

**GOVERNMENT OF WEST BENGAL  
MUNICIPAL AFFAIRS DEPARTMENT  
WRITERS' BUILDINGS, KOLKATA**

No. 41/MA/C-10/3S-17/2014

Dated the 16<sup>th</sup> day of January, 2015

**From: Shri B. C. Patra  
Special Secretary to the  
Government of West Bengal.**

**To : The Director  
State Urban Development Agency  
ILGUS Bhavan, HC Block  
Salt Lake City, Sector-III  
Kolkata-700 106**

**Sub: Opening of a Bank Account for implementation of National Urban Health Mission (NUHM)**

Sir,

I am directed by order of the Governor to say that the Governor has been pleased to accord permission for opening of Current Bank Account in favour of the Director, SUDA and Project Officer, SUDA at any scheduled banks as per Finance Department's Memo. No. 9668-F(Y) dated 30.11.2012 for implementation of newly introduced scheme namely "National Urban Health Mission (NUHM)" in 5 numbers of Municipal Corporations viz. Siliguri, Asansol, Durgapur, Chandannagore and Howrah Municipal Corporation.

2. Alpha Numeric Code should be collected by the concerned authority from the Director of Treasuries and Accounts, West Bengal for the said Bank account in terms of Finance Department's Memo. No. 675-F dated 22.01.2008. In this connection, aforesaid memo. of the Finance Department should strictly be followed.

3. This order issues with the concurrence of the Finance Department vide Finance-Group T U.O. No. Group T/2014-2015/0951 dated 08.01.2015.

4. All concerned are being informed.

5. Copy of the concurrence of the Finance Department mentioned above is enclosed for ready reference.

Yours faithfully,

Sd/-

Special Secretary

No. 41/1(6)/MA/C-10/3S-17/2014

Dated the 16<sup>th</sup> day of January, 2015

Copy forwarded for information to:

- 1) The Pr. A.G. (A&E), W.B., Treasury Bldgs., Kol-1.
- 2) The Pr. A.G. (G&SSA), W.B., Treasury Bldgs., Kol-1.
- 3) The A.G. (RW&LB Audit), W.B., CGO Complex, 'C' East Wing, 5<sup>th</sup> Floor, Salt Lake, Sec-I, Kol-64.
- 4) The Mission Director, National Health Mission (NHM), Health & Family Welfare Department, 1<sup>st</sup> Floor, Granthagar Bhavan, Swasthya Bhavan Premises, GN-29, Sector-V, Salt Lake City, Kolkata-700 091.
- ✓ 5) The Project Officer, SUDA.
- 6) Finance (Gr. T) Department of this Government.

  
Special Secretary

**GOVERNMENT OF WEST BENGAL  
MUNICIPAL AFFAIRS DEPARTMENT  
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3. This order issues with the concurrence of the Finance Department vide Finance-Group T U.O. No. Group T/2014-2015/0951 dated 08.01.2015.

4. All concerned are being informed.

5. Copy of the concurrence of the Finance Department mentioned above is enclosed for ready reference.

Yours faithfully,

  
Special Secretary

No. 41/1(6)/MA/C-10/3S-17/2014

Dated the 16<sup>th</sup> day of January, 2015

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- 4) The Mission Director, National Health Mission (NHM), Health & Family Welfare Department, 1<sup>st</sup> Floor, Granthagar Bhavan, Swasthya Bhavan Premises, GN-29, Sector-V, Salt Lake City, Kolkata-700 091.
- 5) The Project Officer, SUDA.
- 6) Finance (Gr. T) Department of this Government.

Special Secretary



Workflow Based File Tracking System  
Government of West Bengal  
Finance - Group T

File No : MA/C-10/3S-17/2014

Subject : Implementation of National Urban Health Mission (NUHM) for FY 2013-14.

Department : Municipal Affairs

We may agree to accord permission for opening of a Current Bank Account as proposed by the Administrative Deptt. at N/S Page No.5 within in favour of Director SUDA and Project Officer, SUDA at any scheduled banks as per Finance Departments' Memo. No. 9668-F(Y) dtd. 30.11.2012 for implementation of newly introduced scheme namely "National Urban Health Mission" in 5(five) nos. of Municipal Corporations viz. Siliguri, Asansol, Durgapur, Chandannagar and Howrah.

Alpha Numeric Code should be collected by the concerned Authority from the Director of Treasuries and Accounts, West Bengal for the said Bank A/C in terms of Finance Departments' Memo. No. 675-F, dtd. 22.01.2008.

Regarding the said Bank A/c. provisions of Finance Departments' Memo. No. 675-F, dtd. 22.01.2008, should be followed strictly.

'X' - As proposed we may agree to the proposal of the Admn. Deptt. for opening of one bank a/c to be operated by SUDA for NUHM fund.

Sd/- G.Samanta,

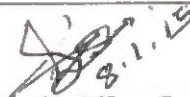
05.01.15

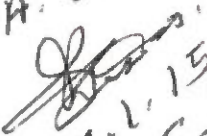
Sd/- H.K.Dwivedi


06.01.15

UO NO : Group T/2014-2015/0951

UO Date : 08/01/2015

  
3.1.15  
Section Officer, Group-T, Finance Department  
08/01/2015

To,  
M.A. Deptt.  
  
8.1.15  
S.O., Gr. T.

Received  
  
19/1/2015



**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/411(Pt.II)/14/303(05)

Date 16.01.2015

From : Director, SUDA

To : The Mayor,  
Chandernagore / Durgapur / Howrah Municipal Corporation

: The Administrator,  
Asansol / Siliguri Municipal Corporation

: The Commissioner,  
Asansol / Chandernagore / Durgapur / Howrah / Siliguri Municipal Corporation

**Sub. : Formation of City Urban Health Society and release of fund in connection with implementation of NUHM in 05 Municipal Corporations.**

Sir,

Enclosed kindly find herewith communication bearing no. 35(3)/MA/C-10/3S-17/2014(Pt.) dt. 13.01.2015 of the Special Secretary, Municipal Affairs Department. As per Project Implementation Plan (PIP), as detailed by the Department of Municipal Affairs, the following activities are to be undertaken by your Municipal Corporation :

- Formation of City Urban Health Society and registration under certificate of Registration of Societies, West Bengal Act., XXVI of 1961 – Status in this regard may be intimated to the undersigned by 30.01.2015.
- Details of dedicated Bank A/C for NUHM i.e. Name of Bank, Branch, A/C No. and IFS Code is to be sent to the undersigned by 30.01.2015 for release of fund by SUDA.

Thanking you.

Yours faithfully,

Encl. : As stated.

  
Director, SUDA

*Send email on 16/1/15*

**GOVERNMENT OF WEST BENGAL  
MUNICIPAL AFFAIRS DEPARTMENT  
WRITERS' BUILDINGS, KOLKATA**

No. 35(3)/MA/C-10/3S-17/2014 (Pt.)

Dated the 13<sup>th</sup> day of January, 2015

**From: Shri B. C. Patra  
Special Secretary to the  
Government of West Bengal.**

**To : (1) The Mayor  
Chandernagore Municipal Corporation/ Durgapur Municipal Corporation/ Howrah  
Municipal Corporation  
(2) The Administrator  
Asansol Municipal Corporation/ Siliguri Municipal Corporation  
(3) The Commissioner  
Asansol Municipal Corporation/ Chandernagore Municipal Corporation/ Durgapur  
Municipal Corporation/ Howrah Municipal Corporation/ Siliguri Municipal Corporation**

**Sub: Formation of City Urban Health Society in connection with the implementation of  
National Urban Health Mission (NUHM) in 5 Municipal Corporations.**

Sir,

I am directed to inform you that National Urban Health Mission (NUHM) has already been initiated to strengthen primary health care delivery system in urban areas. As per Project Implementation Plan (PIP) as communicated by the Health & Family Welfare Department, Government of West Bengal, following activities are to be undertaken by your Municipal Corporation:

(a) As per NUHM implementation framework (no. L. 19017/1/2008-UH), the Municipal Corporations are required to form a City Urban Health Society which is required to be registered under Certificate of Registration of Societies, West Bengal Act. XXVI of 1961. The title of the Society will be "..... (Name of the City) Urban Health Society". At City level, the management of NUHM activities will be coordinated by the said Society. The said Society shall be comprised of the following members:

(i)	Chairman	: Mayor of the Municipal Corporation
(ii)	Vice-Chairman	: Commissioner/Secretary of Municipal Corporation
(iii)	Vice-Chairman	: Mayor-in-Council, Health
(iv)	Secretary cum Convener	: Health Officer
(v)	Treasurer	: Accounts Officer/Finance Officer
(vi)	Member	: Representative of DM/SDO
(vii)	Member	: Dy. CMOH-I in District/ACMOH of the Sub-Division
(viii)	Member	: Superintendent of the Hospital (District/Sub-Divisional Hospital)

If required, additional number of members may be included as per requirement with the prior concurrence of State Urban Development Agency.

(b) I am further directed to inform that SUDA, on receipt of fund from West Bengal State Health & Family Welfare Samiti, will release fund to the aforesaid Municipal Corporations as per requirement. The Municipal Corporation will submit monthly Statement of Expenditure (SOE) and quarterly Utilization Certificate (UC) to SUDA.

For the purpose, a dedicated Bank Account for NUHM shall be maintained by each of the concerned Municipal Corporation.

Yours faithfully,

  
Special Secretary



**GOVERNMENT OF WEST BENGAL  
MUNICIPAL AFFAIRS DEPARTMENT  
WRITERS' BUILDINGS, KOLKATA**

No. 35(3)/MA/C-10/3S-17/2014 (Pt.)

Dated the 13<sup>th</sup> day of January, 2015

**From: Shri B. C. Patra  
Special Secretary to the  
Government of West Bengal.**

**To : (1) The Mayor  
Chandernagore Municipal Corporation/ Durgapur Municipal Corporation/ Howrah  
Municipal Corporation  
(2) The Administrator  
Asansol Municipal Corporation/ Siliguri Municipal Corporation  
(3) The Commissioner  
Asansol Municipal Corporation/ Chandernagore Municipal Corporation/ Durgapur  
Municipal Corporation/ Howrah Municipal Corporation/ Siliguri Municipal Corporation**

**Sub: Formation of City Urban Health Society in connection with the implementation of  
National Urban Health Mission (NUHM) in 5 Municipal Corporations.**

Sir,

I am directed to inform you that National Urban Health Mission (NUHM) has already been initiated to strengthen primary health care delivery system in urban areas. As per Project Implementation Plan (PIP) as communicated by the Health & Family Welfare Department, Government of West Bengal, following activities are to be undertaken by your Municipal Corporation:

(a) As per NUHM implementation framework (no. L. 19017/1/2008-UH), the Municipal Corporations are required to form a City Urban Health Society which is required to be registered under Certificate of Registration of Societies, West Bengal Act. XXVI of 1961. The title of the Society will be "..... (Name of the City) Urban Health Society". At City level, the management of NUHM activities will be coordinated by the said Society. The said Society shall be comprised of the following members:

- |        |                        |   |
|--------|------------------------|---|
| (i)    | Chairman               | : Mayor of the Municipal Corporation                                |
| (ii)   | Vice-Chairman          | : Commissioner/Secretary of Municipal Corporation                   |
| (iii)  | Vice-Chairman          | : Mayor-in-Council, Health  |
| (iv)   | Secretary cum Convener | : Health Officer  |
| (v)    | Treasurer              | : Accounts Officer/Finance Officer                                  |
| (vi)   | Member                 | : Representative of DM/SDO  |
| (vii)  | Member                 | : Dy. CMOH-I in District/ACMOH of the Sub-Division                  |
| (viii) | Member                 | : Superintendent of the Hospital (District/Sub-Divisional Hospital) |

If required, additional number of members may be included as per requirement with the prior concurrence of State Urban Development Agency.

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For the purpose, a dedicated Bank Account for NUHM shall be maintained by each of the concerned Municipal Corporation.

Yours faithfully,  
Sd/-  
Special Secretary

No. 35(3)/1(4)/MA/C-10/3S-17/2014 (Pt.)

Dated the 13<sup>th</sup> day of January, 2015

Copy forwarded for information to:

1. Mission Director, National Health Mission (NHM), Health & Family Welfare Department, 1<sup>st</sup> Floor, Granthagar Bhavan, Swasthya Bhavan Premises, GN-29, Sector-V, Salt Lake City, Kolkata-700 091.
- ✓ 2. Director, State Urban Development Agency
3. P.S. to MIC, Municipal Affairs & Urban Development Department.
4. Pr. S. to Principal Secretary, Municipal Affairs & Urban Development Department.

  
Special Secretary

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING  
"ILGUS BHAVAN"**

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

Ref No. **SUDA-Health/411(Pt.II)/14/295(05)**

Date **07.01.2015**

**From : Director, SUDA**

**To : The Commissioner  
Asansol / Chandernagore / Durgapur /  
Howrah / Siliguri Municipal Corporation**

**Sub. : Guideline for UHND under NUHM.**

Sir,

Enclosed kindly find herewith communication of MD, NHM, DHFW vide no. HFW/NRHM-734/2014/2014/6659 dt. 19.12.2014 along with guideline on Urban Health & Nutrition Day (UHND). You are requested to follow the guideline and implement UHND accordingly.

Thanking you.

Yours faithfully,

**Encl. : As stated.**

*WT 07/01/2015*  
Director, SUDA

**SUDA-Health/411(Pt.II)/14/295(05)/1(05)**

Dt. .. 07.01.2015

CC

- 1. The Mayor, Chandernagore / Durgapur / Howrah Municipal Corporation**
- 2. The Administrator, Asansol / Siliguri Municipal Corporation**

*WT 07/01/2015*  
Director, SUDA

*Entered on 08/01/15*



GOVERNMENT OF WEST BENGAL  
HEALTH & FAMILY WELFARE DEPARTMENT  
NATIONAL HEALTH MISSION (NHM)  
GN -29, 1ST FLOOR, GRANTHAGAR BHAWAN,  
SWASTHYA BHAWAN PREMISES, SECTOR -V  
SALT LAKE, BIDHANNAGAR, KOLKATA - 700 091.

☎ 033 - 2357 - 7928. 📠 033 - 2357 - 7930.

Email ID: amdnhmwb@gmail.com: website: [www.wbhealth.gov.in](http://www.wbhealth.gov.in)

Memo No. HFW/NRHM-734/2014/2014/6659

Date: 19.12.2014

From : Sanghamitra Ghosh  
Mission Director, NHM,  
Health and Family Welfare Department,  
Government of West Bengal.

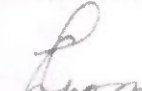
To : 1. Director State Urban Development Agency &  
Ex-officio Jt. Secretary Govt. of West Bengal  
Department of Municipal Affairs

2. The Chief Medical Officer of Health (All District including Health District)

Sir,

Enclosed is the guideline for UHND under NUHM and which is to be shared with the concerned ULBs.

Yours faithfully

  
(Sanghamitra Ghosh)

## Urban Health and Nutrition Day (UHND), Guidelines

### Introduction

Under National Urban Health Mission, organising Urban Health and Nutrition Days (UHNDs) is being considered as an important activity for providing quality maternal, child health care and nutrition services to the urban poor population with the help of HHW, FTS, ANM, AWW, ASHA and MAS. Hence, in order to reach out with the available services to all concerned, conducting regular Urban Health and Nutrition Days may be considered as an effective tool. It would help in delivering health care services at the doorstep of the un-served and underserved urban population thereby, lead to an improvement in the health status of the urban poor.

### Objectives of UHND:

- To provide health and nutrition services to the target community from an identified point through a convergent mechanism.
- To generate awareness among the target population about preventive and promotive aspects of health care.
- To improve the health seeking behavior of the target population.

### Frequency and venue

The UHND are to be held once in every month in all the service delivery point (AWC/SC and others). One ANM will cover 10000 population. All the vulnerable population are to be covered by the UHND. Ideally 1000 population will be covered by one session on UHND. If four sessions are to be arranged to cover the vulnerable population, then one UHND will have to be arranged in each week. If more than four sessions are to be arranged to cover the target population then number of UHND will have to be increased accordingly.

Venue of UHND is Anganwadi Centre (AWC)/Sub centre (SC)/Community Centre/ School premises/ any other appropriate place provided by the ULB/any appropriate place suggested by the community.

### Members to be present

- FTS is to be present in the UHNDs being held in her area.
- HHWs are to be present in the UHNDs being held in her area.

- ASHAs are to be present in the VHNDs being held in her area
- AWW of the area
- MAS of the area
- ANM- concerned ANM

#### Preparatory activities to be carried out for organising UHND

- State level convergence meeting with department of Health, Women & child Development and Social Welfare Department
- District level convergence meeting with District H & FW Department, Women & child Development and Social Welfare Department. City level functionaries of ULBs will participate in this convergence meeting.
- Observation of UHND in urban area by the City Health functionaries is the newer concept and City Health functionaries do not have any firsthand experience of it. VHNDs have been observed in rural area for quite a long time. Therefore CMOHs are requested to arrange exposure visit for the City Health functionaries. The City Health functionaries are requested to contact the concerned CMOH to have exposure visit to have firsthand experience of VHND.
- City-level planning on UHND - staff mobilization, identification of site for UHND by HO/MO of ULB, MO U-PHC, GPO, Ward Councilors, ANM, ICDS Supervisor, FTS will also be a part of this planning.
- Ward level planning of UHND by FTS, ASHA/HHW, ANM, ICDS supervisor, elected representative of the same ward. The detailed micro plan for UHND will be developed at this level based on the guidance from the U-PHC/ULB.
- The specified day and time of the UHNDs needs to be intimated well in advance so that preparations may be made. All logistic arrangements for conducting immunisation sessions needs to be arranged by the U-PHC/ULB following the existing guidelines.
- All AWCs, SCs and should have the venue of the UHND sessions clearly displayed along with the services available.
- IPC especially by ASHAs, AWWs, HHW and MAS members to be done in the locality stating the time and day of UHND.
- Preparation of the list of beneficiaries of health & nutrition services, especially the drop outs and left outs are to be completed on the 3<sup>rd</sup> Saturday meetings by the ANM, AWW with inputs from the ASHA, HHW.

#### Services to be rendered in the Urban Health and Nutrition Day:



The following services are to be rendered at the Urban Health and Nutrition Day

**Health related services:**

- Registration of all pregnant women
- Provision of ANC (TT,IFA, BP, Weighing, Hb% estimation, Urine examination, advice and if possible-abdominal examination) to all registered pregnant women
- Helping pregnant women and families to develop a birth micro plan
- Administering vaccines to all eligible children -all norms remaining unchanged
- Vitamin A solution to be administered to eligible children
- Identification of danger signs in pregnant women and sick children and appropriate management or referral
- Provision of condoms and OCPs as informed choice of the eligible couples
- Services to drop out pregnant women and children eligible for ANC/PNC/immunization and other FP methods are to be provided on a priority basis

**Nutrition related services:**

- Growth monitoring: Weighing of all children 0-6 years and subsequent plotting in the individual growth chart
- Identify severely and moderately underweight children for counseling and referral to U-PHC/U-CHC/higher institutions as applicable, for further assessment & management
- In case of children who are sick due to severe malnutrition or suffering from infections identification may be done at the UHND with referral to the nearby U-PHC for further treatment

**Counseling related services:**

During UHNDs, beneficiaries will be given counseling on a one to one basis on topics applicable for the individual beneficiary (e.g. counseling on birth preparedness for pregnant women, counseling on exclusive breastfeeding for lactating women etc). In addition, health and nutrition education will be given to the mothers and other beneficiaries as a group on relevant topics. Topics will be selected based on need (e.g. health education on diarrhea prevention & control to be discussed before the diarrhoeal season begins).

The suggest topics to be included for counseling & health education are as below

- Importance of Antenatal Care
- Danger sign during pregnancy
- Importance of institutional deliveries and nearest place of delivery
- Importance of seeking post natal care
- Essential New Born Care
- Registration for JSY
- Exclusive breast feeding
- Weaning and Supplementary feeding
- Balanced diet including diet during adolescence, pregnancy, lactation period
- Care during diarrhoea and home management
- Care during Acute Respiratory Infections
- Prevention of malaria, dengue TB and other communicable diseases
- Prevention of RTI/STD/HIV/AIDS
- Importance of safe drinking water
- Personal hygiene
- Dangers of sex selection
- Age at marriage

Continued activities after UHNDs

- Review activities of UHND in the 3<sup>rd</sup> Saturday meetings
- Identify drop outs and share list with all concerned
- Plan to cover drop outs accordingly in next session
- Continued advocacy through Interpersonal communication
- Follow-up of referred cases. Medical officers to give priority to cases referred from UHND session.

### **Role of different stakeholders**

The roles and responsibilities of different stakeholders for organising the UHNDs are as follows

#### **HHW/ASHA**

- Be present in all UHNDs being held in her area of operation
- Mobilize and inform all beneficiaries to avail the services at the UHND during her regular home visits

- Identify drop outs related to ANC, immunization, FP and other services and inform them about the date on which UHNDs are to be held
- Counseling on issues primarily on the ones highlighted above
- Support the AWW and ANM during UHNDs

#### **AWW**

- Make all possible arrangements for holding the UHND in the AWC
- Mobilize all eligible beneficiaries including drop-outs for available nutritional services from the UHND
- Linkage with the concerned ANM for finalizing the dates of UHND
- Linkage with ASHA for field mobilization
- Be present at the AWC/SC on the UHND
- Growth monitoring and counseling
- Counseling on nutritional issues at the UHND
- Referral of moderately & severely underweight children
- Report on UHND as per specified format to the ANM

#### **ANM/FTS**

- Provide health related services including immunization
- Ensure the supply of medicines, vaccines and other related supplies
- Counseling on health issues as and when required along with AWWs and ASHAs
- As the team leader guide the team in preparation & conduction of UHNDs and follow up of beneficiaries and drop-outs
- Report on the UHNDs to U-PHC level
- Make arrangement for holding the UHND in a proper place in order to provide necessary services to all beneficiaries
- Timely review of the progress of the UHND
- Arrange for miking and publicity and maintain liaison with concerned ward councillor

#### **Mahila Arogya Samiti (MAS) members**

- To assist the front line workers in identification and listing of beneficiaries for UHND
- Tracking of left out and drop out cases for vaccination from the allocated households
- To assist the front line workers in mobilizing the community on the day of UHND
- Help in logistic arrangements at the AWC/other identified point



### Process of Coordination & Reporting:

- Coordination within the departments will be maintained at the state level under guidance of the Mission Director National Health Mission (NHM)
- DMCHO and DPO ICDS are the District level Nodal Officers from the respective department for UHND. They will also conduct field visits to different UHND sites to assess the progress of the same. CMOHs of the districts will maintain the coordination among the departments.
- At the ULB level, Municipality Health Officials will maintain close liaison with the DPML. They will share report, review activity and send feed back to the concerned U-PHC to share it with the front line workers.
- Facility (SC/AWC) level reporting on UHND is to be done by the ANM/FTS. The reporting format for the month is to be filled up and submitted to the MO U-PHCs during the 1<sup>st</sup> Saturday MIES meeting. A prescribed reporting format for UHNDs is attached as annexure-I.
- At the U-PHC compilation of UHND data will be done by one of the GNM as assigned by the MO, U-PHC and will be sent to ULB for final compilation and onwards transmission to District. A copy of the report will also be sent to ACMOH (if the city is a sub division). These reports will be sent on monthly basis.
- District will send compiled report to the State on quarterly basis.

### Monitoring & Supervision:

- At the 3<sup>rd</sup> Saturday meeting in presence of all the stakeholders the progress of UHND is to be assessed by the ANM/FTS.
- Health & ICDS personnel both will monitor UHND sessions and provide supportive supervision to the workers. This will be linked to immunization session monitoring. Wherever possible, joint monitoring & supervisory visit by Health & ICDS officials may be conducted. A prescribed format will be used for monitoring UHND sessions. Apart from field visits, reports of UHNDs will also be reviewed at U-PHC, ULB and district levels.
- Health officer of the ULB, Medical Officer U-PHC and ICDS Supervisors will visit and monitor at least 4 UHNDs under different sub-centre/AWC areas per month. This will ensure that each UHND session will be monitored roughly once every quarter. The monitoring findings will be discussed at the monthly MIES meetings.
- Filled-up monitoring formats (along with UHND reporting formats) will be compiled at

the Municipality for analysis and review by HO/MC.

- District team of DPHNO/DMCHO/Dy CMO/III/CMOH will supervise at least 4 UHNDs of different ULBs per month. Each ACMOH will monitor at least 2 UHNDs per month.
- At district level, similarly Municipality-wise compilation will be done by Statistical Manager and reviewed by district officials of Health & ICDS.





**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/411(Pt.II)/14/275

Date 16.12.2014

From : Director, SUDA

To : The Principal Secretary  
Department of Municipal Affairs  
Writers' Building

Sub. : Implementation of National Urban Health Mission (NUHM) in 05  
Municipal Corporations.

Sir,

This is to state that some queries raised by the Department regarding various issues towards implementation of NUHM have already been replied by SUDA and the different activities have been approved by the Hon'ble MIC, MA & UD. Copy of the relevant note sheet pages are enclosed herewith for ready reference.

You are requested to issue an order regarding formation of City Urban Health Society and opening of Bank A/C (as per NSP-7) by each of the 05 Municipal Corporations i.e. Asansol, Chandernagore, Durgapur, Howrah & Siliguri Municipal Corporation. Draft Order in this regard is also enclosed herewith.

Thanking you.

Yours faithfully,

Encl. : As stated.

  
Director, SUDA

**D r a f t**

**Memo No. :**

**Date :**

**From :**

**Department of Municipal Affairs**

**To :**

**The Commissioner  
Asansol / Chandernagore / Durgapur / Howrah / Siliguri Municipal Corporation**

**:**

**The Mayor  
Chandernagore / Durgapur / Howrah Municipal Corporation**

**:**

**The Administrator  
Asansol / Siliguri Municipal Corporation**

**Sub. : Formation of City Urban Health Society relating to implementation of  
National Urban Health Mission (NUHM) in 05 Municipal Corporations.**

**Sir,**

You are aware that activity under National Urban Health Mission (NUHM) has already been initiated to strengthen primary Health care delivery system in Urban area. As per Project Implementation Plan (PIP) as communicated by Health & Family Welfare Department, West Bengal the following activities are to be undertaken by your ULB :

• **Formation of City Urban Health Society**

As per NUHM implementation framework (no. L.19017/1/2008-UH), the Municipal Corporations are required to form a City Urban Health Society which is to be registered under Certificate of Registration of Societies, West Bengal Act. XXVI of 1961. The title of the Society will be "..... (Name of the City) Urban Health Society". At City level, the management of NUHM activities will be coordinate by the said Society.

The suggested structure of society is as under :

- |      |                        |   |   |
|------|------------------------|---|---|
| i)   | Chairman               | : | Mayor of the Municipal Corporation                |
| ii)  | Vice-Chairman          | : | Commissioner / Secretary of Municipal Corporation |
| iii) | Vice-Chairman          | : | Mayor-in-Council, Health                          |
| iv)  | Secretary cum Convener | : | Health Officer                                    |

- |       |           |   |   |
|-------|-----------|---|---|
| v)    | Treasurer | : | Accounts Officer / Finance Officer                          |
| vi)   | Member    | : | Representative of DM / SDO                                  |
| vii)  | Member    | : | Dy. CMOH - I in District / ACMOH of the Sub-Division        |
| viii) | Member    | : | Supdt. of the Hospital (District / Sub-Divisional Hospital) |

If required, additional no. of members may be included as per requirement.

• **Fund flow to the Corporations under NUHM and opening of Bank A/C.**

SUDA on receipt of fund from West Bengal State Health & Family Welfare Samiti, will release fund to the above mentioned Municipal Corporations as per requirement. The Municipal Corporation will submit monthly Statement of Expenditure (SOE) and quarterly Utilisation Certificate (UC) to SUDA.

For the purpose, a dedicated Bank A/C for NUHM shall be maintained by each of the concerned Municipal Corporation.

Thanking you.

Yours faithfully,

.....  
**Dept. of Municipal Affairs**

**Memo No. :**

**Date :**

**CC**

1. **The MD, NIM, DHFW**
2. **Director, SUDA**
3. ....

.....  
**Dept. of Municipal Affairs**



**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

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

Ref No. .... SUDA-Health/411/14/270

08.12.2014  
Date .....

**From :** Director, SUDA

**To :** The MD, NHM  
Department of Health & Family Welfare  
Swasthya Bhawan.

**Sub. :** MoU between WB State Health Samiti and SUDA for implementation of  
NUHM in 05 Municipal Corporations.

**Madam,**


Enclosed kindly find herewith two copies of MoU signed by the undersigned on behalf of SUDA for taking further necessary action w.r.t. signing on behalf of West Bengal State Health and Family Welfare Samiti.

You are requested to forward one copy of signed MoU for keeping office record at SUDA.

Thanking you.

Yours faithfully,

**Encls. :** As stated.

  
Director, SUDA

SUDA-Health/411/14/270/1(1)

Dt. .. 08.12.2014

CC

The AMD, NHM, DHFW

  
Director, SUDA

Letter issued by Mission Director, National Health Mission (NHM) enclosed at Flag "A" may kindly be taken into consideration wherein it is entrusted that SUDA will act as nodal organization towards implementation of a newly introduced scheme namely "National Urban Health Mission" in 05 nos. of Municipal Corporations. As instructed by MD, NHM vide letter no. H/SFWB/28R-02-2012/4806 dated 21.08.2014 (placed at Flag "A") it is required to open a dedicated bank account in scheduled bank as concurred by Finance Department vide memo no. 675-F dt. 22.01.2008 (at Flag "B"). The approved bank name is mentioned in Finance Department memo no. 6426-F(Y) dt. 25.07.2012 and 9668-F(Y) dt. 30.11.2012 (Copy enclosed at Flag "C" and "D" respectively).

It is proposed that a dedicated bank account may be opened in scheduled bank after obtaining approval from Finance Department for smooth implementation of NUHM scheme. Filled-in proforma i.e. (a) Statement showing the particulars of existing Bank account at Flag "E", (b) Quarterly statement of Bank account at Flag "F", (c) Proposal for opening of Bank account at Flag "G" are enclosed herewith.

Hence, we may move to M.A. Deptt. for obtaining approval from Finance Department for opening of dedicated Bank A/C for NUHM Project by SUDA.

Submitted.

P.O. (H)  
F.A & B.O  
Addl. Director  
(Finance)

21-11-2014  
Signature  
21.11.14

Signature  
21/11/14

Director

The matter regarding opening of Bank account for National Urban Health Mission fund may be taken up with the Finance Deptt for obtaining their approval as proposed above.

for Secretary

L.O. No. SUDA: 1082/14  
Dated: 24-11-14  
SUDA-Health  
11/12-14



Annexure-I  
(See Para 1)

STATEMENT SHOWING THE PARTICULARS OF BANK ACCOUNTS ALREADY OPENED

Name of Department: Municipal Affairs Department  
Name of the Office: State Urban Development Agency (SUDA)

Sl. No.	Name, Designation of the Account Holder and Address of the Office	Name of the Bank & Name of the Branch	Bank Account Number with Nature of A/C (Current/Savings)	Scheme and purpose of opening of the account	Date of Opening	Bank Branch Code given by the DTA	Remarks
1	2	3	4	5	6	7	8
	Dr. S. Goswami, Project Officer, SUDA and Sri Dipankar Choudhury, Finance Officer, SUDA-Health State Urban Development Agency, "ILGUS Bhawan", HC Block, Sector-III, Bidhanagar, Kolkata - 700106	Central Bank of India, Block-DD, Plot-13-18, Sector-I, Salt Lake, Kol-64	1537964923	IPP-VIII (Exten.), O&M, SUDA	01.04.2010	NA	
		Central Bank of India, Block-DD, Plot-13-18, Sector-I, Salt Lake, Kol-64	1537964876	State Urban Development Agency- RCH-Asansol	01.04.2004	NA	
		Central Bank of India, Block-DD, Plot-13-18, Sector-I, Salt Lake, Kol-64	3207615590	Urban Primary Health Care Service	01.10.2012	NA	

Date: 21.11.2014

Signature with seal of the Authorised Officer



Annexure-II  
(See Para 2)

PROPOSAL FOR OPENING OF BANK ACCOUNT

Name of Department: Municipal Affairs Department  
Name of the Office: State Urban Development Agency (SUDA)

Sl. No.	Name, Designation of the Account Holder and Address of the Office	Name of the Bank & Name of the Branch	Bank Account Number with Nature of A/C (Current/Savings)	Scheme and purpose of opening of the account	Date of Opening	Bank Branch Code given by the DTA	Remarks
1	2	3	4	5	6	7	8
	Director, SUDA and Project Officer, SUDA SUDA-Health State Urban Development Agency, "ILGUS Bhawan", HC Block, Sector-III, Bidhannagar, Kolkata - 700106	Scheduled Bank	Current A/C yet to be opened	Dedicated Bank A/C for mobilisation of scheme fund in respect of salary honorarium and others under National Urban Health Mission	Yet to open	NA	

Date: 21.11.2014

Signature with seal of the Authorised Officer



Annexure-III  
(See Para 7)

QUARTERLY STATEMENT SHOWING THE AMOUNT DEPOSITED & WITHDRAWN FROM THE BANK ACCOUNTS

Name of Department: Municipal Affairs Department  
 Name of the Office: State Urban Development Agency (SUDA)  
 Period: From 01.04.2014 to 30.09.2014

Sl. No.	Designation of the Account Holder	Name of the Bank/Branch	Account No.	Opening Balance	Amount Deposited	Amount Withdrawn	Closing Balance	Bank Branch Code given by the DTA
1	2	3	4	5	6	7	8	9
1	Dr. S. Goswami, Project Officer, SUDA	Central Bank of India, Block-DD, Plot-13-18, Sector-I, Salt Lake, Kol-64	1537964923	188,733,203.75	21,017,925.00	20,818,081.00	188,933,047.75	
2	and Sri Dipankar Choudhury, Finance Officer, SUDA-Health State Urban Development Agency, "ILGUS Bhawan", HC Block, Sector-III, Bidhannagar, Kolkata - 700106	Central Bank of India, Block-DD, Plot-13-18, Sector-I, Salt Lake, Kol-64	1537964876	2,296,761.70	-	-	2,296,761.70	
3		Central Bank of India, Block-DD, Plot-13-18, Sector-I, Salt Lake, Kol-64	3207615590	51,450,710.00	533,376,561.00	154,330,758.00	430,496,513.00	

Date: 21.11.2014

Signature with seal of the Authorised Officer

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

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

**Ref No. SUDA-Health/411/14/270**

**Date 08.12.2014**

**From : Director, SUDA**

**To : The MD, NHM  
Department of Health & Family Welfare  
Swasthya Bhawan.**

**Sub. : MoU between WB State Health Samiti and SUDA for implementation of  
NUHM in 05 Municipal Corporations.**

**Madam,**

Enclosed kindly find herewith Draft MoU as mentioned above which has been revised at serial no. 1.5, 2.1, 4.2, 4.4 & 6.1(a) and approved by the Hon'ble Minister-in-Charge, MA & UD

You are requested to grant your approval so that the MoU could be signed by the undersigned.

Thanking you.

Yours faithfully,

**Enclo. : As stated.**

  
**Director, SUDA**

**SUDA-Health/411/14/270/1(1)**

**Dt. .. 08.12.2014**

**CC**

**The AMD, NHM, DHFW**

  
**Director, SUDA**

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**Memorandum of Understanding (MoU) between State Urban Development Agency and ..... Municipal Corporation for implementation of National Urban Health Mission (NUHM)**

**1. Preamble**

1.1 *WHEREAS* the National Urban Health Mission, a sub mission under the National Health Mission, hereinafter referred to as NUHM aims to provide accessible, affordable, and equitable primary health care to people living in the cities and towns, with special focus on the urban poor and other vulnerable sections like destitute, beggars, street children, construction workers, rickshaw pullers, etc.

1.2 *AND WHEREAS* the NUHM would achieve its objectives through

- (a) mapping of the urban poor and vulnerable populations,
- (b) establishment of new Primary Health Centres to serve the un-served population;
- (c) strengthening of the existing primary health care services, with special focus on the urban poor
- (d) greater involvement of the community, especially the slum and other underprivileged community through community groups like Mahila Arogya Samiti (MAS);
- (e) involvement of the Urban Local Bodies in mapping, planning and implementation; and
- (f) convergence with schemes relating to housing, sanitation, water supply, nutrition, etc. (social determinants of health)

1.3 *AND WHEREAS* the NUHM will be implemented in the .....Municipal Corporation through the respective City Urban Health Society under the supervision of the State Urban Development Agency (SUDA).

1.4 *AND WHEREAS* the City Urban Health Society of ..... Municipal Corporation with the State Urban Development Agency (SUDA), before started implementation of the approved activities under NUHM.

1.5 *NOW THEREFORE* the signatories to this Memorandum of Understanding (hereinafter referred to as MoU) have agreed as set out herein below, between the State Urban Development Agency (SUDA), represented by the Director, SUDA and the Municipal Corporations, represented by the Commissioner / Secretary of respective Municipal Corporations.

2. **Duration of the MoU**

2.1 This MoU will be operative with effect from the date of its signing by the parties concerned and will remain in force till 31.03.2017 and such extended period as may be approved by the Government.

3. **City NUHM Programme Implementation Plan (PIP) and its financing**

3.1 NUHM recognizes the need for a city specific, decentralized planning process whereby the city would be required to develop a City Project Implementation Plan (PIP), under the supervision of State Urban Development Agency (SUDA) based on the Framework for Implementation of NUHM, with due regards to the assessment of local health needs.

3.2 The City Urban Health Society of .....Municipal Corporation in association with State Urban Development Agency (SUDA) will set their own annual level of achievement for the outcomes / outputs in consultation with the State Health Society.

3.3 The implementation of the approved action plan as set out in the PIP shall be reviewed at the appropriate level once in every quarter.

3.4 The funds released under NUHM are for additional inputs and processes and are not to be substituted for existing budgets. This implies that the ULB budgetary allocations for provision of health care would continue and the NUHM funds can be used as additionally to expand health care services specifically for the urban poor.



#### 4. Funds Flow arrangements

- 4.1. The first installment of grant-in-aid to the ..... Municipal Corporation shall be released by State Urban Development Agency upon signing of this MoU.
- 4.2 Subsequent releases shall be regulated on the basis of a written report with seal & signature to be submitted by the ..... Municipal Corporation to the State Urban Development Agency including the following:
- Physical progress against targets referred to in the City PIP by the City urban Health Society.
  - Statement of Expenditure confirming utilization of at least 70% of the previous release(s).
  - Utilization Certificate(s) and Audit reports wherever they have become due as per agreed procedures under General Financial Rules (GFR).
- 4.3 The ..... Municipal Corporation will keep its funds in a separate interest bearing account in any nationalized bank.
- 4.4 The ..... Municipal Corporation will organize the Internal Audit of its accounts within six-months of the close of every financial year. The ..... Municipal Corporation will prepare and provide to the State Urban Development Agency (SUDA), a consolidated statement of expenditure, including the interest accrued on the funds provided by the State Urban Development Agency.
- 4.5 The funds released under NUHM will also be subject to statutory audit by the Comptroller and Auditor General of India.

**5. Institutional Arrangements**

- 5.1 City Urban Health Society of ..... Municipal Corporation should be constituted at the city level, to be headed by the Mayor, to provide policy guidance for the implementation of the NUHM in the city.
- 5.2 A City Programme Management Unit (CPMU) will be established with adequate staffing for the day to day management of NUHM activities in the ..... Municipal Corporation. The CPMU may consist of urban health and programme management professionals hired on contractual basis as to be intimated by SUDA in due course.
- 5.3 All the health care facilities supported under NUHM would be required to constitute a Rogi Kalyan Samiti (RKS) at the facility level and the guideline for conducting of such as to be decided by the Department of Health & Family Welfare.
- 5.4 The HR under NUHM will be recruited as per memo no H/SFWB/28R-02-2012/4806 dated 21/08/2014. The State Health and Family Welfare Samiti / SPMU will be associated in the evaluation of the performance of the contractual staff at the end of every financial year, and, based on the joint review, the contracts will be renewed.

**6. Commitments of the State Urban Development Agency (SUDA)**

- 6.1 **The State Urban Development Agency commits to:**
  - (a) Ensure that existing budgetary support under state budget for Municipal Affairs Department and budget of Municipal Corporation for urban health facilities and programmes shall continue and are not substituted by the NUHM funds.
  - (b) Co-ordinate technical assistance provided by various state level agencies like State Health Systems Resource Centre, State Institute of Health & Family Welfare, State ASHA Resource Centre, etc. in consultation with State Health & Family Welfare Samiti.
  - (c) Dissemination of various research works, evaluation, reports etc., that have a bearing on the planning and implementation of NUHM.

- (d) Build the capacity of the City Urban Health Society and CPMU of the Municipal Corporation to plan and implement NUHM effectively.

7. **Commitments of the City Urban Health Society:**

7.1 The City Urban Health Samiti commits to ensure that the funds made available to take up the activities approved under NUHM PIP are used for financing only the approved activities in accordance with the NHM Implementation Framework, NUHM Framework for Implementation, Guidelines issued by the Government of India and the State Government from time to time.

7.2 The City Urban Health Society also commits to ensure the following:

(a) **Steps for improving reach of health care services to urban poor**

- i. Map all the existing slums (listed and unlisted) with a provision for yearly updation of the same.
- ii. Organise regular outreach sessions in the slums and special outreach sessions for the vulnerable populations.
- iii. Develop strategies for reaching out to the highly vulnerable section like destitute, beggars, street children, construction workers, coolies, rickshaw pullers, sex workers and other such migrant workers category who do not reside in slums but reside in temporary settlements, or elsewhere in any part of the city or are homeless are clearly developed and make separate budget outlay for them in the City NUHM PIP.

(b) **Steps for improving service delivery**

- i. Operationalising Urban Primary Health Centers (UPHC)
  - a. Functional for a population of approximately 50,000-60,000 the UPHC may be located preferably within a slum or within half a kilometer radius of the slum, catering to a slum population of approximately 25,000-30,000.

- b. At the UPHC level services provided should include out-patient consultation, basic lab diagnosis, drug/contraceptive dispensing, apart from distribution of health education material and counselling for all communicable and non-communicable diseases. In order to ensure access to the urban slum population at convenient timings, the UPHC may provide services from 12 noon to 8 pm in the evening.
        - c. All the primary health care services shall be provided free of cost.
- ii. Operationalising Urban Community Health Centers (UCHC)
  - a. Urban Community Health Centre (UCHC) may be set up as first referral units to cater to a population of 2, 50,000. The UCHCs will have 30-100 beds to provide in-patient care. These would be in addition to the existing facilities (SDH/DH) to cater to the urban population in the locality.
  - b. The UCHC would provide referral medical care, surgical facilities and facilities for institutional delivery.
- iii. Strengthening Outreach Services
  - a. Apart from routine outreach sessions for the urban population, special outreach sessions may be organised once in a week by the ANMs covering slum/vulnerable populations. It may include the services of other health professionals including doctors / pharmacist / technicians / nurses – deputed by the government or engaged from the private sector. The services may include screening and follow-up, basic lab investigations (using portable /disposable kits), drug dispensing, and counselling.



iv. Strengthening Community Process

a. Accredited Social Health Activist (ASHA): Each slum/community would have one frontline community worker called ASHA, covering about 200-500 households. The ASHA would help the ANM in delivering outreach services in the vicinity of the doorsteps of the beneficiaries. The City Urban Health Samati would initiate the process of ASHA selection and engage them as per the Community Processes Guidelines issued by the Ministry of Health & Family Welfare, Government of India.

b. Mahila Arogya Samiti (MAS): The MAS may be constituted as per the Government of India guidelines on Community Processes under NUHM. It would be a group of 10-12 women selected from a catchment of around 50-100 households with an elected Chairperson and a Treasurer, supported by an ASHA. It would be involved in community awareness, interpersonal communication, community based monitoring and linkages with the services and referral.

(c) Convergence of all national health programmes, and convergence between health programmes and various social determinants of health.

(d) Put in place a transparent mechanism and follow sound financial management practices and internal control mechanisms.

7.3 The .....Municipal Corporation, agrees to abide by all the existing manuals, guidelines, instructions and circulars issued in connection with implementation of the NUHM, which are not contrary to the provisions of this MoU.

7.4 The ..... Municipal Corporation also commits to take prompt corrective action in the event of any discrepancies or deficiencies being pointed out in the audit. Every audit

report and the report of action taken thereon shall be tabled in the next ensuing meeting of the Governing Body of the City Health Society.

**8. Suspension**

8.1 Non-compliance of the commitments and obligations set hereunder and/or upon failure to make satisfactory progress may require State Urban Development Agency, to review the assistance committed through this MoU leading to suspension, reduction or cancellation thereof. The State Urban Development Agency in consultation with Health & Family Welfare Department, Government of West Bengal commits to issue sufficient alert to the ..... Municipal Corporation before contemplating any such action.

Signed this day, the ..... of .....(month), 20.....

For and on behalf of the .....

Municipal Corporation

For and on behalf of the State Urban

Development Agency (SUDA)

\_\_\_\_\_

Commissioner / Secretary

\_\_\_\_\_

Director, SUDA

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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## Memorandum of Understanding (MoU) between West Bengal State Health Samity and State Urban Development Agency (SUDA) for implementation of National Urban Health Mission (NUHM)

### 1. Preamble

- 1.1 *WHEREAS* the National Urban Health Mission, a sub mission under the National Health Mission, hereinafter referred to as NUHM aims to provide accessible, affordable, and equitable primary health care to people living in the cities and towns, with special focus on the urban poor and other vulnerable sections like destitute, beggars, street children, construction workers, rickshaw pullers, etc.
- 1.2 *AND WHEREAS* the NUHM would achieve its objectives through
- (a) mapping of the urban poor and vulnerable populations,
  - (b) establishment of new Primary Health Centres to serve the un-served population;
  - (c) strengthening of the existing primary health care services, with special focus on the urban poor
  - (d) greater involvement of the community, especially the slum and other underprivileged community through community groups like Mahila Arogya Samiti (MAS);
  - (e) involvement of the Urban Local Bodies in mapping, planning and implementation; and
  - (f) convergence with schemes relating to housing, sanitation, water supply, nutrition, etc. (social determinants of health)
- 1.3 *AND WHEREAS* the NUHM will be implemented in the Municipal Corporations of **Howrah, Chandernagore, Durgapur, Asansol and Siliguri** cities through the respective City Urban Health Society under the supervision of the State Urban Development Agency (SUDA).
- 1.4 *AND WHEREAS* the City Urban Health Society of the respective Municipal Corporations, as mentioned in 'para 1.3' of this MoU have to sign a separate Memorandum of Understanding (MoU) with the State Urban Development Agency (SUDA), before started implementation of the approved activities under NUHM.



1.5 *NOW THEREFORE* the signatories to this Memorandum of Understanding (hereinafter referred to as MoU) have agreed as set out herein below, between the State Health and Family Welfare Samiti, represented by the Principal Secretary to the Government of West Bengal, Health & Family Welfare Department, and the State Urban Development Agency (SUDA), represented by the Director, SUDA.

2. **Duration of the MoU**

2.1 This MoU will be operative with effect from the date of its signing by the parties concerned and will remain in force till 31.03.2017 and such extended period as may be approved by the Government.

3. **City NUHM Programme Implementation Plan (PIP) and its financing**

3.1 NUHM recognizes the need for a city specific, decentralized planning process whereby the city (i.e. 05 Municipal Corporations) would be required to develop a City Project Implementation Plan (PIP), under the supervision of State Urban Development Agency (SUDA) based on the Framework for Implementation of NUHM, with due regards to the assessment of local health needs.

3.2 The City Urban Health Society of **Howrah, Chandernagore, Durgapur, Asansol and Siliguri** Municipal Corporations in association with State Urban Development Agency (SUDA) will set their own annual level of achievement for the outcomes / outputs.

3.3 The implementation of the approved action plan as set out in the PIP shall be reviewed at the appropriate level once in every quarter.

3.4 The funds released under NUHM are for additional inputs and processes and are not to be substituted for existing budgets. This implies that the ULB budgetary allocations for provision of health care would continue and the NUHM funds can be used as additionality to expand health care services specifically for the urban poor.



#### 4. Funds Flow arrangements

- 4.1. The first installment of grant-in-aid to the State Urban Development Agency (SUDA) for Howrah, Chandernagore, Durgapur, Asansol and Siliguri under this MoU shall be made upon signing of this MoU.
- 4.2. Subsequent releases shall be regulated on the basis of a written report with seal & signature to be submitted by the State Urban Development Agency (SUDA) to the State Health and Family Welfare Samiti including the following :
- Physical progress against targets referred to in the City PIP by the respective City urban Health Society.
  - Statement of Expenditure confirming utilization of at least 70% of the previous release(s).
  - Utilization Certificate(s) and Audit reports wherever they have become due as per agreed procedures under General Financial Rules (GFR).
- 4.3. The State Urban Development Agency (SUDA) will keep its funds in a separate interest bearing account in any nationalized bank.
- 4.4. The State Urban Development Agency (SUDA) will organize the Internal Audit of its accounts within six-months of the close of every financial year. The State Urban Development Agency (SUDA) will prepare and provide to the State Health and Family Welfare Samiti, a consolidated statement of expenditure, including the interest accrued on the funds provided by the State Health and Family Welfare Samiti.
- 4.5. The funds released under NUHM will also be subject to statutory audit by the Comptroller and Auditor General of India.

**5. Institutional Arrangements**

- 5.1 City Urban Health Society for each of the Municipal Corporations should be constituted at the city level, to be headed by the Mayor, to provide policy guidance for the implementation of the NUHM in the city.
- 5.2 A City Programme Management Unit (CPMU) will be established with adequate staffing for the day to day management of NUHM activities in the respective Municipal Corporations. The CPMU may consist of urban health and programme management professionals hired on contractual basis as to be intimated by SUDA in due course.
- 5.3 All the health care facilities supported under NUHM would be required to constitute a Rogi Kalyan Samiti (RKS) at the facility level and the guideline for conducting of such as to be decided by the Dept. of Health & Family Welfare.
- 5.4 The HR under NUHM will be recruited as per memo no H/SFWB/28R-02-2012/4806 dated 21/08/2014. The State Health and Family Welfare Samiti/SPMU will be associated in the evaluation of the performance of the contractual staff at the end of every financial year, and, based on the joint review, the contracts will be renewed.

**6. Commitments of the State Health and Family Welfare Samiti**

- 6.1 **The State Health and Family Welfare Samiti commits to:**
  - (a) Ensure that existing budgetary support under state budget of Municipal Affairs Department for urban health facilities and programmes shall continue and are not substituted by the NUHM funds.
  - (b) Co-ordinate technical assistance provided by various state level agencies like State Health Systems Resource Centre, State Institute of Health & Family Welfare, State ASHA Resource Centre, etc.
  - (c) Dissemination of various research works, evaluation, reports etc., that have a bearing on the planning and implementation of NUHM.

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- (d) Build the capacity of the City Urban Health Society and CPMU of the Municipal Corporations to plan and implement NUHM effectively.

**7. Commitments of the City Urban Health Society:**

7.1 The City Urban Health Samiti commits to ensure that the funds made available to take up the activities approved under NUHM PIP are used for financing only the approved activities in accordance with the NHM Implementation Framework, NUHM Framework for Implementation, Guidelines issued by the Government of India and the State Government from time to time.

7.2 The City Urban Health Society also commits to ensure the following:

**(a) Steps for improving reach of health care services to urban poor**

- i. Map all the existing slums (listed and unlisted) with a provision for yearly updation of the same.
- ii. Organise regular outreach sessions in the slums and special outreach sessions for the vulnerable populations.
- iii. Develop strategies for reaching out to the highly vulnerable section like destitute, beggars, street children, construction workers, coolies, rickshaw pullers, sex workers and other such migrant workers category who do not reside in slums but reside in temporary settlements, or elsewhere in any part of the city or are homeless are clearly developed and make separate budget outlay for them in the City NUHM PIP.

**(b) Steps for improving service delivery**

- i. Operationalising Urban Primary Health Centers (UPHC)
  - a. Functional for a population of approximately 50,000-60,000 the UPHC may be located preferably within a slum or within half a kilometer radius of the slum, catering to a slum population of approximately 25,000-30,000.



- (17)
- b. At the UPHC level services provided should include out-patient consultation, basic lab diagnosis, drug/contraceptive dispensing, apart from distribution of health education material and counselling for all communicable and non-communicable diseases. In order to ensure access to the urban slum population at convenient timings, the UPHC may provide services from 12 noon to 8 pm in the evening.
  - c. All the primary health care services shall be provided free of cost.
- ii. Operationalising Urban Community Health Centers (UCHC)
- a. Urban Community Health Centre (UCHC) may be set up as first referral unitsto cater to a population of 2, 50,000. The UCHCs will have 30-100 beds to provide in-patient care. These would be in addition to the existing facilities (SDH/DH) to cater to the urban population in the locality.
  - b. The UCHC would provide referral medical care, surgical facilities and facilities for institutional delivery.
- iii. Strengthening Outreach Services
- a. Apart from routine outreach sessions for the urban population, special outreach sessions may be organised once in a week by the ANMs covering slum/vulnerable populations. It may include the services of other health professionals including doctors / pharmacist / technicians / nurses – deputed by the government or engaged from the private sector. The services may include screening and follow-up, basic lab investigations (using portable /disposable kits), drug dispensing, and counselling.



iv. Strengthening Community Process

a. Accredited Social Health Activist (ASHA): Each slum/community would have one frontline community worker called ASHA, covering about 200-500 households. The ASHA would help the ANM in delivering outreach services in the vicinity of the doorsteps of the beneficiaries. The City Urban Health Samati would initiate the process of ASHA selection and engage them as per the Community Processes Guidelines issued by the Ministry of Health & Family Welfare, Government of India.

b. Mahila Arogya Samiti (MAS): The MAS may be constituted as per the Government of India guidelines on Community Processes under NUHM. It would be a group of 10-12 women selected from a catchment of around 50-100 households with an elected Chairperson and a Treasurer, supported by an ASHA. It would be involved in community awareness, interpersonal communication, community based monitoring and linkages with the services and referral.

(c) Convergence of all national health programmes, and convergence between health programmes and various social determinants of health.

(d) Put in place a transparent mechanism and follow sound financial management practices and internal control mechanisms.

7.3 The Municipal Corporations, as mentioned in Para 1.3 of this document, agrees to abide by all the existing manuals, guidelines, instructions and circulars issued in connection with implementation of the NUHM, which are not contrary to the provisions of this MoU.

7.4 The Municipal Corporations also commits to take prompt corrective action in the event of any discrepancies or deficiencies being pointed out in the audit. Every audit report and the

report of action taken thereon shall be tabled in the next ensuing meeting of the Governing Body of the City Health Society.

**8. Suspension**

8.1 Non-compliance of the commitments and obligations set hereunder and/or upon failure to make satisfactory progress may require West Bengal State Health and Family Welfare Samiti, to review the assistance committed through this MoU leading to suspension, reduction or cancellation thereof. The Health and Family Welfare Department, Government of West Bengal commits to issue sufficient alert to the State Urban Development Agency (SUDA) before contemplating any such action.

Signed this day, the ..... of .....(month), 20.....

For and on behalf of the State Urban  
Development Agency(SUDA)

For and on behalf of the West Bengal State  
Health and Family Welfare Samiti

\_\_\_\_\_

\_\_\_\_\_

Director, SUDA

Principal Secretary (HFW)

Government of West Bengal

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(12)

GOVERNMENT OF WEST BENGAL  
HEALTH & FAMILY WELFARE DEPARTMENT  
NATIONAL HEALTH MISSION (NHM)  
GN -29, 1ST FLOOR, GRANTHAGAR BHAWAN,  
SWASTHYA BHAWAN PREMISES, SECTOR -V  
SALT LAKE, BIDHANNAGAR, KOLKATA - 700 091.

☎ 033 - 2357 - 7928, ☎ 033 - 2357 - 7930,  
Email ID: amdnhmwb@gmail.com; website: [www.wbhealth.gov.in](http://www.wbhealth.gov.in)

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Memo No. HFW/NRHM-497/2014/5024

Date: 16.09.2014

From : Dr Ajay Bhattacharyya  
AMD National Health Mission & Jt. Secretary to Govt. of West Bengal

To : Director State Urban Development Agency &  
Ex-officio Jt. Secretary Govt. of West Bengal  
Department of Municipal Affairs.


Sir,

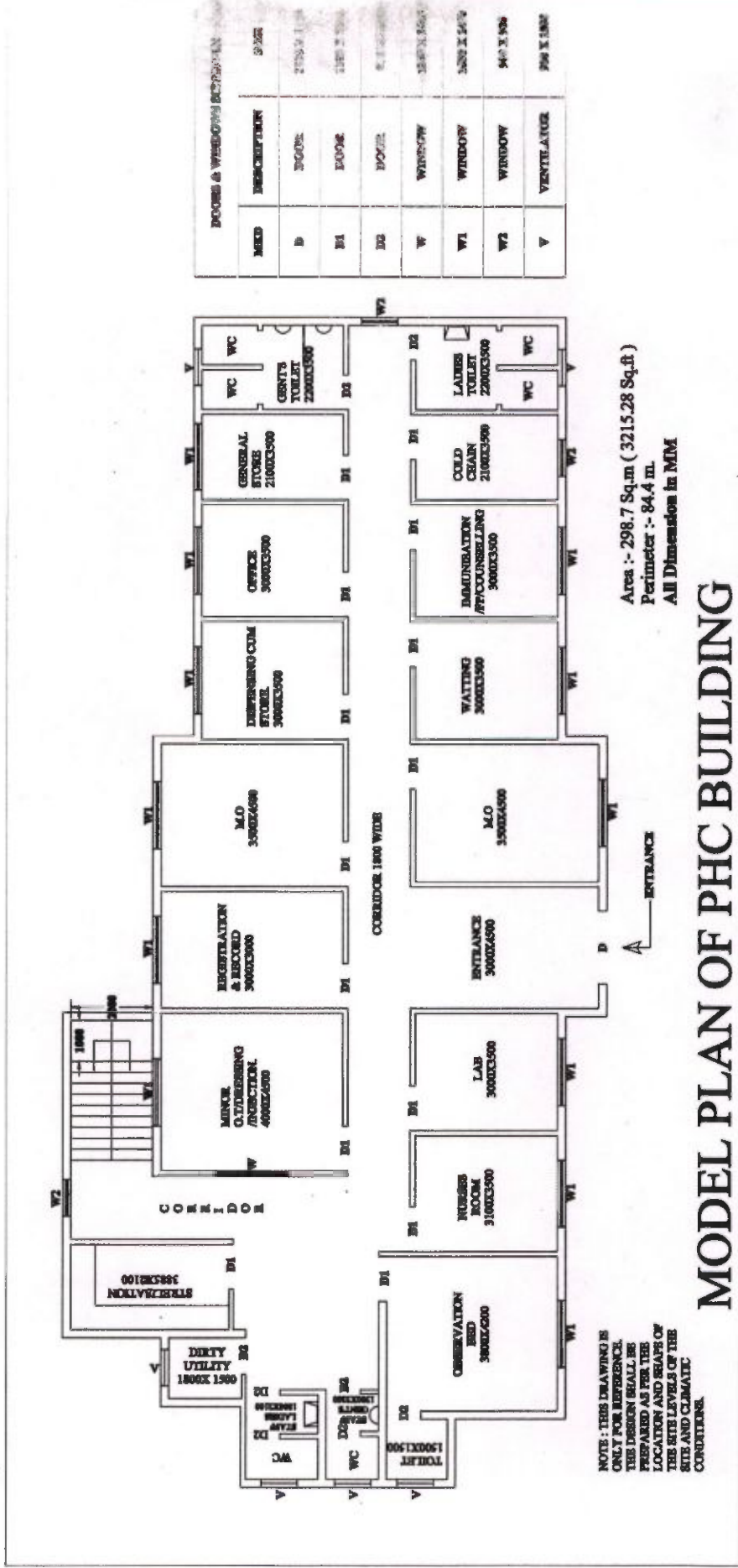
Enclosed are the model plan and cost estimate of non bedded U-PHC to be constructed under NUHM, where new construction is required as per City NUHM PIP. Here it is to be noted that this is a model plan and the actual design may be prepared as per the location and shape of the site.

You are requested to share this drawing with the ULBs selected for implementation of NUHM.

Yours faithfully,

Enclosed: The list of the concerned ULBs

  
Ajay Bhattacharyya



NO.	DESCRIPTION	SIZE
1	DOOR	2100 X 1100
2	DOOR	1800 X 1100
3	DOOR	1800 X 1100
4	WINDOW	1800 X 1100
5	WINDOW	1800 X 1100
6	WINDOW	1800 X 1100
7	VENTILATOR	1800 X 1100

Area :- 298.7 Sq.m ( 3215.28 Sq.ft )  
 Perimeter :- 84.4 m.  
 All Dimension in MM

# MODEL PLAN OF PHC BUILDING

NOTE: THIS DRAWING IS ONLY FOR REFERENCE. THE DESIGN SHALL BE PREPARED AS PER THE LOCATION AND SHAPE OF THE SITE LEVELS OF THE SITE AND CLIMATIC CONDITIONS.

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Rough Cost Estimate of proposed construction of A New P.H.C Building

(i) P.H.C Ground Floor area = 298.70 SqM.

(ii) Height (H):-

Depth of the Foundation:- 1.50 M

GL to PL :- 0.60 M

Floor to Floor height :- 3.175 M

Roof Treatment :- 0.125 M

No. of Floor :- 1 No.

Height(H) = (3.175 + 0.125) + 1/2 x (1.50 + 0.60) = 4.65 M.

(iii) Stair-case area = 8.6 Sq.M.

(iv) No. of Stair-case = 1 no.

(v) Stair -case height = (2.40 + 0.125) = 2.525 M.

Total Volume = ( 298.70 x 4.65 + 8.6 x 2.525 ) = 1410.67 CuM.

Cost @ Rs. 3250.00 / CuM. (As per PWD, WB Rates)

Add 15 % for Sanitary & Plumbing works

Add 20 % for internal Electrification works

Total

Grand Total

= Rs. 45,84,677.50

= Rs. 6,87,701.62

= Rs. 9,16,935.50

= Rs. 61,89,314.62

= Rs. 61,89,315.00

*Plan  
No. of floor  
10 UHM.*

**Memorandum of Understanding (MoU) between State Urban Development Agency  
and ..... Municipal Corporation for implementation of National Urban  
Health Mission (NUHM)**

**1. Preamble**

1.1 *WHEREAS* the National Urban Health Mission, a sub mission under the National Health Mission, hereinafter referred to as NUHM aims to provide accessible, affordable, and equitable primary health care to people living in the cities and towns, with special focus on the urban poor and other vulnerable sections like destitute, beggars, street children, construction workers, rickshaw pullers, etc.

- 1.2 *AND WHEREAS* the NUHM would achieve its objectives through
- (a) mapping of the urban poor and vulnerable populations,
  - (b) establishment of new Primary Health Centres to serve the un-served population;
  - (c) strengthening of the existing primary health care services, with special focus on the urban poor
  - (d) greater involvement of the community, especially the slum and other underprivileged community through community groups like Mahila Arogya Samiti (MAS);
  - (e) involvement of the Urban Local Bodies in mapping, planning and implementation; and
  - (f) convergence with schemes relating to housing, sanitation, water supply, nutrition, etc. (social determinants of health)

1.3 *AND WHEREAS* the NUHM will be implemented in the .....Municipal Corporation through the respective City Urban Health Society under the supervision of the State Urban Development Agency (SUDA).

1.4 AND WHEREAS the City Urban Health Society of ..... Municipal Corporation with the State Urban Development Agency (SUDA), before started implementation of the approved activities under NUHM.

1.5 NOW THEREFORE the signatories to this Memorandum of Understanding (hereinafter referred to as MoU) have agreed as set out herein below, between the State Urban Development Agency (SUDA), represented by the Director, SUDA and the Municipal Corporations, represented by the Mayor / Commissioner / Secretary of respective Municipal Corporation.

2. Duration of the MoU

2.1 This MoU will be operative with effect from the date of its signing by the parties concerned and will remain in force till 31.03.2017 and such extended period as may be approved by the Government of India.

3. City NUHM Programme Implementation Plan (PIP) and its financing

3.1 NUHM recognizes the need for a city specific, decentralized planning process whereby the city would be required to develop a City PIP, under the supervision of State Urban Development Agency (SUDA) based on the Framework for Implementation of NUHM, with due regards to the assessment of local health needs.

3.2 The City Urban Health Society of .....Municipal Corporation in association with State Urban Development Agency (SUDA) will set their own annual level of achievement for the outcomes/ outputs in consultation with the State Health Society. ~~to~~ <sup>to</sup> ~~obtain the clearance from~~ SUDA. <sup>consultation</sup> (??)

3.3 The implementation of the approved action plan as set out in the PIP shall be reviewed at the appropriate level <sup>of the Director and Municipal Affairs Dept</sup> once in every quarter.

3.4 The funds released under NUHM are for additional inputs and processes and are not to be substituted for existing budgets. This implies that the ULB budgetary



allocations for provision of health care would continue and the NUHM funds can be used as additionally to expand health care services specifically for the urban poor.

**4. Funds Flow arrangements**

4.1. The first installment of grant-in-aid to the ..... Municipal Corporation shall be released by State Urban Development Agency upon signing of this MoU.

4.2. Subsequent releases shall be regulated on the basis of a written report <sup>min. deal & regular</sup> to be submitted by the ..... Municipal Corporation to the State Urban Development Agency including the following:

- Physical progress against targets referred to in the City PIP by the City urban Health Society.
- Statement of Expenditure confirming utilization of at least <sup>70%</sup> (50%) of the previous release(s).
- Utilization Certificate(s) and Audit reports wherever they have become due as per agreed procedures under General Financial Rules (GFR).

4.3. The ..... Municipal Corporation will keep its funds in a separate interest bearing account in any nationalized bank.

4.4. The ..... Municipal Corporation will organize <sup>internal</sup> the audit of its accounts within six-months of the close of every financial year. The ..... Municipal Corporation will prepare and provide to the State Urban Development Agency (SUDA), a consolidated statement of expenditure, including the interest accrued on the funds provided by the State Urban Development Agency.

4.5. The funds released under NUHM will also be subject to statutory audit by the Comptroller and Auditor General of India.



5. Institutional Arrangements

5.1 City Urban Health Society of ..... Municipal Corporation should be constituted at the city level, to be headed by the Mayor, to provide policy guidance for the implementation of the NUHM in the city.

5.3 A City Programme Management Unit (CPMU) will be established with adequate staffing for the day to day management of NUHM activities in the ..... Municipal Corporation. The CPMU may consist of urban health and programme management professionals hired on contractual basis. *as to be intimated by Deptt in due course*

5.4 All the health care facilities supported under NUHM would be required to constitute a Rogi Kalyan Samiti (RKS) at the facility level. *(??) ✓ & the guideline of Comptroller of Govt as to be decided by the DH & FW.*

5.5 The HR under NUHM will be recruited as per memo no H/SFWB/28R-02-2012/4806 dated 21/08/2014. The State Health and Family Welfare Samiti/SPMU will be associated in the evaluation of the performance of the contractual staff at the end of every financial year, and, based on the joint review, *by whom??* the contracts will be renewed.

6. Commitments of the State Urban Development Agency (SUDA)

6.1 The State Urban Development Agency commits to:

(a) Ensure that existing budgetary support under state budget *of N. + Deptt.* for urban health facilities and programmes shall continue and are not substituted by the NUHM funds. *on extension* *Regarding budgetary support under state budget of D.A. & F.W. C. ??*

(b) Co-ordinate technical assistance provided by various state level agencies like State Health Systems Resource Centre, State Institute of Health & Family Welfare, State ASHA Resource Centre, etc. in consultation with State Health & Family Welfare Samiti.

(c) Dissemination of various research works, evaluation, reports etc., that have a bearing on the planning and implementation of NUHM.

- (d) Build the capacity of the City Urban Health Society and CPMU of the Municipal Corporation to plan and implement NUHM effectively.

**7. Commitments of the City Urban Health Society:**

7.1 The City Urban Health Samiti commits to ensure that the funds made available to take up the activities approved under NUHM PIP are used for financing only the approved activities in accordance with the NHM Implementation Framework, NUHM Framework for Implementation, Guidelines issued by the Government of India and the State Government from time to time.

7.2 The City Urban Health Society also commits to ensure the following:

**(a) Steps for improving reach of health care services to urban poor**

- i. Map all the existing slums (listed and unlisted) with a provision for yearly updation of the same.
- ii. Organise regular outreach sessions in the slums and special outreach sessions for the vulnerable populations.
- iii. Develop strategies for reaching out to the highly vulnerable section like destitute, beggars, street children, construction workers, coolies, rickshaw pullers, sex workers and other such migrant workers category who do not reside in slums but reside in temporary settlements, or elsewhere in any part of the city or are homeless are clearly developed and make separate budget outlay for them in the City NUHM PIP.

**(b) Steps for improving service delivery**

- i. Operationalising Urban Primary Health Centers (UPHC)
  - a. Functional for a population of approximately 50,000-60,000 the UPHC may be located preferably within a slum or within half a kilometer radius of the slum, catering to a slum population of approximately 25,000-30,000.



- b. At the UPHC level services provided should include out-patient consultation, basic lab diagnosis, drug/contraceptive dispensing, apart from distribution of health education material and counselling for all communicable and non-communicable diseases. In order to ensure access to the urban slum population at convenient timings, the UPHC may provide services from 12 noon to 8 pm in the evening.
- c. All the primary health care services shall be provided free of cost.
- ii. Operationalising Urban Community Health Centers (UCHC)
  - a. Urban Community Health Centre (UCHC) may be set up as first referral units to cater to a population of 2, 50,000. The UCHCs will have 30-100 beds to provide in-patient care. These would be in addition to the existing facilities (SDH/DH) to cater to the urban population in the locality.
  - b. The UCHC would provide referral medical care, surgical facilities and facilities for institutional delivery.
- iii. Strengthening Outreach Services
  - a. Apart from routine outreach sessions for the urban population, special outreach sessions may be organised once in a week by the ANMs covering slum/vulnerable populations. It may include the services of other health professionals including doctors/pharmacist/technicians/nurses – deputed by the government or engaged from the private sector. The services may include screening and follow-up, basic lab investigations (using portable /disposable kits), drug dispensing, and counselling.

iv. Strengthening Community Process

a. Accredited Social Health Activist (ASHA): Each slum/community would have one frontline community worker called ASHA, covering about 200-500 households. The ASHA would help the ANM in delivering outreach services in the vicinity of the doorsteps of the beneficiaries. The City Urban Health Samati would initiate the process of ASHA selection and engage them as per the Community Processes Guidelines issued by the Ministry of Health & Family Welfare, Government of India.

b. Mahila Arogya Samiti (MAS): The MAS may be constituted as per the Government of India guidelines on Community Processes under NUHM. It would be a group of 10-12 women selected from a catchment of around 50-100 households with an elected Chairperson and a Treasurer, supported by an ASHA. It would be involved in community awareness, interpersonal communication, community based monitoring and linkages with the services and referral.

(c) Convergence of all national health programmes, and convergence between health programmes and various social determinants of health.

(d) Put in place a transparent mechanism and follow sound financial management practices and internal control mechanisms.

7.3 The .....Municipal Corporation, agrees to abide by all the existing manuals, guidelines, instructions and circulars issued in connection with implementation of the NUHM, which are not contrary to the provisions of this MoU.

7.4 The ..... Municipal Corporation also commits to take prompt corrective action in the event of any discrepancies or deficiencies being pointed out in the



audit. Every audit report and the report of action taken thereon shall be tabled in the next ensuing meeting of the Governing Body of the City Health Society.

8. **Suspension**

8.1 Non-compliance of the commitments and obligations set hereunder and/or upon failure to make satisfactory progress may require State Urban Development Agency, to review the assistance committed through this MoU leading to suspension, reduction or cancellation thereof. The State Urban Development Agency in consultation with Health & Family Welfare Department, Government of West Bengal commits to issue sufficient alert to the ..... Municipal Corporation before contemplating any such action.

Signed this day, the ..... of .....(month), 20.....

For and on behalf of the .....  
Municipal Corporation

For and on behalf of the State Urban  
Development Agency (SUDA)

\_\_\_\_\_  
Mayor / Commissioner

\_\_\_\_\_  
Director, SUDA

Date: \_\_\_\_\_

Date: \_\_\_\_\_

31

**Memorandum of Understanding (MoU) between West Bengal State Health Samity  
and State Urban Development Agency for (SUDA) implementation of National Urban  
Health Mission (NUHM)**

**1. Preamble**

- 1.1 *WHEREAS* the National Urban Health Mission, a sub mission under the National Health Mission, hereinafter referred to as NUHM aims to provide accessible, affordable, and equitable primary health care to people living in the cities and towns, with special focus on the urban poor and other vulnerable sections like destitute, beggars, street children, construction workers, rickshaw pullers, etc.
- 1.2 *AND WHEREAS* the NUHM would achieve its objectives through
- (a) mapping of the urban poor and vulnerable populations,
  - (b) establishment of new Primary Health Centres to serve the un-served population;
  - (c) strengthening of the existing primary health care services, with special focus on the urban poor
  - (d) greater involvement of the community, especially the slum and other underprivileged community through community groups like Mahila Arogya Samiti (MAS);
  - (e) involvement of the Urban Local Bodies in mapping, planning and implementation; and
  - (f) convergence with schemes relating to housing, sanitation, water supply, nutrition, etc. (social determinants of health)
- 1.3 *AND WHEREAS* the NUHM will be implemented in the Municipal Corporations of **Howrah, Chandannagar, Durgapur, Asansol and Siliguri** cities through the

30

respective City Urban Health Society under the supervision of the State Urban Development Agency (SUDA).

1.4 *AND WHEREAS* the City Urban Health Society of the respective Municipal Corporations, as mentioned in 'para 1.3' of this MoU have to sign a separate Memorandum of Understanding (MoU) with the State Urban Development Agency (SUDA), before started implementation of the approved activities under NUHM.

1.5 *NOW THEREFORE* the signatories to this Memorandum of Understanding (hereinafter referred to as MoU) have agreed as set out herein below, between the State Health and Family Welfare Samiti, represented by the Principal Secretary to the Government of West Bengal, Health & Family Welfare Department, and the State Urban Development Agency (SUDA), represented by the Director, SUDA.

2. Duration of the MoU

2.1 This MoU will be operative with effect from the date of its signing by the parties concerned and will remain in force till 31.03.2017 and such extended period as may be approved by the Government of India.

3. City NUHM Programme Implementation Plan (PIP) and its financing

3.1 NUHM recognizes the need for a city specific, decentralized planning process whereby the city (i.e. 05 Municipal Corporations) would be required to develop a City PIP, under the supervision of State Urban Development Agency (SUDA) based on the Framework for Implementation of NUHM, with due regards to the assessment of local health needs.

3.2 The City Urban Health Society of **Howrah, Chandannagar, Durgapur, Asansol** and **Siliguri** Municipal Corporations in association with State Urban Development



Agency (SUDA) will set their own annual level of achievement for the outcomes/ outputs in consultation with the State Health Society.

- 3.3 The implementation of the approved action plan as set out in the PIP shall be reviewed at the appropriate level once in every quarter.
- 3.4 The funds released under NUHM are for additional inputs and processes and are not to be substituted for existing budgets. This implies that the ULB budgetary allocations for provision of health care would continue and the NUHM funds can be used as additionality to expand health care services specifically for the urban poor.

**4. Funds Flow arrangements**

- 4.1. The first installment of grant-in-aid to the State Urban Development Agency (SUDA) for Howrah, Chandannagar, Durgapur, Asansol and Siliguri under this MoU shall be made upon signing of this MoU.
- 4.2 Subsequent releases shall be regulated on the basis of a written report to be submitted by the State Urban Development Agency (SUDA) to the State Health and Family Welfare Samiti including the following:
  - Physical progress against targets referred to in the City PIP by the respective City urban Health Society.
  - Statement of Expenditure confirming utilization of at least 50% of the previous release(s).
  - Utilization Certificate(s) and Audit reports wherever they have become due as per agreed procedures under General Financial Rules (GFR).
- 4.3 The State Urban Development Agency (SUDA) will keep its funds in a separate interest bearing account in any nationalized bank.



- 4.4 The State Urban Development Agency (SUDA) will organize the audit of its accounts within six-months of the close of every financial year. The State Urban Development Agency (SUDA) will prepare and provide to the State Health and Family Welfare Samiti, a consolidated statement of expenditure, including the interest accrued on the funds provided by the State Health and Family Welfare Samiti.
- 4.5 The funds released under NUHM will also be subject to statutory audit by the Comptroller and Auditor General of India.

**5. Institutional Arrangements**

- 5.1 City Urban Health Society for each of the Municipal Corporations should be constituted at the city level, to be headed by the Mayor, to provide policy guidance for the implementation of the NUHM in the city.
- 5.3 A City Programme Management Unit (CPMU) will be established with adequate staffing for the day to day management of NUHM activities in the respective Municipal Corporations. The CPMU may consist of urban health and programme management professionals hired on contractual basis.
- 5.4 All the health care facilities supported under NUHM would be required to constitute a Rogi Kalyan Samiti (RKS) at the facility level.
- 5.5 The HR under NUHM will be recruited as per memo no H/SFWB/28R-02-2012/4806 dated 21/08/2014. The State Health and Family Welfare Samiti/SPMU will be associated in the evaluation of the performance of the contractual staff at the end of every financial year, and, based on the joint review, the contracts will be renewed.

**6. Commitments of the State Health and Family Welfare Samiti**

6.1 **The State Health and Family Welfare Samiti commits to:**

- (a) Ensure that existing budgetary support under state budget for urban health facilities and programmes shall continue and are not substituted by the NUHM funds.
- (b) Co-ordinate technical assistance provided by various state level agencies like State Health Systems Resource Centre, State Institute of Health & Family Welfare, State ASHA Resource Centre, etc.
- (c) Dissemination of various research works, evaluation, reports etc., that have a bearing on the planning and implementation of NUHM.
- (d) Build the capacity of the City Urban Health Society and CPMU of the Municipal Corporations to plan and implement NUHM effectively.

7. **Commitments of the City Urban Health Society:**

7.1 The City Urban Health Samiti commits to ensure that the funds made available to take up the activities approved under NUHM PIP are used for financing only the approved activities in accordance with the NHM Implementation Framework, NUHM Framework for Implementation, Guidelines issued by the Government of India and the State Government from time to time.

7.2 The City Urban Health Society also commits to ensure the following:

**(a) Steps for improving reach of health care services to urban poor**

- i. Map all the existing slums (listed and unlisted) with a provision for yearly updation of the same.



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- ii. Organise regular outreach sessions in the slums and special outreach sessions for the vulnerable populations.
  - iii. Develop strategies for reaching out to the highly vulnerable section like destitute, beggars, street children, construction workers, coolies, rickshaw pullers, sex workers and other such migrant workers category who do not reside in slums but reside in temporary settlements, or elsewhere in any part of the city or are homeless are clearly developed and make separate budget outlay for them in the City NUHM PIP.

**(b) Steps for improving service delivery**

- i. Operationalising Urban Primary Health Centers (UPHC)
  - a. Functional for a population of approximately 50,000-60,000 the UPHC may be located preferably within a slum or within half a kilometer radius of the slum, catering to a slum population of approximately 25,000-30,000.
  - b. At the UPHC level services provided should include out-patient consultation, basic lab diagnosis, drug/contraceptive dispensing, apart from distribution of health education material and counselling for all communicable and non-communicable diseases. In order to ensure access to the urban slum population at convenient timings, the UPHC may provide services from 12 noon to 8 pm in the evening.
  - c. All the primary health care services shall be provided free of cost.
- ii. Operationalising Urban Community Health Centers (UCHC)

- a. Urban Community Health Centre (UCHC) may be set up as first referral unitsto cater to a population of 2, 50,000. The UCHCs will have 30-100 beds to provide in-patient care. These would be in addition to the existing facilities (SDH/DH) to cater to the urban population in the locality.
- b. The UCHC would provide referral medical care, surgical facilities and facilities for institutional delivery.
- iii. Strengthening Outreach Services
  - a. Apart from routine outreach sessions for the urban population, special outreach sessions may be organised once in a week by the ANMs covering slum/vulnerable populations. It may include the services of other health professionals including doctors/pharmacist/technicians/nurses – deputed by the government or engaged from the private sector. The services may include screening and follow-up, basic lab investigations (using portable /disposable kits), drug dispensing, and counselling.
- iv. Strengthening Community Process
  - a. Accredited Social Health Activist (ASHA): Each slum/community would have one frontline community worker called ASHA, covering about 200-500 households. The ASHA would help the ANM in delivering outreach services in the vicinity of the doorsteps of the beneficiaries. The City Urban Health Samati would initiate the process of ASHA selection and engage them



as per the Community Processes Guidelines issued by the Ministry of Health & Family Welfare, Government of India.

b. Mahila Arogya Samiti (MAS): The MAS may be constituted as per the Government of India guidelines on Community Processes under NUHM. It would be a group of 10-12 women selected from a catchment of around 50-100 households with an elected Chairperson and a Treasurer, supported by an ASHA. It would be involved in community awareness, interpersonal communication, community based monitoring and linkages with the services and referral.

(c) Convergence of all national health programmes, and convergence between health programmes and various social determinants of health.

(d) Put in place a transparent mechanism and follow sound financial management practices and internal control mechanisms.

7.3 The Municipal Corporations, as mentioned in Para 1.3 of this document, agrees to abide by all the existing manuals, guidelines, instructions and circulars issued in connection with implementation of the NUHM, which are not contrary to the provisions of this MoU.

7.4 The Municipal Corporations also commits to take prompt corrective action in the event of any discrepancies or deficiencies being pointed out in the audit. Every audit report and the report of action taken thereon shall be tabled in the next ensuing meeting of the Governing Body of the City Health Society.

8. Suspension

8.1 Non-compliance of the commitments and obligations set hereunder and/or upon failure to make satisfactory progress may require West Bengal State Health and Family Welfare Samiti, to review the assistance committed through this MoU leading to suspension, reduction or cancellation thereof. The Health and Family Welfare Department, Government of West Bengal commits to issue sufficient alert to the State Urban Development Agency (SUDA) before contemplating any such action.

Signed this day, the ..... of .....(month), 20.....

For and on behalf of the State Urban  
Development Agency(SUDA)

For and on behalf of the West Bengal State  
Health and Family Welfare Samiti

\_\_\_\_\_

Director, SUDA

\_\_\_\_\_

Principal Secretary (HFW)

Government of West Bengal

Date: \_\_\_\_\_

Date: \_\_\_\_\_



Activity under National Urban Health Mission (NUHM) may be initiated as per approved State PIP to strengthen the Primary Health Care delivery system. For effective implementation of the programme involvement of different ULBs are required. As convergence is concerned both intra and inter departmental convergence is an important issue. In the above context following proposals may please be considered:

1. **Fund flow to the ULBS under NUHM and opening of bank account:** Fund for Municipal Corporations (MC) other than Kolkata (Siliguri, Asansol, Durgapur, Chandannagar and Howrah) may be released to SUDA by the State Health Samity (SHS). SUDA may release fund to these MCs as per requirement. The Municipal Corporations will submit monthly Statement of Expenditure (SOE) and quarterly Utilisation Certificate (UC) to SUDA. SUDA will submit quarterly UC to SHS. Separate Bank Account will be maintained by the City Urban Health Society for fund under NUHM.

Fund for the other Municipalities may be released to CMOHs (District Health Samity). CMOHs will release fund to respective Municipalities as per requirement. These Municipalities will submit monthly Statement of Expenditure (SOE) and quarterly Utilisation Certificate (UC) to the respective CMOHs. CMOHs will submit quarterly UC to State Health Samity. Separate Bank Account will be maintained by the Municipalities for the fund under NUHM.

Fund for Kolkata Municipal Corporation (KMC) may be sent directly to KMC by the State Health Samity.

2. **Formation of City Urban Health Society:** As per NUHM Implementation Framework (no. L. 19017/1/2008-UH), the Municipal Corporations may be requested to form a City NUHM Society and registered under Society Registration Act. At the city level, the management of NUHM activities will be coordinated by a City level Urban Health Society headed by the Mayor of respective MC. Representative of DM/SDO may be the member of the society depending up on the nature of city, whether it is a District or Sub divisional Headquarters.

A framework for City NUHM Society may be proposed as follows. This is applicable for all the Municipal Corporations (Siliguri, Asansol, Durgapur, Chandannagar and Howrah) <sup>Kolkata</sup>.  
Proposed composition of City Urban Health Society

- |                            |  |
|----------------------------|--|
| i. Chairman                | : Mayor of the Municipal Corporation               |
| ii. Vice Chairman          | : Commissioner/Secretary of MC                     |
| iii. Vice Chairman         | : MIC Health                                       |
| iv. Secretary cum Convener | : Health Officer                                   |
| v. Treasurer               | : Accounts Officer/Finance Officer                 |
| vi. Member                 | : Representative of DM/SDO                         |
| vii. Member                | : Dy. CMOH-I in District/ACMOH of the Sub division |
| viii. Member               | : Superintendent of the Hospital                   |

If required additional no. of members may be included as per requirement.

SUDA may send necessary directives to the MCs for formation of society.

3. **Procurement of Drugs and equipments:** The CMOH of the district may procure drugs and equipments for the U-PHC and CHC run under NUHM. The MO in-charge of the U-PHC and CHC may place quarterly indent to respective CMOH through their ULBS and CMOH may supply the stock accordingly. As the procurement of the smaller ULBs may not be bulk enough to get their supply from the CMS approved firm. Therefore this procedure will help ULBS to get quality medicine from CMS approved firm.

CMOH of the districts may disburse an amount of fund for procuring drugs and equipments to the selected ULBs for procuring drugs or equipments on emergency basis.

4. **New construction, repair and renovation:** U-PHCs may be constructed as per the model drawing prepared by the Health department. This model plan is prepared following the guideline of IPHS (Indian Public Health Standard). At least 3000<sup>2</sup> ft space may be required



for construction of new U-PHC. Execution of construction work may be done in the following ways:

Plan estimate for new construction as well as repair renovation may be prepared by the respective Municipal Corporations and Municipalities. These ULBs may be entrusted with execution of construction work. This arrangement is proposed because these U-PHCs/CHCs would be the assets of the respective ULBs. Therefore if the ULBs are entrusted with the construction and renovation, they would be able to carry out the maintenance work of these buildings constructed/renovated under NUHM.

5. **Signing of MOU:** An MOU will be executed between State Health Department and SUDA to implement NUHM in the 5 Municipal Corporations (Siliguri, Asansol, Durgapur, Chandannagar and Howrah) and SUDA in turn will Sign an MOU with these 5 MCs. An MOU will also be executed between the State Health Samity and Kolkata Municipal Corporation.
6. **Recruitment of HR (Human Resources) under NUHM:** The details of approved HR, their level of recruitment, place of posting and recruitment authority have been mentioned in the table below-

**HR of different category to be recruited Under NUHM at different level as per NUHM approval**

<b>At State Programme Management Unit (SPMU)</b>					
S	Name of the Post	Remuneration /Month (in Rs)	No of Posts	To be posted at	Recruiting Authority
1	State Urban Health Planning Manager	40000.00	1	State PMU	State H&FWS
2	Consultant (M&E)	40000.00	1	State PMU	State H&FWS
3	Consultant (Community Process)	40000.00	1	State PMU	State H&FWS
4	State Finance Manager	40000.00	1	State PMU	State H&FWS
5	Health MIS Manager	25,000.00	1	State PMU	State H&FWS
6	Computer Assistant	13,560.00	1	State PMU	State H&FWS
7	Data Entry Operator	13,560.00	1	State PMU	State H&FWS
<b>At District Programme Management Unit (DPMU)</b>					
1	Consultant (Epidemiologist)	37,000.00	23	District PMU	State H&FWS/KMC
2	Accounts Manager	23,270.00	23	District PMU	State H&FWS/KMC
3	Computer Assistant	13,560.00	23	District PMU	District H&FWS/KMC
<b>At City Programme Management Unit ( City PMU)</b>					
1	Consultant (Epidemiologist)	37,000.00	6	City PMUs	State H&FWS/ KMC (for Kolkata)
2	Accounts Manager	23,270.00	5	City PMUs	State H&FWS/ KMC (for Kolkata)
3	Data Manager	23,270.00	2	City PMUs	State H&FWS/ KMC (for Kolkata)
4	Computer Assistant	13,560.00	5	City PMUs	District H&FWS/KMC
5	Data Entry Operator	13,560.00	3	City PMUs	District H&FWS/KMC
<b>At Urban Primary Health Centre (U-PHC)</b>					
1	Medical Officer (Full time)	40,000.00	169	U-PHC	State H&FWS/ KMC (for Kolkata)
2	Medical Officer (Part time)	24,000.00	142	U-PHC	State H&FWS/ KMC (for Kolkata)
3	Staff Nurse	17,220.00	507	U-PHC	State H&FWS / KMC (for Kolkata)
4	Pharmacist	16,860.00	169	U-PHC	State H&FWS / KMC (for Kolkata)
5	Lab Technician	9380.00	169	U-PHC	District H&FWS / KMC (for Kolkata)
6	ANM	9380.00	488	U-PHC	District H&FWS/ KMC (for Kolkata)
7	LDC	9000.00	169	U-PHC	District H&FWS / KMC (for Kolkata)
8	Group-D	5000.00	169	U-PHC	District H&FWS / KMC (for Kolkata)
<b>At Community</b>					
1	ASHA	Performance based incentive	3366	U-PHC	District H&FWS / KMC (for Kolkata)



There is a recruitment committee for all the district, for recruitment of various category of staffs under NHM at district and facility level, formed vide order No. HFW/NRHM-34/2014/660, dated 18.02.2014. This order is attached (flag 'K'). There is also a committee for recruitment of ASHA in each district, formed vide Memo no. HFW/NRHM/20//2006/(Pt.II)/1631, dated June 27, 2012, Memo no. HFW/NRHM/20/06/Pt.II/1844 dated 24 July, 2012, Memo no. HFW/NRHM-20/06/(Pt.III)/250, dated, 27.01.2014 and Memo no. HFW/NRHM-20/06/(Pt.III)/735, dated, 20.02.2014. These orders are attached (flag 'M').

While recruiting HR under NUHM for the City PMU, Urban Primary Health Centre and ASHA at Community level, these district level recruitment committee may include the Mayor/Chairman or their representative from the concerned Municipal Corporation/Municipality.

All category of recruitment for the Kolkata Municipal Corporation would be done by the KMC.

Submitted for Kind perusal.

20/7/14

Dr TK Saha

AMD

Detailed procedure for implementation of NUHM may be perused at NRP 16-18 above. Govt has already appd fund to the tune of Rs. 61.00 crore for 2013-14 for implementation of the Scheme in 26 Municipalities and 6 Municipal Corporations of the State. Proposals expressed under point no. 1 to 6 may be appd.

MD

3/7/14

The proposals contained in points ① to ⑥ on nsp 16-18, regarding the modalities for executing projects under the National Urban Health Mission, are submitted for kind approval.

3/7

Principal Secretary

Detailed procedure for implementation of National Urban Health Mission as mentioned at n.s.p. 16, 17 & 18 (points 1 to 6) may be approved.

Hon'ble CM & MIC

Suleman  
4/7/14

CS PL  
8/7/14

MD, NHM

16/7

P. Saha

AMB

22/7

CM & MIC

May kindly approve.

Sanjay Mitra

11/7



## GOVERNMENT OF WEST BENGAL

HEALTH & FAMILY WELFARE DEPARTMENT

NATIONAL HEALTH MISSION (NHM)

1<sup>ST</sup> FLOOR, GRANTHAGAR BHAWAN,  
SWASTHYA BHAWAN PREMISES

GN-29, SECTOR-V, SALT LAKE CITY, KOLKATA - 700 091.

Phone: 033-2357 3625 Fax: 2357 7909

e-mail : [mdnrhm@wbhealth.gov.in](mailto:mdnrhm@wbhealth.gov.in)/[cfw@wbhealth.gov.in](mailto:cfw@wbhealth.gov.in)

Memo No. H/SFWB/28R-02-2012/4806

Date: 21/08/2014

From: Sanghamitra Ghosh  
Mission Director, NHM,  
Health and Family Welfare Department,  
Government of West Bengal.

*No of APO (H) →  
At mt of early  
21/9/14*

To: 1. Director State Urban Development Agency &  
Ex-officio Jt. Secretary Govt. of West Bengal  
Department of Municipal Affairs

2. The Chief Medical Officer of Health (All district)

Sir,

Activity under National Urban Health Mission (NUHM) has been initiated as per approved State PIP to strengthen the Primary Health Care delivery system in urban area. For effective implementation of the programme, Department of Health & Family Welfare, WB has finalised following modalities to be followed by all concerned.

- Fund flow to the ULBS under NUHM and opening of bank account:** Fund for Municipal Corporations (MC) other than Kolkata (Siliguri, Asansol, Durgapur, Chandannagar and Howrah) will be released to SUDA by the State Health & Family Welfare Samity. SUDA will release fund to these MCs as per requirement. The Municipal Corporations will submit monthly Statement of Expenditure (SOE) and quarterly Utilisation Certificate (UC) to SUDA. SUDA will submit quarterly UC to State Health & Family Welfare Samity. Separate bank accounts are to be maintained by Municipal Corporations for fund under NUHM. Kolkata Municipal Corporation (KMC) will receive fund directly from the State Health & Family Welfare Samity.

Fund for all the Municipalities will be released to CMOHs (District Health & Family Welfare Samity). CMOHs will release fund to respective Municipalities as per requirement. These Municipalities will submit monthly Statement of Expenditure (SOE) and quarterly Utilisation Certificate (UC) to the respective CMOHs. CMOHs will submit quarterly UC to State Health & Family Welfare Samity. Separate Bank Account will be maintained by the Municipalities for the fund under NUHM.

Director SUDA is requested to facilitate the opening of Bank account by the concerned Municipal Corporations. Similarly the CMOHs are requested to facilitate the opening of Bank account by the concerned Municipalities.



2. **Formation of City Urban Health Society:** As per NUHM Implementation Framework (no. L. 19017/1/2008-UH), the Municipal Corporations (MC) (Siliguri, Asansol, Durgapur, Chandannagar and Howrah & Kolkata) are required to form a City Urban Health Society which is to be registered under Certificate of Registration of Societies, West Bengal Act XXVI of 1961. The title of the society will be " ——— (name of the city) Urban Health Society". At the city level, the management of NUHM activities will be coordinated by the said Society headed by the Mayor of respective MC. District Magistrate (DM)/Sub divisional Officer (SDO) or their representative will be the member of the society depending on the nature of city, whether it is a District or Sub divisional Headquarters.

The structure of the society is as follows.

i. Chairman	: Mayor of the Municipal Corporation
ii. Vice Chairman	: Commissioner/Secretary of MC
iii. Vice Chairman	: Mayor-in-Council, Health
iv. Secretary cum Convener	: Health Officer
v. Treasurer	: Accounts Officer/Finance Officer
vi. Member	: Representative of DM/SDO
vii. Member	: Dy. CMOH-I in District/ACMOH of the Sub division
viii. Member	: Superintendent of the Hospital (District /Sub-Divisional Hospital)

If required additional number of members may be included as per requirement.

Director SUDA may be requested to send necessary directives to the MCs for formation of society. For Municipalities the District Health & Family Welfare Samity will coordinate and monitor the NUHM activities.

3. **Procurement of Drugs and equipments:** The CMOH of the district will procure drugs and equipments for the U-PHC and CHC run under NUHM for the Municipalities. The MO in-charge of the U-PHC and CHC will place quarterly indent to respective CMOH through their ULBS and CMOH will supply the stock accordingly.

Out of total amount approved for drugs for a particular municipality, CMOH of the concerned district will purchase medicines with the 80% fund earmarked for medicine. Rest 20% of the fund will be transferred to concerned ULB for emergency drug procurement by the ULB for the U-PHCs and U-CHS under NUHM.

4. **New construction, repair and renovation:** U-PHCs may be constructed as per the model drawing prepared by the State Health & Family Welfare department. This model plan has been prepared following the guideline of IPHS (Indian Public Health Standard). At least 3000 Sq.ft space is required for construction of new U-PHC. Plan estimate for new construction as well as repair renovation will be prepared by the respective Municipal Corporations and Municipalities. The ULBs will also execute the construction work.
5. **Signing of MOU:** An MOU will be executed between State Health & Family Welfare Department and SUDA to implement NUHM in the 5 Municipal Corporations (Siliguri, Asansol, Durgapur, Chandannagar and Howrah) and SUDA in turn will execute an MOU with these 5 MCs. An MOU will also be executed between the State Health & Family Welfare Samity and Kolkata Municipal Corporation.
6. **Recruitment of HR (Human Resources) under NUHM:** The details of approved HR, place of posting and recruiting authority have been mentioned in the annexure-I

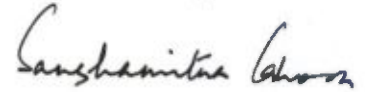


There is a recruitment committee for all the districts for recruitment of various categories of staffs under NHM at district and facility level, formed vide this Department's order No. HFW/NRHM-34/2014/660, dated 18.02.2014. There is also a committee for recruitment of ASHA in each district, formed vide this Department's Memo no. HFW/NRHM/20//2006/(Pt.II)/1631, dated June 27, 2012, Memo no. HFW/NRHM/20/06/Pt.II/1844 dated 24 July, 2012, Memo no. HFW/NRHM-20/06/(Pt.III)/250, dated, 27.01.2014 and Memo no. HFW/NRHM-20/06/(Pt.III)/735, dated, 20.02.2014. These district level committees will recruit HR for the Municipal Corporations as well as Municipalities. **(All these memos are enclosed).**

While recruiting HR under NUHM for the City Programme Management Unit, Urban Primary Health Centre and ASHA at Community level, these district level recruitment committee will include the Mayor/Chairman or their representative from the concerned Municipal Corporation/Municipality as member of the said committee.

All category of recruitment for the Kolkata Municipal Corporation will be done by the KMC.

Yours faithfully,



(Sanghamitra Ghosh)

Enclosed: **As stated.**

Memo No. H/SFWB/28R-02-2012/4806/1(14)

Date: 21/08/2014

Copy forwarded for kind information and necessary action to:

1. The Director of Health Services & e.o. Secretary, Govt. of West Bengal
2. The Director of Medical Education & e.o. Secretary, Govt. of West Bengal
3. The Addl. Mission Director NHM and Jt. Secretary to Govt. of west Bengal
4. The Addl Director of Health Services (Admn), West Bengal
5. The Addl Director of Health Services (TB), West Bengal
6. The Jt. Director of Health Services and SFWO, West Bengal
7. The Jt. Director of Health Services (PH & CD), West Bengal
8. The Jt. Director Of Health Service and CHO, KMUHO, Kolkata
9. The Jt. Director Of Health Service (P & D), west Bengal
10. The P. O. NHM, West Bengal
11. The Director Financial Management Group (FMG), NHM
12. The Senior Accounts Officer (Sr. A. O.), NHM
13. PS to Principal Secretary, Department of Health & Family Welfare, WB
14. Office copy



(Sanghamitra Ghosh)

Contd.....P/4

## Annexure-I

HR of different category to be recruited Under NUHM at different level.

At State Programme Management Unit (SPMU)					
Sl	Name of the Post	Remuneration/ Month (in Rs)	No of Posts	To be posted at	Recruiting Authority
1	State Urban Health Planning Manager	40000.00	1	State PMU	State H&FWS
2	Consultant (M&E)	40000.00	1	State PMU	State H&FWS
3	Consultant (Community Process)	40000.00	1	State PMU	State H&FWS
4	State Finance Manager	40000.00	1	State PMU	State H&FWS
5	Health MIS Manager	25,000.00	1	State PMU	State H&FWS
6	Computer Assistant	13,560.00	1	State PMU	State H&FWS
7	Data Entry Operator	13,560.00	1	State PMU	State H&FWS
At District Programme Management Unit (DPMU)					
1	Consultant (Epidemiologist)	37,000.00	23	District PMU	State H&FWS/KMC
2	Accounts Manager	23,270.00	23	District PMU	State H&FWS/KMC
3	Computer Assistant	13,560.00	23	District PMU	District H&FWS/KMC
At City Programme Management Unit ( City PMU)					
1	Consultant (Epidemiologist)	37,000.00	6	City PMUs	State H&FWS/ KMC (for Kolkata)
2	Accounts Manager	23,270.00	5	City PMUs	State H&FWS/ KMC (for Kolkata)
3	Data Manager	23,270.00	2	City PMUs	State H&FWS/ KMC (for Kolkata)
4	Computer Assistant	13,560.00	5	City PMUs	District H&FWS/KMC
5	Data Entry Operator	13,560.00	3	City PMUs	District H&FWS/KMC
At Urban Primary Health Centre (U-PHC)					
1	Medical Officer (Full time)	40,000.00	169	U-PHC	State H&FWS/ KMC (for Kolkata)
2	Medical Officer (Part time)	24,000.00	142	U-PHC	State H&FWS/ KMC (for Kolkata)
3	Staff Nurse	17,220.00	507	U-PHC	State H&FWS / KMC (for Kolkata)
4	Pharmacist	16,860.00	169	U-PHC	State H&FWS / KMC (for Kolkata)
5	Lab Technician	9380.00	169	U-PHC	District H&FWS / KMC (for Kolkata)
Sl	Name of the Post	Remuneration/ Month (in Rs)	No of Posts	To be posted at	Recruiting Authority
6	ANM	9380.00	488	U-PHC	District H&FWS/ KMC (for Kolkata)
7	LDC	9000.00	169	U-PHC	District H&FWS / KMC (for Kolkata)
8	Group-D	5000.00	169	U-PHC	District H&FWS / KMC (for Kolkata)
At Community					
1	ASHA	Performance based incentive	3366	U-PHC	District H&FWS / KMC (for Kolkata)

Government of West Bengal  
Department of Health & Family Welfare  
National Health Mission  
1<sup>st</sup> Floor, Granthagar Bhawan, GN-29  
Sector-V, Salt Lake, Kolkata – 700 091

No. HFW/NRHM-34/2014/660

Date: 18.02.14

**ORDER**

**Sub : Revised Guideline for Recruitment to fill up different District & Facility level vacant posts under National Health Mission (NHM).**

In supersession to all orders issued in this regard the Recruitment Committee to fill up different district and facility level vacant posts of National Health Mission of different districts will be chaired by Hon'ble Members as per the list enclosed herewith.

The other members of the Recruitment Committee will be as follows:

1. Chief Medical Officer of Health, Member Secretary
2. Representative of the District Magistrate
3. Programme Officer of the respective Programme for which the engagement has been initiated (Dy. CMoH-I/II/III)
4. MSVP in case of Medical Colleges
5. Expert of different discipline, as required.

This revised Committee will start functioning with immediate effect and even in cases where such recruitment process is underway or almost competed, the reconstituted Committee shall conclude the recruitment process.

  
Principal Secretary

Department of Health & Family Welfare  
Government of West Bengal



(A)


:: 2 ::

No. HFW/NRHM-34/2014/660/1(2A)

Date: 18.02.14

Copy forwarded for information to:-

1. Director of Health Service & e.o. Secretary to the Govt. of West Bengal.
2. Director of Medical Education & e.o. Secretary to the Govt. of West Bengal.
3. Additional Mission Director, National Health Mission & Joint Secretary to the Govt. of West Bengal
4. State Family Welfare Officer, Family Welfare Bureau.
5. PS to Hon'ble MIC North Bengal Development Department with the request to place it before Hon'ble MIC.
6. PS to Hon'ble MOS, Health & Family Welfare Department with the request to place it before Hon'ble MOS.
7. Shri Biplab Mitra, Chairperson of the Recruitment Committee Dakshin Dinajpur District
8. Shri Biplab Mitra, Chairperson of the Recruitment Committee Uttar Dinajpur District
9. Shri Rabindra Nath Ghosh, Chairperson of the Recruitment Committee Coochbehar District
10. Shri Nasirudding Ahmed (Lal), Chairperson of the Recruitment Committee Mrushidabad District
11. Dr. Asish Banerjee, Chairperson of the Recruitment Committee Malda District
12. Shri Monirul Islam, Chairperson of the Recruitment Committee Birbhum District
13. Shri Tapan Dasgupta, Chairperson of the Recruitment Committee Hooghly District
14. Shri Jyotirmoy Kar, Chairperson of the Recruitment Committee Purba Medinipur District
15. Shri Shankar Dolai, Chairperson of the Recruitment Committee Paschim Medinipur District
16. Shri Arup Kumar Khan, Chairperson of the Recruitment Committee Bankura District
17. Shri Ujjal Pramanick (Rural), Chairperson of the Recruitment Committee Burdwan District
18. Shir Subhasis Batabyal (Urban), Chairperson of the Recruitment Committee Burdwan District
19. Shri Silbhadra Datta, Chairperson of the Recruitment Committee North 24 Parganas District
20. Shir Nirmal Maji, Chairperson of the Recruitment Committee South 24 Parganas District
21. Smt. Nilima Nag (Mallick), Chairperson of the Recruitment Committee Nadia District
22. Shri Pulak Roy, Chairperson of the Recruitment Committee Howrah District
23. Smt. Sandhya Tudu, Chairperson of the Recruitment Committee Purulia District
24. Chief Medical Officer of Health (All Districts)



State Mission Director  
National Health Mission

Sl. No.	Name of the District	Name of the Chairperson
1.	Dakshin Dinajpur	Shri Biplab Mitra
2.	Uttar Dinajpur	Shri Biplab Mitra
3.	Choochbehar	Shri Rabindra Nath Ghosh
4.	Murshidabad	Shri Nasiruddin Ahmed (Lal)
5.	Malda	Dr. Asish Banerjee
6.	Darjeeling	Shri Goutam Deb
7.	Jalpaiguri	Shri Goutam Deb
8.	Birbhum	Shri Monirul Islam
9.	Hooghly	Shri Tapan Dasgupta
10.	Purba Medinipur	Shri Jyotirmoy Kar
11.	Paschim Medinipur	Shri Shankar Dolai
12.	Bankura	Shri Arup Kumar Khan
13.	Burdwan	Shri Ujjal Pramanick (Rural) Shri Subhasis Batabyal (Urban)
14.	North 24-Pgs.	Shri Silbhadra Datta
15.	South 24-Pgs.	Shri Nirmal Maji
16.	Nadia	Smt. Nilima Nag (Mallick)
17.	Howrah	Shri Pulak Roy
18.	Purulia	Smt. Sandhya Tudu

12

**GOVERNMENT OF WEST BENGAL  
HEALTH AND FAMILY WELFARE DEPARTMENT  
NATIONAL RURAL HEALTH MISSION  
GN-29, SECTOR-V, SALT LAKE  
KOLKATA-700091**

**Memo No: HFW/NRHM-20/2006/(Part II)/1631**

**June 27, 2012**

**From:** Dilip Ghosh, IAS  
State Mission Director (NRHM) &  
Secretary to Govt. of West Bengal

**To:** 1. District Magistrate, ..... District.  
2. CMOH, ..... District.

Sir/Madam,

**Sub: Revised Guideline for Selection of ASHAs**


In West Bengal, ASHA Programme has lived up to its role as one of the major components of NRHM. As per 2001 census, the total no. of ASHAs to be selected in West Bengal is around 61008, out of which around 46818 ASHAs have already been selected. With ASHAs being introduced as a change agent in transforming the health seeking behavior of the community, the demand for health services provided by the government is on the rise.

It has been decided to modify the guideline for selection of ASHAs. The order for revised guideline for selection of ASHAs is being issued herewith. This order supersedes all other guidelines and orders issued in this context. The revised guideline for selection of ASHAs will be effective on and from 15<sup>th</sup> July, 2012. All selections initiated from the aforementioned date onwards will follow this guideline.

You are being requested to take necessary steps regarding the same.

Thanking you,

Yours faithfully,

  
(Dilip Ghosh)  
State Mission Director (NRHM) &  
Secretary to Govt. of West Bengal

**Memo No: HFW/NRHM-20/2006/(Part II)/1631/1(150)**


**June 27, 2012**

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

1. Principal Secretary, DWCD
2. Principal Secretary, P & RD
3. Director of Health Services
4. Director of Medical Education
5. Executive Director, WBSH&FWS
6. Director, SPSRC - with a request to circulate copies to all members of SPSRC
7. Joint Secretary (FW) & Additional Mission Director (NRHM)
8. Addl. DHS & SFWO - with a request to circulate copies to all members of SFWB
9. Jt. DHS, PH & CD
10. Sr. Accounts Officer, NRHM
11. DDHS, Malaria
12. DDHS, Leprosy
13. Jt. DHS, RNTCP
14. DDHS, NPCB



- 15. Mr. Subhra Chakraborty, PO, NRHM
- 16. Ms. Srabani Majumder, State NGO Coordinator
- 17. Dr. Kaninika Mitra, P.O. Health, UNICEF
- 19-36. Chairperson.....District
- 37-54. Deputy CMOH-III,.....District
- 55-72. DMCHO,.....District
- 73-90. DPO (ICDS) ..... District
- 91-108. DPHNO,.....District
- 109-126. District Programme Coordinator, PMU.....District
- 127. All SDOs,..... Sub Division,.....District
- 128. All BMOHs, .....Block, ..... District
- 129-143. Secretary/Director, ..... District Training Centre (DTC's)
- 144. CINI-STC State Training Centre
- 145. PA to MIC
- 146. PA to MOS
- 147. PA to Principal Secretary
- 148. In charge, IT cell - with a request to upload the guideline in the website
- 149. Guard File
- 150. Office copy

  
 (Dilip Ghosh)  
 State Mission Director (NRHM) &  
 Secretary to Govt. of West Bengal

19

**GOVERNMENT OF WEST BENGAL  
HEALTH AND FAMILY WELFARE DEPARTMENT  
NATIONAL RURAL HEALTH MISSION  
SWASTHYA BHAVAN, 4<sup>TH</sup> FLOOR  
GN-29, SECTOR-V, SALT LAKE  
KOLKATA - 700091**

Memo no. HFW/NRHM-20/2006/(Part II)/1631

Dated: 27<sup>th</sup> June 2012

**ORDER**

**Sub: Revised Guideline for Selection of ASHAs**

It has been decided to modify the guideline for selection of ASHAs. This order supersedes all other guidelines and orders issued in this context.

The revised guideline for selection of ASHAs, to be effective on and from 15<sup>th</sup> July 2012, is hereby issued.

All selections initiated from the aforementioned date onwards will follow this guideline.

**A. Population to be covered by ASHA:**

A.1: Considering the pattern of population distribution, one ASHA is to serve 800 - 1200 population.

**B. Eligibility for being an ASHA:**

B.1: Should be a married/divorced or widowed woman

B.2: Should be a resident of the same village for which she will be selected

B.3: Should be within the age group of 30-40. In case of SC and ST candidates, the lower age limit may be relaxed to 22 years.

B.4: Should be Madhyamik appeared or equivalent

B.5: Women candidates who are Madhyamik pass or possessing higher qualification are also eligible. However, in case of candidates possessing higher qualification, only marks obtained in Madhyamik or equivalent examination will be considered.

**C. Documents to be submitted/shown mandatorily by the applicant:**

C.1: The proof of residence (Voters Identity Card/Ration Card)

C.2: Original mark sheet of Madhyamik or equivalent examination as applicable. Mark sheet is to be provided by the candidates even in case of failure in the exam.

**D: Process of selecting an ASHA:**

D.1: Selection of ASHA will be done at the sub division level.

D.2: Selection will be done by ASHA Selection Committee at the sub divisional level comprising of the following members:

- MICs / other public representatives of the district - Chairperson (District wise names of MICs / other public representatives of the district attached in *Annexure I*)
- Sub Divisional Officer (SDO) - Member Secretary ??
- DPHNO - Member
- DPO (ICDS) - Member
- BMOH of the concerned blocks - Members

- (8)
- D.3: The selection would be based on
- Marks obtained by the candidate in the Madhyamik or equivalent examination (90% weightage).
  - Score in the interview (10% weightage)
- D.4: Areas where the majority of the population belongs to ST/SC, preference to be given to women from that category keeping the selection criteria (detailed in **Section B**) fixed.
- D.5: Preference to be given to Grade I and Grade II SHG members / trained dais / link workers keeping the selection criteria (detailed in **Section B**) fixed.

**E: Steps to be followed for filling up of vacant areas:**

- E.1: A detailed analysis of area demarcated and assigned to each ASHA in the Gram Panchayat is to be taken up by the BDO and BMOH with support from BPHN and GP Supervisors of his/her block to check that the demarcation and subsequent assignment was done within the purview of the programme guideline and as per Census, 2001.
- E.2: In case of any discrepancy in the allotted area, the BDO and BMOH will rationally re-allot the area to be covered by each ASHA as per the programme guideline with guidance from the District Magistrate (DM) and Chief Medical Officer of Health (CMOH).
- E.3: After ensuring that the existing population distribution of the ASHAs is as per programme guideline, the areas lying vacant need to be identified along with the no. of vacancies based on which extensive publicity regarding the nature of service being sought and eligibility criteria is to be done by the BDO at the block, Gram Panchayat and the village level. The publicity will include the following:
- Advertisement in local newspapers,
  - Postering at the BDO office, BPHC/RH, and Gram Panchayat office, and
  - Miking at the village level.
- E.4: The BDO office will receive applications from the prospective candidates. A separate register is to be maintained at the BDO office for documenting all the applications. After initial shortlisting and scrutiny at the BDO office, the list of eligible candidates along with their applications will be sent to the SDO office for final selection by the ASHA Selection Committee as stated in **Section D.2**. The BDO office will retain a receipt copy of the list of eligible candidates sent to the SDO office. All relevant documents should be maintained properly and made available for any future verification if necessary.
- E.5: On receiving the list of eligible candidates from the BDO office, an interview is to be held at the SDO office by the ASHA Selection Committee comprising of members as stated in **Section D.2**.
- E.6: SDO will seek the convenience of the Chairperson and convene the meeting of the ASHA Selection Committee with the members stated above in **Section D.2**.
- E.7: Based on the marks obtained in Madhyamik or equivalent examination and scores in interview, the ASHA Selection Committee is to draw up a GP wise final list with a panel of three candidates for each position in **Proforma ASHA\_P1** as provided by the State ASHA Cell under NRHM (attached along with this order as *Annexure 2*). All sections of the **Proforma ASHA\_P1** should be properly filled up failing which the selection will not be approved at the State level.



E.8: At the SDO office, all relevant documents (e.g. list of eligible candidates received from the BDO office, photocopies of mark sheets and proofs of residence of candidates selected in the panel, etc.) should be maintained properly and made available for any future verification if necessary.

E.9: The GP wise **Proforma ASHA\_P1** is to be duly approved and signed by all the members of the ASHA Selection Committee and the SDO office will send it to the CMOH for further processing.

E.10: After receipt of the approved panel in prescribed format **Proforma ASHA\_P1** from the SDO office, it is to be forwarded by the CMOH, within 30 days of receipt, to the State Mission Director (NRHM), Dept. of Health & Family Welfare, Govt. of West Bengal, along with a forwarding letter, for final approval.

E.11: On receipt of the final approval from the state, the engagement of ASHA will be done by the BMOH as Member Secretary of the Block Health & Family Welfare Samiti.

E.12: Standard format for engagement will be provided by the State ASHA Cell under NRHM along with the approved list.

**F. Others:**

F.1: Total no. of ASHAs to be selected per block as per Census, 2001, has already been communicated to the districts vide the initiation letters issued for the different phases.

F.2: The detailed analysis of area demarcated and assigned to each ASHA in the Gram Panchayat and subsequent reallocation, if any, has to be done as per Census, 2001.

F.3: Preference as mentioned in **Section D.4** will precede that in **Section D.5**.

F.4: In case of non-availability of candidates matching the selection criteria, specific relaxations may be approved on a case to case basis by NRHM, DoH&FW, GoWB, upon submission of a written request along with requisite proof from the Block Health & Family Welfare Samiti, by the CMOH.

F.5: After receiving engagement letter from the Block Health & Family Welfare Samiti, the ASHAs will undergo a complete residential training in various rounds as part of the capacity building mechanism. She will be entitled for a performance based incentive only after completion stipulated round of training as per guideline.

F.6: The revised order for selection of ASHAs will be effective on and from 15<sup>th</sup> July 2012. All selections initiated from this date onwards will follow this guideline.

*Sanjay Mitra*  
SANJAY MITRA 29/6/12  
PRINCIPAL SECRETARY  
DoH&FW GoWB

**List of Chairpersons of Sub-Divisional Committees for the  
engagement of ASHAs**

<b>Sl.No</b>	<b>District</b>	<b>Name of Chairpersons</b>
1.	South 24 Parganas	Sri Arup Biswas
2.	North 24 Parganas	Sri Jyotipriya Mallick
3.	Nadia	Sri Ujjal Biswas
4.	Purba Medinipur	Sri Suwendu Adhikari
5.	Paschim Medinipur	Sri Santiram Mahato
6.	Purulia	Sri Santiram Mahato
7.	Malda	Smt.Sabitri Mitra
8.	Murshidabad	Sri Subrata Saha
9.	Uttar Dinajpur	Janab Karim Chowdhury
10.	Dakshin Dinajpur	Sri Sankar Chakraborty
11.	Darjeeling (Siliguri)	Sri Goutam Deb
12.	Darjeeling (Hills)	Sri Goutam Deb
13.	Jalpaiguri	Sri Goutam Deb
14.	Coochbehar	Sri Hiten Barman
15.	Birbhum	Smt. Satabdi Roy
16.	Burdwan	Sri Moloy Ghatak
17.	Hooghly	Dr.Ratna Nag
18.	Howrah	Sri Arup Roy

**GOVERNMENT OF WEST BENGAL  
HEALTH AND FAMILY WELFARE DEPARTMENT  
NATIONAL RURAL HEALTH MISSION  
SWASTHYA BHAVAN, 4<sup>TH</sup> FLOOR  
GN-29, SECTOR-V, SALT LAKE  
KOLKATA – 700091**

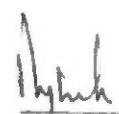
**Memo no: HFW/NRHM/20/06/Pt II/1844**

**Dated: 24<sup>th</sup> July 2012**

Corrigendum

In partial modification of order no. HFW/NRHM-20/2006/Pt II/1631 dated June 27, 2012 regarding Revised Guidelines for Selection of ASHAs, it is ordered that the revised list of Chairpersons of Sub-Divisional Committees for the selection of ASHAs stands modified as follows:

1. Shri. Sukumar Hansda for Paschim Midnapore instead of Shri. Santiram Mahato and
2. Shri. Shyam Mukherjee for Bankura district.



**Dilip Ghosh**

State Mission Director (NRHM) &  
Secretary to Govt. of West Bengal

**Memo no: HFW/NRHM/20/06/Pt II/1844**

**Dated: 24<sup>th</sup> July 2012**

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

1. Principal Secretary, DWCD
2. Principal Secretary, P & RD
3. Director of Health Services
4. Director of Medical Education
5. Executive Director, WBSH&FWS
6. Director, SPSRC - with a request to circulate copies to all members of SPSRC
7. Joint Secretary (FW) & Additional Mission Director (NRHM)
8. Addl. DHS & SFWO - with a request to circulate copies to all members of SFWB
9. Jt. DHS, PH & CD
10. Sr. Accounts Officer, NRHM
11. DDHS, Malaria
12. DDHS, Leprosy
13. Jt. DHS, RNTCP
14. DDHS, NPCB
15. Mr. Subhra Chakraborty, PO, NRHM
16. Ms. Srabani Majumder, State NGO Coordinator
17. Dr. Kaninika Mitra P.O. Health, UNICEF





- 18-35. Chairperson.....District  
36-53. Deputy CMOH-III,.....District  
54-71. DMCHO,.....District  
72-89. DPO (ICDS) ..... District  
90-107. DPHNO,.....District  
108-125. District Programme Coordinator, PMU.....District  
126. All SDOs,..... Sub Division,.....District  
127. All BMOHs, .....Block, ..... District  
128-142. Secretary/Director, ..... District Training Centre (DTC's)  
143. CINI-STC State Training Centre  
144. PA to MIC  
145. PA to MOS  
146. PA to Principal Secretary  
147. In charge, IT cell - with a request to upload the guideline in the website  
148. Guard File  
149. Office copy

  
**Dilip Ghosh**

State Mission Director (NRHM) &  
Secretary to Govt. of West Bengal

(4)

**GOVERNMENT OF WEST BENGAL  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
SWASTHYA BHAVAN, WING B, 4th FLOOR  
GN 29, SECTOR V, SALT LAKE  
KOLKATA 700091**

**Memo No: HFW/NRHM-20/06/(Part III)/250**

**Dated: 27.01.14**

**ORDER**

Sub: Revised Guideline for Selection of ASHAs

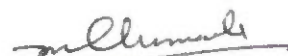
Ref: 1. Memo no. HFW/NRHM-20/2006/Part II/1631 Dated: 27th June 2012 and  
2. Memo no. HFW/NRHM-20/06/Part II/1844 Dated: 24<sup>th</sup> July 2012, of State Mission Director

In partial modification to the memos under reference regarding Revised Guideline for Selection of ASHAs, and with reference to Point No.D.2 of Memo No.1, the list of MICs/other public representatives of the district as Chairperson, is hereby revised. The same is being enclosed as Annexure 1 herewith.

It is being intimated that where such selection process is underway or almost completed, the existing committee may conclude the process.

The changes as proposed may be effected for all selection for which advertisement has already been published or is to be published or applications have been received but the subsequent stages of the process of selection have not yet started.

Other points laid out in the memo under reference remain unchanged.



Principal Secretary  
DoH&FW GoWB

Encl: As above

**Memo No: HFW/NRHM-20/06/(Pt III)/250/1(26)**

**Dated: 27.1.14**

Copy forwarded for kind information and necessary action to:

1. Director of Health Services
- 2-19. CMOH – All districts
20. PS to Hon'ble MIC, Dept. of Forests, GoWB with the request to kindly place this before Hon'ble MIC
21. PS to Hon'ble MIC, Dept. of Fisheries, GoWB with the request to kindly place this before Hon'ble MIC
22. PS to Hon'ble MIC, Dept. of Water Resources, Investigation & Development, GoWB with the request to kindly place this before Hon'ble MIC
23. PS to Hon'ble MOS, Dept. of Health & Family Welfare, GoWB with the request to kindly place this before Hon'ble MIC
24. Sri Tapan Dasgupta, Parliamentary Secretary, Dept. of Labour, GoWB
25. Office of State ASHA Cell
26. Guard file

  
State Mission Director, NHM



**Revised List of Chairpersons of Sub-Divisional Committees for the engagement of ASHAs**

Sl.No	District	Name of Existing Chairpersons	Name of the Chairpersons now
1.	Purba Medinipur	Sri. Suwendu Adhikari	<b>Dr. Soumen Mahapatra</b>
2.	Coochbehar	Sri. Hiten Barman	<b>Sri Binoy Burman</b>
3.	Birbhum	Smt. Satabdi Roy	<b>Sri Chandranath Sinha</b>
4.	Hooghly	Dr. Ratna Nag	<b>Sri. Tapan Dasgupta</b>

Other names remain unchanged as issued vide Memo no. HFW/NRHM-20/2006/Part II/1631 Dated: 27th June 2012 and Memo no. HFW/NRHM-20/06/Part II/1844 Dated: 24<sup>th</sup> July 2012 memo under reference.

  
Principal Secretary

1

**GOVERNMENT OF WEST BENGAL  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
SWASTHYA BHAVAN, WING B, 4th FLOOR  
GN 29, SECTOR V, SALT LAKE  
KOLKATA 700091**

**Memo No: HFW/NRHM-20/06/(Part III)/735**

**Dated: 20.02.14**

**ORDER**


Sub: Revised Guideline for Selection of ASHAs

Ref: Memo No: HFW/NRHM-20/06/(Part III)/250 dated: 27.01.14

In partial modification to the memo under reference regarding Revised Guideline for Selection of ASHAs, it is being intimated that Chairperson for the ASHA Selection Committee of Purba Medinipur stands modified as follows:

1. Shri Suvendu Adhikari instead of Dr. Soumen Mahapatra

Other points laid out in the memo under reference remain unchanged.

  
Principal Secretary  
DoH&FW GoWB

**Memo No: HFW/NRHM-20/06/(Part III)/735**

**Dated: 20.02.14**

Copy forwarded for kind information and necessary action to:

1. Director of Health Services
2. District Magistrate – Purba Medinipur
3. CMOH – Purba Medinipur
4. PS to Hon'ble MOS, Dept. of Health & Family Welfare, GoWB with the request to kindly place this before Hon'ble MIC
5. Office of State ASHA Cell
6. Guard file

  
for State Mission Director, NHM