

Study Report

On

10 Sub - Centres

in

KMA ULBs

CONTENT

SL. No.	PARTICULARS	PAGE No.
1.	EXECUTIVE SUMMARY	1-5
2.	PREAMBLE & STUDY MECHANISM	6-10
3.	TABLES	11-28
4.	STATUS OF HEALTH MANPOWER & LOAD OF SUB - CENTRE	29-30
5.	EXISTING PHYSICAL FACILITIES OF SUB - CENTRE	31-32
6.	PRESENT CONDITION OF FURNITURE & EQUIPMENT OF SUB - CENTRE	33-34
7.	STATUS OF HEALTH CARE SERVICES	35-43
8.	VIEWS OF THE COMMUNITY MOTHERS ABOUT SUB - CENTRE	44-46
9.	ANALYSIS OF COST EFFECTIVENESS FOR SUB - CENTRE TOWARDS REFURBICATION & LOGISTIC SUPPLY	47-48

EXECUTIVE SUMMARY

The Sub-Centres in KMA ULBs are now functioning under mainly two community based health programmes viz. CUDP - III and IPP-VIII, once aided by World Bank and now under maintenance phase. The approach of KUSP is to strengthen the existing health care services provided by the Sub-Centres at grass root level.

OBJECTIVE

The primary objective of the Study Team is to study the functional status of 10 (ten) Sub-Centres of 5 (five) KMA ULBs @ 2 Sub-Centres per each ULB in terms of management and supervision, utilisation pattern of services, adequacy of logistic support like essential equipments, furniture and others required for effective delivery of services and existing physical condition of Sub-Centres. The study findings will help to identify the areas for intervention for strengthening the existing health care services at Sub-Centre level.

SAMPLE SELECTION

5 (five) ULBs in KMA were selected on random basis from KMA map out of 40 ULBs. Later, 10 (ten) Sub-Centres @ 2 Sub-Centres (1 in municipal accommodation and another at club accommodation) from each sample ULBs were selected randomly from municipal map showing location of Sub-Centres.

STUDY INSTRUMENT

- Visit to Sub-Centres.
- Physical inspection of Sub-Centres.
- Examination of Records, Registers etc.
- Discussion with grass root level health functionaries i.e. HHWs, FTSs, STSs, PTMOs.
- Discussion with Health Officers and Asstt. Health Officers.
- Focus group discussion with community mothers.

OBSERVATIONS & RECOMMENDATION

- In providing health care services to the community people, specially to the mothers and children who are focused clientele in the community based health programmes, the Sub-Centres have become the unavoidable grass root level health centres where the services are acceptable, accessible and affordable to the poor section of community people.

FUNCTIONING STATUS OF SUB-CENTRES

- Sub-Centre remains open for 5 days in a week out of which one day is utilized for preparation of HMIS.
- **No. of clinics held per Sub-Centre per month.**
 - Out of 5 municipal owned SC, maximum and minimum no. of clinics held are 17 & 7 respectively and in club owned premises the clinic nos. varies between 22 & 4.

Clinics	No. of Clinics	No. of performing Sub-Centre
ANC / PNC Clinic	5	1
	4	5
	2	1
	1	1
Immunisation Clinic	4	4
	2	4
	1	2
Treatment Clinic by MO	8	1
	4	4
	2	3
	1	1
FW Clinic	2	3
	1	4
Clinics for Awareness programme	4	2
	2	1
	1	2

- **Average no. Attendance per clinic per Sub-Centre per month.**

Clinics	Attendance varies between	No. of performing Sub-Centre
ANC / PNC Clinic	15 - 20	4
	10 - 14	5
Immunisation Clinic	80 - 90	3
	40 - 60	5
	25 - 35	2
Treatment Clinic by MO	20 - 30	3
	10 - 15	5
FW Clinic	15 - 25	5
	10 - 14	1
Clinics for Awareness programme	40 - 60	3
	25 - 30	5

MANAGEMENT OF CLINICS AT SUB-CENTRES

- Management of Sub-Centre with regard to functioning of different clinic upto FTS level is being done satisfactorily with the assistance of HHWs concerned.
- On the days of ANC / PNC, Immunisation and treatment clinic support of PTMO is required for technical management.
- One HAU covers at least 6 Sub-Centres. For 8 clinics per Sub-Centre per month 48 working days are required. Now, authorised no. of PTMO per HAU in CUDP-III is one and in IPP-VIII is two. Hence, it is practically not feasible for 1 doctor of CUDP-III to cover 8 clinics per Sub-Centre per month. Even it is difficult for 2 PTMOs of IPP-VIII HAU. The no. of PTMOs for CUDP-III should be at par with that of IPP-VIII since the nature of services in both the programmes are same. This disparity should be addressed and removed. Avenues should be explored to meet up the gap.
- There is also a disparity in allotment of contingency fund for CUDP-III and IPP-VIII wherein CUDP-III gets Rs. 1,500/- per month but IPP-VIII gets Rs. 3,500/- per month. On the same reasons mentioned earlier this disparity also needs to be settled.

- More attention should be given in the maintenance of documents at Sub-Centre. Different Registers i.e. ANC / PNC Register, Treatment Register, Awareness Programme Register, Family Schedule need to be properly maintained. Suitable formats be supplied for maintenance of different registers, schedules, antenatal cards etc. to all the Sub-Centre to maintain uniformity.
- No unused furniture and equipment at Sub-Centre level had been observed.
- There are some unserviceable / deficient essential items of furniture and equipments in the Sub-Centres which are causing hindrance for smooth and effective delivery of services. It is absolutely necessary that the items which have become unserviceable due to prolonged use as well as the deficient items be replaced / supplied at the earliest for the interest of the health care services.
- Privacy for examination of female cases is absent at 5 Sub-Centre out of 10, which needs to be addressed.
- From discussions with Health Officers & Asstt. Health Officers, Medical Officers as well as community women it appeared that some additional drugs specially for the children are required and some drugs need to be deleted and the quantities of some drugs are to be decreased or increased. As such the existing approved drug list of the Sub-Centre need to be revised in consultation with the Health Officer / Asstt. Health Officer of the ULB.
- Some deficiencies had been identified in the physical condition of the infrastructure of the Sub-Centres as under :

- No separate waiting space	- 60%
- No water facility	- 50%
- No toilet facility	- 50%
- Doors and windows not secured	- 30%
- Lack of repairs to walls and roofs and requirement of white washing	- 80%
- Lack of installation of proper electric connection and re-wiring	- 30%

- Utilisation of KUSP fund towards improvement of physical infrastructure and replacement of unserviceable / deficient furniture & equipments of the Sub-Centre for strengthening of services is found to be cost effective.
Investment of an amount of Rs. 80,000/- from KUSP fund for above purpose (which will last for 5 years) for one Sub-Centre will save an expenditure of Rs. 18,72,000/- of the beneficiaries of the same Sub-Centre for 5 years. As such, more benefits can be achieved at a much lower investment of KUSP.
- It has been noticed that growth monitoring of under five children is not being carried out. Since U-5 children are vulnerable to diseases and malnutrition it is very essential that this component should be introduced for benefit of the children of the community. Along with this nutrition awareness generation programme for the mothers are to be undertaken.
- Supervision & Monitoring with regard to both clinical and management, is necessary for improving and strengthening of services. In addition to HO and AHO this task may also be taken care of by Urban Health Improvement Organiser (UHIO) of the municipality. The vacant post of UHIO need to be filled up with proper job chart. At the same time monitoring mechanism at Sub-Centre level by the community may be thought for.
- The health care services delivered by the Sub-Centres are considered to have been utilised. To the poor community mothers and children the services of Sub-Centres have been sine quo non.

PREAMBLE

The Sub-Centres in KMA ULBs are now functioning under mainly two community health programmes viz. CUDP-III and IPP -VIII once aided by World Bank. CUDP - III (1984 - 1992) was taken up for operation in 31 municipal areas (including 3 Municipal Corporation and 1 Notified Area) with focus on Maternal & Child Health care services. While the IPP - VIII (1994 - 2002) was initiated on a bigger scale in 41 ULBs (including KMC) with similar objectives but with a basic exception that IPP - VIII programme would take care of the gaps and inequalities in the CUDP-III health programmes. Further, the approach of KUSP is also to improve, strengthen and enlarge the existing health care services provided by the Sub-Centres at grass root level. While preparing work plan for health component of KUSP by CMU, it was felt that unless proper facilities at Sub-Centres are provided in terms of replacement of some of the essential equipment and furniture and provision of basic infrastructural facilities are considered & taken care of, functioning of the Sub-Centres could not be strengthened. As preventive health care has been decentralised at the block level by the HHWs, Sub-Centre is the Nerve Centre for providing service delivery to the Urban Poor Population with focus in Reproductive and Child Health.

The Project director, Change Management Unit, KUSP entrusted an Expert Team with the task of studying interalia the functional status of 10 Sub-Centres in municipal areas within KMA.

OBJECTIVE

- To understand functioning status of Sub-Centres both in municipal owned and non-municipal premises.
- To understand management & supervision network.
- To know utilisation pattern of services provided from the Sub-Centres.
- To study adequacy of logistic support in terms of important equipment, furniture & others required for effective delivery of services.
- To study existing physical condition of Sub-Centres.

METHODOLOGY

- To study 2 Sub-Centres per municipality, 1 in municipal owned premises and the other one in non-municipal premises - total 10 Sub-Centres of 5 ULBs out of 40 KMA ULBs.
- 5 ULBs to be selected on random basis.
- 2 Sub-Centres to be selected ULB-wise on random sampling.

STUDY INSTRUMENT

- To get list of Sub-Centres (both municipal & non-municipal accommodation) of sampled 5 ULBs.
- Selection of 2 Sub-Centres (1 municipal & 1 non-Municipal accommodation) through sampling.
- Visit to Sub-Centre.
- To examine records, registers, cards etc.
- To discuss with grass root level functionaries i.e. HHW, FTS, HO / AHO & PTMO.
- To discuss with the community staying around the Sub-Centre location.
- To examine the essential furniture & equipment.
- To examine the physical condition of the Sub-Centre and availability of basic facilities.

DATA ANALYSIS

- Data will be entered, tabulated & analysed using computer.

SELECTION METHODOLOGY

Selection of sample ULBs :

For the purpose of field study selection of 5 ULBs was done at random from KMA map. Out of 40 KMA ULBs, 5 ULBs (12.5%) was selected randomly as under :

1. Madhyamgram
2. Panihati
3. Uttarpara Kotrung
4. Rishra
5. Budge Budge

Selection of sample Sub-Centres :

From among the Sub-Centres numbering 127 of the above mentioned ULBs, 10 Sub-Centres (7.87%) @ 2 Sub-Centres (1 in municipal own premises and another at non-municipal accommodation like club etc.) per ULB were selected on random basis from municipal map showing location of Sub-Centres. The details of selected Sub-Centres are given below :

a) Madhyamgram Municipality :

- i) Sub-Centre no 6 of HAU III of IPP - VIII in municipal accommodation
Address : UHIP Sub-Centre
Sahara Ghosh Para, Ward No. 18
- ii) Sub-Centre no. 3 of HAU II of IPP - VIII in club accommodation
Address : Vivekananda Sangha Club
Abdalpur Bazar Area, Ward No. 10

b) Panihati Municipality :

- i) Sub-Centre no 6 of HAU IV of IPP - VIII in municipal accommodation
Address : Bhombalarmore
Natanagar
Sahara Ghosh Para, Ward No. 18
- ii) Sub-Centre no. 7 of HAU I of IPP - VIII in club accommodation
Address : Sammelani Club
R.N. Tagore Rd., Sodepur

c) Uttarpara Kotrung Municipality :

- i) Sub-Centre no 3 of HAU I of IPP - VIII in municipal accommodation
Address : Prahladsing Hindi School
Singh Para, Makla
- ii) Sub-Centre no. 4 of HAU I of CUDP - III in club accommodation
Address : Vivekdal Club
New Station Road, Hindmotor

d) Rishra Municipality :

- i) Sub-Centre no 4 of CUDP - III in municipal accommodation
Address : Natungram
Women Hostel
Ward No. 20
- ii) Sub-Centre no. 4 of IPP - VIII in club accommodation
Address : Laxmi Palli Sporting Club
Laxmi Palli, Ward No. 22

e) Budge Budge Municipality :

- i) Sub-Centre no 2 of CUDP - III in municipal accommodation
Address : Kaila Sarak
Ward No. 17
- ii) Sub-Centre no. 7 of IPP - VIII in club accommodation
Address : Sabuj Sangha
Yusuf Sampi Road,
Ward No. 7

The percentage of selection of municipal accommodation Sub-Centres and Club accommodation Sub-Centres are 7.24% and 8.62% respectively.

WORK PROCESS

For the purpose of this study the Expert Team developed a format to record the requisite information and data.

The Team visited the selected 5 ULBs and the respective selected Sub-Centres as enumerated under the selection process and had discussions with the available Chairpersons of the ULBs, the HOs, AHOs, PTMOs, FTSs, STSs, HHWs and other functionaries of the ULBs. Further the Team inspected the available records and documents maintained at different Sub-Centres. The condition of the logistics like furniture, equipments and physical condition & facilities of the Sub-Centres under reference were also examined. The Team also met Community Mothers Leaders numbering 36 in 5 ULBs and had focus group discussion with them and other community

members and obtained their views and suggestions on the services provided by the Sub-Centres. The Team also met some of the office bearers of the clubs and discussed the issue of utilisation of the club premises for Sub-Centre purpose.

The outcome of the study had been recorded through data entry and the same has been tabulated and analysed by using computer. The 11 tables so generated and the relevant Executive Summary with observation and recommendation are attached with the report.

TABLE - 1

Total Number of Existing Sub-Centres of Sample ULBs

Name of ULBs	SCs under CUDP III			SCs under IPP-VIII			Grand Total
	Municipal Accn.	Other (Club/Private) Accn.	Total	Municipal Accn.	Other (Club/Private) Accn.	Total	
Madhyamgram	-	-	-	16	3	19	19
Panihati	2	10	12	12	16	28	40
Uttarpara Kotrung	5	7	12	5	9	14	26
Rishra	6	-	6	15	4	19	25
Budge Budge	2	4	6	6	5	11	17
TOTAL	15	21	36	54	37	91	127

Total no. of Sub-Centres in the above mentioned five (5) ULBs are 127 of which 69 nos. and 58 nos. are located in municipal accommodation and club accommodation respectively. As such, percentage of Sub-Centre at municipal owned premises is 54% and in club accommodation 46%.

TABLE - 2

Sub-Centre wise Family / Population Coverage

Name of ULBs	Municipal Accn. Sub-Centre				Club / Private Accn. Sub-Centre			
	No. of Family	Population Coverage			No. of Family	Population Coverage		
		Male	Female	Total		Male	Female	Total
Madhyamgram	1402	3192	3146	6338	1343	2871	2777	5648
Panihati	965	2473	2415	4888	1093	2767	2648	5415
Uttarpara Kotrung	782	2137	1777	3914	988	Not available	Not available	3897
Rishra	840	2608	2420	5028	768	1631	1508	3139
Budge Budge	977	2842	2695	5537	992	2452	2216	4668
TOTAL	4966	-	-	25705	5184	-	-	22767

Total no. of families and population covered under the reference Sub-Centres are 10150 and 48472 respectively.

TABLE - 3

Number of Health functionaries working at Sub-Centres

Name of ULBs	HHW		FTS		PTMO	
	Municipal Accn.	Club Accn.	Municipal Accn.	Club Accn.	Municipal Accn.	Club Accn.
Madhyamgram	6	5	1	1	<p>In CUDP-III one (1) PTMO for 6 Sub-Centres under 1 HAU.</p> <p>In IPP -VIII two (2) PTMOs for 6 - 7 Sub-Centres under 1 HAU.</p>	
Panihati	5	4	1	1		
Uttarpara Kotrung	5	5	1	1		
Rishra	5	5	1	1		
Budge Budge	5	5	1	1		

N.B. : FTS is the Person-in-Charge of Daily Management of a Sub-Centre.

TABLE - 4

**Function of Sub-Centres for clinic
Number of Days per week**

Name of ULBs	Number of Days			Remarks
	1 - 2	3	4	
Madhyamgram	-	-	ANC/PNC - 1 Immunisation - 1 Treatment - 1 Awareness - 1	
Panihati	ANC / PNC - 1	-	-	Immunisation & treatment fortnightly
Uttarpara Kotrung	ANC / PNC - 1	-	-	Immunisation once in a month Treatment once in a week Awareness once in a fortnightly
Rishra	-	ANC/PNC - 1 Immunisation - 1 Treatment - 1	-	
Budge Budge	ANC/PNC - 1 Awareness - 1	-	-	Immunisation & treatment fortnightly

- Sub-Centre remains open for 5 days in a week. One day of a week is utilised for preparation of HMIS by HHWs supervised by FTS.
- No. of clinics per SC per week reflects variegated picture.
- On an average the functioning status of Sub-Centre for clinics only in a week is mentioned above.

TABLE - 5

Attendance in Sub-Centre during 2004 - 2005

Name of ULBs	No. of ANC cases		No. of PNC cases		No. of Under 1 Children		No. of Under 5 Children	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	90	108	80	82	101	82	470	488
Panihati	52	55	54	53	50	54	190	298
Uttarpara Kotrung	59	40	45	36	58	36	300	354
Rishra	No record available. Done at ESOPD.	48	No record available. Done at ESOPD.	37	35	38	49	54
Budge Budge	26	58	26	58	56	48	121	408
TOTAL	227	309	205	266	300	258	1130	1502

Average no. of attendance in reference Sub-Centres are :

ANC - 60

PNC - 52

Under one children - 56

Under five children - 263

TABLE - 6
Average number of Clinics held in a Sub-Centre in a Month

Name of ULBs	ANC/PNC Clinic		Immunisation Clinic		Treatment Clinic by MO		Under 5 Growth Monitoring Clinic		F.W. Clinic		Awareness Programme	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyam-gram	5	4	4	4	4	8	Not done	Not done	Clubbed with ANC	2	4	4
Panihati	4	2	2	2	2	2	Not done	Not done	2	1	No record	No record
Uttarpara Kotrung	4	Not done. Referred to ESOPD	1	2	1	Nil Patients attend near by Charita ble Dispensory	Not done.	Not done.	Not done	2	2	Not done
Rishra	Done at ESOPD.	4	4	4	4	4	Not done.	Not done.	1	Not done separately.	1	1 in two months
Budge Budge	1	4	2	1	2	4	Not done.	Not done.	1	1	1	Not maintained separately

TABLE - 6 (Contd.)

Clinic	Maximum & Minimum no. of clinics in a month held in a Sub-Centre	
	Maximum	Minimum
ANC / PNC	5	1
Immunisation	4	1
Treatment	8	1
U-5 GM	Not done	
Family Welfare	4	1
Awareness Programme	Not maintained separately, mostly included in FW clinic record.	

TABLE - 7
Average number of Attendance per Clinic per Month in Sub-Centre

Name of ULBs	ANC/ PNC Cases		Immunisation Cases		Treatment Cases by MO		Under 5 Growth Monitoring Cases		F.W. Cases		Participants in Awareness Programme	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	15	20	60	80	15	20	Not done	Not done	15	25	25	60
Panihati	16	16	25	35	12	10	6	9	20	15	No record	No record
Uttarpara Kotrung	10	Nil. Referred to ESOPD	55	40	13	Nil. Patients attend near by Charitable Dispensary	Not done.	Not done.	Not done	20	25	30
Rishra	12	14	90	80	30	20	Not done.	Not done.	10	Not done separately.	40	60
Budge Budge	10	12	50	40	No record available	12	Not done.	Not done.	Not maintained separately.	25	25	

TABLE - 7 (Contd.)

Clinic	Average Maximum & Minimum attendance in a clinic in a month in a Sub-Centre :	
	Maximum	Minimum
ANC / PNC	20	10
Immunisation	80	40
Treatment	30	10
U-5 GM	Not done, except in 1 Sub-Centre	
Family Welfare	25	4
Awareness Programme	60	25

TABLE - 8

Management of Clinic of Sub-Centre

Name of ULBs	Informing clientele done by whom	Assembling clientele done by whom	Division of responsibility during clinic done or not if, done, by whom	Information Collection, recording and preparation of Report done by whom
Madhyamgram	HHWs	HHWs & self	Yes, by PTMO	FTS
Panihati	HHWs	HHWs	Yes, by FTS	FTS
Uttarpara Kotrung	HHWs	HHWs	Yes, by FTS	FTS
Rishra	HHWs	HHWs	Yes, by FTS	FTS
Budge Budge	HHWs	HHWs & self	Yes, by FTS	FTS

In all the reference Sub-Centres informing clientele and assembling them is done by HHWs, in 2 (two) ULBs the clienteles assembling to the Sub-Centres themselves in addition to assembling by the HHWs. HMIS is done by FTS.

TABLE - 9
Availability of Registers & Documents maintained at Sub-Centre

Name of ULBs	HHW Attendance Register		ANC / PNC Register		Ante natal Card		Immunisation Register / & Card		Growth Monitoring Register & GM Card	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Panihati	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No
Uttarpara Kotrung	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No
Rishra	Yes	Yes	Nil	No	No	Yes	Yes	Yes	No	No
Budge Budge	Yes	Yes	Not available	Not available	Not available	Yes	Yes	Yes	No	No

Contd. P-2.

Name of ULBs	Patients Treatment Register			Awareness Programme Register			Family Schedule			HMIS Report		
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	No Proper Register	No Proper Register	No Proper Register	No Proper Register	No Proper Register	No Proper Register	Yes	Yes	Yes	Yes	Yes	Yes
Panihati	Do	Do	Do	Do	Do	Do	Not available	Not available	Yes	Not available	Yes	Yes
Uttarpara Kotrung	Do	Do	Do	Do	Do	Do	Not available	Not available	Yes	Yes	Yes	Yes
Rishra	Yes	No	No	Do	Do	Do	Yes	Yes	Yes	Yes	Yes	Yes
Budge Budge	Not available	Yes	Yes	Not available	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

U-5 GM register & GM card are not available in any of the referral Sub-Centres as growth monitoring is not done. Awareness Programme Register is not maintained properly except at 1 Sub-Centre.

TABLE - 10
Physical Status of Sub-Centre

Name of ULBs	Available Space			No. of Room		Water Facility	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	
Madhyamgram	Adequate. No waiting space	Inadequate & no Waiting space	1	1	Municipal Tap water at fixed time. No storage facility	Not available	
Panihati	Inadequate & no Waiting space	Adequate	1	1	Not Available	Not available	
Uttarpara Kotrung	Inadequate & no Waiting space	Adequate	1	1	Not available	Available	
Rishra	Inadequate & no Waiting space	Adequate	1	1	Available	Available	
Budge Budge	Adequate	Adequate & no Waiting space	1	1	Available	Municipal Tap water at fixed time. No storage facility	

Contd. to P-2.

Name of ULBs	Toilet Facility		Requirement of minor re-plastering & white washing		Requirement of repair of Door/ Window		Repair/ Refurbishment of electrical connection/ wiring	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	Existing but requires re-setting	Not available	White washing required	Re-plastering & white washing required	Nil	Doors & windows repair required	Requires electrical installation	Repair & re-wiring required
Panihati	Existing but requires re-setting	Not available	Roof re-plastering & white washing required	Minor repair & white washing required	Nil	Nil	Nil	Nil
Uttarpara Kotrung	Available	Available	Re-plastering of entrance area and shade over vacant place for waiting space required	Not required	Door repairing required	Nil	Nil	Nil
Rishra	Available	Not available	Minor repair & white washing required	Re-painting of walls required	Nil	Nil	A fan in waiting space required	Nil
Budge Budge	Available	Available	Nil	Minor repair & white washing required	Nil	Window repairing required	Nil	Requires electrical installation

TABLE - 11

Requirement of essential Furniture & Equipments for Sub-Centre
ULB wise requirement for 2 (two) samples Sub-Centre

Furniture :

Sl. No.	Item	Madhyamgra m	Panihati	Uttarpara Kotrung	Rishra	Budge Budge	Total
1	Steel Almirah with locker	1	1	-	1	1	4
2	Table for immunisation	2	2	-	2	2	8
3	Steel Chair without arms	4	-	2	3	4	13
4	Revolving stool for examining patient	2	2	2	2	2	10
5	Sataranji (Dari)	2	4	4	4	2	16

Equipment :

Sl. No.	Item	Madhyamgra m	Panihati	Uttarpara Kotrung	Rishra	Budge Budge	Total
1	Folding Mattress of patient Examination Table	1	2	2	2	2	9
2	Mackintosh Sheet	2	2	4	4	2	14
3	Coloured Drawer Sheet	4	4	4	4	2	18
4	Portable steam Steriliser	1	2	2	2	2	9
5	Child Weighing Machine (Portable hanging spring balance)	2	2	2	2	2	10
6	Baby Weighing Jacket	2	2	2	2	2	10
7	Baby weighing Machine with tray and spring bottom	2	2	2	1	-	7
8	Emergency Light (Chargeable battery set)	2	2	2	2	2	10
9	Kerosene Stove	2	-	-	2	2	6
10	Plastic bucket with lid	2	-	4	-	-	6

Contd. to P2.

Sl. No.	Item	Madhyamgma m	Panihati	Uttarpara Kotrung	Rishra	Budge Budge	Total
11	Blood Pressure Instrument	-	1	2	1	2	6
12	Cheattle forceps	-	2	-	1	-	3
13	Tongue depressor for children	-	2	2	2	2	8
14	Bowl stand with three legs	-	2	2	1	2	7
15	Pregnancy test strip	2 Pkts	2 Pkts	2 Pkts	2 Pkts.	2 Pkts.	10 Pkts.
16	Strip for albumin test	2 Pkts	2 Pkts	2 Pkts	2 Pkts.	2 Pkts.	10 Pkts.
17	Urine test container	60	60	60	60	60	300
18	2 Kg. Standard Iron Weight	-	2	2	2	2	8
19	Patient examination table	-	-	2	1	-	3
20	Pillow with cover	-	-	4	4	4	12
21	Steps for patients	-	-	2	2	1	5
22	Screen partition with curtain	-	-	2	2	1	5
23	Weighing machine adult	-	-	2	-	-	2
24	Haemoglobino meter	-	-	2 sets	2 sets	2 sets	6 sets
25	Instrument tray with lid	-	-	-	1	2	3
26	Saucepan with lid	-	-	-	2	2	4
27	Stethoscope	-	-	-	2	2	4

Status of health manpower and load of each Sub-Centre

No. of Working days of each SC	Working hours of each SC	No. of HHWs attached to each SC	No. of FTS attached to each SC	No. of PTMO attending each SC	Average no. of population covered by each SC	Average no. of Family covered by each SC	Average no. of pregnant mothers attended ANC/ PNC clinic at each SC (2004 - 05)	Average no. of U-1 children attended SC during 2004 - 05	Average no. of U-5 children attended SC during 2004 - 05	Rank
5 days in a week & 1 day for meeting at HAU	12 - 4 P.M. each day	5	1	1	4847	1015	112	56	263	

Observations :

- In 5 Municipalities selected on random basis for study, there exist 36 Sub-Centres under CUDDP-III programme and out of 36, 15 Sub-Centres located at ULB owned premises and 21 located at club premises. Under IPP-VIII programme total no. of Sub-Centres is 91 of which 54 Sub-Centres situated at ULB owned premises and 37 situated at club premises. As such, all taken together, percentage at Sub-Centres at owned premises is 54% while percentage of Sub-Centres at private premises is 46%.

Status of health manpower and load of each Sub-Centre (Contd.)

- There is a disparity in the deployment of different health manpower in CUDP-III programme compared to health manpower deployed in IPP-VIII though the work components of both these programmes remain the same. Table below will show the difference:

	Health Manpower under CUDP - III	Health Manpower under IPP-VIII
HO/AHO	No separate one	1 each
PTMO	1 (Per HAU)	2 (Per HAU)
STS	No Post	2 (Per HAU)

- Despite the work load at each of the Sub centres under CUDP III and IPP-VIII (Extn.) -VIII remaining the same, the staff pattern of these two programmes is different. As a result, work performances of Sub-Centres under CUDP-III differ to a considerable extent from those under IPP-VIII. Removal of this disparity. is considered to be necessary for better performances at the CUDP-III levels.
- Another discrimination may be pointed out in regard to allotment of contingencies to the Sub-Centres of CUDP-III and to the Sub-Centres of IPP-VIII. Each HAU of IPP-VIII gets contingency of Rs. 3500/- per month while CUDP HAU gets only Rs. 1500/- per month though the level and extent of expenditures in both cases remain the same. For better management of the affairs of the CUDP-III Sub-Centres, contingencies need be allotted at par with IPP-VIII.

Existing Physical Facilities at Sub-Centres

Present Conditions of Physical facilities at Sub-Centres	Deficiencies identified	Recommendations
<ul style="list-style-type: none"> • Physical condition of most of the Sub-Centres visited by us design study, specially those of Sub-Centres located at the private premises i.e. Club buildings are almost in a very decay. • Deficiencies identified in respect of physical intra-structures and physical facilities are shown in col (2) of this list. • The Sub-Centres of the CUDP-III and these of IPP-VIII have been locating, except minor change in some cases, from 1984 and 1994 respectively. Obviously, the physical structures and other physical facilities have been deteriorated to a great extent. 	<p>Out of 10 Sub-Centres in 5 municipalities visited and studied by us, the following deficiencies have been identified -</p> <ul style="list-style-type: none"> a) Sub-Centres having only one room with inadequate accommodation - 60% b) No separate awaiting space for patients - 60% c) No water facility - 50% d) No toilet or where such facility exists but almost unserviceable - 50% e) Door & windows of in Sub-Centres buildings not in secured condition - 30% f) Lack of under 5 children's weighing space - 80% 	<ul style="list-style-type: none"> • The following civil works in the form of repairs in minor nature to the physical structures and physical facilities are considered necessary - <ul style="list-style-type: none"> a) Repairs of roofs for protection against rain waters; repair of walls & white washing, re-plastering of floors. b) Extension of rooms in some cases to cover the adjacent narrow varandahs by breaking the partition walls, and cementing of adjacent open space with fixing of overhead asbestos sheets for making the extended areas to use as patients waiting accommodation. c) Sign Boards and clinic schedules are to be fixed and exhibited at the main entrance of the sub-centres.

Existing Physical Facilities at Sub-Centres (Contd.)

Present Conditions of Physical facilities at Sub-Centres	Deficiencies identified	Recommendations
<p>• As such, in the interest of delivery of various health care services and also for the convenience of the focussed clientele specially the mothers and the child who come to the Sub-Centres for receiving the basic health care services and for awareness programmes, improvement of the existing physical facilities is imperative.</p> <p>• The level and extent of need-based improvements of the existing physical infrastructures and facility is suggested in col (3) of this list.</p>	<p>g) Lack of repairs to walls & roofs, lack of white washing, etc. - 80%</p> <p>h) No sign Boards & clinic charts identifying the Sub-Centres and for guidance of the focussed clientele - 90%</p> <p>i) Lack of installation of electricity connection and work at wiring - 30%</p>	<p>d) Regular installation of electric lines from the State Electricity Board and re-wiring to be done.</p> <p>e) White-wasting of the walls & roofs of the Sub-Centres buildings.</p> <p>f) Repair and painting of the doors & windows in necessary cases.</p> <p>g) Fixing of iron-rings on roofs for weighing space of the under 5 children.</p> <p>h) Provisions of water connection or supply and restructuring or renovation of toilet facilities where necessary.</p> <p>i) The need and minimum based plans and estimates for above works may be taken from the ULBs or an ad hoc amount for this purpose for each ULB may be estimated from CMU's end for fund allotment.</p>

Present conditions of Furniture and Equipments supplied or purchased earlier for the Sub-Centres

Furniture and Equipment for Sub-Centres	Deficiencies identified	Recommendation for improvement of the position
<ul style="list-style-type: none"> • For convenience of the management and operation of the Sub-Centres, some specified items of furniture to be used at the Sub-Centres and various equipment necessary for delivering healthcare services from Sub-Centres were provided from the projects earlier. • CUDP-III was taken up for operation in 1984 and continued upto 1992. Obviously, some of the furniture and equipment the Sub-Centres used during this period are not in serviceable condition. The working period of IPP-VIII was 1994 - 2002. The supply of furniture & equipments was initially made during 1995 and 1997. There was no supply or replacement after 1997. For constant use of these articles over more than 10 years, many items have been destroyed or become unserviceable by this time, for which replacement is imperative. Besides there are many other essential items which were not made available to the Sub-Centres earlier. 	<ul style="list-style-type: none"> • The list of deficient essential items of furniture & equipments are necessary for use at the Sub-Centres for smooth delivery of health care services to the clientele. The articles not available and / or not serviceable at present are shown in the list attached hereto. 	<ul style="list-style-type: none"> • These items of furniture necessary for operational use at the Sub-Centres be considered to be replenished to the Sub-Centres where ever required. • These items of equipments necessary for delivery of health care services at the Sub-Centres also need to be procured and made available to Sub-Centres where ever required for smooth and effective functioning.

Present conditions of Furniture and Equipments supplied or purchased earlier for the Sub-Centres (Contd.)

Furniture and Equipment for Sub-Centres	Deficiencies identified	Recommendation for improvement of the position
<ul style="list-style-type: none"> • The deficiencies identified are notes in col. (2) of this list • It is worth noting that despite non-availability or inadequacy of the many items of furniture and equipments, at the Sub-Centres, the basic services at the Sub-Centres have been kept going with participation of the community mothers. But undoubtedly, the services have scope to improve if the necessary items of furniture & equipment could be provided to the Sub-Centres on required basis. 		<ul style="list-style-type: none"> • ULBs may submit their proposals for procurement of such essential deficient items to CMU with cost estimates.

Status of health care services delivered from the Sub-Centres & level of Utilisation

Service Components	Present Situation	Recommendation for improvement
<p>Health Services</p>	<ul style="list-style-type: none"> At present, the Sub-Centres under CUDP - III and IPP-VIII render health care services mainly on maternal and child care viz. Ante Natal & Post Natal, Immunisation, Treatment of ailments by Medical Officers, Awareness Programme, Growth Monitoring of under - 5 Children and Family planning / Counselling activities with their existing staff pattern. The high risk pregnant mothers are referred from the Sub-Centres to the ESOPD or MH of ULB for tackling the problems as and when required. Due to lack of physical facilities and also non-availability of logistic support, there are some constraints at Sub-Centre level for undertaking adequate and proper F.W. activities and interventions and addressing the problems of adolescents girls as well. 	<ul style="list-style-type: none"> These services can be improved to more extent if the existing disparity in the staff pattern between the CUDP III and IPP-VIII be removed also that the improved physical facilities as the Sub-Centre as pointed out herein before could be provided.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
Health Services	<ul style="list-style-type: none"> • There are good numbers of willing clientele waiting for Ligation, MTP and IUD insertion around Sub-Centre catchment area. But due to non-availability of Professional Experts and logistic supports, interventions which could not be arranged at a nearest convenient venue. • As one PTMO has to cover 4 - 6 Sub-Centres in each week, it is hardly feasible for him to render his services to attend at least 3 clinics per week at one sub-centre 	<ul style="list-style-type: none"> • The Dist. Authorities of the State Health Dept. may provide necessary support to undertake Ligation services etc. at a suitable convenient venue at ULB level at a fixed date and time to give accessible benefits to the clientele throughout the year. • Had is been possible by engaging more than 1 or 2 PTMOs, the existing status of health care services to the target Clienteles could be improved to more extent from the present situation. <p>In order to carry out the programmes of holding more clinics at the Sub-Centre, community members suggested for increasing the no. of doctors.</p>

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
<p>Management of various clinics at Sub-Centre</p>	<p>Ante natal / Postnatal Clinic</p> <ul style="list-style-type: none"> • The total number of pregnant mothers attended the ANC and PNC clinic in 9 Sub-Centres during 2004 - 2005 are 536 and 471 respectively i.e. the average no. of pregnant women attended ANC and PNC clinic at each Sub-Centre are 60 and 52 respectively. • ANC / PNC clinic covers in most of the cases TT (Tetanus Toxoid) administration, IFA (Iron Folic Acid), BP (Blood Pressure) recording , weight recording, & Abdominal examination. Laboratory examination for Hb estimation Albumin, VDRL etc usually done at Maternity Home or outside and records are maintained in the sub centre. Most of the centres maintain proper Registers but some of the centres do not maintain systematic records for want of guidance from the end of the ULB HO / AHO • Only in 5 Sub-Centres Antenatal Cards were available. 	<ul style="list-style-type: none"> • This position may be improved if more no. of PTMO and improved physical facilities be provided. • Introduction of Antenatal Cards for the pregnant women should be strictly adhered to and necessary training be imparted. Adequate number of the said Cards be made available to Sub-Centres.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Immunisation Clinic</p> <p>As for immunisation programmes the number of immunisation cases who attended the Sub-Centres during 2004 - 2005 was 555. This intralia included BCG, Measles and other vaccines. The number of immunisation clinic held in a month varies from 1 to 4 in sampled Sub-Centres. All the Sub-Centres maintain Register for Immunisation. Proper documentation of Vit 'A' administration has not been seen in most of the Sub-Centres in general. No separate record for Vit -A administration is maintained except in one ULB. The PTMO manages the clinic while the case registration, ad hoc instrument sterilisation, etc. is conducted by FTS with the help of HHWs. As such there was no post immunisation complication. However, PTMOs manage such cases, if there be any.</p>	<ul style="list-style-type: none"> • Regarding maintenance of proper and uniform Records and Registers for all kinds of health services provided by the Sub-Centres, list of Registers & Records and the formats for such Register & Records in the same pattern of Govt. formats be made available to the ULBs. Training to the health functionaries concerned for maintenance of Registers and Records should be imparted for strengthening. • Training of functionaries at Sub-Centre level is required for proper documentation and maintenance of Immunisation Register. • For proper instrument sterilization the unserviceable steriliser be replaced and where not available such steriliser be provided. • For 'drop outs' special camps may be organised. • To maintain uniformity in recording all necessary components issuance of a standard format will be useful.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Treatment Clinic by MOs</p> <ul style="list-style-type: none"> Regarding treatment clinic by Medical Officer at the Sub-Centre, this is usually conducted by PTMO or somewhere by AHO. It has been seen that average number of attendance per clinic per month in the sampled 8 Sub-Centres is 17; maximum and minimum attendance being 30 and 10 respectively. In one Sub-Centre patients attend nearby charitable dispensary which is functioning every working day where doctor are available and free medicines are distributed. In one Sub-Centre records were not available. No. of treatment clinic in a month varies from 1 to 8. 4 clinics are held only in 5 Sub-Centres. Regarding documentation it has been seen that out of 10 Sub-Centres 9 Sub-Centres do not maintain proper treatment Register. 	<ul style="list-style-type: none"> Number of different clinics schedule and programmes to be held in a Sub-Centre in a month be worked out and standardised by the authority on reality basis to have quality service. Number of PTMOs be enhanced adequately (particularly of CUDDP - III at par with IPP-VIII) to strengthen the services of not only the treatment clinic but also for other clinics held at Sub-Centres. Treatment Register must be maintained at each Sub-Centre for proper documentation. The said Register be standardised by Authority to maintain uniformity. The approved list of medicines provided to the ULBs be reviewed and necessary amendment be made by the Authority. In this regard views of the Health Officers of both KMA and Non-KMA ULBs be invited for consideration.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<ul style="list-style-type: none"> • It has been intimated by the Health Officer that with the available number of PTMOs, it is not feasible to run 4 scheduled clinics in a month in a Sub-Centre. This is more true for CUDP-III where only 1 PTMO is authorised for 1 HAU whereas IPP-VIII HAU has 2 PTMOs. • Regarding medicines, the Health Officers, AHOs and PTMO have the views that some of the medicines in the approved list are not required. Quantity of some medicines are either to be increased or decreased. • In addition paediatric preparation of medicines should preferably be in the form of syrup - like cough syrup. In case of co trimoxazole group of antibiotics higher group of antibiotic may be provided. • There are also some deficiency of essential equipments in the Sub-Centre which are unserviceable due to prolonged use or not available. This is also a constraint in the treatment clinic. 	<ul style="list-style-type: none"> • Some suitable paediatric preparation of medicine in the form of syrup be included. • Instead of adhering to the approved list the ULBs should be given liberty for procurement of medicines based on their own requirements and situation. • The different essential equipment / unserviceable equipment be replaced at the earliest to facilitate strengthening of clinic services.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Family Planning & Counselling Clinic</p> <ul style="list-style-type: none"> The Sub-Centres do not separately maintain Registers as to holding of family planning / counselling clinics at the Sub-Centres. The HHWs & FTSs usually discuss this issue at the mothers meeting being held as block or Sub-Centre level or sometimes the issue is discussed when the mothers attend the ANC / PNC clinics. Father meet usually are not held in any Sub-Centre. 	<ul style="list-style-type: none"> Family planning services with regular advice from HO / AHO / PTMO and supply of family Planning materials and follow up services be strengthened to create an impact upon the eligible couples for this future family welfare planning. In order to generate awareness of the mothers, considered necessary that a separate clinic on this issue should be held at regular intervals at the Sub-Centres and the Registers on such should be maintained separately. Issue of a format for this register will be helpful. Efforts be taken for motivation of male members for sterilisation for the purpose fathers meeting be organised at a convenient time in the evening. Supportive arrangements for ligatures MTP with Govt. or private organisation be made for organising Ligation camps at suitable time. Delay in the process has caused change of mind at of willing cases for Ligation.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Awareness Programme</p> <ul style="list-style-type: none"> • Awareness generation and community mobilization in extensive way through different steps under I.E.C. programmes is of vital importance and as such, all possible measures need be taken by ULBs to make the I.E.C. interventions effective. • It is a fact that awareness generation particularly through the mothers and fathers meetings at Sub-Centres level have been taken up in all the Sub-Centres visited in varying extents. • The group meeting programme at Sub-Centre with mothers and fathers need be intensified to improve upon the existing conditions with proper documentation. 	<ul style="list-style-type: none"> • The CMU has already issued I.E.C. programmes for performance by ULBs. This should be pursued vigorously. • In the training programme of the HHWs, FTS and STS, necessity of awareness generative specially through group meetings at Sub-Centre levels need be impressed upon. • CDS functionaries, local mother leaders, women councillors may be inducted with the group meetings on regular basis. • Awareness Registers in a uniform simple format be maintained at the Sub-Centres showing topics discussed, number of participant etc and father persuasions on the issues decided or discussed.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Deficiencies identified</p> <ul style="list-style-type: none"> • Mothers meetings at the Sub-Centres level are not being held regularly to discuss the necessary topics on health related issues partly for absence of super mission and monitoring from the end of ULBs and partly for absence of initiative from beneficiary mothers. • Fathers meeting are not held for absence of initiative from the men folk of the beneficiary facilities. • No proper awareness Register is maintained at Sub-Centres for the present through awareness programmes are reported to have held at Block levels. 	<ul style="list-style-type: none"> • Regular supervision and monitoring of the performances of the I.E.C. programmes need be arranged by the ULBs. HO / AHO and UHIO be entrusted for this purpose.

Views of community mothers about the Sub-Centre

Community participation	Views of mothers	Recommendations
<ul style="list-style-type: none"> Community Participation for effective functioning of Sub-Centres is of almost necessity. 	<ul style="list-style-type: none"> They are of the views that the Sub-Centres locating at the grass root level within their reach are so helpful to them as they get from them ante natal & post natal care, various clinic services including immunisation services and preventive & promotional guidance from the doctors and the health personnel. 	<ul style="list-style-type: none"> Restructuring of existing physical infrastructures and physical facilities to Sub-Centres may be done.
<ul style="list-style-type: none"> In these two community based health programmes i.e. CUDP-III and IPP-VIII, the mothers and the child are the focussed clienteles and their views about the Sub-Centre count much. 	<ul style="list-style-type: none"> The services provided by Sub-Centres are easily accessible and affordable to them and they get services from the HHWs at any time during day and night even beyond working hours in case of needs. 	<ul style="list-style-type: none"> Attendance of PTMO at the Sub-Centres for at least 2 days in a week may be assured by the ULB.
<ul style="list-style-type: none"> During study period, the study team met 36 beneficiary mothers living around the vicinity of Sub-Centres and discussed with them about the availability and utilisation of different services provided by the Sub-Centres. 	<ul style="list-style-type: none"> They attend awareness programmes held at Blocks & Sub-Centres and participate in the deliberation on various health topics like F.W., Immunisation, Ante & Post natal cares, subjects relating to National Health Programmes etc. 	<ul style="list-style-type: none"> Additional drugs may be included in the approved list of drugs. The list of additional drugs necessary in the local condition may be obtained from the ULBs H.O.
<ul style="list-style-type: none"> The views of the mothers about the services delivery as well as the extent and level of their participation to make the Sub-Centres sine quo non are noted in brief in col (2) of this list. 		<ul style="list-style-type: none"> It is to be assured by ULB that all the clinics like ante & post natal immunisation, treatment by M.O., Growth Monitoring, Family Planning / Counselling, etc. are held regularly at the Sub-Centres with proper documentation.

Views of community mothers about the Sub-Centre (Contd.)

Community participation	Views of mothers	Recommendations
	<ul style="list-style-type: none"> • They also possibly contribute user fee @ Rs. 2/- per month to Health Development Fund of the ULB for future improvement and enlargement of the health programmes. • In order to ensure further improvement of the existing infrastructures and services at the Sub-Centres, they feel that their following suggestions should be possibly taken care of. <ul style="list-style-type: none"> (a) Present physical conditions & facilities as pointed out hereinbefore to make the room-accommodation spacious for their waiting conveniences at the centres. (b) PTMO should sit at the centre for at least two days in a week. (c) Some more drugs should be included in the approved lists so that they need not to purchase them from markets at such costs beyond their reach. 	<ul style="list-style-type: none"> • Proposals of mothers for training of mother - leaders on health care services by expert faculty along with HHWs may be considered. In the training programmes of health personnel, it may also be considered if CDS women functionaries and lady councillors of the locality would also be associated. • In the ward committee meetings health issues should be effectively discussed and solution measures should be taken.

Views of community mothers about the Sub-Centre (Contd.)

Community participation	Views of mothers	Recommendations
	<p>(d) Clinic schedule should be exhibited at the Sub-Centres for proper guidance.</p> <p>(e) All necessary drugs & equipments should be made available at the Sub-Centre so that they are not forced to go to outside charitable dispensary at their financial costs on transport etc. where all are available including doctors for longer period.</p> <p>(f) They need also training on basic health care services like HIV / AIDS, needs for adolescent girls, matters on N.H.P. etc. side by side with the HHWs. So that they can effectively communicate the messages in the community as a taken of community participation.</p> <p>(g) More awareness programmes at the Sub-Centres be organised along with mother leaders of the community.</p> <p>(h) Some mothers expressed that introduction of health policy would be of great financial help to their families.</p>	<ul style="list-style-type: none"> • More awareness programmes of the mothers, adolescents, CDS women councillors together with HHW, FTS, PTMOs be organised at Sub-Centres. ULB may depute UHIO to look with this matter and to monitor. • Proposals of mothers for introduction of social insurance may help addressing the financial problems of the vulnerable section of the population covered by Sub-Centres. This issue may be studied and considered by CMU.

Analysis of Cost Effectiveness per Sub-Centre for refurbication and replacement of essential furniture & equipment

Fund expenditure from KUSP	Expenditure from Beneficiaries	Observation
<ul style="list-style-type: none"> For improvement and strengthening of health care services from Sub-Centres refurbication and replacement of unserviceable / deficient essential items of furniture and equipments Need to be addressed. Minimum fund requirement for ULBs for the purpose as revealed for sample study has been estimated as under : <ul style="list-style-type: none"> a) Refurbication of Sub-Centre @ Rs. 50,000/- per centre. 	<ul style="list-style-type: none"> Since the health care services from the Sub-Centres has been acceptable, accessible and affordable to the local poor population including the marginalised and vulnerable groups, all possible steps need to be taken for improvement and enlargement of the services and also to ensure that no beneficiary go to private doctor / institution at his financial cost which are beyond his/ her reach. It is estimated with discussion with the community mother that if any mother is enforced to go to private doctor or institution in the absence of proper services at the Sub-Centres, she will incur the expenditure out of her hard sources or from any loan to be contracted from outside. Details of minimum estimated expenditure for attending one clinic outside her own Sub-Centre are given below : <ul style="list-style-type: none"> a) Doctor fee - Rs. 50/- b) Medicine and MSR - Rs. 100/- c) Travelling Cost to and fro Doctor / Institution - Rs. 30/- d) Man-days lost for Herself and / or her husband for the day of consultation - Rs. 80/- Total - Rs. 260/- per person per visit to outside clinic. 	<ul style="list-style-type: none"> Obviously, it shows that the expenditure from KUSP side is much less compared to the expenditure to be incurred by the beneficiary patients. KUSP expenditure - Rs. 80,000/- (which will last for 5 years at 1 Sub-Centre) Estimated patient expenditure - Rs. 18,72,000/- for 5 years (at 1 Sub-Centre) As such, more benefits can be achieved at the less cost of KUSP.

**Analysis of Cost Effectiveness per Sub-Centre for refurbication and replacement of essential furniture & equipment
(Contd.)**

Fund expenditure from KUSP	Expenditure from Beneficiaries	Observation
<p>b) Replacement of unserviceable / deficient essential furniture and equipments @ Rs. 30,000/- per centre. Total Rs. 80,000/- per centre. Obviously, no further amount will be required on these counts for the next 5 years or so.</p> <p>• This amount of Rs. 80,000/- is a Capital expenditure for 5 years for one Sub-Centre</p>	<p>• Calculation : As per existing guideline 12 clinics are to be held in a month in a Sub-Centre. So, in a year - 12 clinics x 12 months = 144 clinics. Estimated average attendance per clinic - 10 persons. Therefore, 1 (one) year's cost involvement will be as under : 144 (clinic) x 10 (person) x Rs. 260/- (minimum expenditure for attending private doctor for clinic outside) = Rs. 3,74,400/- for 1 year For 5 years = Rs. 3,74,400/- x 5 years = Rs. 18,72,000/-</p>	<p>• Hence, the utilisation of KUSP fund towards improvement of physical infrastructure of a Sub-Centre and replacement of deficient / unserviceable furniture & equipments of the Sub-Centres for strengthening of services is considered to be cost effective.</p>

FINAL

Format for study on ULB position with respect to Sub-Centre in terms of management, levels of utilisation, cost effectiveness

..... Municipality

	CUDP III	Total	IPP-VIII	Total	Grand Total
No. of HAUs					
No. of Sub-Centre	Municipal accn		Municipal accn		
	other accn		other accn		
Location of Sub-Centres in the Municipal Map	Available Not Available				
Randomly selected Sub-Centres (2 nos.)	Municipal accn		Municipal accn		
	SC No. -		SC No. -		
	Name -		Name -		
	other accn		other accn		
	SC No. -		SC No. -		
	Name -		Name -		

Check list of randomly selected Sub-Centre :

List of Items	1 st Sub-Centre	2 nd Sub-Centre
Sign Board available	Yes / No	Yes / No
Clinic Schedule available	Yes / No	Yes / No
No. of Clinics held per week per Sub-Centre		
No. of Days 1-2 / 3 / 4		
Timing for providing services to to
Load of Sub-Centre : <ul style="list-style-type: none"> - Population Coverage - No. of families covered - Total no. of pregnant women attended during 2004 - 2005 for ANC - Total no. of Post Natal Mother attended during 2004 - 2005 - Total no. of under 1 children attended during 2004 - 2005 - Total no. of under 5 children attended during 2004 - 2005 		
No. of HHWs & Names attached to the selected Sub-Centre	1 2 3 4 5	1 2 3 4 5
Name of FTS attached to the selected Sub-Centre		
Daily management of Sub-Centre done by whom ?		
No. of Health functionaries working at Sub-Centre. HHW, FTS, PTMO		

List of Items	1 st Sub-Centre	2 nd Sub-Centre
<p>Management of different clinics at Sub-Centre done by whom ?</p> <ul style="list-style-type: none"> - ANC / PNC Clinic - Immunisation Clinic - General Treatment Clinic - FW Counselling & Family Planning - Awareness Programme 		
<p>No. of Clinic held in March, 2005 with attendance per clinic :</p> <p>Antenatal / Postnatal Clinic per month</p> <ul style="list-style-type: none"> - Register with findings - Health Card - Lab test record - TT - IFA administration - Detection of high risk / complicated cases - Referral with name of Centres - Physical Examination – BP recording & weighting recording - Abdominal examination – Position / lie - Lab investigation – Hb, Albumin, VDRL <p>Immunisation Clinic</p> <ul style="list-style-type: none"> - No. of clinics per month - Load per clinic - Clinic management - Case registration - Instrument sterilization – method & done by whom - Who administer vaccine including BCG & measles - Availability of vaccine - Post immunization advice – What is actually done and by whom - Vitamin 'A' administration <p>Treatment Clinic by MOs</p> <ul style="list-style-type: none"> - No. of Clinics per month - Male Attendance - Female Attendance - U-5 Children - Referral <p>Awareness programme</p> <ul style="list-style-type: none"> - No. of programme held in March, 2005 - Topic discussed - Who conducted the session - No. of participants - Register to check 		

List of Items	1 st Sub-Centre	2 nd Sub-Centre
<p>Growth Monitoring of Under 5 Clinic</p> <ul style="list-style-type: none"> - No. of clinic held during March, 2005 - Availability of weighing machine / jacket - Availability of GM card - Register to check <p>Management of a clinic</p> <ul style="list-style-type: none"> - Informing clientele - Assembling clientele - Division of responsibility during clinic - Information collection & recording & submission of report <p>Family Planning / Counselling Clinic</p> <ul style="list-style-type: none"> - No. of clinic held during March, 2005 - No. of participants - Who conducted clinic - Register to check 		
<p>Registers and documents to check :</p> <ul style="list-style-type: none"> - Attendance register of HHWs - ANC / PNC register - Health Card - Immunisation register & Card - Growth monitoring register & GM chart - Patients register for treatment of ailments - Awareness programme register - Family Schedule - HMIS format 		
<p>Availability of physical facilities at Sub-Centres :</p> <ul style="list-style-type: none"> - Accommodation - adequate / inadequate - No. of rooms - Room space - satisfactory / unsatisfactory - Ventilation – sufficient / insufficient - Space for weighing of U-5 children - Water facility – available / not available - Toilet facility – available / not available - Requirement of white washing - Requirement of window / door repairing - Repairing / refurbishment of electrical collection 		
<p>Discussion with the community around the vicinity of Sub-Centre</p> <ul style="list-style-type: none"> - Location of Sub-Centre, - Accessibility to services, - Community contribution, - Suggestion for improvement of existing service delivery 		

List of Items	1 st Sub-Centre	2 nd Sub-Centre
Discussion with grass root level health functionaries i.e. HHW, FTS, STS, Health Officer / Asstt. Health Officer <ul style="list-style-type: none"> - Situation analysis, - Suggestion for improvement of service delivery 		
Availability of minimum required furniture & equipment of Sub-Centre (list enclosed)		

Furniture for Sub-Centre

Sl. No.	Item	Available / Not Available	Remarks
1.	Steel Almirah without locker		
2.	Steel Office Table		
3.	Steel Chair without arms		
4.	Plastic Moulded chair without arms		
5.	Revolving stool steel		
6.	Sataranji (Dari)		

Equipment for Sub-Centre

Sl. No.	Item	Available / Not Available	Remarks
1	Patient Examination Table		
2	Folding Foam Coir Mattress for Examination Table with Rexine cover		
3	Pillow Foam with cover		
4	Mackintosh Sheet		
5	Coloured Drawer Sheet		
6	Steps for Patient use		
7	Screen Partition in 3 folds with 2 sets of curtain		
8	Portable steam Steriliser		
9	Vaccine Carrier		
10	Weighing Machine (Adult Portable)		
11	Child Weighing Machine (Portable hanging spring balance)		

Sl. No.	Item	Available / Not Available	Remarks
12	Baby Weighing Jacket		
13	2 Kg. Standard Iron Weight		
14	Baby weighing Machine with tray and spring bottom		
15	Blood pressure Instrument (sphygmomano-meter - mercurial type)		
16	Hypodermic syringe		
17	Hypodermic syringe needle		
18	Tuberculine syringe		
19	Hypodermic needle for tuberculine syringe		
20	Scissors Straight		
21	Artery Forceps Straight		
22	Cheatele Forceps - Instrument lifter		
23	Instrument tray with lid		
24	Bowl stand with 3 legs		
25	Tongue Depressor for children		
26	Stethoscope		
27	Saucepan with lid and handle		
28	Emergency Light (Chargeable battery set)		
29	Kerosene Stove		
30	Bucket plastic with cover and handle		

Sl. No.	Item	Available / Not available	Remarks
31	Mug plastic		
32	Jug with handle		
33	Plastic bucket with lid		
34	Padlock (navtal)		
35	Thermometer clinical (Hicks)		
36	Pregnancy Test Strip		
37	Strip for Albumen in urine test		
38	Haemoglobi-nometer		
39	Urine test container		

1. Whether physical condition as to civil works, doors, windows & other facilities are available in good condition. If not, state the actual position :-

5. If all Equipments & Furniture as per list are available in good condition. If not, state the physical condition :-

6. If S.C. has any Sign Board. If yes, state its physical condition :-

7. Working hours of S.C. in each week :-

8. Total no. of population covered. Are all BPL? :-

9. No. of pregnant mothers :-

10. No. of Ante-natal / Post-natal mothers :-

11. No. of under 1 children and under 5 children :-

12. Names of HHWs, PTMOs, GNM attached to the S.C. :-

13. Any other points to be noted :-

Clinic Schedule / Immunisation Clinic

1. Date & Time of general clinic in a week / month :-
2. No. of clinics held in last month :-
3. Date & Time of Immunisation clinic in a month :-
4. Work load in each clinic (i.e. no. of mothers, children, others attended etc.) :-
5. How clinic management is done :-
6. If Case - registration, instruments / sterilisation method is done and by whom :-
7. Who administers vaccine, BCG, Measles :-
8. Is Vaccine adequately available :-
9. If post-immunisation advice or medical check up is necessary? If so, who conducts it :-
10. Where and how Vitamin-A is prescribed? :-
11. Any other points worth noting :-

D. Ante-natal / Post-natal Clinic

- 1. If any Register is maintained showing tests done, IFA admission, TT, high risk cases, referrals, etc. :-
- 2. If any physical examination is done, B.P, weight taken and recorded in Register :-
- 3. If abdomen examination is done showing position / lie etc. :-
- 4. If laboratory investigations in Hb, Albumin, VDRL etc. are done :-
- 5. Any more points to be noted :-

E. Treatment of ailments by Doctor at S.C.

- 1. No. of clinics held in each month :-
- 2. Attendance at each clinic —
 - a) Male :-
 - b) Female :-
 - c) Under 5 children :-
- 3. No. of referral cases in each month :-

nature of referral cases

--

5. Any more points to be noted

--

F. Growth Monitoring Clinic

1. Are weighing machines, Jackets, G.M. cards available and in good condition?

--

2. No. of Growth Monitoring Clinics held in one month

--

3. Last clinic held on

--

4. If any Register is maintained to record such check up

--

5. How the local clientles are informed of such clinic and how they are assembled?

--

6. How this work is distributed and conducted among the FTS, HHWs?

--

7. How information is collected, and recorded in Register and how reports are sent to proper authorities.

--

8. Who remains responsible for it?

--

Any more points to be noted

--

G. Awareness Programmes

1. No. and nature of such programmes held in last month
--
2. Nature of topics discussed at Group meetings or communicated under any other programme
--
- 3 No. of participants i.e mothers , male-members & others
--
4. Who conducts each session ?
--
5. If any Register is maintained to record the deliberations and whether follow-up action is conducted
--
6. Any more points to be noted
--

H. Documentation

1. Names of Registers maintained and by whom
--
2. Are all these Registers maintained regularly and properly ? Who checks these Registers ?
--

3. Are family schedules maintained by IHWs regularly and properly ?
Are these schedules checked by FTS, STS, PTMO, HO,AHO ? :-

4. If HMIS is prepared properly in each month and checked by
HO,AHO before sending to KMDA :-

5. If any other cards are maintained properly and by whom ? :-

6. If discussions at HAU on service deliveries are made
regularly and records of discussions are maintained ? :-

7. Any more points to be noted :-

1. Observations on community discussions

1. Name of locality visited and names of persons
with whom discussions were made on service delivery :-

2. Their views on availability and utilization of services
provided by SC :-

3. Any more points to be noted :-

Recommendations

1. If SC requires a repair/renovation/extension/white wash.
If so, to what extent and cost estimates. :-
2. If doors and windows require repair/replacement
/painting.If so, to what extent and cost estimates. :-
3. If any grill is to be fixed or any boundary wall
Or guard wall is to be erected for protection of
SC building :-
4. If any toilet , electricity or water facilities are needed :-
5. Whether existing instruments and/or furniture are
to be repaired or replaced :-
6. If any additional instruments or furniture are required :-
7. What measures are needed to strengthen health care
services at SC :-
8. Any more points to be noted :-

Study Report

On

10 Sub - Centres

in

KMA ULBs

CONTENT

SL. No.	PARTICULARS	PAGE No.
1.	EXECUTIVE SUMMARY	1 - 5
2.	PREAMBLE & STUDY MECHANISM	6 - 10
3.	TABLES	11 - 28
4.	STATUS OF HEALTH MANPOWER & LOAD OF SUB - CENTRE	29 - 30
5.	EXISTING PHYSICAL FACILITIES OF SUB - CENTRE	31 - 32
6.	PRESENT CONDITION OF FURNITURE & EQUIPMENT OF SUB - CENTRE	33 - 34
7.	STATUS OF HEALTH CARE SERVICES	35 - 43
8.	VIEWS OF THE COMMUNITY MOTHERS ABOUT SUB - CENTRE	44 - 46
9.	ANALYSIS OF COST EFFECTIVENESS FOR SUB - CENTRE TOWARDS REFURBICATION & LOGISTIC SUPPLY	47 - 48

EXECUTIVE SUMMARY

The Sub-Centres in KMA ULBs are now functioning under mainly two community based health programmes viz. CUDP - III and IPP-VIII, once aided by World Bank and now under maintenance phase. The approach of KUSP is to strengthen the existing health care services provided by the Sub-Centres at grass root level.

OBJECTIVE

The primary objective of the Study Team is to study the functional status of 10 (ten) Sub-Centres of 5 (five) KMA ULBs @ 2 Sub-Centres per each ULB in terms of management and supervision, utilisation pattern of services, adequacy of logistic support like essential equipments, furniture and others required for effective delivery of services and existing physical condition of Sub-Centres. The study findings will help to identify the areas for intervention for strengthening the existing health care services at Sub-Centre level.

SAMPLE SELECTION

5 (five) ULBs in KMA were selected on random basis from KMA map out of 40 ULBs. Later, 10 (ten) Sub-Centres @ 2 Sub-Centres (1 in municipal accommodation and another at club accommodation) from each sample ULBs were selected randomly from municipal map showing location of Sub-Centres.

STUDY INSTRUMENT

- Visit to Sub-Centres.
- Physical inspection of Sub-Centres.
- Examination of Records, Registers etc.
- Discussion with grass root level health functionaries i.e. HHWs, FTSs, STSs, PTMOs.
- Discussion with Health Officers and Asstt. Health Officers.
- Focus group discussion with community mothers.

OBSERVATIONS & RECOMMENDATION

- In providing health care services to the community people, specially to the mothers and children who are focused clientele in the community based health programmes, the Sub-Centres have become the unavoidable grass root level health centres where the services are acceptable, accessible and affordable to the poor section of community people.

FUNCTIONING STATUS OF SUB-CENTRES

- Sub-Centre remains open for 5 days in a week out of which one day is utilized for preparation of HMIS.
- No. of clinics held per Sub-Centre per month.
 - Out of 5 municipal owned SC, maximum and minimum no. of clinics held are 17 & 7 respectively and in club owned premises the clinic nos. varies between 22 & 4.

Clinics	No. of Clinics	No. of performing Sub-Centre
ANC / PNC Clinic	5	1
	4	5
	2	1
	1	1
Immunisation Clinic	4	4
	2	4
	1	2
Treatment Clinic by MO	8	1
	4	4
	2	3
	1	1
FW Clinic	2	3
	1	4
Clinics for Awareness programme	4	2
	2	1
	1	2

- Average no. Attendance per clinic per Sub-Centre per month.

Clinics	Attendance varies between	No. of performing Sub-Centre
ANC / PNC Clinic	15 - 20	4
	10 - 14	5
Immunisation Clinic	80 - 90	3
	40 - 60	5
	25 - 35	2
Treatment Clinic by MO	20 - 30	3
	10 - 15	5
FW Clinic	15 - 25	5
	10 - 14	1
Clinics for Awareness programme	40 - 60	3
	25 - 30	5

MANAGEMENT OF CLINICS AT SUB-CENTRES

- Management of Sub-Centre with regard to functioning of different clinic upto FTS level is being done satisfactorily with the assistance of HHWs concerned.
- On the days of ANC / PNC, Immunisation and treatment clinic support of PTMO is required for technical management.
- One HAU covers at least 6 Sub-Centres. For 8 clinics per Sub-Centre per month 48 working days are required. Now, authorised no. of PTMO per HAU in CUDP-III is one and in IPP-VIII is two. Hence, it is practically not feasible for 1 doctor of CUDP-III to cover 8 clinics per Sub-Centre per month. Even it is difficult for 2 PTMOs of IPP-VIII HAU. The no. of PTMOs for CUDP-III should be at par with that of IPP-VIII since the nature of services in both the programmes are same. This disparity should be addressed and removed. Avenues should be explored to meet up the gap.
- There is also a disparity in allotment of contingency fund for CUDP-III and IPP-VIII wherein CUDP-III gets Rs. 1,500/- per month but IPP-VIII gets Rs. 3,500/- per month. On the same reasons mentioned earlier this disparity also needs to be settled.

- More attention should be given in the maintenance of documents at Sub-Centre. Different Registers i.e. ANC / PNC Register, Treatment Register, Awareness Programme Register, Family Schedule need to be properly maintained. Suitable formats be supplied for maintenance of different registers, schedules, antenatal cards etc. to all the Sub-Centre to maintain uniformity.
- No unused furniture and equipment at Sub-Centre level had been observed.
- There are some unserviceable / deficient essential items of furniture and equipments in the Sub-Centres which are causing hindrance for smooth and effective delivery of services. It is absolutely necessary that the items which have become unserviceable due to prolonged use as well as the deficient items be replaced / supplied at the earliest for the interest of the health care services.
- Privacy for examination of female cases is absent at 5 Sub-Centre out of 10, which needs to be addressed.
- From discussions with Health Officers & Asstt. Health Officers, Medical Officers as well as community women it appeared that some additional drugs specially for the children are required and some drugs need to be deleted and the quantities of some drugs are to be decreased or increased. As such the existing approved drug list of the Sub-Centre need to be revised in consultation with the Health Officer / Asstt. Health Officer of the ULB.
- Some deficiencies had been identified in the physical condition of the infrastructure of the Sub-Centres as under :

- No separate waiting space	- 60%
- No water facility	- 50%
- No toilet facility	- 50%
- Doors and windows not secured	- 30%
- Lack of repairs to walls and roofs and requirement of white washing	- 80%
- Lack of installation of proper electric connection and re-wiring	- 30%

- Utilisation of KUSP fund towards improvement of physical infrastructure and replacement of unserviceable / deficient furniture & equipments of the Sub-Centre for strengthening of services is found to be cost effective.
Investment of an amount of Rs. 80,000/- from KUSP fund for above purpose (which will last for 5 years) for one Sub-Centre will save an expenditure of Rs. 18,72,000/- of the beneficiaries of the same Sub-Centre for 5 years. As such, more benefits can be achieved at a much lower investment of KUSP.
- It has been noticed that growth monitoring of under five children is not being carried out. Since U-5 children are vulnerable to diseases and malnutrition it is very essential that this component should be introduced for benefit of the children of the community. Along with this nutrition awareness generation programme for the mothers are to be undertaken.
- Supervision & Monitoring with regard to both clinical and management, is necessary for improving and strengthening of services. In addition to HO and AHO this task may also be taken care of by Urban Health Improvement Organiser (UHIO) of the municipality. The vacant post of UHIO need to be filled up with proper job chart. At the same time monitoring mechanism at Sub-Centre level by the community may be thought for.
- The health care services delivered by the Sub-Centres are considered to have been utilised. To the poor community mothers and children the services of Sub-Centres have been sine quo non.

PREAMBLE

The Sub-Centres in KMA ULBs are now functioning under mainly two community health programmes viz. CUDP-III and IPP -VIII once aided by World Bank. CUDP - III (1984 - 1992) was taken up for operation in 31 municipal areas (including 3 Municipal Corporation and 1 Notified Area) with focus on Maternal & Child Health care services. While the IPP - VIII (1994 - 2002) was initiated on a bigger scale in 41 ULBs (including KMC) with similar objectives but with a basic exception that IPP - VIII programme would take care of the gaps and inequalities in the CUDP-III health programmes. Further, the approach of KUSP is also to improve, strengthen and enlarge the existing health care services provided by the Sub-Centres at grass root level. While preparing work plan for health component of KUSP by CMU, it was felt that unless proper facilities at Sub-Centres are provided in terms of replacement of some of the essential equipment and furniture and provision of basic infrastructural facilities are considered & taken care of, functioning of the Sub-Centres could not be strengthened. As preventive health care has been decentralised at the block level by the HHWs, Sub-Centre is the Nerve Centre for providing service delivery to the Urban Poor Population with focus in Reproductive and Child Health.

The Project director, Change Management Unit, KUSP entrusted an Expert Team with the task of studying interalia the functional status of 10 Sub-Centres in municipal areas within KMA.

OBJECTIVE

- To understand functioning status of Sub-Centres both in municipal owned and non-municipal premises.
- To understand management & supervision network.
- To know utilisation pattern of services provided from the Sub-Centres.
- To study adequacy of logistic support in terms of important equipment, furniture & others required for effective delivery of services.
- To study existing physical condition of Sub-Centres.

METHODOLOGY

- To study 2 Sub-Centres per municipality, 1 in municipal owned premises and the other one in non-municipal premises - total 10 Sub-Centres of 5 ULBs out of 40 KMA ULBs.
- 5 ULBs to be selected on random basis.
- 2 Sub-Centres to be selected ULB-wise on random sampling.

STUDY INSTRUMENT

- To get list of Sub-Centres (both municipal & non-municipal accommodation) of sampled 5 ULBs.
- Selection of 2 Sub-Centres (1 municipal & 1 non-Municipal accommodation) through sampling.
- Visit to Sub-Centre.
- To examine records, registers, cards etc.
- To discuss with grass root level functionaries i.e. HHW, FTS, HO / AHO & PTMO.
- To discuss with the community staying around the Sub-Centre location.
- To examine the essential furniture & equipment.
- To examine the physical condition of the Sub-Centre and availability of basic facilities.

DATA ANALYSIS

- Data will be entered, tabulated & analysed using computer.

SELECTION METHODOLOGY

Selection of sample ULBs :

For the purpose of field study selection of 5 ULBs was done at random from KMA map. Out of 40 KMA ULBs, 5 ULBs (12.5%) was selected randomly as under :

1. Madhyamgram
2. Panihati
3. Uttarpara Kotrung
4. Rishra
5. Budge Budge

Selection of sample Sub-Centres :

From among the Sub-Centres numbering 127 of the above mentioned ULBs, 10 Sub-Centres (7.87%) @ 2 Sub-Centres (1 in municipal own premises and another at non-municipal accommodation like club etc.) per ULB were selected on random basis from municipal map showing location of Sub-Centres. The details of selected Sub-Centres are given below :

a) Madhyamgram Municipality :

- i) Sub-Centre no 6 of HAU III of IPP - VIII in municipal accommodation
Address : UHIP Sub-Centre
Sahara Ghosh Para, Ward No. 18
- ii) Sub-Centre no. 3 of HAU II of IPP - VIII in club accommodation
Address : Vivekananda Sangha Club
Abdalpur Bazar Area, Ward No. 10

b) Panihati Municipality :

- i) Sub-Centre no 6 of HAU IV of IPP - VIII in municipal accommodation
Address : Bhombalarmore
Natanagar
Sahara Ghosh Para, Ward No. 18
- ii) Sub-Centre no. 7 of HAU I of IPP - VIII in club accommodation
Address : Sammelani Club
R.N. Tagore Rd., Sodepur

c) Uttarpara Kotrung Municipality :

- i) Sub-Centre no 3 of HAU I of IPP - VIII in municipal accommodation
Address : Prahladsing Hindi School
Singh Para, Makla
- ii) Sub-Centre no. 4 of HAU I of CUDP - III in club accommodation
Address : Vivekdal Club
New Station Road, Hindmotor

d) Rishra Municipality :

- i) Sub-Centre no 4 of CUDP - III in municipal accommodation
Address : Natungram
Women Hostel
Ward No. 20
- ii) Sub-Centre no. 4 of IPP - VIII in club accommodation
Address : Laxmi Palli Sporting Club
Laxmi Palli, Ward No. 22

e) Budge Budge Municipality :

- i) Sub-Centre no 2 of CUDP - III in municipal accommodation
Address : Kaila Sarak
Ward No. 17
- ii) Sub-Centre no. 7 of IPP - VIII in club accommodation
Address : Sabuj Sangha
Yusuf Sampi Road,
Ward No. 7

The percentage of selection of municipal accommodation Sub-Centres and Club accommodation Sub-Centres are 7.24% and 8.62% respectively.

WORK PROCESS

For the purpose of this study the Expert Team developed a format to record the requisite information and data.

The Team visited the selected 5 ULBs and the respective selected Sub-Centres as enumerated under the selection process and had discussions with the available Chairpersons of the ULBs, the HOs, AHOs, PTMOs, FTSs, STSs, HHWs and other functionaries of the ULBs. Further the Team inspected the available records and documents maintained at different Sub-Centres. The condition of the logistics like furniture, equipments and physical condition & facilities of the Sub-Centres under reference were also examined. The Team also met Community Mothers Leaders numbering 36 in 5 ULBs and had focus group discussion with them and other community

members and obtained their views and suggestions on the services provided by the Sub-Centres. The Team also met some of the office bearers of the clubs and discussed the issue of utilisation of the club premises for Sub-Centre purpose.

The outcome of the study had been recorded through data entry and the same has been tabulated and analysed by using computer. The 11 tables so generated and the relevant Executive Summary with observation and recommendation are attached with the report.

TABLE - 1

Total Number of Existing Sub-Centres of Sample ULBs

Name of ULBs	SCs under CUDP III			SCs under IPP-VIII			Grand Total
	Municipal Accn.	Other (Club/Private) Accn.	Total	Municipal Accn.	Other (Club/Private) Accn.	Total	
Madhyamgram	-	-	-	16	3	19	19
Panihati	2	10	12	12	16	28	40
Uttarpara Kotrung	5	7	12	5	9	14	26
Rishra	6	-	6	15	4	19	25
Budge Budge	2	4	6	6	5	11	17
TOTAL	15	21	36	54	37	91	127

Total no. of Sub-Centres in the above mentioned five (5) ULBs are 127 of which 69 nos. and 58 nos. are located in municipal accommodation and club accommodation respectively. As such, percentage of Sub-Centre at municipal owned premises is 54% and in club accommodation 46%.

TABLE - 2

Sub-Centre wise Family / Population Coverage

Name of ULBs	Municipal Accn. Sub-Centre				Club / Private Accn. Sub-Centre			
	No. of Family	Population Coverage			No. of Family	Population Coverage		
		Male	Female	Total		Male	Female	Total
Madhyamgram	1402	3192	3146	6338	1343	2871	2777	5648
Panihati	965	2473	2415	4888	1093	2767	2648	5415
Uttarpara Kotrung	782	2137	1777	3914	988	Not available	Not available	3897
Rishra	840	2608	2420	5028	768	1631	1508	3139
Budge Budge	977	2842	2695	5537	992	2452	2216	4668
TOTAL	4966	-	-	25705	5184	-	-	22767

Total no. of families and population covered under the reference Sub-Centres are 10150 and 48472 respectively.

TABLE - 3

Number of Health functionaries working at Sub-Centres

Name of ULBs	HHW		FTS		PTMO	
	Municipal Accn.	Club Accn.	Municipal Accn.	Club Accn.	Municipal Accn.	Club Accn.
Madhyamgram	6	5	1	1	In CUDP-III one (1) PTMO for 6 Sub-Centres under 1 HAU. In IPP -VIII two (2) PTMOs for 6 - 7 Sub-Centres under 1 HAU.	
Panihati	5	4	1	1		
Uttarpara Kotrung	5	5	1	1		
Rishra	5	5	1	1		
Budge Budge	5	5	1	1		

N.B. : FTS is the Person-in-Charge of Daily Management of a Sub-Centre.

TABLE - 4

**Function of Sub-Centres for clinic
Number of Days per week**

Name of ULBs	Number of Days			Remarks
	1 - 2	3	4	
Madhyamgram	-	-	ANC/PNC - 1 Immunisation - 1 Treatment - 1 Awareness - 1	
Panihati	ANC / PNC - 1	-	-	Immunisation & treatment fortnightly
Uttarpara Kotrung	ANC / PNC - 1	-	-	Immunisation once in a month Treatment once in a week Awareness once in a fortnightly
Rishra	-	ANC/PNC - 1 Immunisation - 1 Treatment - 1	-	
Budge Budge	ANC/PNC - 1 Awareness - 1	-	-	Immunisation & treatment fortnightly

- Sub-Centre remains open for 5 days in a week. One day of a week is utilised for preparation of HMIS by HHWs supervised by FTS.
- No. of clinics per SC per week reflects variegated picture.
- On an average the functioning status of Sub-Centre for clinics only in a week is mentioned above.

TABLE - 5

Attendance in Sub-Centre during 2004 - 2005

Name of ULBs	No. of ANC cases		No. of PNC cases		No. of Under 1 Children		No. of Under 5 Children	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	90	108	80	82	101	82	470	488
Panihati	52	55	54	53	50	54	190	298
Uttarpara Kotrung	59	40	45	36	58	36	300	354
Rishra	No record available. Done at ESOPD.	48	No record available. Done at ESOPD.	37	35	38	49	54
Budge Budge	26	58	26	58	56	48	121	408
TOTAL	227	309	205	266	300	258	1130	1502

Average no. of attendance in reference Sub-Centres are :

ANC - 60

PNC - 52

Under one children - 56

Under five children - 263

TABLE - 6
Average number of Clinics held in a Sub-Centre in a Month

Name of ULBs	ANC/PNC Clinic		Immunisation Clinic		Treatment Clinic by MO		Under 5 Growth Monitoring Clinic		F.W. Clinic		Awareness Programme	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	5	4	4	4	4	8	Not done	Not done	Clubbed with ANC	2	4	4
Panihati	4	2	2	2	2	2	Not done	Not done	2	1	No record	No record
Uttarpara Kotrung	4	Not done. Referred to ESOPD	1	2	1	Nil Patients attend near by Charita ble Dispensory	Not done.	Not done.	Not done	2	2	Not done
Rishra	Done at ESOPD.	4	4	4	4	4	Not done.	Not done.	1	Not done separatly.	1	1 in two months
Budge Budge	1	4	2	1	2	4	Not done.	Not done.	1	1	1	Not maintained separately

TABLE - 6 (Contd.)

Clinic	Maximum & Minimum no. of clinics in a month held in a Sub-Centre	
	Maximum	Minimum
ANC / PNC	5	1
Immunisation	4	1
Treatment	8	1
U-5 GM	Not done	
Family Welfare	4	1
Awareness Programme	Not maintained separately, mostly included in FW clinic record.	

TABLE - 7
Average number of Attendance per Clinic per Month in Sub-Centre

Name of ULBs	ANC/PNC Cases		Immunisation Cases		Treatment Cases by MO		Under 5 Growth Monitoring Cases		F.W. Cases		Participants in Awareness Programme	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	15	20	60	80	15	20	Not done	Not done	15	25	25	60
Paruhati	16	16	25	35	12	10	6	9	20	15	No record	No record
Uttarpara Kotrung	10	Nil Referred to ESOPD	55	40	13	Nil Patients attend near by Charitable Dispensary	Not done	Not done	Not done	20	25	30
Rishra	12	14	90	80	30	20	Not done	Not done	10	Not done separately.	40	60
Budge Budge	10	12	50	40	No record available	12	Not done	Not done	Not maintained separately.	25	25	25

TABLE - 7 (Contd.)

Clinic	Average Maximum & Minimum attendance in a clinic in a month in a Sub-Centre :	
	Maximum	Minimum
ANC / PNC	20	10
Immunisation	80	40
Treatment	30	10
U-5 GM	Not done, except in 1 Sub-Centre	
Family Welfare	25	4
Awareness Programme	60	25

TABLE - 8

Management of Clinic of Sub-Centre

Name of ULBs	Informing clientele done by whom	Assembling clientele done by whom	Division of responsibility during clinic done or not if, done, by whom	Information Collection, recording and preparation of Report done by whom
Madhyamgram	HHWs	HHWs & self	Yes, by PTMO	FTS
Panihati	HHWs	HHWs	Yes, by FTS	FTS
Uttarpara Kotrung	HHWs	HHWs	Yes, by FTS	FTS
Rishra	HHWs	HHWs	Yes, by FTS	FTS
Budge Budge	HHWs	HHWs & self	Yes, by FTS	FTS

In all the reference Sub-Centres informing clientele and assembling them is done by HHWs, in 2 (two) ULBs the clienteles assembling to the Sub-Centres themselves in addition to assembling by the HHWs. HMIS is done by FTS.

TABLE - 9
Availability of Registers & Documents maintained at Sub-Centre

Name of ULBs	HHW Attendance Register		ANC / PNC Register		Ante natal Card		Immunisation Register / & Card		Growth Monitoring Register & GM Card	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Panihati	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No
Uttarpara Kotrung	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No
Rishra	Yes	Yes	Nil	Yes	No	Yes	Yes	Yes	No	No
Budge Budge	Yes	Yes	Not available	Yes	Not available	Yes	Yes	Yes	No	No

Contd. P-2.

Name of ULBs	Patients Treatment Register		Awareness Programme Register		Family Schedule		HMIS Report	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	No Proper Register	No Proper Register	No Proper Register	No Proper Register	Yes	Yes	Yes	Yes
Panihati	Do	Do	Do	Do	Not available	Not available	Yes	Yes
Uttarpara Kotrung	Do	Do	Do	Do	Not available	Yes	Yes	Yes
Rishra	Yes	No	Do	Do	Yes	Yes	Yes	Yes
Budge Budge	Not available	Yes	Not available	Yes	Yes	Yes	Yes	Yes

U-5 GM register & GM card are not available in any of the referral Sub-Centres as growth monitoring is not done. Awareness Programme Register is not maintained properly except at 1 Sub-Centre.

TABLE - 10
Physical Status of Sub-Centre

Name of ULBs	Available Space			No. of Room		Water Facility	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	
Madhyamgram	Adequate. No waiting space	Inadequate & no Waiting space	1	1	Municipal Tap water at fixed time. No storage facility	Not available	
Panihati	Inadequate & no Waiting space	Adequate	1	1	Not Available	Not available	
Uttarpara Kotrung	Inadequate & no Waiting space	Adequate	1	1	Not available	Available	
Rishra	Inadequate & no Waiting space	Adequate	1	1	Available	Available	
Budge Budge	Adequate	Adequate & no Waiting space	1	1	Available	Municipal Tap water at fixed time. No storage facility	

Contd. to P-2.

Name of ULBs	Toilet Facility		Requirement of minor re-plastering & white washing		Requirement of repair of Door/Window		Repair / Refurbishment of electrical connection / wiring	
	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre	Municipal Accn. Sub-Centre	Club Accn. Sub-Centre
Madhyamgram	Existing but requires re-setting	Not available	White washing required	Re-plastering & white washing required	Nil	Doors & windows repair required	Requires electrical installation	Repair & re-wiring required
Panihati	Existing but requires re-setting	Not available	Roof re-plastering & white washing required	Minor repair & white washing required	Nil	Nil	Nil	Nil
Uttarpara Kotrung	Available	Available	Re-plastering of entrance area and shade over vacant place for waiting space required	Not required	Door repairing required	Nil	Nil	Nil
Rishra	Available	Not available	Minor repair & white washing required	Re-painting of walls required	Nil	Nil	A fan in waiting space required	Nil
Budge Budge	Available	Available	Nil	Minor repair & white washing required	Nil	Window repairing required	Nil	Requires electrical installation

TABLE - 11

Requirement of essential Furniture & Equipments for Sub-Centre
ULB wise requirement for 2 (two) samples Sub-Centre

Furniture :

Sl. No.	Item	Madhyamgra m	Panihati	Uttarpara Kotrung	Rishra	Budge Budge	Total
1	Steel Almirah with locker	1	1	-	1	1	4
2	Table for immunisation	2	2	-	2	2	8
3	Steel Chair without arms	4	-	2	3	4	13
4	Revolving stool for examining patient	2	2	2	2	2	10
5	Sataranji (Dari)	2	4	4	4	2	16

Equipment :

Sl. No.	Item	Madhyamgra m	Panihati	Uttarpara Kotrung	Rishra	Budge Budge	Total
1	Folding Mattress of patient Examination Table	1	2	2	2	2	9
2	Mackintosh Sheet	2	2	4	4	2	14
3	Coloured Drawer Sheet	4	4	4	4	2	18
4	Portable steam Steriliser	1	2	2	2	2	9
5	Child Weighing Machine (Portable hanging spring balance)	2	2	2	2	2	10
6	Baby Weighing Jacket	2	2	2	2	2	10
7	Baby weighing Machine with tray and spring bottom	2	2	2	1	-	7
8	Emergency Light (Chargeable battery set)	2	2	2	2	2	10
9	Kerosene Stove	2	-	-	2	2	6
10	Plastic bucket with lid	2	-	4	-	-	6

Contd. to P2.

Sl. No.	Item	Madhyamgram	Panihati	Uttarpara Kotrung	Rishra	Budge Budge	Total
11	Blood Pressure Instrument	-	1	2	1	2	6
12	Cheatele forceps	-	2	-	1	-	3
13	Tongue depressor for children	-	2	2	2	2	8
14	Bowl stand with three legs	-	2	2	1	2	7
15	Pregnancy test strip	2 Pkts	2 Pkts	2 Pkts	2 Pkts.	2 Pkts.	10 Pkts.
16	Strip for albumin test	2 Pkts	2 Pkts	2 Pkts	2 Pkts.	2 Pkts.	10 Pkts.
17	Urine test container	60	60	60	60	60	300
18	2 Kg. Standard Iron Weight	-	2	2	2	2	8
19	Patient examination table	-	-	2	1	-	3
20	Pillow with cover	-	-	4	4	4	12
21	Steps for patients	-	-	2	2	1	5
22	Screen partition with curtain	-	-	2	2	1	5
23	Weighing machine adult	-	-	2	-	-	2
24	Haemoglobinometer	-	-	2 sets	2 sets	2 sets	6 sets
25	Instrument tray with lid	-	-	-	1	2	3
26	Saucepan with lid	-	-	-	2	2	4
27	Stethoscope	-	-	-	2	2	4

Status of health manpower and load of each Sub-Centre

No. of Working days of each SC	Working hours of each SC	No. of HHWs attached to each SC	No. of FTS attached to each SC	No. of PTMO attending each SC	Average no. of population covered by each SC	Average no. of Family covered by each SC	Average no. of pregnant mothers attended ANC/ PNC clinic at each SC (2004 - 05)	Average no. of U-1 children attended SC during 2004 - 05	Average no. of U-5 children attended SC during 2004 - 05	Rank
5 days in a week & 1 day for meeting at HAU	12 - 4 P.M. each day	5	1	1	4847	1015	112	56	263	

Observations :

- In 5 Municipalities selected on random basis for study, there exist 36 Sub-Centres under CUDP-III programme and out of 36, 15 Sub-Centres located at ULB owned premises and 21 located at club premises. Under IPP-VIII programme total no. of Sub-Centres is 91 of which 54 Sub-Centres situated at ULB owned premises and 37 situated at club premises. As such, all taken together, percentage at Sub-Centres at owned premises is 54% while percentage of Sub-Centres at private premises is 46%.

Status of health manpower and load of each Sub-Centre (Contd.)

- There is a disparity in the deployment of different health manpower in CUDP-III programme compared to health manpower deployed in IPP-VIII though the work components of both these programmes remain the same. Table below will show the difference:

	Health Manpower under CUDP - III	Health Manpower under IPP-VIII
HO/AHO	No separate one	1 each
PTMO	1 (Per HAU)	2 (Per HAU)
STS	No Post	2 (Per HAU)

- Despite the work load at each of the Sub centres under CUDP III and IPP-VIII (Extn.) - VIII remaining the same, the staff pattern of these two programmes is different. As a result, work performances of Sub-Centres under CUDP-III differ to a considerable extent from those under IPP-VIII. Removal of this disparity, is considered to be necessary for better performances at the CUDP-III levels.
- Another discrimination may be pointed out in regard to allotment of contingencies to the Sub-Centres of CUDP-III and to the Sub-Centres of IPP-VIII. Each HAU of IPP-VIII gets contingency of Rs. 3500/- per month while CUDP HAU gets only Rs. 1500/- per month though the level and extent of expenditures in both cases remain the same. For better management of the affairs of the CUDP-III Sub-Centres, contingencies need be allotted at par with IPP-VIII.

Existing Physical Facilities at Sub-Centres

Present Conditions of Physical facilities at Sub-Centres	Deficiencies identified	Recommendations
<ul style="list-style-type: none"> • Physical condition of most of the Sub-Centres visited by us design study, specially those of Sub-Centres located at the private premises i.e. Club buildings are almost in a very decay. • Deficiencies identified in respect of physical infra-structures and physical facilities are shown in col (2) of this list. • The Sub-Centres of the CUDP-III and these of IPP-VIII have been locating, except minor change in some cases, from 1984 and 1994 respectively. Obviously, the physical structures and other physical facilities have been deteriorated to a great extent. 	<p>Out of 10 Sub-Centres in 5 municipalities visited and studied by us, the following deficiencies have been identified -</p> <p>a) Sub-Centres having only one room with inadequate accommodation - 60%</p> <p>b) No separate awaiting space for patients - 60%</p> <p>c) No water facility - 50%</p> <p>d) No toilet or where such facility exists but almost unserviceable - 50%</p> <p>e) Door & windows of in Sub-Centres buildings not in secured condition - 30%</p> <p>f) Lack of under 5 children's weighing space - 80%</p>	<ul style="list-style-type: none"> • The following civil works in the form of repairs in minor nature to the physical structures and physical facilities are considered necessary - <ul style="list-style-type: none"> a) Repairs of roofs for protection against rain waters; repair of walls & white washing, re-plastering of floors. b) Extension of rooms in some cases to cover the adjacent narrow varandahs by breaking the partition walls, and cementing of adjacent open space with fixing of overhead asbestors sheets for making the extended areas to use as patients waiting accommodation. c) Sign Boards and clinic schedules are to be fixed and exhibited at the main entrance of the sub-centres.

Existing Physical Facilities at Sub-Centres (Contd.)

Present Conditions of Physical facilities at Sub-Centres	Deficiencies identified	Recommendations
<ul style="list-style-type: none"> • As such, in the interest of delivery of various health care services and also for the convenience of the focussed clientele specially the mothers and the child who come to the Sub-Centres for receiving the basic health care services and for awareness programmes, improvement of the existing physical facilities is imperative. • The level and extent of need-based improvements of the existing physical infrastructures and facility is suggested in col (3) of this list. 	<ul style="list-style-type: none"> g) Lack of repairs to walls & roofs, lack of white washing, etc. - 80% h) No sign Boards & clinic charts identifying the Sub-Centres and for guidance of the focussed clientele - 90% i) Lack of installation of electricity connection and work at wiring - 30% 	<ul style="list-style-type: none"> d) Regular installation of electric lines from the State Electricity Board and re-wiring to be done. e) White-wasting of the walls & roofs of the Sub-Centres buildings. f) Repair and painting of the doors & windows in necessary cases. g) Fixing of iron-rings on roofs for weighing space of the under 5 children. h) Provisions of water connection or supply and restructuring or renovation of toilet facilities where necessary. i) The need and minimum based plans and estimates for above works may be taken from the ULBs or an ad hoc amount for this purpose for each ULB may be estimated from CMU's end for fund allotment.

Present conditions of Furniture and Equipments supplied or purchased earlier for the Sub-Centres

Furniture and Equipment for Sub-Centres	Deficiencies identified	Recommendation for improvement of the position
<ul style="list-style-type: none"> • For convenience of the management and operation of the Sub-Centres, some specified items of furniture to be used at the Sub-Centres and various equipment necessary for delivering healthcare services from Sub-Centres were provided from the projects earlier. • CUDP-III was taken up for operation in 1984 and continued upto 1992. Obviously, some of the furniture and equipment the Sub-Centres used during this period are not in serviceable condition. The working period of IPP-VIII was 1994 - 2002. The supply of furniture & equipments was initially made during 1995 and 1997. There was no supply or replacement after 1997. For constant use of these articles over more than 10 years, many items have been destroyed or become unserviceable by this time, for which replacement is imperative. Besides there are many other essential items which were not made available to the Sub-Centres earlier. 	<ul style="list-style-type: none"> • The list of deficient essential items of furniture & equipments are necessary for use at the Sub-Centres for smooth delivery of health care services to the clientele. The articles not available and / or not serviceable at present are shown in the list attached hereto. 	<ul style="list-style-type: none"> • These items of furniture necessary for operational use at the Sub-Centres be considered to be replenished to the Sub-Centres where ever required. • These items of equipments necessary for delivery of health care services at the Sub-Centres also need to be procured and made available to Sub-Centres where ever required for smooth and effective functioning.

Present conditions of Furniture and Equipments supplied or purchased earlier for the Sub-Centres (Contd.)

Furniture and Equipment for Sub-Centres	Deficiencies identified	Recommendation for improvement of the position
<ul style="list-style-type: none"> • The deficiencies identified are notes in col. (2) of this list. • It is worth noting that despite non-availability or inadequacy of the many items of furniture and equipments, at the Sub-Centres, the basic services at the Sub-Centres have been kept going with participation of the community mothers. But undoubtedly, the services have scope to improve if the necessary items of furniture & equipment could be provided to the Sub-Centres on required basis. 		<ul style="list-style-type: none"> • ULBs may submit their proposals for procurement of such essential deficient items to CMU with cost estimates.

Status of health care services delivered from the Sub-Centres & level of Utilisation

Service Components	Present Situation	Recommendation for improvement
<p>Health Services</p>	<ul style="list-style-type: none"> • At present, the Sub-Centres under CUDP - III and IPP-VIII render health care services mainly on maternal and child care viz. Ante Natal & Post Natal, Immunisation, Treatment of ailments by Medical Officers, Awareness Programme, Growth Monitoring of under - 5 Children and Family planning / Counselling activities with their existing staff pattern. • The high risk pregnant mothers are referred from the Sub-Centres to the ESOPD or MH of ULB for tackling the problems as and when required. • Due to lack of physical facilities and also non-availability of logistic support, there are some constraints at Sub-Centre level for undertaking adequate and proper F.W. activities and interventions and addressing the problems of adolescents girls as well. 	<ul style="list-style-type: none"> • These services can be improved to more extent if the existing disparity in the staff pattern between the CUDP III and IPP-VIII be removed also that the improved physical facilities as the Sub-Centre as pointed out herein before could be provided.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
Health Services	<ul style="list-style-type: none"> • There are good numbers of willing clientele waiting for Ligation, MTP and IUD insertion around Sub-Centre catchment area. But due to non-availability of Professional Experts and logistic supports, interventions which could not be arranged at a nearest convenient venue. • As one PTMO has to cover 4 - 6 Sub-Centres in each week, it is hardly feasible for him to render his services to attend at least 3 clinics per week at one sub-centre. 	<ul style="list-style-type: none"> • The Dist. Authorities of the State Health Dept. may provide necessary support to undertake Ligation services etc. at a suitable convenient venue at ULB level at a fixed date and time to give accessible benefits to the clientele throughout the year. • Had is been possible by engaging more than 1 or 2 PTMOs, the existing status of health care services to the target Clienteles could be improved to more extent from the present situation. <p>In order to carry out the programmes of holding more clinics at the Sub-Centre, community members suggested for increasing the no. of doctors.</p>

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components of various clinics at Sub-Centre	Present Situation	Recommendation for improvement
<p>Ante natal / Postnatal Clinic</p> <ul style="list-style-type: none"> • The total number of pregnant mothers attended the ANC and PNC clinic in 9 Sub-Centres during 2004 - 2005 are 536 and 471 respectively i.e. the average no. of pregnant women attended ANC and PNC clinic at each Sub-Centre are 60 and 52 respectively. • ANC / PNC clinic covers in most of the cases TT (Tetanus Toxoid) administration, IFA (Iron Folic Acid), BP (Blood Pressure) recording , weight recording, & Abdominal examination. Laboratory examination for Hb estimation Albumin, VDRL etc usually done at Maternity Home or outside and records are maintained in the sub centre. Most of the centres maintain proper Registers but some of the centres do not maintain systematic records for want of guidance from the end of the ULB HO / AHO • Only in 5 Sub-Centres Antenatal Cards were available 	<ul style="list-style-type: none"> • This position may be improved if more no. of PTMO and improved physical facilities be provided. • Introduction of Antenatal Cards for the pregnant women should be strictly adhered to and necessary training be imparted. Adequate number of the said Cards be made available to Sub-Centres. 	

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Immunisation Clinic</p> <p>As for immunisation programmes the number of immunisation cases who attended the Sub-Centres during 2004 - 2005 was 555. This intralia included BCG, Measles and other vaccines. The number of immunisation clinic held in a month varies from 1 to 4 in sampled Sub-Centres. All the Sub-Centres maintain Register for Immunisation. Proper documentation of Vit 'A' administration has not been seen in most of the Sub-Centres in general. No separate record for Vit -A administration is maintained except in one ULB. The PTMO manages the clinic while the case registration, ad hoc instrument sterilisation, etc. is conducted by FTS with the help of HHWs. As such there was no post immunisation complication. However, PTMOs manage such cases, if there be any.</p>	<ul style="list-style-type: none"> • Regarding maintenance of proper and uniform Records and Registers for all kinds of health services provided by the Sub-Centres, list of Registers & Records and the formats for such Register & Records in the same pattern of Govt. formats be made available to the ULBs. Training to the health functionaries concerned for maintenance of Registers and Records should be imparted for strengthening. • Training of functionaries at Sub-Centre level is required for proper documentation and maintenance of Immunisation Register. • For proper instrument sterilization the unserviceable steriliser be replaced and where not available such steriliser be provided. • For 'drop outs' special camps may be organised. • To maintain uniformity in recording all necessary components issuance of a standard format will be useful.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Treatment Clinic by MOs</p> <ul style="list-style-type: none"> • Regarding treatment clinic by Medical Officer at the Sub-Centre, this is usually conducted by PTMO or somewhere by AHO. It has been seen that average number of attendance per clinic per month in the sampled 8 Sub-Centres is 17; maximum and minimum attendance being 30 and 10 respectively. In one Sub-Centre patients attend nearby charitable dispensary which is functioning every working day where doctor are available and free medicines are distributed. <p>In one Sub-Centre records were not available.</p> <ul style="list-style-type: none"> • No. of treatment clinic in a month varies from 1 to 8. 4 clinics are held only in 5 Sub-Centres. • Regarding documentation it has been seen that out of 10 Sub-Centres 9 Sub-Centres do not maintain proper treatment Register. 	<ul style="list-style-type: none"> • Number of different clinics schedule and programmes to be held in a Sub-Centre in a month be worked out and standardised by the authority on reality basis to have quality service. • Number of PTMOs be enhanced adequately (particularly of CUDP - III at par with IPP-VIII) to strengthen the services of not only the treatment clinic but also for other clinics held at Sub-Centres. • Treatment Register must be maintained at each Sub-Centre for proper documentation. The said Register be standardised by Authority to maintain uniformity. • The approved list of medicines provided to the ULBs be reviewed and necessary amendment be made by the Authority. In this regard views of the Health Officers of both KMA and Non-KMA ULBs be invited for consideration.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<ul style="list-style-type: none"> • It has been intimated by the Health Officer that with the available number of PTMOs, it is not feasible to run 4 scheduled clinics in a month in a Sub-Centre. This is more true for CUDP-III where only 1 PTMO is authorised for 1 HAU whereas IPP-VIII HAU has 2 PTMOs. • Regarding medicines, the Health Officers, AHOs and PTMO have the views that some of the medicines in the approved list are not required. Quantity of some medicines are either to be increased or decreased. • In addition paediatric preparation of medicines should preferably be in the form of syrup - like cough syrup. In case of co trimoxazole group of antibiotics higher group of antibiotic may be provided. • There are also some deficiency of essential equipments in the Sub-Centre which are unserviceable due to prolonged use or not available. This is also a constraint in the treatment clinic. 	<ul style="list-style-type: none"> • Some suitable paediatric preparation of medicine in the form of syrup be included. • Instead of adhering to the approved list the ULBs should be given liberty for procurement of medicines based on their own requirements and situation. • The different essential equipment / unserviceable equipment be replaced at the earliest to facilitate strengthening of clinic services.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Family Planning & Counselling Clinic</p> <ul style="list-style-type: none"> The Sub-Centres do not separately maintain Registers as to holding of family planning / counselling clinics at the Sub-Centres. The HHWs & FTSs usually discuss this issue at the mothers meeting being held as block or Sub-Centre level or sometimes the issue is discussed when the mothers attend the ANC / PNC clinics. Father meet usually are not held in any Sub-Centre. 	<ul style="list-style-type: none"> Family planning services with regular advice from HO / AHO / PTMO and supply of family Planning materials and follow up services be strengthened to create an impact upon the eligible couples for this future family welfare planning. In order to generate awareness of the mothers, considered necessary that a separate clinic on this issue should be held at regular intervals at the Sub-Centres and the Registers on such should be maintained separately. Issue of a format for this register will be helpful. Efforts be taken for motivation of male members for sterilisation for the purpose fathers meeting be organised at a convenient time in the evening. Supportive arrangements for ligature, MTP with Govt. or private organisation be made for organising Ligation camps at suitable time. Delay in the process has caused change of mind at of willing cases for Ligation.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Awareness Programme</p> <ul style="list-style-type: none"> • Awareness generation and community mobilization in extensive way through different steps under I.E.C. programmes is of vital importance and as such, all possible measures need be taken by ULBs to make the I.E.C. interventions effective. • It is a fact that awareness generation particularly through the mothers and fathers meetings at Sub-Centres level have been taken up in all the Sub-Centres visited in varying extents. • The group meeting programme at Sub-Centre with mothers and fathers need be intensified to improve upon the existing conditions with proper documentation. 	<ul style="list-style-type: none"> • The CMU has already issued I.E.C. programmes for performance by ULBs. This should be pursued vigorously. • In the training programme of the HHWs, FTS and STS, necessity of awareness generative specially through group meetings at Sub-Centre levels need be impressed upon. • CDS functionaries, local mother leaders, women councillors may be inducted with the group meetings on regular basis. • Awareness Registers in a uniform simple format be maintained at the Sub-Centres showing topics discussed, number of participant etc and father persuasions on the issues decided or discussed.

Status of health care services delivered from the Sub-Centres & level of Utilisation (contd.)

Service Components	Present Situation	Recommendation for improvement
	<p>Deficiencies identified</p> <ul style="list-style-type: none"> • Mothers meetings at the Sub-Centres level are not being held regularly to discuss the necessary topics on health related issues partly for absence of super mission and monitoring from the end of ULBs and partly for absence of initiative from beneficiary mothers. • Fathers meeting are not held for absence of initiative from the men folk of the beneficiary facilities. • No proper awareness Register is maintained at Sub-Centres for the present through awareness programmes are reported to have held at Block levels. 	<ul style="list-style-type: none"> • Regular supervision and monitoring of the performances of the I.E.C. programmes need be arranged by the ULBs. HO / AHO and UHIO be entrusted for this purpose.

Views of community mothers about the Sub-Centre

Community participation	Views of mothers	Recommendations
<ul style="list-style-type: none"> • Community Participation for effective functioning of Sub-Centres is of almost necessity. • In these two community based health programmes i.e. CUDP-III and IPP-VIII, the mothers and the child are the focussed clientele and their views about the Sub-Centre count much. • During study period, the study team met 36 beneficiary mothers living around the vicinity of Sub-Centres and discussed with them about the availability and utilisation of different services provided by the Sub-Centres. • The views of the mothers about the services delivery as well as the extent and level of their participation to make the Sub-Centres sine quo non are noted in brief in col (2) of this list 	<ul style="list-style-type: none"> • They are of the views that the Sub-Centres locating at the grass root level within their reach are so helpful to them as they get from them ante natal & post natal care, various clinic services including immunisation services and preventive & promotional guidance from the doctors and the health personnel. • The services provided by Sub-Centres are easily accessible and affordable to them and they get services from the HHWs at any time during day and night even beyond working hours in case of needs. • They attend awareness programmes held at Blocks & Sub-Centres and participate in the deliberation on various health topics like F.W., Immunisation, Ante & Post natal cares, subjects relating to National Health Programmes etc. 	<ul style="list-style-type: none"> • Restructuring of existing physical infrastructures and physical facilities to Sub-Centres may be done. • Attendance of PTMO at the Sub-Centres for at least 2 days in a week may be assured by the ULB. • Additional drugs may be included in the approved list of drugs. The list of additional drugs necessary in the local condition may be obtained from the ULBs H.O. • It is to be assured by ULB that all the clinics like ante & post natal, immunisation, treatment by M.O., Growth Monitoring, Family Planning / Counselling, etc. are held regularly at the Sub-Centres with proper documentation.

Views of community mothers about the Sub-Centre (Contd.)

Community participation	Views of mothers	Recommendations
	<ul style="list-style-type: none"> • They also possibly contribute user fee @ Rs. 2/- per month to Health Development Fund of the ULB for future improvement and enlargement of the health programmes. • In order to ensure further improvement of the existing infrastructures and services at the Sub-Centres, they feel that their following suggestions should be possibly taken care of. <ul style="list-style-type: none"> (a) Present physical conditions & facilities as pointed out hereinbefore to make the room-accommodation spacious for their waiting conveniences at the centres. (b) PTMO should sit at the centre for at least two days in a week. (c) Some more drugs should be included in the approved lists so that they need not to purchase them from markets at such costs beyond their reach. 	<ul style="list-style-type: none"> • Proposals of mothers for training of mother - leaders on health care services by expert faculty along with HHWs may be considered. In the training programmes of health personnel, it may also be considered if CDS women functionaries and lady councillors of the locality would also be associated. • In the ward committee meetings health issues should be effectively discussed and solution measures should be taken.

Views of community mothers about the Sub-Centre (Contd.)

Community participation	Views of mothers	Recommendations
	<p>(d) Clinic schedule should be exhibited at the Sub-Centres for proper guidance.</p> <p>(e) All necessary drugs & equipments should be made available at the Sub-Centre so that they are not forced to go to outside charitable dispensary at their financial costs on transport etc. where all are available including doctors for longer period.</p> <p>(f) They need also training on basic health care services like HIV / AIDS, needs for adolescent girls, matters on N.H.P. etc. side by side with the HHWs. So that they can effectively communicate the messages in the community as a taken of community participation.</p> <p>(g) More awareness programmes at the Sub-Centres be organised along with mother leaders of the community.</p> <p>(h) Some mothers expressed that introduction of health policy would be of great financial help to their families.</p>	<ul style="list-style-type: none"> • More awareness programmes of the mothers, adolescents, CDS women councillors together with HHW, FTS, PTMOs be organised at Sub-Centres. ULB may depute UHIO to look with this matter and to monitor. • Proposals of mothers for introduction of social insurance may help addressing the financial problems of the vulnerable section of the population covered by Sub-Centres. This issue may be studied and considered by CMU.

Analysis of Cost Effectiveness per Sub-Centre for refurbication and replacement of essential furniture & equipment

Fund expenditure from KUSP	Expenditure from Beneficiaries	Observation
<ul style="list-style-type: none"> • For improvement and strengthening of health care services from Sub-Centres refurbication and replacement of unserviceable / deficient essential items of furniture and equipments Need to be addressed . • Minimum fund requirement for ULBs for the purpose as revealed for sample study has been estimated as under : <ul style="list-style-type: none"> a) Refurbication of Sub-Centre @ Rs. 50,000/- per centre. 	<ul style="list-style-type: none"> • Since the health care services from the Sub-Centres has been acceptable, accessible and affordable to the local poor population including the marginalised and vulnerable groups, all possible steps need to be taken for improvement and enlargement of the services and also to ensure that no beneficiary go to private doctor / institution at his financial cost which are beyond his/ her reach. • It is estimated with discussion with the community mother that if any mother is enforced to go to private doctor or institution in the absence of proper services at the Sub-Centres, she will incur the expenditure out of her hard sources or from any loan to be contracted from outside. • Details of minimum estimated expenditure for attending one clinic outside her own Sub-Centre are given below : <ul style="list-style-type: none"> a) Doctor fee - Rs. 50/- b) Medicine and MSR - Rs. 100/- c) Travelling Cost to and fro Doctor / Institution - Rs. 30/- d) Man-days lost for Herself and / or her husband for the day of consultation - Rs. 80/- <p style="margin-left: 20px;">Total - Rs. 260/- per person per visit to outside clinic.</p> 	<ul style="list-style-type: none"> • Obviously, it shows that the expenditure from KUSP side is much less compared to the expenditure to be incurred by the beneficiary patients. • KUSP expenditure - Rs. 80,000/- (which will last for 5 years at 1 Sub-Centre) • Estimated patient expenditure - Rs. 18,72,000/- for 5 years (at 1 Sub-Centre) • As such, more benefits can be achieved at the less cost of KUSP.

**Analysis of Cost Effectiveness per Sub-Centre for refurbication and replacement of essential furniture & equipment
(Contd.)**

Fund expenditure from KUSP	Expenditure from Beneficiaries	Observation
<p>b) Replacement of unserviceable / deficient essential furniture and equipments @ Rs. 30,000/- per centre. Total Rs. 80,000/- per centre. Obviously, no further amount will be required on these counts for the next 5 years or so.</p> <p>• This amount of Rs. 80,000/- is a Capital expenditure for 5 years for one Sub-Centre</p>	<p>• Calculation : As per existing guideline 12 clinics are to be held in a month in a Sub-Centre. So, in a year - 12 clinics x 12 months = 144 clinics. Estimated average attendance per clinic - 10 persons. Therefore, 1 (one) year's cost involvement will be as under : 144 (clinic) x 10 (person) x Rs. 260/- (minimum expenditure for attending private doctor for clinic outside) = Rs. 3,74,400/- for 1 year For 5 years = Rs. 3,74,400/- x 5 years = Rs. 18,72,000/-</p>	<p>• Hence, the utilisation of KUSP fund towards improvement of physical infrastructure of a Sub-Centre and replacement of deficient / unserviceable furniture & equipments of the Sub-Centres for strengthening of services is considered to be cost effective.</p>

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

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

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

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



2478 →
24.5.05

KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. II)/147(3)

Dt. .. 17.05.2005

From : Arnab Roy
Project Director, CMU

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

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

Sir / Madam,

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

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

Yours faithfully,

Encl. : As stated.

ay
Project Director, CMU

Prin Dir CMU

*All put up with your note
for taking forward-up admin*

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



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. II)/147(3)

Dt. .. 17.05.2005

From : Arnab Roy
Project Director, CMU

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

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

Sir / Madam,

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

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

Encl. : As stated.

Yours faithfully,

Project Director, CMU

LIST OF MEDICINE

HAU-2 / 4th Quarter / 2024.05 (MDDP-III)

Name of Municipality / Corporation: Uttarpara Kotrung

Name of Medicine / Consumable etc. (II)	Date of last purchase with AA&FS no. & Date (III)	Quantity in Stock (Closing balance) (IV)	Quantity Required (V)	Quantity Sanctioned (VI)	Remarks (VII)
1. Combined gastric Antacid Tab. Containing Aluminium Hydroxide and Magnesium Hydroxide, total salt not less than 500 mg.		2000	30000	30,000	tblts.
2. Bromhexine Hydrochloride 8 mg. Tab.		500	15000	10,000	"
3. Chlorpheniramine maleate 4 mg. Tab		ml	6000	5,000	"
4. Ferrous Sulphate (Coated) 60 mg. Tab.		ml	30000	25,000	"
5. Folic Acid 5 mg. Tab		ml	30000	20,000	"
6. Furazolidone - 100 mg. Tab.		ml	30000	30,000	"
7. Mebendazole - 100 mg. Tab.		200	15000	10,000	"
8. Metronidazole (Film coated) - 200 mg. Tab.		500	30000	30,000	"
9. ORS Citrate-each sachet of 27.9 gm. Containing-Sodium Chloride 3.5gm. Dextrose-20gm. Pot. Chloride-1.5 gm Sodium citrate-2.9gm		ml	30000	2,400	pkts.
10. Oxyphenonium Bromide 5 mg. Tab.					
11. Paracetamol 500 mg. Tab.				x	
12. Sulphamethoxazole 400 mg & Trimethoprim 80 mg. combined Tab		ml	30000	30,000	tblts.
13. Antiseptic Lotion containing 5% Povidone Iodine Solution 100 ml. bot.		100	15000	15,000	"
14. Mercurochrome of 20 gm phials (crystal)		ml	300	250	tblts.
15. Nitro-Furazone 0.2% (W/W) skm ointment 15 gm tube		ml	12	12	pkts.
16. Chloramphenicol 1% Eye applicap		ml	600	600	tblts.
17. Absorbent Gauze Sterilised in Packets each contains 10 pcs. of 10 cm x 10 cm Separately in Poly pack		ml	6000	1,800	applicaps.
18. Adhesive plaster in Reel of 5 cm x 10 M each		20	600	400	pkts.
19. Benzyl Benzoate application 500 ml bots (25%)		ml	120	60	tblts.
20. Cotton absorbent in packet of 100 gm.		ml	12	12	tblts.
21. Pheryle (RW 5-7)		ml	60	60	pkts.
22. Suphameothazol 100 mg & Trimethoprim 20 mg kid Tab.		ml	12	12	pkts.
23. Metronidazole SUSP containing 100 mg in 5 ml		ml	300	300	pkts.
24. Salbutamol 4 mg Tab		ml	300	x	pkts.
25. Vitamin B Complex Tab (prophylactic)		ml	6000	6000	tblts.
26. Paracetamol kid tab		ml	30000	3,000	"

In Amoyesha (25) Dr
Sybil (20) Dr
Dr. Chandan (20) Dr
Dr. Chandan (20) Dr

D:\MAR\Medicine\List of Drugs_Medicine.doc
 Assistant Health Officer
 Uttarpara-Kotrung
 Municipality.

Prabhat Kumar
 Chairman
 Uttarpara, Kotrung
 Municipality

Q.S.D.
 Health / UHFPU / KMDA

21/03/24



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. II)/65

Dt. .. 26.04.2005

o/c

From : Dr. Shibani Goswami
Health Expert, CMU

To : The Chairman
Budge Budge Municipality

Sub : Visit of Dr. NG. Gangopadhyay and his team at your ULB
in connection with study of ULB position with respect to
Sub-Centre under Health component of KUSP.

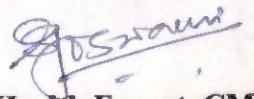
Sir,

Dr. N.G. Gangopadhyay and his team will be visiting at your ULB on 02.05.2005 at 1 P.M. in connection with study of ULB position with respect to Sub-Centre. You are requested kindly to direct Health Officer & Asstt. Health Officer of your ULB to be present for providing necessary assistance and information in connection with the said study.

This issues with the concurrence of Project Director, CMU.

Thanking you.

Yours faithfully,

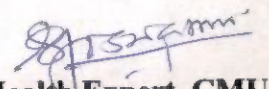

Health Expert, CMU

Memo No. CMU-94/2003(Pt. II)/ 65/1(2)

Dt. .. 26.04.2005

Copy forwarded for information to :

1. Health Officer, Budge Budge Municipality.
2. Dr. N.G. Gangopadhyay.


Health Expert, CMU



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. II)/66

Dt. .. 26.04.2005

From : Dr. Shibani Goswami
Health Expert, CMU

o/c

To : The Chairman
Rishra Municipality

**Sub : Visit of Dr. NG. Gangopadhyay and his team at your ULB
in connection with study of ULB position with respect to
Sub-Centre under Health component of KUSP.**

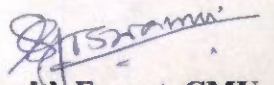
Sir,

Dr. N.G. Gangopadhyay and his team will be visiting at your ULB on 30.04.2005 at 1 P.M. in connection with study of ULB position with respect to Sub-Centre. You are requested kindly to direct Health Officer & Asstt. Health Officer of your ULB to be present for providing necessary assistance and information in connection with the said study.

This issues with the concurrence of Project Director, CMU.

Thanking you.

Yours faithfully,


Health Expert, CMU

Memo No. CMU-94/2003(Pt. II)/66/1(2)

Dt. .. 26.04.2005

Copy forwarded for information to :

1. Health Officer, Rishra Municipality.
2. Dr. N.G. Gangopadhyay.


Health Expert, CMU



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. II)/61

Dt. .. 26.04.2005

From : Dr. Shibani Goswami
Health Expert, CMU

o/c

To : The Chairman
Uttarpara Kotrung Municipality

Sub : Visit of Dr. NG. Gangopadhyay and his team at your ULB
in connection with study of ULB position with respect to
Sub-Centre under Health component of KUSP.

Sir,

Dr. N.G. Gangopadhyay and his team will be visiting at your ULB on 27.04.2005 at 1 P.M.
in connection with study of ULB position with respect to Sub-Centre. You are requested kindly to
direct Health Officer & Asstt. Health Officer of your ULB to be present for providing necessary
assistance and information in connection with the said study.

This issues with the concurrence of Project Director, CMU.

Thanking you.

Yours faithfully,

Health Expert, CMU

Memo No. CMU-94/2003(Pt. II)/64/1(2)

Dt. .. 26.04.2005

Copy forwarded for information to :

1. Health Officer, Uttarpara Kotrung Municipality.
2. Dr. N.G. Gangopadhyay.

Health Expert, CMU



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

Memo No. CMU-94/2003(Pt. II)/59

Dt. .. 25.04.2005

From : Dr. Shibani Goswami
Health Expert, CMU

To : The Chairman
Panihati Municipality

Sub : Visit of Dr. NG. Gangopadhyay and his team at your ULB
in connection with study of ULB position with respect to
Sub-Centre under Health component of KUSP.

Sir,

Dr. N.G. Gangopadhyay and his team will be visiting at your ULB on 25.04.2005 at 1 P.M. in connection with study of ULB position with respect to Sub-Centre. You are requested kindly to direct Health Officer & Asstt. Health Officer of your ULB to be present for providing necessary assistance and information in connection with the said study.

This issues with the concurrence of Project Director, CMU.

Thanking you.

Yours faithfully,


Health Expert, CMU

Memo No. CMU-94/2003(Pt. II)/59/1(2)

Dt. .. 25.04.2005

Copy forwarded for information to :

- 1. Health Officer, Panihati Municipality.**
- 2. Dr. N.G. Gangopadhyay.**


Health Expert, CMU



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

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

Dt. .. 12.04.2005

From : Dr. Shibani Goswami
Health Expert, CMU

To : The Chairman
Madhyamgram Municipality

Sub : Visit of Dr. NG. Gangopadhyay and his team at your ULB
in connection with study of ULB position with respect to
Sub-Centre under Health component of KUSP.

Sir,

Dr. N.G. Gangopadhyay and his team will be visiting at your ULB on 19.04.2005 at 1 P.M.
in connection with study of ULB position with respect to Sub-Centre. You are requested kindly to
direct Health Officer & Asstt. Health Officer of your ULB to be present for providing necessary
assistance and information in connection with the said study.

This issue with the concurrence of Project Director, CMU.

Thanking you.

Yours faithfully,

Health Expert, CMU

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

Dt. .. 12.04.2005

Copy forwarded for information to :

1. Health Officer, Madhyamgram Municipality.
2. Dr. N.G. Gangopadhyay.

Health Expert, CMU



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. II)/10

Dt. .. 12.04.2005

**From : Dr. Shibani Goswami
Health Expert, CMU**

**To : The Chairman
Madhyamgram Municipality**

**Sub : Visit of Dr. NG. Gangopadhyay and his team at your ULB
in connection with study of ULB position with respect to
Sub-Centre under Health component of KUSP.**

Sir,

Dr. N.G. Gangopadhyay and his team will be visiting at your ULB on 19.04.2005 at 1 P.M. in connection with study of ULB position with respect to Sub-Centre. You are requested kindly to direct Health Officer & Asstt. Health Officer of your ULB to be present for providing necessary assistance and information in connection with the said study.

This issue with the concurrence of Project Director, CMU.

Thanking you.

Yours faithfully,

Health Expert, CMU

Memo No. CMU-94/2003(Pt. II)/ 40/1 (2)

Dt. .. 12.04.2005

Copy forwarded for information to :

- 1. Health Officer, Madhyamgram Municipality.**
- 2. Dr. N.G. Gangopadhyay.**

Health Expert, CMU



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

Memo No. CMU-94/2003(Pt. II)/10

Dt. .. 12.04.2005

From : Dr. Shibani Goswami
Health Expert, CMU

To : The Chairman
Madhyamgram Municipality

Sub : Visit of Dr. NG. Gangopadhyay and his team at your ULB
in connection with study of ULB position with respect to
Sub-Centre under Health component of KUSP.

Sir,

Dr. N.G. Gangopadhyay and his team will be visiting at your ULB on 19.04.2005 at 1 P.M. in connection with study of ULB position with respect to Sub-Centre. You are requested kindly to direct Health Officer & Asstt. Health Officer of your ULB to be present for providing necessary assistance and information in connection with the said study.

This issue, with the concurrence of Project Director, CMU.

Thanking you.

Yours faithfully,

Health Expert, CMU

Memo No. CMU-94/2003(Pt. II)/ 40/1 (2)

Dt. .. 12.04.2005

Copy forwarded for information to :

- 1. Health Officer, Madhyamgram Municipality.**
- 2. Dr. N.G. Gangopadhyay.**

Health Expert, CMU



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo No. CMU-94/2003(Pt. II)/10

Dt. .. 12.04.2005

From : Dr. Shibani Goswami
Health Expert, CMU

To : The Chairman
Madhyamgram Municipality

Sub : Visit of Dr. NG. Gangopadhyay and his team at your ULB
in connection with study of ULB position with respect to
Sub-Centre under Health component of KUSP.

Sir,

Dr. N.G. Gangopadhyay and his team will be visiting at your ULB on 19.04.2005 at 1 P.M. in connection with study of ULB position with respect to Sub-Centre. You are requested kindly to direct Health Officer & Asstt. Health Officer of your ULB to be present for providing necessary assistance and information in connection with the said study.

This issue, with the concurrence of Project Director, CMU.

Thanking you.

Yours faithfully,

Health Expert, CMU

Memo No. CMU-94/2003(Pt. II)/40/1(2)

Dt. .. 12.04.2005

Copy forwarded for information to :

1. Health Officer, Madhyamgram Municipality.
2. Dr. N.G. Gangopadhyay.

Health Expert, CMU

Format for study on ULB position with respect to Sub-Centre in terms of management, levels of utilisation, cost effectiveness

..... Municipality

	CUDP III	Total	IPP-VIII	Total	Grand Total
No. of HAU's					
No. of Sub-Centre	Municipal acen other acen		Municipal acen other acen		
Location of Sub-Centres in the Municipal Map	Available Not Available				
Randomly selected Sub-Centres (2 nos.)	Municipal acen SC No. - Name - other acen SC No. - Name -		Municipal acen SC No. - Name - other acen SC No. - Name -		

Check list of randomly selected Sub-Centre :

List of Items	1 st Sub-Centre	2 nd Sub-Centre
Sign Board available	Yes / No	Yes / No
Clinic Schedule available	Yes / No	Yes / No
Timing for providing services to to
Load of Sub-Centre : - Population Coverage - No. of families covered - Total no. of pregnant women attended during 2004 - 2005 for ANC - Total no. of Post Natal Mother attended during 2004 - 2005 - Total no. of under 1 children attended during 2004 - 2005 - Total no. of under 5 children attended during 2004 - 2005		
No. of HHWs & Names attached to the selected Sub-Centre	1 2 3 4 5	1 2 3 4 5

no of clinics held per wk/ Subcentre, Table 1.

Daily management of SC by 2 HHWs

No of HHWs attached to SC

HHW 1: PTMO

List of Items

1st Sub-Centre2nd Sub-Centre

No. of Clinics held in March, 2005 with attendance per clinic :

Antenatal / Postnatal Clinic per month

- Register with findings
- Health Card
- Lab test record
- TT
- IFA administration
- Detection of high risk / complicated cases
- Referral with name of Centres
- Physical Examination - BP recording & weighting recording
- Abdominal examination - Position / lie
- Lab investigation - Hb, Albumin, VDRL

Immunisation Clinic

- No. of clinics per month
- Load per clinic
- Clinic management
- Case registration
- Instrument sterilization - method & done by whom
- Who administer vaccine including BCG & measles
- Availability of vaccine
- Post immunization advice - What is actually done and by whom
- Vitamin 'A' administration

Treatment Clinic by MOs

- No. of Clinics per month
- Male Attendance
- Female Attendance
- U-5 Children
- Referral

Awareness programme

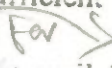
- No. of programme held in March, 2005
- Topic discussed
- Who conducted the session
- No. of participants
- Register to check

Growth Monitoring of Under 5 Clinic

- No. of clinic held during March, 2005
- Availability of weighing machine / jacket
- Availability of GM card
- Register to check

List of Items

1st Sub-Centre2nd Sub-Centre

List of Items	1 st Sub-Centre	2 nd Sub-Centre
Management of a clinic <ul style="list-style-type: none"> - Informing clientele - Assembling clientele - Division of responsibility during clinic - Information collection & recording & submission of report - Discussion with community around the vicinity of Sub-Centre regarding availability and utilisation of different services 		Not Available
Family Planning /Counselling Clinic <ul style="list-style-type: none"> - No. of clinic held during March, 2005 - No. of participants - Who conducted clinic - Register to check 		
Registers and documents to check : <ul style="list-style-type: none"> - Attendance register of HIWs - ANC / PNC register - Health Card - Immunisation register & Card - Growth monitoring register & GM chart - Patients register for treatment of ailments - Awareness programme register - Family Schedule - HMIS format 		
Physical examination of Sub-Centres : <ul style="list-style-type: none"> - Accommodation - adequate / inadequate - No. of rooms - Room space - satisfactory / unsatisfactory - Ventilation - sufficient / insufficient - U-5 children weighing space <i>Few</i>  - Water facility - available / not available - Toilet facility - available / not available - Requirement of white washing - Requirement of window / door repairing - Repairing / refurbishment of electrical collection 		
Availability of minimum required furniture & equipment of Sub-Centre (list enclosed)		

Furniture for Sub-Centre

Sl. No.	Item	Available / Not Available	Remarks
1.	Steel Almirah without locker		
2.	Steel Office Table		
3.	Steel Chair without arms		
4.	Plastic Moulded chair without arms		
5.	Revolving stool steel		
6.	Sataranji (Dari)		

Equipment for Sub-Centre

Sl. No.	Item	Available / Not Available	Remarks
1	Patient Examination Table		
2	Folding Foam Coir Mattress for Examination Table with Rexine cover		
3	Pillow Foam with cover		
4	Mackintosh Sheet		
5	Coloured Drawer Sheet		
6	Steps for Patient use		
7	Screen Partition in 3 folds with 2 sets of curtain		
8	Portable steam Steriliser		
9	Vaccine Carrier		
10	Weighing Machine (Adult Portable)		
11	Child Weighing Machine (Portable hanging spring balance)		
12	Baby Weighing Jacket		
13	2 Kg. Standard Iron Weight		
14	Baby weighing Machine with tray and spring bottom		
15	Blood pressure Instrument (sphygmomanometer - mercurial type)		
16	Hypodermic syringe		

No.	Item	Available/ Not Available	Remarks
17	Hypodermic syringe needle		
18	Tuberculine syringe		
19	Hypodermic needle for tuberculine syringe		
20	Scissors Straight		
21	Artery Forceps Straight		
22	Cheatle Forceps - Instrument lifter		
23	Instrument tray with lid		
24	Bowl stand with 3 legs		
25	Tongue Depressor for children		
26	Stethoscope		
27	Saucepan with lid and handle		
28	Emergency Light (Chargeable battery set)		
29	Kerosene Stove		
30	Bucket plastic with cover and handle		
31	Mug plastic		
32	Jug with handle		
33	Plastic bucket with lid		
34	Padlock (navtal)		
35	Thermometer clinical (licks)		

Sl. No.	Item	Available/ Not available	Remarks
36	IUD Insertion Kit		
	A. Sponge holding Forceps		
	B. Disposable Gloves Sterile		
	C. Cusco's Bi-valve vaginal speculum for Adult		
	D. Forceps Vulsellum 9"		
	E. Sterilization tray with cover		
	F. Straight Artery Forceps 9"		
	G. Uterine Sound 8", graduated, flexible		
	H. Scissors Mayo 7½" straight		
	I. IUD Insertex		
	J. Dressings Forceps - 6"		
37	Pregnancy Test Strip		
38	Strip for Albumen in urine test		
39	Haemoglobi-nometer		
40	Urine test container		

Disaster
u

Common Partnership
Health Financing

- **Study on ULB position with respect to Sub-Centre in terms of management, cost effectiveness, levels of utilisation.**

TOR

Objective

- To understand functioning status of Sub-Centres both in municipal owned and non-municipal premises.
- To understand management & supervision network.
- To know utilisation pattern of services provided from the Sub-Centres.
- To study adequacy of logistic support in terms of important equipment, furniture & others require for effective delivery of services.
- To study existing physical condition of Sub-Centres.

Methodology

- To study 2 Sub-Centres per municipality, 1 in municipal owned premises and the other one in non-municipal premises – total 10 Sub-Centre of 5 ULBs out of 40 KMA ULBs.
- 5 ULBs to be selected on random basis.
- 2 Sub-Centres to be selected ULB-wise on random sampling.

Study Instrument

- To get list of Sub-Centres (both municipal & non-municipal accommodation) of sampled 5 ULBs.
- Selection of 2 Sub-Centres (1 municipal & 1 non-Municipal accommodation) through sampling.
- Visit to Sub-Centre.
- To examine records, registers, cards etc.
- To discuss with grass root level functionaries i.e. HHW, FTS, HO / AHO & PTMO.
- To discuss with the community staying around the Sub-Centre location.
- To examine the essential furniture & equipment.
- To examine the physical condition of the Sub-Centre.

Data Analysis

- Data will be entered, tabulated & analysed by using computer.

● Time Frame

- 18.04.2005 to 04.05.2005
 - 18.04.2005 – Finalization of study design with PD, CMU.
 - 19.04.2005 – Visit & study at Madhyamgram (1st ULB).
 - 20.04.2005 – Visit & study at Panihati (2nd ULB).
 - 21.04.2005 - Analysis of findings of 1st ULB.
 - 23.04.2005 - Analysis of findings of 2nd ULB.
 - 25.04.2005 - Visit to Konnagar (3rd ULB).
 - 26.04.2005 – Analysis of findings of 3rd ULB.
 - 27.04.2005 – Visit & study at Serampore (4th ULB).
 - 28.04.2005 - Analysis of findings of 4th ULB.
 - 29.04.2005 - Visit & study at Budge Budge (5th ULB)
 - 30.04.2005 to 02.05.2005 – Analysis of finds of 5th ULB, consolidation and draft report writing & sharing with PD, PM & Health Expert.
 - 03.05.2005 – Preparation of Final Report.
 - 04.05.2005 – Submission of report to Project Director, CMU, KUSP.

Cost Involvement

- On the days of field visits (total 5 days) mobility support to be provided by CMU.
- Entire cost including submission of final report – not exceeding Rs. 20,000/- (Rupees twenty thousand) only.

Terms of Payment

- To negotiate with Dr. N.G. Gangopadhyay.

DRAFT

CHANGE MANAGEMENT UNIT

Dear

Sub : Health Component of KUSP : Strengthening of Sub-Centres for catering community based primary health care services.

As per 3.3.14 of the Project Memorandum "DFID support will be used to review and strengthen the ongoing community based Honorary Health Workers (HHW) Scheme." In addition, AIDS prevention was also envisaged as another area of work within this component.

DFID in the Aide Memoire dt. 20 January, 2005 has suggested that ISC as part of their review will examine the ULB position with respect to Sub-Centres (Cost effectiveness, levels of utilisation etc.)

Accordingly, ISC was requested to take up the issue. ISC has expressed that examining the status of each Sub-Centre (total no. of Sub-Centre 911) with regard to cost effectiveness and level of utilisation would not be possible to complete within their tenure of engagement. However, in the study report, ISC has done the situation analysis in general and their salient observations are as under :

- Basic infrastructure needed for adequate privacy to examine patient and provide counselling to build up.
- Re-training of PTMOs.
- Re-training of FTSs for enhancing supervisory capacity and counselling on RTIs / STIs.
- An adolescent programme be made available once in a month along with readily available adolescent health services clinic as a fixed day.

The basic objective of health component of KUSP is to strengthen existing community based primary health care services catered through grass root level functionaries i.e. Honorary Health Worker (HHW), First Tier Supervisor (FTS), Second Tier Supervisor (STS), Part time Medical Officer (PTMO), Health Officer (HO) and Asstt. Health Officer (AHO).

Contd. to P-2.

A Sub-Centre covers 5000 population approx. Sub-Centre is considered to be the nerve centre from where the primary health care services are made available to the urban poor. The activities at Sub-Centre level i.e. health check up of pregnant and lactating women, identification and referral of all pregnant women with dangerous sign and complicated post natal cases, immunization for pregnant women and infants, administration of vitamin A in oil, growth monitoring of under 5 children, treatment of minor ailments by Medical Officer referred by HHWs, refer all complicated cases to referral centre, follow up for treatment of malaria, TB, leprosy and other communicable diseases, distribution of condoms and oral pills and organization of awareness session on various issues of health – are to be strengthened.

This is to mention that the Sub-Centres are accommodated either in the municipal owned premises or CBO's premises.

The purpose of re-training of health functionaries would be more fruitful in terms of quality care services only when the Sub-Centres are properly strengthened with adequate logistics i.e. minor repair of infrastructural works, replenishment of equipment & furniture, wherever necessary, to keep the Sub-Centres at a better congenial and functional state.

Therefore, it is an urgent felt need that the Sub-Centres are set right on case to case basis.

To address the issue the following actions are proposed :

- Minor repair of infrastructure for 50% of existing Sub-Centres @ Rs. 25,000/- per Sub-Centre. Cost involvement for such work for Sub-Centres of KMA & Non-KMA ULBs have been estimated to the tune of Rs. 125.00 lakhs and Rs. 20.00 lakhs respectively.
- Provision for replacement of furniture and equipment, wherever necessary, @ Rs. 20,000/- per Sub-Centre. Cost involvement for such provision for Sub-Centres of KMA & Non-KMA ULBs have been estimated to the tune of Rs. 100.00 lakhs and Rs. 16.00 lakhs respectively.

We would like to address the above issues, subject to your concurrence.

CHANGE MANAGEMENT UNIT (CMU)

Dear Sudipto,

Sub: Health component of KUSP: Proposal for Year 1

As per 3.3.14 of the Project Memorandum "DFID support will be used to review and strengthen the ongoing community based Honorary Health Workers (HHW) scheme." In addition AIDs prevention was also envisaged as another area of work within this component.

The design of the health component has been taken up by the Interim Support Consultants. The design is not yet available. After submission of the draft design by ISC, the same will be finalized after necessary consultations. This is expected to take some more time. Pending finalisation of the report by ISC, CMU & Govt. of West Bengal has suggested following proposals regarding strengthening of the HHW scheme for year one:

The HHW Health Worker system operates at three levels.

Block level: Each block comprises of about 200 families. One Honorary Health Worker is selected from the same community and assigned to the block. The HHW pays regular visits to ensure monitoring of the health status of the family through interpersonal communication to avail of the necessary services rendered at different levels. They provide doorstep services like providing ORS packets, Contraceptives, Analgesics etc., engage in awareness generation and provide referral services.

Subcentre level: A subcentre covers 5 Blocks (Approx. popn. 5000). The Subcentre is envisaged to provide basic primary health care services right in the midst of the community at a time convenient to the beneficiaries. The services being rendered are antenatal care with minimum of three check ups, early registration and administering TT and ensuring Hb and Urine tests, Arranging institutional natal care, post natal care with check up of mothers and new borns, prophylaxis and treatment of anaemia, provision of Iron folic acid tablets to mothers and children, supply of Vit. A to children, complete immunization of children against 6 killer diseases within 12 months of birth, family planning advice and supply of materials, sterilization, IUD insertion etc., and conduct of health advisory meetings. The Subcentre has one First Tier supervisor and two Part time Medical Officers on rotation.

Health Administrative Unit: Each HAU covers 7 SubCentres. HAUs procure drugs, provide storage, distribute immunization materials, provide cold chain management, distribute family planning materials and HHW kits. Monitoring and facilitation of the system is the main function of HAU. Weekly meetings are held with HHWs. Health data collection and preparation of MIS reports are the other functions of HAU.

The Health Officer of the Urban Local body supervises the working of the Health care system on behalf of the ULB.

CHANGE MANAGEMENT UNIT (CMU)

History: The HHW system developed was introduced during the World Bank assisted Calcutta Urban Development Project (CUDP)- III during 1984-1992. The DFID assisted CSIP-1(a) and 1(b) also adopted the system during 1992-1998. IPP VIII (World Bank assisted) Project further developed and refined the system during 1994-2002.

At present the ULBs have been managing the health care system with some budgetary support from the Govt. of West Bengal. Due to withdrawal of Project support and funding, activities other than the day to day functions have not been taken up for long.

This urban primary health care system is basically dependent on the efficiency of the honorary health worker (HHW). Motivation and Capacity enhancement of the HHWs will be beneficial to the operation of the system. There are approx. 6800 HHWs, First tier supervisors and Second tier supervisors developed under CUDP3, CSIP and IPP-VIII. The following work may be taken up in the first year:

1. The HHWs have been trained a long time back. There is a need to refresh their knowledge, make them acquainted with new concepts and ideas, and reorient them. It is felt that a one week refresher course for HHWs for updating their skill will be helpful. KMDA may be entrusted with coordinating the training . The cost may be met from KUSP.
2. HHWs have been working without any visible identification, Uniform for any service brings identity and pride besides fostering confidence among the beneficiaries. HHWs working at the block level may be provided with two sets of uniforms which may cost Rs. 350/- per set i.e. the total amount required will be Rs. 39,20,000/-.
3. The old kit bags supplied to the HHWs from the previous programmes, have become old and unusable. It is proposed that new kit bags may be provided to the HHWs. Each kit bag will cost Rs. 300/- and the total cost will be Rs. 16,80,000/-.
4. The nature of duty of HHWs requires mobility. It is proposed that HHWs who are able to ride a bicycle may be provided with a cycle to support mobility. The cost of each cycle is around Rs 1500/- and considering 50% of HHWs will be able to take advantage of this proposal, the total cost will be around Rs. 42,00,000/-.
The procurement, may be made by the ULBs observing the procurement rules as accepted by DFID for year one.
5. A household survey may be taken up to update the family schedules, which may also be used as baseline survey for KUSP. This may be designed along with a sustainable system of periodic updating and documenting (through computerisation). The task may be given to KMDA and cost may be reimbursed from KUSP.

CHANGE MANAGEMENT UNIT (CMU)

6. IEC activities have not been undertaken for long. There is a need to generate awareness and take up health education among the communities. IEC activity may be begun right now. Of course, this will be a continuing activity throughout. Design of IEC activities may be entrusted to KMDA and implementation will be given to the ULBs.
7. Sub-centers provide basic primary health care services right in the midst of the community at a time convenient to the beneficiaries. No. of existing sub-centres are 1097. A lot of these sub-centres lack latrine, water supply, and basic facilities for Doctor's examination of patients. Many need petty repairs and white-washing. Equipment at various sub-centres have become unusable and need replacement. Provision of water and sanitation, petty repairs and refurbishing of sub centers may be taken up to facilitate proper delivery of services at the sub-centres. The expected cost per sub-centre is expected to be around Rs. 50000. If 50% of sub-centers are covered in the first year, the total cost will be around Rs. 250 lakhs.

The above proposals have already been discussed on a few occasions. We would like to take up the above, subject to your concurrence.

Regards,

Arnab Roy
Project Director, CMU