

**Restructuring Urban Health system in West Bengal: -
Key Policy Recommendations**

This is a proposal for reviewing and restructuring primary health care system presently existed under CBPHCS & HHW (a programme of H&FW Deptt) and UPHCS (a programme of UD&MA department) respectively in 71 and 50 ULBs (mutually exclusive) of the State. The urban primary health care set up has been functioning at ULB level since 1985-86. Presently 11928 medical and non-medical staff members are engaged at 302 Sub-Centres, 200 Health Administrative Units, 45 Extended Specialized Out Patient Departments, 39 Municipal Hospitals/Maternity Home and 23 Regional Diagnostic Centres in the areas of 125 Municipalities/Municipal Corporations of West Bengal to cater services including implementation of reproductive child health programmes (Maternal Health, Immunization, Child health, Family planning etc), prevention, diagnosis and treatment of communicable and non communicable diseases.

The programme CBPHCS has been running since 2006 and UPHCS since 1985-86. With the introduction of NUHM in 2013 it was expected that these existing programme of similar nature would be merged with NUHM. Communications from H&FW Department (HFW/NUHM-469/2016/4287 dtd 24.1.17) also indicated that Community Health Worker engaged under various schemes in different ULBs would continue to function under NUHM framework. But that was not materialized at field level. At present 90 ULBs in the State having 50,000 above population have come under the coverage of NUHM out of where in 49 ULBs UPHCS and in 38 ULBs CBPHCS are running simultaneously. On the other hand 4 newly formed ULBs (Dankuni, Domkal, Haringhata, NKDA) are getting primary health care facilities only under NUHM. **List of ULB wise coverage under these schemes is placed at annexure-A**

With the running of different schemes, at a time, in a particular urban primary health care unit, it is experienced that facilities supposed to be provided to these units are sometimes getting overlapped. Funds for similar purposes are allocated doubly under different programme. Workforces engaged under same capacity are bound to work with different service terms and remuneration as fixed under different schemes. Following are the problematic areas which need to be

addressed for the interest of effective health care services in urban areas.

1. Service terms of Community Health Worker: Under the parent health schemes (UPHCS & CBPHCS), Honorary Health Workers (HHW) & First Tier Supervisors (FTS) were recruited against an honorarium and Terms of Reference. At present 6542 HHWs and 1198 FTS are in position against the sanctioned post of 8588 and 1781. Presently HHWs under UPHCS and CBPHCS are getting a monthly honorarium of Rs 3125/- but there remains lack of standardization in terms of retirement age of HHWs & FTSs and other staff between CBPHCS & UPHCS as in UPHCS, retirement age of all staff except doctors is mentioned as 60 years whereas in CBPHCS programme no such retirement age is mentioned for any staff.

Following the implementation of NUHM services of HHWs have been utilized partially in the role of Urban ASHA as enumerated in NUHM guideline but with the original honorarium as fixed under their respective parent scheme. However no HHW has been recruited in those ULBs where only NUHM is operational. A difference is also evident in between honorarium of urban HHWs and ASHA under NRHM as because HHWs are not getting incentives due to lack of training as per ASHA module. **A ULB wise list of HHW/FTS is annexed as Annexure B**

Difference between concept of Urban ASHA and HHWs of CBPHCS and UPHCS are as follows:

Service Terms of HHW/FTS	CBPHCS/UPHCS	NUHM- ASHA
Population	1 HHW in 1000 BPL population	1 in 1000 - 2500 slum population (urban poor)
FTS	1 FTS per 5 HHWs	No concept FTS
Job category	They are performing similar to category 1 of NUHM ASHA.	Two types – Category 1 & 2 subject to training of specific modules.
Incentives	No provision till date	Provision is there against specific task.

2. Training of Community Health worker- All the HHWs and FTS irrespective of their engagement under different schemes require training as per ASHA training module to ensure appropriate immunization and other allied services uniformly to all urban common mass. Training as per NUHM guideline is imperative from other perspective also as only after getting phase wise training HHWs and FTS who at present belong to Category I ASHA as per their present job description will be entitled to get honorarium and incentives as specified for urban ASHA in NUHM guideline. 4562 number of HHWs were trained till date as per induction module ASHA guideline.

3. Service terms of HR other than CHW – Service terms and remuneration of Human Resources other than HHWs also vary across the parent projects and with that of newly implemented NUHM. These HR includes Medical personnel, Sanitary Inspector, Computer Assistant, Clerk, Group D etc. Apart from these contractual HR there are regular Health Officers, funded by Dept of UD & MA for different ULBs. **A ULB wise list of HR for all projects along with their remuneration is annexed as Annexure C.** Under CBPHCS & HHW programme retirement age of any staff is not mentioned and in UPHCS guidelines the retirement age is mentioned as 60 years for all staff except doctors but that of doctors is not specified. However no annual increment policy of these HR under UPHCS is in place as adopted under NUHM. There is also a lot of disparity in remuneration, service terms and retirement age in comparison to those of NUHM.

4. Health centre infrastructure:

Before inception of NUHM, CBPHCS was functional through their Sub centres and UPHCS was functional through Health Administrative Units (HAU), Maternity Home (MH), ESOPDs. However, with the inception of NUHM, many of such subcentres and HAUs have been upgraded to functional UPHCs where all the support of laboratory and other development are supposed to be provided from NUHM through CMOHs of the respective districts. UPHCs programme is functioning through HAUs, ESOPD, RDC etc where rent, contingency etc is being provided for these units from UPHCS programme. However out of 50 UPHCS ULBs, NUHM is functioning in 49 ULBs with the aim of providing diagnostic

and therapeutic services through its Urban Primary Health Centres, Special Out Reach services etc.

5. Procurement of drugs – Before inception of NUHM, CBPHCS was functional through its Subcentres and UPHCS was functional through Health Administrative Units (HAU), Maternity Home (MH), ESOPDs. Allocation of funds for procurement of drugs was made on the basis of these units from the parent scheme. However, with the inception of NUHM, many of such Subcentres and HAUs have been upgraded to functional UPHCs where all the support of drugs are supposed to be provided from NUHM through CMOHs of the respective districts. But the parent scheme is still providing fund for drugs similar to that in pre-NUHM period. **A ULB wise list of facility with upgradation to UPHCS of NUHM is annexed as Annexure D.** The basis of allocation of drugs for different ULBs needs scientific assessment following H&FW Department directives. Dispensing, procurement, inventory and disposal of drugs at ULB level also call for evaluation.

Now in order to streamline the primary health care system in urban areas it is proposed to

- Formulate uniform service terms, benefits and remuneration etc for HR deployed in Urban Primary Health System along with review of HR requirement .
- Ensure level wise training for all CHWs irrespective of NUHM and non NUHM set up
- Strengthen health centre infrastructure for units not covered under NUHM
- Assess requirement of drugs as guided by H&FW Deptt and indicate mode of allocation
- Use Uniform Reporting System developed by H&FW Deptt

A committee may be formed jointly with officials from UD&MA and H&FW Department to review of these issues.

Placed for taking up the matter with H&FW Department, if considered.

We have discussed this with ACS, H&FW today. Let the joint report be prepared as discussed.

Pr. Secretary
UD & MA Deptt.

Director, SUDA
CPHO

25/4/19

26/4/2019

30/4/19

Summary points of restructuring urban health system in West Bengal

With the objectives of providing preventive and curative primary healthcare services to the urban poor and vulnerable population, two programmes namely Urban Primary Health Care Services (UPHCS) [functioning in 50 ULBs] and Community Based Primary Health Care Services & Honorary Health Worker Scheme (CBPHCS & HHW) [functioning in 71 ULBs] are functional in different Urban Local Bodies of West Bengal. The major services include reproductive and child health care including immunization and family planning, prevention, diagnosis and management of communicable and non communicable diseases, promoting sanitation, hygiene and nutrition etc.

National Urban Health Mission, being a centrally sponsored programme, is functioning in 90 ULBs of the state with the objective of addressing the diverse health needs of the urban population with multipronged preventive and curative services offered through Urban Primary Health Centres (U-PHC) and Special Outreach programmes. The programme is funded by Dept of Health & Family Welfare.

Multiplicity of health programmes with overlapping service delivery at ULB level is presently facing various challenges such as dual control (UD & MA and H&FW), lack of structured health set up, disparity in HR issues, overlapping fund flow etc which calls for a restructuring of urban health system in West Bengal. In this regards meetings have been conducted between UD & MA and H& FW Depts dated 11.04.2019, 26.04.2019, 10.05.2019 and 17.05.2019 to develop a policy framework in order to address several issues as listed below:

SL	Issue	Present status	Proposal by H&FW Deptt
1	Administrative set up	Presently health care system in urban areas run through ULBs, where funds for implementation of different programme directly goes to Municipalities/Municipal Corporations. Human Resource recruitment is also done at ULB level or through Municipal Service Commission.	It is proposed to form Urban Health Society at 118 Municipality (6 MCs already have NUHM society) having the following structure : Chairperson : Chairman of Municipality Vice Chairman : Sub Divisional Officer Member Secretary : Health Officer Treasurer : Finance Officer in ULB Members: Executive Officer, CIC (Health) , MOIC (U-PHC), Sr. PHN ,Any officer nominated by CMOH ,Public Health Manager, CDPO-ICDS Health Officer is the compulsory signatory as Member Secretary with any one of the following ii) Executive Officer (Member) / Finance Officer (Treasurer) iii) Sr. PHN (Member)

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2	Service delivery mechanism	Presently different Service Delivery points exists under different programme such as under UPHCS, services are delivered through HAU, ESOPD, Maternity Home, Diagnostic Centres etc. Under CBPHCS programme subcentre is the point of service delivery. In NUHM Urban Primary Health Centre (UPHC) are in place for OPD based services.	It is proposed to set up uniform service delivery structure at ULB level under DHFW instead of separate projects heads like CBPHCS and UPHCS. Health facilities such as ESOPD, MH, DCs under UD & MA will be taken over by DHFW. Standardized service delivery will be made through subcentre, UPHCs, followed by SDH, SGH etc. Health service delivery & Programme implementation will be controlled by DHFW in the following hierarchy. ANM of SC -> MO of UPHC --> MMOH at ULB ---> CMOH at district ----> DH&FW at State level
3	HR recruitment & mobilization	Presently under UD & MA dept following staffs are working in different projects/ ULBs/SUDA :- Permanent HO/MO -27 CPHO/PHO -3 (At SUDA) HO/MO/AHO/Spl Doctors - 283 HHW - 6360 FTS- 1070 Others- 1228	H& FW will absorb all Health Specific HR of UD & MA such as HO/MO/ HHW/FTS/ Nurse/ Lab Tech/ Pharmacist etc. H& FW will do further recruitment in remaining vacant positions of HHW, MMOH, MO of UPHC, ANM, PHN, Sr. PHN etc. Uniform service terms and remuneration will be followed across similar posts as per rules of DH&FW.
4	Infrastructure set up	At present 45 ESOPDs, 32 MHs and 23 DCs are functioning under UD & MA.	All the health infrastructure under UD & MA will be utilized by H& FW for construction of UPHC, subcentres including Lab set up. UD & MA will provide land/space for additional UPHCs, Subcentres and office of MMOH.
5	Fund Flow- Last year fund involvement from UD & MA Dept - 3628.16 lakh (for UPHCS project)	No control of CMOH (District H & HW Samity) except NUHM. Fund flow from UD & MA is directly to ULBs resulting overlap of funding for same purposes	All financial support will be provided through Urban Health Society as proposed to be formed and from CMOH of the district.
6	Role of different depts	Programme Monitoring and reporting is presently being done by both depts. (UD & MA & DH&FW)	All service delivery/ health programme monitoring/ procurement of drug and consumables, equipment, furniture /training/technical & managerial support - to be provided by DHFW. UD&MA will monitor only sanitation, SWM, and allied administrative issues.

Submitted

Placed for kind consideration.

24.05.19

Additional Director
SUDA

Director

le
CPHO
24/5/19

Note on NSP 5-6.

Proposal for restructuring primary healthcare system in urban areas may be placed before HMIC for his kind consideration.

Pr. Secretary
UD & MA Dept

sdg 7/6/19

There is dual control over health service delivery at ULBs. This has resulted in sub-optimal delivery and several weaknesses. We have discussed the issues with H&FW Dept. The table at pages - 5-6/N lists some possible administrative changes, (without dilution of the role of the ULB), which, if agreed to, in principle, would be formally proposed.

[Signature]
8/11/2019

HMIC, UD & MA

Urban Development Dept.
U/O No. 636
Dt. 10/6/19

Pr. Secy/UD & MA
Inspector, SUDA

[Signature]
11/11/2019

AD (GM)

sdg 12/6/19

14.06.19

JD (AS)