



**Sub. : Follow up action on the Study Report on 10 Sub-Centres
in KMA ULBs.**

As instructed, a draft follow up actions on the Study Report on 10 Sub-Centre in KMA ULBs has been prepared and placed below.

PD, EMU

Goswami
13.06.05

A study of 10 Sub-Centres was conducted before the Annual Review of the KUSP programme. Some follow-up measures to the study have been suggested. It is requested that the following may ~~be considered and approved~~ follow up action suggested in the note by Dr. Goswami may be approved. If approved we may put up necessary draft orders for issue by the Department

Amj
15/9

Secretary,
M.A. Deptt

U.O NO:- EMU-94/2003 (Pt-III)/118.
Date:- 15.09.2005

Contd. pg-2

Received back the file from the Secretary, MA Dept. by the undersigned for handing over the same to the Project Director, CMU.

The issues have been discussed with the project Director, CMU

By this time no. of actions have been taken for redressal of the issues. The present status is reflected in the table below:

Sl.No.	Issues	Action taken / suggested
1	Disparity in allotment of contingent fund for CUDPIII in comparison to IPP-VIII	Contingent fund may be enhanced from Rs.1500/- to Rs.3500/- per HAU for CUDPIII. However, for the time being some allotment has been done towards contingent fund from KUSP.
2	Inadequate availability of PT MO at the existing rate of honorarium @Rs.1850/- per month and inequality in sanctioned no. of Pt MO per HAU for CUDP III & IPP-VIII	Hiring of services of Medical professional on clinic day only @ Rs. 300/- per clinic may be considered instead of engaging PtMO.
3	Absence of adequate privacy, essential equipment and furniture	Already process has been initiated for provision of the same under KUSP
4	Provision of Weighing Machine and Growth Monitoring Cards at Sub centre	Will be provided to the ULBs by December, 05
5	Standardisation of clinic Registers and Family Schedule and HMIS Formats	Action has already been initiated by KUSP
6	Water and toilet facility at Sub centre	-do-
7	Revision of approved Drug list	Revision may be done in consultation with the HQ, KMDA

For the pending issues at Sl. No. 1, 2 & 7 necessary action may be taken.

Submitted.

P.D.S/CMU.

The above may be seen.

Pts 3, 4, 5 and 6 are being addressed from KUSP programme and action has been taken.

Pt. 1 can be easily addressed and necessary action can be taken by M.A. Department ~~before~~ during allotment of funds.

Pt. 7 may be done by Health Officer of KMDA in consultation with Dr. Goswami & one or two HOs of ULBs.

Pt. 2 needs a decision from M.A. Department. We feel that this will revive the system and motivate the Pt. time MOs. This can be introduced immediately in Barunipar where no Pt. time MO is working at present.

*Goswami
23.11.05*

Submitted for kind consideration and decisions

anj
1/12

Secretary
M.A Deptt

U.O NO:- CMU-94/2003 (Pt-III)/176.
Date :- 01.12.05.

Can we discuss this next week with PD, PM, & Dr. Goswami please.

anj
2/12/05

P.D/
KUSP

Discussed the matter regarding engagement of Medical professionals on clinic basis at Barnipur where no Pt-time MOs are working at present.

Barnipur may be asked to engage ~~PT~~ Medical professionals on clinic based @ Rs 300/- per clinic day. The expenses may be incurred from ODM budget sent to them by M.A Deptt through KMDA if approved

anj
29/12

May be approved.

anj
21/12/05

anj
Secretary

anj
21/12

U.O NO:- CMU-94/2003 (Pt-III)/196.
Date :- 19.12.2005.

PD KUSP

PK-1554
anj
23/12

anj
23/12/05
21/12/05

Placed herewith communication of the Chairman, Baruipur Municipality bearing no. 1149/BM/Health/CUDP III/09-10 dt. 30.03.2010 (at Flag-A).

The Chairman stated that CUDP III was implemented during 1985 wherein 25 HHWs and 5 FTSs within the age group of 35 to 45 years had been selected and engaged to implement the programme. Out of 25 HHWs, 6 have been passed away. Furthermore, if the minimum age of health worker at entry point to the post was 35 to 45 years, at present the said functionaries are at least 60 to 70 years old. As per the statement of Chairman due to aging the health functionaries are incapable of discharging their duties effectively.

CUDP III is now under O & M phase and fund is being provided by the Dept. of Municipal Affairs.

Baruipur Municipality is having 17 no. of wards. As per recent household survey BPL total population of the said Municipality is 10688 and required no. of HHWs as per Health Strategy, 2008 is 18 (2 nos. of HHW are required for Ward No. 8 having 2157 nos. of BPL population).

Hence the issues for which policy decision required, are as under :

- Age of retirement of health functionaries – NS initiated dt. 06.04.2009 along with engagement criteria of health functionaries under Urban Health Programme (copy placed at Flag-B).
- Required no. of HHWs as per Urban Health Strategy, 2008 is 18 instead of 25. Issuance of guideline with regard to determining required no. of HHW as per Urban Health Strategy without disturbing existing no. of HHW till the functionaries attain the retiring age. Communication had already been made to the Dept. in this regard vide this office memo no. SUDA-Health/525/09/545 dt. 06.01.2010 and SUDA-Health/525/09/708 dt. 16.03.2010 (copy enclosed at Flag-C).
- Selection criteria for HHW at par with latest Health programme i.e. CBPHCS (communications have already been made in this regard vide this office memo nos. SUDA-Health/538/09/533 dt. 29.12.2009, SUDA-Health/538/09/634 dt. 15.02.2010 and SUDA-Health/538/09/696 dt. 15.03.2010 – copy placed at Flag-D).

An early decision on the issues mentioned above may be obtained from the Dept. for smooth functioning of Urban Health Programme i.e. CUDP III at Baruipur Municipality.

Submitted for further advice.

Director, SUDA

G. Goswami
15.06.10.

Dept. has already been requested to communicate policy decision of the govt. reg. engagement of HHW as per recommendation Urban Health Strategy and also retirement age of HHW. Let us again approach the Dept. for early decision.

Unid
15/6/10

Instruction at prepage bottom.

Draft letter is enclosed for signature, if approved.

Whether an interim copy is given to the Chairman, Baraipara type. Submitted.

[Signature]
18.06.10.

Ushir
21/6/10

[Signature]
21.6.10

Despatched.

Placed herewith comm. of the chairman, Baraipara Mpe. vide no. 199/BM/Health/CSB-III/UC/300/2011-12 dt. 26.02.12 regarding for release of fund for purchase of medicine.

We may communicate year-wise fund released to URB SAs-A-VIS SOE submitted by URB.

Draft letter is enclosed for signature, if approved.

[Signature]
25.4.12

39/4/12

[Signature]

Despatched.

Director, SUDA

PS (H)

Director, SUDA

PODHT

It is revealed from this office record that SOE & VC ^{has not been} submitted by Barunipur MP though the chairman has submitted SOE & VC for 4th Qtr. of FY 2013-14. It is also seen that Fund received by the UCB in the 4th Qtr. has not been shown.

We may write to the F.O, Barunipur MP. for submission of SOE for 3rd & 4th Qtr. of FY 2013-14. Draft letter is placed herewith for signature, if approved.

[Signature]
30.4.14

Signed.

[Signature]
06/05/14

FA, SUBA-2
CO. Addl. Dy. Fin.

P.O. (H)

● Follow up actions on the Study Report on 10 Sub-Centres in KMA ULBs

Issues	Study Observation	Suggestive follow up action
Functioning of Sub-Centres		
No. of clinics held in a Sub-Centres.	<ul style="list-style-type: none"> ● No. of clinics is variant (5 to 14 clinics per month) in different Sub-Centres. 	<ul style="list-style-type: none"> ● At least 8 Clinics (1 – ANC/PNC clinic, 1 – Immunisation Clinic, 1 – Growth Monitoring Clinic, 4 – General Treatment Clinic and 1 – Awareness Session) per Sub-Centre per month may be standardized. ● 1 HAU covers at least 6 - 7 Sub-Centres. Thus, the clinic days under 1 HAU will be 48 nos. in a month. 2 PTMOs (if existing) will be able to run the clinics in a very tight schedule which is not possible in CUDP-III run Sub-Centres because of positioning of only 1 PTMO. ● There is a disparity in allotment of contingent fund for CUDP-III and IPP-VIII which is Rs. 1500/- and 3500/- respectively per month. Operationalisation of clinics require contingent fund which should be same for both the projects.
Functioning of ANC / PNC Clinic, Immunisation Clinic and treatment clinic from the Sub-Centres.	<ul style="list-style-type: none"> ● Technical support of PTMO is required. ● Inadequate availability of PTMO at the existing rate of honorarium of Rs. 1850/- per head per month. ● No. of PTMO per HAU is 2 for IPP-VIII and 1 for CUDP-III. For 1 PTMO under CUDP-III it is almost impossible to cover 6 -7 Sub-Centres catering 8 clinics per Sub-Centre per month in an average, thus totaling 48 clinic days per month. Hence, out of average 24 working days in a month it is arithmetically not feasible for a PTMO to cover 48 clinic days per month. 	<ul style="list-style-type: none"> ● No. of PTMO in CUDP-III should be made at par with IPP-VIII. ● Hiring of services of Medical Professional at Sub-Centre on fee basis per clinic day may be thought for.

Issues	Study Observation	Suggestive follow up action
Examination of female cases at Sub-Centre.	Absence of adequate privacy, essential equipment & furniture for examination of female cases.	Logistic supply may be provided.
Growth Monitoring of Under-Five Children.	Not being carried out.	<ul style="list-style-type: none"> • Training for grass root level health functionaries on food & nutrition and growth monitoring of Under-Five children have already been started since May, 2005 and will be completed for all the HAUs (153 nos. in KMA ULBs) by August, 2005. • Weighing machine and growth monitoring cards may be supplied in the Sub-Centres to initiate the service.
Family Planning Services.	<ul style="list-style-type: none"> • Sterilisation services is not existing in a regular manner. • Male participation is lacking. 	<ul style="list-style-type: none"> • Necessary arrangement for such service at ULB level at fixed date and time may be taken up. • Efforts be taken for motivation of male members through father's meeting locally at a convenient time.
Maintenance of documents at Sub-Centres		
ANC/PNC Register, Antenatal Card, Treatment Register, Immunisation Register, Awareness Programme Register, Family Schedule at Sub-Centre.	Not uniform in all the Sub-Centres with regard to availability of documents and its contents.	<ul style="list-style-type: none"> • Standardisation of Registers and proper maintenance at Sub-Centre may be done. • Family Schedule and HMIS format be re-designed and supplied to all HAUs (in most of the HAUs there is no Family Schedule for keeping family wise data by HHWs, which is most important for preparing HMIS.) • Training for grass root level functionaries on filling up of Registers, Family Schedule and HMIS format is required for proper documentation.

Issues	Study Observation	Suggestive follow up action
Physical condition of Sub-Centre and availability of essential equipment and furniture for rendering services.		
Infrastructural condition of Sub-Centre.	<ul style="list-style-type: none"> • 80% of Sub-Centres are having dilapidated wall plastering, roof with cracks etc. • There is no separate waiting space in 60% of Sub-Centres. • There is no water and toilet facility in 50% of Sub-Centres. • Doors and Windows not secured and lack of installation of proper electrical connection and wiring in 30% of Sub-Centres. 	Corrective measures may be taken up case to case basis.
Availability of furniture & equipment.	There are some unserviceable / deficient essential item of furniture & equipments in the Sub-Centres which are causing hindrance for effective delivery of services.	<ul style="list-style-type: none"> • The list of such item of furniture and equipment is to be obtained from the ULBs (for which letter has already been issued to the ULBs). • The said list may be reviewed. • Justified procurement may be done by the ULBs.
Availability of drugs.	The existing list of drugs do not provide paediatric preparation, quantity of each item is not based on local demand.	The approved list of medicine provided to the ULBs be reviewed and necessary amendment be made in consultation with Health Officer of the ULBs. The procurement of medicine should be based on local requirement and situation.
Supervision & Monitoring		
	Need strengthening.	<ul style="list-style-type: none"> • UHIO be involved in awareness campaigning. • CDS / Ward Level Committee be involved in monitoring & supervision. <p>Technical monitoring be strengthened through Health Officer &/or Asstt. Health Officer. Health Officer &/or Asstt. Health Officer have already been trained in Public Health & Management.</p>



2478
24.5.05

KOLKATA URBAN SERVICES FOR THE POOR
C H A N G E M A N A G E M E N T U N I T

Memo No. CMU-94/2003(Pt. II)/147(5)

Dt. .. 17.05.2005

From : Arnab Roy
Project Director, CMU

To ✓ **Secretary, MA Dept.**
: **PS to MIC, MA & UD**
: **Special Secretary, SPSRC, DHFW**
: **Secretary, KMDA**
: **Director of Local Bodies**
: **Director, SUDA**
: **Project Manager, CMU**
: **Technical Advisor, CMU**
: **Ms Silke Seco, Human Development Adviser, DFID.**

Sub. : Study Report on 10 Sub-Centres in KMA ULBs.

Sir / Madam,

A Study has been conducted by CMU, KUSP with respect to functioning of Sub-Centres in terms of management, level of utilisation etc. in KMA ULBs.

A copy of the said report is enclosed for your kind perusal.

Yours faithfully,

Encl. : As stated.

any
Project Director, CMU

Prin Dir CMU

*Pl. put up with your note
for taking forward-up action*

*Dr. Goswami
Pl. prepare a note for
follow up action
any
26/5*