

**URBAN  
HEALTH  
PROGRAMMES  
WEST BENGAL**

Compiled by  
**STATE URBAN DEVELOPMENT AGENCY**  
DEPARTMENT OF MUNICIPAL AFFAIRS GOVERNMENT OF WEST BENGAL

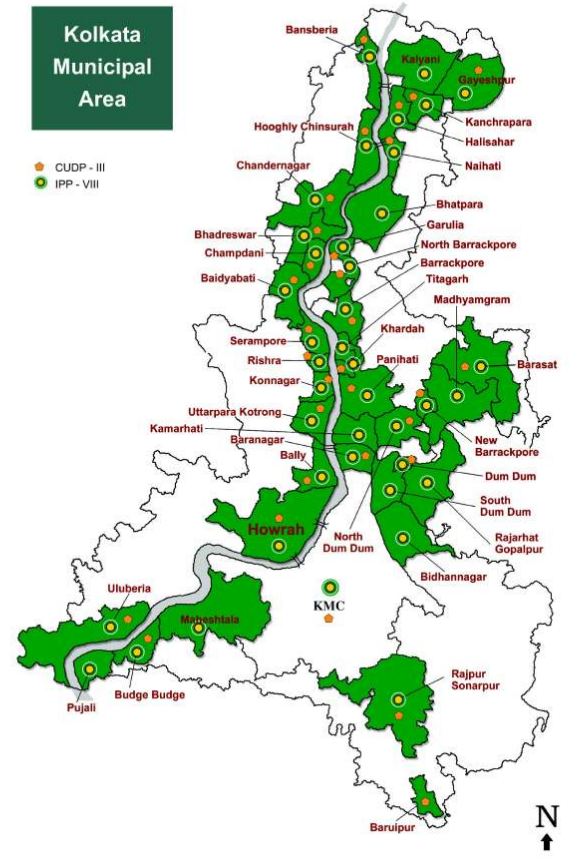
# WEST BENGAL

- ◆ 10 Urban Local Bodies under IPP-VIII (Extn.)
- 11 Urban Local Bodies under HHW Scheme
- RCH Sub-Project Asansol
- 63 Urban Local Bodies under Community Based Primary Health Care Services



# Kolkata Municipal Area

- CUDP - III
- IPP - VIII



The success of the Community Based Health Programmes implemented by the Urban Local Bodies mainly owes to the active involvement of the Chairpersons, elected representatives and active participation of the community at large.

The poor and marginalised people have been benefited to a great extent so far their health needs are concerned. The urban areas have shown remarkable progress in reduction of birth rate, infant mortality rate and maternal mortality rate with enhancement of couple protection rate as well.

This model of Community Based Health Programme launched by the State Govt. has not only been appreciated by others States of India but also has been applauded by WHO and different foreign Donor Agencies. The State Govt. is very much concerned about the urban health matters and is committed to continue such primary health care services, preventive and promotive in nature, in all the Urban Local Bodies covering total population with focus on poor and marginalised ones.



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## BACKDROP

The State of West Bengal has its Urban Rural population ratio as 28.03 : 71.97 ( 2001 Census). Of the total Urban Population, about 30% are BPL (Below Poverty Line). Out of the total 18 districts, 12 are situated in the southern part and remaining 6 in the northern part of the State. The scenario on topography and physiography, demography, socio economic and cultural is variegated in nature. In addition to rural urban shift of population, major urban population in-migration is mainly due to partition of Bengal. Industrialisations have also taken place in the State though the rate of industrialisation is not uniform. These two factors of rapid rate of urbanization and industrialisation have created adverse effect in terms of habitation, civic amenities and thus quality of life. To accommodate for shelter of the in-fluxed population, the limited urban land area could not cope up, thus emergence of slums had taken place. These poor and marginalized population residing in the slums are segregated from the main stream of urban life in terms of socio-economic, cultural, educational, infrastructural, nutritional and health parameters.

During early 80's, there was no definite structure for delivery of urban primary health care services as such, particularly to the urban poor. The then existing tertiary health care facilities were supposed to address the ailing patients only. Hence, preventive & promotive health care including primary health care services were practically non-existing. Even the services of tertiary health care could not be utilized by the poor as either the facilities are far away from the poor or the services are not accepted by them. The reasons for non acceptance were long queue in the hospitals, time consuming, loss of daily earnings, expenses more or less same as for private services and the like. The major vulnerable group affected were the women and children who required priority attention.

In view of the above situation, the State Govt. launched CUDP III Health programme assisted by the World Bank for the urban poor of selected ULBs in the jurisdiction of Kolkata Metropolitan Area for a period of seven years. The resultant effect in terms of output in the health scenario was remarkable. With this experience, the several other primary health care programmes for the urban poor have been launched in phases covering all the 126 Urban Local Bodies of the State of West Bengal. The main thrust of the urban health care programme is mother & child care through reduction of fertility, morbidity and mortality. In fact, holistic health care is envisaged by providing quality health care services at door-steps, accessible health facilities, referral and satellite services.

Above all, the inner core idea of the programmes is to implement Life Cycle Approach i.e. care of the individual from womb to tomb. Keeping this in perspective, the care package starts as

soon as the women become pregnant. In addition, the adolescents are being taken care of as they are the future parents of the Nation.

Community participation at different tiers is the essence of these programmes which indicate a paradigm shift from "Top Down" to "Bottom Up" approach. This tantamounts to owning of the project by the community, being the primary stakeholders. The community itself heralds the responsibility to initiate and manage its own health related priorities on a sustainable basis.

## OBJECTIVES

- To bring about an overall improvement in the urban health scenario as a whole with reference to reduction in Crude Birth Rate (CBR), Crude Death Rate (CDR), Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and enhancement of Couple Protection Rate (CPR).
- To provide primary health care service delivery to the requirements of the urban population with focus to BPL population.
- To implement Public Health and National Health Programmes for the population of the Urban Local Bodies.
- To ensure maximum utilisation of Govt. Institutions for referral services with regard to Maternity, Child Health, Diagnostic and Curative services.

## STRATEGY

- ♦ Health & Family Welfare Committee for each of the Urban Local Body has been formed as per the Govt. order, to oversee health issues and its addressal.
- ♦ The existing Ward Committee is responsible for monitoring & supervision and co-ordinating the implementation of Primary Health, Public Health and National Health programmes at ward level.
- ♦ Co-ordination and linkage with Dept. of Health & Family Welfare at State, District and Sub-Division level.
- ♦ Decentralisation of services in three tier systems i.e. grass root (door-step), urban sub-health centre and referral for effective permeation of RCH, Public Health Services to the community.

- ♦ Providing package of primary health care services by the female Honorary Health Workers (HHWs) at grass-root level.
- ♦ The HHW, drafted from the community itself is to look after a population of about 1000 i.e. 200 BPL families approximately, who maintain link between the health facilities and the community.
- ♦ A Sub-Centre is to cover 5000 BPL population, the accommodation of which is provided by the ULBs / NGOs / CBOs.
- ♦ Referral services has been linked with the nearest Govt. facilities like Dist. Hospital, Sub-Divisional Hospital, State General Hospital, Block Primary Health Centre (BPHC), Rural Hospital, Municipal run referral centre as applicable.
- ♦ Strong Information, Education & Communication (IEC) base is developed for enhancing motivation and health awareness generation.
- ♦ Computerisation of Health Management Information System (HMIS) is done for monitoring & evaluation of the programmes.

## SERVICE COMPONENT AT A GLANCE

### FOR MOTHER

- ❖ Early detection of pregnancy, registration and antenatal check ups
- ❖ Identification of high risk pregnancies and management
- ❖ Immunisation of pregnant women
- ❖ Nutritional Care
- ❖ Prevention and management of iron deficiency anaemia
- ❖ Promotion of institutional deliveries



- ❖ Prevention and management of unwanted pregnancy
- ❖ Counselling / education for breast feeding, nutrition, weaning, family planning and personal hygiene
- ❖ Post natal care
- ❖ Referral obstetric care
- ❖ Addressing of Reproductive Tract Infections (RTIs) & Sexually Transmitted Infections (STIs)



#### FOR CHILDREN

- ❑ Neonatal and Child Care
  - ❑ Promotion of breast feeding including colostrum and maintenance of personal hygiene
  - ❑ Proper Weaning
  - ❑ Immunisation
  - ❑ Deworming
  - ❑ Nutritional care and growth monitoring
- ❑ Prevention of night blindness due to Vitamin A deficiency
  - ❑ Prevention and management of Diarrhoeal Diseases, Acute Respiratory Infections (ARI)
  - ❑ Referral Child Care

#### FOR ELIGIBLE COUPLES

- Abandoning early marriage / early maternity / late maternity / frequent child birth
- Prevention & management of unwanted pregnancy
- Contraception coverage (cafeteria choice) - temporary / permanent methods
- Safe services for Medical Termination of Pregnancy (MTP)



#### FOR ADOLESCENTS

- Counselling
- Deworming
- Promotive & Preventive treatment of anaemia
- Assessment of health status of adolescents in terms of nutritional, sexual and reproductive health psychological & behavioural problems
- Awareness on general health, reproductive health, unprotected sex, STDs, RTIs, HIV/AIDS etc.



#### GENERAL

- Treatment of minor ailments at door-steps by HHWs
- Treatment at Sub-Centre by Medical Officer
- Referral services at Government Hospitals and Maternity Home run by the Urban Local Bodies.
- Linkage and convergence with Department of Health and Family Welfare and other related Depts. of the State Govt.
- Addressing public health issues
- Implementation of National Health Programmes like National Malaria Control Programme (NMCP), Revised National Tuberculosis Control Programme (RNTCP), National Leprosy Eradication Programme (NLEP), National Blindness Control Programme (NBCP), National AIDS Control programme etc.

## EXPECTED OUTCOME AT A GLANCE

### FOR MOTHER

- ❖ Enhanced pregnancy care
- ❖ Uncomplicated/clean & safe delivery
- ❖ Increased institutional delivery
- ❖ Increased T.T. coverage
- ❖ Reduction of maternal morbidity & mortality
- ❖ Reduction of Low Birth Weight Babies (LBWs)



### FOR CHILDREN

- ❑ Reduction of Infant Mortality
- ❑ Promotion of Breast Feeding
- ❑ Proper Weaning and feeding practices
- ❑ Immunisation coverage of infants i.e. BCG, DPT, OPV & Measles
- ❑ Reduction of incidence of Anaemia
- ❑ Reduction of Morbidity from Diarrhoeal dehydration, ARI and Vaccine Preventable Diseases

### FOR ELIGIBLE COUPLES

- Reduction in unsafe Medical Termination of Pregnancy (MTP) cases Increased awareness level of the reference community in Reproductive & Child Health, Family Welfare and Nutrition.
- Enhanced Couple Protection Rate



### For Adolescents

- Enhanced adolescents health care
- Increased awareness on health issues including RTIs, HIV/AIDS

### OTHERS

- Reduction in communicable diseases of under-5 children.
- Community participation in management of public health
- Improved sanitation
- Enhanced access to safe water



## DIFFERENT URBAN HEALTH PROGRAMMES

Sl. No.	Project	Project Assisted by	Duration of Project	Population covered	No. of ULBs covered
1	CUDP-III	World Bank	1985-86 to 1991-92	16.00 Lakhs in KMA	41
2	CSIP	DFID	1992-93 to 1997-98	2.85 Lakhs in KMA	
3	IPP-VIII	World Bank	1993-94 to June 2002	38.00 Lakhs in KMA	
4	IPP-VIII-(Extn.)	World Bank	2000 to June 2002	8.30 Lakhs in Non-KMA	10
5	R.C.H. Sub-Project	World Bank	1998 to March, 2004	2.53 Lakhs in Non-KMA	1
6	HHW Scheme	DFID	Feb., 2004 continuing	2.86 lakhs in Non-KMA ULBs	11
7	Community Based Primary Health Care Services	Dept. of Health & Family Welfare	Feb. 2006 Continuing	11.23 lakhs in Non-KMA ULBs	63

After cessation of external funding support, all the programmes are continued and maintained by the State Government

## HEALTH FACILITIES CREATED UNDER DIFFERENT URBAN HEALTH PROGRAMMES

Programmes	Sub-Centre (SC)	Health Administrative Unit (HAU)	Out Patient Department (OPD)	Maternity Home (MH)	Regional Diagnostic Centre (RDC)
CUDP-III	317	50	8	-	-
CSIP	55	8	2	2	-
IPP-VIII	718	116	25	23	8
IPP-VIII (Extn.)	250	35	11	11	10
RCH Sub-Project	97	13	2	2	2
HHW Scheme	55	11	-	-	-
Community Based Primary Health Care Services	283	-	-	-	-
<b>Total</b>	<b>1775</b>	<b>233</b>	<b>48</b>	<b>38</b>	<b>20</b>

## HEALTH MAN POWER AT GRASS-ROOT LEVEL

Programmes	Block level (HHW/s)	Sub Centre Level (FTSs)	HAU Level		
			MO Part Time	STS / ANM	Clerk cum SK
CUDP-III	1546	317	50	-	-
CSIP	275	55	12	8	8
IPP-VIII	3863	725	116	116	116
IPP-VIII (Extn.)	1090	250	70	70	35
RCH Sub-Project	387	97	26	26	13
HHW Scheme	250	55	27	27	11
Community Based Primary Health Care Services	1266	283	42	-	63
<b>Total</b>	<b>8677</b>	<b>1782</b>	<b>343</b>	<b>247</b>	<b>246</b>

## URBAN PRIMARY HEALTH CARE SERVICES DELIVERY THROUGH THREE TIER SYSTEM

### HEALTH FACILITY

#### 1st TIER

#### At grass-root Level :

Project Block is a well defined area at grass-root level covering about 200 families i.e. 1000 population, serially numbered, for delivery of services at the door-steps of the beneficiaries. One Female Honorary Health Worker (HHW) remains in charge of each block. She is engaged from the community itself where she is to work.

#### Function :

- Fortnightly home visit to BPL families.
- Filling up of the family schedule.
- Treatment of minor ailments at door-step, distribution of drugs for 3 days maximum.
- Early registration of pregnancies, identification of danger signs of pregnancy.
- Referral of cases to health facilities as and when required.
- Act as depot holder of ORS, Nirodh, OCP, Iron Folic Acid Tablet.
- Counselling on child nutrition, immunisation, adolescent health.
- Promotion of IEC activities on awareness generation towards primary health care and National Health Programmes.
- Preparation and submission of HMIS report.
- Assisting implementation of on going National Health Programmes namely National Malaria Control Programme (NMCP), Revised National TB control programme (RNTCP), AIDS Control Programme, National Leprosy Eradication Programme (NLEP), National Blindness Control Programme (NBCP) and the like.

HEALTH FACILITY

**2nd TIER**

**At Sub-Centre Level :**

The sub-centres are actually the nerve centres for delivery of outreach services in the vicinity of the door-steps of the beneficiaries. One sub-centre caters for a population of approx. 1000 families i.e. 5000 population. Suitable accommodation for sub-centre is arranged in the community i.e. clubs, community premises, municipal premises etc. One First Tier Supervisor (FTS) is in charge of each sub-centre. The FTS is selected from among the HHWs having necessary quality of drive, initiative and leadership. Medical Officer is to attend on clinic days at the Sub-Centre.

**Function :**

- ❖ Antenatal care, postnatal care, referral for institutional deliveries
- ❖ Child Care
- ❖ Immunisation
- ❖ Services under national health programmes like DOTS, NMCP etc.
- ❖ Family Planning including IUD insertion & referral for permanent sterilisation methods
- ❖ Treatment of ailments including RTIs/STIs referred by HHWs
- ❖ Depot holder services for temporary contraceptives and ORS
- ❖ Demand generation through targeted I.E.C.
- ❖ Preparation of HMIS reports

**At OPD Level :**

- ❖ Specialist services for at least 3 disciplines i.e. G & O, Paediatrics and General Medicine, are available. In some of the OPDs other speciality services like EYE, ENT, Skin, Dental etc. are also available.

**At Diagnostic Centre :**

- ❖ Clinical Laboratory including routine blood, urine, blood bio-chemistry tests are done.
- ❖ There is provision of X-Ray, Ultrasonography and Semi Auto-Analyser for special investigation.

HEALTH FACILITY

**3rd TIER**

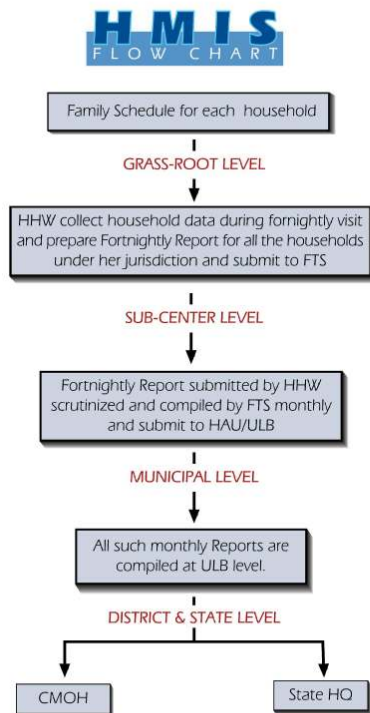
**At Referral Level :**

Cases are referred to Sub-Division, District, BPHC, Rural Hospital, Maternity Home run by Municipality which is nearest.



**HEALTH  
MANAGEMENT  
INFORMATION SYSTEM (HMIS)**

Computerised HMIS is developed. The base line information starts at the grass-root level which is collected by HHW. For each family there is a family schedule for recording data fortnightly relating to existing health conditions and service delivery to the beneficiaries. At the end of fortnight, the compiled HMIS data by each HHW is scrutinized and compiled by the First Tier Supervisor at monthly frequency at sub-centre level. All such compiled data from sub-centre are received by the Health Officer of the ULB and compiled. The technical analysis of the submitted reports are discussed and shared with the HHWs, FTSs, Medical Officers (MOs), Second Tire Supervisors (STs) and other persons concerned during monthly meeting.



## INFORMATION, EDUCATION & COMMUNICATION (IEC)

An intensive IEC network is developed to promote behaviour changes of the primary stake holders in support of the project objectives.

The integral objective of the IEC is sensitizing and generating awareness, enabling the community to express their demand based on real needs. The process of formulation of the action plan is based on an understanding of the existing community knowledge, attitude, behaviour and practice. The health care providers at grass-root level i.e. Honorary Health Workers (HHWs), First Tier Supervisors (FTSs), Auxiliary Nurse Mid-wife (ANM) have been entrusted with the responsibility of conducting IEC activities, coupled with supervision, monitoring and re-tuning of plan formulation. NGOs having expertise on IEC are also deployed for the purpose.



### Communication Channel in use

- ✓ Participatory Group Discussion / Interpersonal Communication
- ✓ Printed Materials : Flash Card, Poster, News letters, Charts, Photography
- ✓ Audiovisual Aids : Utilisation of Cable services
- ✓ Visual Aids : Printed materials, Hoarding, Exhibition sets
- ✓ Traditional & Folk media : Songs & Choreography, Drama, Magic show, Kirtan / Baul songs, Puppet show etc.
- ✓ Miscellaneous : Health Exhibition, Baby Show, Role play, Street Theatre, Padayatra with Slogans, Placards and Festoons



Component	Target Participants	Behaviour Objective	Key Message	Channel of communication Media
Safe Motherhood	Mother Leader & Married Woman	<ul style="list-style-type: none"> <li>Age at Marriage &amp; First Pregnancy</li> <li>Contraception</li> <li>Antenatal Care</li> <li>Institutional Delivery</li> <li>Wanted Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Safe Delivery</li> <li>Small family norm</li> </ul>	<ul style="list-style-type: none"> <li>Interpersonal communication</li> <li>Different folk media viz. Choreography, Drama, Magic, Kritan, Baul, Talking Doll etc.</li> </ul>
Care of new born	Mother	<ul style="list-style-type: none"> <li>Child rearing</li> <li>Immunisation</li> </ul>	<ul style="list-style-type: none"> <li>Healthy Child</li> </ul>	-do-
RTIs / STIs	Eligible Couple	<ul style="list-style-type: none"> <li>Safe Sex</li> <li>Reproductive Health &amp; treatment</li> </ul>	<ul style="list-style-type: none"> <li>Prevention,</li> <li>Immediate diagnosis</li> </ul>	-do-
Adolescent Care	Adolescent Girls	<ul style="list-style-type: none"> <li>Age of Marriage &amp; First Pregnancy</li> <li>Reproductive Health</li> <li>Unwanted Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>Reduction of teen age marriage &amp; pregnancy</li> <li>Reduction in RTIs &amp; STIs</li> </ul>	-do-
Nutrition Awareness	Mother Leader & Women	<ul style="list-style-type: none"> <li>Balance diet during pregnancy and postnatal period</li> <li>Child feeding and proper weaning</li> </ul>	<ul style="list-style-type: none"> <li>Reduction of anemia during pregnancy and postnatal period</li> <li>Healthy Baby</li> </ul>	-do-
Awareness on National Health Programmes for linkage and integration	Male Female Adolescent	<ul style="list-style-type: none"> <li>Acceptance of available health services on National Health Programmes</li> </ul>	<ul style="list-style-type: none"> <li>Different National Health Programmes</li> <li>Availability of services</li> </ul>	-do-
Involvement of Male partners	Male	<ul style="list-style-type: none"> <li>More effective family welfare services</li> <li>Active participation</li> </ul>	<ul style="list-style-type: none"> <li>Components of family welfare</li> </ul>	<ul style="list-style-type: none"> <li>Interpersonal communications.</li> <li>Group discussion</li> </ul>
Baby Shows	Children	<ul style="list-style-type: none"> <li>Child Care</li> </ul>	<ul style="list-style-type: none"> <li>Healthy Baby</li> </ul>	<ul style="list-style-type: none"> <li>Baby Shows</li> </ul>
Development of printed materials	Community	<ul style="list-style-type: none"> <li>Reproductive and child health</li> </ul>	<ul style="list-style-type: none"> <li>Self motherhood</li> <li>Reproductive Health</li> <li>Child Health</li> </ul>	<ul style="list-style-type: none"> <li>Folder/Pamphlets/ flipcharts etc.</li> </ul>

## IMPACT OF SERVICES RENDERED

### Improving Maternal Health

(Figure in %)

Programmes	Pregnant women having 3 antenatal check-ups		TT to pregnant women		Institutional Delivery	
	B	A	B	A	B	A
CUDP-III	41.8	96.9	37.7	100.0	73.9	91.6
CSIP	46.4	98.6	49.8	70.4	76.2	90.4
IPP-VIII	42.6	74.7	76.0	97.3	53.9	91.9
IPP-VIII (Extn.)	43.1	96.8	47.2	96.7	46.8	95.4
RCH Sub- Project	43.8	96.8	51.8	96.6	57.3	90.2
HHW -Scheme	21.2	40.9	71.5	72.2	76.77	78.2

N. B. : B = Base Line, A = Achievement (2005 - 06)



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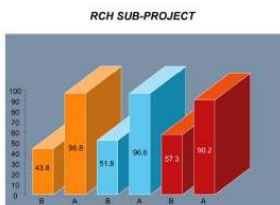
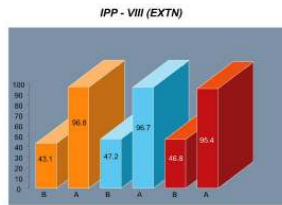
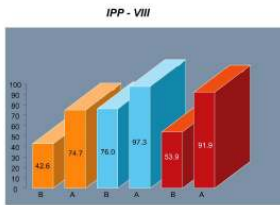
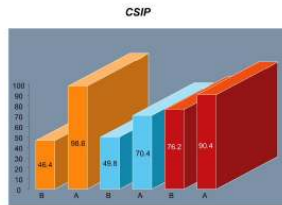
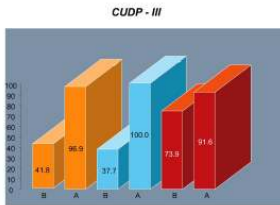
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### Improving Maternal Health

- Pregnant women having 3 antenatal check-ups
- TT to pregnant women
- Institutional Delivery



N. B. : B = Base Line, A = Achievement (2005 - 06)

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### IMPACT OF SERVICES RENDERED

#### Improving Child Health

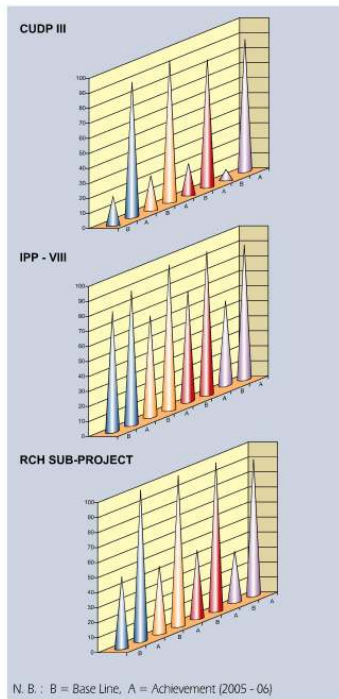
(Figure in %)

Programmes	Immunisation Status							
	BCG		DPT III		OPV III		Measles	
	B	A	B	A	B	A	B	A
CUDP-III	15.9	85.1	19.4	90.8	18.5	80.6	3.2	85.5
CSIP	45.6	74.2	41.1	100.0	40.0	100.0	28.7	60.6
IPP-VIII	78.0	85.7	64.0	92.5	70.0	91.8	54.0	87.8
IPP-VIII (Extn.)	36.8	97.9	34.4	97.3	37.5	97.4	22.4	92.6
RCH Sub- Project	42.6	98.1	40.9	97.2	41.9	97.1	30.9	88.8
HHW -Scheme	57.6	65.8	50.8	63.5	50.6	63.7	39.0	54.6

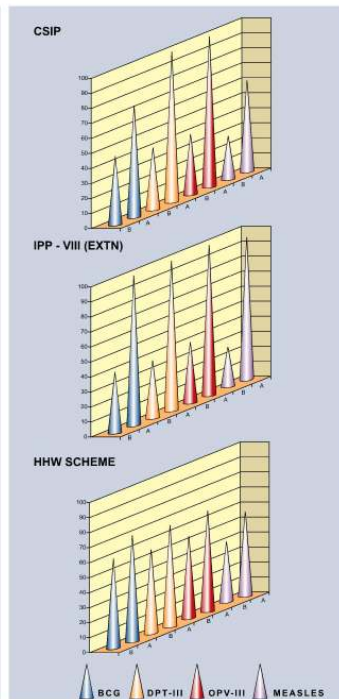
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**Improving Child Health**



**Immunisation Status**



**IMPACT OF SERVICES RENDERED**

**Contraception Coverage**

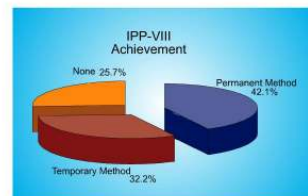
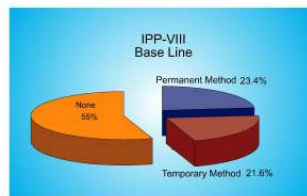
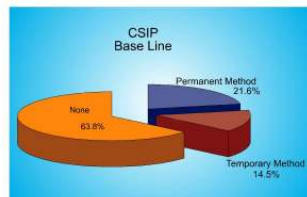
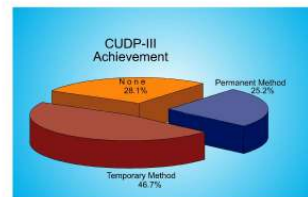
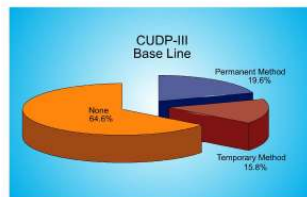
(Figure in %)

Programmes	Contraception Coverage				Couple Protection Rate (CPR)	
	Permanent Method (Ligation & Vasectomy)		Temporary Method		B	A
	B	A	B	A	B	A
CUDP-III	19.6	25.2	15.8	46.7	35.4	71.9
CSIP	21.6	30.8	14.5	44.6	36.1	75.4
IPP-VIII	23.4	42.1	21.6	32.2	45.0	74.3
IPP-VIII (Extrn.)	22.1	29.4	16.5	43.6	38.6	73.0
RCH Sub- Project, Asansol	19.3	24.9	22.1	47.1	41.4	72.0
HHW -Scheme	32.6	33.1	25.8	26.5	58.4	59.6

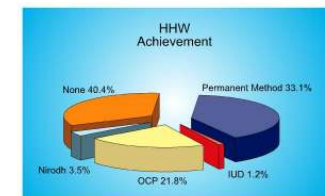
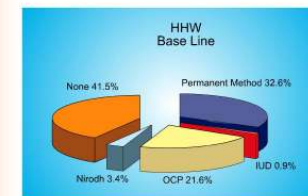
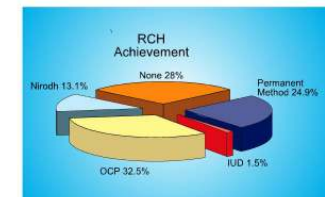
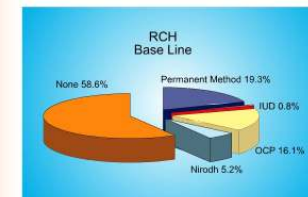
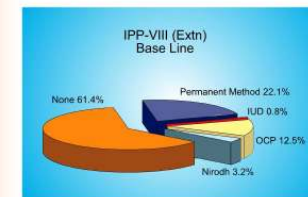
N. B. : B = Base Line, A = Achievement (2005 - 06)



**Contraception Coverage**



**Contraception Coverage**



## IMPACT OF SERVICES RENDERED

### Vital Statistics

(Figure in %)

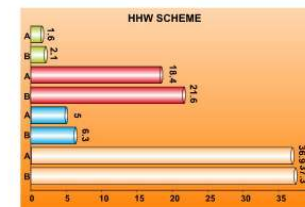
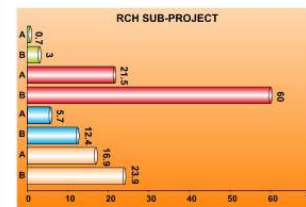
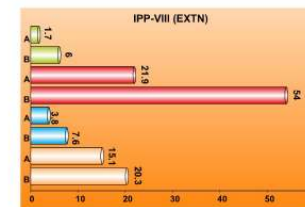
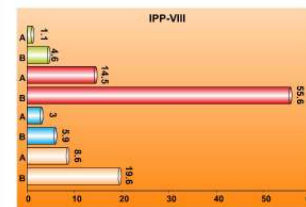
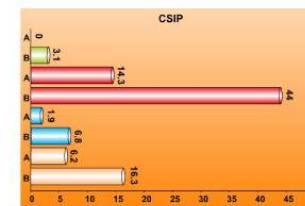
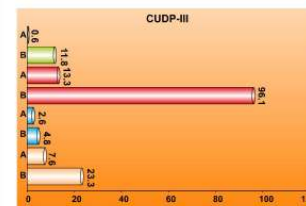
Programmes	Vital Statistics								
	Crude Birth Rate (CBR)		Crude Death Rate (CDR)		Infant Mortality Rate (IMR)		Maternal Mortality Rate (MMR)		
	B	A	B	A	B	A	B	A	
CUDP-III	23.3	7.6	4.8	2.6	96.1	13.3	11.8	0.6	
CSIP	16.3	6.2	6.8	1.9	44.0	14.3	3.1	0.0	
JPP-VIII	19.6	8.6	5.9	3.0	55.6	14.5	4.6	1.1	
JPP-VIII (Extn.)	20.3	15.1	7.6	3.8	54.0	21.9	6.0	1.7	
RCH Sub- Project	23.9	16.9	12.4	5.7	60.0	21.5	3.0	0.7	
HHW -Scheme	37.3	36.9	6.3	5.0	21.6	18.4	2.1	1.6	

N. B. : B = Base Line, A = Achievement (2005 - 06)



### Vital Statistics

Crude Birth Rate (CBR) Infant Mortality Rate (IMR)  
Crude Death Rate (CDR) Maternal Mortality Rate (MMR)



N. B. : B = Base Line, A = Achievement (2005 - 06)