/7/07 *Date* 19.07.2007

To,
The Project Director, CMU
ILGUS Bhavan,
Bidhannagar,
Kolkata- 700106.

Dr. Greenwood 20/7

Sub: Draft Note on Restructuring Health Programme

Sir, Enclosed please find herewith the Draft Note on Restructuring of Health Programme on behalf of myself and oblige. vide order no.CMU-94/2003(pt.V)/779(40) dt.04.07.2007.

Thanking you

Yours sincerely

Chairman 19/7

Chairman
KAMARHATI MUNICIPALITY

DRAFT NOTE ON RESTRUCTURING OF HEALTH PROGRAMME IN KAMARHATI MUNICIPALITY

A) Infrastucture :

1. Amulgumation of all projects of Municipality under one Cell for Health is a good suggestion.

2. Average no. of HHWs in a ward under Kamarhati Municipality is (3-4) at present.But they have to work for 200 or less BPL families. As because there are variation in population of different wards no. of HHWs to give service will differ ward to ward.

3. Reallocation of HHW ward-wise,near to their residence is a good suggestion as a whole.But there are some black-holes like---
In some wards,no. of BPL families are much less in compare to other ward. So, in that case, Re-allocation may create a problem.The mainstay of health service provides to the BPL families & some families won't get the health facility,some HHWs will have less than 140 families to work. As a result, some centres will have more than 5 HHWs,some will have less than 5 or 4 HHWs.

B) Health Manpower :

1.The suggestion is well accepted.

2.For PTMOs alternative proposal :

That is also a good proposal.Accountability of them should be executed.

3. Retiring Age Criteria & other option for efficient staff is good.

4. It has been mentioned by you that the ULB having 1,00,000 population or more,one AHO will assist HO.But the situation of Kamarhati Municipality is bit different.There is no'HO'for more than 6 yrs.& AHO has to look after all sorts of jobs of 'HO' including Supervision, Monitoring,Organising the regular Health Care Delivery System,Organising National Health Programme,looking after already existing Microscopic Centre,Treatment Centre situated at Kamarhati Municipality.She doesn't work as a Part-time doctor has to take part & perform as a 'Health Officer

So,if her remuneration is enhanced to Rs.8,000/-p.m. only,but her duty hours & participation,responsibility is like HO, she may leave &it will be a great threat over the IPP-VIII Project as she is already experienced for quite a long time(more than 7 yrs.) Enhancement to be to Rs.14,000.If possible,those ULBs where there is no Health Officer & Assistant Health Officer in absence of him looks after everything like HO for more than 6 yrs- Promotion of AHO may be advocated.

5. The point exhibiting- The resposibility of UHIO may be vested upon the existing STS is well accepted.

6. HHWs & FTSs-

a) One FTS for 30,000 population may be a good suggestion but their accountability should be ascertained. Salary to be enhanced.

7.But there is no suggestion for charge of STS.But their participatio as Supervisor is very much active & direly needed for smooth running of the Programme.As some of the FTS are indifferent & reluctant to perform their job,STS post is mandatory.Their salary to be enhanced properly.

C) Sub-Centres : All suggestion are well accepted for quick implementatio

D) Public Health :

1. Regarding Water Testing at terminal or user's end- the HHWs to be trained properly by Specialised Person-Organised by KUSP.

2.Regarding drawing of blood for MP,Sugar HHWs may be trained up to deliver service to all citizen at a lower rate.

3. There is one Microscopic Centre cum Treatment Centre & other 16 DOTS Centre already running under Kamarhati Municipality.

HMIS :

E) Suggestion is well accepted but Guideline for HMIS development & logistics to be supplied from KUSP in sufficient quantity.Moreover, active participatoin from Ward Committee to be entrusted for getting entrance to APL families.

29/5/07

KAMARHATI MUNICIPALITY

Telephone No. : 2561-5061 Fax No. 2540-8432(033) No. 255

Office of the Councillors, Garulia Municipality

From : *Sri Amal Kumar Chatterjee* Date : 25.07.2007
CHAIRMAN, GARULIA MUNICIPALITY
P.O. Garulia, Dist. North 24 parganas.

Office of the Councillor's Garulia Municipality P.O-Garulia North 24 Pgs.

Dr. Goswami

To
The project Director,
C.M.U., UGUS BHAVAN,
HC-Block, Sector-3,
Bidhannagar, Kolkata-700 106.

Sub : Restructuring of Health Programme of Garulia Municipality.

Ref : Your Memo No. CMU-94/2003(Pt-V)/779(40) dt. 04-07-2007.

Sir,

This has reference to the enclosurers under the above Memo depicting situation analysis and suggestions for restructuring of primary and public health care services at ULB level.

Following comments are enumerated in consideration to present status of this Municipality.

1. Amalgamation of existing health programmes i.e. (i) CUDP-III-Unit-I & II and (ii) IPP-VIII, Unit-1 may be done to administer health services through one cell.
2. Sources of funding under one department will be helpful.
3. Reallocation of HHWS & Others wardwise in consideration to their residence may be done.

Health Manpower :-

1. An office set up of H.O. is necessary with One Clerk, One Computer Assistant and One Attendant to carry out office work.

Sub-Centres :-

1. Construction is necessary instead of using premises of Club or NGOs.
2. The Sub-Centres should have waiting space and Toilet facilities for the clients.
3. Construction of Sub-Centres under JNNURM is to be linked.

Public Health :-

1. Water testing as proposed in the suggestions will have to be arranged.

Monitoring & Supervision :-

1. Ward Committees are to be made responsible for implementing, monitoring and supervising the health programmes in the respective ward.
2. Ward Committees will have to submit report as per proforma on monthly basis.

Others :-

It is necessary to abolish users' charges @ Rs. 2.00 of family level.

Suggestions above are not exhaustive in nature to be consider by the Concerned Authority.

Thanking you,

Yours faithfully,

Chairman
Garulia Municipality

Dial : HELP LINE : 12666
26830772 : Office
26832562 : Office
26836113 : Residence
(STD 033)
FAX : 26835068

Chandernagore Municipal Corporation, 712136

From : **AMIYA DAS**
MAYOR

KUSP CHANGE MANAGEMENT UNIT 3141 24/7/07

No. IA/3M/2007/159

July 23,2007.

Dr. Goswami 24/7

To,
Sri Arnab Roy, I.A.S.
Project Director,
CMU/KUSP.

Sub :- Restructuring of Health Programmes of 40 KMA ULBs.
Ref :- Your memo No. CMU-94/2003(Pt.V)/779(40) dt. 04.07.2007

Dear Sir,

I am enclosing herewith our comments regarding the subject item.

Thanking you,

Yours faithfully,

23/07/07

Mayor
Chandernagore Municipal
Corporation.

Enclo :- as stated.

CHANDERNAGORE MUNICIPAL CORPORATION.

RESTRUCTURING OF URBAN HEALTH PROGRAMMES IN 40 KMA ULBS.

The informations on ULB – wise total population as per 2001 Census, etc. furnished is very much interesting.

It is seen that the beneficiary population of some ULBs is more than the total actual population. Since the World Bank Health Programmes commenced in the late nineties considering the then population as on (1991), the covered population would be much more alarmingly higher (inflated !). As because the informations given one based on 2002 Census but the actual population was much less than the late nineties.

The towering anomaly in the figures, in case of the ULBs are really unwanted. In the KMA ULBs, the nos. of beneficiaries can't be more than 50% of the total population. It seems that the concept of getting more HAUs & having more engagement of HHWs played a major role in the ULBs and the then KMDA department this only to have speedu utilization of the World Bank fund, ignoring the reality.

So, the entire structure of the prograrnnes must be totally re-oriented on the basis of actual & migratory population.

SUGGESTIONS RECOMMENDED FOR PRIMARY & PUBLIC HEALTH CARE SERVICES AT ULB LEVEL

1) Agreed with

2) Agreed with

3) The wide variation in the no. of HHWs per ward from 1.52 to 8.75 should be removed. The clarification regarding geographical re-structuring should be made clear. We feel that the excess number of HHWs of one ULB should be rellocated in the nearer ULBs with lesser number of HHW. We suggest that one HHW should be vested with responsibility of 1500 poersons & in that way we can easily cover the entire population under the programme. Accordingly, the total population should be distributed on the HHWs on the basis of 1500 persons per HHW ! Also it should be made functional wardwise, instead of blockwise.

....2

HEALTH MANPOWER

I) Agreed with

2) Agreed with

3) We agree with all the posts except that of the Second Tier Supervisor (of IPP VIII Prog.). We think that the post of STS should be abolished & in that place a staff nurse (ANM/GNM) should be appointed for proper implementation of the National Immunisation Programme ! Or, if staff nurses are not available, then there should be a training for upgradation of at least 3 FTS from each ULB to perform the job of a vaccinator / inoculator.

for PTMO alternative proposal

1) Agreed with
2) -do-
3) -do-
4) -do-
5) -do-
6) -do-
7) -do-

HHWS & FTSs

1) Agreed with

2) -do-

3) We have already stated that the posts of STS may be abolished & alternate proposal has already been stated.

Subcentres

1) Construction of subcentres should be integrated with Ward Committee offices.

2) Agreed with

3) -do-
4) -do-

...3

Public Health

1) Agreed with
2) -do-
3) -do-
4) -do-

HMIS

1) Agreed with
2) -do-

Monitoring & Supervision

1) Agreed with
2) -do-
3) -do-
4) -do-
5) -do-
6) -do-

Others

1) We feel that the realization of user charges @ Re. 1/- fortnightly at family level must exist.
2) Agreed with
3) We DO NOT agree with this proposal.

Last, but not the least, in view of the introduction of the ICDS in the urban areas throughout the state, the entire health programme should be linked & properly co-ordinated & monitored under a single window. The present Managing Committee of the ICDS under the full control of the Government, should be brought under the control of the ULBs where the government officers can also be involved.

The ICDS & Health programme can bring a total change in the Health status of our towns & cities.

Mayor
Chandernagore Municipal
Corporation.

Memo No: Health. 5568.

OFFICE OF THE MUNICIPAL COUNCILLORS
BHADRESWAR, DIST. HOOGHLY

FROM:- SRI DEBAGOPAL CHAKRABARTI
CHAIRMAN, BHADRESWAR MUNICIPALITY.

Dated: 14/07/2007

To,
The Project Director,
CMU.

Sub.:- Ref. Letter dated 04/07/2007
Memo No. CMU-94/2003(Pt.V)/779(40).

Sir,

In reference to above letter I am to inform you that the figure in the table "Situation Analysis" under the column "Average no. of HHWs" will be 115 in place of 175 and as such other figures in different columns will be changed accordingly.

I would request you to kindly instruct the Concerned department for such correction & oblige.

Yours faithfully,

Dgchakrabarti.
14.7.07.

Chairman,
Bhadreswar Municipality.

OFFICE OF THE MUNICIPAL COUNCILLORS,
BHADRESWAR

Memo No. Health. 5703. Dated, Bhadreswar, the 19th July'07

From Sri Debagopal Chakrabarti,
Chairman, Bhadreswar Municipality.

To The Project Director,
CMU, KUSP,
ILGUS BHAVAN, HC-Block,
Sector – III, Bidhannagar,
Kolkata.

Dr. Goswami

Sub : Restructuring of Health Programmes of 40 KMA ULBs.
Ref : CMU-94/2003(Pt.V)/779(40) dt. 04/07/2007

Sir,

With reference to above we had a meeting of MHFWC on 18/07/2007 and hereby giving the following suggestion for necessary action.

1. Amalgamation of Different Existing Health Programme i.e. CUDP-III, IPP-VIII, UHIP in the ULB. There will be only one cell for health from here health services will be administered by the Health Officer. Where there is no H.O. this will be done by A.H.O.
2. Source of funding as given.
3. Quantitative strength of HHWs to be utilized in Geographical Restructuring.
4. Reallocation of HHWs as given.

Health Manpower

Office of the Health Officer as given

a) Regarding supporting staff.

b) Regarding Logistic as given.

Regarding PTMO.

a) PTMO to be designated as M.O. He has to look after epidemology, monthly data analysis, IEC meeting, Follow up of Infant Death, Maternal Death, Public Health Service, ANC, PNC, Immunization etc. He will act as Health Care Manager. So this post should be on Honorarium basis @ Rs. 7,500/- p.m. per unit for one M.O. There should be provision of deduction of Rs. 300/- per day in absence. (max. 25-26 working days). Job Responsibility and Leave Rule should be clearly defined.

b) Retiring age criteria as given. Policy guideline regarding "who will give fitness certificate" should be provided preferably by one having MBBS degree.

c) Salary of A.H.O. should be as per H.O. with full time service where HO will have an extra allowance. Post of AHO should be given irrespective of population and to be related to magnitude of service.

d) Post of UHIO be retained but his job responsibility should be distinctly defined.

5. HHWs and FTS – Specific organogram to be provided before the next meeting with the chairman.
6. Sub-centre as given.
7. Public Health as given. Regarding setting up of Malaria, DOT, Leprosy, ULB will decide on demand and will act in liaison with MHFWC. Who will be the liaison officer to look after the provision of fund from Deptt? of Health & Family Welfare is to be decided at appropriate level.

HMIS – Information as given. Our opinion along with this is to continue the present practice of filling up the data every month with coverage of 100% population.

MONITORING AND SUPERVISION

1. A) Ward Committee will help & support for monitoring.
   B) They will submit report on Monthly basis to the Chairman of the Municipality.
2. MHFWC as given.
3. Performance as given.
5. BOC meeting as given.
6. Others –
7. Realisation of user charges should not be abolished.

Thanking you

Yours faithfully

Dgchakraborti
19.7.07

Dated – 19/07/07

Chairman
BHADRESWAR MUNICIPALITY

FAX : (033) 2470-1540 PHONE : 2470-1885/1224

OFFICE OF THE COUNCILLORS

BUDGE BUDGE MUNICIPALITY

71, Mahatma Gandhi Road, Budge Budge, 24-Parganas.(s)

Pin- Kolkata - 700137

From :

BHULU KANTI SARKAR

CHAIRMAN

BUDGE BUDGE MUNICIPALITY

Residence :
17/4, A.M. Ghosh Road,
P.O. & P.S. - Budge Budge,
Dist. - South 24-Parganas.
Phone : 2480 2148

Ref. No. 955

To
The Project Director
CMU, KUSP
ILGUS Bhavan.
Bidhannagar

Dated : 20/7/07

Dr. Goswami
20/7

BUDGE BUDGE MUNICIPALITY.
RESTRUC TURING OF HEALTH PROGRAMME.

****

Community based Primary Health care project, CUDP-III initiated in our Municipality in the year 1988 with 6 supervisor and 30 HHW covering 30000 BPL population. For providing the services such as Immunisation , Antenatal & postnatal care ,general treatment for the both BPL & APL population we have six subcentres. Out of six subcentres only one S/C in the HAU building of CUDP-III and one in the of HAU of IPP-VIII -2.Rest 4 subcentres – in the club or vested place .We did not received any fund for construction of subcentres , neither we are not getting any service charge for the subcentres running in the clubs One PTMO has been sanctioned for providing the services through 6 subcentres.

IPP-VIII Health programmes started functioning in our Municipality in the year 1996 covering 35000 BPL population. 2 STS ,7 FTS and 35 HHW are the man power for providing the above services through 7 subcentres.Out of 7 subcentres,2 subcentres are running in HAU . One subcentre should immediately be shifted to the beneficiary area . For this reason we may construct one subcentre ,for which ₹ fund to be provided .One subcentre in ward 7 is still running in the club -for which we are getting ₹ service charge annually.

IPP-VIII –Unit 2 Health programme started functioning in the year 1999 with 20,000 BPL population in the rural area adjacent to our Municipal area .Man power 2 PTMO ,4 FTS and 20 HHW.We have 4 subcentres in that rural area, which are in the club premises for which we are getting the service charges annually.

Situation Analysis

(A) Total HHW = 84 but in Municipal area total 65 HHW are working. So average no of HHW working in each ward and percentage of population covered reflected in your analysis is not correct.

(B) Coverage of BPL population by all HHWS in our Municipality only 64000.So coverage of total population is not more that 100 % which is reflecting in your analyasis. Still there are some BPL & APL population in our Municipality which are not covered.

(C) In our Municipality HHW is covering more or less 200 BPL family or around 1000 population.

(D) Like all other Municipalities we have one PTMO in CUDP-III Project with honorarium of Rs 2100/00/month .It is impposible for one PTMO to provide services in six subcentres regularly.

Contd -- 2

FAX : (033) 2470-1540 PHONE : 2470-1885/1224

OFFICE OF THE COUNCILLORS

BUDGE BUDGE MUNICIPALITY

71, Mahatma Gandhi Road, Budge Budge, 24-Parganas.(s)

Pin- Kolkata - 700137

From :

BHULU KANTI SARKAR

CHAIRMAN

BUDGE BUDGE MUNICIPALITY

Residence :
17/4, A.M. Ghosh Road,
P.O. & P.S. - Budge Budge,
Dist. - South 24-Parganas.
Phone : 2480 2140

Ref. No. 955

Dated : 20/7/07

(F) PTMO should be redesignated as MO and their honorarium should be per clinic day basis @ Rs 300/00 / clinic day.

(g) Vector controll ,solid waste disposal are being done by Municipality of its own ability , but there is no definite infrastructure for water testing .

(H) We have DOT clinic but no pathological testing arrangement for DOT-Malaria of our own.We have no Malaria clinic .It will be better if Malaria and DOTs clinic be established with support of one Lab technician and one clerk engagement.

(I) User charge collection is to be abolished.

(J) If IPP-VIII Unit - 2 now rendering services in the adjacent rural area be shifted in our Municipal area. 20 HHW may work with the left out BPL families or 30 BPL families may be given to the 20 HHW of unit 2 from 64 HHWS now working in our Municipality.

B. K. Sarkar

Chairman
Budge Budge Municipality.

Fax No. : 2358-4235
Telephone No. : 2334-9540
(PBX) : 2334-2492

BIDHANNAGAR MUNICIPALITY

POURA BHAWAN, FD-415A, SEC-III
KOLKATA - 700 106

Date:20/07/2007

To
The Project Director,, CMU
KUSP
Ilgus Bhavan
HC, Block, Bidhannagar
Kolkata-700106

Ref: Your memo no: CMU-94/2003(Pt. V)/779(40) dated 04/07/2007.

Sir,
Received your above mentioned letter regarding "Reconstructing of Health Programmes of 40 KMA ULBs. **All of your suggestions for Reconstructing of Primary and Public Health Care services at ULB level may be discussed in a meeting with the other municipalities before changing the existing systems.**

Though we want to highlight on some of the points mentioned below:-

1) Laboratory Technician : The honorarium may be increased to Rs.4000/- at least.

2) PTMO : The word PT (Part Time) may be deleted and the Honorarium of the said post may be increased to Rs.8000/- with an annual increment of Rs.275/-.

3) Service Charge to APL : Service charge for providing treatment to APL population by the MO at Sub-Center during clinic may be imposed by the ULB concern. The MO and AHO may get a percentage of that service charge in addition to their fixed salary.

We will also request you not to abolish any post of the health functionaries , so that we can run the project smoothly and can give improved services.

Thanking you,

Yours faithfully,

Ila Nanady.

Ila Nanady
Vice Chairman
Bidhannagar Municipality

Memo No. 27/BM/16/2.P.P.VIII/2007-08

Phone No. 25523211
25623535
Fax 25626900

Office of the Municipal Councillors of Barasat
Rishi Bankim Chandra Chatterjee Street
Barasat, Kolkata-700124.

Date : 19/07/07

To
Sri Arnab Roy,
Project Director,CMU.

From
The Chairman,
Barasat Municipality.

Sub : Restructuring of Health Programme.

Sir,

With reference to your Memo No. CMU-94/2003(Pt.V)779 (40) Dt. /07/2007 the undersigned has given the suggestion for restructuring the Pimary & Public Health Care Services of Barasat Municipality.

- Amalgamation of the different existing Health Programme i.e. CUDP-III & IPP-VIII in this ULB. There will be only one cell for Health from where Health services will be administered by the H.O. in absence of H.O. this will be done by A.H.O.

- Source of funding for existing different health programmes should be under one department instead of multiple departments which will help in preparing & submitting one HMIS report only by the ULB.

Contd. 2

Memo No.

Phone No. 25523211
25623535
Fax 25626900

Office of the Municipal Councillors of Barasat

Rishi Bankim Chandra Chatterjee Street
Barasat, Kolkata-700124.

Date: _____

- Reallocation of HHWs ward-wise, keeping in view the location of their residence, which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.

- We have seven Nos. of HAU in IPP-VIII and one in CUDP-III having 48 Nos. of Sub-centers out of which 25 Nos. of Sub-center is in Municipal Area & 23 is in Panchayet Area (4 Nos. of HAU) this facts are not reflected in your letter. But there is definite Health Care delivery structure of the DHFW. So we propose reallocation of sub-center which are at Panchayet Area to Municipal Area so that, all population (APL,BPL) in Municipal Area are covered by the Health Programme of Barasat Municipality.

- There will one office of HO along with supporting staff such oneClerk, one Computer assistant & one attendant to carry out office work pertaining to all health matters smoothly. These staff are to be pulled from the existing of HAUs. The office of HO shall be equipped with the logistic like computer software for e-governance etc. Man power of HAU should consist of Part-time M.O-2, Clerk cum-storekeeper – 1, attendant – 1 both in IPP-VIII and CUDP-III.

Contd. 3

25623535
Fax 25626900

Office of the Municipal Councillors of Barasat
Rishi Bankim Chandra Chatterjee Street
Barasat, Kolkata-700124.

Date : _____

- H.O and A.H.O. should be permanent having State Government pay structure and terminal benefits. Honorarium for HHWs, FTS, STS,MO and other office staff (store keeper, attendant & sweeper) should be like this –

  HHWs- Rs.4000/-, FTS – Rs.4500/-, STS – Rs.5000/-, MO Rs.8000/-, Store keeper- Rs.5000/- attendant and sweeper – Rs.3000/- and there should be provision of Annual Increments and terminal benefits.

This is for your kind information and necessary action.

Thanking you,

Yours faithfully,

Chairman,
Barasat Municipality.

Chairman
Barasat Municipality

OFFICE OF THE MUNICIPAL COUNCILLORS OF BANSBERIA
Rudra Main Road, P.O. Bansberia, Dist. Hoogly, West Bengal, PIN 712 Ph No. 033-26346324, Fax No. 033-26346806,E.Mail Address bansb 03@yahoo.comrom

Memo No.....2500..... Date..31.7.07.

From Chairperson,
Bansberia Municipality.

To:- Mr. Arnab Roy,
Project Director, CMU.

Dr. Goswami
7/8

Ref:- Memo No.- CMU-94 / 2003 (Pt.- V) / 779 (40), dt.- 04.7.2007.

Sub:- Comments about the above noted letter regarding Re-Structuring of Health Programme of 40 KMA,ULBs about observation of Problems and possible remedial measures.

Sir,

Your above noted letter have been minutely scrutinized by our C.I.C. Health and Health Officer about the identification of problems of existing Health Infrastructure and possible remedial measures.

We are submitting some of our comments in the light of vision of our Municipality about Health Infrastructure development.

Coverage of the Population by the ULBs

* Regarding problem identification we agree with your observation about coverage of the population of ULBs except inclusion of rural area in coverage of Bansberia Municipality.

Functioning of HHWs / FTSs and other health man-power

- Regarding functioning of HHWs, FTS and other Health manpower we fully agree with you (along with Sub-Centre and HAUs) except for panchayet area . we also agree with you regarding HMIS and Public Health Components along with monitoring and Supervision. Regarding other components about collection of Rs. 2/- as user charges, we agree with you partially because abolition of collection of Rs.2/- as user charges from the beneficiary families and introduction of charges during receiving of Health Services at Sub-Centre, HAU etc. needs decision from the political point of view and quality of service to be provided.

Suggestion for restructuring of Primary and Public Health Care Services.

- Regarding the suggestion section we agree fully with you for Re-Structuring of Primary Public Health Care Services at ULB level. Regarding Health manpower we have got the following additional proposals;-

1. The supportive Staff of one (1) Clerk, one (1) Computer Assistant and one (1) attendant is not sufficient enough to run office of Health Officer. At least one (1) more Storekeeper –cum -Accountant and one (1) Cycle Peon is also necessary. Moreover all the post should be new and in addition of the existing Post.

Sub-Centres &HAUs

2. At HAU level creation of a post of Vaccinator (Specially trained) or ANM / GNM is necessary.

For Pt.M.O. alternative proposal is as under :

3. Regarding your observation about Pt.M.O., we agree with your proposal.

U.H.I.O.

4. Regarding phasing out of post of UHIO we are very much opposed to it because the UHIO is an asset of Health Department and he is the key factor between Medical Personnel like Health Officer , Assistant Health Officer with the higher authority of Municipality in one hand and grass root level workers in other hand. He plays a pivotal role in implementing diverse of National Health Programme and I.E.C.Programme.
In our opinion this post must be a permanent one of the Municipality and financed by State Government fully.

HHWs and FTS

Regarding HHWs and FTS , two proposals is not clear to us.

Sub-Centres

Regarding Sub-Centre we agree with you but not the last proposal.

Public Health

1. We agree with you about the Birth and Death Registration but the present system of excepting the proposals for Registration, preparation of certificate and keeping of Records should continue or if possible be improved in quality. Health Officer may remain over all in charge but the certificate should be countersigned by the Executive Officer / Vice-Chairman or Chairman.

2. Regarding role of S.I.we agree with you but the Sanitary department should be considered as Public Health wings of the Health Department.

Health Manpower

Regarding the allocation of duties of A.H.O. and increase of his salary we are proposing that it should be increased by substantial amount because work load is increasing day by day because of National Health Programme and other field work along with supervision of ESOPD and Maternity Home. The same is true in case of H.O. also. Both the post should be made permanent one in all Municipality to make them more responsible and duty bound.

Thanking you.

Yours Sincerely,

31.7.07

Chairperson
Bansberia Municipality

Chairperson
Bansberia Municipality

30/7/07

30/07/07

Assistant Health Officer
BANSBERIA MUNICIPALITY

Memo No. SDDM/UHIP/78/07-08

KUSP CHANDERNAGORE 3505 7/8/07

Phone : 2551 2357
2551 2743
2549 8388

Office of the Councillors of South Dum Dum Municipality

Nager Bazar, Kolkata-74

From :

Sri Sishir Bhattacharjee
Chairman
SOUTH DUM DUM MUNICIPALITY

To The Project Director,
CMU, KUSP, Salt Lake, Kol.

Dated 7-8-07 *200*

Dr. Ghosal 7/8

Dear Sir,

Sub: Restructing of Health Programme of 40 KMA ULBs.

Proposal in respect of Restructing of Health Programme in ULBs vide Memo No-CMU-04/2003(pt.v)/779(40) dated 4.7.07 is Justified. I like to include some additional suggestion for quality Health care service related to public Health.

IMPLEMENTATION:-

1. Solid waste/Biomedical Waste Management.
2. Water testing in terminal end at regular intervals.
3. Food inspection & testing in different shops & Slutter houses.
4. Vector control & disease surveillance.
5. Advance Training Programme to H.O./AHO.

MONITORING & SUPERVISION:-

Monitoring and Supervision is the vital part of Health care delivery system. To implement quality services Officers & Staffs specially H.O., AHO, S.I. need advance Training on Sanitation, Solid & Bio Medical Waste Management, etc, to upgrade the knowledge & skill by Training on Health Management system through National/International Countries. Necessary fund in respect of Training will be borne by CMU, KUSP.

Please note & do the needful action accordingly.

Thanking you,

Yours faithfully,

Chairman.

Office of the :

MADHYAMGRAM MUNICIPALITY
Madhyamgram ❑ North 24 Parganas
Kolkata - 700 129

Phone (☎) : 2538 3683
: 2538 2664
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Ref No. : MM/Chair/440/07 - 08 *Date* : 08/08/07

To
Mr. Arnab Roy, IAS,
Project Director, C.M.U.
Ilgus Bhaban, HC Block, Sector – III,
Bidhan Nagar, Kolkata – 700 106.

Sub. : Restructuring of Health Programmes.

Sir,

Please refer to your Memo no. CMU-94/2003(Pt.-V)/779(40), Dt. 04/07/2007.

At the very outset I express regret due to delay in replying.

The suggestions put forward by you are almost appropriate and should be implemented at the earliest. Regarding few of the proposals we have certain observations as have been placed hereunder.

Health Manpower	:	Amongst the supportive staff for the office of H.O., only attendant may be pulled from existing HAU's.
PTMO	:	We agree to the alternative proposal but methodology for supervision, of attendance and hours of stay, to be worked out
Retiring Age	:	On humanitarian ground and in consideration of their short span of service & poor honorarium, proposal is given for consideration of Retirement benefit.
Salary A.H.O.	:	The post should be permanent in nature with a suitable pay scale. But till the AHO's are not made permanent, the salary of AHO may be enhanced to Rs. 10,000/- per month.
U.H.I.O.	:	The post of U.H.I.O. was thought of in correct vision considering the monitoring & supervision of the whole work and in particular I.E.C activities. But in future it should be a regular appointment and the applicant must be from the field of Sociology / Behavior psychology.

Sub Centre	:	Subcentre is the main service outlet. There is paucity of spaces and there is lock of equipments, furnitures & drugs.
Setting up of Malaria Clinic & DOT's Centre	:	Laboratory Technician may not be available at the proposed salary. To run the clinics we have to utilize the services of a Medical Officer and supply of few other medicines to treat the accompanying ailments along with diseases.
H.M.I.S.	:	For covering A.P.L. Population , few more (preferably Male) Health Workers may be recruited for the leftout population in the ratio of One worker for 5,000 population.
Monitoring & Supervision	:	Ward Committee is not uniformly active in each ward, so formation of ward wise Health Committee may be considered.
Others	:	Realisation of User's Charges monthly be abolished Instead annual renewal at the fee of Rs. 20/- per family is a better proposition.

Thanking you,

Yours faithfully,

8/8/07

Chairman
Madhyamgram Municipality

CHAIRMAN
Madhyamgram Municipality
North 24 Parganas

KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. V)/779(40) **Dt. .. 04.07.2007**

From : Arnab Roy
Project Director, CMU

To : The Mayor / Chairman

..... Municipal Corporation / Municipality

Sub. : Restructuring of Health Programmes of 40 KMA ULBs.

Sir,

You are aware that Community Based Primary Health Care Services are being provided to the population of your ULB under the different Health programmes i.e. CUDP III, IPP-VIII and UHIP (in selected ULBs).

Since the active phase of all the Health programmes have ended and entered in O & M phase, supported by State Government, it is probably right time to restructure existing primary health care services at ULB level for effective utilization of existing resources towards extending services to wider section of population and to have data base in totality.

Concept of ward-wise placement of Honorary Health Worker, Public Health service and HMIS for total population, adopted in recently launched Community Based Primary Health Care Services in 63 Non-KMA ULBs have been followed while preparing a draft on restructuring of Health programmes at ULB level.

The Draft Note on restructuring of Health programmes in 40 KMA ULBs depicting Situation Analysis and Suggestions is enclosed. You are requested to offer your valuable comments by 20th July, 2007. Following to that, a discussion session will be convened at CMU with all the Mayor / Chairpersons.

Thanking you.

Yours faithfully,

Project Director, CMU

Contd. to P-2.

C:\Dr Goswami\KUSP\Letter Head ULBs(1).doc

ILGUS BHAVAN, HC BLOCK, SECTOR 3, BIDHANNAGAR, KOLKATA - 700 106
PH. : 033-2337 8723/6226, 2358 6403/5767, FAX : 033-2337 7318/6229
E-mail : kuspcmu@vsnl.net, Website : www.changekolkata.org

Memo No. CMU-94/2003(Pt. V)/779(40)/1(1) **Dt. .. 04.07.2007**

CC :

Secretary, KMDA – for kind perusal and comments please.

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/2(1) **Dt. .. 04.07.2007**

CC :

Director, SUDA.

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/3(1) **Dt. .. 04.07.2007**

CC :

Project Manager, CMU

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/1(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Principal Secretary, Dept. of Municipal Affairs

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/2(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
PS to MIC, Dept. of Municipal Affairs

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/3(1) Dt. .. 04.07.2007
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Chief Executive Officer, KMDA

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/4(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Director, Directorate of Local Bodies

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/5(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Director, SUDA

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/6(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
General Secretary, WB Municipal Association

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/779(40)/7(1) Dt. .. 04.07.2007
Copy forwarded for kind information to :
Project Manager, CMU

Project Director, CMU

Sub. : Steps to be taken following the meeting held on 03.07.2007 with Project Director and Project Manager, CMU on the Draft on Restructuring.

1) To amend the draft as discussed.

2) To circulate the amended draft to the Mayor / Chairpersons of all the 40 KMA ULBs and Secretary, KMDA to obtain their views and comments within 15 days.

3) On receipt of such comments and views, a summary is to be prepared and submitted to the Project Director, CMU.

4) Necessary amendment to the draft is to be made, if required.

5) A discussion session with all the Mayor / Chairperson and Secretary, KMDA is to be convened at CMU for finalization of the Draft on Restructuring.

6) The final Draft on Restructuring is to be submitted to the Department in two separate files – (i) with the issues involving policy decision, (ii) with other on non-controversial issues.

PD, CMU

5/7

03.07.07

Restructuring of Urban Health Programmes in 40 KMA ULBs

Situation Analysis

Information on ULB-wise total population as per 2001 census, no. of wards and HHWs, existing Health programmes, average no. of HHWs per ward, percentage of population covered (out of total population of the ULB) under Health programmes are as under :

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
1	Baidyabati	108231	22	85	3.86	74449	68.79	CUDP III & IPP-VIII
2	Bally	261575	29	127	4.38	128384	49.08	CUDP III & IPP-VIII
3	Bansberia	104453	22	99	4.50	98721	94.51	CUDP III & IPP-VIII
4	Baranagar	250615	33	60	1.82	58267	23.25	CUDP III & IPP-VIII
5	Barasat	231515	30	197	6.57	228557	98.72	CUDP III & IPP-VIII
6	Barrackpore	144331	24	85	3.54	84447	58.51	CUDP III & IPP-VIII
7	Baruipur	44964	17	24	1.41	23203	51.60	CUDP III
8	Bhadreswar	105944	20	175	8.75	185938	175.51	CUDP III & IPP-VIII
9	Bhatpara	441956	35	191	5.46	190174	43.03	IPP VIII
10	Bidhannagar	167848	23	35	1.52	38356	22.85	IPP VIII
11	Budge Budge	75465	20	84	4.20	80566	106.76	CUDP III & IPP-VIII
12	Champdani	103232	22	94	4.27	91786	88.91	CUDP III & IPP-VIII
13	Chandannagar MC	162166	33	85	2.58	91067	56.16	CUDP III & IPP-VIII
14	Dum Dum	101319	22	53	2.41	49007	48.37	CUDP III & IPP-VIII
15	Garulia	76300	21	95	4.52	114326	149.84	CUDP III & IPP-VIII
16	Gayeshpur	55028	18	58	3.22	60031	109.09	CUDP III & IPP-VIII
17	Halisahar	124479	23	99	4.30	107410	86.29	CUDP III & IPP-VIII
18	Hooghly Chinsurah	170201	30	148	4.93	140144	82.34	CUDP III & IPP-VIII
19	Howrah MC	1008704	50	423	8.46	409765	40.62	CUDP III & IPP-VIII
20	Kalyani	81984	19	35	1.84	35892	43.78	IPP VIII

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
21	Kamarhati	314334	35	137	3.91	125721	40.00	IPP-VIII
22	Kanchrapara	126118	24	93	3.88	90013	71.37	CUDP III & IPP-VIII
23	Khardah	116252	21	135	6.43	122270	105.18	CUDP III & IPP-VIII
24	Konnagar	72211	19	65	3.42	64239	88.96	CUDP III & IPP-VIII
25	Madhyamgram	155503	23	94	4.09	99451	63.95	IPP VIII
26	Maheshtala	389214	35	204	5.83	195910	50.33	IPP-VIII
27	Naihati	215432	28	129	4.61	146171	67.85	CUDP III & IPP-VIII
28	New Barrackpore	83183	19	95	5.00	77964	93.73	CUDP III & IPP-VIII
29	North Barrackpore	123523	22	169	7.68	171110	138.52	CUDP III & IPP-VIII
30	North Dum Dum	220032	30	126	4.20	125431	57.01	CUDP III & IPP-VIII
31	Panihati	348379	35	198	5.66	182312	52.33	CUDP III & IPP-VIII
32	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
33	Rajarhat Gopalpur	271781	27	186	6.89	186647	68.68	IPP VIII
34	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
35	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII
36	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
37	South Dum Dum	392150	35	198	5.66	200025	51.01	IPP VIII
38	Titagarh	124198	23	105	4.57	104887	84.45	IPP VIII
39	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
40	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

- Source of information : (a) Booklet on Urban West Bengal, 2000 – 02 published by ILGUS, (b) KMDA report.
- During discussion with some of the Health Officer in this regard on 08.06.2007, it is learnt that in case of Bhadreswar Municipality existing no. of HHWs is 115 instead of 175 and in Rajpur Sonarpur Municipality this no. is 170 instead of 158.
- The ULB may be requested to forward the requisite information in respect of sanctioned and existing no. of all Health manpower (programme-wise), location of Sub-Centre along with address (UNICEF report done by Municipal Health Association may be referred to) for restructuring and unification of different health programmes.

Coverage of the population by the ULBs

- There are left out population i.e. floating population, red light area, slum population at service land, brick field areas etc. in the municipal area who are not being covered under the fold of Health services of the ULB (i.e. family schedule for each of the family are not being maintained and HHWs do not pay home visits). But these people when come to Sub-Centre for any of the services they are being provided. Any health related data is not reflected in the HMIS report.
- HHW is covering much less than BPL 200 families or 1000 population in many of the ULBs (In each of the health programmes it is spelt out that one HHW is to cover 150–200 BPL families or 750 to 1000 population).
- In the ULBs implementing CUDP III and IPP-VIII, fraction of BPL population are covered by HHW of CUDP III and some by IPP-VIII. Furthermore, one HHW is to cover BPL families of her jurisdiction containing in more than one ward. As a result , it is very difficult to get overall picture of the ward at one point of time.
- One Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000-40,000 BPL population
- In some of the ULBs, population of rural area are also being covered and some of the Sub-Centres are located in Panchayet area e.g. Budge Budge - 4 SCs, in Uttarpara Kotrung – 9 SCs are in Panchayet area , in Hooghly Chinsurah – 15 SCs in pachayet area.

Functioning of HHWs / FTSs and other health man-power

- When the health programmes started in the 1985-86 for CUDP-III and during1991-92, 1992-93 and 1993-94 for IPP-VIII (in phases in KMA ULBs), age criteria for selection of HHW had been fixed to 35 – 45 years. It was silent about the retiring age. Over the years, the capacity of some of the HHWs has been reduced due to ageing and as such they can not pay visit to the households regularly.
- Understanding level of some of the HHWs / FTSs is so deficient that they can not fill up the requisite information in the family schedule, can not make any discussion with the mothers on different health issues where the most important component of making aware the community is being defeated, can not prepare HMIS report more or less accurately even after a long period of 25-30 years of service. In KUSP, retraining had been imparted to all the health functionaries at a regular interval and pre & post evaluation was done separately for each of the retraining programme. Some of the health functionaries were the perpetual low / very low scorers.
- Existing PTMOs in most of the places are not functioning adequately, main barrier is low remuneration which is Rs. 2100/- per head per month ~~in case of IPP-VIII and Rs. 1600/- in case of CUDP III.~~ sanctioned No is 1 PT MO per UBT in CUDP III & 2 PTMOs in IPP-VIII

Sub-Centres & HAUs

- A Sub –centre is to cover 3500 – 5000 BPL population and one HAU to cover 30,000- 40,000 BPL population.
- One FTS is in charge of the SC.
- In many of the ULBs more than one Sub-Centre are functioning from the same premises of HAU which do not justify decentralization of primary health care services.
- In some of the ULBs, a no. of SCs are located in the Panchayet area and serve the population of Panchayets, though there is a definite health care delivery structure of DHFW.
- At least 7-8 clinics (ANC / PNC clinic, Immunisation Clinic, Growth Monitoring Clinic – 1 each per month and General Treatment Clinic – 1 per week) are to be provided from each of the SCs.
- In some of the Sub-Centres, one multipurpose clinic per week is being held where all the cases for ANC/ PNC, Immunisation, general treatment done instead of holding separate clinics.
- Man-power structure at HAU level differs from programme to programme eg. there is sanction of one Pt MO per HAU in CUDP III whereas it is two in IPP-VIII,
- Less monitoring and supervision in respect of activities under CUDP III.

HMIS

- ULB is having database for HMIS for the population covered under Health programme – not for total population.
- At present the ULB is not having any health related information for its total population
- HMIS for Public Health is not existing in uniform pattern in all the ULBs.

Public Health

- Different components of public health i.e. vector control, solid waste disposal, water testing etc. not being done at regular frequency.
- Implementation of National Health Programmes are being done as and when directed by DHFW.
- At present Disease surveillance in the true sense of term is not being done by the ULBs.
- There is no definite infrastructure for implementation of Public health services.
- System of Birth & Death registration as well as the responsibility of Registrar for the same varies from ULB to ULB.
- There is no systematic Malaria and DOTS clinic

Monitoring & Supervision

- Responsibility of Ward Committee in implementation of primary and public health care services at Ward level is not uniform in nature.
- Municipal Level Health & Family Welfare Committee – not functioning adequately and regularly in 40 KMA and 11 non-KMA ULBs who are in maintenance phase of Health Programmes and where fund are being provided by the Dept. of MA.
- The reasons for inadequate functioning is due to apathy and reluctance of the members (mostly rep. of Health & FW, DM) to attend the meeting. 11 Non- KMA ULBs implementing HHW scheme and 63 Non-KMA ULBs who are now implementing CBPHC, convene meeting of MHFWC more or less at a regular frequency, where the Committee are responsible for selection of manpower of the programmes and hold discussions on the related issues in respect of implementation, monitoring & supervision.

Others

User Charges – particularly collection of Rs. 2/- per month by the HHW from the families where they pay visit twice in a month. This was introduced somewhere in the year 2003 ??? HHWs find difficulty in raising this collection as most of their times are lost on this issue, where main activity in respect of health care delivery is being hampered. It has been learnt unofficially that some of the HHWs pay the amount from their honorarium, as it was told to them that if they could not collect the user's fee at family level, their efficiency would be put in query and in some of the cases they would not be allowed to draw honorarium.

It has also been informed that the beneficiary families do not agree to contribute for user's fee at family level, they may agree to give charges for receipt of health services at SC / HAU / OPD cum MH and RDC level

General opinion is in favour of abolishing the practice of realizing user charges of Rs. 2/- at beneficiary family level.

When we look at the primary health care service delivery at rural area, it is absolutely at free of cost to the beneficiaries provided by DHFW.

service charge for providing treatment to APL by the M.O. at SC during General & Specialised Treatment clinic may be imposed by the ULB concerned. The doctor may get a percentage of that service charge — this is in addition to his clinic based fee of Rs 300/- per day.

Suggestion for restructuring of primary and public health care services at ULB level

- Amalgamation of the different existing health programmes i.e. CUDP III, IPP-VIII, and UHIP in the ULB. There will be only one Cell for Health from where health services will be administered by the HO, in absence of HO this will be done by AHO.
- Source of funding for existing different health programmes should be under one Department instead of multiple departments which will help in preparing and submitting one HMIS Report only by the ULB.
- Average no. of HHWs per ward per ULB varies. ~~Lowest is 1.52 in Bidhannagar Municipality and highest is 8.75 in Bhadreswar~~. The quantitative strength of HHWs may be utilized in geographical restructuring.
- Reallocation of HHWs ward-wise, keeping in view the location of their residence which should be nearer to the working field. Accordingly, allotment of HHW to SC and HAU is also to be reallocated.

Health manpower

- There will be one office of HO along with supportive staff such as one clerk, one computer assistant and one attendant to carry out office works pertaining to all health matters smoothly. These staff are to be pulled from the existing ones of HAUs.
- The office of HO shall be equipped with the logistics like computer, software for e-governance etc.
- Existing man-power of HAU are Part-time MO-2, ANM / STS-2, Clerk cum Store Keeper-1, Attendant -1.

For Pt MO alternative proposal is as under :

- One of the options may be to stop continuation of PTMOs and keep a list of panel doctors who will render clinic services at SCs as per schedule set up by the ULBs on a clinic based fee which is Rs. 300/- per clinic per day for 3 hours, not exceeding 20 clinics per month per person. ~~Additionally a fixed contingency for mobility support for an amount of Rs. 50/- per clinic be admitted to them~~. One apprehension is that the PTMO may draw more remuneration than AHO. In that event, all the AHOs may resign and join the panel of doctors creating vacancy in the post of AHO who looks after monitoring & supervision of service implementation and also assists HO in administration.
- The term "part time" should be deleted and designation should be MO only.
- Retiring age criteria for all of the Health functionaries i.e. HHWs, FTSs, STSs, ANM, GNM, Clerk, Attendant, Sweeper - may be fixed at 60 for general category of staff ~~and 65 for technical persons like Doctors and Nurses~~.

- Even if the Health manpower is within the limit of retiring age, the performance capability of each of the category of staff needs to be assessed at regular frequency and necessary action be taken accordingly.
- The ULBs having 1,00,000 and above population, the HO be assisted by AHO.
- Salary of AHO may be enhanced to Rs. 8,000/- per head p.m. with a provision of increment at a fixed interval.
- Post of UHIO may be abolished. The function of UHIO may be vested upon the existing STSs.

HHWs & FTSs

- One FTS for 30,000 population will remain in charge of public health services.
- More no. of FTSs will be required in such cases which can be met up by upgrading existing HHWs.
- Existing STSs who are not within the retiring age, services of whom be utilized as FTS (PH) but their pay protection be provided.

Sub-Centres

- Construction is preferred instead of utilization of premises of club or NGOs.
- The SC should have waiting space for the clients and toilet facilities.
- Construction of SCs under JNNURM is to be linked.
- Re-allocation of SC which are at Panchayet area.

Public Health

- Birth & Death registration – HO will be the registrar of Birth & Death as per rule.
- Role of SI – As per Bengal Municipal Act 53 Sub-Section 2, activities of SI come under the monitoring and supervision of HO. At present, in most of the ULBs there is limited linkage between HO and SI
- Water testing at terminal or user's end may be done by the HHW / FTS (PH) at a regular frequency / during outbreak. For the purpose, testing Kit is to be made available to the HHWs / FTS (PH). This testing will be basically to identify coliforms. On receipt of positive test, HHW / FTS (PH) will intimate the Complaint Cell of the ULB and the HO concerned as well.
- Setting up of Malaria clinic and DOTs centre.

  One such clinic may be established for one lakh or less population. Laboratory Technician at a salary of Rs. 3000/- per month who will draw blood slides, examine the slides under microscope for malaria and TB organism, estimate hemoglobin and the like. The fund for setting up such clinic may be obtained from the Dept. of Health & Family Welfare.

Monitoring & Supervision.

- Ward Committee be made responsible for implementing, monitoring & supervising the ~~U~~H progs.

During Monthly UHMIS report submission, comments & views of each Ward Committee is to be attached

Ward Committee Meeting held on . . .

---

comments & views expressed on health progs.

---

any issues identified.

---

steps ~~tak~~ for solution.

Biannual UHMIS Report ~~shall~~ include. ~~of six month~~

- No. of MHFWC meeting held —

health issue discussed.

steps for solution.

- performance or the capability of UHWs, FTS, STS, will be reviewed by MHFWC annually.

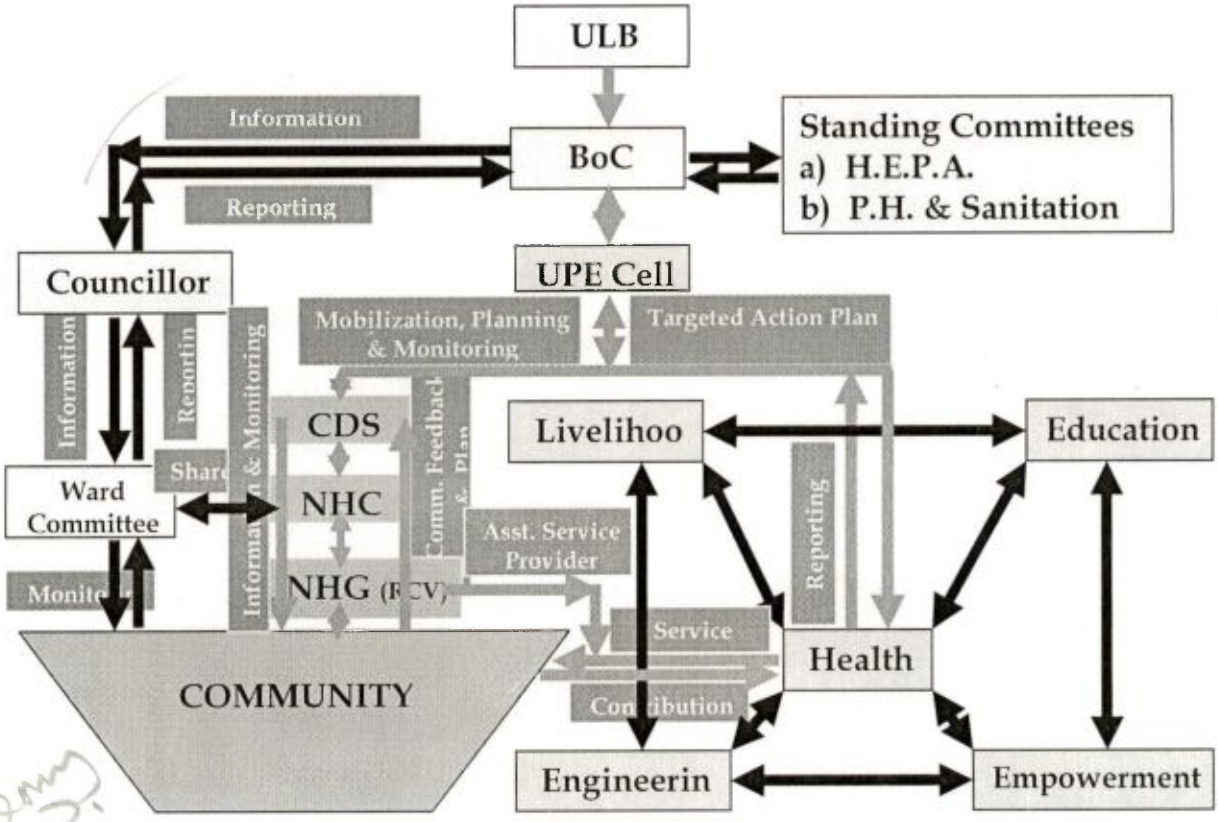
In BOC meeting, agenda on health service issues to be incorporated and discussed.

HMIS

- Information for APL population on vital parameters i.e. birth, death, immunization and couple protection, as well as disease surveillance for 14 diseases as provided by Dy. CMOH be collected twice in a year on the month of April & October when data upto 31st March and 30th September respectively be collected. In each month there will be a report on "Form C/D "for BPL population and at end of each 6 months there will be report for APL, BPL and a combined one for the ULB as a whole..
- Recently done economic survey may be taken for identification of ward-wise BPL population. At the same time, data for the total population of the ward may be used by the ULB.

Others

- Realisation of Users' charges @ Rs.2/- at family level by the HHWs be abolished.
- Other service charges existing in the ULB be ~~continued.~~
- ~~Organisational Chart.~~
- ~~Monitoring and supervision by Ward Committee – strengthening under KUSP.~~
- ~~Linkage with other Programmes.~~



Restructuring of Urban Health Programmes at ULB Level

Suggested points / quarries for discussion

- Health Pogrammes existing in each of the ULBs
- Population covered by each of the Health Programmes i.e. CUDP III, IPP-VIII and EC
- Is there any left out population ? – Disadvantages group, unrecognized slum population, floating population etc.
- Is there any over lapping of services under different health programmes.
- No. of HHWs, FTSs & Sub-Centre existing in each of the ULBs.
- Ward-wise allocation of BPL population to HHW – Geographical re-allocation.
- Utilisation of recently declared ward-wise list of BPL population.
- Whether more than one Sub-Centre is functioning from the same premises.
- Re-allocation of Sub-Centre within the urban area with the objective of covering more no. of BPL population.
- At present one HHW is covering how many BPL families / population ? Should there be any range of population coverage for project block ?
- Amalgamation or unification of all the Health programmes under the ULB.
-

Issues

HHWs / FTSs

1. Performance / ability criteria of each of the HHWs.
2. Retiring age of HHWs – What should be the upper age limit ? – Age criteria .

Services at Sub-Centres

- Re-allocation of Sub-Centres
- To ensure provision of quality care – need assessment
- Different clinics like ANC, Immunisation, Growth Monitoring & General Treatment Clinic

Suggestions for improvement

- Whether salary based PTMO be in existence ?
- Whether services of Doctors be utilized on clinic based fee basis instead of PTMO

Public Health activities at Ward-level

- What activities to be undertaken ?
- What logistics support is required ?
- Role of HHWs in addressing public health at ward level
- What will be the reporting systems ?
- Who will monitor ?
- Disease surveillance
- Birth & Death registration
- Role of Sanitary Inspector.
- Water testing & Malaria testing centre.

Monitoring & Supervision

- Clear responsibility at each of the tier of existing Health systems like – by FTS at Sub-Centre level / Household level, by STS at HAU level, by HO and/or AHO at ULB level
  (In some of the reports it has been observed that no. of clients per clinic is one or less than one).
- Role of Ward Committee in monitoring of HHWs work at ward level.
- Role of Municipal Level Health & Family Level Committee at ULB level.
-

HMIS

- Is there any need for recording information project-wise ?
- For BPL population only one report (in form C) per ULB
- Annual report for both APL & BPL population
- For APL population what are the information to be collected by whom ? At what frequency (may be once in a year) ?
  In this regard software on ward-wise list of families may be utilized
  Whether the information for APL will be restricted to birth, death, couple protection ? Should there be any diseases surveillance particularly Diarrhoea, ARI, TB, Leprosy, Malaria, Dengue etc.
- How under reporting can be checked ?

Financial Issues

Administrative problems / Issues

Annexure-I

Information on ULB-wise total population, no. of wards & HHWs and the existing Health Programmes
Prepared on 08.06.2007

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
1	Alipurduar	73047	20	39	1.95	28250	38.67	IIP-VIII Ext.
2	Arambag	56129	18	18	1.00	12269	21.86	CBPHC
3	Asansol MC	486304	50	387	7.74	240187	49.39	RCH SP
4	Ashokenagar Kalyangarh	111475	22	37	1.68	36787	33.00	CBPHC
5	Baduria	47418	17	17	1.00	15648	33.00	CBPHC
6	Baidyabati	108231	22	85	3.86	74449	68.79	CUDP III & IPP-VIII
7	Bally	261575	29	127	4.38	128384	49.08	CUDP III & IPP-VIII
8	Balurghat	135516	23	65	2.83	48258	35.61	IPP-VIII (Extn.)
9	Bongaon	102115	21	34	1.62	33698	33.00	CBPHC
10	Bankura	128811	23	28	1.22	36394	28.25	HHW Scheme
11	Bansberia	104453	22	99	4.50	98721	94.51	CUDP III & IPP-VIII
12	Baranagar	250615	33	60	1.82	58267	23.25	CUDP III & IPP-VIII
13	Barasat	231515	30	197	6.57	228557	98.72	CUDP III & IPP-VIII
14	Barrackpore	144331	24	85	3.54	84447	58.51	CUDP III & IPP-VIII
15	Baruipur	44964	17	24	1.41	23203	51.60	CUDP III
16	Basirhat	113120	22	38	1.73	37330	33.00	CBPHC
17	Beldanga	25361	14	14	1.00	8369	33.00	CBPHC
18	Berhampur	160168	23	40	1.74	39759	24.82	HHW Scheme
19	Bhadreswar	105944	20	175	8.75	185938	175.51	CUDP III & IPP-VIII
20	Bhatpara	441956	35	191	5.46	190174	43.03	IPP VIII
21	Bidhannagar	167848	23	35	1.52	38356	22.85	IPP VIII
22	Birnagar	26596	14	14	1.00	8777	33.00	CBPHC
23	Bishnupur	61943	19	14	0.74	18830	30.40	HHW Scheme
24	Bolpur	65659	18	14	0.78	13440	20.47	HHW Scheme
25	Budge Budge	75465	20	84	4.20	80566	106.76	CUDP III & IPP-VIII
26	Burdwan	285871	35	136	3.89	115300	40.33	IPP-VIII (Extn.)
27	Chakdah	86965	20	20	1.00	18964	21.81	CBPHC
28	Champdani	103232	22	94	4.27	91786	88.91	CUDP III & IPP-VIII
29	Chandannagar MC	162166	33	85	2.58	91067	56.16	CUDP III & IPP-VIII
30	Chandrakona	20400	12	12	1.00	6732	33.00	CBPHC
31	Contai	77497	18	26	1.44	25574	33.00	CBPHC
32	Cooch Behar	76812	20	17	0.85	17907	23.31	HHW Scheme
33	Coopers Camp	17755	12	12	1.00	5859	33.00	CBPHC
34	Dainhat	22593	14	14	1.00	7456	33.00	CBPHC
35	Dalkhola	29772	14	14	1.00	8665	29.10	CBPHC
36	Darjeeling	107530	32	78	2.44	31534	29.33	IPP-VIII (Extn.)
37	Dhulian	72906	19	19	1.00	16030	21.99	CBPHC
38	Dhupguri	38010	16	16	1.00	8446	22.22	CBPHC
39	Diamondharbour	37238	16	16	1.00	8638	23.20	CBPHC
40	Dinhata	34303	16	16	1.00	11320	33.00	CBPHC
41	Dubrajpur	32752	16	16	1.00	10808	33.00	CBPHC
42	Dum Dum	101319	22	53	2.41	49007	48.37	CUDP III & IPP-VIII

Information on ULB-wise total population, no. of wards & HHWs and the existing Health Programmes
Prepared on 08.06.2007

Sl. No.	Name of ULBs	Population (2001 Census)	No. of Wards	No. of HHWs	Avg. no. of HHWs per Ward	Population covered by HHWs	Coverage Percentage	Covered under Health Programmes
43	Durgapur MC	492996	43	229	5.33	172000	34.89	IPP-VIII (Extn.)
44	Egra	25180	14	14	1.00	8309	33.00	CBPHC
45	Englishbazar	161448	25	71	2.84	61206	37.91	IPP-VIII (Extn.)
46	Gangarampur	53548	18	18	1.00	17671	33.00	CBPHC
47	Garulia	76300	21	95	4.52	114326	149.84	CUDP III & IPP-VIII
48	Gayeshpur	55028	18	58	3.22	60031	109.09	CUDP III & IPP-VIII
49	Ghatal	51586	17	17	1.00	17023	33.00	CBPHC
50	Gobardanga	41618	17	17	1.00	13734	33.00	CBPHC
51	Gushkara	31863	16	16	1.00	10515	33.00	CBPHC
52	Habra	127695	22	40	1.82	42139	33.00	CBPHC
53	Haldia	170695	26	45	1.73	47358	27.74	CBPHC
54	Haldibari	13170	11	11	1.00	4346	33.00	CBPHC
55	Halisahar	124479	23	99	4.30	107410	86.29	CUDP III & IPP-VIII
56	Hooghly Chinsurah	170201	30	148	4.93	140144	82.34	CUDP III & IPP-VIII
57	Howrah MC	1008704	50	423	8.46	409765	40.62	CUDP III & IPP-VIII
58	Islampur	52766	14	17	1.21	17413	33.00	CBPHC
59	Jalpaiguri	100212	25	46	1.84	34705	34.63	IPP-VIII (Extn.)
60	Jamuria	129456	22	29	1.32	29257	22.60	CBPHC
61	Jangipur	74464	20	19	0.95	22622	30.38	HHW Scheme
62	Jaynagar Mazilpur	23319	14	14	1.00	7132	30.58	CBPHC
63	Jhalda	17870	12	12	1.00	5897	33.00	CBPHC
64	Jhargram	53158	17	18	1.06	17542	33.00	CBPHC
65	Jiaganj- Azimganj	47228	17	17	1.00	4870	10.31	CBPHC
66	Kaliaganj	47639	17	17	1.00	15721	33.00	CBPHC
67	Kalimpong	42980	23	23	1.00	5429	12.63	CBPHC
68	Kalna	52176	18	12	0.67	17226	33.02	HHW Scheme
69	Kalyani	81984	19	35	1.84	35892	43.78	IPP VIII
70	Kamarhati	314334	35	137	3.91	125721	40.00	IPP-VIII
71	Kanchrapara	126118	24	93	3.88	90013	71.37	CUDP III & IPP-VIII
72	Kandi	50345	17	17	1.00	16614	33.00	CBPHC
73	Katwa	71573	19	24	1.26	23619	33.00	CBPHC
74	Kharagpur	207984	30	112	3.73	88500	42.55	IPP-VIII (Extn.)
75	Kharar	11580	10	10	1.00	5284	45.63	CBPHC
76	Khardah	116252	21	135	6.43	122270	105.18	CUDP III & IPP-VIII
77	Khirpai	14545	10	10	1.00	4800	33.00	CBPHC
78	Kolkata MC	4580544	141	741	5.26	777044	16.96	CUDP III, CSIP & IPP-VIII
79	Konnagar	72211	19	65	3.42	64239	88.96	CUDP III & IPP-VIII
80	Krishnagar	139070	24	35	1.46	36030	25.91	HHW Scheme
81	Kulti	290057	35	76	2.17	76412	26.34	CBPHC
82	Kurseong	40067	20	20	1.00	8707	21.73	CBPHC
83	Madhyamgram	155503	23	94	4.09	99451	63.95	IPP VIII
84	Maheshtala	389214	35	204	5.83	195910	50.33	IPP-VIII

Se. 33, 15 in pending.

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Information on ULB-wise total population, no. of wards & HHWs and the existing Health Programmes
Prepared on 08.06.2007

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85	Mal	23212	16	16	1.00	2833	12.20	CBPHC
86	Mathabhanga	21110	12	12	1.00	4652	22.04	CBPHC
87	Medinipur	153349	24	38	1.58	39675	25.87	HHW Scheme
88	Mekhliganj	10833	9	9	1.00	2357	21.76	CBPHC
89	Memari	36191	16	16	1.00	11943	33.00	CBPHC
90	Mirik	9179	9	9	1.00	3026	32.97	CBPHC
91	Murshidabad	36894	16	16	1.00	9412	25.51	CBPHC
92	Nabadwip	115036	24	38	1.58	37962	33.00	CBPHC
93	Naihati	215432	28	129	4.61	146171	67.85	CUDP III & IPP-VIII
94	Nalhati	34038	16	16	1.00	11233	33.00	CBPHC
95	New Barrackpore	83183	19	95	5.00	77964	93.73	CUDP III & IPP-VIII
96	North Barrackpore	123523	22	169	7.68	171110	138.52	CUDP III & IPP-VIII
97	North Dum Dum	220032	30	126	4.20	125431	57.01	CUDP III & IPP-VIII
98	Old Malda	62944	17	20	1.18	19585	31.11	CBPHC
99	Panihati	348379	35	198	5.66	182312	52.33	CUDP III & IPP-VIII
100	Panskura	49891	17	17	1.00	14982	30.03	CBPHC
101	Pujali	33863	15	35	2.33	34547	102.02	IPP VIII
102	Purulia	113766	22	29	1.32	30177	26.53	HHW Scheme
103	Raghunathpur	21812	13	13	1.00	7923	36.32	CBPHC
104	Raiganj	165222	26	70	2.69	52853	31.99	IPP-VIII (Extn.)
105	Rajarhat Gopalpur	271781	27	186	6.89	186647	68.68	IPP VIII
106	Rajpur Sonarpur	336390	33	158	4.79	106957	31.80	CUDP III & IPP-VIII
107	Ramjibanpur	17363	11	11	1.00	5730	33.00	CBPHC
108	Rampurhat	50609	17	17	1.00	16701	33.00	CBPHC
109	Ranaghat	68754	19	19	1.00	15221	22.14	CBPHC
110	Raniganj	122891	21	36	1.71	36238	29.49	CBPHC
111	Rishra	113259	23	121	5.26	115747	102.20	CUDP III & IPP-VIII
112	Sainthia	39244	16	16	1.00	12951	33.00	CBPHC
113	Santipur	138195	23	46	2.00	45604	33.00	CBPHC
114	Serampore	197955	25	156	6.24	156135	78.87	CUDP III & IPP-VIII
115	Siliguri MC	470275	47	244	5.19	182292	38.76	IPP-VIII (Extn.)
116	Sonamukhi	27348	15	15	1.00	6020	22.01	CBPHC
117	South Dum Dum	392150	35	198	5.66	200025	51.01	IPP VIII
118	Suri	61818	18	14	0.78	13993	22.64	HHW Scheme
119	Taherpur	20060	13	13	1.00	6620	33.00	CBPHC
120	Taki	37302	16	16	1.00	12310	33.00	CBPHC
121	Tamluk	45826	19	22	1.16	15123	33.00	CBPHC
122	Tarakeshwar	28178	15	15	1.00	9299	33.00	CBPHC
123	Titagarh	124198	23	105	4.57	104887	84.45	IPP VIII
124	Tufanganj	19293	12	12	1.00	4049	20.99	CBPHC
125	Uluberia	202095	28	130	4.64	136551	67.57	CUDP III & IPP-VIII
126	Uttarpara Kotrung	150204	24	127	5.29	112940	75.19	CUDP III & IPP-VIII

KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. V)/463(8) **Dt. .. 05.06.2007**

From : Arnab Roy
Project Director, CMU

To : The Chairman
South Dum Dum / Budge Budge / Rajpur Sonarpur / Bhadreswar / Madhyamgram / Uttarpara Kotrung / Kalyani / Baidyabati Municipality

Sub. : Discussion at CMU on 08.06.2007 in respect of restructuring of project blocks for different Community Based Health Programmes at ULB level.

Sir,

You would appreciate that a no. of Community Based Health Programmes are being implemented vertically at ULB level, resulting in complexity during service implementation, monitoring, supervision and report generation.

Hence, it is felt that restructuring of project blocks will yield effective utilization of health manpower to deliver service activities with the objective of provision of better and wider coverage of primary health care. In view of above, a preliminary discussion session is organized at CMU on 08.06.2007 at 2.00 P.M. to obtain suggestions of Health Officer and/or Asst. Health Officer of your ULB in this regard.

You are requested to nominate Health Officer and/or Asst. Health Officer to participate in the said discussion session. He/She should come with HMIS forms "C" duly completed for the year 2006-07 for each of the health programmes of the ULB.

Thanking you.

Yours faithfully,

Project Director, CMU

Memo No. CMU-94/2003(Pt. V)/463(8)/1(8) **Dt. .. 05.06.2007**

Copy forwarded for kind information to :

Health Officer and/or Asst. Health Officer,

South Dum Dum / Budge Budge / Rajpur Sonarpur / Bhadreswar / Madhyamgram / Uttarpara Kotrung / Kalyani / Baidyabati Municipality

Project Director, CMU

C:\Dr. Goswami\KUSP\Letter Head CUBs(1).doc

KUSP BHAVAN, HC BLOCK, SECTOR 3, BIDHANNAGAR, KOLKATA - 700 106
PH. 033-2337 8723/6226, 2358 6403/5767, FAX : 033-2337 7318/6229
E-mail : kuspcmu@vsnl.net, Website : www.changekolkata.org

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Project Director, CMU

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FORM - C

MONTHLY REPORT OF HAU
FOR
* CUDP-III/CSIP/IPP-VIII/IPP-VIII(Extn.)/RCH Sub-Project Asansol/HHW SCHEME

Report for the month of _____ Year _____

Name of the Municipality / Corporation_____

HAU No._____ No. of reporting SCs _____

POSITION AS ON 1ST APRIL, _____

1) No. of Beneficiary Families _____ 2) No. of Beneficiary Population _____

3) No. of Eligible Couples _____ 4) No. of Infants (under 1 year) _____

5) No. of Children (1 to < 5 years) _____

Sl. No.	Services	Performance in the reporting month	Cumulative performance since April_____
1.	Ante Natal Care		
1.1	Ante Natal cases Registered		
	(a) New - (i) Before 12 weeks		
	- (ii) After 12 weeks		
	(b) Old		
1.2	No. of Pregnant women who had 3 check-ups		
1.3	Total No. of high risk pregnant women		
	a) Attended		
	b) Referred		
1.4	No. of TT doses		
	a) TT1		
	b) TT2		
	c) Booster		
1.5	No. of pregnant women under treatment for Anaemia		
1.6	No. of pregnant women given prophylaxis for Anaemia		
2.	Natal Care		
2.1	Total No. of deliveries conducted		
	a) Normal		
	b) Forceps		
	c) Caesar		
2.2	Place of delivery		
	a) Home		
	b) Institution		
2.3	Age of mother at the time of delivery		
	a) Less than 20 years		
	b) 20 years and above		
2.4	No. of complicated Delivery cases referred to Govt./Non Govt. Hospital / Nursing Home / Maternity Homes		

* Put tick mark (√) whichever is applicable.

Contd..

Sl. No.	Services	Performance in the reporting month		Cumulative performance since April_____	
3.	Pregnancy Outcome	M	F	M	F
3.1	No. of births				
	a) Live births				
	b) Still births				
3.2	Order of birth in 3.1 (a) (live births)				
	a) 1st				
	b) 2nd				
	c) 3+				
3.3	New born status of birth in 3.1 (a) (live births)				
	a) Less than 2.5 Kg.				
	b) 2.5 Kg. or more				
	c) Weight not recorded				
3.4	High risk new born				
	a) No. Attended				
	b) No. Referred				
4.	Post Natal Care				
4.1	No. of women received 3 post natal check-ups				
4.2	No. of Complicated cases referred				
5.	Maternal Deaths				
5.1	During Pregnancy				
5.2	During Delivery				
5.3	Within 6 weeks of delivery				
6.	RTI/STI	M	F	M	F
6.1	Cases detected				
6.2	Cases treated				

Contd..

7. Immunization & Prophylaxis :

	During the month	Cumulative since April _____
No. of Sessions planned		
No. of Sessions held		
No. of outreach Sessions held		

		During the month				Cumulative since April _____					
		Under – 1 Yr.		Above 1 Yr.		Under – 1 Yr.			Above 1 Yr.		
		Male	Female	Male	Female	Male	Female	Total	Male	Female	Total
BCG											
DPT	DPT-1										
	DPT-2										
	DPT-3										
OPV	OPV-0										
	OPV-1										
	OPV-2										
	OPV-3										
Hepatitis B	Hep-1										
	Hep-2										
	Hep-3										
Measles											
Fully immunized Children under 1 year	Having BCG+3 doses of OPV&DPT + Measles										
VITAMIN -A	Dose – 1										
Children more than 18 months	DPT Booster										
	OPV Booster										
VITAMIN -A	Dose – 2										
	Dose – 3										
	Dose – 4										
	Dose – 5										
Children more than 5 yrs.	DT – 1										
	DT – 2										
Children more than 10 yrs.	TT – 1										
	TT – 2										
Children more than 16 yrs.	TT – 1										
	TT – 2										
No. of Children received IFA											
UNTOWARD REACTION											
1. Reported deaths associated with immunization											
2. Number of abscesses											
3. Other Complications											

Contd..

Sl. No.	Services	Performance in the reporting month			Cumulative performance since April_____		
8.	Vaccine preventable diseases for under - 5 years children						
	a) Diptheria	M	F	T	M	F	T
	i) Cases						
	ii) Deaths						
	b) Poliomyelitis						
	i) Cases						
	ii) Deaths						
	c) Neo Natal Tetanus						
	i) Cases						
	ii) Deaths						
	d) Tetanus other than Neo Natal						
	i) Cases						
	ii) Deaths						
	e) Whooping Cough						
	i) Cases						
	ii) Deaths						
	f) Measles						
	i) Cases						
	ii) Deaths						
8.1	Other specified communicable diseases						
	a) Malaria						
	i) Cases						
	ii) Deaths						
	b) Tuberculosis						
	i) Cases						
	ii) Deaths						
	c) Leprosy						
	i) Cases						
	ii) Deaths						
9.	ARI under 5 years (Pneumonia)						
	a)Cases						
	b)Treated with Co-trimoxazole						
	c)Deaths						
10.	Acute Diarrhoeal Diseases under 5 years						
	a)Cases						
	b)Treated with ORS						
	c)Deaths						
11.	Child Deaths						
	a) under 1 week						
	b) 1 week to under 1 month						
	c) 1 month to under 1 year						
	d) 1 year to under 5 years						

Contd..

Sl. No.	Services	No. of Eligible Couple already protected (as existing on 31st March preceding year)/ subsequent cumulative monthly total (a)	Performance in the reporting month		Cumulative performance Since April____ including carried over performance (a + b - c)
			No of New Acceptors (b)	Nos. Discontinued OR taken off for crossing Eligible age (c)	
12.	Contraceptive Services				
12.1	Male Sterilisation				
	a) Conventional				
	b) No scalpel				
12.2	Female Sterilisation				
	a) Abdominal				
	b) Laparoscopic				
12.3	Total IUD insertions				
12.3.1	Cases followed up				
12.3.2	Complications				
12.4	No. of CC users				
	a) No. of OP users				
	b) No. of condom users				
12.5	Total Nos protected by all methods (12.1+12.2+12.3+12.4)				
12.6	No. of Eligible Couples accepted sterilization		Performance in the reporting month		Cumulative performance Since April____
12.6.1	Having upto 2 living children				
12.6.2	Having 3 or more children				
12.7	No. of CC distributed				
12.7.1	No. of OP Cycle distributed				
12.7.2	No. of Condoms distributed				
13.	Abortions				
	a) Spontaneous				
	b) No. of MTPs done				
	c) Deaths				
14.	Deaths				
	a) Maternal Deaths (as in Sl No. 5)				
	b) Child Deaths (as in Sl. No. 11)				
	c) Other Death except Sl. No. 5 & 11				
14.1	Total Death = 14 (a + b + c)				

15.	IEC Activities	Held		Attendance	
		Topics	No. Held	Male	Female
	1. Group Discussion				
	2. Deployment of Folk Media				
	3. Others (Specify)				

Date :

Signature of PTMO / STS