

Shibani Goswami <dfidhhw@gmail.com>

MAS

1 message

Siliguri Municipal Corporation <smc.health.slg@gmail.com>

27 June 2018 at 13:20

To: dfidhhw <dfidhhw@gmail.com>

To
The Project Officer
SUDA

Madam,

Forwarded herewith the 66 no. of MAS data in specific format. Left 280 no. of MAS formation already initiated by UPE Cell and expected date of completion July 2018, after completion we will communicate with you. 66 no. of MAS training will started from 28.06.2018 onward. The training scheduled also attached herewith.

Kindly find attached files.

Thanking You.

2 attachments

MAS format (26.06.18).xlsx
30K

MAS training.pdf
305K

	4	19	19
	10	2	2
u-m.	28	17	6
	29	1	1
	42	9	9
	43	14	14
	44	15	15
			<u>66</u>

VENUE - RABINDRA MANCHA

Micro plan of training of MAS

TIME - 12 NOON ONWARDS

Name of the District	Name of the ULB	No. of Batches from June, 2018	June 2018			
			Training date	No. of trainees to be trained	Ward No.	Name / No. of the MAS (Secretary, President & Cashier to attend from each MAS)
Darjeeling	Siliguri Municipal Corporation	8	28.06.2018	48	4	4/1 to 4/16
			29.06.2018	48	4 & 28	4/17 to 4/26 and 28/1 to 28/6
			30.06.2018	48	29, 10, 44	29/1 to 29/2 , 10/1 to 10/4 & 44/01 to 44/10
			02.07.2018	48	44	44/11 to 44/26
			09.07.2018	48	44 & 42	44/27 to 44/28 & 42/1 to 42/14
			10.07.2018	48	42	42/15 to 42/30
			11.07.2018	48	42 & 43	42/31 to 42/32 & 43/1 to 43/14
			12.07.2018	45	43	43/15 to 43/29
Total				381		

Commissioner
Siliguri Municipal Corporation

Health Officer
Siliguri Municipal Corporation

22/06/18



SILIGURI MUNICIPAL CORPORATION

P.O. SILIGURI, DIST. DARJEELING (W.B.), 2521147


Memo No. 553 /1/NUHM/SMC/18-19

Date: 27/06/2018

NOTICE

The MAS training is scheduled as detailed below. All concerned authorities are requested to attend the training accordingly.

Name of the District	Name of the ULB	No. of Batches from June, 2018	June 2018			
			Training date	No. of trainees to be trained	Ward No.	Name / No. of the MAS (3 members to attend from each MAS including Secretary)
Darjeeling	Siliguri Municipal Corporation	4	28.06.2018	48	4	4/1 to 4/19
			30.06.2018	48	29, 10, 44	29/1, 10/1 to 10/2 & 44/01 to 44/15
			09.07.2018	27	42	42/1 to 42/9
			11.07.2018	42	43	43/1 to 43/14
Total				165		



Commissioner
Siliguri Municipal Corporation

Memo No. 553 /1(12)/NUHM/SMC/18-19

Date: 27/06/2018

Copy forwarded for favour of information & necessary action to:-

1. The MMIC, UPE Cell, Siliguri Municipal Corporation
2. The MMIC, Education, Sports & Culture, Siliguri Municipal Corporation
3. The Project Officer, Health Wing, SUDA
4. The Chief Medical Officer of Health, Darjeeling
5. The Secretary, Siliguri Municipal Corporation
6. Dy. CMOH -I, Darjeeling
7. DMCHO, Darjeeling
8. DPHNO, Darjeeling
9. The Accounts Manager, NUHM/ UHPMM, SMC/ Computer Assistant, NUHM
10. The Section In-Charge, UPE Cell, Siliguri Municipal Corporation
11. P.A. to Hon'ble Mayor, Siliguri Municipal Corporation
12. Copy for File


Commissioner
Siliguri Municipal Corporation

Name of District	Name of the ULB	Micro-plan (Jan-March)	Micro-plan (April-June)	Monthly report of Training submitted (JAN)	Monthly report of Training submitted (FEB)	Monthly report of Training submitted (MARCH)	Monthly report of Training submitted (APRIL)
Darjeeling	Siliguri MC	No	No	No	No	No	No
Hooghly	Chandernagore MC	Yes	Yes	Yes	Yes	Yes	Yes
Howrah	Howrah MC	Yes	Yes	NA	Yes	Yes	NA
North 24 Parganas	Bidhannagar MC	No	Yes	NA	NA	NA	Yes
Paschim Bardhaman	Asansol MC	No	No	No	No	No	No
Paschim Bardhaman	Durgapur MC	Yes	Yes	NA	NA	Yes	NA

District	ULB	Slum Population	MAS Sanctioned	No. of active SHGs converted to MAS	No. of new MAS formed	Total No. of MAS formed	As per SUDA Report	Remarks
Darjeeling	Siliguri MC	172998	346	7682	0	7682		no is huge than sanctioned no
Hooghly	Chandernagore MC	45678	91	92	0	92	92	
Howrah	Howrah MC	252533	505	0	65	65	115	report mismatched with SUDA
North 24 Parganas	Bidhannagar MC	167280	335	79	56	135		
Paschim Bardhaman	Asansol MC	328088	656	640	0	640	640	
Paschim Bardhaman	Durgapur MC	156460	313	0	256	256	184	report mismatched with SUDA

7679 9919 22

Govt. of West Bengal
Health & Family Welfare Department
National Health Mission
GN-29, 4th Floor, Swasthya Sathi
Swasthya Bhawan Premises, Sector - V
Salt-Lake, Bidhannagar, Kolkata - 7000091
(033) 2333 0123 (Phone); (033) 2357 7930(Fax)

Email: amdnhmwbhealth@gmail.com \ amd.nrhbm@wbhealth.gov.in; Web:
www.wbhealth.gov.in



No: HFW-27038/33/2018-NHM SEC-Dept. of H&FW/4346

Date: 17.08.2018

From : Mission Director, NHM &
Secretary,
Department of Health & Family Welfare, WB

To : District Magistrates, All Districts

Sub : Opening Bank account with zero balance of MAS under NUHM

Sir,

Mahila Arogya Samiti (MAS) is a women's group, having 8:12 members. As per NUHM framework, the MAS is to be formed at slum level and will cover approximately 50-100 households (250-500 population). They are expected to address the issues related to health, nutrition, water and sanitation for vulnerable populations at community level. Main functions of Mahila Arogya Samiti (MAS) include awareness generation in the community to improve health seeking behaviour, ensuring optimal utilisation of health services, organize or facilitate community level health services, assist in community based monitoring system, provide mechanism for the community to voice their health needs and issues with access to health services, so that the institutions of local government and public health service providers can respond appropriately.

In West Bengal as we have Self Help Groups under National Urban Livelihood Mission (NULM) in all the 7(seven) Municipal Corporations and 82(eighty two) Municipalities. As per decision taken by competent authority, these Self Help Groups are being utilised as MAS, instead of forming new group. Where there are no such SHGs, new MAS groups have been formed. The total sanctioned number of MAS is 11,709.

It has been observed that most of the ULBs have completed the formation of MAS and also the first phase training of the MAS members. In this connection, it has been mentioned in the earlier letter that after completion of training of MAS, they are performing their activities. In the same communication referred to, the ULBs were requested to disburse an

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✓
POH
✓

amount of Rs. 5,000.00 to the account of each MAS immediately after completion of the first phase training. But it has been learnt that many ULBs are facing problems to open a zero balance bank account of the Mahila Arogya Samiti (MAS).

In this connection, in order to facilitate for opening of bank accounts of the Mahila Arogya Samiti (MAS), a letter vide O.O no. L.19017/26/2014-Pt-1 dated 20th September, 2016 has been issued by Jt. Secretary, Urban Health, Ministry of Health & Family Welfare, GOI and addressed to JS (Banking), Ministry of Finance, Department of Financial Services (copy enclosed) wherein all the Bank Branches including bank correspondents have been requested to sensitize and directed to facilitate opening zero balance bank account.

You are requested to inform all the concerned bank branches with the above mentioned order of GOI, to enable the Mahila Arogya Samitis to open the bank accounts with zero balance facility.

Yours faithfully,



Mission Director, NHM & Secretary,
Department of Health & Family Welfare


Encl: As stated

No: HFW-27038/33/2018-NHM SEC-Dept. of H&FW/4346

Date: 17.08.2018

Copy forwarded for kind information & necessary action to:

1. Chairperson, All 82 Municipalities under NUHM
2. Commissioner, All Municipal Corporations
3. Director, SUDA
4. CMOH, All Districts
5. IT Cell, Swasthya Bhawan with the request to upload the letter in the website of Department of Health & Family Welfare



Mission Director, NHM &
Secretary, Department of Health & Family
Welfare



Dr. K. Rajeswara Rao, IAS

JOINT SECRETARY

Telefax : 23061723

e-mail : Kr.rao62@nic.in



सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
कमरा नं. 145-ए, निर्माण भवन,
नई दिल्ली-110 011

Government of India
Ministry of Health & Family Welfare
Room No. 145-A, Nirman Bhawan,
New Delhi-110 011

D.O Letter No:L.19017/26/2014-Pt-1

Dated: 20th September, 2016

Dear *Sr. Madnesh,*

National Urban Health Mission (NUHM) was approved by the Union Cabinet on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus on slum and vulnerable sections of the Society. NUHM seeks to improve the health status by facilitating their access to quality primary healthcare.

This is with regard to facilitating the opening of Bank Accounts for MahilaArogyaSamiti (MAS) in the state which is a group constituted under the National Urban Health Mission (NUHM), a sub-mission under National Health Mission. MahilaArogyaSamiti(MAS) is one of the key community interventions under the programme for promoting community participation in health activities. 98,128 MAS are to be organized across the country as per the approvals under NUHM communicated to the States and UTs. So far 50,379 MAS have been formed and 34,918 MAS Bank Accounts have been opened. The existing Women Self Help Groups/Community Based Organizations may also take up the functions of MAS particularly for slum population. MAS would be involved in community mobilization, monitoring and referral with focus on preventive and promotive care. For this purpose they are provided with untied fund of Rs 5000 annually. The fund is transferred to the Bank Account of the MAS. It has been reported that in some of the states the MAS are facing difficulty in opening the Bank Account with zero balance.

It is therefore requested that all the Bank Branches including Bank correspondents may be sensitized and directed to facilitate the opening of MAS Bank Accounts at state/city/district levels, so that the MAS are able to open the Bank Accounts.

With Regards,

Yours sincerely,

[Signature]
20/9/16

(Dr. K.Rajeswara Rao)

Shri Madnesh Kumar Mishra,
Joint Secretary (Banking), Ministry of Finance
Department of Financial Services
3rd Floor, JeevanDeep Building
SansadMarg
New Delhi-110001

cc:

1. Principal Secretaries (H&FW) -All States/UTs - for necessary review and intervention.
2. Secretaries (Finance)- All States/UTs-for necessary action.

Status on MAS formed & Bank Account Opened under NUHM as on August,2016					
Sl.no	States	MAS Sanctioned	MAS Selected	Percentage (%)	No. MAS Bank Account Opened
1.	A&N islands	25	0	0	0
2.	Andhra Pradesh	9988	10070	>100	10070
3.	Arunachal Pradesh	92	90	98	0
4.	Assam	634	554	87	500
5.	Bihar	500	0	0	0
6.	Chandigarh	5	0	0	0
7.	Chhattisgarh	3245	3699	>100	3492
8.	Dadra & Nagar Haveli	0	0	0	0
9.	Daman & Diu	0	0	0	0
10.	Delhi	100	0	0	0
11.	Goa	12	12	100	12
12.	Gujarat	5155	7683	>100	7473
13.	Haryana	0	0	0	0
14.	Himachal Pradesh	30	23	77	0
15.	Jammu & Kashmir	220	85	39	49
16.	Jharkhand	798	532	67	15
17.	Karnataka	3128	2731	87	1155
18.	Kerala	938	0	0	0
19.	Madhya Pradesh	3000	2634	87.8	2026
20.	Maharashtra	9393	2045	22	0
21.	Manipur	409	409	100	409
22.	Meghalaya	105	99	94	29
23.	Mizoram	29	29	100	0
24.	Nagaland	89	40	45	38
25.	Odisha	2711	2727	>100	2522
26.	Pudducherry	0	0	0	0
27.	Punjab	8974	7595	85	0
28.	Rajasthan	4664	4620	98.8	4233
29.	Sikkim	15	15	100	15
30.	Tamil Nadu	6346	1025	16	0
31.	Telangana	11000	3020	27	2800
32.	Tripura	96	80	83	80
33.	Uttar Pradesh	13626	0	0	0
34.	Uttarakhand	1100	562	51	0
35.	West Bengal	11701	0	0	0
36.	Total	98128	50379	51%	34918



On India Government Service

By Speed Post

Memo No. HFW-27038/33/2018-NHM SEC-Dept. of H&FW/4346 dt. 17.08.2018

To

The Director,

State Urban Development Agency (SUDA) &
e.o. Joint Secretary to the GoWB,
Department of Municipal Affairs

ILGUS Bhawan,

HC Block, Salt Lake,

Sector - III

Kolkata – 700 091.

From:

State Mission Director, NRHM

Health & Family Welfare Department,
Government of West Bengal,
Swasthya Bhavan, 4th floor, 'B' Wing,
GN-29, Sector V,
Bidhannagar, Kolkata-700 091.

BNPL CODE NO – CCU 029 254



EW 18303987 01N



2632-6554

OFFICE: 2632-0443

SATYAJITROY BHAWAN: 2632-3605

FAX: 91-33-2632-0443

OFFICE OF THE MUNICIPAL COUNCILLORS BAIDYABATI
P.O. SHEORAPHULI, Dist. HOOGHLY, PIN - 712 223

Memo No : 887 /A-45(NUHM)

Dated: 05.07.2018

Sri / Smt.,



Sub: Training on MAS under NUHM Scheme

Sir,

This is to inform you that a Training on MAS (Mohila Arogya Samiti) comprising of 45 heads in one batch will be held on 20.07.2018, 21.07.2018, 26.07.2018, 27.07.18 & 31.07.2018 at 3 p.m. at City Lively hood Centre (CLC), S.C.M. Road, Ward No. 06 under this Municipality. It is to be noted that the Community Organizers of NULM Scheme will be the trainers in the Training.

You are therefore requested to attend the above noted meeting positively on the Scheduled date and time.

Thanking You,

Yours faithfully,

Sd/-

Chairman
Baidyabati Municipality

Memo No : 887/1(2) /A-45(NUHM)

Dated: 05.07.2018

Copy forwarded to:-

1. The Director, SUDA
ILGUS Bhawan
H.C. Block, Sector-III
Kol-91
2. The CMOH
Chinsurah, Hooghly


Chairman
Baidyabati Municipality

Govt. of West Bengal
Health & Family Welfare Department
National Health Mission
GN-29, 4th Floor, Swasthya Sathi
Swasthya Bhawan Premises, Sector - V
Salt-Lake, Bidhannagar, Kolkata – 7000091
(033) 2333 0123 (Phone); (033) 2357 7930(Fax)
Email: amdnhmwbhealth@gmail.com \ amd.nrhм@wbhealth.gov.in; Web:
www.wbhealth.gov.in

No: HFW-27038/33/2018-NHM SEC-Dept. of H&FW/4346

Date: 17.08.2018

From : Mission Director, NHM&
Secretary,
Department of Health & Family Welfare, WB

To : District Magistrates, All Districts

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amount of Rs. 5,000.00 to the account of each MAS immediately after completion of the first phase training. But it has been learnt that many ULBs are facing problems to open a zero balance bank account of the Mahila Arogya Samiti (MAS).

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Mission Director, NHM & Secretary,
Department of Health & Family Welfare

Encl: As stated

No: HFW-27038/33/2018-NHM SEC-Dept. of H&FW/ **4346**

Date: **17.08.2018**

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3. Director, SUDA
4. CMOH, All Districts
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Mission Director, NHM &
Secretary, Department of Health & Family
Welfare

315680/2018/NHM SEC(H&FW)

**Dr. K. Rajeswara Rao, IAS**

JOINT SECRETARY

Telefax : 23061723

e-mail : Kr.rao62@nic.in

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
कमरा नं. 145-ए, निर्माण भवन,
नई दिल्ली-110 011

Government of India
Ministry of Health & Family Welfare
Room No. 145-A, Nirman Bhawan,
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With Regards,

Yours sincerely,

(Dr. K. Rajeswara Rao)

Shri Madnesh Kumar Mishra,
Joint Secretary (Banking), Ministry of Finance
Department of Financial Services
3rd Floor, JeevanDeep Building
Sansad Marg
New Delhi-110001

cc:

1. Principal Secretaries (H&FW) –All States/UTs - for necessary review and intervention.
2. Secretaries (Finance)- All States/UTs-for necessary action.

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4.	Assam	634	554	87	500
5.	Bihar	500	0	0	0
6.	Chandigarh	5	0	0	0
7.	Chhattisgarh	3245	3699	>100	3492
8	Dadra & Nagar Haveli	0	0	0	0
9	Daman & Diu	0	0	0	0
10	Delhi	100	0	0	0
11	Goa	12	12	100	12
12	Gujarat	5155	7683	>100	7473
13	Haryana	0	0	0	0
14	Himachal Pradesh	30	23	77	0
15	Jammu & Kashmir	220	85	39	49
16	Jharkhand	798	532	67	15
17	Karnataka	3128	2731	87	1155
18	Kerala	938	0	0	0
19	Madhya Pradesh	3000	2634	87.8	2026
20	Maharashtra	9393	2045	22	0
21	Manipur	409	409	100	409
22	Meghalaya	105	99	94	29
23	Mizoram	29	29	100	0
24	Nagaland	89	40	45	38
25	Odisha	2711	2727	>100	2522
26	Pudducherry	0	0	0	0
27	Punjab	8974	7595	85	0
28	Rajasthan	4664	4620	98.8	4233
29	Sikkim	15	15	100	15
30	Tamil Nadu	6346	1025	16	0
31	Telangana	11000	3020	27	2800
32	Tripura	96	80	83	80
33	Uttar Pradesh	13626	0	0	0
34	Uttarakhand	1100	562	51	0
35	West Bengal	11701	0	0	0
36	Total	98128	50379	51%	34918

Mahila Arogya Samiti (MAS) under NUHM

District :- Darjeeling

ULB name :- Siliguri Municipal Corporation

Population :- 513264

Slum/ Vulnerable population :- 261554

No. of MAS sanctioned in te SMC :- 347 nos.

SL. No.	Ward Number	Ward Population	Slum/ Vulnerable population	MAS/ 250- 500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of members in MAS	Remarks
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1	4	20745	11717	315	62	0	DURGA NAGAR MAS-4/1	12	
2	4			260	51	0	MAJUMDER COLONY MAS-4/2	9	
3	4			310	61	0	JYOTI NAGAR MAS-4/3	12	
4	4			312	62	0	JYOTI NAGAR MAS-4/4	12	
5	4			316	61	0	JYOTI NAGAR MAS-4/5	9	
6	4			311	61	0	JYOTI NAGAR MAS-4/6	12	
7	4			304	60	0	JYOTI NAGAR MAS-4/7	12	
8	4			321	63	0	JYOTI NAGAR MAS-4/8	12	
9	4			264	52	0	JYOTI NAGAR MAS-4/9	9	
10	4			328	64	0	TUMAL PARA MAS-4/10	12	
11	4			346	68	0	TUMAL PARA MAS-4/11	12	
12	4			263	50	0	TUMAL PARA MAS-4/12	9	
13	4			322	60	0	TUMAL PARA MAS-4/13	12	
14	4			256	50	0	ADARSH NAGAR MAS-4/14	9	
15	4			273	54	0	ADARSH NAGAR MAS-4/15	12	
16	4			269	53	0	ADARSH NAGAR MAS-4/16	9	
17	4			259	52	0	ADARSH NAGAR MAS-4/17	12	

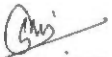
SL. No.	Ward Number	Ward Population	Slum/ Vulnerable population	MAS/ 250- 500 vulnerable population]	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of members in MAS	Remarks
18	4			270	53	0	KARBALA & MAHARAJ COLONY MAS-4/18	12	
19	4			264	51	0	GOWALA PATTY MAS-4/19	9	
20	4			315	60	0	GOWALA PATTY MAS-4/20	12	
21	4			319	62	0	JYOTI NAGAR MAS-4/21	12	
22	4			316	60	0	HEMANTA BASU COLONY MAS-4/22	12	
23	4			272	53	0	JYOTI NAGAR MAS - 4/23	9	
24	4			331	65	0	ADARSH NAGAR MAS-4/24	12	
25	4			334	66	0	JYOTI NAGAR MAS -4/225	12	
26	4			276	54	0	ADARSH NAGAR MAS-4/26	9	
27	28	8836	11684	322	63	0	Sarbahara MAS-28/01	12	
28	28	8836		336	65	0	Tikiyapara MAS-28/02	12	
29	28	8836		349	68	0	Tikiyapara MAS-28/03	12	
30	28	8836		364	70	0	Tikiyapara MAS-28/04	12	
31	28	8836		313	61	0	Prankrishna MAS-28/05	13	
32	28	8836		385	74	0	Matangini-II MAS-28/06	15	
33	29	10703	962	367	72	0	Sanity Colony MAS-29/01	15	
34	29	10703		322	63	0	Fuleswari-Deshbandhu MAS- 29/02	12	
35	10	4019	1627	246	48	0	Bidya chakra MAS 10/1	12	
36	10			278	54	0	Bidya chakra MAS 10/2	12	
37	10			201	39	0	Bidya chakra MAS 10/3	9	
38	10			311	60	0	Bidya chakra MAS 10/4	12	
39	44			320	63	0	Dasarath Pally MAS 44/1	12	
40	44			296	58	0	Dasarath Pally MAS 44/2	12	
41	44			264	51	0	Dasarath Pally MAS 44/3	12	
42	44			323	64	0	Dasarath Pally MAS 44/4	15	

SL. No.	Ward Number	Ward Population	Slum/ Vulnerable population	MAS/ 250- 500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of members in MAS	Remarks
43	44	11843	11106	452	88	0	Paresh Nagar MAS 44/5	15	
44	44			389	77	0	Paresh Nagar MAS 44/6	15	
45	44			323	63	0	Paresh Nagar MAS 44/7	12	
46	44			282	54	0	Paresh Nagar MAS 44/8	12	
47	44			225	43	0	Paresh Nagar MAS 44/9	9	
48	44			369	73	0	Bidya Chakra Colony MAS 44/10	12	
49	44			338	67	0	Bidya Chakra Colony MAS 44/11	12	
50	44			329	64	0	Bidya Chakra Colony MAS 44/12	12	
51	44			368	73	0	Bidya Chakra Colony MAS 44/13	12	
52	44			312	61	0	Bidya Chakra Colony MAS 44/14	12	
53	44			251	49	0	Bidya Chakra Colony MAS 44/15	9	
54	44			293	57	0	Bidya Chakra Colony MAS 44/16	12	
55	44			331	65	0	Bidya Chakra Colony MAS 44/17	12	
56	44			280	55	0	Bidya Chakra Colony MAS 44/18	12	
57	44			295	58	0	Bidya Chakra Colony MAS 44/19	12	
58	44			186	36	0	Bidya Chakra Colony MAS 44/20	9	
59	44			248	48	0	Janata Nagar Colony MAS 44/21	12	
60	44			247	48	0	Janata Nagar Colony MAS 44/22	12	
61	44			259	50	0	Janata Nagar Colony MAS 44/23	12	
62	44			263	51	0	Janata Nagar Colony MAS 44/24	12	
63	44			271	53	0	Janata Nagar Colony MAS 44/25	12	
64	44			272	53	0	Janata Nagar Colony MAS 44/26	12	
65	44			338	66	0	Janata Nagar Colony MAS 44/27	12	
66	44			346	68	0	Janata Nagar Colony MAS 44/28	9	

SL. No.	Ward Number	Ward Population	Slum/ Vulnerable population	MAS/ 250- 500 vulnerable population]	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of members in MAS	Remarks
67	42	19139	9818	286	56	0	Salugara West MAS-42/1	9	
68	42			296	58	0	Salugara West MAS-42/2	9	
69	42			287	56	0	Salugara West MAS-42/3	12	
70	42			311	61	0	Salugara West MAS-42/4	12	
71	42			259	51	0	Salugara West MAS-42/5	9	
72	42			294	58	0	Kamalanagar MAS-42/6	12	
73	42			288	57	0	Kamalanagar MAS-42/7	12	
74	42			360	71	0	Vivekanandanagar MAS-42/8	12	
75	42			432	86	0	Vivekanandanagar MAS-42/9	15	
76	42			399	79	0	Vivekanandanagar MAS-42/10	15	
77	42			348	69	0	Vivekanandanagar MAS-42/11	12	
78	42			361	71	0	Vivekanandanagar MAS-42/12	15	
79	42			329	65	0	Netajinagar MAS-42/13	12	
80	42			287	56	0	Netajinagar MAS-42/14	12	
81	42			262	51	0	Netajinagar MAS-42/15	9	
82	42			482	95	0	Bhupendranagar MAS-42/16	15	
83	42			286	56	0	Bhupendranagar MAS-42/17	12	
84	42			296	58	0	Bhupendranagar MAS-42/18	12	
85	42			416	82	0	Ramchandranagar MAS-42/19	15	
86	42			269	52	0	Sarajini Pally MAS-42/20	9	
87	42			356	70	0	Sarajini Pally MAS-42/21	15	
88	42			268	52	0	Limbu Bastee MAS-42/22	9	
89	42			289	56	0	Limbu Bastee MAS-42/23	9	
90	42			267	52	0	Sarbapally MAS-42/24	9	


Sl. No.	Ward Number	Ward Population	Slum/ Vulnerable population	MAS/ 250- 500 vulnerable population]	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of members in MAS	Remarks
91	42			273	54	0	Chayanpara MAS-42/25	9	
92	42			358	71	0	Roy Colony MAS-42/26	15	
93	42			269	53	0	Chayanpara Amtala MAS-42/27	9	
94	42			288	56	0	Panchananpally MAS-42/28	9	
95	42			279	55	0	Panchananpally MAS-42/29	9	
96	42			387	76	0	Pradhanpara MAS-42/30	15	
97	42			407	80	0	Pradhanpara MAS-42/31	15	
98	42			434	86	0	Salugara East MAS-42/32	15	
99	43	16339	12142	320	63	0	Dada Bhai MAS-43/1	12	
100	43			278	55	0	Dada Bhai MAS-43/2	9	
101	43			256	50	0	Dada Bhai MAS-43/3	9	
102	43			284	56	0	Prakashnagar MAS-43/4	9	
103	43			328	64	0	Prakashnagar MAS-43/5	12	
104	43			284	56	0	Prakashnagar MAS-43/6	9	
105	43			326	65	0	Prakashnagar MAS-43/7	9	
106	43			297	59	0	New Prakash Nagar MAS-43/8	9	
107	43			278	55	0	New Prakash Nagar MAS-43/9	9	
108	43			369	73	0	New Prakash Nagar MAS-43/10	12	
109	43			357	70	0	Gandhinagar MAS-43/11	15	
110	43			258	51	0	Gandhinagar MAS-43/12	12	
111	43			262	51	0	Manpari Bastee MAS-43/13	9	
112	43			264	51	0	Sahidnagar MAS-43/14	12	
113	43			268	52	0	Sahidnagar MAS-43/15	9	
114	43			311	60	0	Sahidnagar MAS-43/16	12	
115	43			361	71	0	New Gandhinagar MAS-43/17	15	

Sl. No.	Ward Number	Ward Population	Slum/ Vulnerable population	MAS/ 250- 500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of members in MAS	Remarks
116	43			367	72	0	Lower Bhanunagar MAS-43/18	15	
117	43			279	55	0	Lower Bhanunagar MAS-43/19	9	
118	43			3019	60	0	Lower Bhanunagar MAS-43/20	12	
119	43			318	62	0	Lower Bhanunagar MAS-43/21	12	
120	43			278	54	0	Lower Bhanunagar MAS-43/22	9	
121	43			268	52	0	Lower Bhanunagar MAS-43/23	9	
122	43			279	55	0	Lower Bhanunagar MAS-43/24	9	
123	43			367	72	0	Lower Bhanunagar MAS-43/25	15	
124	43			376	74	0	Upper Bhanunagar MAS-43/26	15	
125	43			308	61	0	Upper Bhanunagar MAS-43/27	12	
126	43			306	60	0	Paswan Bastee MAS-43/28	9	
127	43			272	53	0	Paswan Bastee MAS-43/29	9	


Section-in-charge
UPE CELL
Siliguri Municipal Corporation


Health Officer
Siliguri Municipal Corporation


Commissioner
Siliguri Municipal Corporation


Member, Mayor-in-Council
Urban Development, U.P.E.
Siliguri Municipal Corporation

Silligera

1. no. -1	9644	-	19
-2	4933	-	10
-3	3477	-	7
-4	9365	-	19
-5	10200	-	20
-6	1254	-	2
-7	2637	-	5
-8	760	-	2
-10	8816	-	17
-18	301	-	1
-19	5610	-	11
-20	1181	-	2
-23	3799	-	7
-24	8607	-	17
-28	218	-	1
-29	1482	-	3
-30	5103	-	10
-31	3216	-	6
-32	2465	-	5
-33	9450	-	19
-34	10085	-	20
-35	5305	-	16
-36	10976	-	22
-37	2006	-	4
-38	1305	-	2
-39	5809	-	11
-40	3550	-	7
-41	4689	-	9
-42	7007	-	14
-43	7660	-	15
-44	4335	-	9
-45	14045	-	28
-46	6121	-	12

175411

Mahila Arogya Samiti(MAS) under NUHM per ULB
 District - Hooghly ULB name - Chandernagore Municipal Corporation ULB population- 166771 (Census : 2011)
 Slum/Vulnerable population of the ULB - 46,000 No. of MAS sanctioned in the ULB- 92

Ward Number	Ward Population	Slum/ Vulnerable population	No. of MAS required(1 MAS/250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	NO. of members in MAS	Remarks
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
Ward No. 1	7179	2460	5	5	0	1. Surer Pukur Kalabagan 2. Styararayan Colony 3. Kalachand Colony 4. Madan Mohan Colony 5. Bisaharitala Bye Lane	10 9 9 9 10	Completed
Ward No. 2	5242	1877	3	3	0	1. Surer Pukur Garer Dhar 2. Kantapukur Garer Dhar 3. Sarkar Bagan	10 10 10	Completed
Ward No. 3	4570	367	1	1	0	1. Singhi Bagan	10	Completed
Ward No. 4	4675	608	1	1	0	1. Panjari Basti 2. Kanai Sarkar Ghat 3. Tantir Bagan 4. Molla Haji Bagan	12 10 10 11	Completed
Ward No. 5	4183	1831	4	4	0	1. Tantr Bagan Charhakur Tala 2. Kanai Sarkar Ghat Pratham 3. Nichu Patty Main Road 4. Nichu Patty Dhankal Ghat 5. Nichu Patty Sunri Ghat 6. Nichu Patty Majer Ghat	10 10 10 10 10 10	Completed
Ward No. 6	4447	2644	6	6	0	6. Nichu Patty Kanailal Pally 1. Sitalatala 2. Neogi Goli	10 10 10	Completed
Ward No. 7	4381	1130	2	2	0	1. Kalupukur Home For Home Less 2. Kalupukur Kabarsthan 3. Narua Sasti Pukur Garer Dhar 4. Narua Dharma	10 10 10 10	Completed
Ward No. 8	8950	2331	4	4	0			Completed



OFFICE OF THE MUNICIPAL COUNCILLORS

ENGLISHBAZAR MUNICIPALITY, MALDA

Netaji Subhas Road, Malda, Pin -732101

E-mail : englishbazzarmunicipality@gmail.com • website : www.englishbazzarmunicipality.com • Office : (EPABX) : 03512-252029 • Fax : 03512-253329

Memo No. _____
To _____

Date _____

The Mission Director,
National Health Mission (NHM)
Health Family Welfare Department,
Govt. of West Bengal, Swasthya Bhavan, Sector-V
Salt Lake City, Bidhannagore, Kolkata-700091.



Sub: Submission of MAS Groups under NUHM by Englishbazar Municipality, Malda

Ref: H/NUHM-697/2015/218)

Date-11.07.2016

In reference to the memo no stated above, the undersigned is to submit herewith the details of MAS Groups under NUHM by Englishbazar Municipality, Malda.

This for favour of your information & taking necessary action.

Enclo: As Stated

Chairman

Memo No. 1502 / 811 - 11 / 17.18 / 1 (7) Englishbazar Municipality, Malda
date 30.08.2017

Copy forwarded for information & taking necessary action

1. Director State Urban Development Agency & Mission Director, WBSULM
ILGUS Bhavan, HC Block, Sector-III, Salt Lake City, Bidhannagore, Kol-700106.
2. Project Officer, Health, State Urban Development Agency, ILGUS Bhavan, HC
Block, Sector-III, Salt Lake City, Bidhannagore, Kol-700106
3. Chief Medical Officer of Health, Malda
4. Executive Officer, Englishbazar Municipality, Malda
5. Nodal Officer, NUHM, Englishbazar Municipality, Malda
6. Public Health Manager, NUHM, Englishbazar Municipality, Malda
7. Dealing Clerk, NUHM, Englishbazar Municipality, Malda
8. Office Copy, Englishbazar Municipality, Malda

Chairman

Englishbazar Municipality, Malda

MALDA

ULB Name Englishbazar Municipality

ULB Population 205521

Vulnerable Population of the ULB

36733

No. of MAS sanctioned in the ULB

74

Ward Number	Ward Population	Sulm/ Vulnerable Population	No. of MAS required (1 MAS/250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of Members in MAS	Remarks
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
1	8764	1308	2	2	0	MADHABNAGAR NATUNPALLY NO 1 SHG	11	
					0	MAHESHPUR TALTALA NO 1 SHG	11	
2	5401	955	4	4	0	GREENPARK MANASATALA NO 3 SHG	12	
					0	NATUN MAHESHPUR NEW NO 3 SHG	11	
					0	NATUN MAHESHPUR NO 2 SHG	11	
					0	RAMNAGAR NATUNPARA NEW NO 1 SHG	11	
3	13097	2706	3	3	0	MALANCHAPALLY NO 5 SHG	11	
					0	SHANTI COLONY NO 1 SHG	11	
					0	BAROSANKO NO 3 SHG	11	
4	5710	603	2	2	0	2 NO GOVERNMENT COLONY NO 1 SHG	11	
					0	KRISHNAKALITALA NO 1 SHG	11	
5	6287	373	1	1	0	PIROJPUR NO 1 SHG	11	
6	5941	429	1	1	0	3 NO GOVERNMENT COLONY NO 1 SHG	11	
7	7953	485	2	2	0	BIMAL DAS PALLY NO 1 SHG	11	
					0	GOUR ROAD NO 1 SHG	11	
8	8300	1263	3	3	0	BABLUGHAT NO 1 SHG	11	
					0	HARIJANPARA NO 1 SHG	11	
					0	RAMKRISHNA MISSION GHAT NO 1 SHG	11	
9	7540	1776	3	3	0	UTTAR BALUCHAR NO 11 SHG	11	
					0	UTTAR BALUCHAR NO 2 SHG	11	
					0	UTTAR BALUCHAR NO 4 SHG	11	
10	3953	441	2	2	0	KALITALA NO 1 SHG	13	
					0	KALITALA NO 2 SHG	13	
11	7240	813	1	1	0	KUTUBPUR NAYAGRAM NO 3 SHG	11	
12	6807	1228	2	2	0	CHAITULL LANE NO 7 SHG	11	
					0	UTTAR BALUCHAR NO 8 SHG	11	

MALDA

ULB Name Englishbazar Municipality

ULB Population 205521

Vulnerable Population of the ULB

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Ward Number	Ward Population	Sulm/ Vulnerable Population	No. of MAS required (1 MAS/250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of Members in MAS	Remarks
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
13	4956	1114	4	4	0	CHOTO KARKHANA NO 1 SHG	11	
					0	HATHAT COLONY NO 1 SHG	11	
					0	PURATULI CHOWDHURY COLONY NEW NO 1 SHG	11	
					0	RAJA SARAT CHANDRA ROAD NO 1 SHG	11	
14	5784	429	2	2	0	BANSHBARI NEW NO 4 SHG	11	
					0	BANSHBARI NEW NO 5 SHG	11	
15	6950	935	4	4	0	KALAM BAGICHA NO 1 SHG	11	
					0	MIRCHAK DHULIPARA NEW NO 1 SHG	11	
					0	MIRCHAK DHULIPARA NEW NO 2 SHG	11	
					0	MIRCHAK KARBALA NEW NO 1 SHG	11	
16	6511	878	2	2	0	HATKHOLA GHOSHPARA NO 3 SHG	11	
					0	HATKHOLA GHOSHPARA NO 4 SHG	11	
17	6339	2098	2	2	0	BIBIGRAM NO 5 SHG	11	
					0	PIYANJI MORE NO 1 SHG	11	
18	6488	1877	2	2	0	RAMKRISHNAPALLY NEW NO 1 SHG	11	
					0	RAMKRISHNAPALLY NO 3 SHG	11	
19	6740	1303	2	2	0	HYDERPUR NO 1 SHG NEW	11	
					0	VIVEKANANDA PALLY NO 2 SHG	11	
20	8194	1225	3	3	0	CHUNIYAPARA NO 2 SHG	11	
					0	KOTHABARI NO 1 SHG	11	
					0	SARBAMANGALAPALLY NO 1 SHG	11	
21	8777	2763	5	5	0	GAVESHPUR NO 1 SHG	11	
					0	GAVESHPUR NO 2 SHG	11	
					0	GAVESHPUR NO 3 SHG	11	
					0	GAVESHPUR NO 5 SHG	11	
					0	VIDYASAGARPALLY NO 1 SHG	11	

MALDA

ULB Name Englishbazar Municipality

ULB Population 205521

Vulnerable Population of the ULB

36733

No. of MAS sanctioned in the ULB

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[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
22	14490	2738	2	2	0	MAHANANDAPALLY NO 1 SHG	11	
					0	MAHANANDAPALLY NO 2 SHG	11	
23	14970	3820	3	3	0	KULDIP MISHRA COLONY NO 4 SHG	11	
					0	TELPURUR NO 1 SHG	12	
					0	JAHAFIELD NO 2 TCG	11	
24	14838	2090	4	4	0	BURABURITALA PROBALPALLY NO 1 SHG	10	
					0	BURABURITALA PROBALPALLY NO 5 SHG	11	
					0	BURABURITALA PROBALPALLY NO 6 SHG	11	
					0	BURABURITALA PROBALPALLY NO 10 SHG	11	
25	13491	3083	4	4	0	ARABINDA PARK NO 1 SHG	12	
					0	GANDHI PARK NO 1 SHG	11	
					0	KULIPARA NO 1 SHG	12	
					0	NETAJI PARK NO 1 SHG	11	
26			2	2	0	KALTAPARA NO 1 SHG	11	
					0	KALTAPARA NO 4 SHG	11	
27			1	1	0	JAGANNATH COLONY NO 7 TCG	11	
28			2	2	0	SHAKUNTALA PARK NO 1 SHG	11	
					0	WEST SARBAMANGALAPALLY NO 1 SHG	11	
29			4	4	0	BAPUJI COLONY NO 1 SHG	11	
					0	BAPUJI COLONY NO 4 SHG	11	
					0	BAPUJI COLONY NO 5 SHG	11	
					0	KRISHNAKALITALA NO 2 SHG	11	

Ward & Sulm
population is available
only for 25 nos. of
wards due to
delimitation of ward in
year of 2015.



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Memo No. _____

Date _____

The Mission Director,
National Health Mission (NHM)
Health Family Welfare Department,
Govt. of West Bengal, Swasthya Bhavan, Sector-V
Salt Lake City, Bidhannagore, Kolkata-700091.



10(H)
Shr 21/10/17

Sub: Submission of MAS Groups under NUHM by Englishbazar Municipality, Malda

Ref: H/NUHM-697/2015/218)

Date-11.07.2016

In reference to the memo no stated above, the undersigned is to submit herewith the details of MAS Groups under NUHM by Englishbazar Municipality, Malda.

This for favour of your information & taking necessary action.

Encl: As Stated


Chairman

Englishbazar Municipality, Malda

Memo No. 1502/811-11/17.18/1(F) date 30.08.2017

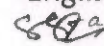
Copy forwarded for information & taking necessary action

1. Director State Urban Development Agency & Mission Director, WBSULM
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2. Project Officer, Health, State Urban Development Agency, ILGUS Bhavan, HC
Block, Sector-III, Salt Lake City, Bidhannagore, Kol-700106
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6. Public Health Manager, NUHM, Englishbazar Municipality, Malda
7. Dealing Clerk, NUHM, Englishbazar Municipality, Malda
8. Office Copy, Englishbazar Municipality, Malda



Chairman

Englishbazar Municipality, Malda



MALDA

ULB Name Englishbazar Municipality

ULB Population 205521

/Vulnerable Population of the ULB

36733

No. of MAS sanctioned in the ULB

74

Ward Number	Ward Population	Sulm/ Vulnerable Population	No. of MAS required (1 MAS/250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of Members in MAS	Remarks
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
1	8764	1308	2	2	0	MADHABNAGAR NATUNPALLY NO 1 SHG	11	
					0	MAHESHPUR TALITALA NO 1 SHG	11	
2	5401	955	4	4	0	GREENPARK MANASATALA NO 3 SHG	12	
					0	NATUN MAHESHPUR NEW NO 3 SHG	11	
					0	NATUN MAHESHPUR NO 2 SHG	11	
					0	RAMNAGAR NATUNPARA NEW NO 1 SHG	11	
3	13097	2706	3	3	0	MALANCHAPALLY NO 5 SHG	11	
					0	SHANTI COLONY NO 1 SHG	11	
					0	BAROSANKO NO 3 SHG	11	
4	5710	603	2	2	0	2 NO GOVERNMENT COLONY NO 1 SHG	11	
					0	KRISHNAKALITALA NO 1 SHG	11	
5	6287	373	1	1	0	PIROIPUR NO 1 SHG	11	
6	5941	429	1	1	0	3 NO GOVERNMENT COLONY NO 1 SHG	11	
7	7953	485	2	2	0	BIMAL DAS PALLY NO 1 SHG	11	
					0	GOUR ROAD NO 1 SHG	11	
8	8300	1263	3	3	0	BABLAGHAT NO 1 SHG	11	
					0	HARIANPARA NO 1 SHG	11	
					0	RAMKRISHNA MISSION GHAT NO 1 SHG	11	
9	7540	1776	3	3	0	UTTAR BALUCHAR NO 11 SHG	11	
					0	UTTAR BALUCHAR NO 2 SHG	11	
					0	UTTAR BALUCHAR NO 4 SHG	11	
10	3953	441	2	2	0	KALITALA NO 1 SHG	13	
					0	KALITALA NO 2 SHG	13	
11	7240	813	1	1	0	KUTUBPUR NAYAGRAM NO 3 SHG	11	
12	6807	1228	2	2	0	CHAITULI LANE NO 7 SHG	11	
					0	UTTAR BALUCHAR NO 8 SHG	11	

MALDA

ULB Name Englishbazar Municipality

ULB Population 205521

vulnerable Population of the ULB

36733

No. of MAS sanctioned in the ULB

74

Ward Number	Ward Population	Sulm/ Vulnerable Population	No. of MAS required (1 MAS/250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of Members in MAS	Remarks
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
13	4956	1114	4	4	0	CHOTO KARKHANA NO 1 SHG	11	
					0	HATHAT COLONY NO 1 SHG	11	
					0	PURATULI CHOWDHURY COLONY NEW NO 1 SHG	11	
					0	RAJA SARAT CHANDRA ROAD NO 1 SHG	11	
14	5784	429	2	2	0	BANSHBARI NEW NO 4 SHG	11	
					0	BANSHBARI NEW NO 5 SHG	11	
15	6950	935	4	4	0	KALAM BAGICHA NO 1 SHG	11	
					0	MIRCHAK DHULIPARA NEW NO 1 SHG	11	
					0	MIRCHAK DHULIPARA NEW NO 2 SHG	11	
16	6511	878	2	2	0	MIRCHAK KARBALA NEW NO 1 SHG	11	
					0	HATKHOLA GHOSHPARA NO 3 SHG	11	
17	6339	2098	2	2	0	HATKHOLA GHOSHPARA NO 4 SHG	11	
					0	BIBIGRAM NO 5 SHG	11	
18	6488	1877	2	2	0	PIYANJI MORE NO 1 SHG	11	
					0	RAMKRISHNAPALLY NEW NO 1 SHG	11	
19	6740	1303	2	2	0	RAMKRISHNAPALLY NO 3 SHG	11	
					0	HYDERPUR NO 1 SHG NEW	11	
20	8194	1225	3	3	0	VIVEKANANDA PALLY NO 2 SHG	11	
					0	CHUNNIYAPARA NO 2 SHG	11	
					0	KOTHABARI NO 1 SHG	11	
21	8777	2763	5	5	0	SARBAMANGALAPALLY NO 1 SHG	11	
					0	GAYESHPUR NO 1 SHG	11	
					0	GAYESHPUR NO 2 SHG	11	
					0	GAYESHPUR NO 3 SHG	11	
					0	GAYESHPUR NO 5 SHG	11	
					0	VIDYASAGARPALLY NO 1 SHG	11	

MALDA

ULB Name Englishbazar Municipality

ULB Population 205521

/ Vulnerable Population of the ULB

36733

No. of MAS sanctioned in the ULB

74

Ward Number	Ward Population	Sulm/ Vulnerable Population	No. of MAS required (1 MAS/250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of Members in MAS	Remarks
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
22	14490	2738	2	2	0	MAHANANDAPALLY NO 1 SHG	11	
					0	MAHANANDAPALLY NO 2 SHG	11	
23	14970	3820	3	3	0	KULDIP MISHRA COLONY NO 4 SHG	11	
					0	TELIPUKUR NO 1 SHG	12	
					0	JAHAFIELD NO 2 TCG	11	
24	14838	2090	4	4	0	BURABURITALA PROBALPALLY NO 1 SHG	10	
					0	BURABURITALA PROBALPALLY NO 5 SHG	11	
					0	BURABURITALA PROBALPALLY NO 6 SHG	11	
					0	BURABURITALA PROBALPALLY NO 10 SHG	11	
25	13491	3083	4	4	0	ARABINDA PARK NO 1 SHG	12	
					0	GANDHI PARK NO 1 SHG	11	
					0	KULIPARA NO 1 SHG	12	
					0	NETAJI PARK NO 1 SHG	11	
26			2	2	0	KALTAPARA NO 1 SHG	11	
					0	KALTAPARA NO 4 SHG	11	
27			1	1	0	JAGANNATH COLONY NO 7 TCG	11	
28			2	2	0	SHAKUNTALA PARK NO 1 SHG	11	
					0	WEST SARBAMANANGALAPALLY NO 1 SHG	11	
29			4	4	0	BAPUJI COLONY NO 1 SHG	11	
					0	BAPUJI COLONY NO 4 SHG	11	
					0	BAPUJI COLONY NO 5 SHG	11	
					0	KRISHNAKALITALA NO 2 SHG	11	

Ward & Sulm
population is available
only for 25 nos. of
wards due to
delimitation of ward in
year of 2015.

Telephone No. 2561-5061 chairman_garulia@rediffmail.com Fax no. 2540-8432 (033)

Office of the Councillors, Garulia Municipality

P.O. Garulia, Dist – North 24 Parganas

SRI DULAL KUMAR DAS

Executive Officer
Garulia Municipality

Memo No. **372**

Date: **18-09-2017**

To

- ✓ 1. The Director
State Urban Development Agency
ILGUS BHAVAN, H.C. Block, Sector-III
Bidhannagar, Kolkata-700106
2. The Additional Secretary (H & F.W.) &
Additional Mission Director, NHM
GN-29, 2nd Floor, Granthagar Bhawan
Swasthya Bhawan Premises, Sector-V
Salt Lake, Bidhannagar, Kolkata – 700091
3. The Chief Medical Officer of Health
Barasat, North 24 Parganas



Sir,

I would like to inform you that the following MAS has been found under this Municipality. It may be mentioned that the newly found Self Help Group has already formed MAS accordingly.

Further informed that the Old TCG Group has formed some MAS and we are trying to complete the whole process shortly.

However, the readily found the MAS has sent herewith for taking necessary action.

Thanking you,

Yours faithfully,

[Handwritten signature]

Executive Officer
Garulia Municipality
Executive Officer
Garulia Municipality



MAHILA AROGYA SAMITI (MAS) UNDER NUHM PER ULB

District: North 24 Parganas **ULB Name:** Garulia Municipality **ULB Population:**

Slum/Vulnerable Population of the ULB..... 96000 **No. of MAS sanctioned in the ULB.....** 6

Ward No.	Ward Population	Slum/Vulnerable Population	No. of MAS required (1 MAS/250-500 Vulnerable Population)	No. of Active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of Members in MAS	Remarks
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
11	5	1	4	Sree Ganesh Self Help Group Lokenath Self Help Group Sree Krishna Self Help Group Maa Kali Self Help Group Harzinder Road T&C Group	5 5 5 5 5	
20	5	0	5	Deshbandhu Nagar Self Help Group No.08 Deshbandhu Nagar Self Help Group No.01 Deshbandhu Nagar Self Help Group No.02 Deshbandhu Nagar Self Help Group No.03 Deshbandhu Nagar Self Help Group No.04	5 5 5 5 5	
19			2	0	2	Sanchayeta Self Help Group Udaan Self Help Group	5 5	[B] & [C] not available at hand
02	5	5	0	Vivekananda Garh T&C Group Vivekananda T&C Group-2 Prantosh Pally T&C Group Sitalabari T&C Group-2 Sitalapara T&C Group	5 5 5 5 5	
03	2	1	1	Vivekananda Self Help Group Govt. Qtr. Self Help Group	5 5	
05	3	0	3	Jyoti Self Help Group Jui Self Help Group Allo Self Help Group	5 5 5	

28/11/17

City Project Officer(NULM)
Garulia Municipality

MAHILA AROGYA SAMITI (MAS) UNDER NUHM PER ULB

District: North 24 Parganas

ULB Name: Garulia Municipality

ULB Population: 90,000

Slum/Vulnerable Population of the ULB.....*9,65,880*... No. of MAS sanctioned in the ULB.....*60*.....

Ward No.	Ward Population	Slum/Vulnerable Population	No. of MAS required (1 MAS/250-500 Vulnerable Population)	No. of Active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of Members in MAS	Remarks
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
16	21	5	16	Radha Krishna Self Help Group	5	[B] & [C] not available at hand
						Bhole Baba Self Help Group	5	
						Maa Annapurna Self Help Group	5	
						Trimurti Self Help Group	5	
						Joy Mata Di Self Help Group	5	
						Dr. Ambedkar Self Help Group	5	
						Sree Ganesh Self Help Group	5	
						Maa Kali Self Help Group	5	
						Shiv Shakti Self Help Group	5	
						Dhana Laxmi Self Help Group	5	
						Swarna Taree Self Help Group	5	
						Baba Lokenath Self Help Group	5	
						Vivekananda Self Help Group	5	
						Niranjan Nagar 'B' Block Grp. No.11	5	
						Niranjan Nagar 'B' Block T&C Grp. No.12	5	
						Niranjan Nagar 'B' Block T&C Group-8	5	
13	6	3	3	Niranjan Nagar 'B' Block T&C Group-18	5	[B] & [C] not available at hand
						Niranjan Nagar 'B' Block T&C Group-6	5	
						Maa Durga Self Help Group	5	
						Niranjan Nagar 'B' Block Self Help Group	5	
						Maa Sarada Self Help Group	5	
						Anusree Self Help Group	5	
						Akankha Self Help Group	5	
						Lenin Nagar E-Group	5	
						Lenin Nagar B Group T&C	5	
						Laxminath T&C Group-1	5	
14	2	0	2	Laxminath T&C Group-2	5	
						Sabuj Self Help Group	5	
						Sathi Self Help Group	5	

15 36

MAS formed up to June 2017

Sl. No.	District	ULB	Slum Population	MAS Sanctioned	No. of active SHGs converted to MAS	No. of new MAS FORMED	Total No. of MAS formed
1	Asansol HD	Asansol MC	328088	656	640	0	640
2	Birbhum	Bolpur	27816	56	56	0	56
3	Birbhum	Suri	31366	63	63	0	63
4	Cooch Behar	Cooch Behar	25432	51	51	0	51
5	Hooghly	Bhadreswar	63623	127	0	127	127
6	Hooghly	Chandernagore MC	45678	91	33	35	68
7	Hooghly	Dankuni	31063	62	62	0	62
8	Hooghly	Konnagar	9929	20	0	20	20
9	Hooghly	Rishra	50287	101	0	101	101
10	Jalpaiguri	Jalpaiguri	37586	75	0	63	63
11	Jhargram HD	Jhargram	24325	49	61	0	61
12	Murshidabad	Jiaganj-Azimganj	26304	53	53	0	53
13	Murshidabad	Berhampur	68464	137	137	0	137
14	Murshidabad	Dhulian	65976	132	332	0	332
15	Murshidabad	Jangipur	58800	118	0	82	82
16	Nadia	Chakdah	39583	79	79	0	79
17	Nadia	Gayeshpur	40629	81	0	54	54
18	Nadia	Kalyani	51621	103	88	0	88
19	Nadia	Krishnagar	43201	86	0	86	86
20	Nadia	Nabadwip	75902	152	38	111	149
21	Nadia	Ranaghat	24837	50	50	0	50
22	Nadia	Santipur	60285	121	121	0	121
23	North 24 Parganas	Barrackpore	51425	103	0	103	103
24	North 24 Parganas	Bhatpara	160137	320	226	79	305
25	North 24 Parganas	Habra	53510	107	110	0	110
26	North 24 Parganas	North Dum Dum	60920	122	109	13	122
27	North 24 Parganas	Panihati	115661	231	242	0	242
28	Paschim Medinipur	Ghatal	18562	37	37	0	37
29	Paschim Medinipur	Kharagpur	120714	241	218	0	218
30	Paschim Medinipur	Medinipur	63196	126	0	125	125
31	Nandigram HD	Contai	31377	63	63	0	63
32	Purba Medinipur	Haldia	46725	93	110	0	110
33	Purba Medinipur	Panskura	18992	38	38	0	38
34	Purba Medinipur	Tamluk	22111	44	44	0	44
35	Rampurhat HD	Rampurhat	32000	64	0	62	62
36	South 24 Parganas	Baruipur	15891	32	0	32	32
37	South 24 Parganas	Budge Budge	12108	24	0	96	96
38	South 24 Parganas	Rajpur Sonarpur	79164	158	30	113	143
Total		38	2133288	4266	3091	1302	4393

Total sanctioned	88	6697651	11709			
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Recd. from Mitali on 1-8-17



NULM
PO(H)
28/06/17

Office of the Municipal Councillors of Bankura

From: *Mahaprasad Sengupta*

CHAIRMAN, BANKURA MUNICIPALITY

Office: 250367,250344,254804

Fax: 03242-259269/250367

Resi: 03242-253338 Mobile: 9434115191

E-mail: senguptamahaprasadcm@yahoo.in

:bankuramunicipality@rediffmail.com

Website:www.bankuramunicipality.org

Memo No. 1053

Date: 24.06.17

To
The Director, SUDA
&
Mission Director, WBSULM
WBSULM,
ILGUS Bhavan,
H.C. Block, Sector III, Kolkata -700106.

**Sub- List of SHGs under DAY-NULM for MAHILA AROGYA SAMITY of
Bankura Municipality.**

Sir,

Please find enclosed herewith the list of SHGs under DAY-NULM for Mahila Arogya Samity of Bankura Municipality. For your kind perusal and doing needful.

Thanking you,

Enclosure: As stated above

Yours faithfully

Mahaprasad Sengupta
24.06.17
Chairman
Bankura Municipality

Chairman
Bankura Municipality

MAHILA AROGA SAMITY
SHG OF DAY-NULM, BANKURA MUNICIPALITY

SL NO	WARD NO	SHG NAME	BANK NAME	BRANCH NAME	A/C NO.	IFSC CODE
1	2	J N Das lane 1 no TCG	Central Bank of India	Bankura Branch	1348123180	CBIN0280115
2	2	Chakbazar lane 1 no TCG	Central Bank of India	Bankura Branch	1348129273	CBIN0280115
3	6	Lalbazar Kamar para 5 no TCG	Bank of India	Bankura Branch	426010110005389	BKID0004260
4	6	Raut Pukur 2 no TCG	Bank of India	Bankura Branch	426010110000807	BKID0004260
5	6	Hindu School Mathpara 2 no SHG	Bank of India	Bankura Branch	426010110010932	BKID0004260
6	7	Moldubka 2 no SHG	P N B	Bankura Branch	129500010011784-7	PUNB0129500
7	8	Doletola BagdiPara 1 no K S O Rindan	U C O	Bankura Branch	08200110012017	UCBA0000820
8	9	Loharpara 2 no TCG	UBI	Bankura Branch	0193012990673	UTBI0BNK204
9	9	Puratan Rathtala (Bauripara) 1 no TCG	UBI	Bankura Branch	0193010296198	UTBI0BNK204
10	20	Lalbazar Chatpukur 1 no TCG	OBC	Bankura Branch	08672121000225	ORBC0100867
11	20	Malleswar Pally 2 no TCG	OBC	Bankura Branch	08672121000478	ORBC0100867
12	13	Rajagram Shyamdanga 4 no K S O R G	Uco Bank	Rajagram Branch	12310100107865	UCBA0001231
13	13	Rajagram Chattapukur Loharpara K S O R G	Uco Bank	Rajagram Branch	12310100107790	UCBA0001231
14	13	Rajagram Danga K S O R G	Uco Bank	Rajagram Branch	12310100107789	UCBA0001231
15	13	Mallapara 1 no K S O R G	Uco Bank	Rajagram Branch	12310100107752	UCBA0001231
16	13	Rajagram Kumarpara 1 no K S O R G	Uco Bank	Rajagram Branch	12310100107754	UCBA0001231
17	13	Lokepur Bhakat para 1 no K S O R G	Syndicate Bank	Gobindanagar Branch	95822210005248	SYNB0009582
18	13	Lokepur Bhakat para 3 no K S O R G	Syndicate Bank	Gobindanagar Branch	95822210004847	SYNB0009582
19	13	Lokepur Kalimata K S O R G	Syndicate Bank	Gobindanagar Branch	95822210007497	SYNB0009582
20	13	Lokepur Taran 2 no K S O R G	Syndicate Bank	Gobindanagar Branch	95822210005643	SYNB0009582
21	14	Rajagram Napitpara Bathan 1no K S O R G	UCO Bank	Rajagram Branch	12310100107778	UCBA0001231
22	14	Rajagram Kamarpara 1 no K S O R G	UCO Bank	Rajagram Branch	12310100107774	UCBA0001231
23	14	Rajagram Henshpara 1 no K S O R G	UCO Bank	Rajagram Branch	12310100107784	UCBA0001231
24	14	Rajagram Simuldanga 1 no K S O R G	UCO Bank	Rajagram Branch	12310100107811	UCBA0001231
25	14	Rajagram Girdhari Akhra 2 no K S O R G	UCO Bank	Rajagram Branch	12310100107772	UCBA0001231
26	14	Rajagram Bazar K S O R G	UCO Bank	Rajagram Branch	12310100107810	UCBA0001231
27	14	Rajagram Nimtala K S O R G	UCO Bank	Rajagram Branch	12310100107773	UCBA0001231
28	14	Rajagram Dattapara 1 no K S O R G	UCO Bank	Rajagram Branch	12310100107814	UCBA0001231
29	14	Bagchala 3 no K S O R G	UCO Bank	Rajagram Branch	12310100107869	UCBA0001231
30	15	Haritaki Bagan 2 no K S O R G	B.G.V.B	Gobindanagar Branch	5197011002658	UTBI0RRBBGB
31	16	Kankata 1 no K.S.O.R.G	B.G.V.B	Gobindanagar Branch	5197011001661	UTBI0RRBBGB
32	16	Nabapalli L.I.C Malpara 2 no K.S.O.R.G	B.G.V.B	Gobindanagar Branch	5197011002525	UTBI0RRBBGB
33	16	Lokepur Dompura 2 no K.S.O.R.G	B.G.V.B	Gobindanagar Branch	5197011001581	UTBI0RRBBGB
34	16	Lokepur Dompura 2 no K.S.O.R.G	B.G.V.B	Gobindanagar Branch	5197011001584	UTBI0RRBBGB
35	22	Namoloharpara 1 no K.S.O.R.G	B.O.I	katjuridanga Branch	426310100011037	BKID0004263
36	22	Uparloharpara 2 no K.S.O.R.G	B.O.I	katjuridanga Branch	426310100011038	BKID0004263
37	22	Kenduadihi Namoloharpara 4 no K.S.O.R.G	B.O.I	katjuridanga Branch	426310110003962	BKID0004263
38	21	Natunchati Saradapalli 1no T.C.G	Indian Bank	Bankura Branch	522811799	IDIB000B039
39	21	Natunchati Saradapalli 2no T.C.G	Indian Bank	Bankura Branch	718376650	IDIB000B039
40	21	Natunchati Dasbagan 1 no T.C.G	Indian Bank	Bankura Branch	783339268	IDIB000B039
41	21	Ruidaspara 2 no T.C.G	Indian Bank	Bankura Branch	733850319	IDIB000B039
42	21	Ruidaspara 5 no T.C.G	Indian Bank	Bankura Branch	6018629572	IDIB000B039
43	24	Kristandanga S.H.G -1	B.O.I	katjuridanga Branch	426310110009301	BKID0004263
44	11	Kabbardanga T.C.G no-1	B.G.V.B	Bankura Branch	5059010207245	UTBI0RRBBGB
45	11	Christandanga T.C. .G no -3	B.G.V.B	Bankura Branch	5059010207241	UTBI0RRBBGB
46	11	Ruidaspara S.H.G. no-1	B.G.V.B	Bankura Branch	5059010435727	UTBI0RRBBGB

District	ULB	Year of Approval	Total Population (Census 2011)	No of Slum	Slum Population	MAS Sanctioned	No. of Active SHGs
A	B	C	D	E	F	G	H
Alipurduar	Alipurduar	2015-16	65679	34	3284	7	594
Asansol HD	Asansol MC	2013-14	1152138	991	328088	656	997
Asansol HD	Durgapur MC	2013-14	566937	336	156460	313	949
Bankura	Bankura	2013-14	138036	295	42208	84	358
Basirhat HD	Baduria	2015-16	52500	68	18905	38	208
Basirhat HD	Basirhat	2013-14	125089	65	44685	89	311
Bardhaman	Bolpur	2015-16	80210	75	27816	56	302
Bardhaman	Suri	2013-14	67802	76	31366	63	220
Bishnupur HD	Bishnupur	2013-14	72316	116	20622	41	247
Burdwan	Burdwan	2013-14	314653	144	45696	91	482
Burdwan	Kalna	2015-16	57056	85	27710	55	106
Burdwan	Katwa	2015-16	81510	54	40314	81	376
Cooch Behar	Cooch Behar	2013-14	77935	71	25432	51	441
Dakshin Dinajpur	Balurghat	2013-14	151299	34	38428	77	477
Dakshin Dinajpur	Gangarampur	2015-16	56175	50	21685	43	334
Darjeeling	Darjeeling	2013-14	120414	37	27135	54	91
Darjeeling	Siliguri MC	2013-14	509763	154	172998	346	1019
Diamond Harbour D	Diamond Harbour	2013-14	41798	29	15446	31	45
Hooghly	Arambag	2015-16	66079	123	24175	48	190
Hooghly	Baidyabati	2014-15	121081	56	22689	45	34
Hooghly	Bansberia	2014-15	103920	118	63430	127	452
Hooghly	Bhadreswar	2014-15	101334	20	63623	127	472
Hooghly	Chanddany	2014-15	110259	32	87000	174	313
Hooghly	Chandernagore MC	2013-14	166949	181	45678	91	478
Hooghly	Dankuni	2013-14	104326	127	31063	62	0
Hooghly	Hooghly Chinsurah	2013-14	179931	232	44435	89	464
Hooghly	Konnagar	2015-16	76152	17	9929	20	109
Hooghly	Rishra	2014-15	124591	47	50287	101	246
Hooghly	Serampore	2014-15	183339	163	60000	120	102
Hooghly	Uttarpara Kotrang	2014-15	159147	72	13612	27	351
Howrah	Howrah MC	2013-14	1357647	660	252533	505 ??	942
Howrah	Uluberia	2013-14	223290	130	166290	333	267
Jalpaiguri	Jalpaiguri	2013-14	107321	74	37586	75	367
Jhargram HD	Jhargram	2013-14	61712	39	24325	49	252
Kolkata	Kolkata MC	2013-14	4486679	1500	1798318	1914	2157
Malda	English Bazar	2013-14	216083	117	36945	74	157
Malda	Old Malda	2015-16	84005	37	33023	66	380
Murshidabad	Azimganj-Jiaganj	2015-16	51790	63	26304	53	270

District	ULB	Year of Approval	Total Population (Census 2011)	No of Slum	Slum Population	MAS Sanctioned	No. of Active SHGs
A	B	C	D	E	F	G	H
urshidabad	Berhampur	2013-14	195223	51	68464	137	505
urshidabad	Dhulian	2014-15	95713	128	65976	132	337
urshidabad	Jangipur	2015-16	88131	104	58800	118	382
urshidabad	Kandi	2015-16	55615	61	20099	40	315
adia	Chakdah	2015-16	95097	74	39583	79	287
adia	Gayeshpur	2015-16	58841	56	40629	81	280
adia	Haringhata	2015-16	66233	18	10078	20	0
adia	Kalyani	2014-15	100620	55	51621	103	402
adia	Krishnagar	2013-14	148971	74	43201	86	590
adia	Nabadwip	2014-15	125528	120	75902	152	407
adia	Ranaghat	2015-16	75344	46	24837	50	289
adia	Santipur	2014-15	151774	154	60285	121	292
orth 24 rganas	Ashoknagar Kalyangarh	2014-15	123906	123	73536	147	359
orth 24 rganas	Bangaon	2014-15	108887	22	40357	81	773
orth 24 rganas	Baranagar	2014-15	245213	78	21977	44	349
orth 24 Parganas	Barasat	2013-14	278835	159	70217	140	530
orth 24 rganas	Barrackpore	2014-15	152783	106	51425	103	1018
orth 24 rganas	Bhatpara	2013-14	385867	120	160137	320	722
orth 24 rganas	Bidhannagar MC	2014-15	616836	202	167280	335	464
orth 24 rganas	Dum Dum	2014-15	114786	48	48526	97	224
orth 24 rganas	Garulia	2015-16	85106	141	35598	71	129
orth 24 rganas	Habra	2013-14	147267	124	53510	107	631
orth 24 rganas	Halisahar	2014-15	124851	102	72523	145	49
orth 24 rganas	Kamarhati	2014-15	330211	139	70781	142	529
orth 24 rganas	Kanchrapara	2014-15	129425	62	28714	57	78
orth 24 rganas	Khardah	2014-15	109342	125	25322	51	346
orth 24 rganas	Madhyamgram	2014-15	196127	125	34230	68	754
orth 24 rganas	Naihati	2014-15	218432	120	48494	97	112
orth 24 rganas	New Barrackpore	2015-16	83183	42	23525	47	192
orth 24 rganas	North Barrackpore	2014-15	132806	71	29955	60	306
orth 24 rganas	North Dum Dum	2014-15	253625	145	60920	122	894

District	ULB	Year of Approval	Total Population (Census 2011)	No of Slum	Slum Population	MAS Sanctioned	No. of Active SHGs
A	B	C	D	E	F	G	H
North 24 Parganas	Panihati	2014-15	377351	232	115661	231	833
North 24 Parganas	South Dum Dum	2014-15	403316	122	64706	129	151
North 24 Parganas	Titagarh	2014-15	116520	56	82088	164	122
West Medinipur	Ghatal	2015-16	54693	72	18562	37	192
West Medinipur	Kharagpur	2014-15	289631	290	120714	241	744
West Medinipur	Medinipur	2013-14	169127	180	63196	126	379
Urban Medinipur	Contai	2015-16	92212	179	31377	63	300
Urban Medinipur	Haldia	2014-15	200331	151	46725	93	1331
Urban Medinipur	Panskura	2015-16	57904	77	18992	38	129
Urban Medinipur	Tamluk	2013-14	65306	24	22111	44	257
Purulia	Purulia	2013-14	121463	112	46191	92	491
Rampurhat HD	Rampurhat	2013-14	58099	58	32000	64	443
South 24 Parganas	Baruipur	2015-16	53191	64	15891	32	78
South 24 Parganas	Budge Budge	2015-16	76837	66	12108	24	285
South 24 Parganas	Maheshtala	2013-14	449423	288	144195	288	432
South 24 Parganas	Rajpur Sonarpur	2014-15	423724	178	79164	158	960
East Dinajpur	Islampur	2015-16	54368	79	31193	62	75
East Dinajpur	Kaliaganj	2015-16	53542	47	22371	45	82
East Dinajpur	Raiganj	2013-14	186612	101	74381	149	744
Total	88		20215173	11893	6697651	11709	36133

সুডা

রাজ্য নগর উন্নয়ন সংস্থা

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ

"ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং SUDA- 46/2014/465 (33)

তারিখ ০২-০৬-২০১৭

From: Director, SUDA

To: Mayor/Chairperson

.....Municipal Corporation/ Municipality

Sub: One Day Review Meeting

Sir,

This is to inform you that we are holding a review meeting to analyse the progress of DAY-NULM in your municipality with the **City Project Officer (Executive Officer) and other relevant officials (Maximum 2 Officials)**. The details of the review meeting are provided below:

1. Agenda:

- Issues relating to DAY-NULM
- Issues relating to HFA
- Issues relating to NUHM
- Issues related to MAS group formation and allied activities
- Issues related to Cleanliness Drive and BMS fund.

2. Date: 13.06.2017

3. Time: 2.30 pm to 5.30 pm

4. Venue: SUDA Conference Hall

In this regard, you are requested to spare Executive Officer (CPO) and other officials working for the aforesaid programmes to attend the review meeting. List of ULBs enclosed.

Enclosure: As Stated

Yours faithfully,

Director, SUDA

Copy Forwarded For Information To:

- Additional Director, SUDA
- Additional Director & Financial Adviser, SUDA
- Administrative Officer, SUDA
- Commissioner/Joint Commissioner/Executive Officer : Municipal Corporation/Municipality

Director, SUDA

দুরভায় : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

Tel : 2358 6403/5767, Fax : 2358 5800, E-mail : wbsudadir@gmail.com

Account Section : 2358 6408

**List of ULBs & Participants for Review Meeting to be held on 13.06.2017
(2nd Half)**

Sl. No.	ULBs	District	Designation	Date & Venue & Time
1	Bolpur	Birbhum	Executive Officer and Only Two Officials looking after the programmes	13.06.2017 2.30 pm - 5.30 pm SUDA Conference Hall
2	Dubrajpur	Birbhum		
3	Nalhati	Birbhum		
4	Rampurhat	Birbhum		
5	Sainthia	Birbhum		
6	Dinhata	Cooch Behar		
7	Haldibari	Cooch Behar		
8	Mathabhanga	Cooch Behar		
9	Mekliganj	Cooch Behar		
10	Tufanganj	Cooch Behar		
11	Buniadpur	Dakshin Dinajpur		
12	Gangarampore	Dakshin Dinajpur		
13	Kalimpong	Darjeeling		
14	Kurseong	Darjeeling		
15	Mirik	Darjeeling		
16	Dhupguri	Jalpaiguri		
17	Mal	Jalpaiguri		
18	Old Malda	Malda		
19	Beldanga	Murshidabad		
20	Dhulian	Murshidabad		
21	Domkol	Murshidabad		
22	Jangipur	Murshidabad		
23	Jiaganj-Azimganj	Murshidabad		
24	Kandi	Murshidabad		
25	Murshidabad	Murshidabad		
26	Baduria	North 24-Parganas		
27	Garulia	North 24-Parganas		
28	Gobardanga	North 24-Parganas		
29	New Barrackpur	North 24-Parganas		
30	Taki	North 24-Parganas		
31	Dalkhola	Uttar Dinajpur		
32	Islampur	Uttar Dinajpur		
33	Kaliaganj	Uttar Dinajpur		

সুডা

রাজ্য নগর উন্নয়ন সংস্থা

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ

"ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং 5072-46/2014/466 (34)

তারিখ ০২-০৬-১৭

From: Director, SUDA

To: Mayor/Chairperson

.....Municipal Corporation/ Municipality

Sub: One Day Review Meeting

Sir,

This is to inform you that we are holding a review meeting to analyse the progress of DAY-NULM in your municipality with the **City Project Officer (Executive Officer) and other relevant officials (Maximum 2 Officials)**. The details of the review meeting are provided below:

1. Agenda:

- Issues relating to DAY-NULM
- Issues relating to HFA
- Issues relating to NUHM
- Issues related to MAS group formation and allied activities
- Issues related to Cleanliness Drive and BMS fund.

2. Date: 13.06.2017

3. Time: 10.30 pm to 2.00 pm

4. Venue: SUDA Conference Hall

In this regard, you are requested to spare Executive Officer (CPO) and other officials working for the aforesaid programmes to attend the review meeting. List of ULBs enclosed.

Enclosure: As Stated

Yours faithfully,

Director, SUDA

5072-46/2014/466/1(4)
Copy Forwarded For Information To:

- 1 Additional Director, SUDA
- 2 Additional Director & Financial Adviser, SUDA
- 3 Administrative Officer, SUDA
- 4 Commissioner/Joint Commissioner/Executive Officer Municipal Corporation/Municipality

Director, SUDA

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

Tel : 2358 6403/5767, Fax : 2358 5800, E-mail : wbsudadir@gmail.com

Account Section : 2358 6408

**List of ULBs & Participants for Review Meeting to be held on 13.06.2017
(1st Half)**

Sl. No.	ULBs	District	Designation	Date & Venue & Time
1	Bishnupur	Bankura	Executive Officer and Only Two Officials looking after the programmes	13.06.2017 10:30 am - 2:00 pm SUDA Conference Hall
2	Sonamukhi	Bankura		
3	Dainhat	Bardhaman		
4	Gushkara	Bardhaman		
5	Kalna	Bardhaman		
6	Katwa	Bardhaman		
7	Memari	Bardhaman		
8	Arambagh	Hooghly		
9	Dankuni	Hooghly		
10	Konnagar	Hooghly		
11	Tarakeswar	Hooghly		
12	Birnagar	Nadia		
13	Chakdah	Nadia		
14	Cooper's Camp	Nadia		
15	Gayeshpur	Nadia		
16	Haringhata	Nadia		
17	Ranaghat	Nadia		
18	Taherpur	Nadia		
19	Chandrakona	Paschim Medinipur		
20	Ghatal	Paschim Medinipur		
21	Jhargram	Paschim Medinipur		
22	Kharar	Paschim Medinipur		
23	Khirpai	Paschim Medinipur		
24	Ramjibanpur	Paschim Medinipur		
25	Contai	Purba Medinipur		
26	Egra	Purba Medinipur		
27	Panskura	Purba Medinipur		
28	Jhalda	Purulia		
29	Raghunathpur	Purulia		
30	Baruipur	South 24-Parganas		
31	Budge Budge	South 24-Parganas		
32	Diamond Harbour	South 24-Parganas		
33	Jainagar-Mazilpur	South 24-Parganas		
34	Pujali	South 24-Parganas		

সুডা

রাজ্য নগর উন্নয়ন সংস্থা

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ
"ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং 3024-46/2014/468(২৭)

তারিখ ০২-০৬-১৭

From: Director, SUDA

To: Mayor/Chairperson

.....Municipal Corporation/ Municipality

Sub: One Day Review Meeting

Sir,

This is to inform you that we are holding a review meeting to analyse the progress of DAY-NULM in your municipality with the **City Project Officer (Executive Officer) and other relevant officials (Maximum 2 Officials)**. The details of the review meeting are provided below:

1. Agenda:

- Issues relating to DAY-NULM
- Issues relating to HFA
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- Issues related to MAS group formation and allied activities
- Issues related to Cleanliness Drive and BMS fund.

2. Date: 12.06.2017

3. Time: 2.30 pm to 5.30 pm

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In this regard, you are requested to spare Executive Officer (CPO) and other officials working for the aforesaid programmes to attend the review meeting. List of ULBs enclosed.

Enclosure: As Stated

Yours faithfully,

Director, SUDA

Copy Forwarded For Information To:

1. Additional Director, SUDA
2. Additional Director & Financial Adviser, SUDA
3. Administrative Officer, SUDA
4. Commissioner/Joint Commissioner/Executive OfficerMunicipal Corporation/Municipality

Director, SUDA

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

Tel : 2358 6403/5767, Fax : 2358 5800, E-mail : wbsudadir@gmail.com

Account Section : 2358 6408

**List of ULBs & Participants for Review Meeting to be held on 12.06.2017
(2nd Half)**

Sl. No.	Name of the ULBs	District	Designation	Date of Meeting/ Venue / Time
1	Ashokenagar	North 24 Parganas	Executive Officer and Only Two Officials looking after the programmes	12.06.2017 Time : 2:30 pm to 5:30 pm SUDA Conference Hall
2	Baranagar	North 24 Parganas		
3	Barasat	North 24 Parganas		
4	Barrackpore	North 24 Parganas		
5	Basirhat	North 24 Parganas		
6	Bhatpara	North 24 Parganas		
7	Bidhannagar	North 24 Parganas		
8	Bongaon	North 24 Parganas		
9	Dum Dum	North 24 Parganas		
10	Habra	North 24 Parganas		
11	Halisahar	North 24 Parganas		
12	Kamarhati	North 24 Parganas		
13	Kanchrapara	North 24 Parganas		
14	Khardah	North 24 Parganas		
15	Madhyamgram	North 24 Parganas		
16	Naihati	North 24 Parganas		
17	North Barrackpore	North 24 Parganas		
18	North Dum Dum	North 24 Parganas		
19	Panihati	North 24 Parganas		
20	South Dum Dum	North 24 Parganas		
21	Titagarh	North 24 Parganas		
22	Haldia	Purba Medinipur		
23	Tamralipta	Purba Medinipur		
24	Maheshtala	South 24 Parganas		
25	Rajpur Sonarpur	South 24 Parganas		
26	Kalyani	Nadia		
27	Krishnanagar	Nadia		
28	Nabadwip	Nadia		
29	Santipur	Nadia		

সুডা

রাজ্য নগর উন্নয়ন সংস্থা

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা-৭০০ ১০৬, পশ্চিমবঙ্গ

"ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং ১৫০৭ ৫৬/২০১৪/৫৬৭(২৭)

তারিখ ০২-০৬-১৭

From: Director, SUDA

To: Mayor/Chairperson

.....Municipal Corporation/ Municipality

Sub: One Day Review Meeting

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This is to inform you that we are holding a review meeting to analyse the progress of DAY-NULM in your municipality with the **City Project Officer (Executive Officer) and other relevant officials (Maximum 2 Officials)**. The details of the review meeting are provided below:

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- Issues relating to DAY-NULM
- Issues relating to HFA
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- Issues related to MAS group formation and allied activities
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2. Date: 12.06.2017

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Enclosure: As Stated

Yours faithfully,

Director, SUDA

সুডা - ৫৬/২০১৪/৫৬৭/১৬৭
Copy Forwarded For Information To:

- Additional Director, SUDA
- Additional Director & Financial Adviser, SUDA
- Administrative Officer, SUDA
- Commissioner/Joint Commissioner/Executive Officer Municipal Corporation/Municipality

Director, SUDA

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

Tel : 2358 6403/5767, Fax : 2358 5800, E-mail : wbsudadir@gmail.com

Account Section : 2358 6408

**List of ULBs & Participants for Review Meeting to be held on 12.06.2017
(1st Half)**

Sl. No.	Name of the ULBs	District	Designation	Date of Meeting/ Venue / Time
	<i>Cleanliness</i>	<i>BMS</i>		
1	Alipurduar ✓ —	Alipurduar —	Executive Officer and Only Two Officials looking after the programmes	12.06.2017 10:30 am to 2:00 pm SUDA Conference Hall
2	Cooch Behar ✓ 122820	Cooch Behar 44390		
3	Balurghat ✓ —	Dakshin Dinajpur 241000		
4	Darjeeling ✓ —	Darjeeling 445000		
5	Siliguri —	Darjeeling —		
6	Jalpaiguri —	Jalpaiguri 179000		
7	Raiganj 1130000	Uttar Dinajpur 581000		
8	Bankura	Bankura —		
9	Asansol MG 2448000	Bardhaman 3229074		
10	Burdwan	Bardhaman —		
11	Durgapur	Bardhaman —		
12	Suri	Birbhum —		
13	Baidyabati ✓	Hooghly —		
14	Bansberia ✓	Hooghly —		
15	Bhadreswar ✓	Hooghly —		
16	Chanddany ✓	Hooghly —		
17	Chandannagar 4512000	Hooghly —		
18	Serampore ✓ ✓	Hooghly —		
19	Uttarpara Kotrung ✓	Hooghly —		
20	Hooghly Chinsurah ✓	Hooghly —		
21	Rishra ✓ ✓	Hooghly —		
22	Howrah 333295	Howrah —		
23	Uluberia 1316000	Howrah 639000		
24	Kolkata 398700	Kolkata —		
25	English Bazar 627222	Malda —		
26	Berhampore —	Murshidabad —		
27	Kharagpur —	Paschim Medinipur 469430		
28	Medinipur —	Paschim Medinipur —		
29	Purulia —	Purulia 322000		

C

ULB-wise Status on formation of MAS

PIP Approved in the year	Sl. No.	Name of Municipality	Total Population (Census 2011)	Slum Population	No. of MAS sanctioned	No. of active SHG	Total no. of MAS formed
	Dist. : Bankura						
2013-14	1	Bankura	138036	42208	84	404	
2013-14	2	Bishnupur	72316	20622	41	286	
	Dist. Total =>		210352	62830	125	690	0
	Dist. : Birbhum						
2015-16	3	Bolpur	80210	27816	56	308	56
2013-14	4	Rampurhat	58099	32000	64	456	62
2013-14	5	Suri	67802	31366	63	268	63
	Dist. Total =>		206111	91182	183	1032	181
	Dist. : Burdwan						
2013-14	6	Asansol MC	563917	173735	347	713	
2014-15		Jamuria	144971	60734	121		640
2015-16		Kulti	313809	54598	109		
2014-15		Raniganj	129441	39021	78		
2013-14	7	Burdwan	314653	45696	91	483	
2013-14	8	Durgapur MC	566937	156460	312	167	184
2015-16	9	Kalna	57056	27710	55	87	
2015-16	10	Katwa	81510	40314	81	371	
	Dist. Total =>		2172294	598268	1194	1821	0
	Dist. : Cooch Behar						
2013-14	11	Cooch Behar	77935	25432	51	255	51
	Dist. Total =>		77935	25432	51	255	51
	Dist. : Dakshin Dinajpur						
2013-14	12	Balurghat	151299	38428	77	486	
2015-16	13	Gangarampur	56175	21685	43	0	
	Dist. Total =>		207474	60113	120	486	0
	Dist. : Darjeeling						
2013-14	14	Darjeeling	120414	27135	54	0	
2013-14	15	Siliguri MC	509763	172998	347	907	
	Dist. Total =>		630177	200133	401	907	0
	Dist. : Hooghly						
2015-16	16	Arambag	66079	24175	48	59	
2014-15	17	Baidyabati	121081	22689	45	37	
2014-15	18	Bansberia	103920	63430	127	312	
2014-15	19	Bhadreswar	101334	63623	127	468	127
2014-15	20	Champdani	110259	87000	174	77	
2013-14	21	Chandannagar MC	166949	45678	92	479	68
2013-14	22	Dankuni	104326	31063	62	53	62
2013-14	23	Hooghly Chinsurah	179931	44435	89	338	
2015-16	24	Konnagar	76152	9929	20	40	20
2014-15	25	Rishra	124591	50287	101	216	101
2014-15	26	Serampore	183339	60000	120	50	
2014-15	27	Uttarpara Kotrung	159147	13612	27	170	27
	Dist. Total =>		1497108	515921	1032	2299	378
	Dist. : Howrah						
2013-14	28	Howrah MC	1072161	211545	422	105	115
2014-15		Bally	285486	40988	82		
2013-14	29	Uluberia	223290	166290	333	263	
	Dist. Total =>		1580937	418823	837	368	0

PIP Approved in the year	Sl. No.	Name of Municipality	Total Population (Census 2011)	Slum Population	No. of MAS sanctioned	No. of active SHG	Total no. of MAS formed
		Dist. : Jalpaiguri					
2015-16	30	Alipurduar	65679	3284	7	520	
2013-14	31	Jalpaiguri	107321	37586	75	294	63
		Dist. Total =>	173000	40870	82	814	63
		Dist. : Kolkata					
2013-14	32	Kolkata MC	4486679	1798318	1914	0	
		Dist. Total =>	4486679	1798318	1914	0	0
		Dist. : Malda					
2013-14	33	English Bazar	216083	36945	74	183	
2015-16	34	Old Malda	84005	33023	66	213	
		Dist. Total =>	300088	69968	140	396	0
		Dist. : Medinipur (East)					
2015-16	35	Contai	92212	31377	63	335	63
2014-15	36	Haldia	200331	46725	93	819	110
2015-16	37	Panskura	57904	18992	38	197	38
2013-14	38	Tamluk	65306	22111	44	267	44
		Dist. Total =>	415753	119205	238	1618	255
		Dist. : Medinipur (West)					
2015-16	39	Ghatal	54693	18562	37	191	37
2013-14	40	Jhargram	61712	24325	49		61
2014-15	41	Kharagpur	289631	120714	241	709	74
2013-14	42	Medinipur	169127	63196	126	519	125
		Dist. Total =>	575163	226797	453	1419	297
		Dist. : Murshidabad					
2013-14	43	Berhampur	195223	68464	137	229	137
2014-15	44	Dhulian	95713	65976	132	325	332
2015-16	45	Jangipur	88131	58800	118	174	82
2015-16	46	Jiaganj Azimganj	51790	26304	53	275	53
2015-16	47	Kandi	55615	20099	40	0	
		Dist. Total =>	486472	239643	480	1003	604
		Dist. : Nadia					
2015-16	48	Chakdah	95097	39583	79	286	79
2015-16	49	Gayeshpur	58841	40629	81	140	54
2014-15	50	Kalyani	100620	51621	103	231	88
2013-14	51	Krishnagar	148971	43201	86	651	86
2014-15	52	Nabadwip	125528	75902	152	522	149
2015-16	53	Ranaghat	75344	24837	50	253	50
2014-15	54	Santipur	151774	60285	121	357	121
2015-16	55	Haringhata	66233	10078	20	507	
		Dist. Total =>	822408	346136	692	2947	627

PIP Approved in the year	Sl. No.	Name of Municipality	Total Population (Census 2011)	Slum Population	No. of MAS sanctioned	No. of active SHG	Total no. of MAS formed
Dist. : North 24 Parganas							
2014-15	56	Ashokenagar Kalyangarh	123906	73536	147	189	
2015-16	57	Baduria	52500	18905	38	196	
2014-15	58	Bangaon	108887	40357	81	960	
2014-15	59	Baranagar	245213	21977	58	272	
2013-14	60	Barasat	278835	70217	140	73	
2014-15	61	Barrackpore	152783	51425	103	665	103
2013-14	62	Basirhat	125089	44685	89	330	
2013-14	63	Bhatpara	385867	160137	320	584	305
2014-15	64	Bidhannagar MC	215065	74043	148	0	
2014-15		Rajarhat Gopalpur	401771	93237	186		
2014-15	65	Dum Dum	114786	48526	97	149	
2015-16	66	Garulia	85106	35598	71	0	
2013-14	67	Habra	147267	53510	107	541	110
2014-15	68	Halisahar	124851	72523	145	36	
2014-15	69	Kamarhati	330211	70781	142	497	
2014-15	70	Kanchrapara	129425	28714	57	90	
2014-15	71	Khardah	109342	25322	51	304	
2014-15	72	Madhyamgram	196127	34230	68	627	
2014-15	73	Naihati	218432	48494	97	87	
2015-16	74	New Barrackpore	83183	23525	47	222	
2014-15	75	North Barrackpore	132806	29955	60	282	
2014-15	76	North Dum Dum	253625	60920	122	737	109 + 13
2014-15	77	Panihati	377351	115661	231	599	242
2014-15	78	South Dum Dum	403316	64706	129	52	
2014-15	79	Titagarh	116520	82088	164	62	
Dist. Total =>			4912264	1443072	2898	7554	657
Dist. : Purulia							
2013-14	80	Purulia	121463	46191	92	434	
Dist. Total =>			121463	46191	92	434	0
Dist. : South 24 Parganas							
2015-16	81	Baruipur	53191	15891	32	49	32
2015-16	82	Budge Budge	76837	12108	24	77	96
2013-14	83	Diamond Harbour	41798	15446	31	0	
2013-14	84	Maheshtala	449423	144195	288	189	
2014-15	85	Rajpur Sonarpur	423724	79164	158	995	143
Dist. Total =>			1044973	266804	533	1310	271
Dist. : Uttar Dinajpur							
2015-16	86	Islampur	54368	31193	62	150	
2015-16	87	Kaliaganj	53542	22371	45	86	
2013-14	88	Raiganj	186612	74381	149	733	
Dist. Total =>			294522	127945	256	969	0
Total =>			20215173	6697651	11721	26322	3384

Sl. No.	District	ULB	Year of Approval	Total Population (Census 2011)	No of Slum	Slum Population	MAS Sanctioned	No. of active SHGs converted to MAS	No. of new MAS FORMED	Total No. of MAS formed
1	Birbhum	Bolpur	2015-16	80210	75	27816	56	56	0	56
2	Birbhum	Suri	2013-14	67802	76	31366	63	63	0	63
3	Cooch Behar	Cooch Behar	2013-14	77935	71	25432	51	51	0	51
4	Hooghly	Bhadreswar	2014-15	101334	20	63623	127	0	127	127
5	Hooghly	Chandernagore MC	2013-14	166949	181	45678	91	33	35	68
6	Hooghly	Dankuni	2013-14	104326	127	31063	62	62	0	62
7	Hooghly	Konnagar	2015-16	76152	17	9929	20	0	20	20
8	Hooghly	Rishra	2014-15	124591	47	50287	101	0	101	101
9	Jalpaiguri	Jalpaiguri	2013-14	107321	74	37586	75	0	63	63
10	Jhargram HD	Jhargram	2013-14	61712	39	24325	49	61	0	61
11	Murshidabad	Jiaganj-Azinganj	2015-16	51790	63	26304	53	53	0	53
12	Murshidabad	Berhampur	2013-14	195223	51	68464	137	137	0	137
13	Murshidabad	Dhulian	2014-15	95713	128	65976	132	332	0	332
14	Murshidabad	Jangipur	2015-16	88131	104	58800	118	0	82	82
15	Nadia	Chakdah	2015-16	95097	74	39583	79	79	0	79
16	Nadia	Gayeshpur	2015-16	58841	56	40629	81	0	54	54
17	Nadia	Kalyani	2014-15	100620	55	51621	103	88	0	88
18	Nadia	Krishnagar	2013-14	148971	74	43201	86	0	86	86
19	Nadia	Nabadwip	2014-15	125528	120	75902	152	38	111	149

20	Nadia	Ranaghat	2015-16	75344	46	24837	50	50	0	50
21	Nadia	Santipur	2014-15	151774	154	60285	121	121	0	121
22	North 24 Parganas	Bhatpara	2013-14	385867	120	160137	320	226	79	305
23	North 24 Parganas	Habra	2013-14	147267	124	53510	107	110	0	110
24	North 24 Parganas	Panlhati	2014-15	377351	232	115661	231	242	0	242
25	Paschim Medinipur	Ghatal	2015-16	54693	72	18562	37	37	0	37
26	Paschim Medinipur	Kharagpur	2014-15	289631	290	120714	241	74	0	74
27	Paschim Medinipur	Medinipur	2013-14	169127	180	63196	126	0	125	125
28	Purba Medinipur	Contai	2015-16	92212	179	31377	63	63	0	63
29	Purba Medinipur	Haldia	2014-15	200331	151	46725	93	110	0	110
30	Purba Medinipur	Panskura	2015-16	57904	77	18992	38	38	0	38
31	Purba Medinipur	Tamluk	2013-14	65306	24	22111	44	44	0	44
32	Rampurhat HD	Rampurhat	2013-14	58099	58	32000	64	0	62	62
33	South 24 Parganas	Baruipur	2015-16	53191	64	15891	32	0	32	32
34	South 24 Parganas	Budge Budge	2015-16	76837	66	12108	24	0	96	96
35	South 24 Parganas	Rajpur Sonarpur	2014-15	423724	178	79164	158	30	113	143
	Total							2088	1186	3384

DISTRICT	ULB NAME	Total Active Groups
ALIPURDUAR	Alipurduar	520
BANKURA	Bankura	404
BANKURA	Bishnupur	286
BANKURA	Sonamukhi	213
BIRBHUM	Bolpur	308
BIRBHUM	Dubrajpur	81
BIRBHUM	Nalhati	214
BIRBHUM	Rampurhat	456
BIRBHUM	Sainthia	107
BIRBHUM	Suri	268
COOCH BEHAR	CoochBehar	255
COOCH BEHAR	Dinhata	204
COOCH BEHAR	Haldibari	84
COOCH BEHAR	Mathabhanga	76
COOCH BEHAR	Mekliganj	87
COOCH BEHAR	Tufanganj	188
DAKSHIN DINAJPUR	Balurghat	486
DAKSHIN DINAJPUR	Buniadpur	222
DAKSHIN DINAJPUR	Gangarampore	0
DARJEELING	Darjeeling	0
DARJEELING	Kurseong	245
DARJEELING	Mirik	0
DARJEELING	SiliguriMC	907
HOWRAH	HowrahMC	105
HOWRAH	Uluberia	263
HUGHLI	Arambagh	59
HUGHLI	Baidyabati	37
HUGHLI	Bansberia	312
HUGHLI	Bhadreswar	468
HUGHLI	Champdany	77
HUGHLI	ChandernagoreMC	479
HUGHLI	Dankuni	53
HUGHLI	HooghlyChinsurah	338
HUGHLI	Konnagar	40
HUGHLI	Rishra	216
HUGHLI	Serampore	50
HUGHLI	Tarakeswar	64
HUGHLI	UttarparaKotrung	170
JALPAIGURI	Dhupguri	146
JALPAIGURI	Jalpaiguri	294
JALPAIGURI	Mal	226
JHARGRAM	Jhargram	233
KALIMPONG	Kalimpong	5

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- Meatins were able to mobilize 80% of expected deliveries to institutions with 75% of them being in government facilities.
- 82% of newborn received designated home visits from Meatins and 16% referred to health facilities after Meatin identified signs of sickness.
- 87% of pregnant women received more than three home visits from Meatin.
- 63% of children under-3 years age received home visits on nutrition and prevention of infections.
- 48400 cases of diarrhea given DSS
- More than 120000 other patients treated by Meatin using drug-lits.
- 155 TB suspects per 100000 population screened per quarter and referred for sputum examination per quarter resulting in 2140 confirmed cases.
- 2776 Leprosy suspects screened and referred resulting in 611 confirmed cases.
- Meatins and MAS interviewed in 4540 cases to oppose violence against women.
- Water testing using 125 kits by Meatin.
- Meatins identified around 2000 homeless population and tried to link them with health services. Assessment of homeless shelters was also carried out.

The MAS worked on Social Determinants of Health like drinking water, sanitation and monitoring the functioning of health and nutrition programmes, and a listing of the most vulnerable households in their areas. Community Monitoring by MAS included cases of death reporting. It helps in analyzing the likely causes due to which child deaths occur in urban slums. The analysis shows that nearly four-fifths of the under-5 deaths are



of newborn amongst whom birth asphyxia is the most common condition followed by low-birth weight. Pneumonia is the main cause in post-neonatal deaths. Other major morbidities in urban slum population where community processes are playing an important role are TB, Leprosy and Sickle cell disease. In Delhi town, an experiment was done to identify the existing causes of sickle cell disease (SS) and to link them with healthcare services. Meatins listed 126 Sickle Cell disease (SS) cases and tried to link them with healthcare services. This process will now be expanded to more cities and community demand for expansion of services in all districts is being expressed.

Expansion of Meatin and MAS network in urban slums improved access to Government health services. Effectively, having a support structure for CMCs in form of ASHA Facilitators and Area coordinators, timely training, provision of drug-lits, emphasis on home visits, CHW role, focus on social determinants of health in role of MAS were key facilitating inputs. Provision of AMIs and linkage with urban-PKCs were also important. Nuffield can be valuable for bridging the gap in access to health for urban poor. Community processes and outreach through AMIs are crucial for urban-slums.

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- Mapping of urban vulnerable populations and understanding their special needs.
- Service delivery to urban poor and vulnerable population through promoted U-PKCs and UCHCs.
- Outreach through Urban Health and Nutrition Days (UHD) and Special Diabetic Camps to address special and community specific health needs.
- Improving ambulance, signage, patient amenities, infection prevention protocols should be prioritized at U-PKCs & UCHCs.
- Defined reporting mechanism under various health programs. Maintenance of requisite records and registers at urban health facilities.
- Special focus on urban specific health needs such as Non-communicable Diseases - diabetes, hypertension, cardiovascular conditions, substance abuse, mental health etc. in addition to routine PMCH-A services.
- Robust and assured referral mechanism with systematic follow up by U-PKC of the referred cases for FRIs and specialized services for NCDs etc.) - Integration of National Health Programs at the U-PKC.
- Convergence with Urban Local Bodies (ULB) with clearly defined roles for the State Health Department and the ULB in MUHM implementation for each city.
- Financial strengthening under MUHM- Registration and transfer of funds under MUHM through PFMS. Information and registration of MIS etc.
- Implementation of Public-Private Partnerships where public services are weak and innovations to improve service delivery with limited resources.

Source: <http://nhm.gov.in/nhm/nuhm.html>

Publications and Training material for Community Processes Interventions under NUHM (Available on NHM Website: <http://nhm.gov.in/nhm/nuhm.html>)



Ministry of Health & Family Welfare, Government of India



OVERVIEW

The National Urban Health Mission approved on 1st May 2013, addresses a hitherto unmet need of providing health care in urban areas. The main objective of NUHM is to address the health concerns of the urban poor through facilitating equitable access to available health facilities by rationalizing and strengthening of the existing capacity of healthcare delivery for improving the health status of the urban poor (NUHM Framework, 2013).

Community Processes is integral to NUHM, to enable coverage of quality health services for the vulnerable and marginalized. The appropriate adaptations to suit their contexts.

Public Areas for Community Processes in Urban Slums

- Complete the process of ASHA selection based on comprehensive mapping and in accordance with the principle of community representation.
- Ensure that MAS formation and opening of MAS bank accounts is expedited. Existing self help groups/women groups under other programs such as BAY BSNP, INDSP etc. can be co-opted and existing NGO platforms can be utilized, if required.
- Complete the training of ASHA and MAS in the Induction Module with a special focus on household level vulnerability mapping.
- Initiate/Complete the training of ASHA in Module 6 and 7 to provide them with the knowledge and skills to address issues of maternal, new-born and infant health and nutrition, women's reproductive health including gender based violence, and common communicable diseases.
- Ensure that the management of Community Processes in NUHM is led by the same team that manages the rural component to enable cross learning.
- Develop and strengthen convergence of MAS with Urban Local Bodies to enable action on social and environmental determinants of health and ensure judicious use of limited funds for health related activities.
- Leverage programmes such as the National Urban Livelihood Mission, SARILA, Kishori Shakti Sangathan, National Skill Development Mission and others for deeper community engagement leading to positive health outcomes.
- Enable use of IEC/BCC material at all community fora to improve awareness and understanding and engender care seeking behaviours.
- Support ASHAs to enrol in equivalency programmes through the National Institute of Open Schooling (NIOS).



THRUST AREAS UNDER NUHM FOR STATES FOCUS: COMMUNITY PROCESSES



BEST PRACTICES

Mahila Arogya Samitis (MAS): Odisha

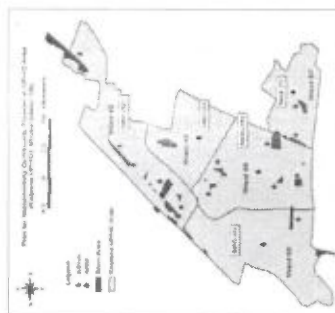
The state of Odisha has invested in setting up mechanisms for the constitution, capacity building, handholding and monitoring of MAS to enable high levels of community engagement yielding positive dividends. Early findings indicate that these efforts have led to improved functionality of the MAS across the state. Against the target of 3132, the state has already constituted 2840 MAS. While the state has undertaken innovations in selection and training of MAS, in this narrative we focus on the practice of scoring and grading MAS on a set of indicators. The grading is

10 Key Indicators for MAS (in Green Box)

1. Meetings held regularly each month
2. Universal coverage for Anti-Absorb Care
3. No home delivery conducted in the MAS operational area.
4. All beneficiaries attend Urban Health and Nutrition Day.
5. All children as per due list attend immunisation sessions.
6. Regular clearing of slum.
7. Additional resources mobilised from other sources.
8. Utilization of unaided fund.
9. Mobilise cases to outreach camp/PHU.
10. No dengue/diarrhoea case found in the MAS area.

done by the ASHAs who is trained for this purpose. The grading is undertaken on a quarterly basis. A set of ten indicators each with a weight of ten points has been developed. The MAS is ranked on each of these. Based on a cumulative score of 100, the MAS could be graded in one of three categories:

- Green - 80 and above
- Yellow - 50-79
- Red - Less than 50



Use of ANMs as ASHA Facilitators: Delhi

Delhi has implemented the ASHA programme since 2008. Under the aegis of the National Rural Health Mission, making it the only state with an eight-year experience of implementing the ASHA programme in an urban context at scale, before the NUHM was launched. During this period, Delhi has set up several institutional mechanisms to support and manage the ASHA programme. This discussion focuses on the role of the ANM in mentoring and supporting the ASHA. In other states this role is being played by the ASHA Facilitators.

For administrative purposes, state has created 'ASHA Units' at the level of Urban Health Centres, and one ASHA unit comprises of two urban health centres. Medical officer in charge of each health centre is responsible for overall management of the ASHA programme in the catchment area of the centre. One of the health centres in a unit is designated as the head quarter for the unit and

the NUHC is designated as the nodal officer. An ASHA unit covers 1,00,000 population which corresponds to about 10 ANMs and 50 ASHAs (1 ASHA per 2000 population). Thus each urban health centre, covering a population of about 50,000 has 25 ASHAs and 5 ANMs. Thus one ANM responsible for 10,000 population is able to support about five ASHAs in the catchment area of the health centre. Over all states about 122 ASHA units across all districts and has designated 1038 ANMs to play the role of ASHA facilitators. So far about 743 ANMs have been trained as ASHA facilitators.

Most tasks undertaken by the ASHAs at the community level, whether for mobilization or counseling require the ANM to serve the first point of contact for service provision. This makes the ANM a logical center for the ASHA, both geographically and functionally. In Delhi, the ANMs provide support to ASHAs and strengthening their linkage with the health system, whether in outreach services or in facility-based services. She also serves as a technical resource, inhering able to support the ASHA in her tasks, and serves in an administrative capacity in verifying the ASHA's functionality, consistency with the daily records, calculating the monthly incentive and facilitating redressal of ASHA's grievances. The linkage with the ASHA also gives the ANM local recognition and credibility in the community.

The strategy has proved to be effective in providing regular support to ASHAs particularly expanding coverage. Since ASHA are able to mobilize beneficiaries to access services provided by the ANM or the urban health center, payments are also more timely and the existence of state developed software allows better capture of functionality linked to incentives. The current arrangement however, is limited to maternal and child health tasks. As the work of the ANM and the ASHA expand to add more complex tasks such as comprehensive primary health care, including non-communicable diseases, this model of mentoring and support will need to be reinforced by support from the Urban Primary Health center and the use of IT, to keep the ASHA-ANM team intact.

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Mission for Elimination of Poverty in Municipal Areas (MEPMA) -

Convergent Efforts for Strengthening

Mahila Arogya Samiti (MAS): Telangana
Mission for Elimination of Poverty in Municipal areas (MEPMA), the poverty elimination programme implemented by Government of Telangana, aims at improving people's lives through multi-sectoral interventions, with community participation as its central strategy. The programme's vision aims at reducing poverty

and vulnerability of the urban poor, with a focus on enabling people to build strong institutions for assertion of their rights and entitlements and attaining quality life in a sustainable manner. MEPMA was registered in 2007 as a society under Department of Municipal Administration & Urban Development, and envisages convergence with National Urban Livelihood Mission (NULM), National Urban Health Mission (NUHM) and other relevant programmes.

MEPMA's convergent approach focuses on effecting a process of change at four levels, a) engaging community groups and setting feedback - ensuring active people's participation b) empowering communities to choose the service basket and mechanisms ensuring provision of comprehensive, and high quality primary healthcare services c) introducing community health risk fund for mitigating catastrophic health expenses d) Improving Governance - by forming a small team of health department & government, with a representation from communities and other departments, and empowering it to monitor, sanction and reward.

When NUHM was launched, 10-15 members of existing slum level Federations (SLFs) under MEPMA were grouped to form MAS in a particular area. The SLF president and ASHA were made the joint signatories of the account. 2020 MAS are presently involved in supporting outreach health services, with MEPMA facilitation. MEPMA has mobilised 1,611 lakh urban women into Self Help Groups (with a corpus and savings of Rs. 659 Crores). 4579 Slum Level Federations (SLF) and 104 Town

Level Federations (TLFs), who are now involved in supporting the MASs under NUHM. Strengthening MASs and building their capacity is the key strategic focus of MEPMA's interface with health interventions.

The MEPMA programme focuses on following approaches for strengthening of MAS - MAS trainings (Outreach and Prevention), Strengthening of MAS monthly meeting records, Strengthening 14 records of MAS, Awards and recognition, Certification, mentoring by NUHM & other departments involved, Supervision and social audit. MAS members were trained to maintain 14 registers on various health aspects. The town level federations (TLFs) and ULBs played a role of monitoring MAS meetings.

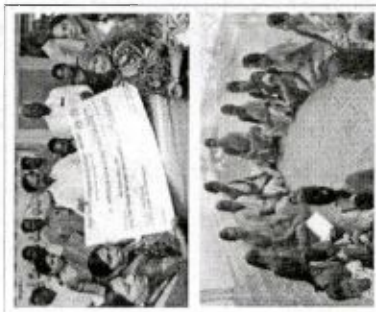
The programme has documented clearly identifiable health services impacts based on third party evaluation, achieved through strengthening of MASs. In terms of, a) increase in regularity of MAS meetings urban health centers with 100% MAS meetings rose from 48% in 2015-16 to 76% in 2016-17, b) better mobilization for Urban Health Nutrition Day (with average participation going up from 18 in 2015-16 to 47 in 2016-17, c) improvement in delivery of complete AMC services by UPHCs, and d) increased % of UPHCs achieving complete immunization. Infant coverage also went up in the programme area from 15% to 36%.

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Leveraging Community Processes in NUHM to Improve Access to Health for Urban Slum Population: Chhattisgarh

Slums constitute 27% of the 6 million urban population in Chhattisgarh. Primary healthcare facilities and outreach services were non-existent until 2012. The State Government of Chhattisgarh launched Urban Health Program in 2012 with a focus on urban slum population. It was subsumed under the National Urban Health Mission (NUHM) from January 2014. Community Health Workers (CHWs) known as Mahilas were selected through community consensus. Community Health Committees known as Mahila Arogya Samitis (MAS) were organized. Primary healthcare facilities were set-up. State Health Resource Center, an autonomous technical body supported the roll-out. 3775 MAS were constituted, covering more than 2 million population in urban slums and vulnerable areas and adjoining households. Mahilas received 25 days of training over 3 years. ANMs were appointed for urban slums and urban PHCs were started.

Analysis of activities reported by Mahilas during 2015 showed that:



NATIONAL URBAN HEALTH MISSION (NUHM)

INTRODUCTION:

National Urban Health Mission (NUHM) was approved by the Union Cabinet on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus on slum and vulnerable sections of the Society. NUHM seeks to improve the health status by facilitating their access to quality primary healthcare.

NUHM covers all the cities and towns with more than 50,000 population and district and state headquarters with more than 30,000 population.

The Centre-State funding pattern is 60:40 for all the states w.e.f. FY2015-16, except all North-Eastern states and other hilly States viz. Jammu & Kashmir, Himachal Pradesh and Uttarakhand, for which the Centre-State funding pattern is 90:10. In the case of UTs the entire NUHM programme is fully funded by Central Government.

Urban Health programme is being implemented through Urban Local Bodies (ULBs), in seven metropolitan cities, viz., Mumbai, New Delhi, Chennai, Kolkata, Hyderabad, Bengaluru and Ahmedabad. For the remaining cities, the State Health department decides whether the Urban Health Programme is to be implemented through health department or any other urban local body. Under the Programme the support is being provided by the Asian Development Bank (ADB) based on progress related to certain indicators. In the 12th Plan, an allocation of Rs.15, 143 crores was made for NUHM.

Each year Programme Implementation Plans (PIP) are prepared by the States/ UTs for NUHM in conjunction with the NUHM Framework for Implementation. The guidelines for PIP preparation should be shared with the ULBs of the 7 metros and municipalities of other cities and towns. The PIP may be prepared after consultation, discussion and inputs from ULBs and activities to be planned accordingly.

Components of NUHM:

A. Service Delivery Infrastructure

NUHM envisages setting up of service delivery infrastructure which is largely absent in cities/towns to specially address the healthcare needs of urban poor and provides:-

i. Urban – Primary Health Centre (U-PHC):

New U-PHCs are established as per gap analysis, as per norm of one U-PHC for approximately 30,000 to 50,000 urban population. The new U-PHCs will preferably be located within or near a slum for providing preventive, promotive and OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing services, apart from counseling for all communicable and non- communicable diseases.

ii. **Urban-Community Health Centre (U-CHC) and Referral Hospitals:**

30-50 bedded UHCs are established for providing inpatient care. U-CHCs will be set up in cities with a population of above 5 lakhs. Existing maternity homes, hospitals managed by the state government/ULB could be taken up.

In towns/ cities, where some sort of public health institutions like State run health facilities providing RCH services such as Maternity Homes Bal Chikitsalaya etc. exists it could be strengthened as UPHC/UCHCs.

iii. **Outreach services:**

NUHM will also support engagement of ANMs for conducting outreach services for targeted groups particularly slum dwellers and the vulnerable population for providing preventive and promotive healthcare services at the household and community level.

iv. **Health Kiosks:**

In unserved slum and vulnerable areas where infrastructure is not available, health kiosks may be established in such areas.

B. Community Process:

Targeted interventions envisaged under NUHM for the slum dwellers and urban poor population are as follows:

1. **ASHA/ Link Worker** – One frontline community worker (ASHA) serves as an effective and demand-generating link between the health facility and the urban slum population. Each link worker/ASHA will have a well-defined service area of about 1000-2,500 beneficiaries/ between 200-500 households based on spatial consideration. However, the states would have the flexibility to either engage ASHA or entrust her responsibilities to MAS.
2. **Mahila Arogya Samiti (MAS)** One MAS will covers 250-1,000 beneficiaries and between 50-100 households and act as community based peer education group in slums. MAS has been formed to facilitate community mobilization, monitoring and referral with focus on preventive and promotive care, facilitating access to identified facilities and management of grants received.

C. Human Resource:

Clinical HR for UPHCs and U-CHCs: In recent years, support has been provided for augmentation of Medical and Paramedical staff for UPHCs and UCHCs. In so far as possible largely the UPHCs and UCHCs will be set up with new staff however, effort would be towards rationalization of HR

Specialist services at UCHCs and UPHCs: All UCHCs must have at least core specialists (medicine, pediatrics, Gynecology, surgery, eye) who can be hired, if not available from regular cadre. Such specialists may be engaged for fixed day services in the UPHCs/UCHCs who may also provide services during out reach. They can also provide services on rotational basis to UPHCs. The other option is that a single specialist can be hired to work on a rotational basis in different UPHCs.

D. Capacity Development (Trainings):

Capacity Development Framework has been developed for NUHM encompassing orientation, induction training and cadre specific training for different categories like ULB members, clinical and Para medical staff eg. MOs, SN, ANM etc. engaged under

DISTRICT	ULB NAME	Total Active Groups
ALIPURDUAR	Alipurduar	520
BANKURA	Bankura	404
BANKURA	Bishnupur	286
BANKURA	Sonamukhi	213
BIRBHUM	Bolpur	308
BIRBHUM	Dubrajpur	81
BIRBHUM	Nalhati	214
BIRBHUM	Rampurhat	456
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COOCH BEHAR	Tufanganj	188
DAKSHIN DINAJPUR	Balurghat	486
DAKSHIN DINAJPUR	Buniadpur	222
DAKSHIN DINAJPUR	Gangarampore	0
DARJEELING	Darjeeling	0
DARJEELING	Kurseong	245
DARJEELING	Mirik	0
DARJEELING	SiliguriMC	907
HOWRAH	HowrahMC	105
HOWRAH	Uluberia	263
HUGHLI	Arambagh	59
HUGHLI	Baidyabati	37
HUGHLI	Bansberia	312
HUGHLI	Bhadreswar	468
HUGHLI	Champdany	77
HUGHLI	ChandernagoreMC	479
HUGHLI	Dankuni	53
HUGHLI	HooghlyChinsurah	338
HUGHLI	Konnagar	40
HUGHLI	Rishra	216
HUGHLI	Serampore	50
HUGHLI	Tarakeswar	64
HUGHLI	UttarparaKotrung	170
JALPAIGURI	Dhupguri	146
JALPAIGURI	Jalpaiguri	294
JALPAIGURI	Mal	226
JHARGRAM	Jhargram	233
KALIMPONG	Kalimpong	5

Received from NULM
on 05.06.17.

KOLKATA	KolkataMC	0
MALDA	EnglishBazar	183
MALDA	OldMalda	213
MURSHIDABAD	Beldanga	172
MURSHIDABAD	Berhampore	229
MURSHIDABAD	Dhulian	325
MURSHIDABAD	Jangipur	174
MURSHIDABAD	JiaganjAzimganj	275
MURSHIDABAD	Kandi	0
MURSHIDABAD	Murshidabad	245
NADIA	Birnagar	346
NADIA	Chakdah	286
NADIA	CoopersCamp	0
NADIA	Gayeshpur	140
NADIA	Haringhata	507
NADIA	Kalyani	231
NADIA	Krishnanagar	651
NADIA	Nabadwip	522
NADIA	Ranaghat	253
NADIA	Santipur	357
NADIA	Taherpur	136
NORTH 24PARGANAS	AshokenagarKalyan garh	189
NORTH 24PARGANAS	Baduria	196
NORTH 24PARGANAS	Baranagar	272
NORTH 24PARGANAS	Barasat	73
NORTH 24PARGANAS	Barrackpore	665
NORTH 24PARGANAS	Basirhat	330
NORTH 24PARGANAS	Bhatpara	584
NORTH 24PARGANAS	BidhannagarMC	0
NORTH 24PARGANAS	Bongaon	960
NORTH 24PARGANAS	Domkal	763
NORTH 24PARGANAS	DumDum	149
NORTH 24PARGANAS	Garulia	0
NORTH 24PARGANAS	Gobardanga	340
NORTH 24PARGANAS	Habra	541
NORTH 24PARGANAS	Halisahar	36
NORTH 24PARGANAS	Kamarhati	497
NORTH 24PARGANAS	Kanchrapara	90
NORTH 24PARGANAS	Khardah	304
NORTH 24PARGANAS	Madhyamgram	627
NORTH 24PARGANAS	Naihati	87
NORTH 24PARGANAS	NewBarrackpore	222
NORTH 24PARGANAS	NorthBarrackpore	282
NORTH 24PARGANAS	NorthDumDum	737
NORTH 24PARGANAS	Panihati	599
NORTH 24PARGANAS	SouthDumDum	52
NORTH 24PARGANAS	Taki	175
NORTH 24PARGANAS	Titagarh	62

PASCHIM BARDDHAMAN	AsansolMC	713
PASCHIM BARDDHAMAN	DurgapurMC	167
PASCHIM MEDINIPUR	Chandrakona	82
PASCHIM MEDINIPUR	Ghatal	191
PASCHIM MEDINIPUR	Kharagpur	709
PASCHIM MEDINIPUR	Kharar	39
PASCHIM MEDINIPUR	Khirpai	138
PASCHIM MEDINIPUR	Midnapore	519
PASCHIM MEDINIPUR	Ramjibanpur	113
PURBA BARDDHAMAN	Burdwan	483
PURBA BARDDHAMAN	Dainhat	203
PURBA BARDDHAMAN	Gushkara	183
PURBA BARDDHAMAN	Kalna	87
PURBA BARDDHAMAN	Katwa	371
PURBA BARDDHAMAN	Memari	124
PURBA MEDINIPUR	Contai	335
PURBA MEDINIPUR	Egra	198
PURBA MEDINIPUR	Haldia	819
PURBA MEDINIPUR	Panskura	197
PURBA MEDINIPUR	Tamralipta	267
PURULIA	Jhalda	0
PURULIA	Purulia	434
PURULIA	Raghunathpur	26
SOUTH 24PARGANAS	Baruipur	49
SOUTH 24PARGANAS	BudgeBudge	77
SOUTH 24PARGANAS	DiamondHarbour	0
SOUTH 24PARGANAS	JainagarMazilpur	54
SOUTH 24PARGANAS	Maheshtala	189
SOUTH 24PARGANAS	Pujali	20
SOUTH 24PARGANAS	RajpurSonarpur	995
UTTAR DINAJPUR	Dalkhola	106
UTTAR DINAJPUR	Islampur	150
UTTAR DINAJPUR	Kaliaganj	86
UTTAR DINAJPUR	Raiganj	733

Shingon

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal****Ref No. SUDA-Health/NUHM/430/16/267(6)****Date 14.03.2017****From : Director, SUDA****To : The Commissioner
Asansol / Bidhannagar / Chandernagore /
Durgapur / Howrah / Siliguri Municipal Corporation****Sub. : Reminder for Formation of Mahila Arogya Samiti (MAS) under NUHM.****Sir / Madam,**

Enclosed kindly find herewith communication bearing no. H/NUHM-697/2015/4737 dt. 07.03.2017 of the Commissioner, H & FW & Addl. Mission Director, NHM, West Bengal on the subject mentioned above.

You are requested to submit report w.r.t. formation of MAS as per proforma enclosed herewith by 20.03.2017 through email (dfidhwh@gmail.com) for onward transmission to NUHM, DHFW.

Thanking you.

Yours faithfully,

Enclo. : As stated.

Director, SUDA

SUDA-Health/NUHM/430/16/267(6)/1(2)

Dt. .. 14.03.2017

CC

1. The Commissioner, H & FW & Addl. Mission Director, NHM, DHFW, West Bengal
2. The Jt. Director (SD), SUDA – for taking necessary action.

Director, SUDA

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

033 - 2353 - 0432, 033 - 2357 - 7930,
Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in

Memo No. H/NUHM-697/2015/4737

Date: 7.3.2017

From : **Commissioner,
Health and Family Welfare Department &
Addl. Mission Director, NHM**
Government of West Bengal

To : **Chief Medical Officer of Health** (all districts)

Sub: Reminder for Formation of MAS groups under NUHM

Madam/Sir,

You are aware that Mahila Arogya Samiti (MAS) is a women's group, having 8-12 members. The members of MAS should be from the community for which the MAS will be formed.

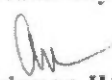
You were requested to send the details of MAS groups (either selecting the active Self-help Groups to function as MAS or forming new MAS group) in a prescribed format within August 20, 2016 vide Memo No. H/NUHM-697/2015/2178 dated 11.7.2016.

We received information regarding MAS formation from few districts and few ULBs which are enclosed as Annexure A. The matter of formation and functioning of MAS has been discussed with National Urban Livelihood Mission (NULM) and it has been decided that Mission Managers and Community Organisers will participate in the process of formation, training and functioning of MAS groups. Those who have not yet sent such report are requested to complete the formation of MAS and share the same with SPMU by 20th March, 2017.

An orientation regarding formation, training and monitoring of MAS was organised at SUDA on 18.1.2017 & 20.1.2017. ToT will also be organised at District level. The participants at District level ToT are NUHM Nodal Officers of ULBs, Public Health Manager/Urban Health Planning & Monitoring Manager, one Accounts Person from the ULB and Community Organisers of NULM. The Community Organisers of ULBs will facilitate the formation and training of MAS group. A detailed training plan is attached as Annexure B.

Encl: As stated

Yours faithfully

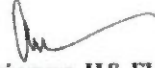

**Commissioner, H& FW &
Addl. Mission Director, NHM**

Memo No. H/NUHM-697/2015/4737/1(5)

Date: 7.3.2017

Copy forwarded for information and necessary action to:

1. Joint Director, SUDA & Joint Mission Director, NULM
2. Commissioner, (Howrah/ Durgapur/ Asansol/ Chandannagar/ Siliguri/ Bidhannagar)
3. Chairperson, (Alipurduar, Bankura, Baduria, Basirhat, Bolpur, Suri, Bishnupur, Burdwan, Kalna, Katwa, Coochbehar, Balurghat, Gangarampur, Darjeeling, Diamond Harbour, Arambag, Baidyabati, Bansberia, Bhadreswar, Champdany, Dankuni, Hooghly Chinsurah, Konnagar, Rishra, Serampore, Uttarpara Kotrang, Uluberia, Jalpaiguri, Jhargram, English Bazar, Old Malda, Jiaganj- Azimganj, Berhampur, Dhulian, Jangipur, Kandi, Chakdah, Gayeshpur, Haringhata, Kalyani, Krishnanagar, Nabadwip, Ranaghat, Santipur, Ashoknagar Kalyangarh, Bangaon, Baranagar, Barasat, Barrackpore, Bhatpara, Dumdum, Garulia, Habra, Halisahar, Kamarhati, Kanchrapara, Khardah, Madhyamgram, Naihati, New Barrackpore, North Barrackpore, North Dumdum, Panihati, South Dumdum, Titagarh, Ghatal, Kharagpur, Medinipur, Contai, Haldia, Panskura, Tamralipta, Purulia, Rampurhat, Baruipur, Budge Budge, Maheshtala, Rajpur Sonarpur, Islampur, Kaliaganj, Raiganj)
4. IT Cell for Web posting
5. Guard file



Commissioner, H& FW &
Addl. Mission Director, NHM

Memo No. H/NUHM-697/2015/4737/2(1)

Date: 7.3.2017

Copy forwarded for information and necessary action to:

1. **Director, SUDA**, Department of Municipal Affairs, Govt. of West Bengal


Commissioner, H& FW &
Addl. Mission Director, NHM

MAS formed till February, 2017

Annexure A

Sl. No.	District	ULB	Slum Population	MAS Sanctioned	No. of new MAS FORMED	No. of active SHGs converted to MAS	Total No. of MAS formed
5	Hooghly	Chandernagore MC	45678	91	31	22	53
6	Hooghly	Dankuni	31063	62	0	62	62
7	Hooghly	Rishra	50287	101	133	0	133
8	Jalpaiguri	Jalpaiguri	37586	75	0	63	63
9	Jhargram HD	Jhargram	24325	49	61	0	61
10	Murshidabad	Jiaganj-Azimganj	26304	53	0	53	53
11	Murshidabad	Berhampur	68164	137	0	137	137
12	Murshidabad	Dhulian	65976	132	0	332	332
13	Nadia	Chakdah	39583	79	21	58	79
14	Nadia	Gayeshpur	40629	81	36	0	36
15	Nadia	Kalyani	51621	103	0	51	51
16	Nadia	Krishnagar	43201	86	86	0	86
17	Nadia	Nabadwip	75902	152	111	38	149
18	Nadia	Ranaghat	24837	50	20	0	20
20	North 24 Parganas	Habra	53510	107	0	110	110
21	North 24 Parganas	Panihati	115661	231	0	242	242
22	Paschim Medinipur	Medinipur	63196	126	103	0	103
23	Purba Medinipur	Contai	31377	63	0	63	63
24	Purba Medinipur	Panskura	18992	38	38	0	38
25	Purba Medinipur	Tamluk	22111	44	0	44	44
26	Rampurhat HD	Rampurhat	32000	64	62	0	62
27	South 24 Parganas	Baruipur	15891	32	32	0	32
28	South 24 Parganas	Budge Budge	12108	24	96	0	96
29	South 24 Parganas	Rajpur Sonarpur	79164	158	68	15	83
Total		88	6697651	11709	898	1290	2188

Source: Details MAS report as per prescribed format (vide Memo No. H/NUHM-67/2015/2178 dated 11.7.2016)

ORGANISED BY SH&FWS AND SUDA**STATE LEVEL
ORIENTATION****PARTICIPANTS:****FROM STATE-** State Mission Managers, SULM, SUDA**FROM ULB-** Community Organiser (CO),**FROM DISTRICT-** DMCHO, DPHNO and Accounts Manager, NUHM/DAM**DISTRICT LEVEL
ORIENTATION****ORGANISED BY District Health & Family Welfare Samiti****PARTICIPANTS FROM ULB:** Nodal Officer- NUHM, Public Health Manager/ Urban Health Planning & Monitoring Manager, one accounts person and Community Organizer

Micro-plan for one-day orientation of MAS at ULB level---- facilitate by Community Organizers.

ULB will submit this micro-plan to the District.

**ULB LEVEL ORIENTATION
(in phases)****ORGANISED BY ULB**

Training of MAS group by the Community Organisers under supervision of Nodal Officer, ULB. PHM/UHPMM will have active participation in this training.

PARTICIPANTS**PHASE I**

3 Office bearers
(President,
Secretary and
Treasurer) from
each Group

SUBSEQUENT PHASE

Rest of the
members of each
MAS Group

Plan

District - Hooghly ULB name - Chandernagore Municipal Corporation
Slum/Vulnerable population of the ULB - 46,000

Mahila Arogya Samiti(MAS) under NUHM per ULB
ULB population- 166771 (Census : 2011)
No. of MAS sanctioned in the ULB- 92

Ward Number	Ward Population	Slum/ Vulnerable population	No. of MAS required(1 MAS/250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	NO. of members in MAS	Remarks	Formed in the FY
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]	[J]
Ward No. 1	7179	2460	5	5	0	1. Surer Pukur Kalabagan	10	Completed	2015-16
						2. Syerarayan Colony	9		2015-16
						3. Kalachand Colony	9		2015-16
						4. Madan Mohan Colony	9		2015-16
						5. Bisahritala Bye Lane	10		2015-16
Ward No. 2	5242	1877	3	2	1	1. Surer Pukur Garer Dhar	10	Completed	2015-16
						2. Kantapukur Garer Dhar	10		2015-16
						3. Sarkar Bagan	10		2016-17
Ward No. 3	4570	367	1	1	0	1. Singhi Bagan	10	Completed	2015-16
Ward No. 4	4675	608	1	1	0	1. Panjari Basti	12	Completed	2015-16
Ward No. 5	4183	1831	4	4	0	1. Kanai Sarkar Ghat	10	Completed	2015-16
						2. Tantir Bagan	10		2015-16
						3. Molla Haji Bagan	11		2015-16
						4. Tantir Bagan Chanthakur Tala	10		2015-16
Ward No. 5	4447	2644	6	6	0	1. Kanai Sarkar Ghat Pratham	10	Completed	2015-16
						2. Nidhu Patty Main Road	10		2015-16
						3. Nidhu Patty Dhankal Ghat	10		2015-16
						4. Nidhu Patty Suni Ghat	10		2015-16
						5. Nidhu Patty Majer Ghat	10		2015-16
						6. Nidhu Patty Kanailal Pally	10		2015-16

District - Hooghly
Slum/Vulnerable population of the ULB - 46,000

Mahila Arogya Samiti(MAS) under NUHM per ULB
ULB name - Chandernagore Municipal Corporation
ULB population- 166771 (Census : 2011)
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Ward Number	Ward Population	Slum/ Vulnerable population	No. of MAS required(1 MAS/250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	NO. of members in MAS	Remarks	Formed in the FY
[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]	
Ward No. 7	4381	1130	0	0	0	1. 2.		Due	
Ward No. 8	8950	2331	0	0	0	1. 2. 3. 4.		Due	
Ward No. 9 & Ward No. 14	(5670 + 5334) = 11004	(724 + 67) = 791	3	2	0	1. Farokgora Gora Bauri Para 2. Patika Bazar	10	Incomplete	2015-16
Ward No. 10	4495	386	1	1	0	1. Chunar Para	10	Completed	2015-16
Ward No. 11	5518	5509	4	4	0	1. Urdibazar Chunarigoli Pratham 2. Urdibazar Chunarigoli Deetoo 3. Khansama Para 4. Jhow Bagan 5. Malir Bagan 6. Urdibazar Pitkhana 7. Urdibazar Kutirghat 8. Urdibazar Main Rd.	10 10 10 9	Incomplete	2015-16 2015-16 2015-16 2015-16
Ward No. 12	6146	2292	3	3	0	1. Jhow Bagan 2. Kutir Marth 3. Lal Dighir Dhar	11 12 10	Completed	2015-16 2015-16 2015-16

District - Hooghly
Slum/Vulnerable population of the ULB - 46,000

ULB name - Chandernagore Municipal Corporation
Mahila Arogya Samiti(MAS) under NUHM per ULB
ULB population- 156771 (Census : 2011)

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[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]	
Ward No.13	4630	0	0	0	0	1.		Not required	
Ward No. 15	5685	612	1	0	1	1. Purasree Garer Dhar	10	Completed	2016-17
Ward No. 16	4905	807	1	0	1	1.		Due	
Ward No. 17	2961	0	0	0	0			Not required	
Ward No. 18	5512	637	1	0	1	1.		Due	
Ward No. 19	5372	2315	4	0	4	1. 1 No. Niranjan Nagar 2. Congress Nagar 3. 2 No. Niranjan Nagar 4. 2 No. Kanallal Pally	10 10 10 10	Completed	2016-17 2016-17 2016-17 2016-17
Ward No. 20	5646	2647	4	0	4	1. Netaji Nagar 2. Kamala Pally 3. Subodh Pally 4. Mahadanga	10 10 10 10	Completed	2016-17 2016-17 2016-17 2016-17
Ward No. 21	6391	1042	2	1	1	1. Dasabhuja Garer Dhar 2. Barasat Garer Dhar	10 10	Completed	2016-17 2015-16
Ward No. 22	6461	3173	4	3	1	1. Dinemardanga Colony Pratham 2. Dinemardanga Colony Deteco 3. Barasat Chakraborty Para 4. Barasat Garer Dhar	10 10 10 10	Completed	2015-16 2015-16 2015-16 2016-17

District - Hooghly
Slum/Vulnerable population of the ULB - 46,000

ULB name - Chandernagore Municipal Corporation
Mahila Arogya Samiti(MAS) under NUHM per ULB

ULB population- 166771 (Census : 2011)
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[A]	[B]	[C]	[D=E÷F]	[E]	[F]	[G]	[H]	[I]	
Ward No. 23 & Ward No. 24	(4580 + 3287) = 7867	(147 + 91) = 238	1	0	1	1		Due	
Ward No. 25	4061	3823	5	0	5	1 2 3 4 5		Due	
Ward No. 26	5972	5088	8	0	8	1 2 3 4 5 6 7 8		Due	
Ward No. 27	2072	0	0	0	0			Not required	
Ward No. 28	4317	4	4	0	4	1 2 3 4		Due	

District - Hooghly ULB name - Chandernagore Municipal Corporation
 Slum/Vulnerable population of the ULB - 46,000

Mahila Arogya Samiti(MAS) under NUHM per ULB
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[A]	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]	[J]
Ward No. 29	4732	2680	5	0	5	1. Sewetpur Dule Para 2. Barra Jale Para 3. Barra Roy Para 4. Nabagram Purba Para 5. Barra Barndh	10 10 10 10 10	Completed	2016-17
Ward No. 30	6145	1437	3	0	3	1. 2. 3.	 	Due	
Ward No. 31	3723	459	1	0	1	1. Santra Para line Dhar	10	Completed	2016-17
Ward No. 32	3957	1556	3	0	3	1. Purashree Dakshin 2. Purashree Line Dhar Uttar 3. Purashree Line Dhar Dakshin	10 10 10	Completed	2016-17
Ward No. 33	5572	3322	5	0	5	1. 2. 3. 4. 5.	 	Due	

M.A. Out of 92 nos of sanctioned MAS, 33 * nos of MAS are existing and 59 nos of MAS are to be created.

33 MAS formed in the financial year 2015 - 2016 ; 21 MAS formed in the financial year 2016 - 2017

**State level Orientation Programme regarding MAS under National Urban Health
Mission (NUHM)**

VENUE: Conference Hall, SUDA

Date: 18th & 20th January, 2017

Agenda:

10.30 am to 10.40 am :	Welcome Address: Director, SUDA
10.40 am to 10.50 am:	Concept of NUHM: AMD, NHM
10.50 am to 11.00 am:	Convergence: Linkages between NULM and NUHM: Joint Mission Director, NULM
11.00 am to 11.15 am:	Training objectives: SNO, NUHM
11.15 am to 12.45 pm:	Presentation on MAS: SPMU, NUHM
12.45 pm to 1.15 pm:	Maintainance of accounts: Sr. Account Officer, NHM, SH&FWS & SULM, SUDA
1.15 pm to 1.30 pm:	Training validation & Vote of thanks: PO, Health, SUDA

LUNCH

2.15 pm to 2.25 pm :	Welcome Address: Director, SUDA
2.25 pm to 2.35 pm:	Concept of NUHM: AMD, NHM
2.35 pm to 2.45 pm:	Convergence: Linkages between NULM and NUHM: Joint Mission Director, NULM
2.45 pm to 3.00 pm:	Training objectives: SNO, NUHM
3.00 pm to 4.30 pm:	Presentation on MAS: SPMU, NUHM
4.30 pm to 5.00 pm:	Maintainance of accounts: Sr. Account Officer, NHM, SH&FWS & SULM, SUDA
5.00 pm to 5.15 pm:	Training validation & Vote of thanks: PO, Health, SUDA

NUHM/NHM. These trainings are particularly in areas related to service delivery, programme management, quality assurance, HMIS etc. In this context, strengthening of training institutes like SIHFWs or any other institute identified for training by the States may also be undertaken.

E. Procurement

The States may plan for drugs, diagnostic, equipment and related activities for the facilities including cities/towns where implementation of NUHM is through ULBs. The equipments for CHCs /PHCs may be specified.

F. Quality Assurance:

Quality Assurance is a key focus area under NUHM and Endeavour is to provide quality services in the UPHCs/UCHCs in the urban areas. The State may plan for activities related to training and capacity building for assessment and quality certification of facilities approved in urban areas.

G. Public Private Partnerships & Innovations:

In view of presence of larger number of private (for profit and not for profit) health service providers in urban areas, public – private partnerships particularly with not for profit service providers can also be proposed. NUHM will also support innovations in public health to address city and population specific needs. However, clear and monitorable Service Level Agreements (SLAs) need to be developed for engagement with Private Sector. Efforts would be made to explore possible areas where NGOs/ Charitable institutions may bring their expertise and participation. The States may make efforts to establish linkages with existing Public sector hospitals/dispensaries to optimize utilization of resources and planning of service delivery in urban areas. The States may endeavor to adopt the available best practices in urban health to improve the reach and quality of services.

Pradhan Mantri Surakshit Matritva Abhiyan: As you know PMSMA is an ambitious program launched to cover all the pregnant women in their 2nd/3rd trimester by a quality Antenatal care to identify and monitor the high risk pregnancy with a view to minimizing MMR and IMR/NMR. The NUHM PIP can also project this program for its facilities.

H. IEC-BCC:

IEC and BCC strategies together must be able to generate awareness about NUHM program and UPHC&UCHC, increase knowledge about various health problems and create demand for the health services available in the community and promote the uptake of the health services.

I. Role of Urban Local Bodies:

NUHM envisages active participation of the ULBs in the planning and management of the urban health programmes. The NUHM would be implemented in the metros through the City Urban Health Mission/Society. In other cities/ towns, NUHM will be implemented through the District Health Society except the large cities where in the view of the State Government, implementation of NUHM can be handed over to the City Urban Health Mission.

J. Planning & Mapping:

Mapping is required for identification of all health care facilities-public and private and slums-listed and unlisted for purpose of planning and delivery of health care services for slum and vulnerable population. Mapping would include base line survey to:

1. List all public health facilities and conduct facility surveys (availability of infrastructure, HR, drugs, consumables and equipment) order to prepare estimates for up-gradation/strengthening the same as per norms and standards.
2. Identify and map the slums listed as well as the unlisted, low income neighbourhoods, called Key Focus Areas (KFAs) so that interventions can be targeted.
3. Provide an assessment of existing community based structures for constitution of MAS. The tools outlined in the ASHA Induction Training module and the Outreach guideline shared with the states may be utilized for purpose of mapping and identifying the vulnerable populations.

K. Convergence:

Urban health facilities would act as point of convergence for delivery of all the National Health Programs. All the services would be provided in convergence with Disease Control Programs. State should work out the detailed modalities for convergence with wider determinants of health, especially housing and water supply and sanitation programmes and ICDS. Convergence could be in terms of planning, synchronized implementation and monitoring.

The mechanisms available under NHM may be utilized for better convergence and cross learning.

- **Support for Disease Control programmes** like Immunisations, NCDs, IDSP, RNTCP etc
- **Screening for Non-Communicable Diseases (NCDs)**

Progress So Far

Since the launch of the Programme in Financial Year 2013-14, support has been provided for strengthening of 4507 facilities in urban areas, construction of 461 new UPHCs and 37 new UCHCs. The Human resources approved under the programme includes 2,916 Medical Officers, 274 Specialists, 16,694 ANMs, 7,939 Staff Nurses, 3,668 Pharmacists and 3,592 Lab Technicians, 557 Public Health Managers, 67,409 ASHAs and 1,11,157 MAS (*As on September 2016*).

The following guidelines have been shared with the States/UTs viz. NUHM Implementation Framework, Guidelines for ASHA and Mahila Arogya Samiti in the Urban Context, Induction Module for Mahila Arogya Samiti (MAS), Induction Module for ASHAs in Urban areas, ToR for engagement of Public Health Manager and Quality Standards for Urban Primary Health Centre. Brochures on Thrust areas for NUHM, Community Processes, IEC/BCC and Quality Assurance have also been shared with States/UTs.

NUHM PIP guidelines for FY 2017-18

Key features of NUHM

National Urban Health Mission (NUHM) was approved by the Union cabinet on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population like homeless, rag-pickers, migrant workers etc.

NUHM would cover cities and towns with more than 50,000 population as well as District Headquarters having population between 30,000 – 50,000, while smaller cities/ towns will continue to be covered under National Rural Health Mission (NRHM).

These guidelines are used to enable the States/ UTs to prepare the Programme Implementation Plans (PIP) for 2017-18 under NUHM and are to be read in conjunction with the NUHM Framework for Implementation.

The guidelines should be shared with the ULBs particularly in case of 7 metro cities . The PIP may be prepared after consultation, discussion and inputs from ULBs particularly in the 7 metros. All activities to be planned accordingly. Key features of NUHM are enumerated below:

Thrust activities to focus under NUHM

1. Mapping of urban vulnerable populations and understanding their special needs.
2. Service delivery to urban poor and vulnerable population through proximal U-PHCs and U-CHCs.
3. Outreach through Urban Health and Nutrition Days (UHND) and Special Outreach Camps to address special and community specific health needs.
4. Improving ambience, signage, patient amenities, infection prevention protocols should be prioritized at U-PHCs & U-CHCs.
5. Defined reporting mechanism under various health programs. Maintenance of requisite records and registers at urban health facilities.
6. Special focus on urban specific health needs such as Non - communicable Diseases – diabetes, hypertension, cardiovascular conditions, substance abuse, mental health etc. in addition to routine RMNCH+A services.
7. Robust and assured referral mechanism with systematic follow up by U-PHC of the referred cases (to FRUs and specialized services for NCDs etc.)- Integration of National Health Programs at the U-PHCs.
8. Convergence with Urban Local Bodies (ULB), with clearly defined roles for the State Health Department and the ULB in NUHM implementation for each city.
9. Financial strengthening under NUHM- Registration and transfer of funds under NUHM through PFMS, formation and registration of RKS etc.
10. Implementation of Public Private Partnerships where public services are weak and innovations to improve service delivery with limited resources.

1. Planning & Mapping:

Mapping is required for identification of all health care facilities-public and private and slums-listed and unlisted for purpose of planning and delivery of health care services for slum and vulnerable population. Mapping would include base line survey to (1) list all public health facilities and conduct facility surveys (availability of infrastructure, HR, drugs, consumables and equipment) order to prepare estimates for up-gradation/strengthening the same as per norms and standards (2) identify and map the slums listed as well as the unlisted, low income neighbourhoods, called Key Focus Areas (KFAs) so that interventions can be targeted (3) provide an assessment of existing community based structures for constitution of MAS. The tools outlined in the ASHA Induction Training module and the Outreach guideline shared with the states may be utilized for purpose of mapping and identifying the vulnerable populations. The information from above would determine the gaps in availability of public health services (in and around the KFAs). This information may also be utilized for planning and delivery of health services and drawing up city specific plans for health care delivery in cities and towns.

The cities which are not approved under NUHM may be proposed in the current PIP. The progress of the Planning & mapping approved under NUHM in the past years may be provided in **Annexure I**.

2. Program Management Structures:

Program Management staff has been approved under NUHM at State, District and City level. State may specify the progress in recruitment of the staff and may propose for the new positions (if required) in **Annexure II**.

Review meetings –quarterly or monthly with the DHS/CHS/ULB as per requirement of the state may be proposed.

3. Capacity Development (Trainings):

Since NUHM is a new programme commencing in 2013-14 the managerial and technical capacity building of the both medical, paramedical and programme management staff engaged needs to be built. A Capacity Development Framework has been developed for NUHM encompassing orientation, induction training and cadre specific training for different categories like ULB members, clinical and Para medical staff eg. MOs, SN, ANM etc.engaged under NUHM/NHM. Accordingly the States may prioritizeand propose such trainings in their PIPs for 2017-18 particularly in areas related to service delivery, programme management, quality assurance, HMIS etc. In this context the States may also propose the strengthening of training institutes like SIHFWs or any other institute identified for training by the States.

4. Strengthening of Health Services

Creation of service delivery infrastructure :

In case there is existing infrastructure of UFWC, UHC, UHP, etc., it may be upgraded and strengthened as UPHC. Where none exists, new UPHCs may be planned preferably near the slums or such areas. The State could initiate the process of identification of location/ land. NUHM would provide capital cost for up gradation and maintenance of the UPHCs & UHCs. The State could also hire premises for new UPHCs where land is not available. Mobile PHCs could be planned for unlisted slums and other vulnerable pockets, where it is not possible to establish a new UPHC as per requirement.

- Urban - Primary Health Centre (U-PHC): Functional for approximately 50,000 population, the U-PHC would be located within or near a slum. The working hours of the U-PHC would be designed such as there is a provision of evening OPD to provide services to those who are engaged in work during day time. The services provided by U-PHC would include OPD (consultation), basic lab diagnosis, drug /contraceptive dispensing and delivery of Reproductive & Child Health (RCH) services, as well as preventive and promotive aspects of all communicable and non-communicable diseases. State may specify the progress in Operationalization of UPHCs and construction of new UPHCs and may propose for the new UPHCs (based on gap analysis) in **Annexure III**.
- Urban-Community Health Centre (U-CHC) and Referral Hospitals: 30-50 bedded U-CHC providing inpatient care in cities with population of above five lakhs, wherever required and 75-100 bedded U-CHC facilities in metros. Existing maternity homes, hospitals managed by the state government/ULB could be taken up. State may specify the progress in Operationalization of UCHCs and construction of new UCHCs in **Annexure IV**.

In towns/ cities, where some sort of public health institutions like State run health facilities providing RCH services such as Maternity Homes Bal Chikitsalaya etc. exists it could be strengthened as UPHC/UCHCs.

- Clinical HR for UPHCs and U-CHCs: In recent years, support has been provided for augmentation of Medical and Paramedical staff for UPHCs and UCHCs. In so far as possible largely the UPHCs and UCHCs will be set up with new staff however, effort would be towards rationalization of HR as conveyed by the letter of AS &MD. Progress in recruitment of clinical staff with proposal for new HR (based on gap analysis caseload and service delivery) needs to be provided in **Annexure V**.
- Specialist services at UCHCs and UPHCs:- All UCHCs must have at least core specialists (medicine, pediatrics, Gynecology, surgery, eye) who can be hired, if not available from regular cadre. Such specialists may be engaged for fixed day services in the UPHCs/UCHCs who may also provide services during out reach. They can also provide services on rotational basis to UPHCs. The other option is that a single specialist can be hired to work on a rotational basis in different UPHCs.
- **Health Kiosks**: In unserved slum and vulnerable areas where infrastructure is not available, States/ UTs may propose health kiosks for such areas. Details of the status of Kiosks needs to be specified in **Annexure VI**.

Untied Grants

Untied Grants would be provided to UPHCs and UCHCs as per case load and utilization of services as per NHM norms. In this context formation of Rogi Kalyan Samitis may be undertaken by following the existing guidelines which may be adapted as per local requirement.

Procurement

The States may plan for drugs , diagnostic, equipment and related activities for the facilities including cities/towns where implementation of NUHM is through ULBs. The equipments for CHCs /PHCs may be specified.

Outreach:

- Creation of Sub Centres has not been envisaged under NUHM. Outreach services will be provided through Auxiliary Nursing Midwives (ANMs) headquartered at UPHCs.

Norms for Special outreach camp

- Special outreach camps are envisaged to provide services other than those provided at the UHND (routine outreach) to the target population.
- States may like to ensure and provide urban vulnerable population specialist services (Gynecology, Pediatrics, Medicine and Eye) Other specialist services may be provided as per local need and demand of the community.
- Special outreach camps may be planned monthly/quarterly depending on local requirement with at least one specialist and one general duty medical officer (GDMO) attending the camp.
- Specialist may be called either on hiring basis (private practitioner) or from public health facilities (provided that routine service provision at these facilities is not affected)
- Services envisaged
 - RMNCH services
 - Counselling
 - Routine investigation
 - Identification, treatment and referral for hypertension , diabetes, cancers
 - eye check up, screening for refractory error, cataract, glaucoma, etc.
 - Any other specialized services as per the needs assessed/demand of the community
 - Drug dispensation
 - Referral services
 - Any other
- The budget norm for special outreach is Rs. 10,000 per camp. However, the State may propose budget based on local need and requirement with adequate justification. In this regard the guideline for outreach issued by MoHFW may also be referred to.
- Organizing the special outreach camp:
 - Appropriate location with protection from extreme weather conditions. Location could be a school, community center or covered space erected for the camp
 - Proper IEC/BCC to be undertaken
 - Adequate privacy for consultation and examination
 - Clear communication to patients regarding reports of the diagnostic tests conducted
 - Proper documentation of patients attended and referred
 - Clear referral linkage for patients to be referred

5. Quality Assurance:

Quality Assurance is a key focus area under NUHM and Endeavour is to provide quality services in the UPHCS/UCHCs in the urban areas. The State may plan for activities related to training and capacity building for assessment and quality certification of facilities approved in urban areas.

The actions by the States/ULBs/Districts/Facilities may plan to undertake following activities under the Quality Assurance in the NUHM PIP for the FY 2017-18.

Step 1: NUHM QA Institutional Framework –

- **State Level** –NUHM Nodal Officer inducted in the State Quality Assurance Committee (SQAC).
- **ULBs** – Nodal officer NUHM of 7 metro cities inducted into the State Quality assurance committee.
- **District** – District's NUHM Nodal Officer is inducted into District Quality Assurance Committee (DQAC)
- Bi annual meetings of SQAC meetings are held regularly

Step 2: Following the National Quality Assurance Standards for UPHCs and UCHCs 2015 – A set of 35 Quality Standards have been defined for a UPHC, and 65 Quality Standards for a UCHC. The checklist to be used for assessment and review. However, if the states desire to add or change some of the 35 identified standards it may do so in consultation/information to the QI Division of NHSRC.

Step 3: Training on Quality Assurance –A two days training has been designed for the training of the service provider and the assessors. NHSRC would identify and depute resources for the training programme and the trainings would be arranged by the States/ULBs. [For State NUHM Nodal Officer, U-PHC – 3-member team (MO, PHM and Sr Nurse), at U-CHC – 5 member team (2 MO, PHM, 2 Nurses)]

Collaboration may be developed with Medical Colleges, Academic Institutions, SIHFWs and SHSRCs for scaling-up of the training.

Financial Norms – Norms for two days training as given in Annexure 'G' of the 'Operational Guidelines for Quality Assurance in Public Health Facilities' may be followed. For empanelment of the trainers, if additional resources are required, same may be included in the PIP with justification.

Step 4: Creating pool of Assessors –The Quality Assurance Programme under NUHM envisages internal & external assessments of Urban Health Facilities periodically. The states should create a pool of the qualified QA Assessors for the Urban Health Facilities. SQAC should also identify senior and experienced professionals, who may function as External Assessors, after they have been trained by NHSRC. They would carry out assessment of the health facilities for the State level QA Certification. For the National Level Certification of Health Facilities, NHSRC maintains a pool of the NQAS Assessors.

Step 5: Baseline Assessment of Selected Urban Health Facilities- Baseline assessment of 50% of U-PHCs and U-CHCs using NUHM approved tools to be undertaken in the current FY 2016-17. Assessment of remaining Urban Health Facilities should be undertaken in the FY 2017-18. Score of the facilities should be discussed in SQAC/DQAC and actions as planned, are executed and monitored. Assessment reports may be shared with QI Division NHSRC.

Since facilities is in large numbers for initial assessment, support of following institutions may be taken for the FY 2017-18 :- Government Medical Colleges, Academic Institutions running Hospital/Health Management Courses (full time), Other Academic Institutions, Private Medical Colleges after due diligence

Financial Norms –state may like to budget as per its requirement and terms of engagement with respective institutions. Inputs from NHSRC QI division may be obtained in this regard.

Step 6: Implementation of Quality Assurance at Facility Level – For improving clinical and support processes, every facility should constitute a quality team, for rapid improvement, periodic reviews, internal assessment and prescription audits, drafting and implementation of Standard Operating Procedures (SOPs), calibration of equipment, external quality assurance programme for laboratory, etc.

Step 7: Organising Improvement Activities at Health Facilities –After identifying the gaps, concerted efforts are required for improving the health facilities. Some of the suggested activities are Directional Signage, Citizen's Charter, all-time availability of Essential Drugs, Wheel-chairs, Stretchers, Fire Audit, Drinking Water & Chairs in waiting area, curtains, Patients' Calling System, Ramps etc.

Step 8: Institutionalisation of Measurement of Patients' Satisfaction –Patient satisfaction is a key determinant of Quality of Care (QoC). It is important that satisfaction level of the patients is measured objectively.

Step 9: Selection of 'Priority Facilities', Re-assessment & QA Certification –As a norm, the States are expected to aim that at least 20% of UPHCs are certified for quality by the State and 10% National QA certified.

Step 10: Performance Measurement through Key Performance Indicators –Key Performance has been defined for Urban PHCs. These are 16 key indicators measures Productivity, Efficiency, Clinical Quality and Service quality of service. These KPI's should be reported on Monthly basis and discussed

6. Community Process:

Under NUHM, community processes include mobilizing urban communities through structures such as MAS, deployment of ASHA and their capacity building. It may be noted that NUHM provides for ANMs for the entire urban population whereas ASHA and MAS will be mobilized only for population living in slums.

- **Mahila Arogya Samiti (MAS)** – One MAS will cover between 50-100 households ie 250-1,000 beneficiaries and act as community based peer education group involved in community mobilization, monitoring and referral with focus on preventive and promotive care, facilitating access to identified facilities and management of grants received. Existing community based institutions could be utilized for this purpose. Each MAS is entitled for an annual grant of Rs.5000 for mobilization, sanitation and hygiene, and emergency healthcare needs. Capacity building support to MAS / Community Based Organisations for orientation, training, exposure visits, participation in workshops and seminars etc., can also be proposed.
- **ASHA/ Link Worker** – ASHA the frontline community volunteer would serve as an effective and demand-generating link between the community and health department . ASHAs in urban areas would be selected on the basis of total urban population in place of slum population .Additional ASHAs will be sanctioned only in very exceptional cases, with States providing adequate justification based on mapping of the areas and identifying locations for deployment of additional ASHAs.Each link worker/ASHA would have a well-defined service area of about 1000-2,500 beneficiaries/ between 200-500 households

based on spatial consideration. States may budget for ASHA Incentives, indicating various financial incentives and non-financial incentives.

7. Public Private Partnerships & Innovations:

In view of presence of larger number of private (for profit and not for profit) health service providers in urban areas, public – private partnerships particularly with not for profit service providers can also be proposed. NUHM will also support innovations in public health to address city and population specific needs. However, clear and monitorable Service Level Agreements (SLAs) need to be developed for engagement with Private Sector. Efforts would be made to explore possible areas where NGOs/ Charitable institutions may bring their expertise and participation. The States may make efforts to establish linkages with existing Public sector hospitals/dispensaries to optimize utilization of resources and planning of service delivery in urban areas.

The innovative approaches towards provision of service delivery to the urban poor may be budgeted under this head. The States may endeavor to adopt the available best practices in urban health to improve the reach and quality of services. The Innovations related to urban areas shared during the National Summit on Innovations (2015 and 2016) with the states, may be used for planning and projecting activities in PIP for 2017-2018 under innovations head.

• Pradhan Mantri Surakshit Matritva Abhiyan

As you know PMSMA is an ambitious program launched to cover all the pregnant women in their 2nd/3rd trimester by a quality Antenatal care to identify and monitor the high risk pregnancy with a view to minimizing MMR and IMR/NMR. The NUHM PIP can also project this program for its facilities.

- 8. Monitoring and Evaluation:** Under NUHM, health facilities would be mapped on HMIS and shall report their services on the same. This would enable to monitor the progress of the service provision of these facilities. Public Health laboratories would also be strengthened for early detection and management of disease outbreaks.
- Physical and Financial progress may be reported on a regular basis in the NUHM QPR and FMR code wise on Quarterly basis. To improve monitoring reporting through HMIS , approval have been given to states for computer hardware, internet and requisite manpower. The State may accordingly propose inputs in terms of training and necessary requirement for improving facility wise reporting under HMIS in urban areas.
- 9. IEC-BCC :** IEC and BCC strategies together must be able to generate awareness about NUHM program and UPHC&UCHC, increase knowledge about various health problems and create demand for the health services available in the community and promote the uptake of the health services.

Priority Areas for IEC/BCC

- Uniform signage should be developed for the UHPCs and UCHCs across all urban health facilities in the city having same size ,colour, font and content.
- Display of Services imparted timings of the facility and the entitlements under various schemes in the facility Health messages should be displayed prominently within the health facility.
- Adequate publicity of outreach activities
- Frontline workers to be trained in Inter Personal Communication Children to be sensitized towards healthy behavior by involving the local schools in quiz competitions, health talks etc.

10. Role of Urban Local Bodies:

The NUHM envisages active participation of the ULBs in the planning and management of the urban health programmes. The NUHM would be implemented in the metros through the City Urban Health Mission/Society. States/UTs need to prepare separate City Health Plans specifically CHPs for seven metro cities, namely Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata & Mumbai with involvement of ULBs. In other cities/ towns, NUHM will be implemented through the District Health Society except the large cities where in the view of the State Government, implementation of NUHM can be handed over to the City Urban Health Mission.

11. Convergence:

Urban health facilities would act as point of convergence for delivery of all the National Health Programs. All the services would be provided in convergence with Disease Control Programs.

State should work out the detailed modalities for convergence with wider determinants of health, especially housing and water supply and sanitation programmes and ICDS. Convergence could be in terms of planning, synchronized implementation and monitoring.

The mechanisms available under NHM may be utilized for better convergence and cross learning.

- **Support for Disease Control programmes** like Immunisations, NCDs, IDSP, RNTCP etc. can also be proposed under the head "any other activity" with proper consultation with the respective programme division.
- **Screening for Non-Communicable Diseases (NCDs) (To be mentioned under any other activities)**

States that are planning and undertaking population-based screening of Non-Communicable Diseases (NCDs) (Hypertension, Diabetes, Common Cancers- Breast Cancer, Oral Cancer and Cervical Cancer) in the urban areas could plan to do this through Urban Health Nutrition Day (UHND), or through a Primary Health Centre (PHC) based approach, a Community based approach or Special outreach.

While no additional Human Resources (HR) are being provided for Screening, support for equipments, consumables, training, IEC, health cards and team incentives, are provided in NCD Guidelines Costs for Screening for HT/DM and three Common Cancers (Oral, Cervical and Breast) at the Level of a Sub Centre in Operational Guidelines- Prevention, Screening and Control of Common Non-Communicable Diseases: Hypertension, Diabetes and Common Cancers (Oral, Breast, Cervix).

In urban areas screening may have to be conducted by the ASHA in the slum areas where they would be supported by ANMs. The area may be allocated for outreach to ANMs/ASHAs for undertaking house to house survey prior to the camp. So as to enable population based screening for NCDs

12.. Financial Mechanism: Financial guidelines under NHM may be followed for strengthening financial mechanisms. However, the following points relating to finance may also be followed while framing the NUHM PIP:-

- The proposals should be prepared strictly as per the prescribed FMR format. Any additional activity can only be added under existing sub heads.
- Committed unspent balance should be kept for the activities which have been initiated either partially/ completely and the remaining of the unspent balance should be as uncommitted balances for fresh approvals in PIP.
- The State does not need to carry over the activities more than a year old in committed balances.
- The State is required to share the activity wise breakup of the committed balances with the PIP submitted.
- In case of fixed expenses such as UPHC rent etc proposals should be formulated on the basis of actual requirement in respect of ongoing activities.
- On the lines of NHM and as in NRHM where the approved ROPs are shared with the Districts , in a similar way the approved NUHM ROPs may be communicated to the Municipal Corporations for programme implementation.

13. Other information:

The State PIP may be submitted with State profile and duly filled annexure for early approval of the PIP. Indicative budgetary norms along with budget sheet of NUHM have been attached herewith

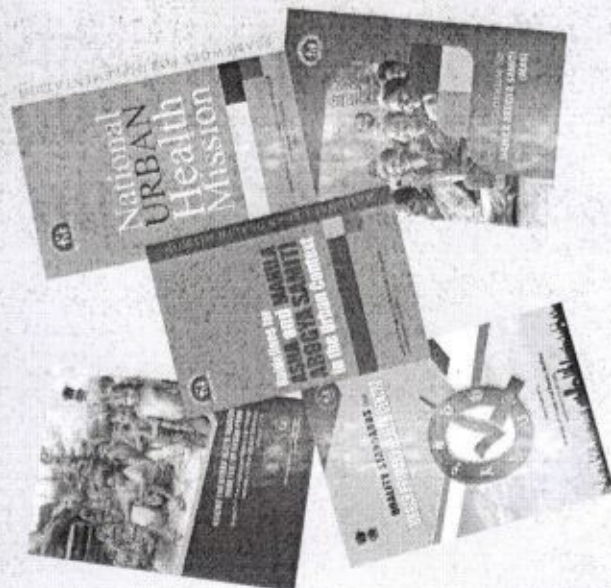
Action Points for the Involvement of Medical Colleges in NUHM

A workshop on National Urban Health Mission was held on 25th November 2016, to apprise the medical colleges about NUHM. Over 40 medical colleges had participated in the workshop. The workshop was attended by the representatives of Medical Colleges-Deans, Heads of Department of Community Medicine and NUHM Nodal Officers of States.

Following are a few areas where Medical Colleges can collaborate for the implementation of NUHM:

1. Provision of Health Care Services: As per the MCI regulations each Urban Health Training Centre (UHTC) has to be adequately staffed and provide services as per the mentioned standards. Each UHTC may expand its scope and range of activities to be able to provide services as a Urban Primary Health Centre (UPHC) as per the NUHM framework by upgrading the infrastructure including HA and logistics by the support of NUHM. This would provide benefit to the Medical College as it would be a training site for the students as well as provide quality health care service to the urban population.
2. Referral Services: Medical colleges can provide referral services for different health programs that are being implemented through these urban health centres. It has been already working as a referral centre for RNTCP and a successful partner in achieving desired service targets under RNTCP. The scope may be widened to cover other
3. Outreach Services: Services of the Specialists from Medical Colleges may be utilized for outreach camps that are to be regularly conducted as per NUHM framework of implementation for the vulnerable poor population in urban and peri-urban areas.
4. Centre of Excellence: Medical Colleges may be assisted to provide technical guidance and bridge the knowledge gap in urban health context. These may be encouraged to act as Centre of Excellence in providing all skill training, research and health planning for NUHM activities.
5. Training Centre: Medical Colleges may assist in providing quality skill based trainings for ANM/ Medical Officers/ASHAs etc. Also by virtue of implementing NUHM through UHTC, it would be easier for the under graduate and post-graduate medical students to avail hands on training and knowledge on urban health issues and also the various national disease control program that are envisaged to be rolled out through these UHTCs.
6. Research & Innovations: Medical Colleges can design research projects or work out innovative approaches or carry out implementation research related to Urban Health Care. These initiatives may be supported under NUHM if approved by pip process.

Publications and Training Materials for Interventions under NUHM
(Available on NHM Website: <http://nhm.gov.in/nhm/nuhm.html>)



Ministry of Health & Family Welfare, Government of India



NATIONAL URBAN HEALTH MISSION AND MEDICAL COLLEGES COLLABORATION TO STRENGTHEN URBAN HEALTH

The National Urban Health Mission (NUHM) was approved by the Union cabinet on 1st May 2013 as a sub-mission under an overarching National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population like homeless, rag-pickers, migrant workers etc.

Flexibility has been given to the states for implementing NUHM either through the Health Department or the Urban Local Bodies (ULBs). In seven Metro cities, viz. Delhi, Ahmedabad, Bengaluru, Kolkata, Mumbai, Chennai and Hyderabad, implementation is being done through the ULBs. NUHM has been envisaged to cover cities and towns with more than 50,000 population as well as District Headquarters having population ranging from 30,000 – 50,000.

Core Strategy to Implement NUHM

The mission is aiming to improve the health status of the urban population in general, with special focus given to the vulnerable poor population belonging to

- slums, clusters and migrants and homeless people living in the urban community by facilitating equitable access to quality health care system. The core strategy thus can be seen as:
 - 1. Strengthening of infrastructure: creation, rationalization and strengthening of facilities in urban areas.
 - 2. Augmentation of Human Resources (HR): recruitment of Medical and Paramedical officials and engagement of ANMs.
 - 3. Community Participation: ASHA and MAS (Mahila Arogya Samiti) from within the community.
 - 4. Inter-Sectoral Coordination: convergence of national programs and other Ministries including WCD (Women and Child Development), UD (Urban Development), Sanitation, Water etc.
 - 5. Involvement Urban Local Bodies (ULBs): involvement of ULBs in health planning and funding through pip (Program Implementation Plan) from the state health department.

- Capacity Development of Stakeholders, which include Medical Colleges and ULBs.
- Use of Information Communication Technology (ICT) for better service delivery and transparency with speedy disposal of public grievance and dissemination of action oriented messages to improve Urban Health (IEC).

Thrust Areas under NUHM

The Key Thrust Areas to focus for accelerating the NUHM program are as follows

- Mapping of urban vulnerable populations and understanding their special needs.
- Service delivery to urban poor and vulnerable population through proximal UPHCs and UCHCs.
- Outreach through Urban Health and Nutrition Days (UHD) and Special Outreach Camps to address special and community specific health needs.
- Improving ambience, signage, patient amenities, infection prevention protocols should be prioritized at UPHCs & UCHCs.
- Defined reporting mechanism under various health programs. Maintenance of requisite records and registers at urban health facilities.
- Special focus on urban specific health needs such as Non-communicable Diseases - diabetes, hypertension, cardiovascular conditions, substance abuse, mental health etc. In addition to routine RWCHVA services.
- Robust and assured referral mechanism with systematic follow up by UPHC of the referred cases (to FRUs and specialized services for NCDs etc.). Integration of National Health Programs at the UPHCs.
- Convergence with Urban Local Bodies (ULB), with clearly defined roles for the State Health

Department and the ULB in NUHM implementation for each city.

- Financial strengthening under NUHM - Registration and transfer of funds under NUHM through PHMS, formation and regulation of BKS etc.
- Implementation of Public Private Partnerships where public services are weak and innovations to improve service delivery with limited resources.

MCI Regulation for Medical Colleges

In order to ensure training of students in community oriented primary health care and to enable them to address health needs of local community, every medical college shall have one Urban Health Training Centre over and above 3 rural centers. Primary Objective of establishing urban health training centers was to develop connect between future clinicians and the masses, since Medical education is expected to develop in the student an inherent & effortless link with the community and its health issues. It acts as a community interface.

Extract from MCI Regulation for Minimum Standard Requirements for the Medical College

Department of Community Medicine:
Urban Health Training Centres: adequate transport shall be provided for carrying out field work, teaching and training activities by the department of community medicine and other departments of medical college (both for staff and students)

Staff for Urban Training Health Centre

- Medical officer of Health - cum Lecturer/Assistant Professor 1

- Lady Medical Officer 1
 - Medical Social Workers 2
 - Public Health Nurse 1
 - Health Inspectors 2
 - Health Educator 1
 - Technical Assistant/Technicians 2
 - Peon 1
 - Van Driver 1
 - Store Keeper 1
 - Record Clerk 1
 - Sweepers 2
- Notes:
- The Urban and Rural Training Health Centres should be under the direct administrative control of the Dean/Principal of the college.
 - The Rural and Urban Health Centers for training of undergraduate students shall be suitably equipped along with adequate transport.

Structure of Health Care Delivery System (under NUHM)

- Community Participation: through structures such as ASHA and MAS (ASHA per 1000-2500 population approximately 200-500 households; MAS per 250-500 population covering 50-100 Households to act as community based peer education groups in slums).
- Urban Primary Health Centre (UPHC): staffed by Medical Officer, Lab-Technician, Pharmacist, Nurse, Public Health Nurse providing OPD Facility (UPHC/50000 population).
- Urban Community Health Centre (UCHC):

Socialised services apart from Maternal And Child Health, 24x7 availability of health services, Blood Storage Unit/Bank, IPD (UCHC/250000 population).

4. **Referral System:** Robust and assured referral mechanism with systematic follow up by UPHC of the referred cases (to UCHC/FRUs and other specialized service centers for NCDs etc.) - Integration of National Health Programs at the UPHCs.

Process of PIP Preparation and Approval

The State NUHM Plan is prepared by NUHM team at the State. This plan needs to be presented and approved by the State Health Society prior to submission to Ministry of Health and Family Welfare. The State PIP is appraised by the National Programme Coordination Committee (NPCC), chaired by the Mission Director, National Health Mission with representatives of Ministry of Health and Family Welfare and the states.

These plans would also be shared with the divisions in the Ministry to get their comments along with other departments such as AYUSH, AIDS Control and Health Research for their inputs. Secretary, HFW approves NPCC recommendations.

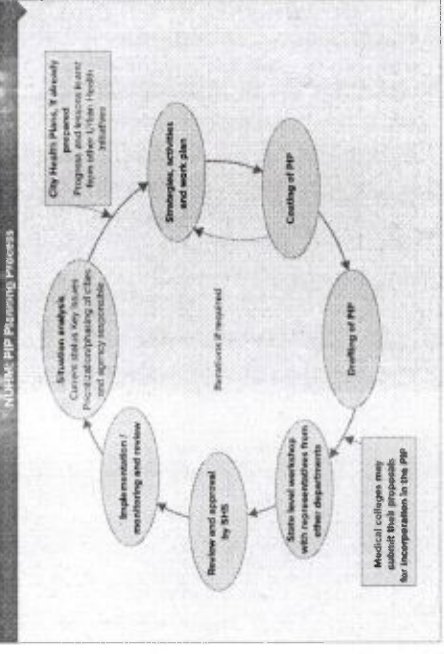
The Executive Committee of the State Health Society implements the approved plan, with governance and oversight exercised by the Governing Board and the State Health Mission.

New activities that are being planned and proposed must be detailed out as in the box

New Activity		
a. FMR Code:		
b. Activity Proposed:		
c. Name of the Activity:		
d. Justification		
e. Deliverables:		
f. Funding Proposed:		
Number of Units	Cost per unit	Total Cost

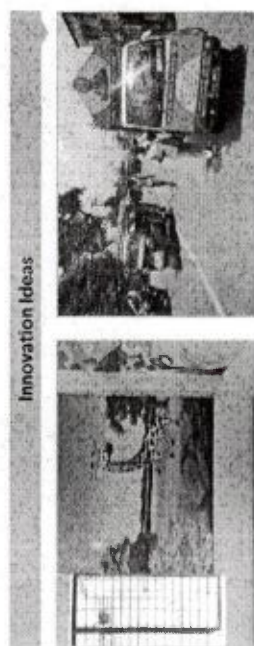
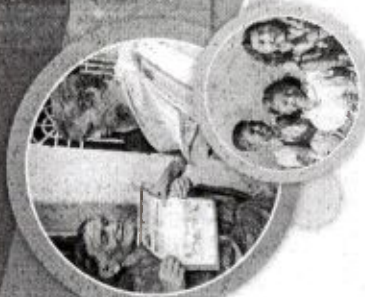
The detail components and tentative cost of each component e.g. if a Training Module is to be created - cost of the Professional Services, Trainers cost, venue rental, logistics expenses etc. should be indicated.

A graphical representation of the overall PIP planning process is given below:





NUHM IEC/BCC Strategy: A Guidance Note



Innovation Ideas

Using Character from folklore to Promote Cleanliness - Odisha

Periparturition Boom - Kerala

Publications and Training Material for Community Processes Interventions under NUHM
(Available on NUHM Website: <http://nuhm.gov.in/nuhm.html>)



Ministry of Health & Family Welfare, Government of India

METHODS

- Flip Charts
- Booklets
- Posters
- Stickers
- Pamphlets and Hand bills
- Use of ICT like applications on mobile phones
- Improving IPC/Counselling Skills

MONITORING AND SUPERVISION

The existing State level IEC committee may be used to monitor the progress of IEC/BCC under NUHM. Material before printing shall be approved by the department by following appropriate codal formalities and verification of the IEC material may be taken up periodically.

Health Messages

Health messages are important for any health communication. They not only improve knowledge and awareness of a health issue, also influence behaviors and attitudes towards a health issue and demonstrate the benefits of behavior changes to public health outcomes. In the current context

- Health messages available under different national programmes like RNTCP/RMNCNA/NLEP/ NVDCP/WCDs etc. can also be used.
- Prevailing health problems like Malaria, Dengue, Diarrhoeal Diseases.
- Informing of certain activities like outreach, theme days etc.
- Health determinants: personal hygiene, open air defecation, safe drinking water etc.

Planning for IEC/BCC

The state should develop and formulate an annual IEC/BCC Plan incorporating the various strategies and activities. This plan should be developed taking into account the seasonality of diseases, major days like Women's day, World Health Day, requirements of the community and making NUHM a visible programme. In addition the cities may also develop their own plan based on their local issues. The plan should form a part of the Programme Implementation Plan of NUHM and shall be approved through the formal approval process.

Involving Schools

School children should be used to spread health messages in the community as it has a multiplier effect. Half to one hour session per week on health related issues/Annual Quiz competitions/painting competitions/ health walks/cleanliness drives can also be done as a regular feature in local schools.

INTRODUCTION

- IEC and BCC strategies together must be able to generate awareness about NUHM program and UPHC & UCHC.
- Increase knowledge about various health problems.
- Create demand for the health services available in the community and promote the uptake of the health services.

The IEC/BCC strategies for Urban Health must necessarily focus on the following:

- Empowerment of community through awareness generation, whereby they are able to demand services from the health system.

- Ensuring that a change in the health seeking behaviour of the community where they get into the habit of accessing the health facilities rather expecting everything on their door step.
- Concerted campaign for behaviour change to enforce public health thrust. Problem of malaria, dengue, chikungunya in urban areas. Counselling services for well being of households.

The IEC/BCC strategies for Urban Health must necessarily integrate the following activities:

INSTITUTIONAL BRANDING

An overall branding to establish NUHM as an important initiative to provide primary health care services to the urban poor.

Points to Remember

- Emphasis should be on visibility.
- Language, content and methodology adapted should be culturally and socially appropriate.
- Thrust to be on Print Media in IEC strategy.
- Focus on IEC material in UPHC.
- UPHC/UCHC should be able to cater to the demand generated by IEC/BCC activities.

Priority Areas for IEC/BCC

- Uniform signages should be developed for the UPHCs and UCHCs across all urban health facilities in the city having same size, colour, font and content.
- Display of Services imparted, timings of the facility and the entitlements under various schemes in the facility.
- Health messages should be displayed prominently within the health facility.
- Adequate publicity of outreach activities.
- Frontline workers to be trained in Inter Personal Communication.
- Children to be sensitized towards healthy behaviour by involving the local schools in quiz competitions, health talks etc.



CONTENT

Inform about NUHM program objective and components, provide information on availability of health services at UPHC & UCHC highlighting different aspects such as free of cost, timings, evening OPDs, identifying nearest facility locations, publicity on outreach sessions/theme days/observations and information on major health issues in the city and locality. There should be uniformity in the presentation of the content like size of the hoarding/banner, color, font size and same sequence of presentation of contents should be maintained.

Placement at strategic locations like bus stands, railway stations, prominent public places in the form of hoardings, banners, posters etc. Branding of trains buses, or other public means of transport can also be done.

METHODS

- Though various exhibitions organised by state governments, tableau on national days, etc.
- Using media to inform activities such as outreach camps, mega camps or other events organised under urban health.
- Wall paintings using folk art.



- Street plays.
- Mundai/Milking.
- Pamphlets and hand bills in slums, in naturally occurring gatherings like festivals, melas, local bazaars, etc.
- Screening of documentaries at cinema theatres owned by ULBs.
- TV Spots. Scrolls.
- Radio messages.
- Advertisements in local newspapers and magazines.

HEALTH FACILITY BASED IEC

All health facilities should not only dispense health services but also act as points of IEC/BCC dissemination.

CONTENTS

The content for the facility based IEC to include basic information about the facility, signages, services, timing essential drug list, citizen charter etc. The other content would be on IEC messages on health issues. Facility based IEC should cultivate a client receptive atmosphere.



the community level. They should be trained in interpersonal communication and counselling skills. Further, they would require communication aids/tools to interact with the community.

CONTENT

The content of the aids would be on Health and Health determinants like Maternal child health issues, all national health programmes, Non communicable diseases, water, sanitation, hygiene etc. Pictorial representation of the health messages should be stressed upon.



Methods

- Newly constructed UPHCs/Kiosks should follow a uniform design and pattern.
- Existing facilities should have exterior with uniform colour scheme.
- Signages-both external and internal should be uniform in terms of size colour and content.
- Display of services available, Essential Drug List, Citizen charter, formation/composition of RKS, MAS, ASHA, IEC corner etc. should follow a uniform pattern across all facilities.
- Mobile Medical Units to have uniform branding with IEC corner at MMU station sites.

JOB AIDS/READY-RECKONERS FOR FRONTLINE WORKERS

The frontline workers, ASHA, ANM, MAS members are the key persons who make the first point of contact with the community. These workers provide health education through interpersonal communication at the family level supported by mass communication at





THRUST AREAS UNDER NUHM FOR STATES

OVERVIEW

National Urban Health Mission (NUHM) was approved on 1st May, 2013 as a sub-mission of National Health Mission (NHM). The approvals and releases under NUHM started from F.Y. 2013-14 onwards.

The overall expenditure under NUHM so far is only 37% against the total available funds. In all, 54% programme management staff, 53% clinical and paramedical staff are in place. ASHA & MAS progress is 66% and 50% respectively.

NUHM aims to provide comprehensive primary healthcare services in urban areas, through Urban Primary Health Centers (U-PHCs), Urban Community Health Centers (U-CHCs) (which can act as first referral units), strong outreach services and accessible frontline health workers.

The top 10 activities to focus for accelerating the NUHM program are listed in the box below. The key thrust areas for this financial year are explained in detail in the subsequent pages.

Top ten activities to focus under NUHM

1. Mapping of urban vulnerable populations and understanding their special needs.
2. Service delivery to urban poor and vulnerable population through proximal U-PHCs and U-CHCs.
3. Outreach through Urban Health and Nutrition Days (UHND) and Special Outreach Camps to address special and community specific health needs.
4. Improving ambience, signage, patient amenities, infection prevention protocols should be prioritized at U-PHCs & U-CHCs.
5. Defined reporting mechanism under various health programs. Maintenance of requisite records and registers at urban health facilities.
6. Special focus on urban specific health needs such as Non - communicable Diseases - diabetes, hypertension, cardiovascular conditions, substance abuse, mental health etc. in addition to routine RMNCH+A services.
7. Robust and assured referral mechanism with systematic follow up by U-PHC of the referred cases (to FRUs and specialized services for NCDs etc.)- Integration of National Health Programs at the U-PHCs.
8. Convergence with Urban Local Bodies (ULB), with clearly defined roles for the State Health Department and the ULB in NUHM implementation for each city.
9. Financial strengthening under NUHM- Registration and transfer of funds under NUHM through PFMS, formation and registration of RKS etc.
10. Implementation of Public Private Partnerships where public services are weak and innovations to improve service delivery with limited resources.

1. Planning and Management

- Urban mapping of slums and facilities to be completed
- Mapping of vulnerable population to be undertaken to plan for health services e.g. Outreach, special outreach etc.
- Defining the catchment area for each U-PHC- MO/IC should be communicated the area and population that they should cater to and to ensure that no areas of the city (with special attention to slums, city periphery, semi urban areas) are left out. For this, census lists, polio survey plans, or any other city survey lists may be used

2. Urban-PHC Centric activities

- U-PHC to be the epicenter from which the core primary healthcare services like outreach sessions, special camps, home visits, oversee community mobilization through ASHA/MAS, coordinate referrals and provide care at the facility
- Allocation of population to ANM and ASHAs - The 10,000 population of ANMs and 1000-2000 population for ASHAs should be clearly defined for each health worker. Special attention should be paid to scattered vulnerable population living outside a defined slum, such as under bridges, railway tracks and ensure health-workers reach them
- U-PHCs to be located in close proximity to slums. In case of any deviation relocation of U-PHCs may be undertaken wherever possible
- Ensure screening for NCDs for all the persons aged 30 plus- All 30 plus persons to be screened for Hypertension, Diabetes and cancers (oral, breast and cervix). All U-PHCs should organize NCD Screening Day at outreach points where BP, sugar, oral cancer, and breast cancer (with proper training and privacy) are examined. Cervical cancer screening may be conducted on designated days at the U-PHCs
- Referral Linkages- In addition to the referral hospital, the U-PHC identify and establish linkages with non-medical services as well such as de-addiction centers, homeless centers, NGOs for the destitute, domestic violence help centers to provide access to a broad range of services

3. Outreach services

- Outreach activities to be conducted in identified vulnerable pockets as per structured plan on a regular basis
- ULBs to be given specific role in conducting outreach sessions such as awareness generation and publicity of camps, providing venue and other resources
- To ensure that MOs / PHMs oversee the UHND planning process such as preparation of micro plan, review report of UHND conducted, ensure proper delivery of services at UHNDs

- Provide regular outreach services and ensure population based screening for NCDs
- Complete Household surveys by ASHA (as per the tool mentioned in ASHA training induction module)
- Quality assessments, gap-finding and gap-filling to ensure quality

4. Quality Assurance

- Inclusion of State Nodal Officer NUHM in State Quality Assurance Committee and internal quality assessments for U-PHCs to be undertaken
- Improved ambience- signage-patient amenities-infection prevention protocols should be prioritized at U-PHCs & U-CHCs
- At least 50% U-PHCs to be functional with minimum service package - OPD services, RMNCHA, basic lab services, drug dispensing, referral services, all National Health Programmes

5. Monitoring and Evaluation

- All facilities to be mapped and report on HMIS
- States to timely submit physical progress in Quarterly Progress report format by the end of the quarter
- Reporting mechanism under National Health Program to be followed along with maintenance of report and registers at U-PHCs and U-CHCs

6. Public Private Partnership/ Innovations

- PPP options to be explored to address the gaps in service delivery
- Implementation of Public Private Partnerships where public services are weak, and innovations to improve services delivery with limited resources

7. Convergence for ULBs

- Better co-ordination mechanism and frequent interaction between Urban Development and Health & Family Welfare departments to sort convergence issues at state, city and district level

8. Finance

- Registration under PFMS and transfer of funds under NUHM through PFMS
- Bank Accounts of the U-PHCs to be opened and funds for the untied grants, other expenses to be transferred electronically
- New proposals with regard to unspent balance available under NUHM (arising on account of activities which could not be undertaken by States) may be submitted by the States in the supplementary PIPs
- Expenditure incurred but not booked under the programme may be booked immediately
- States need to bifurcate the expenditure under NHM and NUHM if the activities are carried out jointly
- The formation and registration of RKS for all the U-PHCs/U-CHCs
- The guideline of RKS issued under NHM is equally applicable of NUHM unless specific directions are issued otherwise

- Prioritize booking expenditure, identify wrong bookings and transfer of funds through PFMS
- Actions for all approved activities and accelerating incomplete jobs
- Coordination meeting between Health Department and ULBs for mainstreaming social determinants of health

Other Programme Activities

1. Infrastructure

- Renovation/up-gradation and new constructions for U-PHCs/U-CHCs to be completed on priority basis
- New U-PHCs on rental basis to be made functional at the earliest
- For new U-PHCs where land identification is an issue, the option of PPP etc. may be explored
- In case of non-execution of civil works for longer time, revised proposal may be submitted for up-gradation of existing health facilities or identification of new locations

2. Human Resources and Training

- Completion of recruitment of clinical, paramedical and program Management staff to be taken up to ensure quality services. Monthly reviews may be held to address HR issues
- SHS along with other state level agencies like SHIFW and SHSRC may be involved in selection process
- A transparent and competitive selection process to be followed. Competency and skill based test must be made an integral part of the selection process
- List of HR agencies developed by NHSRC may be referred for recruitments
- Induction training to be imparted to all new medical, paramedical, program management staff and all ULBs at State, district, city level
- Training infrastructure created under NRHM would be used for training
- All states/ metro cities must designate a Nodal Training Officer in- charge for training under NUHM

3. Community Processes

- Selection of ASHA in urban areas should be expedited for better community linkages
- The existing district Community Processes team as established under NRHM to be used for supporting and coordinating activities of the urban community processes as well
- Training to be completed for all selected ASHAs on Induction module
- ASHAs to be provided drug kit after completion of training from budget already approved
- To create a distinct identity for ASHAs by providing badge, uniforms, diary and equipping ASHAs with knowledge on non-health issues
- Formation of MAS and opening of bank accounts to be expedited

4. IEC/BCC activities

- States to prepare a specific IEC/BCC action plan for NUHM at State / district / city level
- IEC/BCC activities to focus on addressing urban health issues and creating visibility of urban health facilities and services. e.g. Display boards to be put up in slums about U-PHCs

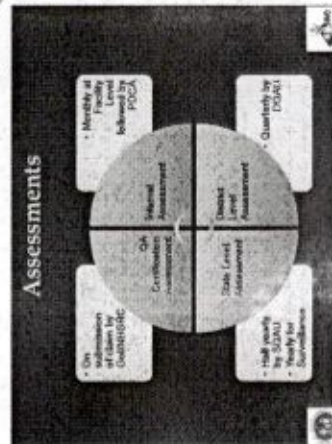
- Focus on IEC/BCC to ensure visibility of NUHM
- Client friendly ambience, infrastructure and services with assured referral

	Always	Mostly	Sometimes	Never	Emergency only	Mostly	Always
7							
8							
9							
10							

- ♦ The Patient Satisfaction survey of OPD patients should be evenly distributed, a cluster of patients is taken daily, while indoor patients would be administered the survey questionnaire at time of discharge or referral.
- ♦ On monthly basis, findings of satisfaction survey are analysed and compared with the previous month. The two lowest performing attributes are also identified and concerted actions are taken to address patients' concerns.

Common Gaps Observed and Action Thereon

♦ Patient Identification	♦ Renovation of one toilet with easy access. ♦ Privacy in consultation room & ANC clinic, seating arrangement etc.
♦ Signage's	♦ Directional Indoor & Outdoor Signages. ♦ Display of list of available services & drugs including Client's Charter.
♦ Infection Control & BSW Management	♦ Color coded bins for segregation of waste as per BMW Rules, 2016. ♦ Infection Control Practices like use of Antiseptic soap, disposable gloves, hypochlorite solution etc.
♦ Laboratory Printouts Work Disposition & Storage	♦ Printing and Display of work instructions in local language & Pictorial form. ♦ Protocol for waste segregation
♦ Grievance Redressal Mechanism	♦ Installation of complaint box for grievance redressal and whom to contact is displayed.
♦ Infrastructure	♦ Equipment & instruments required @ UPHC. ♦ Ramp and hand rails at the entrance of the UPHC building for easy access.
♦ Safety	♦ Installation of fire extinguishers - 3 in number. ♦ Signage for fire escape route.
♦ QA/QC	♦ External Quality Assurance System (EQAS) of Lab test.

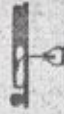


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Ministry of Health & Family Welfare, Government of India

NATIONAL URBAN HEALTH MISSION (NUHM)

National Quality Assurance Programme (NQAP)



Quality of health care is performance of health facility according to pre-defined criteria. In a health facility it is:	National Quality Assurance Programme under NUHM:
<ul style="list-style-type: none"> Equitable Safe Effective Efficient 	<ul style="list-style-type: none"> Improves Patients' Outcome Enhances Patients' Satisfaction Supports efficient utilisation of resources Ensures effective and Safe Clinical Care

Baseline assessment of 50% of U-PHCs and U-CHCs using NUHM approved tools to be undertaken in the current FY 2016-17.

Concerns of Patients in a Health Facility	Goal
1. Correct diagnosis & speedy recovery	1. Feeling of being 'welcomed' & courteous behaviour
2. No new disease	2. Minimal Waiting Time
3. No harmful procedure	3. Person-centred Approach
4. Fast relief in symptoms	4. Clean toilets & environment
5. Low cost of treatment	5. Getting food to his/her liking

Process of QA Implementation (At the State, District, Facility level)

Expanding NFM QA Institutional Mechanism	Adaptation of QA Standards & Measurement System
Training & Capacity Building	Creating pool of Assessors
Baseline assessment of Urban Health Facilities	Facility Level Quality Improvement Activities
Measurement of Patients' Satisfaction	Selection of 'Priority Facilities' & QA Certification
Performance Measurement through Key Performance Indicators	

Actions by the States/ULBs/ Districts/Facilities

- Step 1: NUHM QA Institutional Framework
- State Level – NUHM Nodal Officer inducted into State Quality Assurance Committee (SQAC).
 - ULBs – Nodal officer NUHM of 7 metro cities inducted into the State Quality Assurance Committee.
 - District – District's NUHM Nodal Officer is inducted into District Quality Assurance Committee (DOAC).
 - Bi annual meetings of SQAC to be held regularly.
- Step 2: Following the National Quality Assurance Standards for U-PHCs and U-CHCs 2015 – A set of 35 Quality Standards have been defined for a U-PHC, and 65 Quality Standards for a U-CHC. The checklists are to be used for assessment of health facility and performance review. However, if the states desire to add or change some of the 35 check point in identified standards it may do so in consultation with the QI Division of NHSGRC.

Step 3: Training on Quality Assurance – A two days training module has been designed for training of the service provider and the assessors. NHSGRC would identify and depute resources for the training programme and the trainings would be arranged by the States/ULBs.

Step 4: Creating pool of Assessors – The Quality Assurance Programme under NUHM envisages internal & external assessments of Urban Health Facilities periodically. The states should create a pool of the qualified QA Assessors for the Urban Health Facilities. SQAC should also identify senior and experienced professionals, who may function as External Assessors, after they have been trained by NHSGRC. They would carry out assessment of the health facilities for the State level QA Certification. For the National Level Certification of Health Facilities, NHSGRC maintains a pool of the NOAS Assessors.

Step 5: Baseline Assessment of Selected Urban Health Facilities – Baseline assessment of 50% of U-PHCs

and U-CHCs using NUHM approved tools to be undertaken in the current FY 2016-17. Assessment of remaining Urban Health Facilities should be undertaken in the FY 2017-18. Score of the facilities should be discussed in SQAC/DOAC meeting and actions as planned, are executed and monitored. Assessment reports may be shared with QI Division NHSGRC.

Step 6: Implementation of Quality Assurance at Facility Level – For improving clinical and support processes, every facility should constitute a quality team, for rapid improvement, periodic reviews, internal assessment and prescription audits, drafting and implementation of Standard Operating Procedures (SOPs), calibration of equipment, external quality assurance programme for laboratory, etc.

Step 7: Organising Improvement Activities at Health Facilities – After identifying the gaps, concerted efforts are required for improving the health facilities. Some of the suggested activities are Directional Signage, Citizen's Charter, all-time availability of Essential Drugs, Wheel-chairs, Sletchers, Fire Audit, Drinking Water & Chais in waiting area, Curtains, Patients' Calling System, Ramps etc.

Step 8: Institutionalisation of Measurement of Patients' Satisfaction – Patient satisfaction is a key determinant of Quality of Care (QoC). It is important that satisfaction level of the patients is measured objectively.

Step 9: Selection of 'Priority Facilities' – Re-assessment & QA Certification – As a norm, the States are expected to aim that at least 20% of U-PHCs are certified for quality by the State and 10% National QA certified in FY 2016-17.

Step 10: Performance Measurement through Key Performance Indicators – Key Performance Indicators has been defined for Urban PHCs. These 16 key indicators measures Productivity, Efficiency, Clinical Quality and Service quality of service. These KPIs should be reported on Monthly basis and discussed.

Measuring Patients' Satisfaction

WHY?	HOW?
<ul style="list-style-type: none"> Provides inputs regarding patients' overall experience at the Urban Health Facility objectively. Helps in identifying specific attributes, which are either increasing or decreasing satisfaction levels. Acts as a survey tool for 'action planning'. Helps in generating bench-mark score for U-PHCs & U-CHCs. Acts as a monitoring tool for performance. Acts as a tool for comparing two health facilities of similar type. 	<ul style="list-style-type: none"> All patients for whom a registration number have been generated, on their first visit and subsequent visit form part of the total population, from which samples are drawn. This also includes patients kept under observation in the U-PHCs.

HOW MANY ? (Sample Size Calculator)

Questionnaire for Patients at U-PHCs	Prevalence (%)	Confidence Interval (%)	Margin of Error (%)	Sample Size (n)	Population Size (N)
1. Availability of sufficient information in Hospital (Direction, Location & Department signage etc.)	10	10	5	100	100
2. Waiting time at registration Counter	10	10	5	100	100
3. Behavior & Attitude of staff at U-PHC	10	10	5	100	100
4. Cleanliness of the OPD, toilets and overall facility	10	10	5	100	100
5. Attitude and communication of doctors	10	10	5	100	100
6. Time spent on Consultation, examination and counseling	10	10	5	100	100
7. Availability of laboratory test within U-PHC	10	10	5	100	100
8. Promptness at Pharmacy counter	10	10	5	100	100
9. Availability of prescribed drugs at U-PHC	10	10	5	100	100
10. Overall impression of the facility	10	10	5	100	100

Questionnaire for Patients at U-PHCs	Prevalence (%)	Confidence Interval (%)	Margin of Error (%)	Sample Size (n)	Population Size (N)
1. Directional Signages and availability of sufficient information in U-PHC	10	10	5	100	100
2. Time spent in getting Treatment from registration to collection of drugs	10	10	5	100	100
3. Behaviour and attitude of Health Centre Staff	10	10	5	100	100
4. Amenities in waiting area (chairs, fans, drinking water and clean toilets)	10	10	5	100	100
5. Attitude & communication by Doctors	10	10	5	100	100

NATIONAL URBAN HEALTH MISSION (NUHM)

National Urban Health Mission

- Approved on May 1, 2013 as a sub-mission of the National Health Mission (NHM) to strengthen the primary health care system in cities & towns

Coverage-

- Cities and towns with population above 50,000
- District Headquarter towns with population between 30,000 – 50,000

Special focus on-

- Slum and vulnerable population
- Others such as homeless, rag-pickers, street children, rickshaw pullers, migrants, factory workers etc



3	
Core Strategies	
Strengthening of Infrastructure	<ul style="list-style-type: none"> • Creation of new facilities • Rationalization and strengthening of the existing urban primary health care facilities (UFWCs, UHPs, Urban RCH Centres, Dispensaries)
Augmentation of HR	<ul style="list-style-type: none"> • Deployment of Medical Officers and Paramedical Staff at U-PHCs and U-CHCs • Engagement of ANMs
Community Participation	<ul style="list-style-type: none"> • 1 Mahila Arogya Samitis (MAS) per 50 – 100 slum households (250-500 slum population) • 1 ASHA per 200 – 500 slum households (1000-2500 slum population)
Urban Local Bodies (ULBs)	<ul style="list-style-type: none"> • Involvement of ULBs in planning, implementation and monitoring of the program

4	
<i>Continued</i>	
Inter and Intra Sectoral Coordination	<ul style="list-style-type: none"> • Convergence with all National Health Programs and other Ministries (Drinking Water, Sanitation, HUPA, WCD etc)
Capacity building of stakeholders	<ul style="list-style-type: none"> • ULBs, Medical and Paramedical staff, ASHAs, MAS
Use of ICT	<ul style="list-style-type: none"> • For better service delivery, improved surveillance and monitoring

NUHM: Service Delivery Mechanism

Urban-CHC

- 30-50 bedded hospital in cities with more than 500,000 population
- FRU level care

Urban-PHC

- For every 50,000 urban population
- Comprehensive primary healthcare service

Outreach Sessions

- For slum and vulnerable population, routine UHNDs and special outreach sessions

Mahila Arogya Samiti (MAS)

- For every 50 – 100 households in slums and among vulnerable communities
- BCC & Health Promotion

I. Physical Progress (as per 2nd quarter ending September, 2016)

Overall Progress

- 59% Clinical & Paramedical staff is in-position
- 69% Program management is in-position
- 79% U-PHCs functional
- 78% ASHA engaged
- 47% MAS formed

1. Status of HR In-Position

S. No.	Staff	Type of staff	Total Staff approved	Staff in Place	%
1.	Clinical & Paramedical Staff	MO (Full time)	2916	1845	63
		Staff Nurse	7939	4075	51
		ANM	16694	10758	64
		Lab-Technician	3592	1994	56
		Pharmacist	3668	1885	51
		Public Health Manager	557	261	47
		Total	35366	20818	59%
2	Program Management Staff	at SPMU	209	162	78
		at DPMU	872	576	66
		at CPMU	390	272	70
		Total	1471	1010	69%

9

2. Operationalization of U-PHCs

S. No.	U-PHCs	No. Approved	No. U-PHCs functional	%
1.	Total U-PHCs operationalized	4507	3561	79%

10

3. Community Process

S. No.	ASHA/ MAS	No. Approved	No. Selected /Formed	%
1.	ASHA	67409	52292	78%
2.	MAS	111157	52050	47%

11

4. Reporting under HMIS

- Out of 1067 cities, 968 cities (91%) mapped under HMIS
- 89% facilities in urban areas are reporting on HMIS

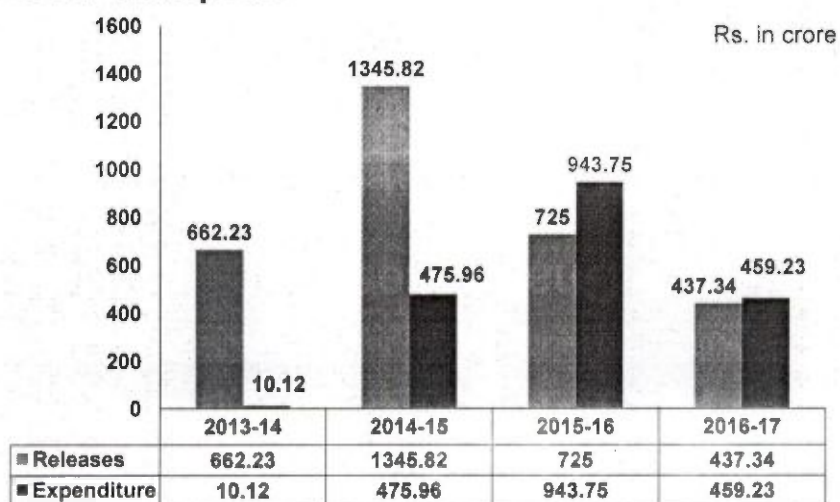
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Guidelines & Manuals – Developed

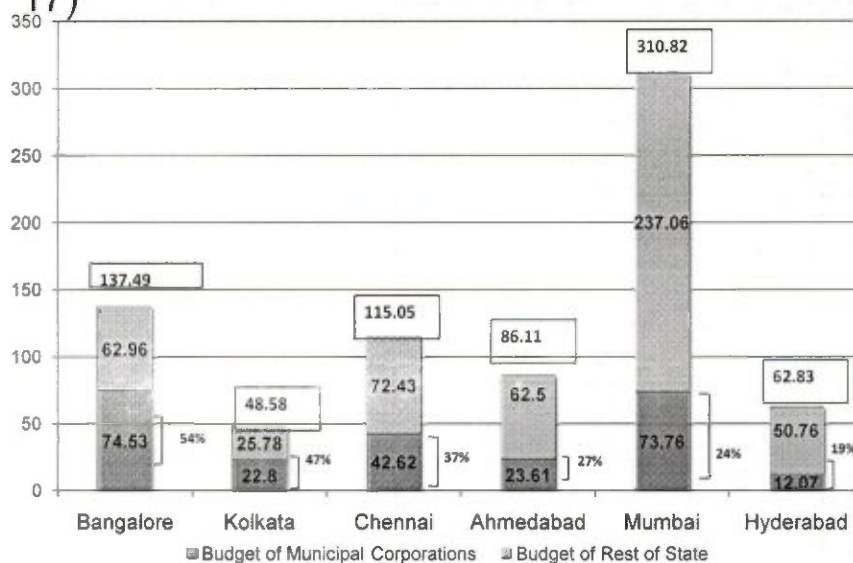
- Following guidelines/ manuals developed & shared with the States:
 - NUHM Implementation Framework
 - Community Process Guidelines in the Urban context
 - Induction Module for Mahila Arogya Samiti (MAS)
 - Induction Module for ASHAs in Urban areas
 - ToR for engagement of Public Health Manager
 - Outreach Guidelines
 - Quality Standards for Urban PHCs

II. Financial Progress

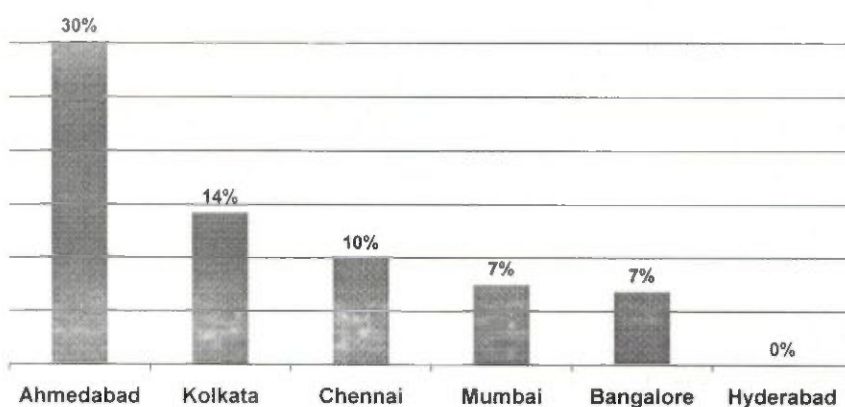
Releases and Expenditure under NUHM since inception



Percentage of Approvals given to Municipal Corporations from Total Approvals (F.Y. 2016-17)

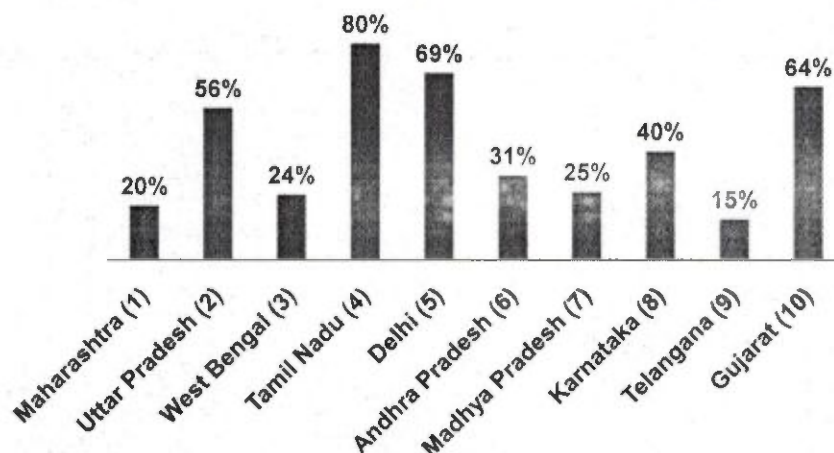


Status of utilization of funds of Municipal Corporations for the F.Y. 2016-17



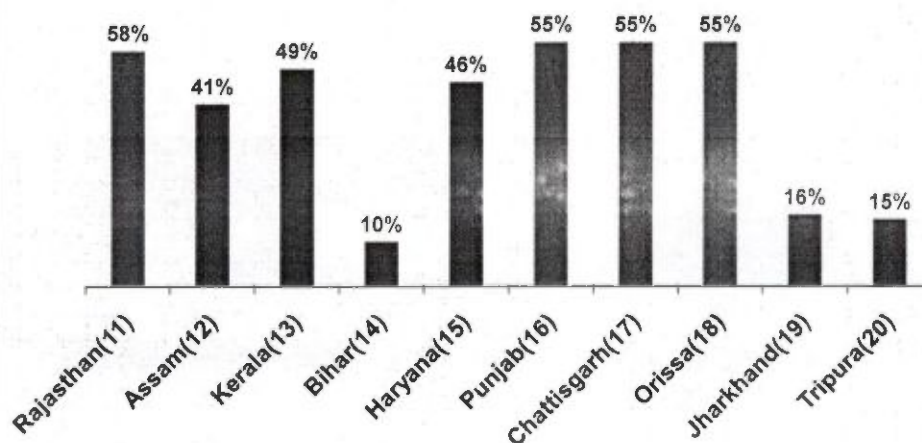
Utilization is computed on the basis of approvals given to Corporations in ROP and expenditure reported by these Corporations in their presentations

Overall utilization of Top 20 States having highest allocation of funds under NUHM



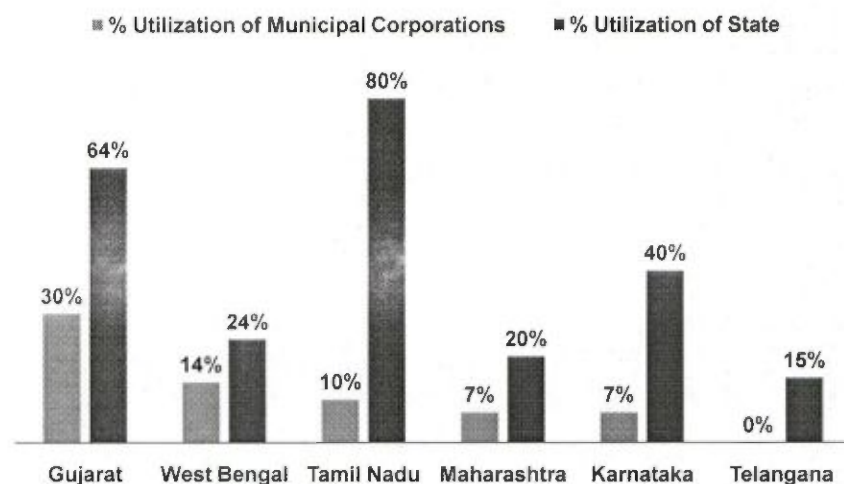
The utilization is upto September, 2016 against available funds including releases from Ministry and Proportionate State share

Overall utilization of Top 20 States having highest allocation of funds under NUHM



The utilization is upto September, 2016 against available funds including releases from Ministry and Proportionate State share

Utilization trend of Municipal Corporations of seven metro cities vs State Government



20

Issues & Challenges

- Mainstreaming of NUHM by 7 Metropolitan ULBs
- Overall expenditure by ULBs low
- Lack of convergence platform between ULBs and State health department
- Identification and filling of gap in consultation with State
- Weak Immunization in urban areas (Letter sent on 21st June to 7 Metropolitan ULBs regarding focus on Immunization)
- Financial progress reported is much lower than physical progress being reported

Continued.....

- Regular State level reviews with ULBs not being held in case of states where implementation is through JLBs besides state level reviews
- RKS constitution and expenditure of untied funds not been done
- Registration and transfer of funds under NUHM through PFMS, formation not being done

THANK YOU

5/3/11 crane - prize money.

Kayakalp.

ODF

Rag Pickor

MRS - he. works 2 months on Sachinagolis for
Dissemination of SGM related messages.
Micro. sanitation plan -

Land availability.

HR - - status of AYUSH in hand of MRS

universal screening 30 yrs & above,
in 100 District for 5 years.

Myptecum


Diabetes.

cancer $\left\{ \begin{array}{l} \text{oral} \\ \text{breast} \\ \text{cervical} \end{array} \right.$


Start dt. 15 - March \rightarrow .

Detailed plan - what to do - exp.

$\frac{NOLM}{11 SHA} \rightarrow 1 ALF$
 $11 ALF \rightarrow 1 CLF$



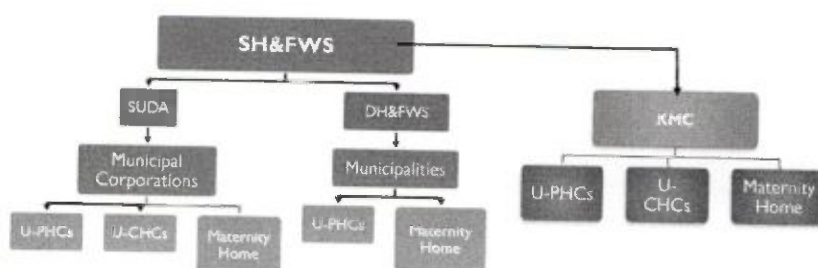
Mahila Arogya Samiti (MAS) under NUHM WEST-BENGAL



West-Bengal at a glance

- Total nos. of ULBs under NUHM : 88
- Municipal Corporations (including Kolkata) : 7
- Municipalities : 81
- Total population : 20.2 crore 2,02 Crore
- ~~Urban Population~~ : 6.5 crore
- Slum population : 66.97 Lakh
- Total nos. of MAS sanctioned : 11709

NATIONAL URBAN HEALTH MISSION (NUHM) ORGANOGRAM



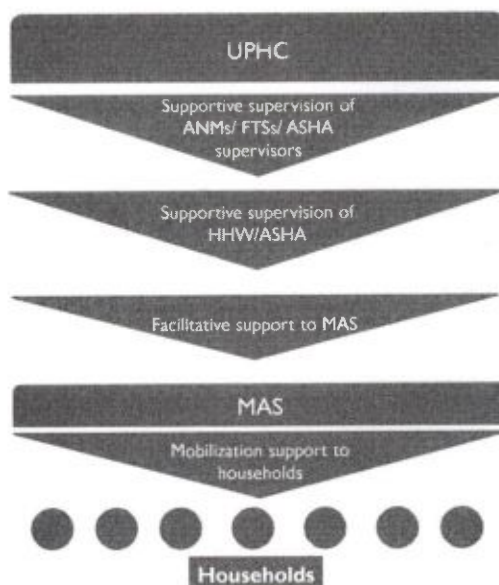
NATIONAL URBAN HEALTH MISSION AND COMMUNITY PROCESS

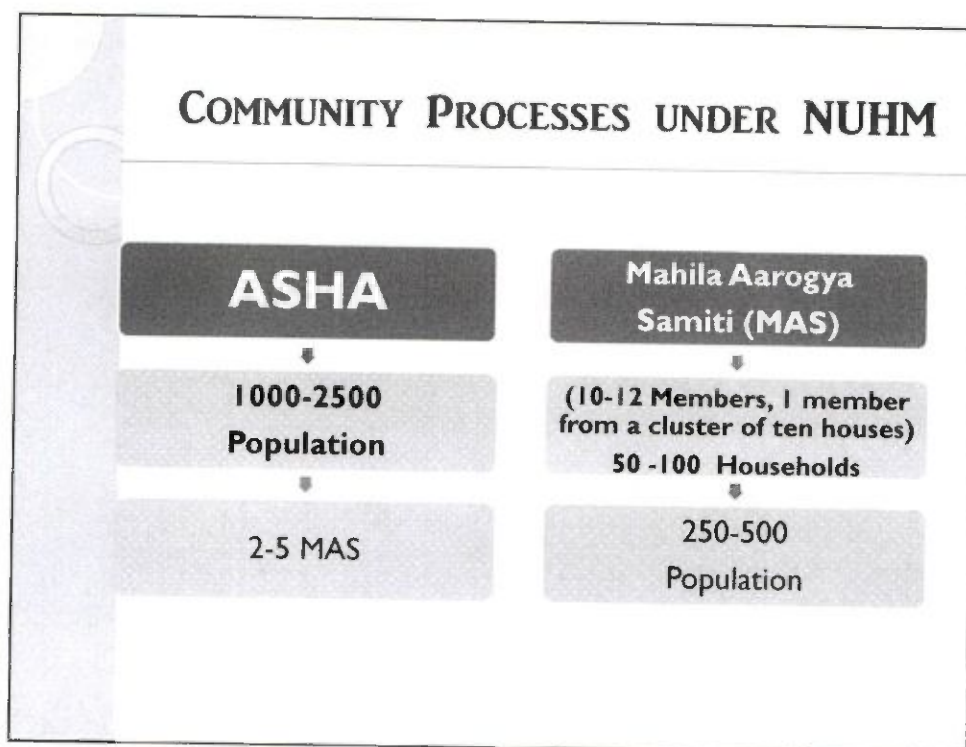
- What is Community Participation?
- Importance of Community Participation in Health

IMPORTANCE OF COMMUNITY PARTICIPATION IN HEALTH

- Promotion of healthy behaviors and prevention of diseases
- People have a right and a duty to be involved in the decisions affecting their lives.
- Utilization of resources (Human & Financial) for effective and quality health care services
- The community is most capable to find out the socio-economical determinants of health.
- Community participation leads to find out the mismatch between people's needs and services delivered

COMMUNITY PROCESSES- IT'S STRUCTURE





WHAT IS MAHILA AROGYA SAMITIS (MAS)

Mahila Arogya Samiti is a collective women's group of 10-12 members at Slum/Ward level, representing the community.

MAS UNDER NUHM

- Local women's collective at Slum/Ward level
- Become 'local community action', which would gradually develop to the process of decentralized health planning
- Act as a leadership platform for woman in each slum area- for improving awareness and access of community for health services
- Existing self-help groups of women will be encouraged & utilized as MAS

NEED FOR MAHILA AROGYA SAMITI (MAS)



Situation 1: Many children having diarrhea at the same time and there is one working handpump which is the only source of water

Situation 2: UHND has not been held in the last four months

Situation 3: One primary school opens only 2-3 days a week and teachers do not come regularly. Children are not getting mid-day-meal daily

Situation 4: A new alcohol shop has come up in the area. It causes a lot of harassment for the women and girls

Situation 5: There are 4 deaths due to dengue in the area in this year. Many people are suffering from dengue and many of them have to be hospitalised

OBJECTIVE OF MAS

- Provide an institutional mechanism for the community to be informed of health and other government initiatives
- Participate in the planning and implementation of these programmes
- Provide a platform for convergent action on social determinants and all public services directly or indirectly related to health
- Provide support and facilitate the work of HHW/ASHA and other health care providers

Main Purpose of MAS

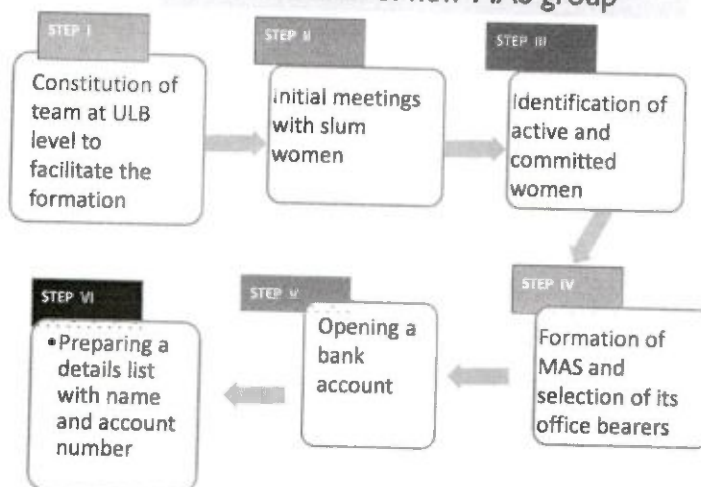
- Demand Generation
- Ensuring optimal utilization of services
- Establishing referral linkages
- Increasing community ownership
- Establishing community level monitoring systems

COVERAGE AND COMPOSITION

- MAS should be formed covering 50-100 households and have 10-12 members.
- Members of the MAS will be drawn from a neighbourhood cluster, by drawing one member from each cluster of 10 to 20 houses.
- Every HHW/ ASHA would be linked to between two to five such groups.
- In case of MAS formed in a slum with different social groups, representation should be ensured from all groups and pockets of the slum.

PROCESS OF MAS FORMATION

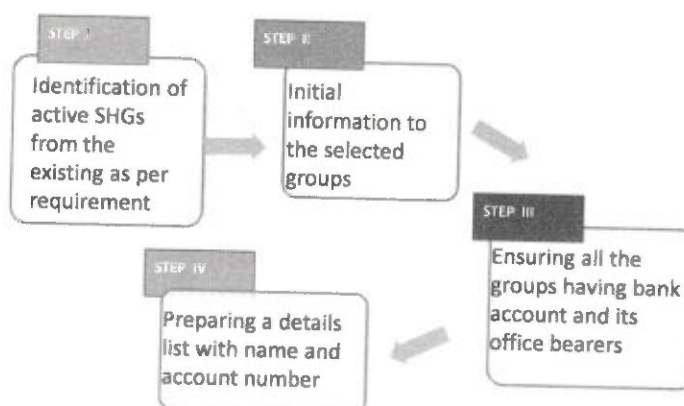
Formation of new MAS group



Format

PROCESS OF MAS FORMATION

Utilising existing SHGs



Format

OFFICE BEARERS AND THEIR ROLES

- Chairperson
- Member Secretary

Responsibilities of Chairperson:

- Lead the monthly meeting
- Ensure smooth coordination among members for decision making.
- Plan awareness generation activities
- Represent the MAS
- Help member secretary in maintenance and updating group record and registers

Responsibilities of Member Secretary:

- Fix the schedule and venue for monthly meeting
- Ensure that maximum participation in the monthly meeting
- Maintaining records and registers
- Arrangements for the Urban Health and Nutrition days.

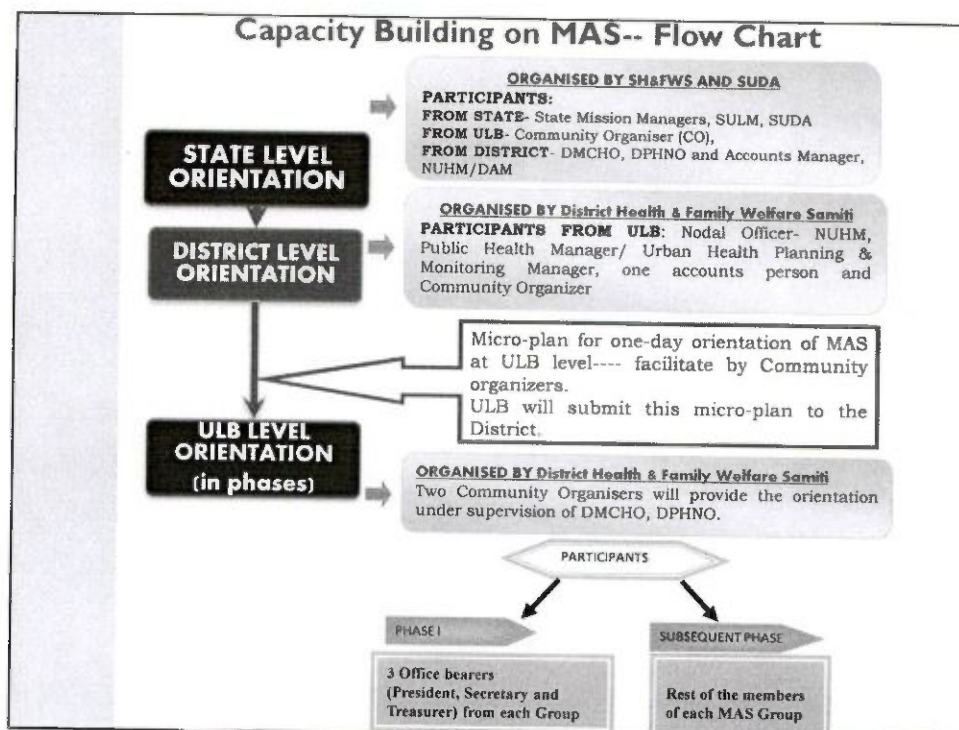
MAS BANK ACCOUNT

- Every MAS should have a bank account
- Nearest bank is preferred
- The untied fund will be directly deposited in this bank account of the MAS.
- The amount of untied fund is Rs 5000 per year to each MAS
- The Chairperson & Member Secretary are the joint signatories of MAS account.

MANAGEMENT OF UNTIED FUNDS

- **The MAS can use these funds**
 - To undertake different activities in their slum or coverage area.
 - To improve the health of the slum: Nutrition, education, sanitation, environmental protection, public health measures are key areas where this fund could be utilized.
- **MAS has to present in the meetings of ULBs/U-PHCs**
 - Plan of proposed activities
 - Budget
- **The annual Statement of Expenditure (SOE) and Utilization Certificates (UCs) prepared by MAS, will be forwarded by the FTS/ ASHA Facilitator to the U-PHC to City/District PMU.**

Capacity Building on MAS-- Flow Chart



AWARENESS PROGRAMME REGARDING MAS



COMPONENTS IN CAPACITY BUILDING OF MAS

The training of MAS will be conducted through quarterly workshops of two days and will aim to develop their capacities in:

- Community participation and need for MAS
- Objectives of NUHM
- Concept of inequity, vulnerability, socio-economic marginalization and its impact on health
- Identification and mapping of vulnerable groups all aspects of community mobilization
- Common Health Burdens among the vulnerable Groups
- Objectives, roles and activities of MAS
- Management of untied funds,
- Monitoring of public services
- Undertaking local level planning for improving access of the community to health and other services like safe water and improved sanitation facilities.

COMPONENTS IN CAPACITY BUILDING OF MAS

- Public Health Facilities at Various Levels under NUHM
- Important Determinants for Good Health
 - Adequate food (nutrition)
 - Safe drinking water, sanitation, hygiene and housing
 - Clean environment, healthy living conditions and healthy lifestyle
 - Access to better health services
 - Education
 - Freedom from exploitation and discrimination
 - Women's rights
 - Protected work environment
 - Relaxation, recreation and healthy relationships

COMPONENTS IN CAPACITY BUILDING OF MAS

- ILL-HEALTH is Related to
 - Malnutrition
 - Unsafe water and lack of sanitation
 - Unhealthy living conditions
 - Unhealthy habits-alcohol/drug abuse
 - Hard labour and difficult work conditions
 - Mental tension
 - Patriarchy (Unequal power relation between man and woman resulting in gender discrimination)
 - Lack of access to health services
 - Lack of health education

COMPONENTS IN CAPACITY BUILDING OF MAS

- Nutrition
 - Impact of Malnutrition on Health
 - Healthy feeding practices for children
- Water, Sanitation and Hygiene (WASH)
 - Impact of Unsafe drinking water on health
 - Safe Water Handling Practices
 - Household Water Treatment Methods
 - Impact of lack of sanitation on health
 - Critical times of Hand Washing
 - Steps for correct Hand wash procedure

COMPONENTS IN CAPACITY BUILDING OF MAS

- Work Conditions
- Living Conditions
- Stress
- Tobacco and Alcoholism
- Lack of access to health services
- Health Education

CONVERGENCE FOR HEALTH



CONVERGENCE AND ROLE OF MAS

- Monitor the situation of water, sanitation, food, housing and education services in their respective area
- Utilize the provisions under various government development schemes
- Arrange a monthly and quarterly meeting with all relevant stakeholders to discuss the community issues

ACTIVITIES OF MAS



ACTIVITIES OF MAS

- Mapping and listing of slum households
- Preparation of resource map in the communities for identifying vulnerable and socio-economically disadvantaged group
- Monitoring and facilitating access to essential public services:
 - ensuring that all the people in the community or geographical area of MAS, particularly vulnerable groups and disabled are receiving the services related to health, water, sanitation nutrition and education
- Organizing Local collective action on issues related to Health, Nutrition, Water, Sanitation and its social determinants
- Community Monitoring of Health Care Facilities

ACTIVITIES OF MAS

- Facilitating service delivery and service providers in the community:

This will be by

- Supporting ANM, AWW and HHW/ASHA in organising the Urban Health Nutrition Day and immunization sessions.
- Mobilizing pregnant women and children, particularly from marginalized families
- Coordinate with HHW/ASHA and ANM in organising outreach sessions

ACTIVITIES OF MAS

- To develop health plans specific to the local needs and serves as a mechanism to promote community action for health.
- Community health planning is a continuous process and is to be discussed in each monthly meeting.
- Conducting Monthly Meetings : Meetings of MAS should be at least once in every month.
- Maintain records of births and deaths in the slum cluster.
- Maintain the records and resolution of meeting
- Management of untied funds

MONTHLY MEETINGS

- Meetings of MAS should be at least once in every month.
- Member Secretary and Chairperson will be responsible for organizing the meeting.
- ASHA/HHW and the FTS/ ASHA facilitator should help in facilitating the meeting
- MAS meetings should be preferably held at a fixed place which is easy to reach and accessible to all members. The possible venues are:
 - Anganwadi Centre, Community Centre, School, House of any of the members
- The discussion of the meeting should be recorded.
- A discussion register and meeting attendance register should be maintained.
- A MAS meeting should be attended by at least 50% of the members for a minimum quorum

MONITORING THE FUNCTIONING OF MAS

- UPHC level- HHW/ ASHA/ FTS/ ASHA Facilitator
- Review meeting at ULB level-PHM/UHPMM conduct a meeting. COs will present
- District level monthly review meeting- DPC/ Epidemiologist in the supervision of Dist Nodal Officer who is looking after NUHM
- State level- Consultant-CP, SPMU

Indicators

- % of MAS having regular monthly meetings
- % of MAS who have submitted SOEs
- % of UHNDs held v/s planned
- Achievement of any community mobilising programme

MONITORING

- FTS/ASHA Facilitator will provide a detailed data base on MAS to the ULB
- ULB provide the information to DPMU
- District PMU maintain the database regularly
- DPMU send the primary and updated database to the State
- The data base should have information on:
 - a. No. of slums under each U-PHC
 - b. No of MAS formed
 - c. Monthly meetings held
 - d. No. of MAS with Bank Accounts opened
 - e. Dates of release of the un-tied fund
 - f. Total Fund spent by each MAS – as per UCs received.

RECORDS

- a. Record of Meetings – with attendance signatures.
- b. Record of approvals given by members for expenditure/withdrawal
- c. Cash book
- d. Public Services Monitoring Register
- e. Birth Register
- f. Death Register

LIST OF ANNEXURES

Annexures	TOPIC
<u>Annexure I</u>	Resolution for MAS Formation
<u>Annexure II</u>	MAS Registration Sheet
<u>Annexure III</u>	letter to Bank for Opening of Bank Account
<u>Annexure IV</u>	Vulnerability Assessment Tool
<u>Annexure V</u>	Public Services Monitoring Tool
<u>Annexure VI</u>	Checklist for Urban Health and Nutrition Day (UHND)
<u>Annexure VII</u>	Checklist for Assessing Quality of Services at Health facilities
<u>Annexure VIII</u>	MAS Monthly Meeting Attendance Record
<u>Annexure IX</u>	Death Register
<u>Annexure X</u>	Birth Register
<u>Annexure XI</u>	Cash Book for MAS
<u>Annexure XII</u>	MAS Statement of Expenditure (SOE)
<u>Annexure XIII</u>	Format of Utilization Certificate (UC)
<u>Annexure XIV</u>	MAS Monitoring Matrix

ROLE OF COMMUNITY ORGANISER

- Selection of MAS from among the existing active (as per criteria) self-help groups under NULM will be done by the concerned ULB. Community Organisers will assist ULB in MAS selection process.
- Arrange to form new groups if necessary for formation of MAS.
- Community Organisers will assist ULB representative of H&HW Dept. in preparation of detail list of the selected MAS groups as per prescribed format.
- Community Organisers will act as a Resource Person for imparting orientation- for which they will get incentive from the budget head of orientation of MAS.

ROLE OF COMMUNITY ORGANISER

- Community Organisers will be present in review meeting of MAS at ULB level.
- Community Organisers will act as Facilitator of quarterly workshop of MAS.
- Community Organisers will guide the MAS-SHG's to maintain the books of accounts in same cash book but in different Ledger pages.
- Community Organisers will also guide the MAS groups to prepare agenda and also help to prepare resolution, so that the issues regarding Mahila Arogya Samiti are to be discussed in the group meeting and noted in the resolution.

BEST PRACTICES

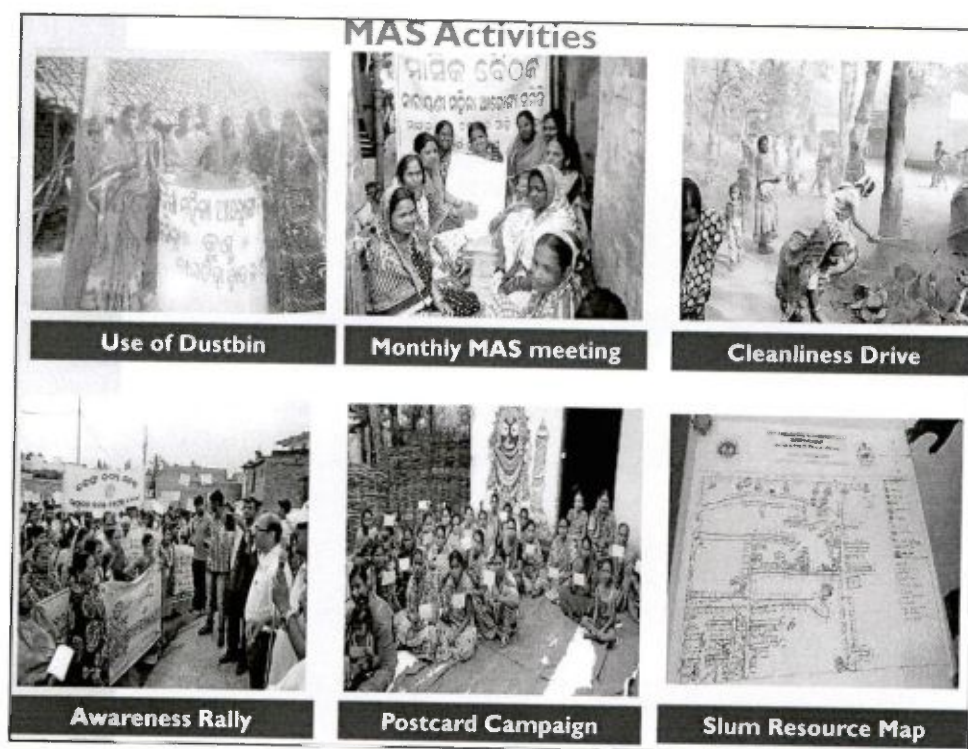
MAS in other state - Orissa



- Ensure 100% institutional delivery
- Ensure 100% immunisation of the child
- Family planning awareness to all Eligible Couple
- Construction/use of toilet, ensure open defecation free and slum cleanness
- Full attendance of beneficiary in UHND and immunisation session
- Understand all schemes, programs and entitlement
- Planning and proper utilisation of untied fund
- Co-ordination with front line workers and line departments
- Maintain composite register

Resource Map of MAS

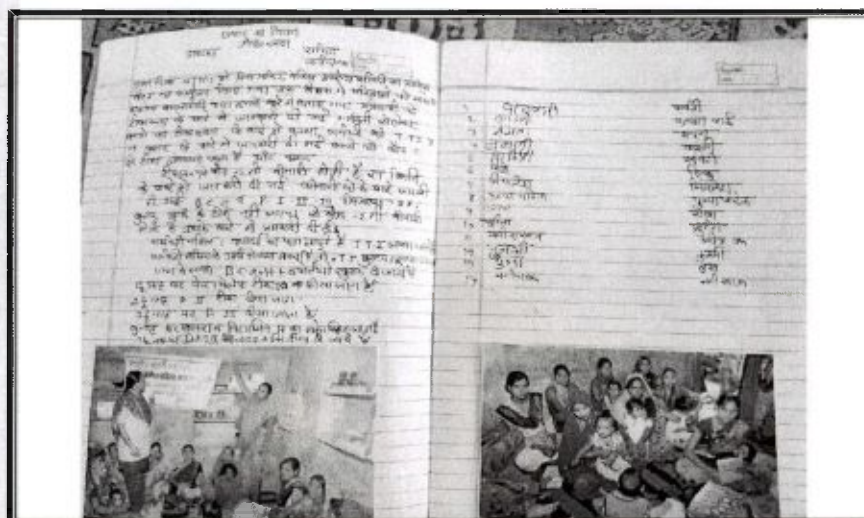




Major Activities done by MAS

- Active participation in community mobilization
- Involvement of National Programmes like
 - Mission Indradhanush
 - Communicable & Non-communicable diseases.
 - Promotion of ANC at first trimester and Institutional Deliveries.
 - Create Motivation for Health & Hygiene issues.
 - Counseling of people living in slums about health & its determinants.
- Participation in SBM (Swacchh Bharat Mission) as one of the MAS members has been designated as "Swacchhta Doot"

Proceedings of Meetings



MAS in other state - Rajasthan
Slogan writing in slum areas by MAS

Wall postering by MAS

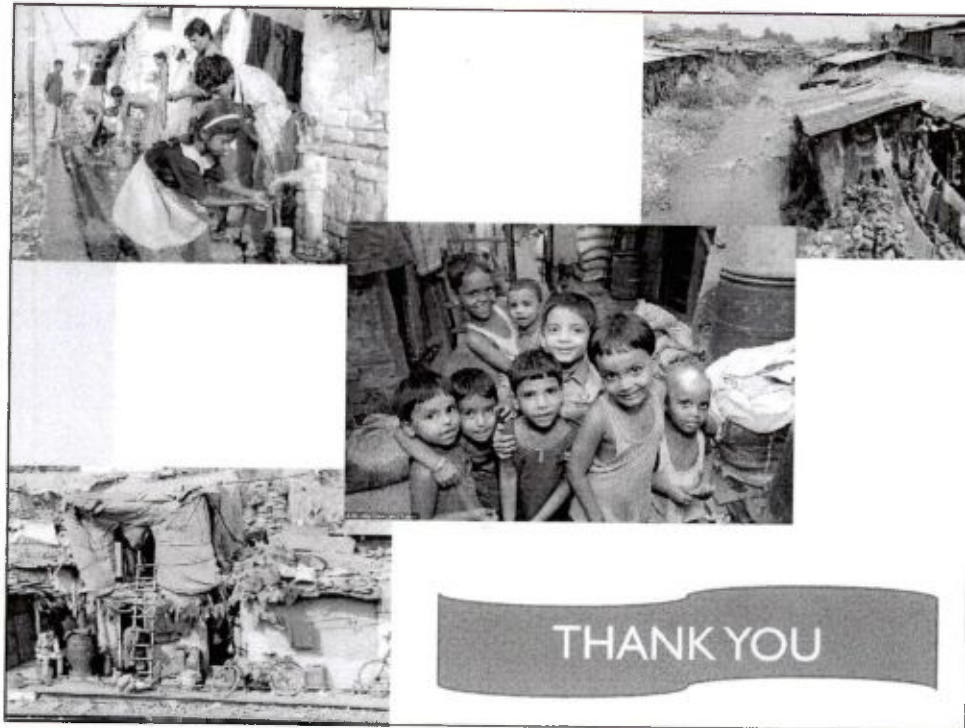


MAS meeting



MAS in other State - Telengana





① Grup benefit -

**State level Orientation Programme regarding MAS under National Urban Health
Mission (NUHM)**

VENUE: Conference Hall, SUDA

Date: January 18 & 20, 2017

Agenda:

10.30 am to 10.40 am :	Welcome Address: Director, SUDA
10.40 am to 10.50 am:	Concept of NUHM: AMD, NHM
10.50 am to 11.00 am:	Convergence: Linkages between NULM and NUHM: Joint Mission Director, NULM
11.00 am to 11.15 am:	Training objectives: SNO, NUHM
11.15 am to 12.45 pm:	Presentation on MAS: SPMU, NUHM
12.45 pm to 1.15 pm:	Maintainance of accounts: Sr. Account <u>Officer</u> , NHM, SH&FWS & SULM, SUDA
1.15 pm to 1.30 pm:	Monitoring mechanism of MAS: SPMU, NUHM
1.30 pm to 1.45 pm:	Training validation & Vote of thanks: PO, Health, SUDA

LUNCH

2.15 pm to 2.25 pm :	Welcome Address: Director, SUDA
2.25 pm to 2.35 pm:	Concept of NUHM: AMD, NHM
2.35 pm to 2.45 pm:	Convergence: Linkages between NULM and NUHM: Joint Mission Director, NULM
2.45 pm to 3.00 pm:	Training objectives: SNO, NUHM
3.00 pm to 4.30 pm:	Presentation on MAS: SPMU, NUHM
4.30 pm to 5.00 pm:	Maintainance of accounts: Sr. Account Officer, NHM, SH&FWS & SULM, SUDA
5.00 pm to 5.15 pm:	Monitoring mechanism of MAS: SPMU, NUHM
5.15 pm to 5.30 pm:	Training validation & Vote of thanks: PO, Health, SUDA

Folders. 2 reading material

18.1	1st mtd.	91	195
	2nd mtd.	87	190
20.1		90	190
		84	185

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

☎ 033 - 2357 - 0432, ☎ 033 - 2357 - 7930,
Email ID: [spm.nuhm@gmail.com](mailto:spmu.nuhm@gmail.com); website: www.wbhealth.gov.in

Memo No. HFW/NUHM-697/2015/4192

Date: 11.1.2017

From : **State Nodal Officer, NUHM**
West Bengal

To : **Chief Medical Officer of Health,**
Darjeeling, Bardhaman, Asansol HD, Hooghly

Sub: *Orientation Programme regarding Mahila Arogya Samity under NUHM*

Sir,

I am directed to inform you that orientation programme regarding formation, functioning and monitoring of Mahila Arogya Samity (MAS) at state level will be organized by SH&FWS & SUDA (State Urban Livelihood Mission). You are requested to spare DMCHO, DPHNO and Accounts Manager, NUHM/ DAM from your district to attend the orientation programme. They will in turn conduct the district level orientation and also organize the ULB level training for MAS group. The details of state level orientation programme is given below

Date: 20.1.2017

Time: 2.00 pm to 5.00 pm

Venue: SUDA Conference Hall,
ILGUS BHAVAN, H-C Block,
Sector - III, Bidhannagar,
Kolkata 106

The list of participating ULBs is enclosed.

Yours faithfully

Encl.: *As stated*


State Nodal Officer, NUHM

Memo No. HFW/NUHM-697/2015/4192/1(9)

Date: 11.1.2017

Copy forwarded for information to:

1. Additional Mission Director, NHM
2. Director, SUDA
3. Jt. Director, SUDA & Jt. Mission Director, WBSULM
4. Sr A.O. with a request to make it convenient to present in the programme
5. P.O. (Health), SUDA
6. State ASHA Cell with a request to send one representative from the cell
7. P.A. to Mission Director, NHM
8. IT Cell, Swasthya Bhawan for web posting
9. Guard file



State Nodal Officer, NUHM

List of Participants for Orientation Workshop on Mahila Arogya Samity



Date: 20.1.17 Venue: SUDA Conference Hall

Time : 2.00 pm to 5.00 pm

Sl. No	Name of ULB
1	Asansol MC
3	Durgapur MC
2	Burdwan
4	Kalna
5	Katwa
6	Arambag
7	Bansberia
8	Bhadreswar
9	Champdani
10	Chandannagar MC
11	Dankuni
12	Hooghly Chinsurah
13	Konnagar
14	Rishra
15	Seramapore
16	Uttarpara Kotrung
17	Siliguri MC

Pm

GOVERNMENT OF WEST BENGAL
HEALTH & FAMILY WELFARE DEPARTMENT
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GN -29, 1ST FLOOR, GRANTHAGAR BHAWAN,
SWASTHYA BHAWAN PREMISES, SECTOR -V
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 033 - 2357 - 0432,  033 - 2357 - 7930,
Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in

Memo No. HFW/NUHM-697/2015/4191

Date: 11.1.2017

From : **State Nodal Officer, NUHM**
West Bengal

To : **Chief Medical Officer of Health,**
Purba Medinipur, Nandigram HD, Paschim Medinipur, Jhargram HD, Birbhum,
Rampurhat HD, Nadia, Howrah

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Date: 20.1.2017

Time: 10.30 am to 1.30 pm

Venue: SUDA Conference Hall,
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State Nodal Officer, NUHM

List of Participants for Orientation Workshop on Mahila Arogya

Samity

Date: 20.1.17 Venue: SUDA Conference Hall

Time : 10:30 am to 1:30 pm

Sl. No	Name of participating ULB
1	Contai
2	Tamluk
3	Haldia
4	Panskura
5	Ghatal
6	Kharagpur
7	Medinipur
8	Jhargram
9	Bolpur
10	Rampurhat
11	Suri
12	Howrah MC
13	Uluberia
14	Chakdah
15	Kalyani
16	Krishnagar
17	Nabadwip
18	Santipur

Plam

GOVERNMENT OF WEST BENGAL
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Memo No. HFW/NUHM-697/2015/4190

Date: 11.1.2017

From : **State Nodal Officer, NUHM**
West Bengal

To : **Chief Medical Officer of Health,**
Bankura, Bishnupur, Malda, Alipurduar, Jalpaiguri, Coochbehar, Dakkhin Dinajpur,
Uttar Dinajpur, South 24 Parganas, Diamond Harbour

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Date: 18.1.2017

Time: 2.00 pm to 5.00 pm

Venue: SUDA Conference Hall,
ILGUS BHAVAN, H-C Block,
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Kolkata 106

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7. P.A. to Mission Director, NHM
8. IT Cell, Swasthya Bhawan for web posting
9. Guard file



State Nodal Officer, NUHM

List of Participants for Orientation Workshop on Mahila Arogya Samity

Date: 18.1.17 Venue: SUDA Conference Hall

Time : 2.00 pm to 5.00 pm

Sl. No	Name of participating ULB
1	Alipurduar
2	Bankura
3	English Bazar
4	Old Malda
5	Jalpaiguri
6	Coochbehar
7	Balurghat
8	Gangarampur
9	Islampur
10	Kaliaganj
11	Raiganj
12	Maheshtala
13	Rajpur Sonarpur
14	Diamond Harbour

Pam

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

☎ 033 - 2357 - 7928, 📠 033 - 2357 - 7930,
Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in

Memo No. HFW/NUHM-697/2015/4189

Date: 11.1.2017

From : **State Nodal Officer, NUHM**
West Bengal

To : **Chief Medical Officer of Health,**
North 24 parganas, Basirhat HD, Purulia, Murshidabad

Sub: *Orientation Programme regarding Mahila Arogya Samity under NUHM*

Sir,

I am directed to inform you that orientation programme regarding formation, functioning and monitoring of Mahila Arogya Samity (MAS) at state level will be organized by SH&FWS & SUDA (State Urban Livelihood Mission). You are requested to spare DMCHO, DPHNO and Accounts Manager, NUHM/ DAM from your district to attend the orientation programme. They will in turn conduct the district level orientation and also organize the ULB level training for MAS group. The details of state level orientation programme is given below

Date: 18.1.2017

Time: 10.30 am to 1.30 pm

Venue: SUDA Conference Hall,
ILGUS BHAVAN, H-C Block,
Sector - III, Bidhannagar,
Kolkata 106

The list of participating ULBs is enclosed.

Yours faithfully

Encl.: *As stated*

Polem

State Nodal Officer, NUHM

Memo No. HFW/NUHM-697/2015/4189/1(9)

Date: 11.1.2017

Copy forwarded for information to:

1. Additional Mission Director, NHM
2. Director, SUDA
3. Jt. Director, SUDA & Jt. Mission Director, WBSULM
4. Sr A.O. with a request to make it convenient to present in the programme
5. P.O. (Health), SUDA
6. State ASHA Cell with a request to send one representative from the cell
7. P.A. to Mission Director, NHM
8. IT Cell, Swasthya Bhawan for web posting
9. Guard file



State Nodal Officer, NUHM

List of Participants for Orientation Workshop on Mahila
Arogya Samity

Date: 18.1.17 Venue: SUDA Conference Hall
Time : 10:30 am to 1:30 pm

Sl. No	Name of Participating ULB
1	Ashoknagar Kalyangarh
2	Bongaon
3	Baranagar
4	Barasat
5	Barrackpore
6	Basirhat
7	Bhatpara
8	Bidhannagar MC
9	Dum Dum
10	Halisahar
11	Kamarhati
12	Kanchrapara
13	Khardah
14	Madhyamgram
15	Naihati
16	New Barrackpore
17	North Barrackpore
18	North Dum Dum
19	South Dum Dum
20	Habra
21	Panihati
22	Titagarh
23	Purulia
24	Berhampur
25	Dhulian
26	Jiaganj Azimganj



110
6/1/17

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



033 - 2333-0432,



033 - 2357 - 7930,

Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in

PO(H)
ver 6/1

Memo No. HFW/NUHM-697/2015/4138

Date: 05.1.2017


From : **Commissioner,
Health and Family Welfare Department &
Addl. Mission Director, NHM
Government of West Bengal**

To : Director, SUDA

Sir,

In reference to your office memo no. SUDA-Health/430/16/183 dated 29.11.2016, you are requested to arrange for the orientation of Community Organisers (CO) under NULM and other related HR from District level who can be involved in the training, etc. for Mahila Arogya Samiti (MAS) under NUHM. This orientation will be held at State level. As per discussion with Joint Director, SUDA & Joint Mission Director, NULM, the state level orientation may be fixed on 19th & 20th January, 2017 at Conference Hall, SUDA. You are requested to use your good office to inform Community Organisers from ULBs to attend the orientation. State Mission Managers may be requested to take part during orientation. District level personnel from DH&FWS will also take part in the orientation who will be informed by SH&FWS. Venue of the training, TA and accommodation of Community Organisers may be arranged by SMMU, NULM. Refreshment and other training cost will be borne by SH&FWS.

Yours faithfully



**Commissioner, H& FW &
Addl. Mission Director, NHM**

Memo No. HFW/NUHM-697/2015/4138

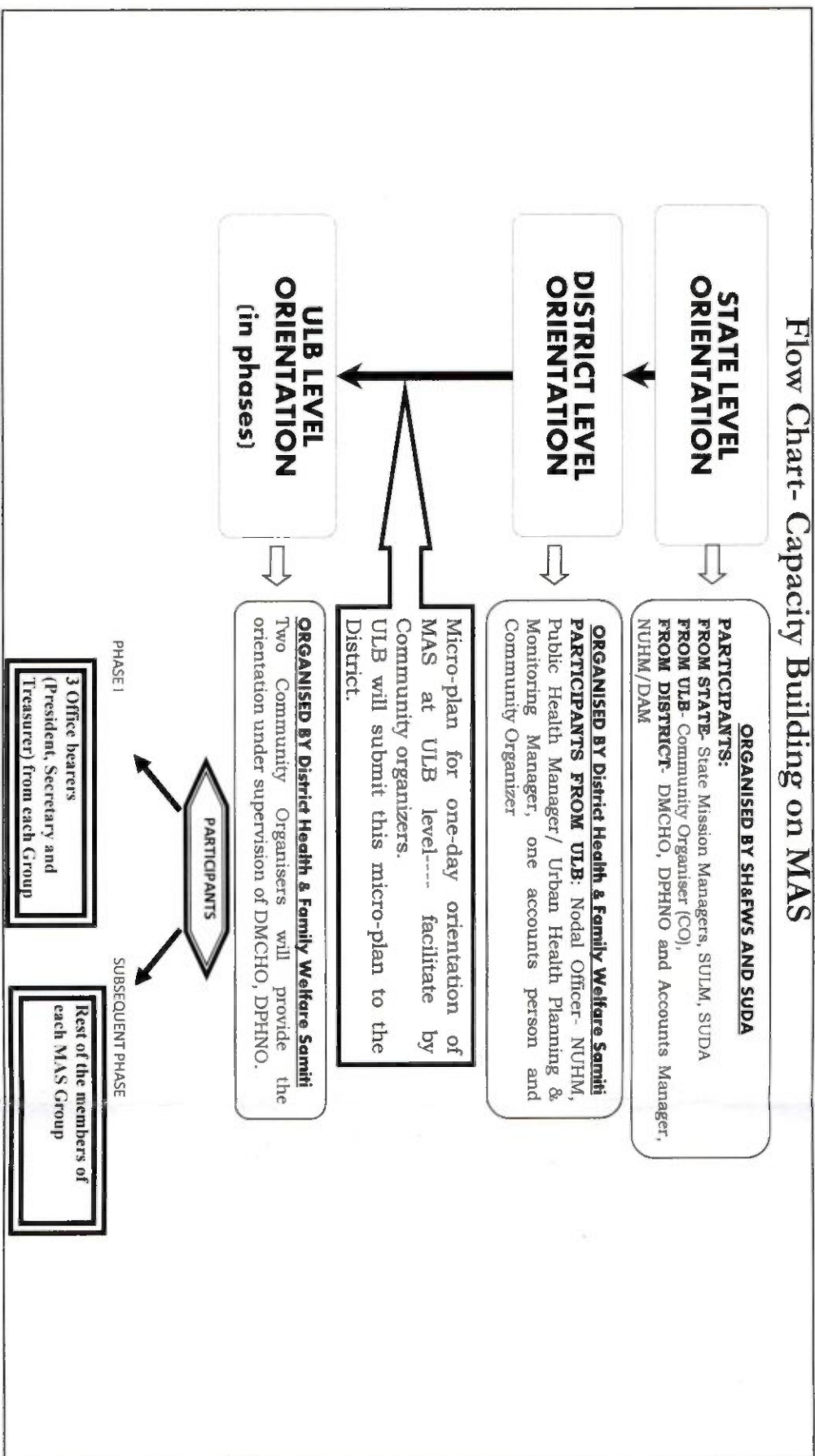
Date: 05.1.2017

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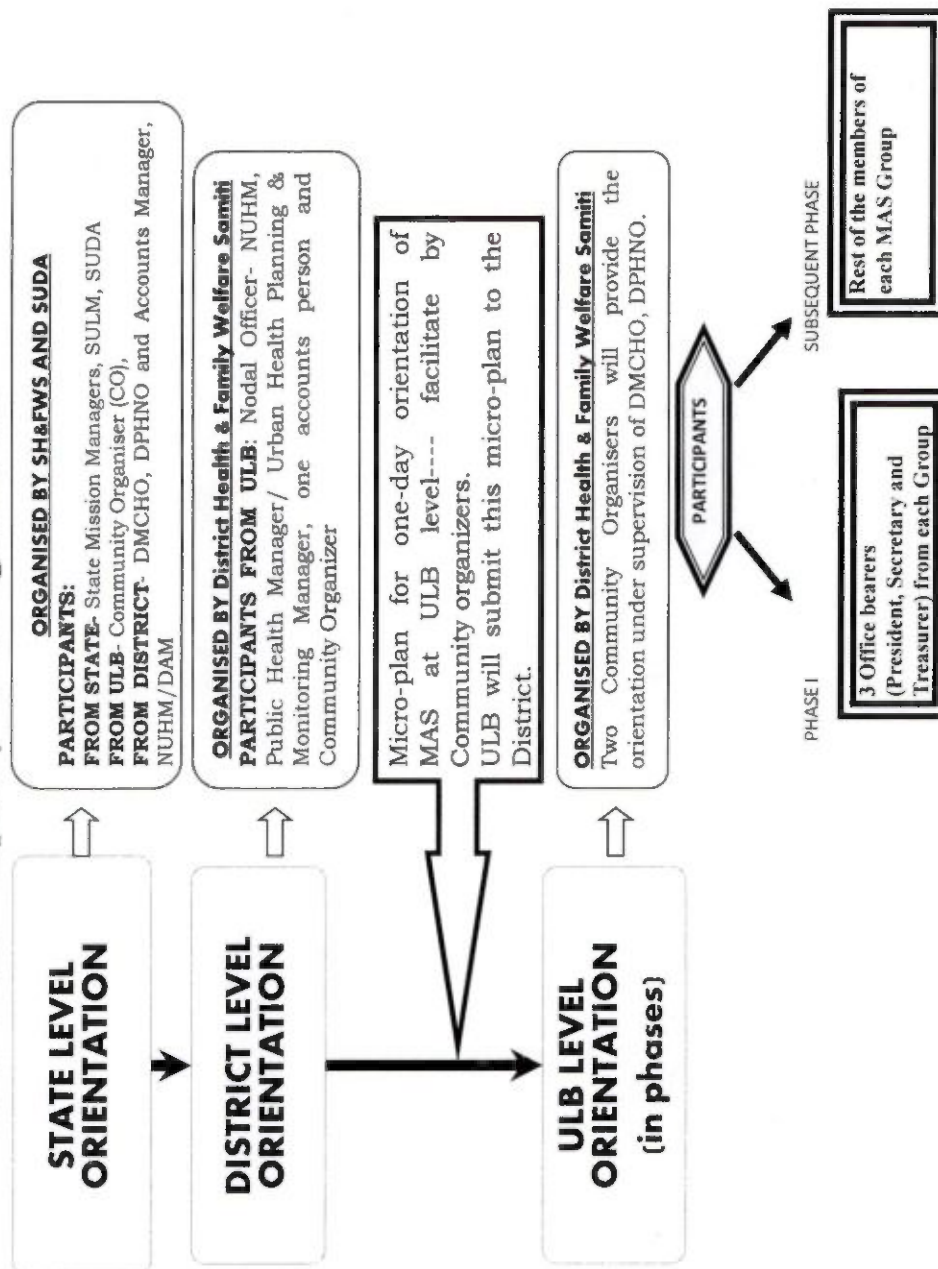
1. Joint Director, SUDA & Joint Mission Director, NULM
2. Guard file


**Commissioner, H& FW &
Addl. Mission Director, NHM**

Flow Chart- Capacity Building on MAS



Flow Chart- Capacity Building on MAS



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

☎ 033 - 2333- 0432, 📠 033 - 2357 - 7930,
Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in

Memo No. HFW/NUHM-697/2015/4138

Date: 05.1.2017


From : **Commissioner,**
Health and Family Welfare Department &
Addl. Mission Director, NHM
Government of West Bengal

To : Director, SUDA

Sir,

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Yours faithfully



Commissioner, H& FW &
Addl. Mission Director, NHM

Memo No. HFW/NUHM-697/2015/4138

Date: 05.1.2017

Copy forwarded for information and necessary action to:

1. Joint Director, SUDA & Joint Mission Director, NULM
2. Guard file


Commissioner, H& FW &
Addl. Mission Director, NHM



STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/430/16/183

Date 29.11.2016

From : Director, SUDA

**To : The Commissioner
Health & Family Welfare Department &
Addl. Mission Director, NHM**

Sub. : Selection, Formation, Capacity Building & Monitoring of Mahila Arogya Samiti (MAS) under NUHM.

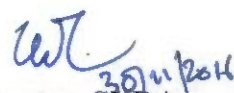
Sir,

Your proposal under memo no. HFW/NUHM-697/2015/3484 dt. 16.11.2016 on the subject mentioned above have been examined by Municipal Affairs Department and following proposals w.r.t. MAS under NUHM has been approved :

- (1) The decision of MAS formation among existing SHGs is agreed upon and that will be selected by ULB itself, as per requirement of Health & Family Welfare Department.
- (2) Orientation of Community Organiser at State level may be arranged by SMMU, NULM. The representative of Health & Family Welfare Department may impart direct orientation to Community Organiser. No separate orientation of SMM will be required. However, they may take part during orientation.
- (3) District Health & Family Welfare Samity may arrange orientation of MAS – SHG members at ULB level in consultation with the ULB where Community Organiser will act as a Resource Person for imparting orientation.
- (4) Selection & Formation of MAS among existing SHGs will entirely be done by ULBs as per their decision.
- (5) Monitoring of MAS activities may be done by Health & Family Welfare Department. However, CO may be utilized for mobilizing & guiding MAS.

Thanking you.

Yours faithfully,


Director, SUDA
Contd. to P-2.

- 2 -

SUDA-Health/430/16/183/1(2)

Dt. .. 29.11.2016

CC

- 1) Jt. Director, Social Development, SUDA
- 2) P.S. to the Secretary, Municipal Affairs Department


Director, SUDA

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



033 - 2333- 0432, 033 - 2357 - 7930,

Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in



Memo No. HFW/NUHM-697/2015/3484

Date: 16.11.2016

From : **Commissioner,
Health and Family Welfare Department &
Addl. Mission Director, NHM**
Government of West Bengal

To : Director, SUDA

Sir,

Mahila Arogya Samiti (MAS) is a women's group, having 8-12 members. As per NUHM framework, the MAS is to be formed at slum level and will cover approximately 50-100 households (250-500 population).

In West Bengal, we have Self-help Groups under National Urban Livelihood Mission (NULM) in all the Municipal Corporations and Municipalities. It has been decided by the competent authority that instead of forming new group, existing Self-help Groups will be utilised as MAS, and the ULBs were requested to select the MAS from the active SHGs, vide Memo No. H/NUHM-697/2015/2178, dated 11.7.2016 from Mission Director, NHM West Bengal.

In this regard the SHGs need to be oriented to function as MAS under NUHM. The State Mission Managers under NULM at state level and Community Organisers at ULBs, who works under NULM and supervise the SHGs may take part in selection, formation and capacity building of the MAS.

The West Bengal State Health & Family Welfare Department may arrange a one-day ToT on MAS training module at SUDA for five State Mission Managers, present at SUDA. These State Mission Managers will train the Community Organiser at SUDA/Swastha Bhawan under supervision of State Programme Management Unit, Department of Health & Family Welfare, West Bengal and SUDA jointly. Finally these Community Organisers will train the MAS groups of ULBs with the support of District Health & Family Welfare Department. Necessary expenditure in this regard will be borne by NHM.

In the above context you are requested to suggest regarding the feasibility of capacity building, group selection and monitoring of MAS by the State Mission Managers and Community Organisers.

Yours faithfully


**Commissioner, H&FW &
Addl. Mission Director, NHM**

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

☎ 033 - 2333-0432, 📠 033 - 2357 - 7930,

Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in

PO(H)
Pl. put up in file
l
17/11/16

Memo No. HFW/NUHM-697/2015/3484

Date: 16.11.2016

From : **Commissioner,
Health and Family Welfare Department &
Addl. Mission Director, NHM
Government of West Bengal**

To : Director, SUDA

Sir,

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In West Bengal, we have Self-help Groups under National Urban Livelihood Mission (NULM) in all the Municipal Corporations and Municipalities. It has been decided by the competent authority that instead of forming new group, existing Self-help Groups will be utilised as MAS. and the ULBs were requested to select the MAS from the active SHGs, vide Memo No. H/NUHM-697/2015/2178, dated 11.7.2016 from Mission Director, NHM West Bengal.

In this regard the SHGs need to be oriented to function as MAS under NUHM. The State Mission Managers under NULM at state level and Community Organisers at ULBs, who works under NULM and supervise the SHGs may take part in selection, formation and capacity building of the MAS.

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In the above context you are requested to suggest regarding the feasibility of capacity building, group selection and monitoring of MAS by the State Mission Managers and Community Organisers.

Yours faithfully


**Commissioner, H&FW &
Addl. Mission Director, NHM**

STATE URBAN DEVELOPMENT AGENCY**HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal****Ref No. ...SUDA-Health/NUHM/430/16/63(06)****Date20.07.2016****From : Director, SUDA****To : The Mayor
Asansol / Bidhannagar / Chandernagore / Durgapur /
Howrah / Siliguri Municipal Corporation****Sub. : Formation of MAS groups under NUHM.****Sir,**


Enclosed kindly find herewith communication bearing no. H/NUHM-697/2015/2178 dt. 11.07.2016 of the Mission Director, NHM, DHFW on the subject mentioned above.

You are requested to take necessary action accordingly and to submit the report by 20.08.2016 on detailed information of MAS as per format enclosed herewith through email (dfidhwh@gmail.com) for onward submission to Health Department.

Thanking you.

Enclo. : As stated.**SUDA-Health/NUHM/430/16/63(06)/1(1)****CC****The Mission Director, NHM, DHFW****SUDA-Health/NUHM/430/16/63(06)/2(1)****CC****The Commissioner, Municipal Corporation****SUDA-Health/NUHM/430/16/63(06)/3(1)****CC****P.S. to the Secretary, Department of Municipal Affairs**

Yours faithfully,


Director, SUDA**Dt. .. 20.07.2016**
Director, SUDA**Dt. .. 20.07.2016**
Director, SUDA**Dt. .. 20.07.2016**
Director, SUDA

Fwd: formation of MAS groups under NUHM

 Manindra Nath Pradhan

14:42 (49 minutes ago)

----- Forwarded message -----

From: Onkar Singh Meena <meenaonkar@gmail.com>

Date: Tue, Jul 19, 2016 at 8:11 PM

Subject: Re: formation of MAS groups under NUHM

To: "State Program Management Unit(NUHM)" <spmnuhm@gmail.com>, Sanghamitra Ghosh <sangha_70@yahoo.co.in>, Mission Director NRHM <midnrhm@gmail.com>, ajaybhatta_2005 <ajaybhatta_2005@yahoo.co.in>, Chief Engineer <ce_infectedhyar@gmail.com>, Director SUDA <sudadirector@gmail.com>

Cc: "M. A. Deptt. Secretary" <secwmdme@gmail.com>

Let us review NUHM at SUDA on 27th July at 11 am. AMD may attend. CE, MED and SUDA team to attend along with KMC

Onkar Singh Meena

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

 033 - 2357 - 7928,  033 - 2357 - 7930,
Email ID: spmu.nuhm@gmail.com; website: www.wbhealth.gov.in

Memo No. H/NUHM-697/2015/2178

Date: 11.7.2016

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

To : 1. **Director, SUDA**
Department of Municipal Affairs, Govt. of West Bengal

2. **Joint Commissioner,**
Kolkata Municipal Corporation

3. **Chief Medical Officer of Health** (all districts)

Sub: Formation of MAS groups under NUHM

Madam/Sir,

Mahila Arogya Samiti (MAS) is a women's group, having 8-12 members. The members of MAS should be from the community for which the MAS will be formed. As per NUHM framework, the MAS is to be formed at slum level and will cover approximately 50-100 households (250-500 population). They are expected to address the issues related to health, nutrition, water and sanitation for vulnerable populations at community level. They are particularly envisaged as being central to 'local community action'. Main functions of Mahila Arogya Samiti (MAS) include awareness generation in the community to improve health seeking behaviour, ensuring optimal utilisation of health services, organize or facilitate community level health services, assist in community based monitoring system, provide mechanism for the community to voice their health needs and issues with access to health services, so that the institutions of local government and public health service providers can respond appropriately. MAS has also a role in providing support and facilitate the work of community health workers like ASHA and other frontline health care providers who form a crucial interface between the community and health institutions. Therefore, under National Urban Health Mission, MAS group has to be formed for the ULBs from among the slum and other vulnerable population.

In West Bengal we have Neighbourhood Groups in all the Municipal Corporations and Municipalities. As per 'NUHM Frame work' these Neighbourhood Groups may be utilised as MAS, rather than forming new group. Fund has already been placed to all the ULBs to initiate the selection process and capacity building of MAS.

You are requested to inform the ULBs to select the active women's NHGs to function as MAS or form new MAS group, where there is no suitable existing NHG. If MAS groups are to be formed, it is to be done as per 'Guide line for ASHA and Mahila Arogya Samity in the urban context', a guide line from Ministry of Health and Family Welfare, Govt. The guide line has already been shared with all concerned and it is also available in department's website; however, it is enclosed once again. The process of selection of NHG and formation of MAS are to be completed by the concerned ULBs within August 10, 2016. The detailed information of MAS as per format (Annexure - A) are to be forwarded to NUHM cell within August 20, 2016 at spmu.nuhm@gmail.com.

Enclosed: *Annexure - A & Guideline for MAS*

Yours faithfully

sd.

(Sanghamitra Ghosh)

Memo No. H/NUHM-697/2015/2178/1(4)

Date: 11.7.2016

Copy forwarded for information and necessary action to:

1. Commissioner, (Howrah/ Durgapur/ Asansol/Chandannagar/Siliguri)
2. Chairperson, (Alipurduar, Bankura, Baduria, Basirhat, Bolpur, Suri, Bishnupur, Burdwan, Kalna, Katwa, Coochbehar, Balurghat, Gangarampur, Darjeeling, Diamond Harbour, Arambag, Baidyabati, Bansberia, Bhadreswar, Champdany, Dankuni, Hooghly Chinsurah, Konnagar, Rishra, Serampore, Uttarpara Kotrang, Uluberia, Jalpaiguri, Jhargram, English Bazar, Old Malda, Azimganj-Jiaganj, Berhampur, Dhulian, Jangipur, Kandi, Chakdah, Gayeshpur, Haringhata, Kalyani, Krishnagar, Nabadwip, Ranaghat, Santipur, Ashoknagar, Kalyangarh, Bongaon, Baranagar, Barasat, Barrackpore, Bhatpara, Dumdum, Garulia, Habra, Halisahar, Kamarhati, Kanchrapara, Khardah, Madhyamgram, Naihati, New Barrackpore, North Barrackpore, North Dumdum, Panihati, South Dumdum, Titagarh, Ghatal, Kharagpur, Medinipur, Contai, Haldia, Panskura, Tamluk, Purulia, Rampurhat, Baruipur, Budge Budge, Maheshtala, Rajpur Sonarpur, Islampur, Kaliaganj, Raiganj)
3. IT Cell for Web posting
4. Guard file

sd.

(Sanghamitra Ghosh)

Memo No. H/NUHM-697/2015/2178/2(1)

Date: 11.7.2016

Copy forwarded for information to:

1. Secretary, Department of Municipal Affairs, Govt. of West Bengal

Sanghamitra Ghosh
(Sanghamitra Ghosh)

Mahila Arogya Samiti (MAS) under NUHM per ULB

District _____ ULB name _____ ULB population _____

Slum/ Vulnerable population of the ULB

No of MAS sanctioned in the ULB

Ward Number	Ward Population	Slum/ Vulnerable Population	No. of MAS required (1 MAS/ 250-500 vulnerable population)	No. of active NHG converted to MAS	No. of new MAS formed	Name of MAS	No. of members in MAS	Remarks
[A] Ward No.	[B]	[C]	[D=E+F]	[E]	[F]	[G]	[H]	[I]
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Part II Mahila Arogya Samitis (MAS)

Mahila Arogya Samiti (MAS) as the name suggest are local women's collective. They are expected to take collective action on issues related to Health, Nutrition, Water Sanitation and its social determinants at Slum/Ward level. They were particularly envisaged as being central to 'local community action', which would gradually develop to the process of decentralized health planning. Thus MASs are expected to act as a leadership platforms for woman's and focal community group in each slum area for improving awareness and access of community for health services, support the ASHA / Front line health worker/ ANM, to develop health plans specific to the local needs and serves as a mechanism to promote community action for health.

Main purpose of Mahila Arogya Samiti (MAS) includes, demand generation, ensuring optimal utilization of services, establishing referral linkages, increasing community ownership and sustainability and establishing a community based monitoring system.

II Objectives and Goals of MAS

1. To provide an institutional mechanism for the community to be informed of health and other government initiatives and to participate in the planning and implementation of these programmes, leading to better outcomes.
2. Organize or facilitate community level services and referral linkages for health services for Maternal, New born, Child health and Nutrition (MNCHN) and other related services for water sanitation and hygiene (WASH), adolescent health issues and non-communicable diseases for increased access of the community for these services.
3. To provide a platform for convergent action on social determinants and all public services directly or indirectly related to health.
4. To provide mechanism for the community to voice health needs, experiences and issues with access to health services, such that the institutions of local government and public health service providers can take a note and respond appropriately
5. Generate community awareness on MNCHN, WASH and locally relevant health issues and to promote the acceptance of best practise in health by the community members.
6. To focus on preventive and promotive health care and management of untied fund.
7. Provide support and facilitate the work of community health workers like ASHA and other frontline health care providers who form a crucial interface between the community and health institutions.

II Process of formation of Mahila Arogya Samiti

- a. Selection of an ASHA for a designated "slum/vulnerable cluster" will be done by women's group which can later potentially serve as Mahila Arogya Samitis in that area.

- b. Constitution of a team at slum level: The ASHA, ASHA facilitator/Community organizer with support of NGO field functionary(if any), AWW and ANM will constitute a team for selecting the MAS members. As far as possible the community women's group involved in the selection of ASHA should be part of MAS. Each ASHA will supervise the formation of two-five MAS.
- c. Meetings with slum women: The team (ASHA and others) conduct a series of meetings with women from the slum to understand the health conditions and to sensitize the women to work towards improving the health of the men, women and children in the slum. It is generally observed that the initial meetings have a large number of slum women attending mainly due to curiosity or with expectations to get some benefits (monetary).
- d. Identification of active and committed women: At least a gap of 1-2 weeks is given between women to reflect, discuss with others and determine their commitment to serve their slum community. Generally towards the 3rd or 4th meeting, the numbers of women attending falls and only interested women come for the meeting. Active, interested and committed women will be identified and over a period of time, encouraged to work collectively on community issues to form the base of the Mahila Arogya Samiti. It may be borne in mind that each community responds differently and takes its own time to crystallize, and interventions would have to be designed, keeping in alignment with the community. Social acceptance should be ensured by talking to family members.

II Coverage of MAS

The MAS is to be formed at Slum level, will approximately covers approximately 50-100 house holds. However, this can be modified based on the ground realities in each slum area, e.g. small slum of less than 50 families or presence of disparate groups within each slum. In case of existing Anganwadi Centres in the slum, the coverage of each MAS should be aligned with the coverage area of the Anganwadi Centre and has to cover all pockets of the slum.

II.4 Composition of MAS

Mahila Arogya Samithi should have 10-12 members, depending on the size of the slum, but the group should not be less than 8 members and not more than 20 members. In case of MAS formed in a slum with different social groups, representation should be ensured from all groups and from all pockets of the slum.

III Characteristics of members of Mahila Arogya Samiti

The membership in the group would be a natural process, guided by ASHA and others. Therefore the following parameters not be seen as eligibility criteria but it can be used for preferential inclusion of members

1. Woman with a desire to contribute to 'well-being of the community' and with a sense of social commitment and leadership skills.
2. Woman's age is not being kept as a barrier as the role of the woman in the house and the community is either as a target beneficiary or as an influencing force.

3. If a group is being formed over a number of pockets of different communities, membership from all such pockets shall be ensured.
4. If the slum has a presence or history of collective efforts (as a self-help group, Development of Women and Children in Urban Areas (DWCUA) group, Neighbourhood Group under SJSRY, thrift and credit group), women involved in these efforts should be encouraged to be part of MAS
5. Service users like pregnant women, lactating mothers, Mothers with children of up to 3 years of age and patients with chronic diseases who are using the public services should also find place in the MAS
6. ASHA will be the Member secretary of MAS

II Office Bearers and their roles

Chairperson: MAS members will elect the chairperson of the group. The chairperson will lead the meeting and ensure smooth coordination among members for effective decision making. She is accountable for ensuring that meetings are held monthly. Planning awareness generation activities and other advocacy events and helping member secretary in maintenance and updating group record and registers are her other functions.

A coordination mechanism of MAS needs to be built with the urban local bodies. One way to do this could be to form a federation of a group of MAS at the ward level which will be chaired by an elected women member of the urban local body.

Member Secretary: ASHA will be the member secretary and will fix the schedule and venue for monthly meetings of the samiti and ensure that meetings are conducted regularly with participation of all members. She will draw attention of the samiti on specific constraints and achievements related to health status of the community and enable appropriate planning and maintaining records and registers and arrangements for the Urban health and Nutrition days.

II MAS Bank Account

Every MAS should have a bank account opened in the nearest bank, to which the untied fund of Rs 5000 per year to each MAS shall be credited. The chairperson & Member secretary (ASHA) are the joint signatories of MAS account.

II Capacity Building of MAS

- ▶ Capacity building of MAS is a continuous process. The knowledge base of the members needs to be strengthened for clear understanding of the objectives, functioning and roles and activities of MAS.
- ▶ The training of MAS will be conducted through quarterly workshops of two days and will aim to develop their capacities in the following aspects:
- ▶ Community participation and need for MAS
- ▶ Objectives of NUHM

- ▶ Health and its determinants viz nutrition, safe drinking water, sanitation and hygiene.
- ▶ Concept of inequity, vulnerability, socio-economic marginalization and its impact on health
- ▶ ~~Objectives, roles and activities of MAS~~
- ▶ Identification and mapping of vulnerable groups all aspects of community mobilization, management of untied funds, monitoring of public services and undertaking local level planning for improving access of the community to health and other services like safe water and improved sanitation facilities.
- ▶ All ASHAs, ANMs and ASHA Facilitator/community organizers/district level support structures will be given prior training to build their capacity for formation, supporting and facilitating the MAS and also do the supportive supervision role. These trainings will be conducted at the U-PHC level as a part of induction training for ASHAs, following which they will support the training of MAS members.
- ▶ For each urban PHC there will be on an average 160 MAS. If average members in one MAS are ten there will be approximately 1600 members to be trained for every U-PHC. Thus 40 batches of MAS members will need to be formed for the purpose of training. In order to complete one cycle of quarterly training for members in a month, a minimum of three sites would suffice. For each site there will be a need to place three to five MAS trainers.
- ▶ MAS trainers from each district will be trained by a group of state trainers identified by the state.
- ▶ State and District Community Processes Team will identify local NGOs for training the members of MAS. Suitable staff from the ICDS department, teachers and water and sanitation programme and other urban programmes such as JnNURM, SJSRY working in that area can also be taken as trainers. The members will be trained every quarter for two days by this identified pool of trainers.

II Activities of Mahila Arogya Samiti

1. Mapping and listing of slum households; also preparation of resource map in the communities for identifying vulnerable and socio-economically disadvantaged group.
2. Monitoring and facilitating access to essential public services: ensuring that all the people in the community or geographical area of MAS, particularly marginalised, vulnerable groups and disabled are receiving the services related to health, water, sanitation nutrition and education
3. Organising local collective action for Preventive and Promotive Health activities: MAS serves as an inspiring organization and bring the community together for collective action on health. This could be done by motivating for community mobilisation and utilising support for organizing cleaning drives, improving sanitation.

It will promote convergent and community action in partnership with all other urban area initiatives for Vector control, environmental health, water, sanitation, housing.

4. Facilitating service delivery and service providers in the community:

This will be by

- ▶ Supporting ANM, AWW and ASHA in organising the Urban Health Nutrition Day and immunization sessions.
 - ▶ Mobilizing pregnant women and children, particularly from marginalized families, and coordinate with ASHA and ANM in organising outreach sessions(both routine and special) activities in the community.
 - ▶ Allowing outreach workers and community service providers to articulate their problems in the meetings. The meeting should identify who the ANM, Anganwadi worker and the ASHA are unable to reach and help these providers to reach these sections.
5. Community health planning is a continuous process and is to be done in each monthly meeting.
6. Maintain records of births and deaths in the slum cluster.
7. Monthly Meetings: Meetings of MAS should be atleast once every month. It is suggested that there be one regular date-like 10th of every month or second Saturday of every month-when the meeting is held to ensure that members can plan on ensuring attendance. A regular venue fixed at a convenient place like AWC, School etc. a minutes register and meeting attendance register would also facilitate proper functioning. In a 15 member Samiti, 7 members represent a minimum quorum, but with a large samiti whose composition is intended for social inclusion and mobilization, the meeting quorum could be even 33%. monthly meeting reviews work done, plans future activities and decides on how the untied funds are to be spent.
8. Management of untied funds: An untied fund for Rs.5,000 is given annually to MAS: MAS can use these funds for any purpose aimed at improving health of the community. It is to be utilized as per decision of the MAS. Nutrition, education, sanitation, environmental protection, public health measures, emergency transport are the key areas where this fund could be utilised. Decision for utilisation of funds should be taken during the meetings. The fund shall only be used for community activities that involve benefit to more than one household. Exceptions to this are in case of a destitute women or very poor household, where the untied grants could be used for health care needs of the poor household especially for enabling access to care. MAS fund should preferably be not used for works or activities for which an allocation of funds is available through urban local bodies or other departments. The MAS is encouraged to contribute additional funds to its account. Decisions taken on expenditure should be documented in the minutes. It is preferably adopted as a written resolution that is read out and then incorporated into the minutes in a meeting where there was adequate quorum.

II Monitoring of Mahila Arogya Samitis

Every ASHA Facilitator/Community Organizer would assist City/District PMU in maintaining a detailed data base on MAS.

The data base should have information on:

- a. No. of slums under each U-PHC
- b. No of MAS formed
- c. Composition of the Samiti
- d. Monthly meetings held
- e. No. of MAS with Bank Accounts opened
- f. Dates of release of the un-tied fund to each
- g. Total Fund spent by each MAS – as per UCs received.

Other than this, the district community processes team reviews all aspects of MAS once a month, if possible conducts a monthly meeting of the ASHA facilitator/community organizers who similarly conduct once a month meeting with the ANMs and ASHAs. In these meetings, the information regarding functionality is received and the ASHA facilitators/community organizers and ASHAs are trained to provide assistance in solving the problems they face. All supervisory staff must make a sample visit to MAS meetings and ANMs and ASHA facilitator/Community organizers must try and attend MAS meetings, at least once in 2 months.

- a. % of MAS having regular monthly meeting
- b. % of MAS who have submitted UCs
- c. % of MAS who have submitted UCs with over 90% of their funds spent
- d. % of UHND held as compared to UHNDs planned

II Accounting for the Untied MAS Fund

- a. MAS has to present an account of its activities and expenditures in the bi-annual meetings of ULBs in which the plan and budget of these bodies is discussed.
- b. The annual Statement of Expenditure and UCs prepared by MAS, will be forwarded by the ASHA Facilitator to the U-PHC to City/District PMU.
- c. All vouchers related to expenditures will be maintained for upto three years, by the MAS and should be made available to ULB, or audit or inspection team appointed by district authorities. After that the Statement of Expenditure (SOE) should be maintained for 10 years.
- d. At the state level disbursements done by the district/city PMU will be treated as advances, and these advances will be treated as expenditures after the SOE for these advances has been received.
- e. District will conduct financial audit of MAS account on a test sample basis annually as a part of auditing district accounts.
- f. Utilisation Certificate (UC) should be based on the format given in Annexures
- g. In case of delayed fund receipts MAS need to be given a six month period to spend funds beyond financial year end. When final accounts are presented, unspent funds are to be regarded as unsettled

advances. District should top-up MAS funds on the unsettled advances.

Records

- a. Record of Meetings – with attendance signatures.
- b. Record of approvals given by members for expenditure/withdrawal
- c. Cash book
- d. Public Services Monitoring Register
- e. Birth Register
- f. Death Register

Role of NGOs in Community Processes in Urban Health

NGOs play an important role in supporting community processes component. The City/District Health Society should harness their skills as additional technical capacity in training and supporting the ASHA and MAS. Experience from the NRHM demonstrate that where ASHA training and supportive supervision was undertaken by NGOs the outputs in terms of competencies gained and community ownership are higher. In areas where support systems are slow in being established specific zones can be given to NGOs for selection, training and support of ASHA and MAS. However the selection of NGOs should be done through a rigorous and transparent process and they should have well-defined terms of reference. Effort should be made to ensure that such NGO led interventions are well integrated with the urban health system.