

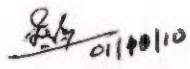


CHANGE MANAGEMENT UNIT (KUSP)

KUSP Mid-year review programme will be held on 5th October 2010 at 10.00 A.M. in the Conference Hall of SUDA. A detailed programme of DFID team is enclosed. Project Director desires that all Experts should remain present during the review meeting and each Expert should prepare presentation of the component looked after by him and make arrangement for presentation in the time slot mentioned in the programme.

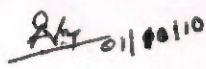
Project Director also desires to hold a meeting in this respect with all Experts on 01.10.10 at 4.00 P.M. in his chamber.

Enclo : As stated


Engineering Expert, CMU

Copy to :

1. Project Director, CMU
2. Project Manager, CMU
3. Financial Adviser, CMU
4. Accounts Officer, CMU
5. Procurement Expert, CMU
6. Economist, CMU
7. Poverty Monitoring Expert, CMU
8. Consultant, CMU
- ✓ 9. Health Expert, CMU
10. IT Expert, CMU
11. Computer Programmer, CMU


Engineering Expert, CMU

Time	Item	Remarks	Lead
	CMU	land security and property rights (ii) Discussion on Urbanisation Strategy (consultant MAY be asked to make a 10-min presentation) (iii) Discussion on Green Module Study (consultant MAY be asked to make a 10-min presentation) (iv) Discussion on how ICLEI work can be built up on – focusing on both mitigation and adaptation	advisors DFID lead: A. Ray
04.00 pm – 04.30 pm	Parallel Discussion 1 – KUSP Programme Finance and Spending	(i) Discussions on Programme Spends so far (ii) Discussions on expected programme spends (iii) Discussions on financial closure of project	KUSP lead: Accounts In-Charge and PD CMU DFID lead: A. Sablok
05.00 pm – 05.30 pm	Wrap Up		DFID lead: A. Ray

Note: Secretary MA Department presence is required for 10 am – 12 noon duration.

Draft programme for the KUSP Mid-Year Review – 5th October 2010

DFID Team: Abhijit Ray (Team Leader), Anjali Sablok (Project Officer), Debbie Menezes (Programme Manager), Jaydeep Biswas (Governance Adviser), Shantanu Das (Economic Advisor) and Agnes Rozario (Assistant Programme Officer)

Time	Item	Remarks	Lead
Day 1 – 5 th October 2010			
10.00 am – 10.15 am	Brief Presentation by DFID on Institutional Architecture		DFID lead: A.Ray
10.15 am – 12.00 noon	Discussions		Chair: Secretary MA Deptt KUSP lead: PD CMU DFID lead: A.Ray
12:00 noon – 12:45 pm	E-governance and roll out – presentation by CMU	(i) Which modules have been rolled out – which modules have not (ii) Time frame for rolling out in KMA ULBs (iii) Extension part of roll out (iv) Data Centre	KUSP lead: e-governance expert and PD CMU DFID lead: S.Das
12:45 pm – 01:15 pm	Citizens Accountability in KUSP – presentation by CMU	(i) Degree of adherence to Citizen Charters in ULBs (ii) Grievance Redressal	KUSP lead: OD specialist and PD CMU DFID lead: J.Biswas
01.15 pm – 02:30 pm	Lunch	(i) Informal discussions on DFID India's new Head of Office (Sam Sharpe's) visit on the following day (ii) Informal discussions on communications	
02.30 pm – 04.00 pm	KUSP in context of National Programmes (JNNURM, SJSRY, RAY) – presentation by CMU (with support from JNNURM PMU/KMDA and SUDA, if reqd)	(i) Status of mandatory and optional reforms under JNNURM (ii) Way ahead (iii) Major fund flow routes from state to ULBS (iv) Check points (v) 13 th CFC recommendations	KUSP lead: PD CMU DFID lead: A.Ray and J.Biswas
04.00 pm – 05.00 pm	Other Issues – presentation by	(i) Discussion on GoWB's present thinking on	KUSP lead: concerned



The Mid-year review of KUSP programme by DFID team will be held on 05.10.2010 in SUDA Conference Hall at 10.00A.M. onwards.

All Staff and Officials of CMU are requested to please remain present in the office within 9.30 A.M. till end of review or 5.30 P.M. whichever is later.


Bharat Chandra Sahai
Project Director, CMU

Copy to:

1. Project Manager, CMU
2. Financial Advisor, CMU
3. Accounts Officer, CMU
4. Consultant, CMU
5. Economist, CMU
6. Poverty Monitoring Expert, CMU
7. IT Expert, CMU
8. Health Expert, CMU
9. Computer Programmer, CMU
10. Engineering Expert-I, CMU
11. Procurement Expert, CMU
12. All staff of CMU


Project Director, CMU

Adolescent Health Care Programme under KUSP

Introduction

One in every 5 people in the world is an adolescent. In India, adolescents constitute the largest group of population (22.5%) after 1-9 yrs. age group. It is a fascinating period of life that marks the transition from dependent childhood to an independently functioning adulthood. It is the period of life between age 10-19 years which is the crucial phase of growth and development. At this stage physical and psychological changes along with emotional instability occur.

Changes during Adolescence

This period is the formative years in life of an individual. Due to hormonal changes in conjunction with social structure, certain changes occur during adolescence which are biological development, cognitive development, self-concepts and self esteem, sexuality and morality, relationships with family, peers and society. In this period the close and dependent relationships with parents and older family members begin to give way to more intense relationships with peers and other adults. At this time physiologically adolescents begin to reach their adult size, bodies become more sexually defined and reproductive capacity starts. According to the stage of development and personal circumstances different needs of adolescents are developed.

Health Problem

During this period the adolescents face number of health problems like general health problems, menstrual problems, mental health problems, sexual abuse, unprotected sex, violence and drug addiction and alcoholism etc. About 30% of adolescent girls suffer from mal-nutrition. The combination of growing physical maturity, hormonal changes, emotional immaturity and lack of information makes the adolescents vulnerable to certain types of health problem, like teenage pregnancy, unsafe abortion, STD, HIV/AIDS etc. They are often under psychological stress as they become more independent and assertive leading to confusion, tension frustration, depression and sense of insecurity.

Health of the adolescents in general and the reproductive health in particular are relatively neglected and poorly addressed not only at family level but also at the health provider's level in contemporary health programme in India. Moreover, health services may not be available or accessible to the adolescents. There may be also fear complex, lack of confidentiality or natural aversion to be in a clinic.

- CMU conducted Trainers Training Sessions of HO/AHO/MO of the ULB concerned. In turn the Trainers conducted training of 3000 nos. of Adolescents Girls so far, selected from each ward of Budge Budge Municipality as per prescribed training schedule. Health professionals detailed by CMU had overseen the training programmes at the ULB.
- Apart from training on awareness generation, Budge Budge Municipality has set up Adolescent Friendly Clinic at one HAU on November '07 where in addition to treatment, counselling is also being conducted.
- KABB study of Adolescent Girls and study on Incidence of Anaemia among Adolescent Girls had been conducted at Budge Budge Municipality. KABB Study report and Report on Incidence of Anaemia among the Adolescents Girls is placed at Annexure -A.



Training of Adolescents at Budge Budge Municipality

Budge Budge Municipality also carried out laboratory examination on estimation of Haemoglobin for the Adolescents who attended clinic and referred for Hb% estimation by the Medical Officer. This has facilitated the ULB for early detection and treatment of the Anaemic adolescents. The test for estimation of Hb% has been done at Diagnostic Centre of Budge Budge Municipality at a subsidized rate.

The status of no. of Adolescent attending the clinic vis-à-vis estimation of Hb% in respect of **Budge Budge Municipality** may be seen at the table below :

Table - I

FY	No. of Adolescents attending the clinic	No of Adolescents referred for Hb% estimation	Hb% Report received for no. of Adolescents	Hb% below 11 gm% for no. of Adolescents
2007-08	731	731	274	62
2008-09	2815	2815	1195	45

Salient Findings of KABB Study amongst Adolescent Girls at Budge Budge Municipality

- Study conducted amongst 200 Adolescent Girls who attended Adolescent Friendly Clinic.
- 64.5% of adolescents are Hindu by religion.
- Participants of maximum age-group (16-19 yrs.) is 77%
- 50.5% studying in school whereas school Drop-outs percentage is 49.5
- School Drop-out is maximum (47.4%) among the age-group of 13-15 yrs.
- 52.5% adolescents are having family size of 3-5 members
- 66.5% of adolescents belong to the family whose per capita monthly income is upto Rs.500/- .
- 78.5% adolescents consume animal protein like small fish, egg, chicken and 25% consume leafy vegetable in their diet.
- 100% adolescents use tap water for drinking purpose.
- 93.5% adolescents use soap, 5.5% use soil or ash, while 1% use water only for washing hand after defecation.
- Age-group of Menarche is 12-13 yrs. in case of 55% of adolescents followed by 36.5% in age-group of 14-16 yrs.
- Average cycle of Menstruation is 26-28 days in case of 35% adolescents and Irregular Cycle in case of 33.5% adolescents.
- 48.8% of adolescents are having medium flow and 21.8% heavy flow during menstruation.
- Only 18.3% adolescents use sanitary napkin, 65.5% re-use the same clothes used earlier after washing.
- Adolescent girls attended clinics for a no. of causes. 32% adolescent girls had worm infestation, 26.5% complained of abdominal pain during menstruation.
- Hb% above 12 gm% had been found in case of 10.6% adolescents

Extension of Adolescent Health Care Programme

In the second phase, the Adolescent health Care Programme has been further extended to South Dum Dum Municipality, Kalyani Municipality and Chandernagore Municipal Corporation.



Training of Adolescents at South Dum Dum Municipality

CMU has accorded Administrative Approval and Financial Sanction to South Dum Dum, Kalyani Municipality and Chandernagore Municipal Corporation respectively for implementing Adolescent Health Care Programme in the same line with Budge Budge Municipality with regard to conduct of awareness training programme for adolescents in batches and establishment of adolescent friendly clinic as detailed below :

Table - II

Sl. No.	Name of ULB	Initiation of training programme for Adolescents	Establishment of Adolescent Friendly Clinic
1	South Dum Dum	August, 2007	January, 2008
2	Kalyani	August, 2007	May, 2008
3	Chandernagore MC	August, 2007	January, 2008

The achievements attained so far by the above mentioned ULBs with regard to no. of Adolescents trained and number of Adolescents attended Adolescents Friendly clinic are given in brief at the table below :

Table - III

Name of ULB	No. of Adolescents trained	No. of adolescents attended Adolescents Friendly clinic for treatment by nature of ailments						No. of Adolescents availed counseling at the clinic
		Psycho-logical	Menstrual	GI	Anaemia	Others	Total	
South Dum Dum	2105	78	902	403	412	310	2105	2105
Kalyani	500	3	15	10	361	32	421	421
Chandernagore	1000	12	115	93	Not estimated	331	551	551



Examination of an Adolescent by Doctor at Adolescent Friendly Clinic at South Dum Dum Municipality



**Haemoglobin estimation of an Adolescent by Lab. Technician at
Adolescent Friendly Clinic at South Dum Dum Municipality**



**Drug dispensing at Adolescent Friendly Clinic
at South Dum Dum Municipality**

**STUDY ON KABB AND INCIDENCE OF ANAEMIA AMONG ADOLESCENT GIRLS
ATTENDED ADOLESCENT FRIENDLY CLINIC
AT BUDGE BUDGE MUNICIPALITY**

A REPORT

KABB study conducted amongst total no. of 200 adolescent girls who attended the Adolescent Friendly Clinic from June '07 to Nov '07 and have been tracked for study of Incidence of Anaemia

Table No. - 1

Age group of girls attended clinic :

10-12 yrs.	13-15 yrs	16-19 yrs
1 (0.5%)	45 (22.5%)	154 (77.0%)

Table No. - 2

No. of Adolescents attended the clinic by Religion and Educational level :

By religion		By educational level	
Hindu	Muslim	Studying in school	School Drop-Outs
129 (64.5%)	71 (35.5%)	101 (50.5%)	99 (49.5%)

Table No. - 3

Average age group of drop outs : (n= 99)

10-12 yrs.	13-15 yrs	16-19 yrs
16 (16%)	47 (47.4%)	36 (36.6%)

Table No. - 4

Family Size according to numbers of member :

3-5	6-8	9-11	> 11
105 (52.5%)	80 (40.0%)	12 (6.0%)	3 (1.5%)

Table No. - 5

Per capita monthly income :

< Rs. 300	Rs. 300- 400	Rs. 401-500	Rs.501-600	> Rs. 600
39 (19.5%)	51 (25.5%)	43 (21.5%)	16 (8.0%)	51 (25.5%)

Table No. - 6

Consumption of food stuff by adolescents last two days prior to interview :

Animal protein	Veg protein	Fruits	Leafy Veg	Other Veg	Roots & Tuber
157 (78.5%)	109 (54.5%)	12 (6.0%)	50 (25.0%)	67 (33.5%)	168 (84.0%)

Table No. - 7

Source of Drinking Water :

Tap water	Tube well	Well	Others
200 (100%)	-	-	-

Table No. - 8

Personal Hygiene & Cleanliness :

Washing hands with water only after defecation	Using soil / ash for washing hands after defecation	Using soap for washing hands after defecation	Nails not cleaned
2 (1%)	11 (5.5%)	187 (93.5)	85 (42.5%)

Table No. - 9

Average age of Menarche :

10-11 yrs	12-13 yrs	14-16 yrs	>16 yrs	Not yet started
13 (6.5%)	110 (55.0%)	73 (36.5%)	1 (0.5%)	3 (1.5%)

Table No. - 10

Average Cycle of Menstruation :

20-22 days	23-25 days	26-28 days	29-31 days	More than 31 days	Irregular
2 (1%)	4 (2.0%)	70 (35.0%)	44 (22.0%)	13 (6.5%)	67 (33.5%)

Table No. - 11

Types of menstrual flow :

(n = 197)

Heavy	Medium	Scanty
43 (21.8%)	96 (48.8%)	58 (29.4%)

Table No. - 12

Personal hygiene and cleanliness during menstruation :

(n = 197)

Using sanitary napkin	Using new clothes	Using same clothes after washing
36 (18.3%)	32 (16.2%)	129 (65.5%)

Table No. - 13

Causes for attending clinic :

Weakness	White discharge	Irregular Menstruation / Menorrhagia	Abdominal pain during menstruation	Anorexia	Worm infestation	Others
44 (22%)	42 (21%)	47 (23.5%)	53 (26.5%)	16 (8.0%)	64 (32%)	45 (22.5%)

Table No. - 14

Average Hb% among Adolescents :

(n = 140)

Hb gm%										
4.1-5	5.1-6	6.1-7	7.1-8	8.1-9	9.1-10	10.1-11	11.1-12	12.1-13	13.1-14	> 14
1 (0.7%)	-	1 (0.7%)	3 (2.1%)	2 (1.4%)	15 (10.7%)	54 (38.6%)	44 (29.9%)	17 (8.5%)	2 (1.4%)	1 (0.7%)

Total KUSP Health Budget
Grp 3.5 X 8 yr = 28 crore *Dr. Groment*
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Aide Memoire: KUSP Annual Review, 27- 29 February 2008

A review of the Kolkata Urban Services for the Poor Programme was held from 27 February to 29 February. The review was done by DFID, GoWB, and Ministry of Housing and Urban Development, Government of India.

The DFID team consisted of Debashree Mukherjee (KUSP Task Team Co-ordinator and Urban Adviser), Jaydeep Biswas, (Governance Adviser), Gita Sabharwal, (Social Development Adviser), Soumen Bagchi, (Economist), Santosh Clare and Ameeta Gupta (Programme Officers). GoWB was represented by Arnab Roy, (Project Director CMU) and his team, and Vivek Nangia, Director MOHUPA, joined the review on behalf of Government of India.

The review team split into two groups for field visits. On 27 February, the teams visited Joynagar- Mazilpur and Tarakeswar (non KMA ULBs) and in the forenoon of 28 February, visited Hooghly- Chinsurah and Maheshtala (KMA ULBs). The review team interacted with elected and appointed members of the ULBs, community groups, and visited slums where infrastructure works were in progress.

In the afternoon of 28 February, PWC made a presentation to the review team and key officials of support agencies (DLB, ILGUS, SUDA) on strengthening these organisations, and Mott MacDonald on progress of the Howrah Development and Rejuvenation Plan. On 29 February, Project Director CMU briefed the team about project progress and plans for the next year, Director, Local Bodies spoke about project progress in roll-out ULBs, and MART, the Livelihoods Management Agency about progress on creating and implementing an overarching livelihoods strategy in collaboration with SUDA and the ULBs. After these discussions, the team broke up to engage in more detailed discussions with specific counterparts.

During the review, the team met the Minister, Urban Development, discussed key issues with him, and had a detailed wrap up meeting with the Principal Secretary, Municipal Affairs and Urban Development.

The team would like to thank Arnab Roy, Project Director, CMU, the CMU officials and staff for their hospitality, enthusiasm and hard work during the review.

This aide memoire has the following sections:

1. Discussion with Principal Secretary, Municipal Affairs Department
2. Strengthening the ULBs and support organisations/ 'Governance issues'
3. Poverty Issues, including health, sanitation and livelihoods
4. Infrastructure Issues
5. Economic and Accounting Issues
6. Update on Expenditure

Part 1: Discussions with Principal Secretary Municipal Affairs and Urban Development Department

It was observed that there had been significant progress made in the last year. The creation of the Municipal Executive cadre is expected to improve professional management of Municipal Areas in the state. The household survey conducted by SUDA has generated socio-economic data of good quality, and should form a strong base for decision support. The Municipal Development Fund has been registered, and should help

ULBs access external credit. The roll out of the development planning process, accounting reforms and citizens' charters to non KMA ULBs is being managed well. Going forward, the challenge will be to ensure improved measurement of outcomes, increased capacity in support organisations to promote and sustain reforms, and to enable ULBs to leverage larger central and market resources for improved service provision.

1. **Performance monitoring of Urban Local Bodies (ULBs):** It was decided that, to improve monitoring of outcomes, a web-enabled performance monitoring system (in sync with e-governance modules) to measure and benchmark the performance of ULBs over time, and against each other should be designed and put in place by March 2009. This system should incorporate demand as well as supply data, be amenable to public disclosure through GoWB mandated law and be linked to incentives.
2. **Strengthening Support organisations (SOs):** Progress on strengthening SOs has been slow, and this is critical to the sustainability of reforms put in place so far. It is recommended, with PWC support, that all four SOs to have revised and clear strategic objectives in place, supported by effective human resources management and common Information Technology systems. All 4 SOs will need to demonstrate improved functioning in 2-3 identified areas by the end of the year
3. **Unit Area based Tax assessment:** Kolkata Municipal Corporation is expected to move to Unit Area based Tax assessment in April 2009, to be followed by KUSP ULBs. This will leave very little time till EoP for this system to be rolled out. It was agreed that this would be piloted in a limited number of KUSP ULBs this year, so that the legislation and background work for wider roll out is ready in April 2009.
4. **Linking the priorities of the DDPs and the findings of the citizen's reports cards to ADPs and budgets of ULBs:** During the review, it was found that the municipal budgets of some ULBs do not reflect the priorities generated through the Municipal Planning process. This was discussed and it was agreed that it is essential to ensure that the priorities expressed in the DDPs and the findings of the citizen's report cards are clearly linked to action through municipal budgets and annual development plans. It was recommended that CMU prepare an analysis of priorities and expenditure of ULBs by September 08, so that there is evidence on which to base corrective action.
5. **Internal Audits:** MA & UD has introduced internal audits for Urban Local Bodies across the state, and this is an important step forward to improve financial management and accountability. It is necessary, over the next year, to strengthen compliance with audit observations by making municipal audit committees more effective. It was recommended that DLB to prepare six-monthly reports on the action taken by ULBs on audit, with the first report to be ready by September 08.
6. **Howrah Development Rejuvenation Plan:** There has been significant progress over the last six months in terms of identifying a set of projects that have the potential to start the economic rejuvenation of Howrah. It is necessary, now, for CMU to finalise these projects and co-ordinate the institutional structures that will bring these projects to financial closure.
7. **Urban sanitation policy:** The draft urban sanitation policy is under consideration of GoWB. The policy should be finalized in the next two months, and implementation support arrangements put in place. KUSP support to individual toilets will be reconsidered in light of the nature of incentives in the policy.
8. **Scaling up coverage of thrift and credit groups across ULBs:** Analysis suggests that on an average, under 20% of poor people have access to credit in urban areas of Kolkata. Considering that access to credit is one of the key drivers for poverty reduction, it is essential to use KUSP as a means/tool to scale up SHG

mobilisation and promote bank linkages for the poor in urban areas. This should also form part of the roll out to non KUSP ULBs.

9. **Strengthening of Urban Poverty Cell:** The community organisers (435 in all) form the backbone for promoting SHGs. We should use KUSP resources to further strengthen their capacities specifically to actively promote bank linkages. This becomes all the more important as the existing thrift and credit groups have been very weak in accessing bank loans. In addition, the state also needs to leverage NGOs working in urban areas to promote SHGs.
10. **Operation and maintenance:** Capacities of Basti works management Committees, responsible for the operation and maintenance of in slum infrastructure, vary across ULBs. KUSP should assess the strength of these organizations, and provide support, possibly through civil society organizations, in areas where they are weak. It is also essential, this year, to strengthen Operation and Maintenance Systems in ULBs to improve compliance with the Standard Operating processes that have been designed.
11. **Mid term evaluation and analysis of health and education delivery systems in ULBs:** It was agreed, now that we are about mid way through the project, an external evaluation should be commissioned to assess project impact so far. We will review the log frame in light of the findings of this evaluation. It was also agreed that we will, this year do an analysis of health and education delivery systems in ULBs. This assessment will look at the mandate according to the 74th Amendment, levels of devolution, current levels of coverage and usage, gaps and institutional issues. It is expected that this analysis will help policy formulation under KUSP as well as the Health Sector support project.

Part 2: Strengthening the ULBs and support organisations- Governance Issues

1. Strengthening of support organisations (SOs)

CMU has engaged Price Water House Coopers to assess the working of the 4 SOs and provide implementation support to improving their performance. An inception report has been submitted and presentations made. It was agreed that SOs need to focus on their clearly articulated areas of core competence. It was further agreed, in this context, that DLB should focus on better monitoring of the ULBs, responsiveness to audits – both internal and external- and tracking the expenditure of the ULBs on service delivery. To begin this process, GoWB suggested that a separate Monitoring and Evaluation wing, headed by a senior officer, can be set up within DLB.

Recommendations

1. All Support Organisations (SO) will need to demonstrate improved functioning in two or three identified areas by the end of the financial year. This will be drawn out of the PWC work.
2. DLB to set up a monitoring and evaluation wing headed by a senior officer.

2. E-Governance

The E - governance system, which will incorporate Municipal Geographical Information Systems (GIS), will be rolled out to forty KMA ULBs by the end of this financial year. Work on E-Governance issues is slower than anticipated. CMU will request WIPRO to expedite the work on E-Governance modules.

Recommendation

1. The effectiveness of ULBs will be significantly enhanced if the e-governance modules that have been developed for ULBs are aligned with the monitoring system for SOs (being developed by PWC). The first report should be generated by December 2008

3. Grievance Redressal

The design of the selected e-governance system incorporates a mechanism to register and track complaints. However, implementation of this component has been delayed till March 2009. Meanwhile, some ULBs have set up grievance redressal cells, which include facilities to register grievances at the ward level.

Recommendations

1. ULBs should disclose the status of grievance redress every six months. The first report should be generated and disclosed by September 08
2. In order to encourage public disclosure at the ULB level, GoWB has also mandated that municipal budgets, annual accounts statements and ADPs should be presented to citizens at the ward level. This needs to be monitored effectively.

4. Performance Management

There is no performance management system in place in the ULBs. Putting a performance management system is essential to improve staff performance.

Recommendations

1. To improve performance of municipalities, it was agreed that a performance management system will be piloted in 2 ULBs to help employees deliver on the state goals in line with Citizens Charters. CMU should support this process.

Part 3: Poverty Issues, including health, sanitation and livelihoods

There are 3 key issues that KUSP needs to address to promote pro-poor outcomes across urban local bodies. These are:

1. Financial inclusion to ensure majority of poor women have access to savings and credit services

Over last year, the coverage of SHGs has improved marginally. Analysis suggests that on an average 2 out of 10 women have access to savings and credit services in urban West Bengal. This drops to under 1 women across some of the KUSP ULBs. GoWB has set targets for SHG formation for the 11th Five Year Plan period. It is committed to increasing the number of SHGs from roughly 65,000 to over 3.6 lakh groups by 2010.

The urban poverty cells are operational across all ULBs with nearly every ULB having 2 to 3 community organisers. Most of these community organisers are busy mobilising SHGs and do not have the time and skills to promote bank linkages.

Participation of local NGOs remains limited. They are not being actively leveraged to promote SHG mobilisation and formation across urban areas.

Recommendation

1. All the Community Organisers should be trained to improve their skills in negotiating bank linkages for SHGs.
2. KUSP/ SUDA should actively explore the option of using NGOs to promote and mobilise SHGs across urban West Bengal.

2. Representative ward committees with participation of poor women and socially marginalised groups especially SC and Muslims

There is no benchmark available on current levels of representation of poor women, SC and Muslims at the level of the ward committee.

Recommendations

1. KUSP should carry out a quick and dirty survey in April across 2 ULBs to analyse the current level of representation and participation of poor women, SC and Muslims at the level of the ward committee.
2. The analysis should serve as a basis to develop simple messages for awareness raising of Councillors to promote representative ward committees.

3. Pro-poor slum level infrastructure through KUSP resources by analysing data on construction of toilets disaggregated by social groups

Roughly 10,000 toilets have been constructed under KUSP across urban slum settlements.

The field visit suggests that most of the individual toilets are captured by the better off at the slum level with the poor largely using community toilets.

Recommendations

1. KUSP provides disaggregated data on toilets by May.
2. Based on the analysis, DFID and KUSP team to agree on an incentive based programme to promote sanitation.

Part 4. Infrastructure

1. Review slum infrastructure guidelines

Slum infrastructure guidelines were drafted in the first year and agreed. These guidelines are being followed for creation of infrastructure in slums. During the field visit, it was noted that the guidelines needed to be reviewed to achieve environmental upgradation of project slums, looking at issues of management of local water bodies and solid waste.

Recommendation

1. The slum infrastructure guidelines should be reviewed over the current year.

2. Improve environmental management practices of ULBs

During the DDP formulation process, each ULB prepared an environmental management plan. A baseline was created through the State of the Environment Report prepared for 40 KMA ULBs. To take this process forward, it is essential for ULBs to report annually against agreed environmental parameters.

Recommendation

1. CMU, in consultation with the State Pollution Control Agency, will help ULBs design and set up environmental monitoring systems. Data generated through this system can be used for policy support.

3. Operation and Maintenance Systems

Traditionally O & M expenditure on municipal services in India in general and West Bengal in particular has remained low. Municipalities visited are currently able to fund their O&M expenditure out of their own revenue. However, current spend on O&M is low. This is partly due to the absence of norms of spend on O&M. This leads to insufficient allocation of resources, thereby resulting in poor municipal asset management. CMU has prepared a manual of Standard Operating Procedures (SoPs) for O&M of municipal assets.

Recommendations

1. Each ULB should prepare an annual O&M plan based on asset condition and standard operating procedures. This should be specific to O & M expenditure on various municipal service categories like water supply, sewerage, solid waste disposal, municipal roads etc.
2. It would be useful for CMU to support a specific number of ULBs (5) in developing these plans in the current year.
3. Based on these pilots, appropriate norms should be developed for O&M expenditure. This will improve asset management. Double entry accounting system should track compliance between O&M expenditure and the norms developed.
4. A third party appraisal procedure can be introduced to check, compliance with O&M SoPs.

Part 5. Economic and Accounting Issues

1. Strengthening revenue base of urban local bodies

There has been significant progress in terms of growth in Property Tax revenue, where, on an average, the municipalities visited during the review had registered an increase of between 11 and 14% in property tax revenue during last three years. Tax administration has also improved. ULBs have invoked the provisions of Municipal legislation to bolster revenue collection, and notices have been issued for water disconnection and property attachment in cases where property tax was not paid on time. This has led to a significant increase in the collection of arrears.

Recommendations

1. There is need to map properties and corresponding information base with complete property details in all the ULBs to arriving at an appropriate estimate of PT revenue and arrears due.
2. An approach similar to that adopted to enhance revenue from PT should be adopted to enhance revenue generation through taxes levied on entertainment, advertisement, and on 'trades and callings'
3. Tax details (both current and arrears) should be maintained separately for all holdings, and be monitored and updated regularly

2. Double Entry Accounting System

This has been a major initiative on the part of all ULBs in the state. Double-entry accrual-based accounting system has been rolled out to all forty KMA ULBs. From April 2009, all non-KMA ULBs will also switch over to this system. The balance sheets for the KMA municipalities have been prepared and cross validated. CMU is currently in the process of issuing authentication certificates to these municipalities.

Recommendations

1. A year-on-year monitoring of the system is required. This will ensure improved financial management. This should be monitored by CMU in the current year, but transferred to DLB in the next.
2. Preferably, while finalising the asset details, it is required to have the market value of the asset rather than the book value as it is being done currently.

3. Creation of West Bengal Municipal development Fund (WBMDf) and leveraging it

The creation of the WBMDf in itself is a significant achievement. The agreement between the Project Development Company and GoWB is expected to be signed soon. The Project Development Company is expected to submit the Operational Guidelines, to be agreed by GoWB.

Recommendations

1. PDC should focus more on leveraging the funding already available under JNNURM and PFDF.
2. PDC should also be made responsible for identifying modes of ARM and credit enhancement mechanism for accessing market credit as matching funds for projects under JNNURM
3. There is need to agree a clear set of Performance Indicators for the PDC in terms of (1) number of projects identified; (2) number of projects conceptualised and designed; (3) number of financial closure achieved.

Part 6: Update on Expenditure

CMU Expenditure

Expenditure under KUSP has shown gradual increase in the second year. A summary of spend from April 2005 to March 2006 is given below (in million pounds):

(i)	FA Fund Released:	£ 28,791,779
(ii)	TA Fund Released:	£ 2,330,027
(iii)	Total Expenditure:	£ 31,121,806

PROGRAMME OF DFID VISIT

Kindly find herewith copies of the programme of DFID Visit for the annual review of KUSP Programme by DFID which will be held during the period from 27th February, 2008 to 29th February, 2008.

You are requested to kindly take necessary action according to the programme.

K. 28/2/08

(Kallol Kr. Mukherjee)
Project Manager, CMU, KUSP.

Encl: Copies of Programme of DFID Visit.

Copy for kind information to: P.D., CMU.

Distribution:

- 1) Municipal Finance Expert, CMU.
- 2) Urban Planner, CMU.
- 3) Poverty Monitoring Expert, CMU.
- 4) Engineering Expert -1, CMU.
- 5) Engineering Expert -2, CMU.
- ✓ 6) Health Expert, CMU
- 7) O.D. Expert, CMU.
- 8) Economist, CMU.
- 9) I.T. Expert, CMU.

K. 28/2/08

Project Manager, CMU, KUSP.

Programme of DFID visit on 27th February 2008

Tarakeswar Municipality

Team Members:

1. DFID – 4
2. Project Director, CMU
3. Municipal Finance Expert, CMU
4. Urban Planner, CMU
5. Poverty Monitoring Expert, CMU
6. DLB - 3

No. of cars :

1. DFID – 1
2. Project Director, CMU – 1
3. Municipal Finance Expert, CMU - 1

Programme :

- To meet at Hotel (ITC Sonar Kolkata) at 8.00 A.M.
- To start for Tarakeswar at 8.10 A.M.
- Reaching Tarakeswar at 10.30 A.M.
- Tea & introduction (10.30 A.M. to 10.45 A.M.)
- Presentation by Tarakeswar Municipality (10.45 A.M. to 11.15 A.M.)
- Discussion with Chairman and other persons (11.15 A.M. to 12.30 P.M.)
- Working Lunch 12.30 P.M. to 1.00 P.M.
- Site visit (Slum & other places of interest) – 1.00 P.M. to 2.30 P.M.
- Starting from Tarakeswar at 2.30 P.M.
- Reaching CMU Office at 5.00 P.M.

Jaynagar-Majilpur Municipality

Team Member:

1. DFID – 3
2. Project Manager, CMU
3. Engineering Expert – 1, CMU
4. OD Expert, CMU
5. Economist, CMU
6. IT Expert, CMU
7. DLB - 4

No. of cars:

1. DFID – 1
2. Project Manager, CMU – 1
3. OD Expert, CMU - 1

Programme:

- To meet at Hotel (ITC Sonar Kolkata) at 8.00 A.M.
- To start for Jaynagar-Majilpur at 8.10 A.M.
- Reaching Jaynagar-Majilpur at 11.00 A.M.
- Tea & introduction (11.00 A.M. to 11.15 A.M.)
- Presentation by Jaynagar-Majilpur (11.15 A.M. to 11.45 P.M.)
- Discussion with Chairman and other persons (11.45 A.M. to 12.30 P.M.)
- Working Lunch (12.30 P.M. to 1.00 P.M.)
- Site visit (Slum & other places of interest) – 1.00 P.M. to 2.30 P.M.
- Starting from Jaynagar-Majilpur at 2.30 P.M.
- Reaching CMU Office at 5.00 P.M.

Programme of DFID visit on 28th February 2008

Maheshtala Municipality

Team Member :

1. DFID – 4
2. Project Director, CMU
3. Engineering Expert – 1, CMU
4. Municipal Finance Expert, CMU
5. Poverty Monitoring Expert, CMU
6. Health Expert, CMU
7. DLB – 1
8. MED - 1

No. of cars:

1. DFID – 1
2. Project Director, CMU – 1
3. Engineering Expert – 1, CMU - 1
4. Municipal Finance Expert, CMU – 1
5. Health Expert, CMU - 1

Programme :

- To meet at Hotel (ITC Sonar Kolkata) at 8.15 A.M.
- To start for Maheshtala at 8.30 A.M.
- Reaching Maheshtala at Budge Budge Road & Akra Road crossing at 10.00 A.M.
- Visit to Shekhpara Slum (10.15 A.M. to 11.15 A.M.)
- Visit at Matrisadan 11.30 A.M. to 12.00 noon.
- Reaching Maheshtala Municipal Office at 12.00 noon.
- Tea & introduction (12.00 noon to 12.10 P.M.)
- Presentation and discussion with Maheshtala Municipality (12.10 P.M. to 1.00 P.M.)
- Lunch Packet at cars
- Starting at 1.00 P.M. for meeting with MIC, MA & UD.

Programme at CMU Office :

- Presentation by CMU and discussion – 3.30 P.M. to 4.00 P.M.
- Presentation by PWC on SO – OD Intervention – 4.00 P.M. to 4.30 P.M.
- Presentation by M/s Mott MacDonald on HDRP – 4.30 P.M. to 5.30 P.M.

Hooghly-Chinsurah Municipality

Team Member:

1. DFID – 3
2. Project Manager, CMU
3. Engineering Expert- 2, CMU
4. OD Expert, CMU
5. Economist, CMU
6. IT Expert, CMU
7. DLB – 1
8. MED - 1

No. of cars:

1. DFID – 1
2. Project Manager, CMU – 1
3. Engineering Expert – 2, CMU – 1
4. OD Expert, CMU - 1

Programme :

- To meet at Hotel (ITC Sonar Kolkata) at 8.00 A.M.
- To start for Hooghly-Chinsurah at 8.15 A.M.
- Reaching Hooghly-Chinsurah Municipal Office at 10.45 A.M.
- Tea & introduction (10.45 A.M. to 10.55 A.M.)
- Presentation by Hooghly-Chinsurah Municipality & Discussion (10.55 A.M. to 11.30 A.M.)
- Lunch Packet at car at 11.30 A.M.
- Visit at Slums:
 - i. Gopinath Pur Gandhi Colony (12.00 noon to 1.00 P.M.)
- To start at 1.00 P.M. for CMU.

Programme of DFID visit on 29th February 2008

Programme at CMU Office :

- Presentation by DLB on progress of Roll-Out KUSP Programme and discussion – 10.00 A.M. to 10.30 A.M.
- Presentation by Livelihood Management Agency & Project Development Company of WBMDf – 10.30 A.M. to 11.30 P.M.
- Discussion in small groups
- Lunch 1.00 P.M. to 1.30 P.M.
- Discussion with Project Director, CMU and other Experts of CMU regarding the Performance Monitoring, Poverty, UPE Cell, Resource Mobilization, Procurement, Expenditure, Projection, Audit and other issues – 1.30 P.M. onwards.



CHANGE MANAGEMENT UNIT (CMU)

NOTE

15-02-08

Sub: Questions for the Annual Review – KUSP

DFID has sent a questionnaire for their Annual Review Meeting on KUSP. They set four categories of queries which are as follows:

- 1) Governance
- 2) Social Development
- 3) Economics
- 4) Engineering & Urban Planning

A copy of the questionnaire is enclosed. I am directed to request you kindly submit the specific answer along with your specific comments against such questions related to your sectors. It will be appreciated if the reply is made available to the undersigned for taking further action.

15/02/08
(Kallol Kr Mukherjee)
Project Manager, CMU, KUSP

Encl: As stated above.

Copy forwarded to:

1. Municipal Finance Expert, CMU, KUSP
2. Financial Adviser, CMU, KUSP
3. Engineering Expert-(1), CMU, KUSP
4. Engineering Expert-(2), CMU, KUSP
5. OD Expert, CMU, KUSP
6. Urban Planner, CMU, KUSP
- ✓ 7. Health Expert, CMU, KUSP
8. Procurement Consultant, CMU, KUSP
9. Poverty Monitoring Expert, CMU, KUSP
10. Shri T K Mitra, Consultant, CMU, KUSP
11. Economist, CMU, KUSP
12. Internal Audit Officer, CMU, KUSP
13. Accounts Officer, CMU, KUSP
14. IT Expert, CMU, KUSP

For taking necessary action.

Copy submitted before:

- (1) Project Director, CMU, KUSP

15/2/08
Project Manager, CMU, KUSP

Questions for the Annual Review- KUSP

Governance

1. Current roles and functions of DLB, ILGUS and SUDA - and what changes are proposed and how will they be implemented ? **(CMU/ DLB)**
2. What are the findings from the procurement review - Is the amended procurement manual ready? **(CMU)**
3. To what extent the involvement of political leadership in preparation of DDPs have impacted in policies favouring the poor -Some analysis will be useful for the review. **(CMU)**
4. Would like to see a performance chart of ULBs arranged by service level coverage (water supply, solid waste management, roads, street lighting, birth and death certificates etc) with an emphasis on how service levels have changed in the last 3 years (if possible with a break up of slums/non-slums) ? **(CMU/ DLB for all ULBs; individual ULBs that we visit)**
5. What is the evidence on ULB budgeted expenditure and actuals in the last 2 years to reflect increased spending on service delivery and maintenance of assets in poor settlements ? **(CMU and individual ULBs that we visit)**
6. What performance management systems are followed for the key staff of ULBs ? **(ULBs)**
7. To what extent vigilance and audit functions have been strengthened and what is the impact ? **(CMU and ULBs)**

Social development

1. What is the Percentage of basic infrastructure investments through KUSP in slums and informal settlements? **(CMU and ULBs)**
2. What is the percentage of ULB finances allocated towards slums and informal settlements **(CMU and ULBs)**
3. Representation of the poor specifically SC, Muslims and women at the level of the ward committee **(CMU)**
4. Update on NHG/SHGs - total numbers operating and credit accessed through banks **(CMU and ULBs)**
5. BPL poverty disaggregated by social groups **(CMU and ULBs)**
6. Capacity and functioning of SUDA and UPE cell **(CMU)**
7. Analysis for the rapid decline in poverty across urban West Bengal. BPL data suggests almost halving of urban poverty over the past 7 years. In fact, over 70% of the ULBs supported by KUSP have less than one in ten households below the poverty line - which is remarkable **(CMU)**

Economics

1. Status of devolution- Functions, funds and functionaries transferred to ULBs with reference to the 74th Amendment **(CMU)**

PM
ay

2. Status of rationalisation of stamp duty **(CMU)**
3. Resource mobilisation of ULBs- Analysis of ULBs' existing financial situation and corresponding FIAP **(CMU and individual ULBs)**

Engineering and Urban Planning

1. Do ADPs pick up priority projects from the DDPs? **(CMU)**
2. DDP projects under implementation in the ADPs; Number of projects being implemented that are not in the DDPs **(KMA ULBs)**
3. Plans for improving Operation and Maintenance practices in ULBs **(CMU)**
4. Expenditure on Operation and Maintenance - Budget for the current year, Actuals for last year **(ULBs)**

Status of Work as on 26.02.2008 for the year 2007-08

Health

(Rs. In Rupees)

Sl. No.	Name of ULB	Allotment of 2007-08	No. of Scheme sanctioned	AA & FS issued (Rs.)	Remarks
1.	Bhatpara	1,783,000.00			Proposal under scrutiny by MED
2.	Barrackpore	582,000.00	1	581,089.00	Balance 911/-
3.	Bidhannagar	677,000.00	4	676,865.00	Balance 135/-
4.	Baranagar	1,011,000.00	5	1,010,919.00	Balance 811/-
5.	Barasat	934,000.00	2	933,574.00	Balance 426/-
6.	Baruipur	181,000.00	2	181,000.00	Balance Nil
7.	Budge Budge	305,000.00	6	302,025.00	Balance 2,975/-
8.	Bally	1,055,000.00	3	1,055,000.00	Balance Nil
9.	Baidyabati	437,000.00	4	472,310.00	Excess AA&FS 35,310/-
10.	Bansberia	771,000.00	4	771,000.00	Balance Nil
11.	Bhadreswar	428,000.00	4	428,000.00	Balance Nil
12.	Chandannagar MC	654,000.00	5	654,000.00	Balance Nil
13.	Chamdani	417,000.00	3	403,918.00	Balance 13,082/-
14.	Dum Dum	409,000.00	6	421,935.00	Excess AA&FS 12,935/-
15.	Garulia	308,000.00	1	308,000.00	Balance Nil
16.	Gayeshpur	222,000.00	3	221,224.00	Balance 776/-
17.	Halisahar	502,000.00	1	502,000.00	Balance Nil
18.	Howrah MC	4,070,000.00	8	4070,586.00	Excess AA&FS 586/-
19.	Hooghly Chinsurah	687,000.00	6	687,000.00	Balance Nil
20.	Kanchrapara	509,000.00	5	187,480.00	Balance 321,520/-
21.	Khardah	819,000.00	4	818,998.00	Balance 2/-
22.	Kamarhati	1,268,000.00	9	506,810.00	Balance 761190/-
23.	Kalyani	681,000.00	4	680,003.00	Balance 997/-
24.	Konnagar	291,000.00	5	332,000.00	Excess AA&FS 41,000/-
25.	Madhyamgram	977,000.00	2	977,000.00	Balance Nil
26.	Maheshtala	1,921,000.00	5	1,921,000.00	Balance Nil
27.	Naihati	869,000.00			Needs further clarification.
28.	New Barrackpore	686,000.00	8	686,000.00	Balance Nil
29.	North Barrackpore	498,000.00	1	812,094.00	Excess AA&FS 314,094/-
30.	North Dum Dum	888,000.00	3	887,936.00	Excess AA&FS 149,136/- Balance 64/-
31.	Panihati	1,406,000.00	5	1,414,666.00	Excess AA&FS 8666/-
32.	Pujali	487,000.00	13	487,000.00	Balance Nil
33.	Rajarhat Gopalpur	1,097,000.00	1	147,000.00	Balance Rs.950,000/-
34.	Rajpur Sonarpur	1,357,000.00	5	15,63,752.00	Excess AA&FS 206,752/-
35.	Rishra	457,000.00	4	495,400.00	Excess AA&FS 38,400/-
36.	South Dum Dum	1,932,000.00	13	1,934,306.00	Excess AA&FS Rs. 2,306/-
37.	Serampore	799,000.00	1	364,756.00	Balance 434,244/-
38.	Titagarh	501,000.00	1	201,400.00	Balance Rs. 299,600/-
39.	Uluberia	1,165,000.00	8	1,169,500.00	Excess AA&FS 4,500/-
40.	Uttarpara Kotrung	956,000.00	3	910,537.00	Balance 45,463/-
	Total	34,997,000.00	168	30,178,083.00	

Capacity of SUDA:

Sl. No.	Designation	Strength	Nature of Job	Responsible for
	Director	1	Additional Charge WBCS (Exe.)	<i>Overall in-charge</i>
	Finance Adviser	1	WBA&AS	<i>Finance & Program Monitoring</i>
	Finance Officer	1	WBA&AS	<i>Accounts</i>
	Administrative Officer	1	Retd WBCS. Contractual	In addition looking after Janani Suraksha Yojana
	Computer Programmer	1	Contractual	
	Adviser - SJSRY	1	Contractual	Incharge of SJSRY Programme
	Programme Coordinator - SJSRY	1	Contractual	Specifically Looking after MIS
	Market Survey Officer - SJSRY	1	Contractual	Marketing of Micro Enterprises
	Technical Adviser	1	Retd. Chief Engineer. Contractual	JnNURM for Non-Mission Towns
	Executive Engineer	1	On deputation from MED	JnNURM for Non-Mission Towns
	Technology Upgradation Office	1	On deputation from MED	VAMBAY, ILCS and presently IHSDP
	Data Entry Operator	3	Contractual	
	Head Clerk	1		
	Other Clerks	2		
	Group D	3		

Functioning of SUDA:

- ❖ Nodal Agency for SJSRY (126 Towns)
- ❖ Nodal Agency for Non-Mission Towns under JnNURM (UIDSSMT & IHSDP) (80 Towns)
- ❖ Monitoring and implementation of the State Urban Poverty Programmes and policy within the overall state urban strategy
- ❖ To provide technical support to districts/towns to achieve convergence targets and participatory systems
- ❖ To formulate, coordinate and monitor the state training plan
- ❖ To mobilize resources and determine allocations of poverty alleviation programme based on the need and performance
- ❖ To guide and supervise the programme implementation through visits to the projects
- ❖ Report the programme status monthly, or as per requirement from time to time to the department of HUPA, Government of India
- ❖ To act as nodal agency for accessing loans from financial institutions with approval of the State Government
- ❖ To monitor the progress of VAMBAY and ILCS schemes.
- ❖ To supervise and coordinate with DUDAs

Health
 1659

DPID - 11 towns
 GOWB - 63 towns
Overall Health Monitoring



CHANGE MANAGEMENT UNIT (CMU)

NOTE

02-02-2005

I am enclosing copy of Aide Memoire of the last review meeting held by Govt. of West Bengal and DFID during 1-3 December 2004. Please take necessary action in your work area for implementation of the decisions taken in the review meeting.

(Arnab Roy)
Project Director, CMU

Encl: As stated.

Project Manager, CMU
Technical Adviser, CMU
Procurement Expert, CMU
Engineering Expert, CMU
Urban Planner, CMU
Economist, CMU
OD & Poverty Expert, CMU
Municipal Finance Expert, CMU
Director, SUDA
Joint Director, ILGUS
Financial Adviser, CMU
✓ Health Expert, CMU

U.O.NO.CMU-164/2004 (A-32)/181
dt. 3.2.05



DFID

Department for
International
Development

DFID India
British High Commission
B28, Tara Crescent
Qutab Institutional Area
New Delhi 110 016

Shri Dipankar Mukhopadhyay IAS
Secretary
Municipal Affairs Department
Govt. of West Bengal
Writers Building
Kolkata 700 001

Tel: (91 11) 2652 9123
Fax: (91 11) 2652 9296
Email: s-mukerjee@dfid.gov.uk

20 January 2005

Dear Shri Mukhopadhyay

Review of Kolkata Urban Services for the Poor (KUSP) Programme: Mission Aide Memoire

I attach the Aide Memoire of the last (1-3 December 2004) review of the Kolkata Urban Services for the Poor (KUSP) Programme. As agreed with you then, the next review will take place sometime in May 2005. However, we would be grateful if you advise the CMU to send us periodic reports on progress, especially on the action points in the matrix, titled *Actions on Recommendations of Review of June 2004*.

Since we were unable to have a debriefing session with the Chief Secretary during the Mission, as suggested by you then, I am sending him a copy of the Aide Memoire for his information.

I also take this opportunity to thank you once again, for all the support and hospitality provided by you and your team during the Mission.

Best wishes

Yours sincerely,

Sudipto Mukerjee
Infrastructure & Urban Development Adviser

Encl: a/a

Cc: Shri Asok Gupta IAS *for information*
Chief Secretary
GoWB

PS to Hon. MIC (MA, TP & UD) *for information of the latter*
West Bengal

✓ Shri Arnab Roy IAS
Project Director, KUSP

Observation for implementation of
KVSP.

Deficiency/Weakness.
Time bound.

Planner in meeting

Shanghai July

Challenge / Innovative find-nature of
works.

17

Kolkata Urban Services for the Poor Programme
Second Quarterly Review: 1-3 December 2004
Aide Memoire - Final

A. Introduction:

1. The second quarterly joint GoWB-DFID review mission for supervision of the Kolkata Urban Services for the Poor (KUSP) Programme visited Kolkata on 1-3 December 2004. The objectives of the mission were to review and monitor progress since the last Mission in June 2004.

2. This aide memoire reflects the main findings and agreements reached during the visit. (Review programme: attachment 1 and Actions on Recommendations of June 2004 Review: attachment 2) They are presented under the 4 broad priorities that the mission focussed on:

- (a) *Strengthening the ULB's;*
- (b) *Managing Slum Upgrading;*
- (c) *Building Management Capacity to deliver KUSP;*
- (d) *Progress of work streams;*

The mission would like to express their appreciation to the GoWB and the Change Management Unit (CMU) for the hospitality rendered to them.

B. Background:

3. The DFID supported (KUSP) programme was launched in January 2004 and aims to improve urban planning and governance, improve the access of the poor to basic services and promote economic growth in the Kolkata Metropolitan Area (KMA). The programme will deliver these objectives through broad based municipal reforms and infrastructure projects. Interventions will be integrated in Draft Development Plans (DDP).

4. Review Team The Review Team comprised: Mr D. Mukhopadhyay (GoWB Secretary, Municipal Affairs), Mr S. Mukerjee (DFID Infrastructure & Urban Development Adviser), Ms P. Subramanyam (DFID Governance Adviser), Ms S. Kanneganti (DFID Social Development Adviser), Mr M. Ridout (DFID Associate Professional Officer)

C. Strengthening the ULB's:

5. Institutional Development Plan for Support organisations The proposals developed by the OD consultant for strengthening the Support Agencies administratively under the Municipal Affairs Department, were discussed. The Municipal Engineering Directorate (MED) expressed concern that the proposals had not recognised that the MED's primary focus was ULB's outside of KMA and the conclusions related to MED were not based on sufficiently robust analysis. It was agreed that CMU along with active Chairpersons and the Municipal Association shall

reach a decision regarding the preferred option and propose a way forward by mid January 2005.

6. ULB Benchmarking Report The ULB benchmarking report was presented to the mission. It sets out key priorities including placement of Executive Officers and Finance Officers in all ULB's, the need for staff restructuring and a citizen centric approach.

7. The mission deliberated between option 2 (MAD establishes revised staffing norms based on "best practices" including some outsourcing) and option 3 (Reform of financial control, which involves (i) freezing of the salary grant (ii) capping of the ULB salary expenditure based on 'norms' (iii) untying of salary grants and giving freedom and flexibility to ULB's for their own staffing). A suggestion was made that Option 2 could be implemented across ULB's with better performing 'mature' ULB's able to graduate to option 3 after meeting some pre-determined eligibility criteria.

8. GoWB indicated that it would need to carefully assess the implications of the Benchmarking study. It was agreed that CMU in consultation with DLB will assess the merits of the options raised, for presentation to the Hon. Minister in Charge (UD & MA) early in January 2005.

9. Resourcing ULB's with Professional staff The Mission commended efforts made by the Municipal Affairs Department, since the June 2004 Review, to seek applications from inservice officers in other GoWB Departments for redeployment to the KMA ULBs as Executive Officers. The MAD will now need to expeditiously pursue the process of assessing candidates, liaising with the respective parent departments of the selected candidates and then placing them after proper induction and necessary training. CMU have already initiated a dialogue with the local Administrative Training Institute (ATI) to develop and deliver a foundation course. The Mission urged the CMU to explore opportunities for the ATI to collaborate with institutions such as the Centre for Good Governance (CGG, Hyderabad) and/or ASCI for this purpose.

10. While the presently proposed arrangements will ameliorate ULB management requirements in the short term, GoWB should explore possibilities of establishing a Municipal Cadre (for both executive and finance officers) who as in other states are able to bring in higher levels of professionalism and sector experience. MAD will also need to initiate similar processes immediately to place 'in service' officers to fill vacancies in Finance, Health and Engineering.

11. Frequently Asked Questions (FAQ) There is still considerable divergence across KMA in understanding of the purpose of KUSP in relation to GoWB Municipal Reform priorities. This will be addressed through an explicit communications strategy being commissioned by the CMU. This process may take time so the Mission suggested that the CMU prepare a simple FAQ fact sheet to assist ULB's understanding of the KUSP reforms process and save them time in responding to queries.

12. Full-time Chairpersons To strengthen the management capacity of ULB's it was agreed that it was desirable for all Chairpersons to be available on a 'full time' basis, rather than the current practice of serving part-time. Evidence is available to show a correlation between ULBs with full time chairpersons and relatively better performance. MAD agreed to explore the feasibility of initiating necessary legislative changes before the next municipal elections due in May 2005.

13. Training of Councillors and CDS members The mission welcomed the GoWB proposal to include Councillors, CDS members and other elected persons in appropriate training schemes and capacity building initiatives.

14. Draft Development Plans (DDP) The review discussed the criteria for assessing when a DDP is "good". It was agreed that the guidelines should deal with the assessment of DDPs and that they should be assessed equally on the quality of the process by which they are developed as well as their content. For this reason the documentation of the DDP process must be part of the overall document.

D. Managing Slum Upgrading:

15. MED Engineering support to ULB's Concern was raised regarding the speed of MED approval of ULB slum upgrading schemes. At the time of the Mission seven ULBs were yet to submit proposals for the first year, pending consensus on prioritisation of settlements. GoWB welcomed the suggestion of the Mission to task concerned MED personnel to visit the ULBs proactively to facilitate the selection and development of the schemes.

16. Filling ULB engineering positions through redeployment GoWB noted that the redeployment of KMDA engineers would come into effect on 1st December 2004. The mission noted with concern that no postings had occurred at the date of the review.

17. Community Contracting It was agreed that to encourage community contracting it would be included as a ULB performance criterion under the Incentive Fund.

E. Building Management Capacity to deliver KUSP:

18. CMU staffing Since the last mission 3 more positions have been filled: Poverty Expert, Procurement Expert and Municipal Finance Expert.

19. CMU human resource requirements The mission strongly reinforced the view given by Hon. MIC in a previous meeting that the right quality of personnel need to be found for CMU. Accordingly, to determine the future human resource requirements for the CMU it was proposed that a workplan will be developed setting out the Project Management challenges and staffing (quality and quantity) requirements. ISC are to facilitate this exercise and it was agreed that the work plans would be completed by mid December 2004.

20. ULB Charter for CMU There was a suggestion made that a Charter be developed that sets out the range and level of support and services that ULBs can expect from the CMU under the KUSP programme. The suggestion was accepted, as it could provide a degree of ownership to ULBs for the reform agenda and will help to stimulate demand. CMU and ISC agreed to develop the concept as part of the CMU workplan development.

21. CMU office accommodation CMU have prepared plans for open plan office space to help with team working and provide flexibility for visiting consultants. It was agreed that CMU's current and future requirements could be met by efficient use of the existing space. DFID remains concerned at the less than satisfactory standard of accommodation facilities available to consultants housed within the CMU.

22. Exposure Visits GoWB agreed that exposure visits should be set up as soon as feasible to ensure that CMU, Chairpersons, councillors, municipal officers learnt from successful Urban Management practices in other states. It was agreed that visits to the following locations should be organised:

- (i) Andhra Pradesh (APUSP; for the KUSP sister programme)
- (ii) Tamil Nadu (TNUDP; for IT and Programme management arrangements)
- (iii) Ahmedabad MC (for Municipal Reforms and municipal financing models)
- (iv) Bangalore (for the BATF model)

F. Discussion and Agreement of KUSP Logical Framework:

23. The KUSP log frame was discussed extensively over a 2-day period at the end of the review. A copy of the draft revised log frame is included as attachment 3. It was agreed that the Goal and Purpose level indicator are now frozen and that the draft output level indicators will now be presented to the indicators committee and secretary. ISC consultants will facilitate completing the 'Means of Verification' and the 'assumptions' columns.

24. It was noted that the Log frame and the 'verifiable indicators' shown therein are intended to assist in measuring and evaluating the positive performance of the programme. They are not to be used to highlight or 'punish' poor performance and as such the targets shown can be revised and developed over time once realistic levels of performance have been established.

25. It was agreed that the log frame will be finalised by start of February 2005.

G. Progress of work streams:

26. Communications Agency The mission expressed concern regarding whether the short-listed contractors had sufficient experience for this component. It was agreed that the short listed contractors would make presentations to CMU. If they are not appropriate, those short-listed for the KEIP/PSE Reforms communications work will be invited to tender in a new process.

27. Local Economic Development Four broad areas for improving ULB – enterprise interfaces were identified:

- (i) Strengthening SJSRY: A quick peer review of the existing SJSRY review and a subsequent assessment of the critical gaps and action initiated to fill the same
- (ii) Other LED ideas: In consultations with the CDS, ward committees and neighbourhood groups the ULBs may be facilitated to identify the supports that they need to provide to the community and initiate action on the same. Simultaneously, individual households may be facilitated to enhance their livelihoods opportunities
- (iii) Piloting UPADHI: It was noted that the CMU propose to pilot a training scheme based on the experience of UPADHI in Andhra Pradesh.
- (iv) Dialogue with commercial/manufacturing businesses: Interaction with commercial establishments, factories and others may be undertaken by the ULBs to facilitate enterprise development.

28. SEB, ISA and PPA survey work ToR have been prepared by CMU/ISC and commented upon by DFID, also citing the need to consider approaches to similar exercises under APUSP which demonstrated relative ease and cost effectiveness. Secretary MAD expressed concern that delays in the surveys would hold up slum upgrading works in the second year and urged that these be initiated on priority. It was agreed that the way forward would be established after considering the experiences of the APUSP urban programme in Andhra Pradesh.

29. Accounting Reforms The process of placing services of Accounts & Finance Coordinators and Accounting Firms with the ULBs has started, but it will be some time before all ULBs are resourced with appropriate support. CMU will also need to provide suitable induction and training to all the new recruits and provide adequate levels of 'hand holding'. The guidelines for 'opening of balance sheets' have been published and are being distributed. The Mission agreed that following the departure of the ISC in end March 2005, there may still be a need for an umbrella agency centrally to monitor progress and facilitate up scaling. However in keeping with agreed procurement procedures, such an agency would need to be selected through 'open competition.'

30. IT Capacity The mission agreed that an agency on a call down contract should be put in place for CMU and that as part of the contract a full time IT specialist would be provided to CMU. This contract can be used to develop ToR for the provision of IT systems in ULB's.

Proposed - scheme - discussion - with
participated. scheme. Alternate scheme
to be developed
Some expert may be engaged to develop

KUSP QR II December 2004

31. Management of Challenge Fund CMU requested that the management of the Challenge Fund in the first two years be retained with them and subsequently passed into SUDA in order to be more cost efficient. The Mission raised the concern that 'fund management' would entail a lot of technical facilitation and appraisal and would overstrain the CMU's already overstretched capacity. Furthermore the mission stressed the need for quality management above cost. Therefore, management by the CMU could be allowed only as an interim measure for the first year after which a management contract will be awarded to an appropriately experienced firm. The Mission also recommends that there is a clear separation of roles of the 'selection committee' and that of the 'fund manager'. The composition of the 'selection committee' will need to be sufficiently expanded to include 'non state' representatives and covering the entire range of specialist disciplines.

32. ULB - KUSP Health Component The mission discussed the Health proposals at length. The following agreements were arrived at:

- (i) KUSP health component in the first year can comprise support to HHWs across 61 ULBs for uniforms, kits and retraining.
- (ii) CMU will arrange for piloting the use of private sector health insurance for poor citizens in 2 ULB's.
- (iii) CMU will put forward a considered proposal for either improved mobility or contingency in the form of a 'referral fund'.

ISC, as part of their review, will examine the ULB position with respect to 'sub-centres' (cost effectiveness, levels of utilisation etc).

H. Other agreements made subsequent to the review:

33. Piloting of tax collection centres It was agreed to pilot decentralised tax collection centres in 10 ULBs based on a modest version of the eSEVA centres in AP. It is suggested that the pilot should include the entire range of services (issue/renewal of trade licences, issue of birth and death certificates etc) delivered by the ULB.

34. Critical Infrastructure GoWB have requested DFID to consider funding of Rs.20 crore of essential/critical works from the intra-municipal KUSP budget. This will be subject to the condition that sanction of such works by the CMU will need to be clearly linked to progress in municipal reforms specifically in the area of measurable OD actions by the ULBs.

I. Observations from Field Visits:

35. The review team visited New Barrackpore ULB and interacted with the Chairperson and staff of the ULB. Some of the team members also visited two of the slums in the ULB-Buri Basti Slum Ward Nos.4 & 12.

36. KUSP infrastructure interventions These are underway in Buri Basti Ward No.4, which has 55 households, of which 35 of are BPL households. It is not the most deficient of the slums in terms of infrastructure needs. The decision to choose this slum in ward no.4 was taken in the CDS meeting. Priorities set by the community, have been taken up. These works relate to drainage, water pipelines and roads. The CDS members from the slum said that they are supervising the work.

37. In Ward No.12, with over 200 households the infrastructure depravity is very high. The ULB Chairperson & staff informed that they would be prioritising the slums in their ULB once the criteria is finalised by the CMU. It was understood that this ULB had undertaken the BPL Survey and also infrastructure assessment. The same has been integrated with the GIS software.

J. Utilisation of Funds

38. CMU Expenditure to date expenditure under KUSP has been poor. A summary is given below (in lakhs):

(i) Fund Released by DFIDI to Govt. of India:	1,892
(ii) Fund released by GoWB to GOI:	1,885
(iii) Fund released by GoWB to CMU:	1,885
(iv) Fund released from CMU to ULBs:	204
(v) Fund utilised by ULBs:	14
(vi) Total Expenditure:	85
 (vii) <i>Forecast expenditure by end of quarter 3</i>	 806

39. It was noted that the expenditure to date is just 11% of the forecast. The Mission urges the CMU to prepare more realistic forecasts and also review current frameworks for planning, budgeting and expenditure management to identify gaps in procedures and practice which may be constraining achievement of planned levels of spend.

K. Next Steps:

40. Date of next review There was general recognition of the significant effort required to prepare for each review and accordingly it was agreed that the next review would take place in early May 2005. The timing allows for a 2-month period after the completion of the ISC contract. Accordingly the next review mission will be more comprehensive than the previous missions and will also be used to take stock of CMU management progress immediately after the withdrawal of the Interim Support Consultants.

Attachment 1: Review Programme

Day 1: - Review activities carried out in CMU offices and New Barrackpore	
9.00 – 9.10am	Introduction by DFID – The Purpose and Format of the Review.
9.10– 10.00am	CMU presentation, 15min: “Progress against the recommendations of the previous review and update on overall progress till date ” (see page1).
10.00-11.30am	Presentation and discussions on progress of preparatory work on Accounting Reforms, DDP, Challenge/Innovation Fund, Health Component, Local Economic Development.
11.30-1.00pm	Discussion: Priority 2, Managing Slum Upgrading Introduced by CMU presentation, 15min: “What has been achieved in relation to managing the improvement in the quality of life of poor people?”. The session will also look at objective criteria for prioritising the slums for making allocations from second year onwards.
1.00-2.30pm	Travel to New Barrackpore (box lunch on the move)
2.30 –4.30pm	ULB visits. Review team breaks into 2 groups to review ULB level KUSP activities (Accounting Reforms, OD Action Plan, Slum upgrading etc).
4.30pm	Return from New Barrackpore
Day 2: - Review activities carried out in CMU offices – Short Day	
9.00 – 9.10am	Introduction by DFID – Summary of the previous day.
9.10-10.45am	Discussion: Priority 1, Strengthening the ULB's Introduced by OD consultant presentation, 15min: “ULB Action plans, implications for SO's (including CMU) and GoWB enabling actions”
11.15- 1.30pm	Discussion: Priority 3, Building Management Capacity to deliver KUSP , facilitator: ISC
2.00 – 3.30pm	Discussion and Agreement of KUSP Logical Framework , facilitator: ISC
Day 3: - Review activities carried out in CMU offices – Short Day	
11.30-1.00pm	Wrap up meeting with Hon. Minister in Charge/ KUSP subcommittee and project functionaries.
1.00 – 1.30 pm	Debriefing Meeting with Chief Secretary
2.00 pm	Departure

Attachment 1: Actions on Recommendations of June 2004 Review

Recommendations from last review (June 04)	Status (December 04)	Observations
Monitoring and oversight mechanism		
1. Prepare an institutional development plan for the DLB indicating a new structure and the profile of human resources required.	1. The institutional Development Plan for all the support organisations has been submitted by OD Consultant (Annex 1) a modified organisation chart has been prepared against that by the support organisations (Annex 2).	CMU tol consult with Municipal Chairperson's Association and selected ULBs and recommend 'preferred way forward' to MAD by mid January 2005. Implementation of recommendations to be reviewed by DFID Mission in April/May 2005.
2. In the short term, monitoring of KUSP implementation in KMA ULBs by competent DLB staff, who will be co-opted into CMU.	2. DLB has identified officers for KUSP implementation in the KMA ULBs (Annex 3).	The Mission recommends that CMU consider formation of integrated monitoring teams (CMU+DLB +SO Rep)
3. Put in place CMU specialist inputs to support implementation of OD action plans.	3. Appointment of Sri Jayanta Chakraborty of KMDA has been issued by MA Department as Poverty Expert. He will also look after the OD Action Plans.	The Mission is concerned that services of a single specialist will be inadequate for overseeing and facilitating the implementation of OD Action Plans of 40 ULBs and the SOs. The OD CMU Specialist will be required to develop a Work Plan identifying Resource Requirements (Agency/Individuals) for CMU to deploy by February 2005.
4. Completion of ULB OD action plans.	4. Except a few municipalities the OD action plans have been completed. A synopsis of the action plan enclosed (Annex 4) – not yet received from	CMU/DFID to pursue the final Synthesis Report with the D Consultants. CMU to develop

	OD consultant.	an Action Plan for addressing generic OD concerns and capacity building by end January 2005.
5. Setting up a high-powered committee under the CS to address interdepartmental co-ordination issues and early resolution of policy and statute related implementation concerns. Alternatively to co-opt CS as member of KMPC sub committee for KUSP	5. The high-powered committee under the Chief Secretary, West Bengal to address inter-departmental co-ordination and policy matters has not been formed.	MAD to propose alternate arrangements for inter departmental co-ordination. This will be reviewed during the GoWB, DFID Aid Talks in February 2005.
Resourcing Implementation		
6. Complete transfer of ISC staff to proper offices in the CMU building.	6. There is no CMU building. CMU have been allotted space in ground floor of SUDA building and ground floor of ILGUS Bhavan. Both the buildings are in same complex. At present Interim Support consultants (ISC) are housed in ground floor of ILGUS Bhavan. There is no space in SUD building to accommodate the entire ISC team. Considering that the ISC team will remain for only four more months, it may not be advisable to disrupt the present working arrangement.	This was discussed at the Review Mission and it was agreed that the CMU will undertake a total planning and fit out programme with services of a practicing Architect, to address accommodation concerns. CMU to report on 'action taken' by end January 2005.
7. Complete staffing of CMU by September 2004 (incl. specialist inputs)	7. Procurement expert and Municipal Finance Expert have already joined.	CMU to initiate processes for filling up positions in IT by mid January 2005. Moreover, each specialist to draw up work related resource plans and a comprehensive CMU Resource Management Plan to be prepared and shared with MAD and GoWB by mid February 2005. This should clearly indicate synergy with the ISC

		exit strategy.
8. To fill ULB engineering positions through redeployment.	8. It is expected that KMDA engineers will join the ULBs on 1 st of December 2004.	Refer main AM
9. To fill EO and FO positions with professionals from WBCS or the open market.	9. 82 in-service officers have been identified to fill EO positions. MA Deptt. Is in the process of selecting officers from the 82 identified officers.	Refer main AM
10. Make progress on the establishment of a municipal cadre for EOs and FO's.	10. Establishment of municipal cadre for EOs and FOs has not been decided yet.	- do -
11. Revision of job descriptions, roles, responsibilities for EO's by OD consultants.	11. EO duties and responsibilities has been defined by Govt.	CMU to carry out audit of implementation of GO, for discussion during review in /May 2005.
12. GO to designate PD of CMU as ex-officio Joint Secretary in the MAD to formalise the institutional relationships of the CMU with the SOs and ULBs.	12. PD of CMU has not been designated as Ex-Officio, Jt. Secretary in the MA Dept.	The Mission reiterates this recommendation and urges early action by MAD.
13. Development of performance based allocation criteria for KUSP funds to ULBs.	13. Performance based allocation criteria for KUSP fund is under preparation and will be finalised after Base Line Survey is completed as the allocation criteria will depend both on performance and deficiency.	CMU to share approaches for DFID views.
14. Formulate and implement a communication strategy.	14. Communication strategy will be finalised after appointment of consultant for Communication and Public Relation, which is expected by 1 st week of December 2004.	Under process
Lesson Learning		
15. CMU to prepare a proposal for property reforms across KMA, in consultation with WB Valuation Board.	15. WBVB has been requested to prepare a feasibility report on area based self assessed property taxation method. Proposal for property	CMU to pursue with WBVB and provide resources, if required for completion of the Feasibility

	reforms will be prepared on receipt of the same.	Studies by end of FY'04-'05.
16. To initiate work on accounting reforms.	16. Work on accounting reforms is going on and it is expected that the double entry system can be initiated in the KMA ULBs in the financial year 2005-2006. The manual for the accounting system will be ready by December 2004.	Under process. In addition CMU to depute teams for exposure visit to TNUDP by January 2005.
17. Develop institutional mechanisms for regular lesson learning and experience sharing between the two programme managements units of KUSP and KEIP.	17. The commissioner and Joint Municipal Commissioner of Kolkata Municipal Corporation (KMC) has been included in the KMPC sub-committee for KUSP.	CMU to develop a lesson/experience sharing plan in consultation with KMC and share with DFID by end January 2005.
18. CMU to consider adoption of other good practices under KUSP.	18. A Chairman's meet was arranged in Raichak for two days to share their views regarding different aspects of KUSP. Different ULBs also shared already existing good practices among themselves in the workshop. Good practices in other state like Andhra & Kerala were also presented. A copy of the report for the meet is enclosed. (Annex5)	CMU to prepare annual plans for regular identification, documentation and dissemination of good practices across KMA (and non KMA) ULBs. The Mission recommends setting up of a joint DLB and CMU team to facilitate the process on a regular basis.

Narrative summary	OVis	MoV	Assumptions
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Attachment 3: Revised Logframe (Agreed as of 3rd December 2004)

Project Name: Kolkata Urban Services for the Poor (KUSP)
Country: India
Period: (i) March 2004 to February 2007
(ii) March 2007 to February 2012
Project memorandum date: April 2003
Version number: Version 4 SM + Team
Date of revision: December 2004

Narrative summary	OVis	MoV	Assumptions
<p>Goal: <u>Reduced poverty in West Bengal</u></p> <p>(By improving the quality of life and opportunity for 2.4 million poor people in the KMA)</p>	<p>By end of project:</p> <ol style="list-style-type: none"> 1. Reduction in infant mortality rate (IMR) by 50% and maternal mortality rate by 60%ⁱ 2. At least 40% of the poorⁱⁱ report an improvement in livelihood opportunities and security of tenure. 3. Reduction by 40%, the proportion of people without sustainable accessⁱⁱⁱ to safe drinking water and basic sanitation 4. Number and percentage of population below poverty line reduced^{iv} 5. HIV prevalence rate below 1%^v 	<ol style="list-style-type: none"> 1. IPP VIII monitoring information 2. Impact assessment against baseline 3. Independent beneficiary satisfaction surveys 4. Census data 5. Sentinel surveillance techniques? 	
<p>Purpose: <u>Improved quality of life and opportunity for 2.4 million poor people in the Kolkata Metropolitan Area</u></p> <p>(Through:</p> <ol style="list-style-type: none"> (i) Pro poor municipal reform in the area of urban planning and governance (ii) Improving the access of the poor to urban services (iii) Promoting and supporting local economic development to provide livelihood opportunities to the poor.) 	<p>By End of Project:</p> <ol style="list-style-type: none"> 1. Increasing evidence of slums & informal settlements getting integrated into city development with planned basic services^{vi} provided as per norms; and information relating to these settlements, such as municipal budgets, ward level expenditures, allocation criteria available at ward level. 2. Significant improvements in local infrastructure with 80% of the poor report a 50% improvement (over baseline figures) in access to improved services.^{vii} 3. Increased household consumption measured by a 50% increaseⁱ in real value of physical and livelihood assets above baseline figures. 	<p>To be measured in last quarter of project -</p> <ol style="list-style-type: none"> 1. Citizen satisfaction Reports and special surveys; Budget Documents. 2. Municipal GIS, DDP progress reports, and Citizen participatory surveys. 3. Livelihoods baseline and impact reports, NSS reports. 	<p>Continued political commitment to improve living conditions of the urban poor</p> <p>ULBs /GoWB are willing to address issues of the informal settlements including provision of services</p> <p>The KUSP approach is applied to all municipalities in WB</p> <p>Political support continues to be favourable and policy regime remains stable</p> <p>Good progress on WB rural poverty reduction</p>

ⁱ In relation to achievement to trends (for equal period) as of baseline year


Narrative summary	OVIs	MoV	Assumptions
<p>Output 1: <u>Improved urban planning and governance in the KMA</u></p> <p>(Improving ULB accountability and transparency towards citizens. Poor people included in decision making)</p>	<p>1. By February 2007, KMPC's role in KMA-wide urban planning established through enhanced statutory planning, regulatory authority and institutionalised links with respective District Planning Committees with respect to approval of ULB's DDPs.</p> <p>2. Urban strategy addresses issues of pro poor regional economic growth and tenure security in poor settlements (in line with GoI policies). Investment commitment based on Urban strategy for KMA is included in the 2007-2012 state five-year plan. GoWB wide consensus on Urban Strategy (especially UDD).</p> <p>3. At least 12 ULBs prepare good quality draft development plans as per guidelines by no later than February 2007 and approved by KMPC for implementation from no later than 2007/08. At least 12 ULBs are in the process of preparing 2nd DDPs for 2012/13 by end of project</p> <p>4. All ULBs demonstrate increasing financial viability as evidenced by Own source / Total revenue (in revenue account), improving by at least a 10% improvement by the end of year 2 and by at least by 40% at the end of year 5.</p> <p>5. In all ULBs arrears of property tax, as a proportion of the annual demand, reduces by 20% by end of year 3 and by a further 20% by the end of year 5. <i>This should not be account of waiving off arrears (excluding interest) or low collection of current demand.</i></p> <p>6. O&M costs (excluding salaries and wages) are fully funded from own revenues by end of project.</p> <p>7. By EOP at least half of KMA ULBs have functioning robust 'e governance' system (including Municipal GIS and other public info comm. Systems) that provide spatial awareness of poverty, improved targeting of pro-poor governance and service improvements</p>	<p>Agenda, submissions and minutes of KPMC and KUSP sub committee meeting which show the following:</p> <p>1. Consideration of transmunicipal issues</p> <p>2. Discussion of recommendations arising from KUSP sub committee</p> <p>3. Review of ULBs' DDPs</p> <p>2. Approved strategy and 2007 – '12 Five Year Plan Document.</p> <p>3. DDPs prepared as per guidelines.</p> <p>4. ULB financial statements.</p> <p>- do -</p> <p>- do -</p> <p>7. (i) Municipal GIS in place and operating. (ii) Poverty and other survey data incorporated into GIS. (iii) GIS data (where available) used in DDP.</p>	<p>Sustained political will for decentralisation</p> <p>Effective political and administrative leadership within MAD</p> <p>KUSP funds are additional to existing GoI/ GoWB funds CSOs/CBOs/CDS grow to take on greater role in social mobilisation</p> <p>Behaviour starts to change within ULBs and support agencies</p>

Narrative summary	OVIs	MoV	Assumptions
	<p>8. Modern accounting systems introduced² in 3 ULBs by March 2005. In all ULBs by 2007. Updated accounts and balance sheet available in all ULBs by April 2007.</p> <p>9. Mechanisms for vigilance strengthened at Support Agencies and ULBs; System for social audit mechanisms in place from year 3</p> <p>10. Establishment of a mechanism for registering and tracking complaints by Dec. 2005. Mechanism must be accessible to the poorest and the status of individual complaints should be promptly available.</p> <p>11. Each year, starting in 2005/06, all ULBs and support agencies (including MAD) achieve agreed actions as detailed in their Organisational Development Action Plans.</p> <p>12. Priorities of NHGs/ NHCs included in DDPs.</p> <p>13. By end of year 5 at least 10 ULBs achieve satisfactory credit ratings to enable commercial borrowings to be accessed²</p> <p>14. Increasing % of citizens in each ULB report improvements in municipal services in relation to Citizens Charter</p> <p>15. Municipal information relating to citizen services, allocation of funding, budgets and future plans etc readily available at all ULBs by 2006.</p>	<p>8. Accounting system, in place, staffed and operating. Year end financial statements capable of being prepared on an accruals basis and issue of unqualified audit opinion.</p> <p>9. Audit reports Social audit report</p> <p>10. (i) . Citizen satisfaction process in place and reporting improvements. (ii) Evidence of a functioning tracking system at ULB level.</p> <p>11. Progress reports of individual ULBs, SAs and MAD supplemented by independent reviews of progress commissioned by MAD</p> <p>12. DDP progress reports</p> <p>13. Credit rating reports</p> <p>14. Citizens Report Cards/Special Surveys (every two years)</p> <p>15. ULB/Ward level Notice Boards, CMU website</p>	

² Accrual accounting is effective from the date

Narrative summary	OVIs	MoV	Assumptions
<p>Output 2: Improved access to urban services</p> <p>(ULB's improve quality and delivery of services to citizens. The poor are not excluded)</p>	<p>1. Slum infrastructure guidelines being used successfully in all ULBs by the end of third year</p> <p>2. Fully resourced asset management plans available in at least 75% of settlements covered under SIP. Plans to be in place by 6 months from completion of construction works for respective projects.</p> <p>3. <i>ULBs' budgeted^a and actual expenditures reflect increased spending for service delivery and maintenance of assets in poor neighbourhoods (including informal settlements):</i> in at least 30 ULBs starting from FY 2007/08 in all ULBs starting from FY 2010/11</p> <p>4. Slums prioritised by end of first year in all ULB's with respect to infrastructure deficiency indicators and poverty indicators.</p> <p>5. All slum households in all ULB's ranked by end of first year with respect to comprehensive poverty indicators. By end of second year institutional arrangements in place to maintain the list and provide it to other service providers at a fee.</p> <p>6. <i>Improved targeting of infrastructure and service improvements through use of municipal GIS in at least 50% of ULBs by end of year 4.</i></p> <p>7. Security of tenure / rehabilitation provided to slum households. Coverage for at least 20% of target households by year 4 and 50% by EoP.</p> <p>8. Infrastructure needs (in slums taken up under KUSP) met as indicated below in 50% of slums by Year 4 and all slums by EoP: (i) Access from house to local roads by all weather roads. (ii) Reduced incidence of water logging caused by local drainage problems (iii) Potable water supplied to the satisfaction (appropriate regularity and quantity) of slum dwellers. (iv) An increasing number of households supplied water through house connections. (v) Total sanitation. (vi) All public toilets adjacent to slum settlements maintained to the satisfaction of users.</p>	<p>1. Reports of the ULBs and their Boards' resolutions, supplemented by: 1) an Independent assessment commissioned by MAD; 2) Quality Audit Reports</p> <p>2(i). Infrastructure assessment report (ii). Participatory impact assessment report (iii) Citizen satisfaction process in place and reporting improvements</p> <p>3. <i>ULBs' budgets and financial statements – for capital expenditures</i></p> <p><i>Citizen satisfaction surveys – for maintenance expenditures</i></p> <p>6. (i) <i>Municipal GIS in place and operating.</i> (ii) <i>Poverty and other survey data incorporated into GIS.</i> (iii) <i>GIS data used in DDP/ADP</i></p> <p>7. R & R plans reflected in DDPs</p>	

Narrative summary	OVis	MoV	Assumptions
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	<p>9. Health needs met as indicated below in one-third of slums by Mid Term Review and all slums by EoP:-</p> <p>(i) 80% of slum dwellers report HHW as first point of contact.</p> <p>(ii) ULB health facilities in proximity to slums are utilized to full capacity.</p> <p>10. Atleast 20% piloted innovations mainstreamed and/or scaled up by ULB</p>		
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<p>Output 3:</p> <p>Economic development promoted</p> <p>(ULBs promote the overall investment climate. The promotion of livelihood opportunities for the poor.)</p>	<p>1. KMPC adopts policy paper on 'vision for economic growth of KMA' by Year 2</p> <p>2. ULB's constitute Standing Committees on economic development (with appropriate composition and participation from CSOs, Business Associations etc.)</p> <p>3. Provision mandating ULBs on LED, introduced in the Municipal Act by March 2006.</p> <p>4. DDPs of ULBs incorporate participatory economic visioning and action planning:</p> <ul style="list-style-type: none"> • in at least 12 ULBs by February 2007; & • in all ULBs by end of project <p>5. Agreed recommendations of SJSRY Review implemented across ULBs by March 2006.</p> <p>6. ULBs adopt improved approaches for service delivery in commercial and industrial areas, such as handing over O&M to industry groups</p> <p>By end of project *:</p> <p>7. ULBs and other urban agencies demonstrate improvements in (i) level and quality of interface with economic actors; (ii) transparency, simplification and reduction in regulations and procedures relating to economic activity; (iii) infrastructure services relating to economic activity</p> <p>8. small informal businesses report significantly reduced harassment from municipal authorities</p>	<p>1. Draft paper and Guidelines prepared by KMPC</p> <p>2. CMU Report</p> <p>3. Municipal Act Amendment</p> <p>4. Action Plan for implementation of Vision</p> <p>5. Review</p> <p>6. Special surveys, CMU annual reports</p> <p>7. Participatory surveys of small and informal business sectors</p> <p>8. Citizen satisfaction survey process.</p>	
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Narrative summary	OVis	MoV	Assumptions
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Activities	Inputs	£	
See CMU workplan	Financial aid Tech assistance Total	12.66m 89.44m 102.00m	<p>1. Revenue base of ULBs sufficient to achieve self financing and financial stability</p> <p>2. Political willingness to charge taxes and push for collection</p> <p>3. Political leadership in ULBs effective in championing the reform processes</p> <p>4. appropriate organisational and personal incentives and sanctions adopted to encourage the change process</p> <p>5. KMPC functions optimally</p> <p>6. Support agencies (MED, DLB, SUDA, KMDA, ILGUS) are transformed to assist ULBs with design and implementation of their DDPs</p> <p>7. CMU functions effectively in its dual role of managing the project and in facilitating change</p>

ⁱ Need to confirm following baseline that these targets are feasible

ⁱⁱ 'Poor' to include the vulnerable, in line with definition set out in 10th Plan: **Housing Vulnerability:** Lack of tenure, poor quality shelter without ownership rights, no access to individual water connection/toilets, unhealthy and insanitary living conditions. **Economic Vulnerability:** Irregular/casual employment, low paid work, lack of access to credit on reasonable terms, lack of access to formal safety net programmes, low ownership of productive assets, poor net worth, legal constraints to self-employment. **Social Vulnerability:** Low education, lack of skills, low social capital/caste status, inadequate access to food security programmes, lack of access to health services, exclusion from local institutions. **Personal Vulnerability:** Proneness to violence or intimidation, especially women, children, the elderly, disabled and destitute, belonging to low castes and minority groups, lack of information, lack of access to justice.

ⁱⁱⁱ 'Access' defined in terms of availability of supply and utilisation/consumption

^{iv} It may not be possible to use census data given the timing of the census and the delay in publishing

^v Need to confirm that prevalence rate can be measured

^{vi} 'Basic services' defined as the

^{vii} 'Municipal services' includes basic services (water supply, sanitation, drainage, solid waste collection, 'all weather' access roads, street lighting) plus health, others...?

^{viii} Need to check that there is legislation provision for ULBs to borrow on commercial terms

^{ix} As evidenced by ward level expenditures (wards with higher population of poor) Currently budgets, and financial statements, do not show geographical location of expenditures. Improvements to budget formats and introduction of new chart of accounts will be needed for this spatial dimension to be included.

^x To be detailed following preparation of Vision document

^{xi} Can be finalised after infrastructure position assessment vis-à-vis fund availability



CHANGE MANAGEMENT UNIT (CMU)

NOTE

25-08-2005

Enclosed please find the final KUSP funding review indicators for the external evaluation to be held in April 2007.

You are requested to plan your programme so that all the review targets are exceeded and are completed before December 2006. The plan for meeting review targets may be discussed with me within the next two weeks.

(Arnab Roy)
Project Director - CMU KUSP

Encl: As stated above.

- 1) Project Manager, CMU, KUSP
- 2) Engineering Expert, CMU, KUSP
- 3) OD & Poverty Expert, CMU, KUSP
- 4) Financial Adviser, CMU, KUSP
- 5) Municipal Finance Expert, CMU, KUSP
- 6) Urban Planner, CMU, KUSP
- 7) Economist, CMU, KUSP
- ✓ 8) Health Expert, CMU, KUSP

U.O NO:- CMU-164/2004(PT-II)/99

Date:- 25.08.05.

KUSP third year funding review
Indicators for external evaluation April 2007

A Background

1. At design stage GoWB and DFID agreed to an externally evaluated funding review being carried out on the programme and on the slum infrastructure works. The outcome of both reviews will determine whether DFID will recommend to the DFID Director of Asia that funding continues. The extracts from the Project Memorandum below refer.

*"3.3.11 In addition to funds linked to DDPs, ULBs would be eligible for funds for slum infrastructure (with limited rehabilitation of municipal networks). After the third year of implementation, to receive such funds, ULBs will have to demonstrate, through an external evaluation, that they meet a minimum standard relating to the **management of slum infrastructure**. KUSP will also support an incentive fund recently started by GoWB that seeks to reward ULBs for improved performance. After the initial stages of implementation, the incentive fund facility would be further refined on the basis of lessons learnt, including from well known good practices such as the "citizens report card system" in Bangalore. Allocations for slum level infrastructure and support to the incentive fund represent about 33% and 6% of the project budget.*

*3.3.12 GoWB and DFID have agreed to a "**funding review**" at the end of three years from the start of the programme. At this stage the project's performance will be evaluated by an external agency against indicators to be developed by CMU and agreed between GoWB and DFID during the first six months of implementation. The preparation of good quality DDPs for at least 12 municipalities will be a key indicator. Subject to a satisfactory outcome of the evaluation, DFID will recommend funding of the remainder of the project to Director Asia. If the outcome of the evaluation is not satisfactory, funding for all items will cease except for slum level infrastructure (and associated supervision costs). Approximately, disbursement of 75% of project funds will depend on the satisfactory outcome of the "funding review" and slum infrastructure management evaluations."*

2. The purpose of setting goals and having an external review and possible spending block is to help ensure that the programme lives up to its potential and strives to deliver. It should not be seen as a way of setting impossible targets that aim to crush the programme.

3. To this end, detailed discussions were held with CMU officials and within the DFID KUSP team leading to agreement over the following set of indicators. The aim was to use indicators that are close to those that have previously been agreed, are easily measurable and cover items that KUSP is providing resources towards during the first 3 years.

B. Agreed Indicators

4. The indicators below have been agreed between the DFID Task team and the CMU and are based on Log-frame indicators.

(i) Funding Review indicators

Indicator FR1 - At least 12 ULBs prepare good quality draft development plans as per guidelines by no later than December 2006 and are approved by KMPC by March 2007.

Indicator FR2 - Modern accounting systems introduced in 30 ULBs by March 2007. Updated accounts and balance sheets available in at least 30 ULBs by April 2007.

Indicator FR3 - ULBs' actual expenditures reflect increased spending for service delivery to the poor and maintenance of assets in slums in at least 30 ULBs by April 2007.

Indicator FR4 - Slums prioritised before the next set of slums are chosen in all ULB's, with respect to infrastructure deficiency indicators and poverty indicators and determine allocation accordingly.

Indicator FR5 - Infrastructure needs (in slums taken up under KUSP) met as indicated below in 50% of slums by April 07:

- (i) Access from house to local roads by all weather roads.
- (ii) Reduced incidence of water logging caused by local drainage problems
- ✓(iii) Potable water supplied to the satisfaction (appropriate regularity and quantity) of slum dwellers (of quality as available in the local aquifer unless it is served by surface supply water).
- ✓(iv) An increasing number of households supplied water through house connections.
- ✓(v) Total sanitation (complete access to toilets – no open defecation).
- (vi) All public toilets adjacent to slum settlements maintained to the satisfaction of users

Indicator FR6 – All demonstrate increasing financial viability as evidenced by Own source/Total revenue (in revenue account), improving by at least a 10% improvement by the end of year 3.

Indicator FR7 - DDPs of ULBs incorporate local economic development plan in at least 12 ULBs by December 2006.

(ii) Review of Management of Slum Infrastructure

Indicator MS1 Fully resourced ULB level asset management plans and corresponding local management structures in place and functioning in at least 50% of settlements covered under SIP. Plans to be in place by 12 months from completion of construction works for respective projects. Evidence should be provided of implementation of such plans in slum works that took place in the first two years of the programme.

Study Report

On

10 Sub - Centres

in

KMA ULBs

CONTENT

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

EXECUTIVE SUMMARY

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

OBJECTIVE

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

SAMPLE SELECTION

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

STUDY INSTRUMENT

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

OBSERVATIONS & RECOMMENDATION

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

FUNCTIONING STATUS OF SUB-CENTRES

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

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

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

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

MANAGEMENT OF CLINICS AT SUB-CENTRES

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

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

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

- Utilisation of KUSP fund towards improvement of physical infrastructure and replacement of unserviceable / deficient furniture & equipments of the Sub-Centre for strengthening of services is found to be cost effective.

Investment of an amount of Rs. 80,000/- from KUSP fund for above purpose (which will last for 5 years) for one Sub-Centre will save an expenditure of Rs. 18,72,000/- of the beneficiaries of the same Sub-Centre for 5 years. As such, more benefits can be achieved at a much lower investment of KUSP.

- It has been noticed that growth monitoring of under five children is not being carried out. Since U-5 children are vulnerable to diseases and malnutrition it is very essential that this component should be introduced for benefit of the children of the community. Along with this nutrition awareness generation programme for the mothers are to be undertaken.
- Supervision & Monitoring with regard to both clinical and management, is necessary for improving and strengthening of services. In addition to HO and AHO this task may also be taken care of by Urban Health Improvement Organiser (UHIO) of the municipality. The vacant post of UHIO need to be filled up with proper job chart. At the same time monitoring mechanism at Sub-Centre level by the community may be thought for.
- The health care services delivered by the Sub-Centres are considered to have been utilised. To the poor community mothers and children the services of Sub-Centres have been sine quo non.

PREAMBLE

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

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

OBJECTIVE

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

METHODOLOGY

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

STUDY INSTRUMENT

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

DATA ANALYSIS

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

SELECTION METHODOLOGY

Selection of sample ULBs :

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

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

Selection of sample Sub-Centres :

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

a) Madhyamgram Municipality :

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

b) Panihati Municipality :

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

c) Uttarpara Kotrung Municipality :

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

d) Rishra Municipality :

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

e) Budge Budge Municipality :

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

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

WORK PROCESS

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

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

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

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

TABLE - 1

Total Number of Existing Sub-Centres of Sample ULBs

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

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

TABLE - 2

Sub-Centre wise Family / Population Coverage

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

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

TABLE - 3

Number of Health functionaries working at Sub-Centres

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

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

TABLE - 4

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

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

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

TABLE - 5

Attendance in Sub-Centre during 2004 - 2005

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

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

ANC - 60

PNC - 52

Under one children - 56

Under five children - 263

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

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

TABLE - 6 (Contd.)

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

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

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

TABLE - 7 (Contd.)

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

TABLE - 8

Management of Clinic of Sub-Centre

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

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

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

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

Contd. P-2.

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

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

TABLE - 10
Physical Status of Sub-Centre

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

Contd. to P-2.

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

TABLE - 11

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

Furniture :

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

Equipment :

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

Contd. to P2.

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

Status of health manpower and load of each Sub-Centre

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

Observations :

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

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

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

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

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

Existing Physical Facilities at Sub-Centres

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

Existing Physical Facilities at Sub-Centres (Contd.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Views of community mothers about the Sub-Centre

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

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

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

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

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

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

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

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

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

	HAU	HNW	SHP/FTJ	STJ
CUPP-IN -	38	1103	226.	
18'PH 80 .	<u>115</u>	<u>3648</u>	<u>685</u>	<u>139</u>
	153	4751	911	

HNH



Sub. : Work plan and budget for 2005-2006

The work plan and budget has been prepared in consultation with the respective experts.

If approved, a copy of the same may be given to all the experts as a tool for monitoring.

(D.K.Roy)
Technical Adviser, CMU

Project Director, CMU

*Appd. We shall also meet on
26/4/05 at 10.30 P.M for planning*
21/4

Copy to

Project Manager
Jt. Director, ILGUS
Engineering Expert
Poverty & OD Expert
Urban Planner
Economist
Financial Adviser
Municipal Finance Expert
✓ Health Expert

[Signature]

Kolkata Urban Services For The Poor



**Work Plan & Budget
for 2005-2006**

Change Management Unit

Work Plan & Budget for 05-06

Rs. in lakh

RS. IN LAKH											
Sl. No.	Head of Account		Total of 2004-2005		2005-2006					2006-2007	Total Provision for Project Period
			Expenditure	Provision in Project	1st. Qtr.	Upto 2nd. Qtr.	Upto 3rd. Qtr.	Upto 4th. Qtr.	Provision in Project	Provision in Project	
1	GIS & MIS	Capacity Building	0.14		100.00	215.00	387.00	493.00	49.00	658.00	1785.00
2	Capacity building		25.80	532.00	129.30	531.50	745.70	829.40	721.00	728.00	4921.00
3	Dev and Implementation accounting system		0.00	42.00	94.80	398.30	471.00	473.50	175.00	7.00	420.00
	Sub-Total Capacity Building		25.94	574.00	324.10	1144.80	1603.70	1795.90	945.00	1393.00	7126.00
4	Economic Development	Economic Development	1.99	105.00	6.50	21.00	47.00	107.00	126.00	126.00	3185.00
5	Support to Health Sector	Health	39.10	350.00	104.10	446.80	692.20	728.60	350.00	350.00	2800.00
6	Intra Municipal infrastructure	Infrastructure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9730.00
7	Incentive Fund for intra municipal infrastructure & community need		206.20	280.00	0.00	50.00	200.00	380.00	378.00	378.00	3311.00
8	Slum level infrastructure with necessary augmentation in city system		1637.00	847.00	253.00	558.00	1258.00	3008.00	1512.00	2268.00	19369.00
9	Trans Municipal infrastructure (West Bengal Municipal Development Fund)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10787.00
10	Innovative/Challenge Fund		0.00	350.00	40.00	110.00	230.00	350.00	350.00	350.00	2450.00
	Sub-Total Infrastructure		1843.20	1477.00	293.00	718.00	1688.00	3738.00	2240.00	2996.00	45647.00
11	Change Management Unit (CMU)	Management	92.90	245.00	50.00	101.00	141.50	182.00	245.00	245.00	980.00
12	Technical Expertise (consultancy)		7.70	350.00	31.00	97.00	165.00	230.00	350.00	350.00	1750.00
13	Monitoring		0.00	35.00	4.00	8.00	12.00	16.00	35.00	21.00	196.00
	Sub-Total Management		100.60	630.00	85.00	206.00	318.50	428.00	630.00	616.00	2926.00
14	Howrah rejuvenation and dev plan and preparation of Urban Strategy	Planning	0.00	0.00	60.00	160.00	240.00	290.00	42.00	91.00	154.00
15	Poverty survey and impact study (first three years would be covered as part of DDP preparation)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35.00
16	DDP/ADP Preparation		0.00	567.00	79.50	283.50	320.50	295.50	945.00	224.00	1736.00
17	Design of WB Municipal Dev Plan		0.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00	7.00
	Sub-Total Planning		0.00	567.00	139.50	443.50	560.50	585.50	994.00	315.00	1932.00
GRAND TOTAL			*2010.83	3703.00	952.20	2980.10	4909.90	7383.00	5285.00	5796.00	63616.00

* Final Accounts not yet ready

✦ A proposal for allotment of Rs. 20 crore for the year 05-06 is lying with DFID

Work Plan & Budget for 05-06

Sl. No.	Head of Accounts	Action	Total of 2004-2005		2005-2006					2006-2007	Total Provision for Project Period
			Expenditure	Provision in Project	1st. Qtr.	Upto 2nd. Qtr.	Upto 3rd. Qtr.	Upto 4th. Qtr.	Provision in Project	Provision in Project	
A. Capacity Building											
I	GIS & MIS										
a.	Preparation of Base Map & GIS by Survey of India	ISC CMU			100.0	200.0	350.0	425.0			
b.	Payment to eGov. Foundation	ISC CMU			0.0	15.0	37.0	68.0			
SUB-TOTAL...1			0.14	0.00	100.0	215.0	387.0	493.0	49.00	658.0	1785.00
2.i. Capacity Building for ULBs											
a.	Appointment of Engineers	OD CMU			19.5	40.5	61.5	82.5			
b.	Placemnt of Professional in ULBs (CA inter or M. Com)	ULB			15.1	30.2	45.4	60.5			
c.	Placement of Urban Planner in ULBs				0	14.4					
d.	Placement of Computer Professional in ULBs				0	14.4					
e.	Providing Software & Hardware	ISC CMU			8.0	195.0	332.0	332.0			
f.	Grievance Management				1.5	5.5	7.6	7.6			
g.	Strengthening UPE Cell				1.8	9.0	14.4	14.4			
h.	Capacity Building for CDS and NHC				0.0	7.5	15.0	20.0			
i.	Exposure programme for Ward Committee members				3.0	9.0	16.0	20.7			
j.	Support for Display Board at own ward office				4.0	9.0	13.7	13.7			
k.	Support for data entry under resource mobilization				2.0	11.0	17.0	19.5			
l.	Development of Citizen's Charter				5.0	8.0	14.0	20.0			
m.	Organization of study visit within KMA ULBs for capacity building				0.0	0.0	3.0	4.8			
n.	Organization of study visit to APUSP for the elected representative of ULBs and support organizations.				0.0	4.0	5.5	5.5			
o.	Strengthening Standing Committees (including Municipal Accounts Committee)				0.0	0.0	0.0	0.0			
p.	Improved inter departmental coordination and procedural development : Study to be undertaken				1.8	1.8	1.8	1.8			
q.	Capacity Building for Municipal Functionaries				0.0	3.0	3.0	3.0			
r.	Support for office equipments for better communication under Capacity Building				0.0	3.0	6.0	10.0			
s.	Capacity Building for Municipal personnel on basic computer skill development				4.0	10.0	27.0	44.0			
t.	Equipment support for attendance managemnt under Capacity building				0.0	2.0	5.0	5.0			
u.	Sponsoring CMU and other officials for attending seminars and training programmes within India & abroad for Capacity Building				0.0	22.0	37.0	40.0			
v.	Construction of ward offices				60.0	110.0	110.0	110.0			
w.	Training					15.0					
x.	Competition among ULBs					0.0					
y.	Purchase of Equipments for Support Organisations					0.0					
i.	Capacity Building for Support Agencies Car (SUDA-1, MED-4, ILGUS-1, DLB-1)	OD CMU			3.6	7.2	10.8	14.4			
SUB-TOTAL...2			25.8	532.0	129.3	531.5	745.7	829.4	721.0	728.0	4921.00

Sl. No.	Head of Accounts	Action	Total of 2004-2005		2005-2006					2006-2007	Total Provision for Project Period
			Expenditure	Provision in Project	1st Qtr.	Upto 2nd Qtr.	Upto 3rd Qtr.	Upto 4th Qtr.	Provision in Project	Provision in Project	
3	Development & Implementation Accounting System										
a.	Preparation of Draft Manual	ISC			0.0	0.0	0.0	0.0			
b.	Approval for draft manual by MA Department	ISC			0.0	0.0	0.0	0.0			
c.	Engagement of Agency to programme manage the entire implementation process	ISC CMU			24.8	89.3	91.0	91.0			
d.	Supply of Hardware	CMU			50.0	195.0	205.0	205.0			
d.	Preparation of Accounting Software	CMU			20.0	114.0	175.0	177.5			
e.	Start Accrual Based Double Entry System	CMU			0.0	0.0	0.0	0.0			
SUB-TOTAL 3			0	42	94.8	398.3	471	473.5	175	7.0	420.00
Sub TOTAL A			25.9	574.0	324.1	1144.8	1603.7	1795.9	945.0	1393.0	7126.0
B.	Economic Development										
4	Economic Development										
a.	Assessment of SJRY	ISC DFID			0.0	0.0	0.0	0.0			
b.	Local Economic Development Intervention	ISC CMU			6.5	21.0	47.0	107.0			
Sub TOTAL B			1.99	105.00	6.5	21.0	47.0	107.0	126.00	126.0	3185.00
C.	Health										
5	Support to Health Sector										
a.	Constitution of Municipal Level Health & FW Committee				0.0	0.0	0.0	0.0			
b.	Restructuring of Blocks of ULBs				0.0	0.0	0.0	0.0			
c.	Re-orientation training for HHWs, FTSs, STSs / ANMs				0.0	0.0	0.0	0.0			
d.	Trainers training by CMU on food & nutrition and growth monitoring of under 5 children				0.2	0.2	0.2	0.2			
e.	Training at HAU level by trainers on food & nutrition and growth monitoring of under 5 children	KMA			6.8	8.7	8.7	8.7			
		Non-KMA			2.7	2.7	2.7	2.7			
f.	Training on STD / HIV / AIDS	KMA			4.4	4.4	4.4	4.4			
		Non-KMA			2.6	6.7	6.7	6.7			
g.	Training on Adolescent care	KMA			0.0	6.8	8.7	8.7			
		Non-KMA			0.0	3.3	3.3	3.3			
h.	On communit mobilisation and gender empowerment	KMA			0.0	4.7	13.5	13.5			
		Non-KMA			0.0	2.2	2.2	2.2			
i.	HMIS and Family Schedule	KMA			0.0	9.4	11.9	11.9			
		Non-KMA			0.0	3.7	3.7	3.7			
j.	On National Health Programmes	KMA			0.0	0.0	9.4	11.9			
		Non-KMA			0.0	0.0	3.7	3.7			
k.	Re-training for HO, AHO, PTMO and others										
i.	Training for HO & AHO in Public Health				4.7	9.4	9.4	9.4			
ii.	Adolescent Care	KMA			0.8	3.2	3.2	3.2			
		Non-KMA			0.4	0.8	0.8	0.8			
iii.	Re-orientation for PTMOs and UHIOs				0.1	0.1	0.1	0.1			

Sl. No.	Head of Accounts		Action	Total of 2004-2005		2005-2006					2006-2007	Total Provision for Project Period
				Expenditure	Provision in Project	1st. Qtr.	Upto 2nd. Qtr.	Upto 3rd. Qtr.	Upto 4th. Qtr.	Provision in Project	Provision in Project	
iv.	For HO and AHO on Family Schedule & HMIS	KMA				0.1	0.1	0.1	0.1			
		Non-KMA				0.1	0.1	0.1	0.1			
I. I.E.C.												
i.	Group discussion at block level with female and male members community - 1 such discussion per block by monthly	KMA				10.7	21.4	32.0	42.7			
		Non-KMA				3.3	6.7	10.0	13.3			
ii.	Installation of hoarding / repair & repainting of existing message board	KMA				3.5	19.9	26.5	26.5			
		Non-KMA				2.8	8.3	8.3	8.3			
iii.	Baby show - 1 show per HAU per year	KMA				0.0	0.0	10.0	15.3			
		Non-KMA				0.0	0.0	4.0	4.8			
iv.	Awareness through deployment of folk media - 2 programmes per HAU per year	KMA				0.8	2.5	3.3	3.3			
		Non-KMA				0.3	0.8	1.0	1.0			
v.	Development of IEC materials by CMU i.e. leaflet, pictorial, calender, etc.					0.0	20.0	40.0	50.0			
m. Procurement												
i.	Provision of Uniform to HHW, FTS & STS	KMA				24.1	24.1	24.1	24.1			
		Non-KMA				1.0	1.0	1.0	1.0			
ii.	Provision of Kit bag with contents	KMA				14.5	14.5	14.5	14.5			
		Non-KMA				0.6	0.6	0.6	0.6			
iii.	Printing of growth monitoring card by CMU	KMA				10.0	10.0	10.0	10.0			
		Non-KMA				2.0	2.0	2.0	2.0			
iv.	Provision of weighing machine with jacket by CMU	KMA				2.6	2.6	2.6	2.6			
		Non-KMA				0.9	0.9	0.9	0.9			
v.	Development of training manual for grass root level functionaries by CMU in consultation with AIJH & PH					3.0	3.0	3.0	3.0			
vi.	Printing of training manual	KMA				0.0	1.6	1.6	1.6			
		Non-KMA				0.0	0.6	0.6	0.6			
vii.	Development of Family Schedule & HMIS format by CMU					0.0	3.0	3.0	3.0			
viii.	Printing of Family Schedule & HMIS format	KMA				0.0	108.3	108.3	108.3			
		Non-KMA				0.0	22.0	22.0	22.0			
ix.	Refurnishment of Sub-Centre @ 25,000	KMA				0.0	62.5	125.0	125.0			
		Non-KMA				0.0	10.2	20.2	20.2			
x.	Provision of furniture & equipment (if required) for Sub-Centres	KMA				0.0	25.0	100.0	100.0			
		Non-KMA				0.0	4.0	16.0	16.0			
xi.	Hiring charges for professionals of CMU (Doctor - 6, Nutritionist - 3, Statistician - 2 & Computer Asstt. - 1) for monitoring & supervision of health activities at 40 KMA and 11 Non-KMA ULBs					1.3	5.0	8.8	12.6			
Sub TOTAL...5				39.1	350.0	104.1	446.8	692.2	728.6	350.0	350.0	2800.0
D. Infrastructure												
6	Intra-Municipal Infrastructure +			0		0.0	0.0	0.0	0.0			9730.00
7	Incentive Fund for intra-municipal infrastructure & community needs		ISC CMU	206.2	280.0	0.0	50.0	200.0	380.0	378.0	378.0	3311.0
8	Slum level infrastructure with necessary augmentation in city system											
a.	Developing manual for infrastructure works		ISC CMU			3.0	8.0	8.0	8.0			
b.	Slum Level Infrastructure		CMU			250.0	550.0	1250.0	3000.0			
SUB-TOTAL...8				1637.0	847.0	253.0	558.0	1258.0	3008.0	1512.0	2268.0	19369.0

Sl. No.	Head of Accounts	Action	Total of 2004-2005		2005-2006					2006-2007	Total Provision for Project Period
			Expenditure	Provision in Project	1st. Qtr.	Upto 2nd. Qtr.	Upto 3rd. Qtr.	Upto 4th. Qtr.	Provision in Project	Provision in Project	
9	Trans-municipal infrastructure (WB Municipal Development Fund)										
a.	Design of inter-municipal infrastructure works	KMDA	0		0.0	0.0	0.0	0.0			10787.00
10	Innovative / Challenge Fund	ISC CMU	0	350.0	40.0	110.0	230.0	350.0	350.0	350.0	2450.00
Sub TOTAL...D			1843.1	1477.0	293.0	718.0	1688.0	3738.0	2240.0	2996.0	45647.0
E.	Management										
11	Change Management Unit (CMU)										
a.	Equipments & Furniture for CMU & Consultants	CMU			10.0	20.0	20.0	20.0			
b.	Recurring cost for CMU	CMU			36.0	72.0	108.0	144.0			
c.	I.T. for CMU				0.0	0.0	0.0	0.0			
d.	Service Charge for Accommodation				4.5	9.0	13.5	18.0			
SUB-TOTAL...11			92.9	245.0	50.5	101.0	141.5	182.0	245.0	245.0	980.0
12	Technical Expertise (Consultancy)										
a.	Engagement of Experts as Consultants for CMU	ISC CMU			0.0	0.0	0.0	0.0			
b.	Engagement of Communication Agents	ISC CMU			11.0	27.0	45.0	60.0			
c.	Engagement of Accounts Support Agency for CMU Accounts	CMU			5.0	10.0	15.0	20.0			
d.	Procurement Agency				15.0	30.0	45.0	60.0			
e.	Enterpreneurship Development Agency				0.0	30.0	60.0	90.0			
SUB-TOTAL...12			7.7	350.0	31.0	97.0	165.0	230.0	350.0	350.0	1750.0
13	Monitoring										
a.	Engagement of Quality Support Agency	CMU			0.0	0.0	0.0	0.0			
b.	Engagement of External Audit	ISC CMU			4.0	8.0	12.0	16.0			
c.	Preperation of monitoring, evaluation frame work	ISC CMU			0.0	0.0	0.0	0.0			
SUB-TOTAL...13			0.0	35.0	4.0	8.0	12.0	16.0	35.0	21.0	196.0
Sub TOTAL...E			100.6	630.0	85.5	206.0	318.5	428.0	630.0	616.0	2926.0
F.	Planning										
14	Howrah rejuvenation and dev plan and preparation of Urban Strategy										
a.	Howrah Rejuvenation & Development Plan	MAD			50.0	120.0	180.0	230.0			
b.	Preperation of West Bengal Urban Strategy	MAD			10.0	40.0	60.0	60.0			
SUB-TOTAL...14			0.0	0.0	60.0	160.0	240.0	290.0	42.0	91.0	154.0
15	Poverty Survey & Impact Study		0.0		0.0	0.0	0.0	0.0	0.0		35.0
16	DDP / ADP Preparation										
a.	Preparation of Guideline	ISC			20.0	30.0	54.0	82.0			
b.	Slum level Socio-Economic & Base Line Survey	ISC CMU			2.5	62.5	72.5	72.5			

Sl. No.	Head of Accounts	Action	Total of 2004-2005		2005-2006					2006-2007	Total Provision for Project Period
			Expenditure	Provision in Project	1st. Qtr.	Upto 2nd. Qtr.	Upto 3rd. Qtr.	Upto 4th. Qtr.	Provision in Project	Provision in Project	
c.	Participatory poverty assessment	ISC CMU			8.5	38.5	38.5	38.5			
d.	Preparation of Infrastructure Mapping, Design & Estimating	ISC CMU			0.0	0.0	0.0	0.0			
e.	Preparation of Financial Leveraging & Improvement Plan (FLIP)	ISC CMU			5.0	20.0	20.0	20.0			
f.	Preparation of State of Environment Assessment Report	ISC WHPCB			2.5	22.5	82.5	82.5			
g.	Preparation of DDP & ADP	ISC CMU ULB			0.0	0.0	0.0	0.0			
h.	Awareness Campaign				0.0	12.0					
i.	Problem identification from Citizen & Ward Committee				0.0	12.0					
j.	Quick Slum Survey				38.0	38.0					
k.	Slum Micro-Planning				3.0	48.0	53.0				
SUB-TOTAL...16			0.0	567.0	79.5	283.5	320.5	295.5	945.0	224.0	1736.0
17	Design of West Bengal Municipal Development Fund	ISC KMDA		0.00	0.0	0.0	0.0	0.0	7.00	0.0	7.00
Sub TOTAL...F			0.0	567.0	139.5	443.5	560.5	585.5	994.0	315.0	1932.0
GRAND TOTAL			2010.8	3703.0	952.7	2980.1	4909.8	7383.0	5285.0	5796.0	63616.0

✱ Final Account not yet ready

✱ A proposal for allotment of Rs. 20 crore for the year 05-06 is lying with DFID

Sl. No.	Head of Accounts	Action	2004-2005												2005-2007												Total Provision for Project for Period
			Expenditure	Provision in Project	Apr.	May	June	1st Qtr.	July	Aug.	Sept.	Upto 2nd Qtr.	Oct.	Nov.	Dec.	Upto 3rd Qtr.	Jan.	Feb.	Mar.	Upto 4th Qtr.	Provision in Project	2006-2007					
A. Capacity Building																											
1. GIS & MIS																											
a.	Preparation of Base Map & GIS by Survey of India	ISC CMU			100		100.0		50.0	50.0	200.0	50.0	50.0	50.0	50.0	350.0	25.0	25.0	25.0	425.0							
b.	Payment to eGov. Foundation	ISC CMU					0.0	5	5.0	5.0	15.0	7.0	7.0	8.0	37.0	9.0	11.0	11.0	68.0								
SUB-TOTAL-1			0.14	0.00	0.0	100.0	0.0	100.0	5.0	55.0	55.0	215.0	57.0	57.0	58.0	387.0	34.0	36.0	36.0	493.0	49.00	658.0			1785.00		
2.1. Capacity Building for ULBs																											
a.	Appointment of Engineers	OD CMU			6.5	6.5	19.5	7.0	7.0	7.0	40.5	7.0	7.0	7.0	7.0	61.5	7.0	7.0	7.0	82.5							
b.	Placement of Professional in ULBs (CA Inter or M. Com)	ULB			5.0	5.0	15.1	5.0	5.0	5.0	30.2	5.0	5.0	5.0	5.0	45.4	5.0	5.0	5.0	60.5							
c.	Placement of Urban Planner in ULBs						0	4.8	4.8	4.8	14.4	4.8	4.8	4.8	4.8		4.8	4.8	4.8								
d.	Placement of Computer Professional in ULBs						0	4.8	4.8	4.8	14.4	4.8	4.8	4.8	4.8		4.8	4.8	4.8								
e.	Providing Software & Hardware	ISC CMU			0.0	4.0	8.0	5.0	5.0	5.0	177.0	97.0	20.0	20.0	20.0	332.0				332.0							
f.	Grievance Management				0.5	0.5	1.5	1.0	1.0	1.0	2.0	5.5	1.0	1.1		7.6				7.6							
g.	Strengthening UPE Cell				0.0	0.0	1.8	1.8	3.6	1.8	9.0	1.8	1.8	1.8	1.8	14.4				14.4							
h.	Capacity Building for CDS and NHC				0.0	0.0	0.0	0.0	2.5	2.5	7.5	2.5	2.5	2.5	2.5	15.0	2.0	2.0	1.0	20.0							
i.	Exposure programme for Ward Committee members				0.0	1.0	3.0	2.0	2.0	2.0	9.0	2.0	2.0	2.0	3.0	16.0	2.0	2.7	0.0	20.7							
j.	Support for Display Board at own ward office				1.0	1.0	4.0	1.0	2.0	2.0	9.0	2.0	2.0	2.0	0.7	13.7				13.7							
k.	Support for data entry under resource mobilization				0.0	1.0	2.0	3.0	3.0	3.0	11.0	2.0	2.0	2.0	2.0	17.0	1.3	1.3		19.5							
l.	Development of Citizen's Charter				1.0	2.0	5.0	1.0	1.0	1.0	8.0	2.0	2.0	2.0	2.0	14.0	3.0	3.0		20.0							
m.	Organization of study visit within KMA ULBs for capacity building						0.0				0.0	1.0	1.0	1.0	1.0	3.0	1.0	0.8		4.8							
n.	Organization of study visit to APUSP for the elected representative of ULBs and support organizations						0.0	2.0	1.0	1.0	4.0	1.0	0.5			5.5				5.5							
o.	Strengthening Standing Committees (including Municipal Accounts Committee)						0.0				0.0					0.0				0.0							

Sl. No.	Head of Accounts	Action	Total of 2004-2005		2005-2006												2006-2007		Total Provision for Project Period		
			Expenditure	Provision in Project	Apr.	May	June	Jul.	Aug.	Sept.	Up to 2nd Qtr.	Oct.	Nov.	Dec.	Up to 3rd Qtr.	Jan.	Feb.	Mar.		Up to 4th Qtr.	Provision in Project
k. Re-training for HO, AHO, PTMO and others																					
i.	Training for HO & AHO in Public Health																				
ii.	Adolescent Care	KMA																			
		Non-KMA																			
iii.	Re-orientation for PTMOs and UHOs																				
iv.	For HO and AHO on Family Schedule & HMIS	KMA																			
		Non-KMA																			
l. I.E.C.																					
	Group discussion at block level with female and male members community - 1 such discussion per block by monthly																				
i.	KMA	KMA																			
		Non-KMA																			
ii.	Installation of hoarding / repair & repainting of existing message board	KMA																			
		Non-KMA																			
iii.	Baby show - 1 show per HAU per year	KMA																			
		Non-KMA																			
iv.	Awareness through deployment of folk media - 2 programmes per HAU per year	KMA																			
		Non-KMA																			
v.	Development of IEC materials by CMU i.e. leaflet, pictorial, calendar, etc.																				
m. Procurement																					
i.	Provision of Uniform to HHW, FTS & STS	KMA																			
		Non-KMA																			
ii.	Provision of Kit bag with contents	KMA																			
		Non-KMA																			
iii.	Printing of growth monitoring card by CMU	KMA																			
		Non-KMA																			
iv.	Provision of weighing machine with jacket by CMU	KMA																			
		Non-KMA																			

Sl. No.	Head of Accounts	Action	Total of 2004-2005		2005-2006												2006-2007		Total Provision for Project Period			
			Expenditure	Provision in Project	Apr.	May	June	1st. Qtr.	July	Aug.	Sept.	2nd. Qtr.	Oct.	Nov.	Dec.	3rd. Qtr.	Jan.	Feb.		Mar.	4th. Qtr.	Provision in Project
v.	Development of training manual for grass root level functionaries by CMU in consultation with AHH & PH				3.00	3.0					3.0					3.0				3.0		
vi.	Printing of training manual	KMA				0.0		1.60			1.6					1.6				1.6		
		Non-KMA					0.0		0.60		0.6					0.6				0.6		
vii.	Development of Family Schedule & HMIS format by CMU					0.0	3.00				3.0					3.0				3.0		
viii.	Printing of Family Schedule & HMIS format	KMA				0.0				108.30	108.3					108.3				108.3		
		Non-KMA					0.0			22.00	22.0					22.0				22.0		
ix.	Refurnishment of Sub-Centre @ 25,000	KMA				0.0		31.25	31.25	62.5	31.25	31.25				125.0				125.0		
		Non-KMA					0.0		5.20	5.00	10.2	5.00	5.00			20.2				20.2		
x.	Provision of furniture & equipment (if required) for Sub-Centres	KMA				0.0				25.00	25.0	25.00	25.00			100.0				100.0		
		Non-KMA					0.0			4.00	4.0	4.00	4.00			16.0				16.0		
xi.	Hiring charges for professionals of CMU (Doctor - 6, Nutritionist - 3, Statistician - 2 & Computer Asst. - 1) for monitoring & supervision of health activities at 40 KMA and 11 Non-KMA ULBs				1.26	1.3	1.26	1.26	1.26	1.26	5.0	1.26	1.26	1.26		8.8	1.26	1.26	1.26	12.6		
Sub TOTAL 5			39.08	350.00	22.78	49.38	21.96	104.1	54.32	68.19	218.16	446.8	106.43	91.29	47.62	692.15	24.00	5.93	5.93	728.61	350.00	2800.00
D. Infrastructure																						
6	Intra-Municipal Infrastructure +		0									0.0				0.0				0.0		9730.00
7	Incentive Fund for intra-municipal infrastructure & community needs	ISC CMU	206.15	280						50.0	50.0	50.0	50.0	50.0	50.0	200.0	50.0	50.0	80.0	380.0	378.00	3311.00
8	Slum level infrastructure with necessary augmentation in city system																					
a.	Developing manual for infrastructure works	ISC CMU			3	3.0	5				8.0					8.0				8.0		
b.	Slum Level Infrastructure	CMU		50	100	100	250.0	100.0	100.0	100.0	550.0	100.0	300.0	300.0	300.0	1250.0	500.0	500.0	750.0	3000.0		
SUB-TOTAL 8			1636.99	847	50	100	103	253.0	105	100	100	558.0	100	300	300	1258	500	500	750	3008	1512	19369.00
9. Trans-municipal infrastructure (WB Municipal Development Fund)																						
a.	Design of inter-municipal infrastructure works	KMDA	0									0.0				0.0				0.0		10787.00
10	Innovative / Challenge Fund	ISC CMU	0		40	40.0	20	30.0	20.0	110.0	40.0	40.0	40.0	40.0	40.0	230.0	40.0	40.0	40.0	350.0	350.0	2450.00
Sub TOTAL D			1843.14	1477	50	100	143	293.0	125	130	170	718.0	100	390	390	1686	590	590	870	3738	2246	48847

Sl. No.	Head of Accounts	Action	Total of 2004-2005		2005-2006												2006-2007		Total Provision for Project Period			
			Expenditure	Provision in Project	Apr.	May	June	1st. Qtr.	July	Aug.	Sept.	Up to 2nd. Qtr.	Oct.	Nov.	Dec.	Up to 3rd. Qtr.	Jan.	Feb.		Mar.	Up to 4th. Qtr.	Provision in Project
E. Management																						
11 Change Management Unit (CMU)																						
a.	Equipments & Furniture for CMU & Consultants	CMU			5	5	10.0	10.0								20.0				20.0		
b.	Recurring cost for CMU	CMU			12	12	36.0	12	12	12	72.0	12	12	12	12	108.0	12	12	12	144.0		
c.	I.T. for CMU						0.0				0.0					0.0				0.0		
d.	Service Charge for Accommodation				1.5	1.5	4.5	1.5	1.5	1.5	9.0	1.5	1.5	1.5	1.5	13.5	1.5	1.5	1.5	18.0		
SUB-TOTAL 11			92.89	245	13.5	18.5	50.5	23.5	13.5	13.5	101.0	13.5	13.5	13.5	13.5	141.5	13.5	13.5	13.5	182	245	245
12 Technical Expertise (Consultancy)																						
a.	Engagement of Experts as Consultants for CMU	ISC CMU					0.0									0.0				0.0		
b.	Engagement of Communication Agents	ISC CMU			6.0	5.0	11.0	5.0	5.0	6.0	27.0	6.0	6.0	6.0	6.0	45.0	5.0	5.0	5.0	60.0		
c.	Engagement of Accounts Support Agency for CMU Accounts	CMU				5.0	5.0			5.0	10.0			5.0	15.0	15.0		5.0	5.0	20.0		
d.	Procurement Agency					15	15.0			15.0	30.0			15.0	45.0	45.0		15.0	15.0	60.0		
e.	Entrepreneurship Development Agency						0.0	0.0	10.0	10.0	30.0	10.0	10.0	10.0	10.0	60.0	10.0	10.0	10.0	90.0		
SUB-TOTAL 12			7.72	350	0	6	25	31.0	15	36	97.0	16	16	36	165	165	15	15	35	230	350	350
13 Monitoring																						
a.	Engagement of Quality Support Agency	CMU					0.0									0.0				0.0		
b.	Engagement of External Audit	ISC CMU				4.0	4.0			4.0	8.0			4.0	12.0	12.0		4.0	4.0	16.0		
c.	Preparation of monitoring, evaluation frame work	ISC CMU					0.0				0.0				0.0	0.0				0.0		
SUB-TOTAL 13			0	35	0	0	4	4.0	0	0	4	8.0	0	0	4	12	0	0	4	16	35	21.0
Sub TOTAL E			100.61	630	13.5	24.5	47.5	85.5	38.5	53.5	206.0	29.5	29.5	53.5	218.5	218.5	29.5	29.5	52.5	425	630	416
																						196.00
																						2526

Sl. No.	Head of Accounts	Action	Total of 2004-2005		2005-2006												2006-2007		Total Provision for Project Period			
			Expenditure	Provision in Project	Apr.	May	June	1st Qtr.	July	Aug.	Sept.	2nd Qtr.	Oct.	Nov.	Dec.	3rd Qtr.	Jan.	Feb.		Mar.	4th Qtr.	Provision in Project
F. Planning																						
14 Howrah rejuvenation and dev plan and preparation of Urban Strategy																						
a.	Howrah Rejuvenation & Development Plan	MAD				50	50.0		50.0		20.0	20.0	20.0	20.0	20.0	180.0	50.0			230.0		
b.	Preparation of West Bengal Urban Strategy	MAD				10.0	10.0	10.0	10.0	10.0	10.0	40.0	10.0	10.0		60.0				60.0		
SUB-TOTAL 14			0	0.0	0.0	60.0	60.0	10.0	60.0	30.0	30.0	160.0	30.0	30.0	20.0	240.0	50.0	0.0	0.0	290.0	42.0	91.0
SUB-TOTAL 14			0	0.0	0.0	60.0	60.0	10.0	60.0	30.0	30.0	160.0	30.0	30.0	20.0	240.0	50.0	0.0	0.0	290.0	42.0	91.0
15	Poverty Survey & Impact Study		0				0.0					0.0				0.0				0.0	0.00	35.00
16 DDP / ADP Preparation																						
a.	Preparation of Guideline	ISC				20	20.0	10					30.0	8.0	8.0	8.0	8.0	10.0	10.0	82.0		
b.	Slum level Socio-Economic & Base Line Survey	ISC CMU			2.5		2.5	15	25.0	20.0		62.5	10.0			72.5				72.5		
c.	Participatory poverty assessment	ISC CMU			2.5	6	8.5		20.0	10.0		38.5				38.5				38.5		
d.	Preparation of Infrastructure Mapping, Design & Estimating	ISC CMU					0.0					0.0				0.0				0.0		
e.	Preparation of Financial Leveraging & Improvement Plan (FLIP)	ISC CMU				5.0	5.0	5.0	5.0	5.0		20.0				20.0				20.0		
f.	Preparation of State of Environment Assessment Report	ISC WBPCB			2.5		2.5		20.0			22.5	20.0	20.0	20.0	82.5				82.5		
g.	Preparation of DDP & ADP	ISC CMU ULB					0.0					0.0				0.0				0.0		
h.	Awareness Campaign						0.0			12.0		12.0										
i.	Problem Identification from Citizen & Ward Committee						0.0			12.0		12.0										
j.	Quick Slum Survey				10	19	38.0					38.0										
k.	Slum Micro-Planning					3	3.0	15	15.0	15.0	15.0	48.0	5.0			53.0						
SUB-TOTAL 16			0.0	567.0	10.0	26.5	43.0	79.5	45.0	97.0	62.0	283.5	43.0	28.0	28.0	320.5	8.0	10.0	10.0	295.5	945.0	224.0
SUB-TOTAL 16			0.0	567.0	10.0	26.5	43.0	79.5	45.0	97.0	62.0	283.5	43.0	28.0	28.0	320.5	8.0	10.0	10.0	295.5	945.0	224.0
17	Design of West Bengal Municipal Development Fund	ISC KMDA		0.00				0.0				0.0				0.0				0.0	7.00	7.00
SUB TOTAL F			0.0	567.0	10.0	26.5	103.0	139.5	55.0	157.0	92.0	443.5	73.0	54.0	48.0	500.5	54.0	10.0	10.0	585.5	944.0	315.0
GRAND TOTAL			2010.8	3703.0	129.5	361.1	495.1	952.7	535.2	595.4	896.8	2980.1	632.6	754.8	732.0	4909.8	811.2	737.3	1031.5	7383.0	5285.0	63616.0

Final Account not yet ready

✚ A proposal for allotment of Rs. 20 crore for the year 05-06 is lying with DFID

CONTENT		DATABASE INPUTS	RESPONSIBILITY	PROCESS	OUTPUTS
4.2.2	Health				
4.2.2.1	Ward-wise population - APL, BPL, Vulnerable / Marginalised.	ULB records, CUDP III & IPP-8 database, participatory assessment.	ULB	Review of Records and Participatory interactions	
4.2.2.2	Available health facilities along with service providers - Sub-centre, HAU, OPD, Maternity Home, Diagnostic Centre, Govt. Facility, Private hospital, Nursing home, Medical practitioner, NGO (in case of indoor facility bed capacity to be mentioned).	Do	ULB	Do	
4.2.2.3	Vaccine preventable diseases amongst U-5 children and other diseases - morbidity and mortality.	Do	ULB	Do	
4.2.2.4	Causal analysis of the diseases.	Do	ULB	Do	
4.2.2.5	Access to primary health care services - ANC / PNC, Institutional Delivery, Immunisation, Growth monitoring of under 5 children, Adolescent Care, use of FP methods, prevention of RTI / STI / HIV / AIDS, Anaemia, TB, Leprosy, Malaria etc.	Do	ULB	Do	
4.2.2.6	Access to safe water, sanitary latrine.	Do	ULB	Do	
4.2.2.7	Waste management at community, ward and ULB level.	Do	ULB	Do	
4.2.2.8	Development of indicators.	Do	ULB	Do	
4.2.2.8	Computerised data base.	Do	ULB	Do	

ТЭСТЫ		СТУПЕНЬ ОБРАЗОВАНИЯ		КОМПЕТЕНЦИИ		ОБЩЕОБРАЗОВАТЕЛЬНЫЕ НАВЫКИ		ИТОГОВЫЕ РЕЗУЛЬТАТЫ	
Код		Наименование		Уровень		Уровень		Уровень	
4.2.1	Содержательная часть								
4.2.2	Формирование личности								
4.2.3	Материалы и оборудование								
4.2.4	Условия проведения								
4.2.5	Методы и средства обучения								
4.2.6	Оценочные материалы								
4.2.7	Другие материалы								
4.2.8	Итого								
4.2.9	Итого								
4.2.10	Итого								
4.2.11	Итого								
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4.2.98	Итого								
4.2.99	Итого								
4.2.100	Итого								

Vital Health Indicators :

Indicators	Urban		IPP-VIII Base Line	IPP-VIII Achievement
	India	W.B.		
CBR	19.9	14.1	19.6	15.3
CDR	6.1	6.4	5.9	4.5
IMR	40.0	36	55.6	21.7
MMR			4.6	0.6
Institutional Delivery	59.6	76.0	53.9	91.7



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Memo no:- CMU-28/5002(P1-D)/519(10) **Order**

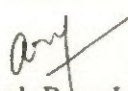
Date:- 08.11.2004

A Health Steering Committee consisting of the following members has been formed to finalize the design of the health component of KUSP programme :

- | | | |
|-----|---|------------------|
| 1. | Secretary, KMDA | Member |
| 2. | Project Manager, CMU | Member |
| 3. | Health Expert, CMU | Member Secretary |
| 4. | Chairman, New Barrackpore Municipality | Member |
| 5. | Mayor, Chandannagar Municipal Corporation | Member |
| 6. | Health Officer, South Dum Dum Municipality | Member |
| 7. | Health Officer, Bhadreswar Municipality | Member |
| 8. | Health Officer, Rajpur, Sonarpur Municipality | Member |
| 9. | A representative of Health Department, Govt. of W.B | Member |
| 10. | Dr. N. G. Gangopadhyay | Member |
| 11. | Project Director, CMU | Chairman |

Till Health Expert joins, Project Manager, CMU may function as Member Secretary.

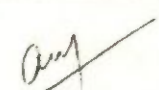
This has the approval of Secretary, Municipal Affairs Department.


Arnab Roy, IAS
Project Director, CMU

Copy forwarded to :

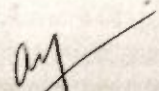
1. Principal Secretary, Health Department, Govt. of W. B. for kind information and request to nominate a representative from Health Department. The representative may kindly be asked to attend the first meeting on 10.11.2004.
2. Secretary, KMDA
3. Project Manager, CMU
4. Health Expert, CMU
5. Chairman, New Barrackpore Municipality
6. Mayor, Chandannagar Municipal Corporation
7. Health Officer, South Dum Dum Municipality
8. Health Officer, Bhadreswar Municipality
9. Health Officer, Rajpur, Sonarpur Municipality
10. Dr. N. G. Gangopadhyay

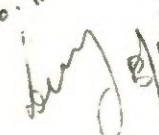
The first meeting of the Health Steering Committee will be held on 10.11.2004 at 11.00 AM in the Conference hall of SUDA Building, ILGUS Bhavan, HC Block Sector 3, Bidhannagar, Kolkata - 106. The members are requested to please make it convenient to attend the meeting.


Project Director, CMU

Copy for kind information to :

1. Secretary, Municipal Affairs Department
2. P.S. to MIC, M.A & U.D.


Project Director, CMU

Dr. S. Goswami
She may please
attend the meeting
on 10.11.2004.


Conduct of the Review:

The CMU will, in advance of the Mission provide a progress report. The 4 day review will take place from 10th - 13th May 2005. *

Day 1: - Component-wise review of KUSP at CMU offices	
9.00-9.15 *	<u>Introduction by DFID – The Purpose and Format of the Review.</u>
9.15-9.45	<u>CMU presentation: "Background, achievements and challenges"</u>
10.00- 15.30	<p><u>Inputs - Component-wise review.</u> Reporting by CMU on the progress made on the following:</p> <ul style="list-style-type: none"> • Challenge Fund / Incentive fund • Property tax reforms • Municipal Development Fund and FLIP • The strategy for economic development component. • Local Economic Development • Livelihoods (SJSRY and training opportunities) • The Procurement review • Communications and communications agency • The State of the Environment component • The Howrah Rejuvenation Plan • Drawing up the Health / Education component • Design of the component for challenge/innovative fund. • eGovernance • Accounting reforms • Strategic training proposal <p>(Review of the organisational development component, Review of the progress for preparation of DDP guidelines, Review of progress in slum infrastructure development work to be presented during focus discussions)</p>
15.30-17.00	<u>Outputs – Assessment of Logframe OVIs (Objectively Verifiable Indicators) and Baseline Surveys</u>

* Substitute

*₂ Will commence at 10 a.m

Day 2: - Site visits	
09.30-10.00 *	<u>Executive Officer Training.</u> Visit to ATI to interact with future EOs
10.00-16.00	<p><u>ULB visits.</u> Review team breaks into 2 groups to review ULB level KUSP activities. Visits include communities and ward level bodies.</p> <p>Group 1 – concentrating on “Works” (Prioritisation, baseline surveys, procurement, physical works, community engagement, ward level engagement, Operation and Maintenance)</p> <p>Group 2 – concentrating on “ULB Development” (Accounting Reforms, OD Action Plan, EO training, citizen interfaces, GIS, achievements and challenges)</p>

Day 3: - Focus Issues at CMU offices – Workshop format. (Attendees: Secretary MAD, DLB, SO heads, CMU /ISC team, DFID team)	
10.00-10.30	<u>CMU presentation “Progress against the recommendations of the previous review”</u>
10.30-12.00	<i>Discussion: Priority 1, Strengthening the ULB's</i> <i>Chaired by DFID</i>
12.00-13.00	<i>Discussion: Priority 2, Managing Slum Upgrading</i> <i>Chaired by MAD</i>
14.00-15.30	<i>Discussion: Priority 3, Building Management Capacity to deliver KUSP and the future.</i> <i>Chaired by DFID</i>
15.30-16.00	<i>Proposals for Expansion and widening of KUSP interventions</i> <i>Chaired by MAD</i>

Day 4: - Summary of Focus Issues at CMU offices, wrap up and conclusions (Attendees: Hon. Minister in charge, Chief Secretary, Secretary MAD, DLB, SO heads, Key chairpersons, key EO's and ATI trainer, CMU /ISC team, DFID team)	
11.30-1.00pm	Wrap up meeting with Hon. Minister in Charge/ KUSP subcommittee and project functionaries. The purpose of this wrap-up is to present the findings and key recommendations of the mission to the MIC.
1.00 – 1.30 pm	Debriefing Meeting with Chief Secretary in Writers building (new WB programme Manager will also attend)
2.00 pm	Departure

* Will commence at 10 a.m.



CHANGE MANAGEMENT UNIT (CMU)

NOTE

26-04-2005

DFID and Govt. of West Bengal will hold the 4th review of KUSP Programme from 9th to 12th May 2005. In this connection meeting will be held at Conference Hall on 27th April 2005 at 11-00 a.m.

Kindly attend. Enclosed is a copy of their draft ToR.

(Arnab Roy)
Project Director, CMU

Encl: As stated above.

Project Manager, CMU
Technical Adviser, CMU
Engineering Expert, CMU
Urban Planner, CMU
Economist, CMU
OD & Poverty Expert, CMU
Municipal Finance Expert, CMU
Financial Adviser, CMU
Health Expert, CMU
Accounts Officer, CMU

Kolkata Urban Services for the Poor (KUSP)
Terms of Reference for First Annual Review, May 2005, Joint Mission
Draft

Purpose:

The purpose of the review is to take stock of the first years progress, review the programme against the agreed Log frame OVIs and agree future actions for a number of priority areas.

Background:

The DFIDI – GoWB joint mission undertook its first quarterly review in July 2004 and a second in December 2004. The review will be undertaken jointly by DFID and GoWB Municipal Affairs Department. Ian Curtis – Senior Infrastructure Adviser DFIDI, will lead the review. The following recommendations were agreed at these reviews:

TABLE SHOWING PREVIOUS RECOMMENDATIONS TO BE INSERTED HERE BY
DFID

Scope of Work:

- Assess progress against the recommendations of the previous review.
- Assess progress against activity streams
- Discuss the 4 identified priority areas below.
- Agree future actions. (What, by whom and when, including indicators for assessing progress at the next review)
- Use the KUSP agreed logical framework to make an evaluation of the programmes impact in terms of the Objectively Verifiable Indicators (OVIs)

The Review focus areas will be:

1. Update on strengthening the ULB's

What has been achieved so far in the first year?

What more needs to be targeted in the coming year?

Can we measure the impact that we are having?

(Review the organisational development component, OD modules, OD action plans review the progress for preparation of DDPs, Poverty surveys, PPA and household, revenue improvements, key positions in ULBs, training strategies, assessing our impact)

Output: An agreed list of actions for the next year.

J.K. c
S. Subramanian

2. Managing Slum Upgrading

Current status and progress.

Infrastructure guidelines.

Prioritisation Surveys.

Plans for 2005/06.

What has been learnt from the first years work?

What are the challenges we must consider? What can we improve?

(Informal/ squatter settlements, integration of work within the ULB, O&M, resettlement strategies, contributions from the community, evaluation of the first years work)

Output: An agreed list of successes and actions for improvements.

3. Management Capacity to deliver KUSP and the Future

CMU

Current capacity and immediate resource needs?

Next years needs and capacity requirements. Sustainability?

The future for CMU?

2005/06 work plan and budget. What is realistic, what are the risks to delivery, have the SOs and MAD appraised the plan?

(Staffing update, Delegated responsibilities from MAD to CMU, managing the programme, high staffing turnover, building a strong team)

Support Organisations and DLB

What has the Government decided with regard to the future for Support Organisations and the DLB, Staffing studies and Benchmarking studies?

Presentation by PwC "The role of Support Organisations in KUSP"

Output: An agreed work plan for next year which sets out what CMU plan to achieve and what resources will be required.

4. Proposals for Expansion and widening of KUSP interventions

Inter municipal infrastructure 20 crore

Accounting reforms

EGovernance and process reforms

Mobilisation Advance

Output: An agreed or clarified way forward

Conduct of the Review:

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15.30-17.00	<u>Outputs – Assessment of Logframe OVIs (Objectively Verifiable Indicators) and Baseline Surveys</u>

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1.00 – 1.30 pm	Debriefing Meeting with Chief Secretary in Writers building (new WB programme Manager will also attend)
2.00 pm	Departure

Medhyanagar, South Dumdum.

Team Composition:

The review mission will be led by DFIDI and will comprise : Secretary Municipal Affairs Department GoWB; + 3 GoWB representatives, + DFIDI representatives (Ian Curtis, Matthew Ridout and Shouvik Datta are core team with support from Pushpa Subramanyam, Sandhya Kanniganti, Silke Seco and Andrew Kenningham and Agnes if available).

Outputs:

The Mission will be preparing an *aide memoire* of the review highlighting key issues and recommendations for incorporation in the Work Plan and management arrangements.

Key Documents:

The following documents will be provided to the mission in advance:

- Aide Memoire of second Quarterly Review: Dec 04
- ISC final report from the first years contract
- CMU Progress Report 2004/05
- Synthesis OD Review report
- Proposed CMU Work Plan 05/06
- Agreed Project Logframe 04

Allotment criteria for incentive fund during 2006 - 2007

In respect of Health Component of KUSP

Activities	Criteria	Means of verification
A) Services at Block Level by HHWs.	Two visits per family per month by each HHW.	<ul style="list-style-type: none"> • Family Schedule • Submission of fortnightly HMIS report by HHW, certified by FTS.
B) Services at Sub-Centre Level.	<p>12 clinics per Sub-Centre per month.</p> <ul style="list-style-type: none"> - ANC / PNC clinic once in a month. - Immunisation clinic once in a month. - Growth monitoring of under 5 children twice in a month. - Adolescent clinic once in a month. - Treatment at Sub-Centre once in a week. - Awareness programme once in fortnight. - Organisation of sterilization clinic for clientele of the Sub-Centre at referral centre, once in a month. 	<ul style="list-style-type: none"> • Different Registers • Health Cards issued to Pregnant Women • Growth Monitoring Card • Monthly HMIS report at Sub-Centre level prepared by FTS, certified by HO / AHO.
C) Special drive for male sterilization.	Male sterilization @ 1% of total reported sterilization.	<ul style="list-style-type: none"> • Records • HMIS report at ULB level prepared by HO.

CHANGE MANAGEMENT UNIT (CMU)

NOTE

Allotment Criteria for Incentive Fund During 2006-2007

In the last meeting with the DFID, held on 28th Feb. and 1st of March 2005, it was decided that Allotment Criteria for Incentive Fund for the year 2006-2007 should be finalized and circulated to the ULBs by end of March ²⁰⁰⁵ ~~1995~~, so that the ULBs may be aware and can orient themselves accordingly in their activities during 2005-2006.

It was also decided that the criteria be based on different reforms programme envisaged in KUSP and be evaluated every quarter rather than at the end of the year. It was suggested that the experts of CMU may suggest the criteria in their own fields.

Under the circumstances it is suggested that OD Expert, Urban Planner, Engineering Expert, Municipal Finance Expert and Economist may be requested to submit their suggestion and list of criteria by 15th of March so that they may be examined and compiled to prepare the consolidated allotment criteria. It may be sent to DFID for their views and to DLB for field testing.

[Signature] 3/3/05

(D.K. Roy)
Technical Advisor, CMU

Project Manager, CMU

Project Director, CMU

The proposal as above given hereby is approved.

[Signature] 3/3/05

Also health expert

[Signature]
4/3

[Signature] 3/3/05

Cept to OD expert, urban planner, Engineering expert, municipal Finance expert, Economist and health expert. With the request to send their suggestions within 15th March 2005.

[Signature]

PM

Tech. Adv



KOLKATA URBAN SERVICES FOR THE POOR
CHANGE MANAGEMENT UNIT

Arnab Roy, IAS
Project Director

Memo No.CMU- 164/2004 (PL-III)/2863 (16)

December 19, 2007

To:

1. Project Manager, CMU, KUSP
2. Municipal Finance Expert, CMU, KUSP
3. Financial Adviser, CMU, KUSP
4. Engineering Expert-1, CMU, KUSP
5. Engineering Expert-2, CMU, KUSP
6. OD Expert, CMU, KUSP
7. Urban Planner, CMU, KUSP
8. Health Expert, CMU, KUSP
9. Procurement Consultant, CMU, KUSP
10. IT Expert, CMU, KUSP
11. Poverty Monitoring Expert, CMU, KUSP
12. Shri T K Mitra, Consultant, CMU, KUSP
13. Economist, CMU, KUSP
14. Internal Audit Officer, CMU, KUSP
15. Accounts Officer, CMU, KUSP
16. Computer Programmer, CMU, KUSP

Sir/Madam,

I am enclosing a copy of record of meeting on 28th November'07 with DFID which was their half-yearly review of KUSP. You are requested to take necessary action as per the recommendation in your area of activity.

Yours faithfully,

(Arnab Roy)

Project Director, CMU, KUSP
(Ex-officio Spl. Secy, MA Dept)

Encl: As stated above.

Record of Meetings on 20 November

A DFID team, consisting of Debbie Menezes and Debashree Mukherjee visited Kolkata on 20- 21 November. The objective of the visit was to undertake an informal review of the progress of KUSP against priorities in the log frame as well as priorities agreed in the post funding review discussion with the Principal Secretary Municipal Affairs and Urban Development, (MA & UD) GoWB.

The Project Director, KUSP made a brief presentation on progress. This was followed by detailed discussions on agreed areas. The Director Local Bodies and other officers of key support organizations were present at this meeting. In the afternoon we had a discussion with the Principal Secretary, (MA & UD) on the progress so far, and the plans for the next six months.

1. **Municipal Cadres:** There has been good progress on this. The West Bengal Cabinet has approved the creation of a cadre of Municipal Executive Officers. The department is now framing recruitment rules; recruitment will be through the West Bengal Public Service Commission, and the Executive Officers are likely to be recruited in the next 12 months. The department is also moving a proposal to create a cadre of urban planners, engineering cadre and finance officers.

Recommendation: The Department will need to set up strong induction training systems before it places the new Executive Officers in the ULBs. The training modules need to be designed in advance, and be incorporated in the training calendar next year. The department will also need to address the issue of the turnover of urban planners, by setting up appropriate training programmes, and, possibly, a bond system.

2. **Strengthening Support Organizations:** Strengthening support organizations is a priority to sustain the process of urban reform. It was agreed that GoWB would prioritise strengthening the Directorate of Local Bodies, ILGUS, SUDA and the Municipal Engineering Directorate this year. PWC has been engaged to conduct a Work Design and OD study of these four organizations. **Recommendation:** It is necessary to ensure that the Work Design and OD study comes up with a clear, time bound implementation plan with measures of success. This will be an important focus of the next annual Review.

3. **Poverty data and rationalising community structures:** The SUDA household survey has generated poverty data for urban areas in the state. This has been validated by all ULBs in the state except those in East Midnapur. This data is compiled on ward, para and slum basis. It was agreed, during the last review, that rationalisation of the CDS, NHC, NHGs would be done on the basis of the data generated by the household survey. **Recommendation:** It was agreed that the process of rationalising the CDS, NHCs and NHGs would be started on a pilot basis in two or three ULBs. CMU will lead on this, in collaboration with SUDA.

4. **Draft Development Plans and Annual Development Plans:** 37 of the 40 ULBs in KMA area have prepared their DDPs. The remaining have been submitted to the Technical Committee of KMPC. 35 of the 40 ULBs have also formulated their ADPs. **Recommendation:** It is necessary to ensure that all funds (not just KUSP funds) are spent in accordance with DDP/ADP priorities. CMU will review this at the end of the financial year. It is also suggested that ULBs present a report card on expenditure against agreed priorities to the citizens at the close of the financial year.
5. **Urban Health and Sanitation:** There has been considerable work done on training of health functionaries in the ULBs in HIV/AIDS, vector control, RCH & Family Welfare. A draft urban sanitation strategy for the state of West Bengal has been prepared and is being considered by the Urban Sanitation Committee of GoWB. **Recommendations:** i) The Department of Health, supported by DFID and the World Bank, is preparing an Urban Health policy for GoWB. It is essential that inputs from Municipal Affairs Department highlight the need for clarity on institutional structures for health services in the ULBs, role clarity in health provision of the ULB vis a vis the Health Department, and linkages between the two in terms of policy direction, monitoring and oversight. It was agreed that CMU will prepare a brief note on these issues in collaboration with TAST. ii) The urban sanitation strategy should be approved and launched in the next quarter, with financial commitments by Government; KUSP will support a small implementation unit within SUDA to implement the strategy; A detailed action plan with timelines will be worked out, with actions at ULB and GoWB levels.
6. **Performance Measurement and Accountability:** 39 KMA ULBs have published citizens' charters. The CMU is leading a process for creating a mechanism to measure and disclose performance against citizens' charters. A survey was conducted for benchmarking Public Service delivery in 40 ULBs by Public Affairs Foundation, Bangalore. GoWB has announced that this assessment will be done once in three years. The incentive fund mechanism measures ULBs' performance against agreed indicators. **Recommendation:** Each of the support organisations have different reporting formats for ULBs. There is need to harmonise this, and create a single monitoring and evaluation system. It would be appropriate to agree key performance indicators for ULBs, and to use these for reporting performance. The citizens' report card should be integrated into this, to design a system where both the demand side and supply side indicators are used to evaluate the performance of ULBs.
7. **Institutionalising Training:** CMU has conducted Training Needs Identification and analysis for elected municipal representatives, Municipal staff and community level organizations in KMA. An implementation committee has been constituted with members from CMU and ILGUS. An implementation programme has been drawn up.

Recommendation: In order to make training continuous and demand driven, it might be appropriate to encourage ULBs to prepare annual training plans. This could be done in a one work session, bringing ULBs together in groups. It will, thereafter, be the responsibility of ILGUS to co-ordinate the training rather than directly deliver all training. It is also essential to conduct an annual evaluation of training through an external agency.

- 8. Resource Mobilisation and Municipal Development Fund:** CMU has begun work on augmenting resource mobilisation. A workshop was held with all 40 ULBs to discuss means of augmenting own source revenue, and guidelines are under preparation on the basis of the discussions at the workshop. Each ULB has prepared a Financial Improvement Action Plan as a part of the DDP. ULBs have formed a core committee and appointed a nodal officer for resource mobilisation. The design of the West Bengal Municipal Development Fund, developed with the support of USAID, has been agreed by the Municipal Affairs Department, and is now pending approval of the State Finance Department. A note on operationalisation of the Fund has been prepared by USAID. The trust deed is being developed.

Recommendations: (i) Resource Mobilisation is critical to sustain improvements achieved through resources transferred under JNNURM or KUSP. This will need strong monitoring of implementation of the FIAPs by CMU, and eventually by DLB, and an incentive programme linking resource transfers to improvements in resource mobilisation. (ii) The WBMDF should be registered by January 2008.

- 9. Internal audit and Third Party Quality Assurance:** GoWB has decided to introduce internal audits in 40 KMA ULBs with effect from 1 April 2007. It was agreed that the fees to the empanelled Chartered Accountants for the 40 KMA ULBs would be borne by the project for 2007-08, after which, this will be extended to all ULBs in the state, and funded by the state Government. This is an excellent development. The CMU will also take over the responsibility of contracting and managing the Third Party Quality Assurance for infrastructure works under KUSP, converted from a TC contract, to prepare the ground for greater state ownership of quality control processes.

- 10. Support to JNNURM implementation:** KUSP is already supporting the JNNURM reform agenda through accounting reforms, improvement of resource mobilisation, etc. It was agreed that KUSP would support community mobilisation activities under JNNURM/ IHSDP to prepare slum communities to access resources, and participate effectively in development.

- 11. Roll out of KUSP to non KMA ULBs:** The roll out of KUSP components- preparation of DDPs, Accounting Reforms and citizens' charters- has been progressing slowly. Among these, the support for DDP preparation and Accounting reforms needs to be strengthened. The preparation of the opening balance sheet for transition to double entry accounting is lagging behind- not a single ULB has completed

this. This will need to be done as a time bound activity, with effective monitoring.

12. Mid-term evaluation of project impact: It was agreed that we should do a mid term evaluation of project impact. This will be done over the next six months as a TA activity.

Debashree Mukherjee

Record of Meetings on 20 November

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7. **Institutionalising Training:** CMU has conducted Training Needs Identification and analysis for elected municipal representatives, Municipal staff and community level organizations in KMA. An implementation committee has been constituted with members from CMU and ILGUS. An implementation programme has been drawn up.

Recommendation: In order to make training continuous and demand driven, it might be appropriate to encourage ULBs to prepare annual training plans. This could be done in a one work session, bringing ULBs together in groups. It will, thereafter, be the responsibility of ILGUS to co-ordinate the training rather than directly deliver all training. It is also essential to conduct an annual evaluation of training through an external agency.

- 8. Resource Mobilisation and Municipal Development Fund:** CMU has begun work on augmenting resource mobilisation. A workshop was held with all 40 ULBs to discuss means of augmenting own source revenue, and guidelines are under preparation on the basis of the discussions at the workshop. Each ULB has prepared a Financial Improvement Action Plan as a part of the DDP. ULBs have formed a core committee and appointed a nodal officer for resource mobilisation. The design of the West Bengal Municipal Development Fund, developed with the support of USAID, has been agreed by the Municipal Affairs Department, and is now pending approval of the State Finance Department. A note on operationalisation of the Fund has been prepared by USAID. The trust deed is being developed.

Recommendations: (i) Resource Mobilisation is critical to sustain improvements achieved through resources transferred under JNNURM or KUSP. This will need strong monitoring of implementation of the FIAPs by CMU, and eventually by DLB, and an incentive programme linking resource transfers to improvements in resource mobilisation. (ii) The WBMDF should be registered by January 2008.

- 9. Internal audit and Third Party Quality Assurance:** GoWB has decided to introduce internal audits in 40 KMA ULBs with effect from 1 April 2007. It was agreed that the fees to the empanelled Chartered Accountants for the 40 KMA ULBs would be borne by the project for 2007-08, after which, this will be extended to all ULBs in the state, and funded by the state Government. This is an excellent development. The CMU will also take over the responsibility of contracting and managing the Third Party Quality Assurance for infrastructure works under KUSP, converted from a TC contract, to prepare the ground for greater state ownership of quality control processes.

- 10. Support to JNNURM implementation:** KUSP is already supporting the JNNURM reform agenda through accounting reforms, improvement of resource mobilisation, etc. It was agreed that KUSP would support community mobilisation activities under JNNURM/ IHSDP to prepare slum communities to access resources, and participate effectively in development.

- 11. Roll out of KUSP to non KMA ULBs:** The roll out of KUSP components- preparation of DDPs, Accounting Reforms and citizens' charters- has been progressing slowly. Among these, the support for DDP preparation and Accounting reforms needs to be strengthened. The preparation of the opening balance sheet for transition to double entry accounting is lagging behind- not a single ULB has completed

this. This will need to be done as a time bound activity, with effective monitoring.

12. Mid-term evaluation of project impact: It was agreed that we should do a mid term evaluation of project impact. This will be done over the next six months as a TA activity.

Debashree Mukherjee