

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

SUDA-Health/DFID/04/176

Ref No.

Date 16.08.2004

From : Dr. Shibani Goswami
Project Officer,
Health, SUDA

To : Shri Rajeev Dube, IAS
Special Secretary (Project) &
Programme Director, SIP & HSDI

**Sub : Submission of Project Proposal by Suri Municipality in connection
with DFID assisted Honorary Health Worker Scheme.**

Sir,

With reference to process indicator no. 8.3, I am to submit the Project Proposal written by Suri Municipality in the prescribed format.

A discussion was held on 05.07.2004 with Dr. A.K. Ghosh, Chief Technical Officer and others on the 1st draft of the Project Proposal. The final Project Proposal * has been examined by CCC, SUDA and recommend^{ed} for favour of your kind perusal and approval please.

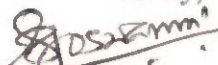
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SUDA-Health/DFID/04/176(1)

CC

Dr. A.K. Ghosh, Chief Technical Officer, SPSRC, DHFW

Yours faithfully,


Project Officer

16.08.2004


Project Officer



SURI MUNICIPALITY : BIRBHUM

Memo No. 681/SM Date : 11.8.2004

From
Chairman,
Suri Municipality, Birbhum.

To
The Project Officer, Health
'Health Wing' SUDA
ILGUS BHAVAN
H-C Block, Sector III
Bidhan Nagar, Kolkata -91.



16 AUG 2004

Sub: Submission of Project Proposal for HHW Scheme, (DFID assisted)

Madam,

I am sending herewith 3 copies of the Project Proposal for the HHW Scheme (DFID Assisted) to you.

Kindly accept the same.

Yours faithfully,

Chairman,
Suri Municipality, Birbhum

Chairman
Suri Municipality
SURI | BIRBHUM

Enclo : as stated.

SURI MUNICIPALITY

BIRBHUM

PROJECT PROPOSAL



HONORARY HEALTH WORKER SCHEME
(DFID ASSISTED)

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SURI MUNICIPALITY

DFID assisted Honorary Health Worker Scheme

Project Proposal

1. Introduction

With GOWB's effort on consolidation of the lessons learnt from earlier Community Based Health Worker Scheme i.e. Honorary Health Worker Scheme, being the first contact care and moving from a parallel and isolated Urban Health Care System to an integrated approach, the modified HHW Scheme is being implemented in 11 municipalities outside Kolkata Metropolitan Area. Suri Municipality is one of them. Integration of the Urban Health Services with the Health Services of the district health offices and facilities of DHFW is one of the key points of integration and sustainability. The scheme will address the comprehensive primary health care and referral services to the Urban Poor.

In this scheme, HHWs in addition to R.C.H. messages, will promote health messages of all communicable diseases, personal hygiene, environmental sanitation, nutritional deficiency disorders, adolescent health care, participation of males in family health and identification of all types of cases for early management. The HHWs and their supervisory tiers will work in tandem with the offices of DHFW in District / Municipality Level for providing comprehensive primary health care and referral services. The HHWs and their appropriate supervisory tiers will act as depot holders and provide preventive, promotive and curative services.

Economic parameter of Urban Poor is Rs. 312.13 per capita per month.

2. Aims of the Project

- A. Standard of health services of the Urban Poor is to be raised.
- B. The HHWs will serve as first contact point for the target population and link the Urban Poor with Health Care Services for establishing a comprehensive primary health care and referral services in Urban Areas.
- C. Integrate the municipal health services with district health services rendered by the district health offices and hospitals of the DHFW, GOWB.
- D. The positive lessons learnt from the modified HHW scheme would facilitate DHFW providing health services to the Urban Poor in other areas.

3. Back ground

Suri Municipality is the oldest Municipality in the district of Birbhum. Suri is the District Head Quarter of Birbhum. The Municipality was established in July, 1876. The area of this town is 9.47 sq.K.M. and consisting of 18 wards. The town is located near the Panagarh-Moregram Express Highway. Suri Railway Station is situated on the Andal-Sainthia connecting line. (How far is the railway station from the Municipality)

(Location of the town in West Bengal Map- Annex-I.)

The Sadar Hospital having OPD and indoor facility , is situated within the Municipal area, and the services for secondary care, curative in nature are provided. OPD services are catered for Surgery, Medicine, Paediatrics, G&O, Dermatology, Ophthalmology, ENT, etc. The indoor care has a provision for 500 beds.

The town has no major industry. Bakreswar Thermal Power Plant is situated 10KM away from the town. Major health problem of this town is water-borne diseases like, gastroenteritis, bacillary dysentery, viral hepatitis etc., particularly in the summer and rainy seasons. Tuberculosis is also a major concern for people living in slums. There is a tendency for home delivery in the BPL population. Poor living condition and lack of health awareness is the major cause for their sufferings from many diseases.

There is one red light area in the town, which is located near Suri Railway station.

Name and designations of the Members of the Municipal Health & Family Welfare Committee are as follows:

Serial No.	Name	Designation
1	Sri Ujjwal Mukherjee	Chairman, Suri Municipality
2	Sri Pranab Kar	CIC, Health, Suri Municipality
3	Sri S.Roychoudhury	DPO,SHSDP-II, Rep. DM, Birbhum
4	Dr.R.K.Nath	Member, Suri Lions' Club
5	Sri L K Mandal	Member,Sri Aurobindo Anusilan Society
6	Dr. GP Shaw	ACMOH,Sadar
7	Dr. D.Bandyopadhyay	Health Officer, Suri Municipality
8		Representative, SUDA

Name of the Project Director :

Sri Pinaki Ghosh, ADM (D).

Last meeting of the Committee was held on 12.05.2004.

(Copy of resolution -Annex-II)

4. **Municipal Map demarcating wards, blocks with serial no., target population, location of the proposed Sub-Health Post and Health Post - Annex - III.**

5. i) ' Socio demographic profile of the town in relation to project.

(As per census 2001)

Total population of District	Total urban population of District	Percentage of urban population	Total population of the Municipality	Town population as percent of Urban Population
23,12,546	2,58,479	11.17	61818	23.91

ii)

Ward No.	Total Population	No. of Slums	BPL Population	
			Total BPL population	% of the total population
1	3581	4	517	14.43
2	4912	3	472	9.60
3	3367	6	1058	31.42
4	2710	3	842	31.07
5	3355	1	1102	32.84
6	3572	7	649	18.16
7	2367	5	402	16.98
8	2454	4	402	16.38
9	2899	1	178	6.14
10	3917	11	1351	34.49
11	2064	7	613	29.69
12	3376	8	881	26.09
13	3687	9	805	21.83
14	2455	6	709	28.87
15	3890	5	419	10.77
16	5191	5	1046	20.15
17	4638	8	1050	22.63
18	3383	9	1007	29.76

6. Ward wise list of slums are enclosed in Annexure - IV.

7. Existing Health Facilities in the Municipality

Municipal Map showing location of Health Facilities are enclosed in Annexure - V.

Health	Name of the Facility	Type of Service Delivery *
Municipal	Ambulance service One Ambulance only.	For availability & hiring rate, vide Para 9E
State Govt.	Sadar Hospital	Secondary Health Care: a) OPD care for Medicine, Surgery, G&O, Ophthalmology, ENT, Paediatrics, etc. b) In door services Total no. of beds-500 • Medical-186 • Surgical-193 • G&O -101 • Pediatrics-20.
Central Govt.	Nil	
Private facility	Maternity Home-1 a) Birbhum Nursing Home- 10 beds Nursing Home-5 a) Lifeline- 10beds(Medicine, Surgery, Dental) b) Dr. De's-10beds(Surgery) c) Indralok-5 beds (Medicine, Surgery, Eye) d) Mina – 5 beds(Eye) e) JoyDurga-10 beds (Surgery, Medicine) f)Lions' Eye Hospital-10 beds (List of Nursing Home with address are enclosed in Annexure - VI.)	
NGO / CBO / Civil Society	1. Eye Hospital run by Lions' Club. 2. Free Homeopathy Clinic run by Bharat Sevashram Sangha. 3. Immunisation center & free clinic run by Saradish Roy Seva Samity. 4. Ambulance Service by St. John Ambulance. (List of NGOs with address are enclosed in Annexure - VI.)	

Health	Name of the Facility	Type of Service Delivery *
Private Practitioner - Allopathy (Specialist) - Allopathy (MBBS) - Homeopathy - ISM	Physician- 5 Cardiologist-2 Surgeon-6 Pediatrician-5 Gynae& Obst.-5 Ophthalmologist-3 ENT Specialist-1 General Practitioner-5 Homeopath-11 Ayurveda-2	
If any other specify	Nil	

8. Existing Health Manpower of Municipality

(Specify Number of each category).

Health Officer	Nurse	Sanitary Inspector	Vaccinator	If any other, specify
1	—	1	1 * He is now performing his duties as clerk.	Health assistant-1 (Male) At present he is doing clerical job at the Dept. of Civil Registration of this office.

9. Capacity Building

A. At Block Level – HHWs

No. of Blocks	No. of HHWs	Type of Services provided by (Job Responsibilities)
14	14	<ul style="list-style-type: none"> ▪ Build up inter personal relationship with the families of the concerned block. ▪ Carry out fortnightly home visit of each family. Therefore 15-20 families must be visited each day. ▪ Motivate the community to avail health services ▪ Ensure active participation of the community in all health activities ▪ Collect data on mother and child health and fill the family schedule. ▪ Prepare fortnight HMIS report and submit to FTS. ▪ Awareness is to be build up for each person of the block on health & hygiene, environmental sanitation, nutrition, immunization, National Health programmes , Reproductive & Child Health , Family planning methods etc. ▪ Treatment of minor ailments at the doorstep of the clientele ▪ Distribution of VitA, Iron –Folic acid tablets, condoms and oral pills at the doorsteps. ▪ Arrange for immunization of pregnant women and infants. ▪ Participate in National Health Programmes. ▪ Collect Rs.2 per family per month @ Rs.1/- per visit and deposit in Health Fund of ULB.

- i) Selection by June, 2004, training by September, 2004 and engagement of HHWs by October, 2004 will be completed.
- ii) Detail training load and detail budget. **Annex. VII**

9. Capacity Building (Contd.)

B. At Sub-Health Post Level - FTS

No. of Sub Health Post	No. of FTSs	Type of Services provided by (Job Responsibilities)
3	3	<ul style="list-style-type: none">• Monitor performance of HHWs in the particular SHP allotted to her.• Scrutinise entries in the Family Schedule by HHWs• Field visit to guide HHWs specially weaker ones in discharging their assigning duties• Receive supply of vaccines from the HP in cold chain apparatus and return unused vaccine to HP on the same day.• Conduction of immunisation and other clinics at per fixed schedule and keep records for the same.• Maintain proper records of weight of the under 5 children in the Growth Monitoring Card / register.• compile the fortnightly reports of the HHWs and send them to HP.• Regular meetings with HHWs and discuss to solve field problems encountered by them.• Participate in National Health Programmes.

i) Promotion of HHWs to FTS will be completed by April, 2005.

ii) Detail training load and detail budget. **Annex. VIII**

9. Capacity Building (Contd.)

C. At Health Post Level - PTMO, ANM and others

Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
	PTMO - 2 ANM - 2 Store Keeper cum Clerk - 1 Attendant - 1 Sweeper - 1	Medical Officer (Part - Time) : <ul style="list-style-type: none"> • Remain in-charge of H.P. , SHPs & blocks • Visit / attend SHPs on rotation basis as per a prefixed schedule. • Attend referred non-ambulatory and emergency cases by HHWs at door step. • Conduct / supervise different service activities at the SHPs viz. M.C.H. (antenatal / postnatal/ well baby etc.) Nutrition program (Weight Monitoring, Grading of Mal-nutrition etc.), Immunization, Treatment of referred cases, F.W., and the like.] • Undertake / supervise simple clinical tests at SHPs for determination of Anaemia, Toxaemia of pregnant women. • Arrange collection of blood slides of fever cases and arrange its despatch to earmarked laboratories for detection of M.P. • Refer the cases to Govt. Hospital / Private Hospital earmarked for referral services. • Take up in-house / on the job training programme of HHWs / FTSs and others.

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Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> • Draw the Action plans of the HP in regard to various service components under the project. • Visit field for the purpose of checking and verification of data entry by HHWs in Family Schedule / operational Research / Miscellaneous formats. At least 10% cross check per month is desirable. • Remain responsible for collection / compilation / transmission of HMIS - report in prescribed proforma (s) in specified time to MMC at ULB & CCC at SUDA as per instruction. • Render guidance to Health staff of the HP in matters of Medical & allied topics. • Plan / participate in various I.E.C. - sessions on Health & F.W. issues. • Maintain liaison with people's Representatives, Community Leaders, C.B.Os and other concerned organizations, officials and people and mobilise services of NGOs / CBOs as and when required. • Put up demands (indents) for Drugs, Vaccines for HP to Health Officer, & maintain stock ledger. • Perform any other duties assigned to him / her by Authorities.

Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<p>ANM :</p> <ul style="list-style-type: none"> • Supervise and monitor the activities of sub-health post, 1st Tier Supervisors as well as Honorary Workers as required. • To upgrade the skill and quality of services provides by the HHWs and F.T.Ss as required under the Programme. • Immunisation of children & pregnant mothers with the help of F.T.S., and maintain register. • Insertion of I.U.D. to the beneficiary mothers. • Perform ante natal & post natal check-up, and maintain register. • Maintain and supervise - cold chain of vaccines / sera, supply of medicine and equipments, and regular monitoring of date expiry of Medicines, vaccines etc., • Organise family planning camps, • Organise referral services to Govt. Hospitals / Private Hospital linked for the purpose, • Assist Health Officer in compilation and timely despatch of reports and returns, in preparing charts and diagrams for display etc. and • Organise weighing of under 5 years children and monitor growth monitoring.

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Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> • Organise various awareness programmes with the assistance of FTSs at SHPs / blocks for the community women. • Assist PT MOs particularly in the matter of HMIS and I.E.C. • Perform any other duty assigned by the Health Officer or any other competent Municipal Authority. <p>Clerk cum Store Keeper :</p> <ul style="list-style-type: none"> • To despatch and receive office (HP) correspondence and maintain office records in appropriate files • To make list for necessary indents, collections and maintenance of stock and supply of logistics (stationaries, vaccines. FW materials, Forms, booklets, equipments, medicines and the like) • To assists the officials at HP and MMC level in effective functioning of project activities • To perform any other duty as will be assigned by the competent Authority

- i) Selection by July, 2004, engagement of PTMO, ANM, Store Keeper cum Clerk by August, 2004 training by September, 2004 will be completed.

- ii) Rotational Duty roaster of PTMO for rendering services at SHP to be developed and implemented by August, 2004.
- iii) Detail training load and detail budget. **Annex. IX**

9. Capacity Building (Contd.)

D. At Municipal Management Cell (MMC) Level

MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
	HO - 1 PHN - 1 CDO - 1 Accounts Asstt. - 1 Data Entry Operator - 1 Clerk cum Storekeeper - 1 Attendant - 1	HO : <ul style="list-style-type: none"> • Technical head of the project • Function apropos direction of Chairman & Project Director • Monitor and supervise the project • Organize training and capacity building programme • Liaision with Superintendent, Sadar Hospital, Chairman of ULB, Project Director, and CCC at SUDA. • Timely submission of reports to Project director/chairman and CCC • Arrange procurement of immunization and FW material. • Assist in preparation of Project Proposal • Identify NGO for support of project. • Receive store, furniture, equipment, medicine, and others from CCC and arrange to maintain stock register, and distribution of the same to the appropriate health facilities. • Guide and instruct PTMO, ANM, PHN, and other personnel of MMC

		for effective functioning of the project.
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MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> • Responsible for local procurement as will be laid down. • Conduct periodic meeting with grass root level functionaries and Personnel of MMC. Maintain minute book. • Attend different meetings / seminars / workshops. • In addition, perform such other functions as may be entrusted to him by the Project Director/Chairman. <p>Public Health Nurse(PHN) :</p> <ul style="list-style-type: none"> • To conduct training of HHWs, ANMs • Conduct awareness generation programme for the community with focus to women, adolescents and children • Scrutinize family schedule, reports submitted fortnightly/monthly by HHWs/FTSs and preparation of MIS at MMC level and submission to HO. • Check validity of data by field visits as and when required • Monitor activities of HHWs and FTSs • Immunize children and pregnant

		mothers <ul style="list-style-type: none"> • To insert IUD to target women
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MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> • To maintain and supervise cold chain system, equipment and medicines • Monitor regularly date of expiry of medicine, vaccine etc. • Organize and follow up of referral services • Perform any duty as will be assigned by the HO or any other competent authority. <p>Community Development Officer (CDO) :</p> <ul style="list-style-type: none"> • Organize community mobilization through participatory approach • Sensitise community regarding project activity and outcome • Frequent field visit to identify and organize peer groups who will take the lead role in awareness generation of the community • To promote gender development in all aspects of project activities • To identify NGOs and CBOs and make close liaison with them so that they can be brought in the fold of project activities for assistance in strengthening the project objectives and thus helping in sustenance.

		<ul style="list-style-type: none"> To render assistance to HO for organizing different training programmes
MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> Help the ULB to take positive steps for creation of Municipal Health Fund Will be responsible to HO for maintaining stock ledger of various stores and maintain inventory thereof with regard to receipt and supply to Health Facilities Attend review meetings at MMC level with the grassroot level functionaries To keep liaison with CD Specialist of CCC for updating project activities Identify and organize IEC activities Perform such functions as may be entrusted to him by Project Director/ Chairperson of ULB Organize various outreach services at grassroot level <p>Data Entry Operator :</p> <ul style="list-style-type: none"> To develop system as to compare the data at various level i.e. SHP/HP To prepare all reports and returns at MMC level for onward submission to CCC To enter data on monthly basis received from HHWs, to maintain consolidated HMIS at SHP/HP and MMC level

		<p>record.</p> <ul style="list-style-type: none"> To perform any other duty as will be assigned by the AHO or any other competent authority.
MMC	No. of Manpower	<p>Type of Services provided by (Job Responsibilities)</p> <p>Accounts Assistant :</p> <ul style="list-style-type: none"> Responsible for maintaining the A/C of the project separately Maintain A/Cs ledger through double entry system Maintain separate Cash Book- head of A/C for each type of expenditure is to be recorded in the Cash Book quoting voucher no. , narrating the expenditure stating the name of the party to whom paid and cheque no. etc. Scrutinize all bills submitted by the parties for placement before the competent authority for passing and issuance of Pay Order. Prepare Utilisation Certificate along with a summery sheet showing serial no., vr. No. and date, classification head of expenditure and the involved amount by 7th of following month to the Competent authority for onward transmission to CCC by 10th of the said month. Perform any other duty as will be assigned by the HO or any other competent authority.

MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		Clerk cum Storekeeper : <ul style="list-style-type: none"> To dispatch and receive office correspondence and maintain office records in appropriate files. Make list of necessary indents, collections, maintenance of stock and supply of logistics. Assist HO/PTMO/ANM in effective functioning of the project. Attendant : <ul style="list-style-type: none"> Work at office/outdoor as peon Perform any other duty as will be assigned by the MMC/ competent Authority.

i)

Category of Man Power	Selection by	Engagement by	Training by
HO	Already existing and involved in MMC	-	-
PHN	July, 2004	July, 2004	August, 2004
CDO	Do	Do	Do
Accounts. Asstt	Do	Do	Do
Data Entry Operator	Already existing and involved in MMC		Do

ii) Detail training load and detail budget. **Annex. X**

9. Capacity Building (Contd.)

E. Referral System

- i) Suri Sadar Hospital has been identified as the referral center for all types of cases.
- ii) Ambulance facility.

Source	No.	Rate	Availability	Remark
ULB	1	+ Within town- Rs.100/- + Upto Burdwan -Rs.1300/ + Upto Kolkata - Rs.2500/-	Available in daytime usually, in some cases ,the service is available in night also	Service is very good. Transportation is done immediately
Sadar Hospital	4	+ Within town - Rs.20/- + Upto Burdwan-Rs 600/-	On calling the ambulance reaches patient's house immediately	Available round the clock.
St. John	1	+ Within town-100/- + Upto Burdwan-1200/- + Upto Kolkata-2400/-	24 hours	Good service
Lions' Club	1	+ Within town-100/- + Upto Burdwan-1000/- + Upto Kolkata-2400/-	24 hours	Good service

- iii) Referral system: As Suri Sadar Hospital is well equipped secondary hospital situated within the town, cases will be referred to this hospital. A detailed discussion in this regard has been done with the CMOH, Birbhum.

9. Capacity Building (Contd.)

F. Identification of local NGOs to be involved in the scheme

Lions' Club of Suri Town has been identified to offer their services in this Scheme, and a request was made to the authority of the Club in this regard. They have requested to offer the following services:

- Treatment of pregnant mothers at any of the SHPs of this municipality by a gynaecologist. He will attend any of the SHPs for one hour, two days in a week.
- Awareness generation by a team of six volunteers of the club. These volunteers will hold meeting with the target population every month. An orientation

training of 6 days will be held at Suri Municipal Office. This team will visit six blocks in a month for holding meeting with the target population for awareness generation.

The Municipal Authority is in touch with other local NGOs for their future involvement in the project.

10. Refurbication of Health Post and Sub Health Post:

Identification and listing of Health Post / Sub Health Post which need refurbication.

The following is the list of Sub-Health Post, which need refurbication:

- SHP at Community Hall, Ward No-6
- SHP at Water Reservoir Premises, Ward No-9
- SHP at the HP at Suri Municipal Office.

List of services to be provided from the Health Post / Sub Health Post giving details of location, approximate covered floor area to be utilized for providing services or administration of the project.

1	At Community Hall, Ward No -6	260 Sft	To install a electrically operated pump for lifting of water.....Rs. 7000/-
2	At Water Reservoir Premises, Ward No-9	140 Sft.	Construction of Bath room and Septic Tank , petty repairs of the room, whitewash etc. Rs. 30,000/-
3	Suri Municipal Office	800Sft	<u>Partitioning by plywood & electrification</u> 1. Supplying, fitting & fixing waterproof Plywood including necessary framework (19 mm thick ply), 50 Sq.M. @ Rs1007/- per SqM..... Rs.50,350.00. 2. Supplying, fitting & fixing of ceiling fan, 6 in number, @ Rs. 1200/- per fan..... Rs. 7,200.00 3. Tube light set, 8 sets, @ Rs.400/- per set Rs. 3,200.00 4. Wiring materials and wiring charges (L.S) Rs.4,250.00 Total Rs. 65,000.00

			Total Rs. 1,02,000.00
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11. Monitoring and Supervision

i) By Health & FW Committee

• Composition

Chairman of the Municipality	Sri Ujjwal Mukherjee	President
Councillor-in-Charge of Health	Sri Pranab Kar	Member
Representative of DM	Sri R.P. Roychowdhury	Member
Representative of local NGO - Lions Club	Dr. R.K. Nath	Member
Representative of local NGO - Sri Aurobindo Anusilan Society	Sri L.K. Mondal	Member
ACMOH of Sub-Division		Member
Health Officer of the Municipality	Dr. Dilip Bandopadhyay	Member- Secretary
Representative of Health Wing, SUDA		Member

• Roles and responsibility

Responsible for Co-operation and Supervision of all the Health activities in an integrated manner at different levels of the existing health infrastructure of the Municipality and District / Sub-Division H & FW offices and with nearest Secondary Hospital for referral services.

ii) At Municipal Level by Municipal Management Cell

□ Composition

ADM (D) - Project Director
Councillor-in-Charge of Health
ACMOH of Sub-Division Hospital
Supdt. of nearest Govt. Hospital
Health Officer
Community Development Officer
Public Health Nurse Training

Data Entry Operator
Accounts Asstt.
Clerk cum Store Keeper
Attendant

- **Roles and responsibility**

- Receive fund from CCC and accounting back.
- Open separate project Bank A/C, joint operation by Chairman and ADM (G)
- Management and Supervise the system as well as responsible for infrastructure, honorarium / salaries and local procurement.
- Preparation and submission of project proposal to DHFW.
- Timely submission of reports and returns to CCC.
- Co-ordinate with the subordinate offices and hospitals of the DHFW in the district, Sub- Division and urban areas of the municipality for integrating primary health care and establishing the referral linkages with secondary care.

iii) Expected support and accountability to Central Coordination Cell at SUDA.

- Release fund to Municipalities and accounting for the same.
- Will manage and supervise the system
- Overall co-ordination and documentation of the process and progress
- Training of trainers
- Procurement of medical equipment, Drugs, Furniture, and IEC materials

iv) Expected support from district health services.

- Establish linkages with CCC, Municipal Management Cell, Municipal Level H&FW Committee for establishing a primary health care in Urban areas through proper surveillance, response and referral to nearest Secondary hospital.
- Establish a co-ordinated approach at the district level and with the office of the ACMOH, Sadar for monitoring and providing support in all disease management programme, RCH programme etc.
- Establish linkage with Sadar Hospital for providing referral services on a priority basis of all cases referred by medical units of the Municipality.

v) Performance reports and returns to be sent to ACMOH of Birbhum District.

12. Coordination and linkage with existing National / State Health Programme i.e. R.C.H. (Reproduction and Child Health), RNTCP (Revised National TB Control Programme), NLEP (National Leprosy Eradication Programme), NBCP (National Blindness Control Programme), NMCP (National Malaria Control Programme), AIDs Control Programme, NSPCD (National Surveillance Programme for Communicable Diseases), NIDDCP (National Iodine Deficiency Disorders Control Programme).

Health Officer talked in detail with the CMOH, Birbhum about the scheme. He promised to extend all kind of help and co-operation for successful implementation of the scheme. He suggested, that all the Programme Officers of the District health Administration should be involved initially in the Training Programme of the HHWs. Following his suggestion, in the training schedule, lectures by the programme officers of different Health Programmes like RCH, RNTCP, NLEC, NMCP, AIDs control programme, etc. has been included.

The CMOH was requested to include the Honorary Health Workers in these Health Programmes. The Programme Officers of the District Health Administration and the Health Officer of Suri Municipality will get in touch with each other in this regard.

The Deputy CMOH-II, and Deputy CMOH-III was also informed in detail by the Health Officer about the scheme. They already have extended their co-operation in the scheme.

During discussion with the CHOH, Birbhum and the Deputy-CMOH-II & III, it was decided that MMC will organise workshop at the Municipal Level with the District Level key officers of the Directorate of Health Services, when necessary.

13. I.E.C. Strategy

The objective of IEC is development of awareness, and thereby leading to generation of demand for obtaining services. Catering of scientific information will be done in simple language. The communication approach will take into account the attitude of the people, their background, existing knowledge and cultural values, traditional beliefs. The IEC activities will aim at promoting behavioural changes towards health literacy. IEC activities will focus on creating a conducive and

congenial environment in the community at large, ensuring through dissemination and intensive percolation of specific messages.

a) Target groups :

The Community members under the project with focus to - women, children, adolescents, men

- The poorest of the poor, marginalised, unreached, disadvantages, ethnic groups etc. need special and intensive attention.

b) Topic / Issues :

- Mother and child health care
- RCH
- Small Family Norm
- F.W. Methods
- Utility of breast - feeding
- Immunisation
- Nutrition
- Environmental up-keep
- Sanitation
- Gender Equality
- Early Marriage
- Communicable diseases
- ORS
- STDs / HIV / AIDS etc.
- Different State Health Programme

c) Communication Channel :

- Inter personnel Communication
- Participatory group discussion / meeting
- Printed Material - Flash Cards, Poster, Charts, News Letter, Photography
- Audio Visual Aids - Video Documentary, T.V. Spots, Utilisation of cable services
- Visual Aids - The printed materials (Posters, pamphlets etc.), Hoarding, Exhibition set

- Traditional and Folk Media - Songs and choreography, Drama, Puppet / Muppet show, Magic, Kirtan / Baul, Tarza / Kawali / Kabi Gan, Talking doll show, "Shayeri" etc.
- Miscellaneous - Models (wooden clay, cotton etc.), Health Exhibition, Baby show, Role Play, street theatre, "Pada Yatra" with appropriate slogans, placards and festoons.

14. Training

Means of Verification :	
Method	Instrument
Written - Pre and post training test	Objective type of question
	Structured short questions
	Group exercise
Oral	Questions to individuals
	Team work vis-à-vis individual contribution
Practical	Objective / structured practical examination
Quality Assessment :	Questionnaire
	Check lists
	Reading scales and gradation - average, good, and very good

15. Reporting system (HMIS)

- Have already been developed by CCC and approved by DHFW.

16. Procurement

- Furniture - Detail and Budget. - **Annex XI**
- Equipment- Detail and Budget. - **Annex XII**
- Drugs, Accessories and supplies- Detail and Budget. - **Annex XIII**
- I.E.C. and Training Materials to be obtained from CCC and respective programme officers of DHFW at State and District levels.
- All printed stationery like MIES schedules, etc. will be supplied by CCC.

17. Action plan from February, 2004 to 31 January, 2005

- **Annex XIV**

18. Sustenance

i) Development of Health Fund

- Every month, the HIIWs will collect Rs. 2/- per family, and deposit the collected amount to the Health Fund.
- Five times the amount of total collection from each family of the beneficiary will be drawn from the NSDP fund every six months, and the total amount will be deposited in the Health Fund (as per G.O.)
- Charity show will be arranged for fund raising
- The Municipal Authority has been in consultation with different Organisation and individual for development of Health Fund.

ii) Opening oh Health Fund A/C

iii) Joint operation of the A/C by the Chairman and any other person nominated by the Chairman.

Generation of Health Fund

Serial No	Item	Amount (Rupees)
1	Monthly contribution from BPL families =No. of families x Rs 2 per family x 12 months = 3405 x 2 x 12 = Rs. 81720/-	81,720/-
2	Contribution from NSDP fund 81720/- x 5 = 408600/-	4,08,600/-
3.	From donation, charity show etc Rs.50,000/- per year	50,000/-
	TOTAL	5,40,320/-

- a) Estimated expenditure to run the project for 1 year = 13,59,120/-
b) Health Fund to be raised in a year = 5,40,320/-

c) Deficit = 13,59,320/- - 5,40,320/- = 8,18,800/- *

* The deficit amount may be borne by the State Government.

19. Budget for 1 year

Component	Cost (Rs. in Lakhs)
Non-Recurring	
1. Sensitization of Stakeholders (including different training other than Sl. No. 2 & 3 specified below, Capacity Building sessions, NGO involvement etc.)	1.23
2. Training of Trainers	0.05
3. Training of HHWs	0.80
4. Participatory Need Assessment & Project Proposal Writing	0.20
Procurement	
5. Furniture	2.52
6. Equipment	2.41
7. I.E.C. & Training Materials (all I.E.C. materials will be supplied by CCC)	-
8. Drugs and Medico Surgical Requisites (MSR)	3.77
9. Refurbication	1.02
Recurring	
10. Municipal Management Cell (Salary)	2.67
11. Honorarium	1.07
12. Rent	-
13. O & M (Meeting expenses, office expenses like stationary, telephone, etc., contingent expenditure for service activities, TA / DA etc.)	0.86
14. NGO	0.50
TOTAL	17.10

20. Outline of Financial Plan for long term sustainability.

- Development of Municipal Health Fund through
 - Monthly contribution by the BPL population
 - User fees from APL population
 - Mobilisation of NSDP Fund
 - Organisation of Charity Shows, receipt of donation etc.
- Support from State Budget

21. Plan for 5 years with budget outline.

The 1st year any programme is usually spent for development of infrastructure, provision of manpower, training & capacity building of different tiers of service providers and sensitisation of stakeholders. Once the HHW system is developed, the actual work in the field is likely to take up from 2nd year onwards. The effort made in the 1st year to develop the HHW system will be futile and the community will get frustrated unless due care is given for continuation of the services so generated in the scheme. It is felt that at least 5 years run should be there for providing effective services, consolidation of activities to have a palpable impact.

Initiation of health fund raising at the start of scheme is to be continued for building up of a reasonable amount which will be help in the sustenance in the scheme in future. For the reason stated above, financial support from other sources at least for 5 years is essential. To continue the said scheme for 5 years more, the budget has been prepared strictly adhering to felt need which are inescapable.

BUDGET FOR FIVE YEARS

	Item of Expenditure	Amount (Rs.)
At Block Level	1. Honorarium for HHWs @Rs750/- p.m. = $750 \times 14 \times 12 \times 5$	6,30,000/-
	2. Expenses for Meeting with beneficiaries & opinion leader @ 1 meeting of 30 persons for every month for each block costing Rs.5/- per person per meeting = $150 \times 14 \times 12 \times 5$	1,26,000/-
At SHP Level	1. Service Charges for accommodation @ Rs 500/- per month per SHP = $500 \times 3 \times 12 \times 5$	90,000/-
	2. Honorarium for FTS @ Rs. 920/ p.m. = $920 \times 3 \times 12 \times 5$	1,65,600/-
	3. Sundries @ Rs. 500 p.m. per SHP = $500 \times 3 \times 12 \times 5$	90,000/-
At HP Level	1. Honorarium for PTMO, 2 per HP @ Rs 1,600/- p.m. each = $1,600 \times 2 \times 12 \times 5$	1,92,000/-
	2. Honorarium for ANM, 2 per HP @ Rs 1,250/- p.m. each = $1,250 \times 2 \times 12 \times 5$	1,50,000/-
	3. Honorarium storekeeper cum clerk, 1 per HP @ Rs. 850/- p.m. each = $850 \times 12 \times 5$	51,000/-
	4. Honorarium Attendant, 1 per HP @ Rs. 650/- p.m. each = $650 \times 12 \times 5$	39,000/-
	5. Honorarium Sweeper, 1 per HP @ Rs. 450/- p.m. each = $450 \times 12 \times 5$	27,000/-
	6. Honorarium Night Guard 1 per HP @ Rs. 450/- p.m. each = $450 \times 12 \times 5$	27,000/-
	7. Drugs & MSR @ Rs.3,98,000/- per year per HP = $3,98,000 \times 5$	19,90,000/-
	8. Sundries @ Rs.2,000/- p.m. per HP = $2,000 \times 12 \times 5$	1,20,000/-
Training	1. Update training @ Rs. 50,000/- per HP per Year = $50,000 \times 5$	2,50,000/-
I.E.C.	1. I.E.C. Activities @ Rs. 50,000/- per ULB per year = $50,000 \times 5$	2,50,000/-
Management & Supervision	1. Salary to Manpower and mobility support @ Rs.33,300/- p.m. = $33,300 \times 12 \times 5$	19,98,000/-
	2. Sundries @Rs. 10,000/- p.m. = $10,000 \times 12 \times 5$	6,00,000/-
	Total	67,95,600/-

Annex-I

Location of Suri Town in District Map of West Bengal



Annex-II
PROCEEDINGS OF THE MEETING OF THE MUNICIPAL LEVEL
HEALTH AND FAMILY WELFARE COMMITTEE HELD ON 19/05/2004
AT 1 P.M. AT THE SURI MUNICIPAL OFFICE.

Members Present:

1. Sri Ujjwal Mukherjee, Chairman , Suri Municipality.
2. Sri Pranab Kar, C-I-C, Health, Suri Municipality.
3. Dr. Dilip Bandyopadhyay, Health Officer, Suri Municipality.
4. Dr. R.K Nath, Representative, Lions' Club, Suri.
5. Sri R.P Roychoudhury, Representative, D.M. Birbhum.
6. Sri L.K.Mandal, Representative, Sri Aurobindo Anusilan Society.

Sri Ujjwal Mukherjee presided over the meeting.

1. Read and confirmed the proceedings of the last meeting with the following modification:

- (1) In the resolution No. 2 dt 23/2/2004, the number of blocks under HHW scheme would be 14 instead of 22 , which was noted in the previous resolution.

2. Discussed about the nomination of the trainer for HHWs and resolved that 3 Doctors and one PHN would be nominated (as per guideline of the number of trainers).

Further resolved that Dr. Dilip Bandyopadhyay, H.O. , Suri Municipality and Dr. Ratan Datta are hereby nominated for the purpose, and Dr R.K. Nath, one of the member of this Committee was requested by all the members to take part in the training process as he is an expert in the field of imparting training in different health projects.

It was also resolved that Smt Aruna Biswas PHN of PP Unit, Suri Sadar Hospital would also take part in the training of the HHWs. The Health Officer, Suri Municipality, informed the committee that he already had discussion in this matter with Smt. Biswas, CMOH, Birbhum, and the Superintendent, Suri Sadar Hospital, and they all have agreed that Mrs. Biswas would be one of the trainers in addition to her usual job responsibility.

It was also resolved that Health Officer , S.M. was authorized to make necessary alternate arrangement, if Dr. Nath and Mrs Biswas feels difficulty to train up the HHWs.

3. Discussed about the administrative control and supervision of HHW scheme by the E.O., Suri Municipality and after prolonged discussion it was resolved that the services of E.O. will be utilized in addition to his own duties as and when necessary for successful implementation of the scheme. He will perform duties in this scheme as per guideline of the Chairman.

4.As regards formation of the Selection Committee for the selection of HHW, it was resolved that the Municipal Level Health and Family Welfare Committee will act as the selection committee (as per guideline).

Further resolved that a sub-committee for scrutiny would be formed with the following municipal employees. Under the supervision of the H.O.,this sub-committee would scrutinize all the applications for the post of HHWs, duly received by this office.

Sub-committee for scrutiny of applications would comprise of the following members:

- 1) Health Officer
- 2) Sri Sunil Pal, SAE
- 3) Sri Suranjan Ghosh, Clerk
- 4) Sri Somnath Das, Clerk
- 5) Head Clerk, Suri Municipality.

For the purpose of selection of HHWs, the following schedule was prepared:

- 1) Notice for inviting application would be published on 20-5-04.
- 2) Date of receiving application: 24-5-2003 to 31-5-04 upto 3 P.M.
- 3) Date of scrutiny- 1-6-2004 to 5-6-2004 during office hours.
- 4) Date of interview- 7-6-2004 to 8-6-2004 .
- 5) Place of interview –Suri Municipal Free Pry. School
- 6) Time of interview- from 11-00 AM to 4 PM.

The notice inviting application would be displayed in the notice board of this office and also local offices for circulation. It was also resolved that no individual interview letter would be sent to the candidates.

5. Discussed about involvement of NGOs in this scheme(HHW Scheme, DFID assisted).The committee requested Dr. Nath , member of Lions' Club and Sri Lakshmi Kanto Mondal, member of Sri Aurobindo Anusilan Society, to explore the possibility of active involvement of their NGOs.

The meeting ended with vote of thanks to all present.

President,
Municipal Level Health and Family Welfare Committee,
Suri, Birbhum.

Memo No.

Date:

Copy forwarded to:

1. Sri Pranab Kar
2. Sri R.P. Roy Choudhury
3. Dr. R. K. Nath
4. Sri L.K. Mondal
5. ACMOH, Sadar, Suri, Birbhum.
6. Representative of Health WIng, SUDA,
7. Dr. D. Bandyopadhyay.
8. E.O. Suri Municipality

President,
Municipal Level Health and Family Welfare Committee.

Annex- IV

Ward wise list of slums.

10. Ward wise list of slums indicating no. of BPL Population .

Ward No.	Name of Slum/s	No. of BPL Population
1	Benepukur Para NiveditaPally Barabagan Bauripara	517
2	Mal Para RabindraPally	472
3	MakkilGuna RakshakaliTala CollegePara Kendua Bayen Para Kendua Muslim Para Kendua Fakir Para	1058
4	KantaBuni Nagari Para SunripukurPara	842
5	SonatorPara	1102
6	Mal Para Keot Para Dattapukur Para Sunripukur Para Bhattacharjee Para -Do ,Bauri Para Mallikguna Para	649
7	Ghune Para Bazar Para Harihat Ganj(1)	402

	Transamiti More Harihat Ganj(2)		
8	Madrassa Road Muchi Para -Do, Churi Para Tika Para Churi Para	402	
9	Laldighi Para	178	
10	Jhanjhir Battala Lalkuthi MathPara LalkuthiPara Math Para BideshiNichuPara PukurPar Bideshipara MalphatakPara SeharaPara	1358	
11	Rutipara Lalkuthipara SeharaPara Chandnipara	613	
12	SaddiPara Nuraipara Chabtala SeharaPara Malphatak	981	
13	Khaspara DhangarPara MathPara BaruiPara Chandipara SeharaPara Nuraipara RutiPara	815	

	MaliPara		
14	BaruiPara HariPara BagdiPara Malpara	709	
15	Puratan Line KaharPara AnandaPur DangalPara	419	
16	RabindraPalli Subhaspalli NazrulPalli Gowalapara	1046	
17	Station more HazraPara Talbona KantaBuni MerthorPara KoraPara	1050	
18	DasPara BaishnabPukurPara Co-operative Colony KenduaBayenPara HatzanBazar MajhiPara DattaPara	1007	
TOTAL	85	13620	

Annex- VI

List of Nursing Homes and NGOs with address.

List of Nursing Home

Serial No	Name(No. of Beds)	Proprietor	Address
1	Life Line Nursing Home(10)	Bharati Saha	Lalkuthi Para, Suri
2	Mina Nursing Home(5)	Minakshi Das	S.P More, Suri
3	Lions' Eye Hospital(10) - Charitable	Lions' Club	Bideshi Para, Suri
4	Birbhum Nursing Home & Maternity (10)	Dr. A. Banerjee	Sonatore Para, Suri
5	Joy Durga Nursing Home(10)	Dr. Ajoy Sen	Rabindra Pally, Suri
6	Indralok Nursing Home (5)	Israt Jahan	SonatorePara, Suri
7	Modern Diagnostic and Nursing Home	Mallika Dey	Dangal Para, Suri

List of N.G.O.s

Serial No.	Name of NGO	Address
1	Nehru Yuva Kendra	Opp Suri Vidyasagar College, Suri
2	Sri Aurobindo Anusilan Society	Sehara Para, Suri
3	Lions' Club of Suri	Near Municipal Office, Suri
4	Lions' Club of greater Suri	c/o Dr. R.K. Nath, Suri
5	Lutharian World Service	S.P More, Suri
6	Rotary Club (just formed)	Sonatore Para, Opp. Tran Samity, Suri
7	CARE	Rabindra Pally, Suri.

Annex- VII

Detail training load and detail budget for HHWs training.

Basic Training Course for HHWs (Both Regular and Panel Candidates)

Training Venue : Suri Municipal Office.

Course Co-ordinator : Dr. D Bandyopadhyay, H.O., Suri Municipality

Trainers name:

- 1) Dr. D. Bandyopadhyay
- 2) Dr. R.K. Nath
- 3) Dr. R. K. Datta
- 4) Smt. Aruna Biswas

Total Duration : 45 days

Time Table :

Class room - 62 sessions, Practical - 28 sessions

Date	11 A.M. to 1 P.M.	Recess	2 P.M. to 4 P.M.
	1. Registration, Inauguration		2. Pre-training examination and evaluation.
	3. DFID assisted Honorary Health Worker Scheme - introduction, aims,		4. Organisational setup, Service strategy, Job responsibility of HHW
	5. Elementary human nutrition, balance diet.		6. Contd.
	7. Nutritional requirement for vulnerable groups, importance of Maternal and Child nutrition, breast feeding , colostrum & weaning practices.		8. Contd.
	9. Concept of health - preventive, promotive, curative health		10. Contd.
	11. Elementary knowledge on communicable and contagious diseases, transmission factor.		12. Contd.
	13. Personnel hygiene, family and community level hygiene, environmental sanitation.		14. Adolescent Girls' health care.
	15. Maternal care - antenatal care,		16. Maternal care Contd.- high-risk pregnancy, diet in pregnancy.
	17. Maternal care -/ intra / post natal care		18. Revision on Maternal Care.
	19. Child care - Essential new born care, high risk neonates,		20. Child care- breast feeding, colostrum, weaning, vitamin A prophylaxis.

21. Child care - Contd. - Growth monitoring chart - Developmental Mile stones	22. Revision on child care
23. Six Vaccine preventable diseases T.B., Polio.	24. Six Vaccine preventable diseases- Diphtheria, Whooping Cough
25. Six Vaccine preventable diseases Tetanus and Measles.	26. Routine Immunisation - Schedule, conduction of immunisation session, follow up
27. Routine Immunisation Contd.	28. Routine Immunisation - Cold Chain
29. Family Welfare programme - Concept of Eligible Couple, small family norm,	30. F.P. methods (spacing and terminal), MTP
31. ARI - Identification, management and prevention.	32. Roles of HHW in ARI management
33. Diarrhoeal diseases - Definition, assessment of dehydration, management, ORS therapy, home available fluid.	34. Video Show , Group work on important messages
35. RTI / UTI-Identification, mode of transmission, and prevention.	36. STDs / HIV / AIDS - Identification, mode of transmission, and prevention.
37. STDs / HIV / AIDS - Continued.	38. National Health Programme - RNTCP - Brief knowledge, identification of cases, linkage.
39. National Health Programme - NLEP - Brief knowledge, identification of cases, linkage	40. National Health Programme - NBCP - Brief knowledge, identification of cases, linkage.
41. National Health Programme - NMCP - Brief knowledge, identification of cases, linkage.	42. National Health Programme - NFCP - Brief knowledge, identification of cases, linkage.
43. National Health Programme - AIDS Control Prog - Brief knowledge, identification of cases, linkage.	44. National Iodine Deficiency Disorders Control Programme - Brief knowledge, identification of cases, linkage.
45. Pulse Polio Immunisation (PPI) Control Programme - Brief knowledge, involvement with linkage.	46. Revision on National Health Programme.
47. Minor ailments - Identification, management at HHWs level, drug therapy, dosage schedule, referral.	48. Minor ailments - Contd.
49. Minor ailments - Contd.	50. HHWs kit - Knowledge about contents, demonstration.

	51. First Aid and role of HHWs		52. First Aid - Continued.
	53. Information, Education & Communication (I.E.C.) - Principles, General and specific, materials and media, HHW's role - inter personnel communication.		54. Family Schedule - Filling up.
	55. Family Schedule - Contd.		56. Family Schedule - Contd.
	57. Family Schedule - Contd.		58. Report and returns proforma (HMIS) - Importance, use of statistics in community health, collection and compilation of the data.
	59. HMIS -Contd.		60. HMIS -Contd.
	61. HMIS -Contd.		62. Allotment of Blocks to HHWs.
	63. Weighing of under 5 children and plotting in the growth monitoring chart.		64. Demonstration on nutritious food (recipe with locally available cheap food items) / conduction of nutrition awareness programme.
	65. Diarrhoeal cases (Under 5 yrs. children), ORS / HAF demonstration.		66. Practical session on First Aid.
	67. Practical session on dosage schedule.		68. MCH Clinic.
	69. FW Clinic and Post partum Unit.		70. Immunisation Clinic, vaccines and cold chain system.
	71. ARI cases (Under 5 yrs. children).		72. Leprosy / Filaria clinic.
	73. STD and Malaria clinic, drawing of blood slide.		74. Visit to field and Family Schedule filling up.
	75. Discussion on filled in Family Schedule.		76. Visit to field and Family Schedule filling up.
	77. Discussion on filled in Family Schedule.		78. Visit to field and Family Schedule filling up.
	79. Discussion on filled in Family Schedule.		80. Visit to field and Family Schedule filling up.
	81. Preparation of HMIS based on filled in Family Schedule.		82. Contd.
	83. Contd.		84. Contd.
	85. Contd.		86. Contd.
	87. Summarization / recapitulation on previous classes.		88. Contd.
	89. Post training evaluation.		90. Valedictory session.

Budget :

SL No.	Item of expenditure	Rate	Amount (in Rs.)
1.	Training materials (Folder, Exercise Book, Pen, Pencil, Eraser, sharpener, Xeroxing of training materials etc.)	@ Rs.300/- per trainee x 25 (HHWs 19 + Trainors & other 6)	7500.00
2.	Tiffin	@ Rs.30/- x 25 x 45	33750.00
3.	Mobility support for the trainees	@ Rs.20/- x 19 x 45	17100.00
4.	Trainer's fee	@ Rs.150/-x 2 x 45	13500.00
	Total		71850.00 *
5.	Contingency	@ 10% of *	7185.00
	Grand Total		79035.00

Annex- VIII**Detail training load and detail budget for FTSS training.****Detail Training Load :****Training Course for FTSS**

Training Venue : Suri Municipal Office.

Course Co-ordinator : Dr. D Bandyopadhyay, H.O., Suri Municipality

Total Duration : 15 days

Time Table :

Class room - 18 sessions, Practical - 12 sessions

Date	11 A.M. to 1 P.M.	Recess	2 P.M. to 4 P.M.
	1. Registration, Inauguration, Objective, approach , services - DFID assisted Honorary Health Worker Scheme		2. Group Management, Leadership, followed by Role play on the topic by the participants (preparation , presentation and discussion)
	3. Job responsibility of FTSSs including assistance & guidance to weaker HHWs		4. R.C.H. - Ante / Intra / Post natal care. How to monitor R.C.H. related work of HHW(data collection and entry into family schedule by HHWs - to check and comment), discussion, Referral
	5. Care of New Born / U-5 children, exclusive breast feeding , proper weaning , referral- how to monitor the concerned work of HHWs- data collection and entry into family schedule & HMIS - to check , comment and discuss		6. 6 -Vaccine preventable Diseases, - group discussion / role play on acceptance of immunisation , surveillance, checking up of family schedule and HMIS- to check comment and discuss

	7. Immunisation- UIP schedule, method of vaccine administration, identification of contraindications, post immunisation adversity		8 . Cold Chain- vaccine carrier- steps to be followed to pack vaccines in cold box / carrier , vaccine handling
	9. Nutrition- special attention to under five children and pregnant & post natal mothers. Practical demonstration on spring balance , plotting of weights on growth card		10. Eligible couple, fertility regulation (temporary and permanent methods), - how to monitor the concerned work of HHWs- data collection and entry into family schedule & HMIS - to check, comment and discuss
	11. Diarrhoea, ARI - Symptoms, signs, case management at home, referral, ORS / Half		12. RTI, STI, HIV AIDS
	13. Vital Statistics - importance, calculation of CBR, CDR, MMR, IMR, ECPR		14. Practical on vital statistics
	15. Registers to be maintained at SHP level - antenatal register, postnatal register, immunisation register, stock register		16. State Health Programmes - linkage Co-ordination
	17. Family Schedule - data collection and entry into family schedule - to check, comment and discuss, identification of problems faced during filling up.		18. Contd.
	19. Family Schedule - Contd.		20. Contd.
	21. HMIS - handling of data generated out of family schedule - fortnightly report / monthly report - tabulation / compilation.		22. HMIS - Contd.
	23. HMIS - Contd.		24. HMIS - Contd.
	25. Demonstration - kit bag, drug contents and dosage schedule.		26. Clinic visit - conduct immunisation session
	27. Clinic Visit - Conduct antenatal / postnatal clinic, Haemoglobin estimation, urine examination for albumin.		28. Facilities available for services, liaison problems identification and solution. Conduct half / ORT session
	29. Consolidation of topics covered under the training schedule, question - answers - discussion on different queries		30. Post evaluation test

Budget :

Sl. No.	Item of expenditure	Rate	Amount (in Rs.)
1.	Training materials	@ Rs.300/- per trainee x 5	1500.00
2.	Tiffin	@ Rs.30/- x 6 x 15	2700.00
3.	Mobility support for the trainees	@ Rs.20/- x 3x 15	900.00
4.	Trainer's fee	@ Rs.150/-x 2 x 15	4500.00
	Total		9600.00 *
5.	Contingency	@ 10% of *	960.00
	Grand Total		10560.00

Annex- IX**Detail training load and detail budget for training of manpower of HP.****Training :**

The training of PTMO, ANM, will be done to make them aware of their responsibilities in the project. The training will be done for one day only.

Budget :

Sl. No.	Item of expenditure	Rate	Amount (in Rs.)
1.	Training materials	@ Rs.300/- per trainee x 8	2400.00
2.	Tea, Tiffin and mobility support	@ Rs.50/- x 8 x 2	800.00
3.	Trainer's fee	@ Rs.150/-x 2 x 2	600.00
	Total		3800.00 *
4.	Contingency	@ 10% of *	380.00
	Grand Total		4180.00

Annex- X**Detail training load and detail budget for training of manpower of MMC.**

Training will be done at the Health Wing , SUDA

Budget :

Sl. No.	Item of expenditure	Rate	Amount (in Rs.)
1.	Training materials	@ Rs.300/- per trainee x 8	2400.00
2.	T.A.	@ Rs. 1000/- per person x 5	5000.00

3.	Lodging	@ Rs. 100/- x 5 x 2	1000.00
4.	Food	@ Rs.150/- x 7 x 2	2100.00
5.	Trainer's fee	@ Rs.250/-x 2 x 2	1000.00
	Total		11500.00 *
6.	Contingency	@ 10% of *	1150.00
	Grand Total		12650.00

Annex-XI

Furniture : Detail and Budget.

Details of Furniture required for training, SHP, HP and MMC are listed below :

Sl. No.	Item	Quantity Required
Furniture for Training		
1.	Steel Almirah without locker	1
2.	Chair Plastic Moulded	40
3.	Table	2
4.	File Cabinet	2
Furniture for SHP		
1.	Steel Almirah without locker	1
2.	Steel Office Table	2
3.	Steel Chair without arms	3
4.	Plastic Moulded chair without arms	10
5.	Revolving stool steel	2
6.	Sataranji (Dari)	2
Furniture for HP		
1.	Steel Almirah without locker	2
2.	Metal Shelving Racks	2
3.	Steel Chair without arms	10
4.	Plastic Moulded Chair	20
5.	Steel Office Table	6
6.	Revolving Stool	2
7.	File Cabinet	2
8.	Refrigerator - 165 ltr.	1
Furniture for MMC		
1.	Half Secretariate Table	1
2.	Office Table Steel	7
3.	Chair	8

4.	Chair for visitors	30
5.	Almirah without locker	4
6.	File Cabinet	6
7.	Table for Computer	2
8.	Chair for Computer	2
9.	Liter Bin	4
10.	Notice Board	1
11.	Display Board (Documentation soft board)	1
12.	Water Purifier	1

The estimated budget for Furniture :

Item	Unit Rate in lakhs	No. of Units	Amount (in Lakhs)
for training	0.25	1	0.25
for SHP	0.17	3	0.51
for HP	0.61	1	0.61
for MMC	1.15	1	1.15
Total			2.52

Annex-XII Equipment : Detail and Budget

SL No.	Item	Quantity Required
Equipment for Training		
1.	Overhead Projector	1
2.	Screen Overhead Projector	1
3.	Automatic Slide Projector	1
4.	White Board	1
Equipment for SHP		
1	Patient Examination Table	1
2	Folding Foam Coir Mattress for Examination Table with Rexine cover	1
3	Pillow Foam with cover	2
4	Mackintosh Sheet	2
5	Coloured Drawer Sheet	2

6	Steps for Patient use	1
7	Screen Partition in 3 folds with 2 sets of curtain	1
8	Portable steam Steriliser	1
9	Vaccine Carrier	1
10	Weighing Machine (Adult Portable)	1
11	Child Weighing Machine (Portable hanging spring balance)	1
12	Baby Weighing Jacket	1
13	2 Kg. Standard Iron Weight	1
14	Baby weighing Machine with tray and spring bottom	1
15	Blood pressure instrument (sphygmomano-meter - mercurial type)	1
16	Hypodermic syringe	5 doz. each
17	Hypodermic syringe needle	4 doz. each
18	Tuberculine syringe	6 nos.
19	Hypodermic needle for tuberculine syringe	2 doz.
20	Scissors Straight	3
21	Artery Forceps Straight	6
22	Cheatele Forceps - Instrument lifter	1
23	Instrument tray with lid	2
24	Bowl stand with 3 legs	1
25	Tongue Depressor for children	2
26	Stethoscope	1

27	Saucepan with lid and handle	1
28	Emergency Light (Chargeable battery set)	1
29	Kerosene Stove	1
30	Bucket plastic with cover and handle	2
31	Mug plastic	2
32	Jug with handle	2
33	Plastic bucket with lid	1
34	Padlock (navtal)	2
35	Thermometer clinical (Hicks)	3
36	IUD Insertion Kit	
	A. Sponge holding Forceps	2
	B. Disposable Gloves Sterime	6 doz. each size
	C. Cuscos Bi-valve vaginal speculum for Adult	1
	D. Forceps Vulsellum 9"	1
	E. Sterilization tray with cover	1
	F. Straight Artery Forceps 9"	1
	G. Uterine Sound 8", graduated, flexible	1
	H. Scissors Mayo 7½" straight	1
	I. IUD Insertex	1
	J. Dressings Forceps - 6"	1

37	Pregnancy Test Strip	1 pkt.
38	Strip for Albumen in urine test	1 pkt.
39	Haemoglobi-nometer	1 set
40	Urine test container	30
Equipment for HP = Equipment for 1 SHP.		

SL No.	Item	Quantity Required
Equipment for MMC		
1.	Computer, Monitor, UPS, Printer	2
2.	Fax Machine	1

Equipment for HP is equal to equipment for 1 SHP.

The estimated Budget for Equipment :

Item	Unit Rate in lakhs	No. of Units	Amount (in Lakhs)
for training	0.26	1	0.26
for SHP	0.26	3	0.78
for MMC	1.37	1	1.37
Total			2.41

Annex - XIII Drugs, accessories and supplies.

SL No.	Product	Strength	Formulation Unit	Annual Quantity (Approx.)
1	Combined Gastric Antacid	Aluminium Hydroxide & Magnesium Hydroxide total salt being not less than 500mg	10 Tablet / Strip (Aluminium Foil)	4380 Strips
2	Ranitidine	150 mg	Do	2190 Strips
3	Dom peridone	10 mg / Tab	Do	550 Strips
4	Bromhexine Hydrochloride	8 mg / Tab	Do	2190 Strips

5	Chlorpheniramine maleate	4 mg / Tab		1100 Strips
6	Folifer (large)	Ferous Suphate 180 mg. & Folic Acid 0.5 mg /Tab		4380 Strips
7	Folifer (Small)	Ferous Suphate 60 mg. & Folic Acid 0.1 mg /Tab		4380 Strips
8	Albendazole	400mg /Tab	1 Tab / Strip	3460 Tabs
9	Metronidazole	400mg /Tab	10 Tabs / Strip	4380 Strips
10	ORS Citrate	Each sachet of 28.5 gm containing Sodium Chloride 12.3 %, Dextrose 70.2 %, Pot. Chloride 5.3 %, Sodium Citrate 10.2 %.	Sachet	5152 Sachets
11	Dicyclomine	20 mg /Tab	10 Tabs / Strip	550 Strips

Sl. No.	Product	Strength	Formulation Unit	Annual Quantity (Approx.)
12	Paracetamol	500 mg /Tab	Do	4380 Strips
13	Ibuprofen	400 mg / Tab	Do	485 Strips
14	Co Trimoxazole (Adult)	Sulphamethoxazole 400mg & Trimethoprim 80mg /Tab	Do	2190 Strips
15	Co Trimoxazole (Paediatric)	Sulphamethoxazole 200mg & Trimethoprim 40mg /Tab	Do	2190 Strips
16	Chloramphenicol Eye Aplicap	1% w/w in aplicap. Each aplicap to contain 250 mg of oint.	Aplicap	3030 aplicap
17	Absorbent Cotton	100 gm each	1 pkt of 100 gm.	300 pkts.
18	Absorbent Gauze Sterilised in pkts	Containing 10 pcs of 10cm x 10cm separately in polypack	1 set of 10 pcs of gauze	485 pkts.
19	Benzyl Benzoate lotion	25 % / 100 ml	100 ml bottle	242 bottles
20	Povidone Iodine oint.	5%	5 gm tube	2636 tubes
21	Microspore	½" Width	1 reel	242 reels

The estimated budget for Drugs, Accessories & Supplies :

Item	Unit Rate in lakhs	No. of Units	Amount in Lakhs
Drug for SHP	0.942	3	2.83
Drugs for HP	0.942	1	0.94
Total			3.77

17.

Annex-XIV Action Plan from February, 2004 to January, 2005

	February, 2004	March, 2004	April, 2004	May, 2004	June, 2004	July, 2004	August, 2004	September, 2004	October, 2004	November, 2004	December, 2004	January, 2005
Sensitisation session at different levels	*****	*****										
Constitution of MMC	*****				*****							
Constitute Municipal Level Health & FW Committee	Constituted Previously											
Write Up of Project Proposal					*****	*****						
Submission of Project Proposal to Health Wing, SUDA							*****					
Identification of Trainers and forwarding the names to the PO					*****							
Opening of separate Bank A/C for the Project, Joint Operation by ADM and Chairman		*****										
Selection of HHW					*****							
Training of HHW							*****	*****	*****			
Accommodation for Sub-Health Post, Health Post Identification					*****							
Selection of Personnel for HP							*****					
Training of Personnel for HP							****	****				
HHW's starts functioning									*****	*****	*****	*****
Identification of referral centre					*****							
Beginning of service at the Referral Centre											*****	*****

SURI MUNICIPALITY

BIRBHUM

PROJECT PROPOSAL



HONORARY HEALTH WORKER SCHEME
(DFID ASSISTED)

CONTENT

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SURI MUNICIPALITY

DFID assisted Honorary Health Worker Scheme

Project Proposal

1. Introduction

With GOWB's effort on consolidation of the lessons learnt from earlier Community Based Health Worker Scheme i.e. Honorary Health Worker Scheme, being the first contact care and moving from a parallel and isolated Urban Health Care System to an integrated approach, the modified HHW Scheme is being implemented in 11 municipalities outside Kolkata Metropolitan Area. Suri Municipality is one of them. Integration of the Urban Health Services with the Health Services of the district health offices and facilities of DHFW is one of the key points of integration and sustainability. The scheme will address the comprehensive primary health care and referral services to the Urban Poor.

In this scheme, HHWs in addition to R.C.H. messages, will promote health messages of all communicable diseases, personal hygiene, environmental sanitation, nutritional deficiency disorders, adolescent health care, participation of males in family health and identification of all types of cases for early management. The HHWs and their supervisory tiers will work in tandem with the offices of DHFW in District / Municipality Level for providing comprehensive primary health care and referral services. The HHWs and their appropriate supervisory tiers will act as depot holders and provide preventive, promotive and curative services.

Economic parameter of Urban Poor is Rs. 312.13 per capita per month.

2. Aims of the Project

- A. Standard of health services of the Urban Poor is to be raised.
- B. The HHWs will serve as first contact point for the target population and link the Urban Poor with Health Care Services for establishing a comprehensive primary health care and referral services in Urban Areas.
- C. Integrate the municipal health services with district health services rendered by the district health offices and hospitals of the DHFW, GOWB.
- D. The positive lessons learnt from the modified HHW scheme would facilitate DHFW providing health services to the Urban Poor in other areas.

3. Back ground

Suri Municipality is the oldest Municipality in the district of Birbhum. Suri is the District Head Quarter of Birbhum. The Municipality was established in July, 1876. The area of this town is 9.47 sq.K.M. and consisting of 18 wards. The town is located near the Panagarh-Moregram Express Highway. Suri Railway Station is situated on the Andal-Sainthia connecting line. (How far is the railway station from the Municipality)

(Location of the town in West Bengal Map- Annex-I.)

The Sadar Hospital having OPD and indoor facility , is situated within the Municipal area, and the services for secondary care, curative in nature are provided. OPD services are catered for Surgery, Medicine, Paediatrics, G&O, Dermatology, Ophthalmology, ENT, etc. The indoor care has a provision for 500 beds.

The town has no major industry. Bakreswar Thermal Power Plant is situated 10KM away from the town. Major health problem of this town is water-borne diseases like, gastroenteritis, bacillary dysentery, viral hepatitis etc., particularly in the summer and rainy seasons. Tuberculosis is also a major concern for people living in slums. There is a tendency for home delivery in the BPL population. Poor living condition and lack of health awareness is the major cause for their sufferings from many diseases.

There is one red light area in the town, which is located near Suri Railway station.

Name and designations of the Members of the Municipal Health & Family Welfare Committee are as follows:

Serial No.	Name	Designation
1	Sri Ujjwal Mukherjee	Chairman, Suri Municipality
2	Sri Pranab Kar	CIC, Health, Suri Municipality
3	Sri S.Roychoudhury	DPO,SHSDP-II, Rep. DM, Birbhum
4	Dr.R.K.Nath	Member, Suri Lions' Club
5	Sri L K Mandal	Member,Sri Aurobindo Anusilan Society
6	Dr. GP Shaw	ACMOH,Sadar
7	Dr. D.Bandyopadhyay	Health Officer, Suri Municipality
8		Representative, SUDA

Name of the Project Director :

Sri Pinaki Ghosh, ADM (D).

Last meeting of the Committee was held on 12.05.2004.

(Copy of resolution –Annex-II)

4. **Municipal Map demarcating wards, blocks with serial no., target population, location of the proposed Sub-Health Post and Health Post - Annex - III.**

5. i) **Socio demographic profile of the town in relation to project.**

(As per census 2001)

Total population of District	Total urban population of District	Percentage of urban population	Total population of the Municipality	Town population as percent of Urban Population
23,12,546	2,58,479	11.17	61818	23.91

ii)

Ward No.	Total Population	No. of Slums	BPL Population	
			Total BPL population	% of the total population
1	3581	4	517	14.43
2	4912	3	472	9.60
3	3367	6	1058	31.42
4	2710	3	842	31.07
5	3355	1	1102	32.84
6	3572	7	649	18.16
7	2367	5	402	16.98
8	2454	4	402	16.38
9	2899	1	178	6.14
10	3917	11	1351	34.49
11	2064	7	613	29.69
12	3376	8	881	26.09
13	3687	9	805	21.83
14	2455	6	709	28.87
15	3890	5	419	10.77
16	5191	5	1046	20.15
17	4638	8	1050	22.63
18	3383	9	1007	29.76

6. Ward wise list of slums are enclosed in Annexure - IV.

7. Existing Health Facilities in the Municipality

Municipal Map showing location of Health Facilities are enclosed in Annexure - V.

Health	Name of the Facility	Type of Service Delivery *
Municipal	Ambulance service One Ambulance only.	For availability & hiring rate, vide Para 9E
State Govt.	Sadar Hospital	Secondary Health Care: a) OPD care for Medicine, Surgery, G&O, Ophthalmology, ENT, Paediatrics, etc. b) In door services Total no. of beds-500 <ul style="list-style-type: none"> • Medical-186 • Surgical-193 • G&O -101 • Pediatrics-20.
Central Govt.	Nil	
Private facility	Maternity Home-1 a) Birbhum Nursing Home- 10 beds Nursing Home-5 <ul style="list-style-type: none"> a) Lifeline- 10beds(Medicine, Surgery, Dental) b) Dr. De's-10beds(Surgery) c) Indralok-5 beds (Medicine, Surgery, Eye) d) Mina – 5 beds(Eye) e) JoyDurga-10 beds (Surgery, Medicine) f)Lions' Eye Hospital-10 beds (List of Nursing Home with address are enclosed in Annexure - VI.) 	
NGO / CBO / Civil Society	1. Eye Hospital run by Lions' Club. 2. Free Homeopathy Clinic run by Bharat Sevashram Sangha. 3. Immunisation center & free clinic run by Saradish Roy Seva Samity. 4. Ambulance Service by St. John Ambulance. (List of NGOs with address are enclosed in Annexure - VI.)	

Health	Name of the Facility	Type of Service Delivery *
Private Practitioner - Allopathy (Specialist) - Allopathy (MBBS) - Homeopathy - ISM	Physician- 5 Cardiologist-2 Surgeon-6 Pediatrician-5 Gynae& Obst.-5 Ophthalmologist-3 ENT Specialist-1 General Practitioner-5 Homeopath-11 Ayurveda-2	
If any other specify	Nil	

8. Existing Health Manpower of Municipality

(Specify Number of each category).

Health Officer	Nurse	Sanitary Inspector	Vaccinator	If any other, specify
1	—	1	1 * He is now performing his duties as clerk.	Health assistant-1 (Male) At present he is doing clerical job at the Dept. of Civil Registration of this office.

9. Capacity Building

A. At Block Level – HHWs

No. of Blocks	No. of HHWs	Type of Services provided by (Job Responsibilities)
14	14	<ul style="list-style-type: none"> ▪ Build up inter personal relationship with the families of the concerned block. ▪ Carry out fortnightly home visit of each family. Therefore 15-20 families must be visited each day. ▪ Motivate the community to avail health services ▪ Ensure active participation of the community in all health activities ▪ Collect data on mother and child health and fill the family schedule. ▪ Prepare fortnight HMIS report and submit to FTS. ▪ Awareness is to be build up for each person of the block on health & hygiene, environmental sanitation, nutrition, immunization, National Health programmes , Reproductive & Child Health , Family planning methods etc. ▪ Treatment of minor ailments at the doorstep of the clientele ▪ Distribution of VitA, Iron –Folic acid tablets, condoms and oral pills at the doorsteps. ▪ Arrange for immunization of pregnant women and infants. ▪ Participate in National Health Programmes. ▪ Collect Rs.2 per family per month @ Rs.1/- per visit and deposit in Health Fund of ULB.

- i) Selection by June, 2004, training by September, 2004 and engagement of HHWs by October, 2004 will be completed.
- ii) Detail training load and detail budget. **Annex. VII**

9. Capacity Building (Contd.)

B. At Sub-Health Post Level - FTS

No. of Sub Health Post	No. of FTSs	Type of Services provided by (Job Responsibilities)
3	3	<ul style="list-style-type: none">• Monitor performance of HHWs in the particular SHP allotted to her.• Scrutinise entries in the Family Schedule by HHWs• Field visit to guide HHWs specially weaker ones in discharging their assigning duties• Receive supply of vaccines from the HP in cold chain apparatus and return unused vaccine to HP on the same day.• Conduction of immunisation and other clinics at per fixed schedule and keep records for the same.• Maintain proper records of weight of the under 5 children in the Growth Monitoring Card / register.• compile the fortnightly reports of the HHWs and send them to HP.• Regular meetings with HHWs and discuss to solve field problems encountered by them.• Participate in National Health Programmes.

i) Promotion of HHWs to FTS will be completed by April, 2005.

ii) Detail training load and detail budget. **Annex. VIII**

9. Capacity Building (Contd.)

C. At Health Post Level - PTMO, ANM and others

Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
	PTMO - 2 ANM - 2 Store Keeper cum Clerk - 1 Attendant - 1 Sweeper - 1	Medical Officer (Part - Time) : <ul style="list-style-type: none"> • Remain in-charge of H.P. , SHPs & blocks • Visit / attend SHPs on rotation basis as per a prefixed schedule. • Attend referred non-ambulatory and emergency cases by HHWs at door step. • Conduct / supervise different service activities at the SHPs viz. M.C.H. (antenatal / postnatal/ well baby etc.) Nutrition program (Weight Monitoring, Grading of Mal-nutrition etc.), Immunization, Treatment of referred cases, F.W., and the like.] • Undertake / supervise simple clinical tests at SHPs for determination of Anaemia, Toxaemia of pregnant women. • Arrange collection of blood slides of fever cases and arrange its despatch to earmarked laboratories for detection of M.P. • Refer the cases to Govt. Hospital / Private Hospital earmarked for referral services. • Take up in-house / on the job training programme of HHWs / FTSS and others.

Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> • Draw the Action plans of the HP in regard to various service components under the project. • Visit field for the purpose of checking and verification of data entry by HHWs in Family Schedule / operational Research / Miscellaneous formats. At least 10% cross check per month is desirable. • Remain responsible for collection / compilation / transmission of HMIS - report in prescribed proforma (s) in specified time to MMC at ULB & CCC at SUDA as per instruction. • Render guidance to Health staff of the HP in matters of Medical & allied topics. • Plan / participate in various I.E.C. - sessions on Health & F.W. issues. • Maintain liaison with people's Representatives, Community Leaders, C.B.Os and other concerned organizations, officials and people and mobilise services of NGOs / CBOs as and when required. • Put up demands (indents) for Drugs, Vaccines for HP to Health Officer, & maintain stock ledger. • Perform any other duties assigned to him / her by Authorities.

Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<p>ANM :</p> <ul style="list-style-type: none"> • Supervise and monitor the activities of sub-health post, 1st Tier Supervisors as well as Honorary Workers as required. • To upgrade the skill and quality of services provides by the HHWs and F.T.Ss as required under the Programme. • Immunisation of children & pregnant mothers with the help of F.T.S., and maintain register. • Insertion of I.U.D. to the beneficiary mothers. • Perform ante natal & post natal check-up, and maintain register. • Maintain and supervise - cold chain of vaccines / sera, supply of medicine and equipments, and regular monitoring of date expiry of Medicines, vaccines etc., • Organise family planning camps, • Organise referral services to Govt. Hospitals / Private Hospital linked for the purpose, • Assist Health Officer in compilation and timely despatch of reports and returns, in preparing charts and diagrams for display etc. and • Organise weighing of under 5 years children and monitor growth monitoring.

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Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> • Organise various awareness programmes with the assistance of FTSs at SHPs / blocks for the community women. • Assist PT MOs particularly in the matter of HMIS and I.E.C. • Perform any other duty assigned by the Health Officer or any other competent Municipal Authority. <p>Clerk cum Store Keeper :</p> <ul style="list-style-type: none"> • To despatch and receive office (HP) correspondence and maintain office records in appropriate files • To make list for necessary indents, collections and maintenance of stock and supply of logistics (stationaries, vaccines. FW materials, Forms, booklets, equipments, medicines and the like) • To assists the officials at HP and MMC level in effective functioning of project activities • To perform any other duty as will be assigned by the competent Authority

- i) Selection by July, 2004, engagement of PTMO, ANM, Store Keeper cum Clerk by August, 2004 training by September, 2004 will be completed.

- ii) Rotational Duty roster of PTMO for rendering services at SHP to be developed and implemented by August, 2004.
- iii) Detail training load and detail budget. **Annex. IX**

9. Capacity Building (Contd.)

D. At Municipal Management Cell (MMC) Level

MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
	HO - 1 PHN - 1 CDO - 1 Accounts Asstt. - 1 Data Entry Operator - 1 Clerk cum Storekeeper - 1 Attendant - 1	HO : <ul style="list-style-type: none"> • Technical head of the project • Function apropos direction of Chairman & Project Director • Monitor and supervise the project • Organize training and capacity building programme • Liaison with Superintendent, Sadar Hospital, Chairman of ULB, Project Director, and CCC at SUDA. • Timely submission of reports to Project director/chairman and CCC • Arrange procurement of immunization and FW material. • Assist in preparation of Project Proposal • Identify NGO for support of project. • Receive store, furniture, equipment, medicine, and others from CCC and arrange to maintain stock register, and distribution of the same to the appropriate health facilities. • Guide and instruct PTMO, ANM, PHN, and other personnel of MMC

		for effective functioning of the project.
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MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> • Responsible for local procurement as will be laid down. • Conduct periodic meeting with grass root level functionaries and Personnel of MMC. Maintain minute book. • Attend different meetings / seminars / workshops. • In addition, perform such other functions as may be entrusted to him by the Project Director/Chairman. <p>Public Health Nurse(PHN) :</p> <ul style="list-style-type: none"> • To conduct training of HHWs, ANMs • Conduct awareness generation programme for the community with focus to women, adolescents and children • Scrutinize family schedule, reports submitted fortnightly/monthly by HHWs/FTSs and preparation of MIS at MMC level and submission to HO. • Check validity of data by field visits as and when required • Monitor activities of HHWs and FTSs • Immunize children and pregnant

		mothers <ul style="list-style-type: none"> • To insert IUD to target women
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MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> • To maintain and supervise cold chain system, equipment and medicines • Monitor regularly date of expiry of medicine, vaccine etc. • Organize and follow up of referral services • Perform any duty as will be assigned by the HO or any other competent authority. <p>Community Development Officer (CDO) :</p> <ul style="list-style-type: none"> • Organize community mobilization through participatory approach • Sensitise community regarding project activity and outcome • Frequent field visit to identify and organize peer groups who will take the lead role in awareness generation of the community • To promote gender development in all aspects of project activities • To identify NGOs and CBOs and make close liaison with them so that they can be brought in the fold of project activities for assistance in strengthening the project objectives and thus helping in sustenance.

		<ul style="list-style-type: none"> To render assistance to HO for organizing different training programmes
MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<ul style="list-style-type: none"> Help the ULB to take positive steps for creation of Municipal Health Fund Will be responsible to HO for maintaining stock ledger of various stores and maintain inventory thereof with regard to receipt and supply to Health Facilities Attend review meetings at MMC level with the grassroot level functionaries To keep liaison with CD Specialist of CCC for updating project activities Identify and organize IEC activities Perform such functions as may be entrusted to him by Project Director/ Chairperson of ULB Organize various outreach services at grassroot level <p>Data Entry Operator :</p> <ul style="list-style-type: none"> To develop system as to compare the data at various level i.e. SHP/HP To prepare all reports and returns at MMC level for onward submission to CCC To enter data on monthly basis received from HHWs, to maintain consolidated HMIS at SHP/HP and MMC level

		<p>record.</p> <ul style="list-style-type: none"> To perform any other duty as will be assigned by the AHO or any other competent authority.
MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<p>Accounts Assistant :</p> <ul style="list-style-type: none"> Responsible for maintaining the A/C of the project separately Maintain A/Cs ledger through double entry system Maintain separate Cash Book- head of A/C for each type of expenditure is to be recorded in the Cash Book quoting voucher no. , narrating the expenditure stating the name of the party to whom paid and cheque no. etc. Scrutinize all bills submitted by the parties for placement before the competent authority for passing and issuance of Pay Order. Prepare Utilisation Certificate along with a summery sheet showing serial no., vr. No. and date, classification head of expenditure and the involved amount by 7th of following month to the Competent authority for onward transmission to CCC by 10th of the said month. Perform any other duty as will be assigned by the HO or any other competent authority.

MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
		<p>Clerk cum Storekeeper :</p> <ul style="list-style-type: none"> • To dispatch and receive office correspondence and maintain office records in appropriate files. • Make list of necessary indents, collections, maintenance of stock and supply of logistics. • Assist HO/PTMO/ANM in effective functioning of the project. <p>Attendant :</p> <ul style="list-style-type: none"> • Work at office/outdoor as peon <p>Perform any other duty as will be assigned by the MMC/ competent Authority.</p>

i)

Category of Man Power	Selection by	Engagement by	Training by
HO	Already existing and involved in MMC	-	-
PHN	July, 2004	July, 2004	August, 2004
CDO	Do	Do	Do
Accounts. Asstt	Do	Do	Do
Data Entry Operator	Already existing and involved in MMC		Do

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ii) Detail training load and detail budget. **Annex. X**

9. Capacity Building (Contd.)

E. Referral System

- i) Suri Sadar Hospital has been identified as the referral center for all types of cases.
- ii) Ambulance facility.

Source	No.	Rate	Availability	Remark
ULB	1	+ Within town- Rs.100/- + Upto Burdwan -Rs.1300/ + Upto Kolkata - Rs.2500/-	Available in daytime usually, in some cases ,the service is available in night also	Service is very good. Transportation is done immediately
Sadar Hospital	4	+ Within town - Rs.20/- + Upto Burdwan-Rs 600/-	On calling the ambulance reaches patient's house immediately	Available round the clock.
St. John	1	+ Within town-100/- + Upto Burdwan-1200/- + Upto Kolkata-2400/-	24 hours	Good service
Lions' Club	1	+ Within town-100/- + Upto Burdwan-1000/- + Upto Kolkata-2400/-	24 hours	Good service

- iii) Referral system: As Suri Sadar Hospital is well equipped secondary hospital situated within the town, cases will be referred to this hospital. A detailed discussion in this regard has been done with the CMOH, Birbhum.

9. Capacity Building (Contd.)

F. Identification of local NGOs to be involved in the scheme

Lions' Club of Suri Town has been identified to offer their services in this Scheme, and a request was made to the authority of the Club in this regard. They have requested to offer the following services:

- Treatment of pregnant mothers at any of the SHPs of this municipality by a gynaecologist. He will attend any of the SHPs for one hour, two days in a week.
- Awareness generation by a team of six volunteers of the club. These volunteers will hold meeting with the target population every month. An orientation

training of 6 days will be held at Suri Municipal Office. This team will visit six blocks in a month for holding meeting with the target population for awareness generation.

The Municipal Authority is in touch with other local NGOs for their future involvement in the project.

10. Refurbication of Health Post and Sub Health Post:

Identification and listing of Health Post / Sub Health Post which need refurbication.

The following is the list of Sub-Health Post, which need refurbication:

- SHP at Community Hall, Ward No-6
- SHP at Water Reservoir Premises, Ward No-9
- SHP at the HP at Suri Municipal Office.

List of services to be provided from the Health Post / Sub Health Post giving details of location, approximate covered floor area to be utilized for providing services or administration of the project.

1	At Community Hall, Ward No -6	260 Sft	To install a electrically operated pump for lifting of water.....Rs. 7000/-
2	At Water Reservoir Premises, Ward No-9	140 Sft.	Construction of Bath room and Septic Tank , petty repairs of the room, whitewash etc. Rs. 30,000/-
3	Suri Municipal Office	800Sft	<u>Partitioning by plywood & electrification</u> 1. Supplying, fitting & fixing waterproof Plywood including necessary framework (19 mm thick ply), 50 Sq.M. @ Rs1007/- per SqM..... Rs.50,350.00. 2. Supplying, fitting & fixing of ceiling fan, 6 in number, @ Rs. 1200/- per fan..... Rs. 7,200.00 3. Tube light set, 8 sets, @ Rs.400/- per set Rs. 3,200.00 4. Wiring materials and wiring charges (L.S) Rs.4,250.00 Total Rs. 65,000.00

			Total Rs. 1,02,000.00
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11. Monitoring and Supervision

i) By Health & FW Committee

• Composition

Chairman of the Municipality	Sri Ujjwal Mukherjee	President
Councillor-in-Charge of Health	Sri Pranab Kar	Member
Representative of DM	Sri R.P. Roychowdhury	Member
Representative of local NGO - Lions Club	Dr. R.K. Nath	Member
Representative of local NGO - Sri Aurobindo Anusilan Society	Sri L.K. Mondal	Member
ACMOH of Sub-Division		Member
Health Officer of the Municipality	Dr. Dilip Bandopadhyay	Member- Secretary
Representative of Health Wing, SUDA		Member

• Roles and responsibility

Responsible for Co-operation and Supervision of all the Health activities in an integrated manner at different levels of the existing health infrastructure of the Municipality and District / Sub-Division H & FW offices and with nearest Secondary Hospital for referral services.

ii) At Municipal Level by Municipal Management Cell

□ Composition

ADM (D) - Project Director
Councillor-in-Charge of Health
ACMOH of Sub-Division Hospital
Supdt. of nearest Govt. Hospital
Health Officer
Community Development Officer
Public Health Nurse Training

Data Entry Operator
Accounts Asstt.
Clerk cum Store Keeper
Attendant

- **Roles and responsibility**

- Receive fund from CCC and accounting back.
- Open separate project Bank A/C, joint operation by Chairman and ADM (G)
- Management and Supervise the system as well as responsible for infrastructure, honorarium / salaries and local procurement.
- Preparation and submission of project proposal to DHFW.
- Timely submission of reports and returns to CCC.
- Co-ordinate with the subordinate offices and hospitals of the DHFW in the district, Sub- Division and urban areas of the municipality for integrating primary health care and establishing the referral linkages with secondary care.

iii) Expected support and accountability to Central Coordination Cell at SUDA.

- Release fund to Municipalities and accounting for the same.
- Will manage and supervise the system
- Overall co-ordination and documentation of the process and progress
- Training of trainers
- Procurement of medical equipment, Drugs, Furniture, and IEC materials

iv) Expected support from district health services.

- Establish linkages with CCC, Municipal Management Cell, Municipal Level H&FW Committee for establishing a primary health care in Urban areas through proper surveillance, response and referral to nearest Secondary hospital.
- Establish a co-ordinated approach at the district level and with the office of the ACMOH, Sadar for monitoring and providing support in all disease management programme, RCH programme etc.
- Establish linkage with Sadar Hospital for providing referral services on a priority basis of all cases referred by medical units of the Municipality.

v) Performance reports and returns to be sent to ACMOH of Birbhum District.

12. Coordination and linkage with existing National / State Health Programme i.e. R.C.H. (Reproduction and Child Health), RNTCP (Revised National TB Control Programme), NLEP (National Leprosy Eradication Programme), NBCP (National Blindness Control Programme), NMCP (National Malaria Control Programme), AIDs Control Programme, NSPCD (National Surveillance Programme for Communicable Diseases), NIDDCP (National Iodine Deficiency Disorders Control Programme).

Health Officer talked in detail with the CMOH, Birbhum about the scheme. He promised to extend all kind of help and co-operation for successful implementation of the scheme. He suggested, that all the Programme Officers of the District health Administration should be involved initially in the Training Programme of the HHWs. Following his suggestion, in the training schedule, lectures by the programme officers of different Health Programmes like RCH, RNTCP, NLEC, NMCP, AIDs control programme, etc. has been included.

The CMOH was requested to include the Honorary Health Workers in these Health Programmes. The Programme Officers of the District Health Administration and the Health Officer of Suri Municipality will get in touch with each other in this regard.

The Deputy CMOH-II, and Deputy CMOH-III was also informed in detail by the Health Officer about the scheme. They already have extended their co-operation in the scheme.

During discussion with the CHOH, Birbhum and the Deputy-CMOH-II & III, it was decided that MMC will organise workshop at the Municipal Level with the District Level key officers of the Directorate of Health Services, when necessary.

13. I.E.C. Strategy

The objective of IEC is development of awareness, and thereby leading to generation of demand for obtaining services. Catering of scientific information will be done in simple language. The communication approach will take into account the attitude of the people, their background, existing knowledge and cultural values, traditional beliefs. The IEC activities will aim at promoting behavioural changes towards health literacy. IEC activities will focus on creating a conducive and

congenial environment in the community at large, ensuring through dissemination and intensive percolation of specific messages.

a) Target groups :

The Community members under the project with focus to - women, children, adolescents, men

- The poorest of the poor, marginalised, unreached, disadvantages, ethnic groups etc. need special and intensive attention.

b) Topic / Issues :

- Mother and child health care
- RCH
- Small Family Norm
- F.W. Methods
- Utility of breast - feeding
- Immunisation
- Nutrition
- Environmental up-keep
- Sanitation
- Gender Equality
- Early Marriage
- Communicable diseases
- ORS
- STDs / HIV / AIDS etc.
- Different State Health Programme

c) Communication Channel :

- Inter personnel Communication
- Participatory group discussion / meeting
- Printed Material - Flash Cards, Poster, Charts, News Letter, Photography
- Audio Visual Aids - Video Documentary, T.V. Spots, Utilisation of cable services
- Visual Aids - The printed materials (Posters, pamphlets etc.), Hoarding, Exhibition set

- Traditional and Folk Media - Songs and choreography, Drama, Puppet / Muppet show, Magic, Kirtan / Baul, Tarza / Kawali / Kabi Gan, Talking doll show, "Shayeri" etc.
- Miscellaneous - Models (wooden clay, cotton etc.), Health Exhibition, Baby show, Role Play, street theatre, "Pada Yatra" with appropriate slogans, placards and festoons.

14. Training

Means of Verification :	
Method	Instrument
Written - Pre and post training test	Objective type of question
	Structured short questions
	Group exercise
Oral	Questions to individuals
	Team work vis-à-vis individual contribution
Practical	Objective / structured practical examination
Quality Assessment :	Questionnaire
	Check lists
	Reading scales and gradation - average, good, and very good

15. Reporting system (HMIS)

- Have already been developed by CCC and approved by DHFW.

16. Procurement

- Furniture - Detail and Budget. - **Annex XI**
- Equipment- Detail and Budget. - **Annex XII**
- Drugs, Accessories and supplies- Detail and Budget. - **Annex XIII**
- I.E.C. and Training Materials to be obtained from CCC and respective programme officers of DHFW at State and District levels.
- All printed stationery like MIES schedules, etc. will be supplied by CCC.

17. Action plan from February, 2004 to 31 January, 2005

- **Annex XIV**

18. Sustenance

i) Development of Health Fund

- Every month, the HHWs will collect Rs. 2/- per family, and deposit the collected amount to the Health Fund.
- Five times the amount of total collection from each family of the beneficiary will be drawn from the NSDP fund every six months, and the total amount will be deposited in the Health Fund (as per G.O.)
- Charity show will be arranged for fund raising
- The Municipal Authority has been in consultation with different Organisation and individual for development of Health Fund.

ii) Opening oh Health Fund A/C

iii) Joint operation of the A/C by the Chairman and any other person nominated by the Chairman.

Generation of Health Fund

Serial No	Item	Amount (Rupees)
1	Monthly contribution from BPL families =No. of families x Rs 2 per family x 12 months = 3405 x 2 x 12 = Rs. 81720/-	81,720/-
2	Contribution from NSDP fund 81720/- x 5 = 408600/-	4,08,600/-
3.	From donation, charity show etc Rs.50,000/- per year	50,000/-
	TOTAL	5,40,320/-

a) Estimated expenditure to run the project for 1 year = 13,59,120/-

b) Health Fund to be raised in a year = 5,40,320/-

c) Deficit = 13,59,320/- - 5,40,320/- = 8,18,800/- *

* The deficit amount may be borne by the State Government.

19. Budget for 1 year

Component	Cost (Rs. in Lakhs)
Non-Recurring	
1. Sensitization of Stakeholders (including different training other than Sl. No. 2 & 3 specified below, Capacity Building sessions, NGO involvement etc.)	1.23
2. Training of Trainers	0.05
3. Training of HHWs	0.80
4. Participatory Need Assessment & Project Proposal Writing	0.20
Procurement	
5. Furniture	2.52
6. Equipment	2.41
7. I.E.C. & Training Materials (all I.E.C. materials will be supplied by CCC)	-
8. Drugs and Medico Surgical Requisites (MSR)	3.77
9. Refurbication	1.02
Recurring	
10. Municipal Management Cell (Salary)	2.67
11. Honorarium	1.07
12. Rent	-
13. O & M (Meeting expenses, office expenses like stationary, telephone, etc., contingent expenditure for service activities, TA / DA etc.)	0.86
14. NGO	0.50
TOTAL	17.10

20. Outline of Financial Plan for long term sustainability.

- Development of Municipal Health Fund through
 - Monthly contribution by the BPL population
 - User fees from APL population
 - Mobilisation of NSDP Fund
 - Organisation of Charity Shows, receipt of donation etc.
- Support from State Budget

21. Plan for 5 years with budget outline.

The 1st year any programme is usually spent for development of infrastructure, provision of manpower, training & capacity building of different tiers of service providers and sensitisation of stakeholders. Once the HHW system is developed, the actual work in the field is likely to take up from 2nd year onwards. The effort made in the 1st year to develop the HHW system will be futile and the community will get frustrated unless due care is given for continuation of the services so generated in the scheme. It is felt that at least 5 years run should be there for providing effective services, consolidation of activities to have a palpable impact.

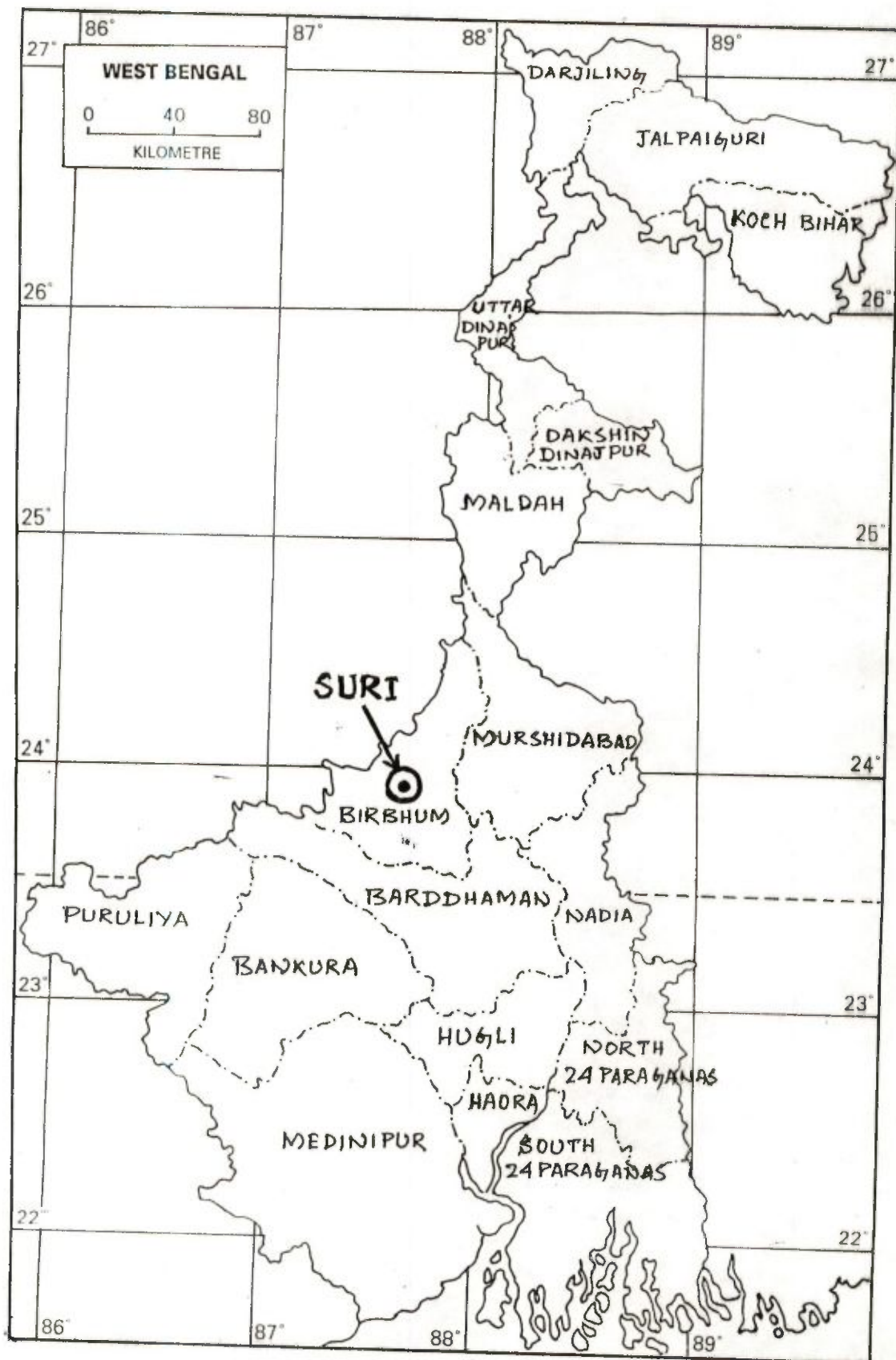
Initiation of health fund raising at the start of scheme is to be continued for building up of a reasonable amount which will be help in the sustenance in the scheme in future. For the reason stated above, financial support from other sources at least for 5 years is essential. To continue the said scheme for 5 years more, the budget has been prepared strictly adhering to felt need which are inescapable.

BUDGET FOR FIVE YEARS

	Item of Expenditure	Amount (Rs.)
At Block Level	1. Honorarium for HHWs @Rs750/- p.m. = $750 \times 14 \times 12 \times 5$	6,30,000/-
	2. Expenses for Meeting with beneficiaries & opinion leader @ 1 meeting of 30 persons for every month for each block costing Rs.5/- per person per meeting = $150 \times 14 \times 12 \times 5$	1,26,000/-
At SHP Level	1. Service Charges for accommodation @ Rs 500/- per month per SHP = $500 \times 3 \times 12 \times 5$	90,000/-
	2. Honorarium for FTS @ Rs. 920/ p.m. = $920 \times 3 \times 12 \times 5$	1,65,600/-
	3. Sundries @ Rs. 500 p.m. per SHP = $500 \times 3 \times 12 \times 5$	90,000/-
At HP Level	1. Honorarium for PTMO, 2 per HP @ Rs 1,600/- p.m. each = $1,600 \times 2 \times 12 \times 5$	1,92,000/-
	2. Honorarium for ANM, 2 per HP @ Rs 1,250/- p.m. each = $1,250 \times 2 \times 12 \times 5$	1,50,000/-
	3. Honorarium storekeeper cum clerk, 1 per HP @ Rs. 850/- p.m. each = $850 \times 12 \times 5$	51,000/-
	4. Honorarium Attendant, 1 per HP @ Rs. 650/- p.m. each = $650 \times 12 \times 5$	39,000/-
	5. Honorarium Sweeper, 1 per HP @ Rs. 450/- p.m. each = $450 \times 12 \times 5$	27,000/-
	6. Honorarium Night Guard 1 per HP @ Rs. 450/- p.m. each = $450 \times 12 \times 5$	27,000/-
	7. Drugs & MSR @ Rs.3,98,000/- per year per HP = $3,98,000 \times 5$	19,90,000/-
	8. Sundries @ Rs.2,000/- p.m. per HP = $2,000 \times 12 \times 5$	1,20,000/-
Training	1. Update training @ Rs. 50,000/- per HP per Year = $50,000 \times 5$	2,50,000/-
I.E.C.	1. I.E.C. Activities @ Rs. 50,000/- per ULB per year = $50,000 \times 5$	2,50,000/-
Management & Supervision	1. Salary to Manpower and mobility support @ Rs.33,300/- p.m. = $33,300 \times 12 \times 5$	19,98,000/-
	2. Sundries @Rs. 10,000/- p.m. = $10,000 \times 12 \times 5$	6,00,000/-
	Total	67,95,600/-

Annex-I

Location of Suri Town in District Map of West Bengal



Annex-II

PROCEEDINGS OF THE MEETING OF THE MUNICIPAL LEVEL HEALTH AND FAMILY WELFARE COMMITTEE HELD ON 19/05/2004 AT 1 P.M. AT THE SURI MUNICIPAL OFFICE.

Members Present:

1. Sri Ujjwal Mukherjee, Chairman , Suri Municipality.
2. Sri Pranab Kar, C-I-C, Health, Suri Municipality.
3. Dr. Dilip Bandyopadhyay, Health Officer, Suri Municipality.
4. Dr. R.K Nath, Representative, Lions' Club, Suri.
5. Sri R.P Roychoudhury, Representative, D.M. Birbhum.
6. Sri L.K.Mandal, Representative, Sri Aurobindo Anusilan Society.

Sri Ujjwal Mukherjee presided over the meeting.

1.Read and confirmed the proceedings of the last meeting with the following modification:

- (1) In the resolution No. 2 dt 23/2/2004, the number of blocks under HHW scheme would be 14 instead of 22 , which was noted in the previous resolution.

2.Discussed about the nomination of the trainer for HHWs and resolved that 3 Doctors and one PHN would be nominated (as per guideline of the number of trainers).

Further resolved that Dr. Dilip Bandyopadhyay, H.O. , Suri Municipality and Dr. Ratan Datta are hereby nominated for the purpose, and Dr R.K. Nath, one of the member of this Committee was requested by all the members to take part in the training process as he is an expert in the field of imparting training in different health projects.

It was also resolved that Smt Aruna Biswas PHN of PP Unit, Suri Sadar Hospital would also take part in the training of the HHWs. The Health Officer, Suri Municipality, informed the committee that he already had discussion in this matter with Smt. Biswas, CMOH, Birbhum, and the Superintendent, Suri Sadar Hospital, and they all have agreed that Mrs. Biswas would be one of the trainers in addition to her usual job responsibility.

It was also resolved that Health Officer , S.M. was authorized to make necessary alternate arrangement, if Dr. Nath and Mrs Biswas feels difficulty to train up the HHWs.

3.Discussed about the administrative control and supervision of HHW scheme by the E.O., Suri Municipality and after prolonged discussion it was resolved that the services of E.O.will be utilized in addition to his own duties as and when necessary for successful implementation of the scheme. He will perform duties in this scheme as per guideline of the Chairman.

4.As regards formation of the Selection Committee for the selection of HHW, it was resolved that the Municipal Level Health and Family Welfare Committee will act as the selection committee (as per guideline).

Further resolved that a sub-committee for scrutiny would be formed with the following municipal employees. Under the supervision of the H.O.,this sub-committee would scrutinize all the applications for the post of HHWs, duly received by this office.

Sub-committee for scrutiny of applications would comprise of the following members:

- 1) Health Officer
- 2) Sri Sunil Pal, SAE
- 3) Sri Suranjan Ghosh, Clerk
- 4) Sri Somnath Das, Clerk
- 5) Head Clerk, Suri Municipality.

For the purpose of selection of HHWs, the following schedule was prepared:

- 1) Notice for inviting application would be published on 20-5-04.
- 2) Date of receiving application: 24-5-2003 to 31-5-04 upto 3 P.M.
- 3) Date of scrutiny- 1-6-2004 to 5-6-2004 during office hours.
- 4) Date of interview- 7-6-2004 to 8-6-2004 .
- 5) Place of interview –Suri Municipal Free Pry. School
- 6) Time of interview- from 11-00 AM to 4 PM.

The notice inviting application would be displayed in the notice board of this office and also local offices for circulation. It was also resolved that no individual interview letter would be sent to the candidates.

5. Discussed about involvement of NGOs in this scheme(HHW Scheme, DFID assisted).The committee requested Dr. Nath , member of Lions' Club and Sri Lakshmi Kanto Mondal, member of Sri Aurobindo Anusilan Society, to explore the possibility of active involvement of their NGOs.

The meeting ended with vote of thanks to all present.

President,
Municipal Level Health and Family Welfare Committee,
Suri, Birbhum.

Memo No.

Date:

Copy forwarded to:

1. Sri Pranab Kar
2. Sri R.P. Roy Choudhury
3. Dr. R. K. Nath
4. Sri L.K. Mondal
5. ACMOH, Sadar, Suri, Birbhum.
6. Representative of Health Wing, SUDA,
7. Dr. D. Bandyopadhyay.
8. E.O. Suri Municipality

President,
Municipal Level Health and Family Welfare Committee.

Annex- IV

Ward wise list of slums.

10. Ward wise list of slums indicating no. of BPL Population .

Ward No.	Name of Slum/s	No. of BPL Population
1	Benepukur Para NiveditaPally Barabagan Bauripara	517
2	Mal Para RabindraPally	472
3	MakkilGuna RakshakaliTala CollegePara Kendua Bayen Para Kendua Muslim Para Kendua Fakir Para	1058
4	KantaBuni Nagari Para SunripukurPara	842
5	SonatorPara	1102
6	Mal Para Keot Para Dattapukur Para Sunripukur Para Bhattacharjee Para -Do ,Bauri Para Mallikguna Para	649
7	Ghune Para Bazar Para Harihat Ganj(1)	402

	Transamiti More Harihat Ganj(2)		
8	Madrasa Road Muchi Para -Do, Churi Para Tika Para Churi Para	402	
9	Laldighi Para	178	
10	Jhanjhir Battala Lalkuthi MathPara LalkuthiPara Math Para BideshiNichuPara PukurPar Bideshipara MalphatakPara SeharaPara	1358	
11	Rutipara Lalkuthipara SeharaPara Chandnipara	613	
12	SaddiPara Nuraipara Chabtala SeharaPara Malphatak	981	
13	Khaspara DhangarPara MathPara BaruiPara Chandipara ScharaPara Nuraipara RutiPara	815	

	MaliPara		
14	BaruiPara HariPara BagdiPara Malpara	709	
15	Puratan Line KaharPara AnandaPur DangalPara	419	
16	RabindraPalli Subhaspalli NazrulPalli Gowalapara	1046	
17	Station more HazraPara Talbona KantaBuni MerthorPara KoraPara	1050	
18	DasPara BaishnabPukurPara Co-operative Colony KenduaBayenPara HatzanBazar MajhiPara DattaPara	1007	
TOTAL	85	13620	

Annex- VI

List of Nursing Homes and NGOs with address.

List of Nursing Home

Serial No	Name(No. of Beds)	Proprietor	Address
1	Life Line Nursing Home(10)	Bharati Saha	Lalkuthi Para, Suri
2	Mina Nursing Home(5)	Minakshi Das	S.P More, Suri
3	Lions' Eye Hospital(10) - Charitable	Lions' Club	Bideshi Para, Suri
4	Birbhum Nursing Home & Maternity (10)	Dr. A. Banerjee	Sonatore Para, Suri
5	Joy Durga Nursing Home(10)	Dr. Ajoy Sen	Rabindra Pally, Suri
6	Indralok Nursing Home (5)	Israt Jahan	SonatorePara, Suri
7	Modern Diagnostic and Nursing Home	Mallika Dey	Dangal Para, Suri

List of N.G.O.s

Serial No.	Name of NGO	Address
1	Nehru Yuva Kendra	Opp Suri Vidyasagar College, Suri
2	Sri Aurobindo Anusilan Society	Sehara Para, Suri
3	Lions' Club of Suri	Near Municipal Office, Suri
4	Lions' Club of greater Suri	c/o Dr. R.K. Nath, Suri
5	Lutharian World Service	S.P More, Suri
6	Rotary Club (just formed)	Sonatore Para, Opp. Tran Samity, Suri
7	CARE	Rabindra Pally, Suri.

Annex- VII

Detail training load and detail budget for HHWs training.

Basic Training Course for HHWs (Both Regular and Panel Candidates)

Training Venue : Suri Municipal Office.

Course Co-ordinator : Dr. D Bandyopadhyay, H.O., Suri Municipality

Trainers name:

- 1) Dr. D. Bandyopadhyay
- 2) Dr. R.K. Nath
- 3) Dr. R. K. Datta
- 4) Smt. Aruna Biswas

Total Duration : 45 days

Time Table :

Class room - 62 sessions, Practical - 28 sessions

Date	11 A.M. to 1 P.M.	Recess	2 P.M. to 4 P.M.
	1. Registration, Inauguration		2. Pre-training examination and evaluation.
	3. DFID assisted Honorary Health Worker Scheme - introduction, aims,		4. Organisational setup, Service strategy, Job responsibility of HHW
	5. Elementary human nutrition, balance diet.		6. Contd.
	7. Nutritional requirement for vulnerable groups, importance of Maternal and Child nutrition, breast feeding , colostrum & weaning practices.		8. Contd.
	9. Concept of health - preventive, promotive, curative health		10. Contd.
	11. Elementary knowledge on communicable and contagious diseases, transmission factor.		12. Contd.
	13. Personnel hygiene, family and community level hygiene, environmental sanitation.		14. Adolescent Girls' health care.
	15. Maternal care - antenatal care,		16. Maternal care Contd.- high-risk pregnancy, diet in pregnancy.
	17. Maternal care -/ intra / post natal care		18. Revision on Maternal Care.
	19. Child care - Essential new born care, high risk neonates,		20. Child care- breast feeding, colostrum, weaning, vitamin A prophylaxis.

21. Child care - Contd. - Growth monitoring chart - Developmental Mile stones	22. Revision on child care
23. Six Vaccine preventable diseases T.B., Polio.	24. Six Vaccine preventable diseases- Diphtheria, Whooping Cough
25. Six Vaccine preventable diseases Tetanus and Measles.	26. Routine Immunisation - Schedule, conduction of immunisation session, follow up
27. Routine Immunisation Contd.	28. Routine Immunisation - Cold Chain
29. Family Welfare programme - Concept of Eligible Couple, small family norm,	30. F.P. methods (spacing and terminal), MTP
31. ARI - Identification, management and prevention.	32. Roles of HHW in ARI management
33. Diarrhoeal diseases - Definition, assessment of dehydration, management, ORS therapy, home available fluid.	34. Video Show , Group work on important messages
35. RTI / UTI-Identification, mode of transmission, and prevention.	36. STDs / HIV / AIDS - Identification, mode of transmission, and prevention.
37. STDs / HIV / AIDS - Continued.	38. National Health Programme - RNTCP - Brief knowledge, identification of cases, linkage.
39. National Health Programme - NLEP - Brief knowledge, identification of cases, linkage	40. National Health Programme - NBCP - Brief knowledge, identification of cases, linkage.
41. National Health Programme - NMCP - Brief knowledge, identification of cases, linkage.	42. National Health Programme - NFCP - Brief knowledge, identification of cases, linkage.
43. National Health Programme - AIDS Control Prog - Brief knowledge, identification of cases, linkage.	44. National Iodine Deficiency Disorders Control Programme - Brief knowledge, identification of cases, linkage.
45. Pulse Polio Immunisation (PPI) Control Programme - Brief knowledge, involvement with linkage.	46. Revision on National Health Programme.
47. Minor ailments - Identification, management at HHWs level, drug therapy, dosage schedule, referral.	48. Minor ailments - Contd.
49. Minor ailments - Contd.	50. HHWs kit - Knowledge about contents, demonstration.

	51. First Aid and role of HHWs		52. First Aid - Continued.
	53. Information, Education & Communication (I.E.C.) - Principles, General and specific, materials and media, HHW's role - inter personnel communication.		54. Family Schedule - Filling up.
	55. Family Schedule - Contd.		56. Family Schedule - Contd.
	57. Family Schedule - Contd.		58. Report and returns proforma (HMIS) - Importance, use of statistics in community health, collection and compilation of the data.
	59. HMIS -Contd.		60. HMIS -Contd.
	61. HMIS -Contd.		62. Allotment of Blocks to HHWs.
	63. Weighing of under 5 children and plotting in the growth monitoring chart.		64. Demonstration on nutritious food (recipe with locally available cheap food items) / conduction of nutrition awareness programme.
	65. Diarrhoeal cases (Under 5 yrs. children), ORS / HAF demonstration.		66. Practical session on First Aid.
	67. Practical session on dosage schedule.		68. MCH Clinic.
	69. FW Clinic and Post partum Unit.		70. Immunisation Clinic, vaccines and cold chain system.
	71. ARI cases (Under 5 yrs. children).		72. Leprosy / Filaria clinic.
	73. STD and Malaria clinic, drawing of blood slide.		74. Visit to field and Family Schedule filling up.
	75. Discussion on filled in Family Schedule.		76. Visit to field and Family Schedule filling up.
	77. Discussion on filled in Family Schedule.		78. Visit to field and Family Schedule filling up.
	79. Discussion on filled in Family Schedule.		80. Visit to field and Family Schedule filling up.
	81. Preparation of HMIS based on filled in Family Schedule.		82. Contd.
	83. Contd.		84. Contd.
	85. Contd.		86. Contd.
	87. Summarization / recapitulation on previous classes.		88. Contd.
	89. Post training evaluation.		90. Valedictory session.

Budget :

SL No.	Item of expenditure	Rate	Amount (in Rs.)
1.	Training materials (Folder, Exercise Book, Pen, Pencil, Eraser, sharpener, Xeroxing of training materials etc.)	@ Rs.300/- per trainee x 25 (HHWs 19 + Trainors & other 6)	7500.00
2.	Tiffin	@ Rs.30/- x 25 x 45	33750.00
3.	Mobility support for the trainees	@ Rs.20/- x 19 x 45	17100.00
4.	Trainer's fee	@ Rs.150/-x 2 x 45	13500.00
	Total		71850.00 *
5.	Contingency	@ 10% of *	7185.00
	Grand Total		79035.00

Annex- VIII**Detail training load and detail budget for FTSS training.****Detail Training Load :****Training Course for FTSS**

Training Venue : Suri Municipal Office.

Course Co-ordinator : Dr. D Bandyopadhyay, H.O., Suri Municipality

Total Duration : 15 days

Time Table :

Class room - 18 sessions, Practical - 12 sessions

Date	11 A.M. to 1 P.M.	Recess	2 P.M. to 4 P.M.
	1. Registration, Inauguration, Objective, approach , services - DFID assisted Honorary Health Worker Scheme		2. Group Management, Leadership, followed by Role play on the topic by the participants (preparation , presentation and discussion)
	3. Job responsibility of FTSS including assistance & guidance to weaker HHWs		4. R.C.H. - Ante / Intra / Post natal care. How to monitor R.C.H. related work of HHW(data collection and entry into family schedule by HHWs - to check and comment), discussion, Referral
	5. Care of New Born / U-5 children, exclusive breast feeding , proper weaning , referral- how to monitor the concerned work of HHWs- data collection and entry into family schedule & HMIS - to check , comment and discuss		6. 6 -Vaccine preventable Diseases, - group discussion / role play on acceptance of immunisation , surveillance, checking up of family schedule and HMIS- to check comment and discuss

	7. Immunisation- UIP schedule, method of vaccine administration, identification of contraindications, post immunisation adversity		8 . Cold Chain- vaccine carrier- steps to be followed to pack vaccines in cold box / carrier , vaccine handling
	9. Nutrition- special attention to under five children and pregnant & post natal mothers. Practical demonstration n spring balance , plotting of weights on growth card		10. Eligible couple, fertility regulation (temporary and permanent methods), - how to monitor the concerned work of HHWs- data collection and entry into family schedule & HMIS - to check, comment and discuss
	11. Diarrhoea, ARI - Symptoms, signs, case management at home, referral, ORS / Half		12. RTI, STI, HIV AIDS
	13. Vital Statistics - importance, calculation of CBR, CDR, MMR, IMR, ECPR		14. Practical on vital statistics
	15. Registers to be maintained at SHP level - antenatal register, postnatal register, immunisation register, stock register		16. State Health Programmes - linkage Co-ordination
	17. Family Schedule - data collection and entry into family schedule - to check, comment and discuss, identification of problems faced during filling up.		18. Contd.
	19. Family Schedule - Contd.		20. Contd.
	21. HMIS - handling of data generated out of family schedule - fortnightly report / monthly report - tabulation / compilation.		22. HMIS - Contd.
	23. HMIS - Contd.		24. HMIS - Contd.
	25. Demonstration - kit bag, drug contents and dosage schedule.		26. Clinic visit - conduct immunisation session
	27. Clinic Visit - Conduct antenatal / postnatal clinic, Haemoglobin estimation, urine examination for albumin.		28. Facilities available for services, liaison problems identification and solution. Conduct half / ORT session
	29. Consolidation of topics covered under the training schedule, question - answers - discussion on different queries		30. Post evaluation test

Budget :

SL No.	Item of expenditure	Rate	Amount (in Rs.)
1.	Training materials	@ Rs.300/- per trainee x 5	1500.00
2.	Tiffin	@ Rs.30/- x 6 x 15	2700.00
3.	Mobility support for the trainees	@ Rs.20/- x 3x 15	900.00
4.	Trainer's fee	@ Rs.150/-x 2 x 15	4500.00
	Total		9600.00 *
5.	Contingency	@ 10% of *	960.00
	Grand Total		10560.00

Annex- IX**Detail training load and detail budget for training of manpower of HP.****Training :**

The training of PTMO, ANM, will be done to make them aware of their responsibilities in the project. The training will be done for one day only.

Budget :

SL No.	Item of expenditure	Rate	Amount (in Rs.)
1.	Training materials	@ Rs.300/- per trainee x 8	2400.00
2.	Tea, Tiffin and mobility support	@ Rs.50/- x 8 x 2	800.00
3.	Trainer's fee	@ Rs.150/-x 2 x 2	600.00
	Total		3800.00 *
4.	Contingency	@ 10% of *	380.00
	Grand Total		4180.00

Annex- X**Detail training load and detail budget for training of manpower of MMC.**

Training will be done at the Health Wing , SUDA

Budget :

SL No.	Item of expenditure	Rate	Amount (in Rs.)
1.	Training materials	@ Rs.300/- per trainee x 8	2400.00
2.	T.A.	@ Rs. 1000/- per person x 5	5000.00

3.	Lodging	@ Rs. 100/- x 5 x 2	1000.00
4.	Food	@ Rs.150/- x 7 x 2	2100.00
5.	Trainer's fee	@ Rs.250/-x 2 x 2	1000.00
	Total		11500.00 *
6.	Contingency	@ 10% of *	1150.00
	Grand Total		12650.00

Annex-XI

Furniture : Detail and Budget.

Details of Furniture required for training, SHP, HP and MMC are listed below :

SL No.	Item	Quantity Required
Furniture for Training		
1.	Steel Almirah without locker	1
2.	Chair Plastic Moulded	40
3.	Table	2
4.	File Cabinet	2
Furniture for SHP		
1.	Steel Almirah without locker	1
2.	Steel Office Table	2
3.	Steel Chair without arms	3
4.	Plastic Moulded chair without arms	10
5.	Revolving stool steel	2
6.	Sataranji (Dari)	2
Furniture for HP		
1.	Steel Almirah without locker	2
2.	Metal Shelving Racks	2
3.	Steel Chair without arms	10
4.	Plastic Moulded Chair	20
5.	Steel Office Table	6
6.	Revolving Stool	2
7.	File Cabinet	2
8.	Refrigerator - 165 ltr.	1
Furniture for MMC		
1.	Half Secretariate Table	1
2.	Office Table Steel	7
3.	Chair	8

4.	Chair for visitors	30
5.	Almirah without locker	4
6.	File Cabinet	6
7.	Table for Computer	2
8.	Chair for Computer	2
9.	Liter Bin	4
10.	Notice Board	1
11.	Display Board (Documentation soft board)	1
12.	Water Purifier	1

The estimated budget for Furniture :

Item	Unit Rate in lakhs	No. of Units	Amount (in Lakhs)
for training	0.25	1	0.25
for SHP	0.17	3	0.51
for HP	0.61	1	0.61
for MMC	1.15	1	1.15
Total			2.52

Annex-XII
Equipment : Detail and Budget

SL No.	Item	Quantity Required
Equipment for Training		
1.	Overhead Projector	1
2.	Screen Overhead Projector	1
3.	Automatic Slide Projector	1
4.	White Board	1
Equipment for SHP		
1	Patient Examination Table	1
2	Folding Foam Coir Mattress for Examination Table with Rexine cover	1
3	Pillow Foam with cover	2
4	Mackintosh Sheet	2
5	Coloured Drawer Sheet	2

6	Steps for Patient use	1
7	Screen Partition in 3 folds with 2 sets of curtain	1
8	Portable steam Steriliser	1
9	Vaccine Carrier	1
10	Weighing Machine (Adult Portable)	1
11	Child Weighing Machine (Portable hanging spring balance)	1
12	Baby Weighing Jacket	1
13	2 Kg. Standard Iron Weight	1
14	Baby weighing Machine with tray and spring bottom	1
15	Blood pressure instrument (sphygmomano-meter - mercurial type)	1
16	Hypodermic syringe	5 doz. each
17	Hypodermic syringe needle	4 doz. each
18	Tuberculine syringe	6 nos.
19	Hypodermic needle for tuberculine syringe	2 doz.
20	Scissors Straight	3
21	Artery Forceps Straight	6
22	Cheatle Forceps - Instrument lifter	1
23	Instrument tray with lid	2
24	Bowl stand with 3 legs	1
25	Tongue Depressor for children	2
26	Stethoscope	1

27	Saucepan with lid and handle	1
28	Emergency Light (Chargeable battery set)	1
29	Kerosene Stove	1
30	Bucket plastic with cover and handle	2
31	Mug plastic	2
32	Jug with handle	2
33	Plastic bucket with lid	1
34	Padlock (navtal)	2
35	Thermometer clinical (Hicks)	3
36	IUD Insertion Kit	
	A. Sponge holding Forceps	2
	B. Disposable Gloves Sterime	6 doz. each size
	C. Cuscos Bi-valve vaginal speculum for Adult	1
	D. Forceps Vulsellum 9"	1
	E. Sterilization tray with cover	1
	F. Straight Artery Forceps 9"	1
	G. Uterine Sound 8", graduated, flexible	1
	H. Scissors Mayo 7½" straight	1
	I. IUD Insertex	1
	J. Dressings Forceps - 6"	1

37	Pregnancy Test Strip	1 pkt.
38	Strip for Albumen in urine test	1 pkt.
39	Haemoglobi-nometer	1 set
40	Urine test container	30
Equipment for HP = Equipment for 1 SHP.		

SL No.	Item	Quantity Required
Equipment for MMC		
1.	Computer, Monitor, UPS, Printer	2
2.	Fax Machine	1

Equipment for HP is equal to equipment for 1 SHP.

The estimated Budget for Equipment :

Item	Unit Rate in lakhs	No. of Units	Amount (in Lakhs)
for training	0.26	1	0.26
for SHP	0.26	3	0.78
for MMC	1.37	1	1.37
Total			2.41

Annex - XIII Drugs, accessories and supplies.

SL No.	Product	Strength	Formulation Unit	Annual Quantity (Approx.)
1	Combined Gastric Antacid	Aluminium Hydroxide & Magnesium Hydroxide total salt being not less than 500mg	10 Tablet / Strip (Aluminium Foil)	4380 Strips
2	Ranitidine	150 mg	Do	2190 Strips
3	Dom peridone	10 mg / Tab	Do	550 Strips
4	Bromhexine Hydrochloride	8 mg / Tab	Do	2190 Strips

5	Chlorpheniramine maleate	4 mg / Tab		1100 Strips
6	Folifer (large)	Ferous Suphate 180 mg. & Folic Acid 0.5 mg /Tab		4380 Strips
7	Folifer (Small)	Ferous Suphate 60 mg. & Folic Acid 0.1 mg /Tab		4380 Strips
8	Albendazole	400mg /Tab	1 Tab / Strip	3460 Tabs
9	Metronidazole	400mg /Tab	10 Tabs / Strip	4380 Strips
10	ORS Citrate	Each sachet of 28.5 gm containing Sodium Chloride 12.3 %, Dextrose 70.2 %, Pot. Chloride 5.3 %, Sodium Citrate 10.2 %.	Sachet	5152 Sachets
11	Dicyclomine	20 mg /Tab	10 Tabs / Strip	550 Strips

Sl. No.	Product	Strength	Formulation Unit	Annual Quantity (Approx.)
12	Paracetamol	500 mg /Tab	Do	4380 Strips
13	Ibuprofen	400 mg / Tab	Do	485 Strips
14	Co Trimoxazole (Adult)	Sulphamethoxazole 400mg & Trimethoprim 80mg /Tab	Do	2190 Strips
15	Co Trimoxazole (Paediatric)	Sulphamethoxazole 200mg & Trimethoprim 40mg /Tab	Do	2190 Strips
16	Chloramphenicol Eye Aplicap	1% w/w in aplicap. Each aplicap to contain 250 mg of oint.	Aplicap	3030 aplicap
17	Absorbent Cotton	100 gm each	1 pkt of 100 gm.	300 pkts.
18	Absorbent Gauze Sterilised in pkts	Containing 10 pcs of 10cm x 10cm separately in polypack	1 set of 10 pcs of gauze	485 pkts.
19	Benzyl Benzoate lotion	25 % / 100 ml	100 ml bottle	242 bottles
20	Povidone Iodine oint.	5%	5 gm tube	2636 tubes
21	Microspore	½" Width	1 reel	242 reels

The estimated budget for Drugs, Accessories & Supplies :

Item	Unit Rate in lakhs	No. of Units	Amount in Lakhs
Drug for SHP	0.942	3	2.83
Drugs for HP	0.942	1	0.94
Total			3.77

17.

Annex-XIV Action Plan from February, 2004 to January, 2005

	February, 2004	March, 2004	April, 2004	May, 2004	June, 2004	July, 2004	August, 2004	September, 2004	October, 2004	November, 2004	December, 2004	January, 2005
Sensitisation session at different levels	*****	*****										
Constitution of MMC	*****				*****							
Constitute Municipal Level Health & FW Committee	Constituted Previously											
Write Up of Project Proposal					*****	*****						
Submission of Project Proposal to Health Wing, SUDA							*****					
Identification of Trainers and forwarding the names to the PO					*****							
Opening of separate Bank A/C for the Project, Joint Operation by ADM and Chairman		*****										
Selection of HHW					*****							
Training of HHW							*****	*****	*****			
Accommodation for Sub-Health Post, Health Post Identification					*****							
Selection of Personnel for HP							*****					
Training of Personnel for HP							****	****				
HHW's starts functioning									*****	*****	*****	*****
Identification of referral centre					*****							
Beginning of service at the Referral Centre											*****	*****

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal****SUDA-Health/DFID/04/168**

Ref No.

Date **27.07.2004****From : Dr. Shibani Goswami
Project Officer
Health Wing, SUDA****To : The Chairman,
Cooch Behar / Jangipur / Bankura / Kalna / Krishnagar /
Medinipur / Bolpur / Bishnupur Municipality****Sub : Writing and submission of Project Proposal by the ULB in
connection with DFID assisted Honorary Health Worker Scheme.****Sir,**

Further to workshop on writing of Project Proposal by the ULBs which were held at SUDA on 27.05.2004 and 02.07.2004 (for Bolpur and Bishnupur), you were required to submit Project Proposal within a month. But no response has yet been received from your end. Already it is late to get the draft Project Proposal. Further delay in submission of the proposal will hinder completion of subsequent activities in time.

You are requested to expedite submission of the Project Proposal by 02.08.2004. Moreover, some additional information are required by DHFW which are enumerated below. You may kindly furnish the additional information so required in separate Annexure.

1. (a) Reference to Sl. No. 7 of the Project Proposal. The locations of all the existing health facilities i.e. State Govt. Hospital, Private facility (Nursing Home), NGOs, Private practitioner are to be shown in a separate map as Annexure.
- (b) Name and address including telephone no. (if possible) of all the existing health facilities as indicated in the table below are to be furnished in a separate Annexure.

Level	Health Facilities	Address	Telephone No.
Municipal			
State Govt.			

Contd. to P-2.

Level	Health Facilities	Address	Telephone No.
Private	Nursing Homes		
NGOs		
Private Practitioners		

2. Refer to Sl. No. 9 (F).

You are requested to collect the name of NGOs from CMOH office and furnish the information as indicated in the table below in a separate Annexure.

Name of NGO	Address	Telephone No.	Actual Service Delivery (Name each of them)

This is to be treated as *most urgent*.

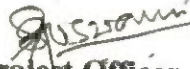
Yours faithfully,


Project Officer
27.07.2004

SUDA-Health/DFID/04/168(1)

CC

The Project Director, HHW Scheme - DFID, Municipality - for kind information and necessary action please.


Project Officer

From: "Rajeev Dube"<rajeev_dube@hotmail.com> [Block Sender](#) | [Save Address](#) | [This is SPAM](#)

To: <shibani_g@indiatimes.com>

Date: Tue, 30 Mar 2004 16:55:00 +0530

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GOVERNMENT OF WEST BENGAL
HEALTH & FAMILY WELFARE DEPARTMENT
SWASTHYA BHAWAN, 4TH FLOOR
PROJECT BRANCH
GN-29, SECTOR-V, BIDHANNAGAR
KOLKATA - 700 091, INDIA

No. SS(P)/HSDI/HHW/813 March 30, 2004

From: Rajeev Dube, IAS
Special Secretary (Project) &
Programme Director, SIP & HSDI.

To: Smt. Shibani Goswami
Project Officer
Health Wing
State Urban Development Agency
ILGUS BHAVAN
H-C Block, Sector-III,
Bidhannagar, Kolkata - 91.
Fax: 23593184, Email: shibani_g@indiatimes.com

Sub: Guidelines for implementation of DFID assisted Honorary Health Worker Scheme.

Ref: Your Memo No. SUDA-Health/DFID/04/17 dated February 26, 2004.

Dear Ms. Goswami,

The above-mentioned guidelines duly approved by our Department are being forwarded to you for taking further necessary action in the matter.

With regards,
Yours sincerely,

(Rajeev Dube)
Special Secretary (Project)
&

Format For Writing Project Proposal By The Municipality

1. Introduction

With GOWB's effort on consolidation of the lessons learnt from earlier Community Based Health Worker Scheme i.e. Honorary Health Worker Scheme, being the first contact care and moving from a parallel and isolated Urban Health Care System to an integrated approach, the modified HHW Scheme is being implemented in 11 municipalities outside Kolkata Metropolitan Area. the municipality is one of them. Integration of the Urban Health Services with the Health Services of the district health offices and facilities of DHFW is one of the key points of integration and sustainability. The scheme will address the comprehensive primary health care and referral services to the Urban Poor.

In this scheme, HHWs in addition to R.C.H. messages, will promote health messages of all communicable diseases, personnel hygiene, environmental sanitation, nutritional deficiency disorders, adolescent health care, participation of males in family health and identification of all types of cases for early management. The HHW and their supervisory tiers will work in tandem with the offices of DHFW in District / Municipality Level for providing comprehensive primary health care and referral services. The HHW and their appropriate supervisory tiers will act as depot holders and provide preventive, promotive and curative services.

Economic parameter of Urban Poor is Rs. 312.13 per capita per month.

2. Aims of the Project

- A. Standard of health services of the Urban Poor is to be raised.**
- B. The HHWs will serve as first contact point for the target population and link the Urban Poor with Health Care Services for establishing a comprehensive primary health care and referral services in Urban Areas.**
- C. Integrate the municipal health services with district health services rendered by the district health offices and hospitals of the DHFW, GOWB.**
- D. The positive lessons learnt from the modified HHW scheme would facilitate DHFW providing health services to the Urban Poor in other areas.**

3. Back ground

- i Name of the Municipality
- ii District
- iii Distance of town from District Head quarter
- iv Distance of town from any District / Sub Division / State General Hospital / or any other hospital providing secondary care (Name the facility from which the distance is mentioned).
- v Name with designation of member and regular invitees of the Municipal Health & Family Welfare Committee (MHFWC)
- vi Last meeting of MHFWC held on..... Copy of minutes / resolutions of the meeting along with endorsement of the project proposal of ULB - Annex - I.
- vii Name of Project Director.
- viii Brief history and geographic features of the town. (Location of the town in West Bengal map. - Annex - II)
- ix Is the town located on a National/State highway (Name of the road way)
- x Is the town a railway station / close to a major railway station (Example- New Kochbihar).
- xi Mention if the town has major industries. Mention names of such industries.
- xii Major endemic health problems of the Municipality, particularly amongst the target population. Example MCH related, T.B., etc.
- xiii Is the Municipality located in a high risk disaster zone (i.e. Flood, draught).
- xiv Is any red light area located in the Municipality or its fringes. If yes, name of the area is to be mentioned.

4. Municipal Map demarcating wards, blocks with serial no., target population, location of the proposed sub-centres and health centre - Annex - III.

5. i) Socio demographic profile of the town in relation to project.

Total population of District	Total urban population of District	Percentage of urban population	Total town population	Town population as percent of Urban Population

(As per census 2001).

ii)

No. of Wards	Total Population	No. of Slums	BPL Population	
			Total BPL population	% of the total population

6. Ward wise list of slum indicating no. of BPL Population in each Slum.

Ward No.	Name of Slum	No. of BPL Population	% of the slum population

7. Existing Health Facilities in the Municipality

Health Facilities	Name of the Facility	Type of Service Delivery *
Municipal		Dispensary (Example)
State Govt.		
Central Govt.		ICDS (Example)
Private facility		
NGO / CBO / Civil Society		
Private Practitioner - Allopathy (Specialist) - Allopathy (MBBS) - Homeopathy - ISM		
If any other specify		

* Type of Service Delivery e.g. Dispensary, Nursing home, Pathological laboratory, X-ray clinic and other Diagnostic centre, Ambulance, ICDS, etc.

8. Existing Health Manpower of Municipality

(Specify Number of each category).

Health Officer / Assistant Health Officer	Nurse	Sanitary Inspector	Vaccinator	If any other, specify

9. Capacity Building

A. At Block Level - HHWs

No. of Blocks	No. of HHWs	Type of Services provided by (Job Responsibilities)

i) Selection by, training by and engagement of HHWs by will be completed.

ii) Detail training load and detail budget. Annex. IV

B. At Sub-Health Post Level - FTS

No. of Sub Health Post	No. of FTSs	Type of Services provided by (Job Responsibilities)

i) Promotion of HHWs to FTS will be completed by

.....

ii) Detail training load and detail budget. Annex. V

1. Capacity Building (Contd.)

C. At Health Post Level - PTMO, ANM and others

Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
	PTMO- ANM - Store Keeper cum Clerk- Attendant- Sweeper-	

- i) Selection by, training by and engagement of PTMO, ANM, Store Keeper cum Clerk by or any other contractual staff mentioned in the guidelines will be completed.
- ii) Rotational Duty roaster of PTMO for rendering services at SHP to be developed and implemented by.....
(No. of PTMO to be determined on the basis of Geographical details)
- iii) Detail training load and detail budget. Annex.VI

9. Capacity Building (Contd.)

D. At Municipal Management Cell (MMC) Level

MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
	HO / AHO - PHN - CDO - Accounts Asstt. - Data Entry Operator - Attendant -	

- i) Selection, training and engagement of HO / AHO, PHN, CDO, Accounts Asstt., Data entry Operator, Attendant will be completed by.....
- ii) Detail training load and detail budget. Annex. VII

E. Referral System

- i) Identification (Name) of Govt. / Private / NGO Facilities.
- ii) Ambulance facility.
 - ULB source
 - Other sources(Description of the available facilities i.e. hiring charges, time required to get the services etc.)
- iii) Referral procedure established or to be established. If referral system is not existing then mention method of establishing it.

9. Capacity Building (Contd.)

F. Identification of local NGOs to facilitate

- **Capacity Building,**
- **Awareness Generation and**
- **establishing MIES**

with detail budget for their involvement - Annex VIII

10. Refurbication of Health Post and Sub Health Post, if required.

- Identification and listing of Health Post / Sub Health Post which need refurbication.**
- List of services to be provided from the Health Post / Sub Health Post giving details of location, approximate covered floor area to be utilized for providing services or administration of the project. (No new construction will be allowed out of the project funds).**
- For each item of refurbication of Health Post / Sub Health Post, approximate cost estimates to be indicated.**

11. Monitoring and Supervision

i) At Municipal Level by Municipal Management Cell

☐ **Composition**

☐ **Roles and responsibility**

ii) By Health & FW Committee

☐ **Composition**

☐ **Roles and responsibility**

iii) Expected support and accountability to Central Coordination Cell at SUDA.

iv) Expected support from district health services.

v) Performance reports and returns to be sent to ACMOH of.....sub-division.

12. Coordination and linkage with existing National / State Health Programme i.e. R.C.H. (Reproduction and Child Health), RNTCP (Revised National TB Control Programme), NLEP (National Leprosy Eradication Programme), NBCP (National Blindness Control Programme), NMCP (National Malaria Control Programme), AIDs Control Programme, NSPCD (National Surveillance Programme for Communicable Diseases), NIDDCP (National Iodine Deficiency Disorders Control Programme).

(Give details of proposed methodology to establish co-ordination. MMC to organise workshop at the Municipal Level with District level key officers of the Directorate of Health Services, ICDS etc., where all possible support to be extended by SPSRC and CCC).

13. I.E.C. Strategy

(Give details of IEC activities to be carried out by project staff and its monitoring and concurrent evaluation).

14. Training

(Proposed calendar and means of verification and quality assessment).

15. Reporting system (HMIS)- to be designed and developed by

16. Procurement

- i) Furniture - Detail and Budget. - Annex IX**
- ii) Equipment- Detail and Budget. - Annex X**
- iii) Drugs, Accessories and supplies- Detail and Budget.
- Annex XI**
- iv) I.E.C. and Training Materials to be obtained from CCC and respective programme officers of DHFW at State and District levels.**
- v) All printed stationery like MIES schedules, etc. will be supplied by CCC.**

17. Action plan from February,2004 to 31 January, 2005

- Annex XII

18. Sustenance

- i) Development of Health Fund**
- ii) Opening oh Health Fund A/C**
- iii) Joint operation of the A/C by the Chairman and any other person nominated by the Chairman.**

19. Budget

Component	Cost (Rs. in Lakhs)
Non-Recurring	
1. Sensitisation of Stakeholders (including different training other than Sl. No. 2 & 3 specified below, Capacity Building sessions, NGO involvement etc.)	
2. Training of Trainers	
3. Training of HHWs	
4. Participatory Need Assessment & Project Proposal Writing	
Procurement	
5. Furniture	
6. Equipment	
7. I.E.C. & Training Materials (all I.E.C. materials will be supplied by CCC)	
8. Drugs and Medico Surgical Requisites (MSR)	
9. Refurbication	
Recurring	
10. Municipal Management Cell (Salary)	
11. Honorarium	
12. Rent	
13. O & M (Meeting expenses, office expenses like stationary, telephone, etc., contingent expenditure for service activities, TA / DA etc.)	

20. Outline of Financial Plan for long term sustainability.

- **Development of Municipal Health Fund through**
 - **Monthly contribution by the BPL population**
 - **User fees from APL population**
 - **Mobilisation of NSDP Fund**
 - **Organisation of Charity Shows, receipt of donation etc.**
- **Support from State Budget**

21. Plan for 5 years with budget outline.

Format For Writing Project Proposal By The Municipality

1. Introduction

With GOWB's effort on consolidation of the lessons learnt from earlier Community Based Health Worker Scheme i.e. Honorary Health Worker Scheme, being the first contact care and moving from a parallel and isolated Urban Health Care System to an integrated approach, the modified HHW Scheme is being implemented in 11 municipalities outside Kolkata Metropolitan Area. the municipality is one of them. Integration of the Urban Health Services with the Health Services of the district health offices and facilities of DHFW is one of the key points of integration and sustainability. The scheme will address the comprehensive primary health care and referral services to the Urban Poor.

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- A. Standard of health services of the Urban Poor is to be raised.**
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- C. Integrate the municipal health services with district health services rendered by the district health offices and hospitals of the DHFW, GOWB.**
- D. The positive lessons learnt from the modified HHW scheme would facilitate DHFW providing health services to the Urban Poor in other areas.**

3. Back ground

- 1st para
- i Name of the Municipality
 - ii District
 - iii Distance of town from District Head quarter
 - iv Distance of town from any District / Sub Division / State General Hospital / or any other hospital providing secondary care (Name the facility from which the distance is mentioned).
- Last para
- v Name with designation of member and regular invitees of the Municipal Health & Family Welfare Committee (MHFWC)
 - vi Last meeting of MHFWC held on..... Copy of minutes / resolutions of the meeting along with endorsement of the project proposal of ULB - Annex - II
 - vii Name of Project Director.
- 2nd para
- viii Brief history and geographic features of the town. (Location of the town in West Bengal map. - Annex - I)
 - ix Is the town located on a National/State highway (Name of the road way)
 - x Is the town a railway station / close to a major railway station (Example- New Kochbihar).
- xi Mention if the town has major industries. Mention names of such industries.
 - xii Major endemic health problems of the Municipality, particularly amongst the target population. Example MCH related, T.B., etc.
 - xiii Is the Municipality located in a high risk disaster zone (i.e. Flood, draught).
 - xiv Is any red light area located in the Municipality or its fringes. If yes, name of the area is to be mentioned.

4. Municipal Map demarcating wards, blocks with serial no., target population, location of the proposed sub-centres and health centre - ^{Health Phc} ^{Post}
Annex - III.

5. i) Socio demographic profile of the town in relation to project.

Total population of District	Total urban population of District	Percentage of urban population	^{Project} Total town population	Town population as percent of Urban Population

(As per census 2001).

ii)

No. of Wards	Total Population	No. of Slums	BPL Population	
			Total BPL population	% of the total population

6. Ward wise list of slum indicating no. of BPL Population in each Slum.

Ward No.	Name of Slum	^{No. of slum phc.}	No. of BPL Population	% of the slum population

7. Existing Health Facilities in the Municipality

Health Facilities	Name of the Facility	Type of Service Delivery *
Municipal		Dispensary (Example)
State Govt.		
Central Govt.		ICDS (Example)
Private facility		
NGO / CBO / Civil Society		
Private Practitioner		
- Allopathy (Specialist)		
- Allopathy (MBBS)		
- Homeopathy		
- ISM		
If any other specify		

* Type of Service Delivery e.g. Dispensary, Nursing home, Pathological laboratory, X-ray clinic and other Diagnostic centre, Ambulance, ICDS, etc.

8. Existing Health Manpower of Municipality

(Specify Number of each category).

Health Officer / Assistant Health Officer	Nurse	Sanitary Inspector	Vaccinator	If any other, specify

9. Capacity Building

A. At Block Level - HHWs

No. of Blocks	No. of HHWs	Type of Services provided by (Job Responsibilities)

i) Selection by, training by and engagement of HHWs by will be completed.

ii) Detail training load and detail budget. Annex. IV

B. At Sub-Health Post Level - FTS

No. of Sub Health Post	No. of FTSs	Type of Services provided by (Job Responsibilities)

i) Promotion of HHWs to FTS will be completed by

ii) Detail training load and detail budget. Annex. V

9. Capacity Building (Contd.)

C. At Health Post Level - PTMO, ANM and others

Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
	PTMO- ANM - Store Keeper cum Clerk- Attendant- Sweeper-	

- i) Selection by, training by and engagement of PTMO, ANM, Store Keeper cum Clerk by or any other contractual staff mentioned in the guidelines will be completed.
- ii) Rotational Duty roaster of PTMO for rendering services at SHP to be developed and implemented by.....
(No. of PTMO to be determined on the basis of Geographical details)
- iii) Detail training load and detail budget. Annex.VI

9. Capacity Building (Contd.)

D. At Municipal Management Cell (MMC) Level

MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
	HO / AHO - PHN - CDO - Accounts Asstt. - Data Entry Operator - Attendant -	

- i) Selection, training and engagement of HO / AHO, PHN, CDO, Accounts Asstt., Data entry Operator, Attendant will be completed by.....
- ii) Detail training load and detail budget. Annex. VII

E. Referral System

- i) Identification (Name) of Govt. / Private / NGO Facilities.
- ii) Ambulance facility.
 - ULB source
 - Other sources(Description of the available facilities i.e. hiring charges, time required to get the services etc.)
- iii) Referral procedure established or to be established. If referral system is not existing then mention method of establishing it.

9. Capacity Building (Contd.)

F. Identification of local NGOs to facilitate

- **Capacity Building,**
- **Awareness Generation and**
- ~~establishing MIES~~

with detail budget for their involvement - Annex VIII

10. Refurbication of Health Post and Sub Health Post, if required.

- Identification and listing of Health Post / Sub Health Post which need refurbication.**
- List of services to be provided from the Health Post / Sub Health Post giving details of location, approximate covered floor area to be utilized for providing services or administration of the project. (No new construction will be allowed out of the project funds).**
- For each item of refurbication of Health Post / Sub Health Post, approximate cost estimates to be indicated.**

11. Monitoring and Supervision

i) At Municipal Level by Municipal Management Cell

☐ **Composition**

☐ **Roles and responsibility**

ii) By Health & FW Committee

☐ **Composition**

☐ **Roles and responsibility**

iii) Expected support and accountability to Central Coordination Cell at SUDA.

iv) Expected support from district health services.

v) Performance reports and returns to be sent to ACMOH of.....sub-division.

12. Coordination and linkage with existing National / State Health Programme i.e. R.C.H. (Reproduction and Child Health), RNTCP (Revised National TB Control Programme), NLEP (National Leprosy Eradication Programme), NBCP (National Blindness Control Programme), NMCP (National Malaria Control Programme), AIDs Control Programme, NSPCD (National Surveillance Programme for Communicable Diseases), NIDDCP (National Iodine Deficiency Disorders Control Programme).

(Give details of proposed methodology to establish co-ordination. MMC to organise workshop at the Municipal Level with District level key officers of the Directorate of Health Services, ICDS etc., where all possible support to be extended by SPSRC and CCC).

13. I.E.C. Strategy

(Give details of IEC activities to be carried out by project staff and its monitoring and concurrent evaluation).

14. Training

(Proposed calendar and means of verification and quality assessment).

15. Reporting system (HMIS)- to be designed and developed by

16. Procurement

- i) Furniture - Detail and Budget. - Annex IX
- ii) Equipment- Detail and Budget. - Annex X
- iii) Drugs, Accessories and supplies- Detail and Budget.
- Annex XI
- iv) I.E.C. and Training Materials to be obtained from CCC and respective programme officers of DHFW at State and District levels.
- v) All printed stationery like MIES schedules, etc. will be supplied by CCC.

17. Action plan from February,2004 to 31 January, 2005 - Annex XII

18. Sustenance

- i) Development of Health Fund
- ii) Opening of Health Fund A/C
- iii) Joint operation of the A/C by the Chairman and any other person nominated by the Chairman.

19. Budget

Component	Cost (Rs. in Lakhs)
Non-Recurring	
1. Sensitisation of Stakeholders (including different training other than Sl. No. 2 & 3 specified below, Capacity Building sessions, NGO involvement etc.)	
2. Training of Trainers	
3. Training of HHWs	
4. Participatory Need Assessment & Project Proposal Writing	
Procurement	
5. Furniture	
6. Equipment	
7. I.E.C. & Training Materials (all I.E.C. materials will be supplied by CCC)	
8. Drugs and Medico Surgical Requisites (MSR)	
9. Refurbication	
Recurring	
10. Municipal Management Cell (Salary)	
11. Honorarium	
12. Rent	
13. O & M (Meeting expenses, office expenses like stationary, telephone, etc., contingent expenditure for service activities, TA / DA etc.)	

20. Outline of Financial Plan for long term sustainability.

- **Development of Municipal Health Fund through**
 - **Monthly contribution by the BPL population**
 - **User fees from APL population**
 - **Mobilisation of NSDP Fund**
 - **Organisation of Charity Shows, receipt of donation etc.**
- **Support from State Budget**

21. Plan for 5 years with budget outline.

Annex-XII

	February, 2004	March, 2004	April, 2004	May, 2004	June, 2004	July, 2004	August, 2004	September, 2004	October, 2004	November, 2004	December, 2004	January, 2005
Sensitisation session at different levels												
Constitution of MMC												
Constitute Municipal Level Health & FW Committee												
Write Up of Project Proposal												
Submission of Project Proposal to Health Wing, SUDA												
Identification of Trainers and forwarding the names to the PO												
Opening of separate Bank A/C for the Project, Joint Operation by ADM and Chairman												
Selection of HHW												
Training of HHW												
Accommodation for Sub-Health Post, Health Post Identification												
Selection of Personnel for HP												
Training of Personnel for HP												
HHWs starts functioning												
Identification of referral centre												
Beginning of service at the Referral Centre												

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. **SUDA-Health/DFID/04/92**

Date ...**20.05.2004**

From : Dr. Shibani Goswami
Project Officer,
Health Wing, SUDA

To : The Chairman,
Kochbihar, Bankura, Purulia, Jangipur, Krishnanagar Municipality.

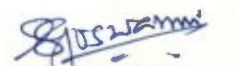
Sub : Discussion on writing of Project Proposal by the ULB in connection
with DFID assisted Honorary Health Worker Scheme

Sir,

Apropos telephonic discussion on date, you are requested to make it convenient to be present in the discussion session on the subject mentioned above at SUDA, Health Wing on 27.05.2004 at 2 P.M.

In this connection, it is to mention that the personnel who will be involved by you in writing Project Proposal are also to be present to participate in the said discussion session.

Yours faithfully,

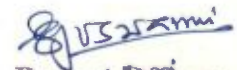

Project Officer

SUDA-Health/DFID/04/92(1-5)

20.05.2004

CC

Project Director, Kochbihar, Bankura, Purulia, Jangipur, Krishnanagar Municipality for favour of kind information and necessary action please.


Project Officer

CONTINUATION OF IMPLEMENTATION OF DFID ASSISTED HONORARY HEALTH WORKERS SCHEME IN 11 NEW MUNICIPALITIES

REVISED PROJECT BUDGET

Working Sheet for 2 year

(Rs. in lakhs)	
Component	Cost
Non-Recurring	
1. Training	28.05
2. IEC	43.20
3. Documentation	16.50
4. Procurement of Medicine	55.00
5. NGO Involvement	11.00
Sub Total	153.75
Recurring	
1. Honorarium	81.40
2. Service / Hiring charge for Health Facilities	11.16
3. Management & Supervision	106.20
4. Operating Cost (Sundries)	36.40
Sub Total	235.16
Total	388.91

Expenditure to gross cost level
manpower

7.18

Gr. Total

396.09

WEST BENGAL HEALTH SECTOR DEVELOPMENT INITIATIVE :
CONTINUATION OF IMPLEMENTATION OF DFID ASSISTED HONORARY HEALTH WORKERS SCHEME IN 11 NEW MUNICIPALITIES

REVISED PROJECT BUDGET

Working Sheet for 1 year

Item of Expenditure	Amount (Rs.)
I. At Block Level	
1. Honorarium for HHWs @ Rs. 700/- p.m. and fixed allowance Rs. 50/- for 500 HHWs =750/- x 500 x 12	
2. Expenses for block level meetings and interaction with beneficiaries and opinion leaders @ 1 meeting of 30 persons for every month for each block costing Rs. 5/- per person per meeting. =150/- x 500 x 12	4500000.00
Sub Total	900000.00
II. At SHP Level	5400000.00
1. Service Charges for accommodation @ Rs. 1000/- p.m. per SHP =1000/- x 60 x 12	
2. Honorarium for first tier supervisor @ Rs. 850/- p.m. and fixed allowance @ Rs. 70/- p.m. for 100 FTS =920 x 100 x 12	720000.00
3. Sundries @ Rs. 750/- p.m. per SHP =750/- x 60 x 12	1104000.00
Sub Total	540000.00
III. At HP Level	2364000.00
1. Hiring Charges for temporary accommodation of HP @ Rs. 3000/- p.m. per HP =3000/- x 11 x 12	
2. Honorarium PTMO - 2 per HP @ Rs. 1600/- p.m. each =1600/- x 30 x 12	396000.00
3. Honorarium ANM - 2 per HP @ Rs. 1250/- p.m. each =1250/- x 30 x 12	576000.00
4. Honorarium Store cum Clerk - 1 per HP @ Rs. 850/- p.m. each =850/- x 11 x 12	450000.00
5. Honorarium Attendant - 2 per HP @ Rs. 650/- p.m. each =650/- x 22 x 12	112200.00
6. Honorarium Sweeper - 1 per HP @ Rs. 450/- p.m. each =450/- x 11 x 12	171600.00
7. Honorarium Night Guard - 1 per HP @ Rs. 450/- p.m. each =450/- x 11 x 12	59400.00
8. Medicine and MSR @ 2.5 lakhs per year per HP =2.5 lakhs x 11	59400.00
9. Sundries @ Rs. 1.00 lakhs per year per HP =1.00 lakhs x 11	275000.00
Sub Total	1100000.00
IV. At Referral Level	5674800.00
1. Specialist Doctors in 3 disciplines @ Rs. 2400/- p.m. for each specialist (for two visits per week) =2400/- x 3 x 12 x 11	
2. Pharmacist @ Rs. 1200/- p.m. =1200/- x 11 x 12	950400.00
2. Medicine and MSR @ Rs. 2.50 lakhs per year per unit =2.50 lakhs x 11	158400.00
3. Sundries @ Rs. 1.00 lakhs per year per unit =1.00 lakhs x 11	275000.00
Sub Total	1100000.00
V. Training	4958800.00
1. Update Training @ Rs. 1.50 lakhs per HP per year =1.50 lakhs x 17	
2. Sundries @ Rs. 0.15 lakh per HP per year =0.15 lakh x 17	2550000.00
Sub Total	255000.00
VI. IEC	2805000.00
1. Advertisement / outdoor display @ Rs. 1.00 lakh per ULB per year =1.00 lakh x 11	
2. Printed materials @ Rs. 0.60 lakh per HP per year =0.60 lakh x 17	1100000.00
3. Workshop @ Rs. 2.00 lakhs per ULB per year =2.00 lakhs x 11	1020000.00
Sub Total	2200000.00
VII. Management and Supervision	4320000.00
1. Establishment cost (Salary to manpower & mobility support) @ Rs. 0.55 lakh p.m. per ULB =0.55 lakh x 11 x 12	
2. Sundries @ Rs. 10000/- per month per ULB =10000/- x 11 x 12	7260000.00
3. Establishment cost at State HQ (Salary to manpower, mobility support and sundries) @Rs. 1.70 lakhs p.m. =1.70 x 12	1320000.00
Sub Total	2040000.00
VIII. Continued Documentation	10620000.00
1. Documentation @ Rs. 1.50 lakhs per ULB per year =1.50 lakhs x 11	
Sub Total	1650000.00
IX. NGO Involvement	1650000.00
1. NGO Involvement @ Rs. 1.00 lakh per ULB per year =1.00 lakhs x 11	
Sub Total	1100000.00
TOTAL	1100000.00
	38892400.00

Ex-gratia to grass-root level manpower 718000.00
Grand Total. 39610400.00

16.7.04

	BPZ Polph	No. of SHP.	No. of PTM
Kochbihar. -	17205	3✓	2
Jangipur -	18616	4✓	2
Berhampur -	42494	8	3
Suri -	13620	3✓	2
Bolpur -	13190	3✓	2
Purnea -	47343	9	3
Bankura -	28032	6	3
Bishnupur -	14032	3✓	2
Kalna -	11455	2✓	2
Krishnanagar -	34765	7	3
Medinipur -	37567	8	3
		<u>56</u>	<u>27</u>

Mon Tue Fri Sat
H W Reposing.

1 HP - 2 MOS. Mond Meeting

SC. SC. SC.
 (1) (1) (1)
 Tue - 1 Tue - 1 Wed - 1
 Wed - 1 Wed - 1
 Thurs - 1 Thurs - 1
 Fri - 1 Fri - 1

11-56
11-24
HP SHS

(1) (1) (1) (1)
 Tue - 1 Tue - 1 Wed - 1 Wed - 1
 Thurs - 1 Thurs - 1 Fri - 1 Fri - 1

Document on LCU SP Asant. are
to be sent - to GOI instantly.
For the purpose, the document
has been prepared, and dispatched
through courier at odd hours
on 29.9.2003.
The order change currency
to Rs. 3887 - ~~has~~ has been
paid from my own pocket.
The amount of Rs. 3887
may kindly be reimbursed
to me in cash.

12.

11. Preparation of Road map for infrastructure

etc.

- Release of fund.
- Submission of SOF.

Format For Writing Project Proposal By The Municipality

1. Introduction

With GOWB's effort on consolidation of the lessons learnt from earlier Community Based Health Worker Scheme i.e. Honorary Health Worker Scheme, being the first contact care and moving from a parallel and isolated Urban Health Care System to an integrated approach, the modified HHW Scheme is being implemented in 11 municipalities outside Kolkata Metropolitan Area. the municipality is one of them. Integration of the Urban Health Services with the Health Services of the district health offices and facilities of DHFW is one of the key points of integration and sustainability. The scheme will address the comprehensive primary health care and referral services to the Urban Poor.

In this scheme, HHWs in addition to R.C.H. messages, will promote health messages of all communicable diseases, personnel hygiene, environmental sanitation, nutritional deficiency disorders, adolescent health care, participation of males in family health and identification of all types of cases for early management. The HHW and their supervisory tiers will work in tandem with the offices of DHFW in District / Municipality Level for providing comprehensive primary health care and referral services. The HHW and their appropriate supervisory tiers will act as depot holders and provide preventive, promotive and curative services.

Economic parameter of Urban Poor is Rs. 312.13 per capita per month.

2. Aims of the Project

- A. Standard of health services of the Urban Poor is to be raised.**
- B. The HHWs will serve as first contact point for the target population and link the Urban Poor with Health Care Services for establishing a comprehensive primary health care and referral services in Urban Areas.**
- C. Integrate the municipal health services with district health services rendered by the district health offices and hospitals of the DHFW, GOWB.**
- D. The positive lessons learnt from the modified HHW scheme would facilitate DHFW providing health services to the Urban Poor in other areas.**

3. Back ground

- i Name of the Municipality
- ii District
- iii Distance of town from District Head quarter
- iv Distance of town from any District / Sub Division / State General Hospital / or any other hospital providing secondary care (Name the facility from which the distance is mentioned).
- v Name with designation of member and regular invitees of the Municipal Health & Family Welfare Committee (MHFWC)
- vi Last meeting of MHFWC held on..... Copy of minutes / resolutions of the meeting along with endorsement of the project proposal of ULB - Annex - I.
- vii Name of Project Director.
- viii Brief history and geographic features of the town. (Location of the town in West Bengal map. - Annex - II)
- ix Is the town located on a National/State highway (Name of the road way)
- x Is the town a railway station / close to a major railway station (Example- New Kochbihar).
- xi Mention if the town has major industries. Mention names of such industries.
- xii Major endemic health problems of the Municipality, particularly amongst the target population. Example MCH related, T.B., etc.
- xiii Is the Municipality located in a high risk disaster zone (i.e. Flood, draught).
- xiv Is any red light area located in the Municipality or its fringes. If yes, name of the area is to be mentioned.

4. **Municipal Map** demarcating wards, blocks with serial no., target population, location of the proposed sub-centres and health centre - Annex - III.

5. i) **Socio demographic profile of the town in relation to project.**

Total population of District	Total urban population of District	Percentage of urban population	Total town population	Town population as percent of Urban Population

(As per census 2001).

ii)

No. of Wards	Total Population	No. of Slums	BPL Population	
			Total BPL population	% of the total population

6. **Ward wise list of slum indicating no. of BPL Population in each Slum.**

Ward No.	Name of Slum	No. of BPL Population	% of the slum population

7. Existing Health Facilities in the Municipality

Health Facilities	Name of the Facility	Type of Service Delivery *
Municipal		Dispensary (Example)
State Govt.		
Central Govt.		ICDS (Example)
Private facility		
NGO / CBO / Civil Society		
Private Practitioner - Allopathy (Specialist) - Allopathy (MBBS) - Homeopathy - ISM		
If any other specify		

* Type of Service Delivery e.g. Dispensary, Nursing home, Pathological laboratory, X-ray clinic and other Diagnostic centre, Ambulance, ICDS, etc.

8. Existing Health Manpower of Municipality

(Specify Number of each category).

Health Officer / Assistant Health Officer	Nurse	Sanitary Inspector	Vaccinator	If any other, specify

9. Capacity Building

A. At Block Level - HHWs

No. of Blocks	No. of HHWs	Type of Services provided by (Job Responsibilities)

i) Selection by, training by and engagement of HHWs by will be completed.

ii) Detail training load and detail budget. Annex. IV

B. At Sub-Health Post Level - FTS

No. of Sub Health Post	No. of FTSs	Type of Services provided by (Job Responsibilities)

i) Promotion of HHWs to FTS will be completed by
.....

ii) Detail training load and detail budget. Annex. V

9. Capacity Building (Contd.)

C. At Health Post Level - PTMO, ANM and others

Health Post	No. of Manpower	Type of Services provided by (Job Responsibilities)
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(No. of PTMO to be determined on the basis of Geographical details)
- iii) Detail training load and detail budget. Annex.VI

9. Capacity Building (Contd.)

D. At Municipal Management Cell (MMC) Level

MMC	No. of Manpower	Type of Services provided by (Job Responsibilities)
	HO / AHO - PHN - CDO - Accounts Asstt. - Data Entry Operator - Attendant -	

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9. Capacity Building (Contd.)

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- **Awareness Generation and**
- **establishing MIES**

with detail budget for their involvement - Annex VIII

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- iii) For each item of refurbication of Health Post / Sub Health Post, approximate cost estimates to be indicated.**

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i) At Municipal Level by Municipal Management Cell

☐ **Composition**

☐ **Roles and responsibility**

ii) By Health & FW Committee

☐ **Composition**

☐ **Roles and responsibility**

iii) Expected support and accountability to Central Coordination Cell at SUDA.

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(Give details of proposed methodology to establish co-ordination. MMC to organise workshop at the Municipal Level with District level key officers of the Directorate of Health Services, ICDS etc., where all possible support to be extended by SPSRC and CCC).

13. I.E.C. Strategy

(Give details of IEC activities to be carried out by project staff and its monitoring and concurrent evaluation).

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(Proposed calendar and means of verification and quality assessment).

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- i) Furniture - Detail and Budget. - Annex IX
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- i) Development of Health Fund
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Non-Recurring	
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Procurement	
5. Furniture	
6. Equipment	
7. I.E.C. & Training Materials (all I.E.C. materials will be supplied by CCC)	
8. Drugs and Medico Surgical Requisites (MSR)	
9. Refurbication	
Recurring	
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11. Honorarium	
12. Rent	
13. O & M (Meeting expenses, office expenses like stationary, telephone, etc., contingent expenditure for service activities, TA / DA etc.)	

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 - **Monthly contribution by the BPL population**
 - **User fees from APL population**
 - **Mobilisation of NSDP Fund**
 - **Organisation of Charity Shows, receipt of donation etc.**
- **Support from State Budget**

21. Plan for 5 years with budget outline.

**GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
STRATEGIC PLANNING AND SECTOR REFORM CELL
SWASTHYA BHAWAN, 4TH FLOOR
GN-29, SECTOR-V, BIDHANNAGAR
KOLKATA- 700 091, INDIA**

No. 1910/ SS(P)/HSDI/HHW/879

April 22, 2004
23

From: Rajeev Dube, IAS
Special Secretary &
Programme Director, SIP & HSDI

✓ **To: Dr. Shibani Goswami**
Project Officer
Health Wing
State Urban Development Agency
ILGUS BHAVAN
H-C Block, Sector-III,
Bidhannagar, Kolkata - 91.
Fax: 23593184, Email: shibani_g@indiatimes.com

- Sub:** 1. Guidelines for writing project proposal by the Municipality for DFID assisted Honorary Health Worker Scheme (Memo No. SUDA/DFID/04/49 dated April 1, 2004).
2. Indicators for monitoring the DFID assisted Honorary Health Worker Scheme (Memo No. SUDA-Health/DFID/4/50 dated April 5, 2004).
3. Nomenclature with regard to SHP & HP (Memo No. SUDA-Health/DFID/4/51 dated April 5, 2004).

Dear Dr. Goswami,

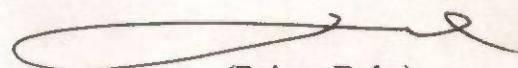
We have examined the above-mentioned guidelines and indicators and the final versions that was agreed to in the meeting held on April 8, 2004 with our officers and consultants, and subsequently communicated to Dr. A. K. Ghosh, CTO, SPSRC, by your email dated April 17, 2004, should be utilized for the programme.

Regarding Nomenclature, we have noted that you have already taken the required necessary action.

Kindly proceed further with the programme implementation.

With regards,

Yours sincerely,



(Rajeev Dube)
Special Secretary &
Programme Director, SIP & HSDI

**GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
STRATEGIC PLANNING AND SECTOR REFORM CELL
SWASTHYA BHAWAN, 4TH FLOOR
GN-29, SECTOR-V, BIDHANNAGAR
KOLKATA- 700 091, INDIA**

No. ¹⁸⁴⁵SS(P)/HSDI/HHW/837

April 6, 2004

From: Rajeev Dube, IAS
Special Secretary &
Programme Director, SIP & HSDI



1 8 APR 2004
4002 HPA 8

✓ **To: Dr. Shibani Goswami**
Project Officer
Health Wing
State Urban Development Agency
ILGUS BHAVAN
H-C Block, Sector-III,
Bidhannagar, Kolkata - 91.
Fax: 23593184, Email: shibani_g@indiatimes.com

- Sub:**
1. Guidelines for writing project proposal by the Municipality for DFID assisted Honorary Health Worker Scheme (Memo No. SUDA/DFID/04/49 dated April 1, 2004).
 2. Indicators for monitoring the DFID assisted Honorary Health Worker Scheme (Memo No. SUDA-Health/DFID/4/50 dated April 5, 2004).
 3. Nomenclature with regard to SHP & HP (Memo No. SUDA-Health/DFID/4/51 dated April 5, 2004).

Dear Dr. Goswami,

We have received your communication-bearing no. SUDA/DFID/04/49 dated April 1, 2004 enclosing a format for writing project proposals by the municipality. In our opinion some of the contents of the format go beyond the information required for writing a project proposal by the ULBs. Some of the information would only be available after the Honorary Health Workers carry out a door-to-door enumeration of the target beneficiaries.

The project proposal prepared by the ULBs should develop a road map for integrating the health services of the ULB with the overall health services of the State. The proposal could also design some innovative approaches for sustainability of the health services of the ULB.

In order to develop mutual clarity and exchange of notes we are inviting you and the Health Consultant of SUDA in a meeting to be held on Thursday April 8, 2004 in the office of our Strategic Planning and Sector Reform Cell located at 4th Floor in the New Secretariat Building. The meeting will be held from 11 a.m. onwards. Dr. A K Ghosh, Chief Technical Officer, SPSRC, Dr. N K Biswas, Mr. S L Banerjee and Ms. Tamali Ganguly Consultants will be present in the meeting on our behalf. A draft guideline prepared by us is being sent as a background paper for discussions.

The other two issues relating to Indicators for monitoring and nomenclature can also be discussed and finalized in the said meeting.

Based on the deliberations of the meeting, we shall be formally communicating our views to you under intimation to MA Department.

With best wishes,

Yours sincerely

A handwritten signature in black ink, consisting of a large loop followed by a horizontal stroke and a small hook at the end.

Rajeev Dube
Special Secretary &
Programme Director, SIP & HSDI

Format For Writing Project Proposal By The Municipality

DRAFT for internal discussion of SPSRC/SUDA

1. Back ground
 - i. Name of the Municipality
 - ii. District
 - iii. Distance of town from District Head quarter
 - iv. Distance of town from any District / Sub District / State General Hospital / or any other hospital providing secondary care (Name the facility from which the distance is mentioned).
 - v. Name with designation of member and regular invitees of the Municipal Health & Family Welfare Committee (MHFWC)
 - vi. Last meeting of MHFWC held on..... Copy of minutes / resolutions of the meeting. Annex-I
 - vii. Name of Project Director.
 - viii. Brief history and geographic features of the town.
 - ix. Is the town located on a National/State highway (Name of the road way)
 - x. Is the town a railway station / close to a major railway station (Example- New Kochbihar).
 - xi. Mention if the town has major industries. Mention names of such industries.
 - xii. Major endemic health problems of the Municipality, particularly amongst the target population. Example MCH related, T.B., etc.
 - xiii. Is the Municipality located in a high risk disaster zone.
 - xiv. Name if any red light area is located in the Municipality or its fringes.
2. Municipal Map demarcating wards, blocks with serial no., target population, location of the proposed sub-centres and health centre.
3.
 - i) Socio demographic profile of the town in relation to project.

Total population of District	Total urban population of District	Percentage of urban population	Total town population	Town population as percent of Urban Population

ii)

No. of Wards	Total Population	No. of Slums	BPL Population	
			Total BPL population	% of the total population

4. Ward wise list of slum indicating no. of BPL population in each slum.

Ward No.	Name of Slum	No. of BPL Population	% of the slum population

5. Existing Health Facilities in the Municipality.

Health Facilities	Name of the Facility	Type of Service Delivery*
Municipal		Dispensary (Example)
State Govt.		
Central Govt.		ICDS (Example)
Private facility		
NGO / CBO / Civil Society		
Private Practitioner - Allopathy (Specialist) - Allopathy (MBBS) - Homeopathy - ISM		
If any other specify		

* Type of Service Delivery e.g. Dispensary, Nursing home, Pathological laboratory, X-ray clinic and other Diagnostic centre, Ambulance, ICDS, etc.

6. Existing Health Manpower of Municipality (Specify Number of each category).

Health Officer / Assistant Health Officer	Nurse	Sanitary Inspector	Vaccinator	If any other, specify

7. Capacity Building

- a) At Block Level by HHWs

No. of Blocks	No. of HHWs	Type of Services

- i) Selection, training and engagement of HHWs will be completed by.....
Detail training load and detail budget. Annex. 2

Pilot Project for Expanding the Honourary Health Workers Scheme to 11 Municipalities outside Kolkata Metropolitan Development Area

b) At Sub-Centre Level by FTS and PTMO

No. of Sub Centres	No. of FTSs and PTMO	Type of Services provided by
		FTS - PTMO-

- i) Promotion of HHWs to FTS will be completed by
- j) Rotational Duty roster of PTMO to be developed and implemented by...
Detail training load and detail budget. Annex. 3

c) At Health Centre Level by HO/AHO, PTMO, PHN and others.

Health Centre	No. of Manpower	Type of Services
	HO/AHO- PTMO- PHN - Store Keeper cum Clerk- Attendant- Sweeper-	

- i) Selection, training and engagement of PTMO, ANM, Store Keeper cum Clerk or any other contractual staff mentioned in the guidelines by.....
Detail training load and detail budget. Annex. 4
- d) Referral System- Identification (Name) of Govt. / Private / NGO Facilities.
- Ambulance facility, if any.
- e) Identification of local NGO to facilitate Capacity Building, Awareness Generation and establishing MIES with detail budget for their involvement.
Annex 5.

8. Refurbication of Health Centre and Sub Centre, if required

i) Civil Infrastructure - List of service and administrative facilities in existing buildings giving details of location, approximate covered floor area to be utilized for providing service or administration of the project (No new construction will be allowed out of the project funds). Preferable give details of the covered area e.g. room, passage, staircase, toilets, etc.

ii)Referral procedure established or to be established. If referral system is not existing then mention method of establishing it.

9. Equipment –

List of existing equipments and items proposed for procurement. Annex 6

Pilot Project for Expanding the Honourary Health Workers Scheme to 11 Municiplities outside Kolkata Metropolitan Development Area

10. Drugs, Accessories and supplies (Consumables)-
List of annual requirement with detail budget. Annex 7
11. Monitoring and Supervision
 - i) At Municipal Level by Municipal Management Cell
 - ☐ Composition
 - ☐ Roles and responsibility
 - ii) By Health & FW Committee
 - ☐ Composition
 - ☐ Roles and responsibility
 - iii) Expected support and accountability to Central Coordination Cell at SUDA.
 - iv) Expected support from district health services.
 - v) Performance reports and returns to be sent to ACMOH of.....sub-division.
12. Coordination and linkage with existing National / State Health Programme i.e. R.C.H., RNTCP, NLEP, NBCP, NMCP, AIDs Control Programme, NSPCD.
(Give details of proposed methodology to establish co-ordination).
13. I.E.C. Strategy (Give details of IEC activities to be carried out by project staff and its monitoring and concurrent impact evaluation).
14. Training -(Proposed calendar and means of verification and quality assessment)
15. Reporting system (HMIS)- to be designed and developed by
16. Procurement.
 - i) Furniture - Detail and Budget. Annex 8
 - ii) Equipment- Detail and Budget. Annex 9
 - iii) Drugs, Accessories and supplies- Detail and Budget. Annex.10
 - iv) I.E.C. and Training Materials to be obtained from CCC and respective programme officers of DHFW at State and District levels.
 - v) All printed stationery like MIES schedules, etc. will be supplied by CCC
17. Action plan from February,2004 to 31 january,2005. Annex 11
18. Sustenance.
 - i) Development of Health Fund
 - ii) Opening oh Health Fund A/C
 - iii) Joint operation of the A/C by the Chairman and any other person nominated by the Chairman.

Pilot Project for Expanding the Honourary Health Workers Scheme to 11 Municiplities outside Kolkata Metropolitan Development Area

19. Budget -

- i. Salary
- ii. Honorarium
- iii. Civil Infrastructure, Refurbication location wise budget.
- iv. Equipment procurement and repair if any
- v. Drugs, Accessories and supplies (consumables)
- vi. Detail training budget
- vii. IEC (all IEC materials will be supplied by CCC)
- viii. Mobility
- ix. Meetings
- x. Engagement of NGO for Capacity Building
- xi. Office expenses like stationery, telephone, small purchases, etc.
- xii. Contingency

20. Outline of Financial Plan for long term sustainability.

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. **SUDA-Health/DFID/04/49**

Date**01.04.2004**

From : **Dr. Shibani Goswami**
Project Officer,
Health, SUDA

To : **Shri Rajeev Dubc, IAS**
Special Secretary (Project) &
Programme Director, SIP & HSDI

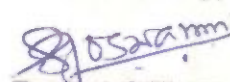
**Sub : Guideline for writing project proposal by the Municipality
for DFID assisted Honorary Health Worker Scheme.**

Sir,

Reference is invited to your communication bearing no. SS(P)/HSDI/HHW/816 dt. March 30, 2004 received through e-mail. The guideline sent by you for implementation of the said scheme is most comprehensive and will be useful for necessary guidance. But the ULBs will require more concrete points i.e. main heads and sub - heads for writing project proposal. Under the circumstances, a format for writing project proposal has been developed and is enclosed for your kind approval at the earliest so that project proposal writing could be completed by April, 2004.

Enclo : As Stated.

Yours faithfully,


Project Officer

A format for writing project proposal by the Municipality.

1. Back ground
 - a) Brief history of the town
 - b) Inclusion of the ULBs for expanding the HHW Scheme in providing Primary Health Care Services to the BPL population
2. Municipal Map demarcating wards, blocks with serial no., target population, location of the proposed sub-centre and health centre.
3. Socio demographic profile of the town.

No. of Wards	Total Population	No. of Slums	BPL Population

4. Ward wise slum list indicating no. of BPL population.

Ward No.	Name of Slum	No. of BPL Population

5. BPL population by age.

<1	1 - 4	5 - 14	15 - 44	45 and above	Total

6. BPL population by sex.

Male	Female	Total

7. Present Health Status of BPL population.

- a) Immunisation status of infant and pregnant women.

(in %)

Infant				Pregnant Women
BCG	DPT III	OPV III	Measles	TT II / Booster

- b) Age of women at marriage.

(in %)

<18 yrs	18 and above

c) Age of women at 1st Maternity

(in %)	
<20 yrs	20 and above

d) Antenatal check up.

(in %)	
<3 check ups	3 & more check ups

e) Confinement status.

(in %)	
Home Delivery	Institution Delivery

f) Contraception coverage.

Permanent Method	(in %)		
	Temporary Method		
	IUD	OCP	Nirodh

g) IMR and MMR profile.

(in %)	
IMR	MMR

8. Existing Health Facilities

Health Facilities	Name of the Facility	Type of Service Delivery
Municipal	Dispensary (Example)	
State Govt.		
Central Govt.	ICDS (Example)	
Private		
NGO		
If any other specify		

If there are any other facilities to be specified.

9. Existing Health Manpower at Municipality.

Health Officer	Nurse	Sanitary Inspector	Vaccinator	If any other, specify

10. Situation of Urban Poor.

- Health awareness status of BPL population - immunisation, age at marriage, age at 1st maternity, antenatal check up, institution delivery, nutrition, RTI / STI / HIV / AIDs, Diarrhoea, ARI, family planning methods etc.
- Utilisation of existing health facilities by the BPL population.
Main focus to be on immunisation, antenatal care, institution delivery, primary treatment for diarrhoea and ARI, family planning methods and so on.

11. Need for expansion of HHW Scheme for promotion of Primary Health Care Services.

12. Service strategy.

a) At Block Level ~~by~~ HHWs

No. of Blocks	No. of HHWs	Type of Services

i) Selection, training and engagement of HHWs

b) At Sub-Centre Level ~~by~~ FTS

No. of Sub Centres	No. of FTSs	Type of Services

i) Selection, training and engagement of ^{FTSs} ~~HHWs~~

c) At Health Centre Level ~~by~~ PTMO, ANM and others.

No. of Health Centres	No. of Manpower	Type of Services
	PTMO - ANM - Store Keeper cum Clerk - Attendant - Sweeper	

i) Selection, training and engagement of PTMO, ANM, Store Keeper cum Clerk.

d) ~~At MHC -~~

e) Referral System - Identification of Govt. / Private / NGO facilities.

13. Rehabilitation of Health Centre and Sub Centre, if required.

14. **Monitoring and Supervision**

- i) **At Municipal Level by Municipal Management Cell**
 - **Composition**
 - **Roles and responsibility**
- ii) **By Health & FW Committee**
 - **Composition**
 - **Roles and responsibility**
- iii) **By Central Coordinating Cell at SUDA**
 - **Composition**
 - **Roles and responsibility**

15. **Coordination and linkage with existing National / State Health Programme i.e. R.C.H., RNTCP, NLEP, NBCP, NMCP, AIDs Control Programme, NSPCD.**

16. **I.E.C. strategy.**

17. **Training.**

18. **Reporting system (HMIS).**

19. **Procurement.**

- i) **Furniture**
- ii) **Equipment**
- iii) **I.E.C. and Training Materials**
- iv) **Drugs**

20. **Action plan from February, 2004 to 31 January, 2005.**

21. **Sustenance.**

- i) **Development of Health Fund**
- ii) **Opening of Health Fund A/C**
- iii) **Joint operation of the A/C by the Chairman and any other person nominated by the Chairman.**

22. **Financial.**