

COMPONENT - 2

Kurseong Municipality

DDP Main Book

2008-2009 to 2012-2013

Overall Introduction to Component II

In preparation of Draft Development planning, there are three components with 13 subcomponents in total. The component II among the three concentrates mainly on poverty eradication planning. Component II has been subdivided into four subcomponents namely, Livelihood and poverty alleviation plan (Sub Component 2.1), Local Economic Development Plan (Sub Component 2.2), Health Care Delivery Improvement Plan (Sub Component 2.3), and Primary Education Improvement Plan (Sub Component 2.4). Documents like various National Health Policy Schemes, Guidelines UDPFI guidelines, Census 2001, Vision 2025. MDG and all relevant studies and reports were studied for the Situation Assessment.

Description of different areas and themes of planning

The process of preparation of plans for individual sub-components can broadly be divided into 2 phases. These are the Situation Assessment Phase and the Planning Phase. For Situation Assessment, Technical Analysis though Participatory Poverty Assessment, Infrastructure Assessment in Slums, etc was done in order to assess the current status of services, municipal assets and institutional capacity. Also review of relevant studies and reports were done for Situation Assessment. Besides, Citizens' Feedback through Ward Level Consultations, focused group discussions with specific stakeholders, and Workshops on Technical Analysis and Citizens' Feedback were held. Through these workshops options for addressing deficiencies and issues were identified, based upon which the Project Proposals were prepared. Once the Project Proposals were prepared for each Sub-Component, those were prioritized through a workshop by the respective DTG members.

Sl. No.	Component II	Net Project Cost	Funding
2.1	Livelihood and Poverty alleviation plan	4970100.00	MF. SJSRY
2.2	Local Economic Development Plan	30800000.00	EGS/Special plans/SJSRY
2.3	Health Care Delivery Improvement Plan	25300000.00	PBHCS
2.4	Primary Education Improvement Plan	31286184.00	MF. SSK
Total for Component II		92356284.00	

**LIVELIHOODS AND POVERTY ALLEVIATION
PLAN (SUB-COMPONENT 2.1)**

Kurseong Municipality

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Introduction:

The well being of its people has been the prime concern of the Government of India since 1947. A number of policies have been formulated to help those sections of the population who have been left behind in the overall growth process to catch up with the rest of the people. However, till the mid-1970s, the approach had essentially been that the growth process will take care of reducing poverty. But this did not happen significantly. Therefore, the late 1970s and early 1980s witnessed a sea change in the strategy for poverty alleviation. The government decided to attack poverty directly rather than depend on general growth alone. This gave birth to the concept of "growth with redistribution"—the use of special schemes for the direct generation of income for the poor along with the promotion of general growth—to achieve a faster reduction in poverty.

Keeping the objective of eradicating poverty in mind as well as the goal of promoting the general welfare, the Statistical Organization of India, since its inception in 1950, led by the National Sample Survey Organization (NSSO), has kept up the work of collecting various kinds of statistical information for the use of policymakers, program implementers, and other people involved in the eradication of poverty and the improvement of general welfare in the country.

Among developing countries, India probably has one of the soundest databases for addressing the socio-economic issues. All the Ministries publish yearbooks that contain information on the performance of the programs and schemes they implement. A large amount of data is generated as a by-product of their administration. Besides this, the NSSO regularly conducts surveys covering important socioeconomic aspects of life in rural and urban areas. These data are available at national and state levels. Some of them are also available at the sub state level.

The NSSO covers a wide range of subjects. These can be classified under four categories:

- Household surveys on socioeconomic subjects;
- Surveys on landholding, livestock, and agriculture;
- Establishment and enterprise surveys;
- And village surveys.

Of these surveys, the most relevant for poverty analysis is the survey on household consumer expenditure. Through household surveys, data is collected on population, births, deaths, migration, fertility, family planning, morbidity, disability, employment and unemployment, household consumer expenditure, housing condition, and utilization of public services in health, education, etc.—just about all the statistical information required in poverty analysis.

Shri G. K. Vasan, Minister of State (independent charge), Ministry of Statistics and Programme Implementation, released the first Millennium Development Goals - India Country Report for the year 2005 on 13th February 2006 in a simple function at Delhi. The Millennium Declaration adopted by the General Assembly of the United Nations in September 2000 reaffirmed its commitment to the right to development, peace, security

and gender equality, to the eradication of many dimensions of poverty and to overall sustainable development. These are intended for the Member Countries to take efforts in the fight against poverty, illiteracy, hunger, lack of education, gender inequality, infant and maternal mortality, disease and environmental degradation.

The Millennium Declaration adopted 8 development goals, 18 time-bound targets and 48 indicators.

The Millennium Development Goals are

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health.
6. Combat HIV/ AIDS, malaria and other diseases.
7. Ensure environmental sustainability and
8. Develop a global partnership for development

This First Country Report on the Millennium Development Goals (MDGs) captures India's achievements, challenges and policies with reference to the goals and targets and reveals that there have been substantial improvements in the lives of people of the countries over the years. This has been possible due to the planned implementation of programmes despite the enormous and complex problems and diversities of our nation. The Central and State Governments have set up goals more ambitious than the MDGs. With the well thought out planning, comprehensive development strategies devised in the national policy, and matching implementation process, it is hoped that India will be able to meet the challenges and achieve all the MDG targets much earlier than the targeted dates.

India's position with reference to the various Goals is given below

1. To achieve the Goal of eradicating extreme poverty and hunger, India must reduce by 2015 the proportion of people below poverty line from nearly 37.5 percent in 1990 to about 18.75 percent. As on 1999-2000, the poverty headcount ratio is 26.1 percent with poverty gap ratio of 5.2 percent, share of poorest quintile in national consumption is 10.1 percent for rural sector and 7.9 percent for urban sector and prevalence of underweight children is of the order of 47 percent. National Rural Employment Act is a positive step to reduce the poverty ratio further.

2. To achieve universal primary education under Goal-2, India should increase the primary school enrolment rate to 100 percent and wipe out the drop-outs by 2015 against 41.96 percent in 1991-92. The drop-out rate for primary education during 2002-03 is 34.89 percent. The gross enrolment ratio in primary education has tended to remain near 100 percent for boys and recorded an increase of nearly 20 percentage points in the ten years period from 1992-93 to 2002-03 for girls (93 percent). The

literacy rate (7 years and above) has also increased from 52.2 percent in 1992-93 to 65.4 percent in 2000-01.

To ensure gender parity in education levels in Goal-3, India will have to promote female participation at all levels to reach a female male proportion of equal level by 2015. The female male proportion in respect of primary education was 71:100 in 1990-91 which has increased to 78:100 in 2000-01. During the same period, the proportion has increased from 49:100 to 63:100 in case of secondary education.

3. Goal 4 aims at reducing under five mortality rate (U5MR) from 125 deaths per thousand live births in 1988-92 to 42 in 2015. The U5MR has decreased during the period 1998-2002 to 98 per thousand live births. The infant mortality rate (IMR) has also come down from 80 per thousand live births in 1990 to 60 per thousand in 2003 and the proportion of 1 year old children immunized against measles has increased from 42.2 percent in 1992-93 to 58.5 percent in 2002-03.

4. To achieve Goal-5, India should reduce maternal mortality (MMR) from 437 deaths per 100,000 live births in 1991 to 109 by 2015. The value of MMR for 1998 is 407. The proportion of births attended by skilled health personnel has been continuously increasing, (from 25.5 percent in 1992-93 to 39.8 percent in 2002-03) thereby reducing the chances of occurrence of maternal deaths.

5. In so far as Goal-6 is concerned, though India has a low prevalence of HIV among pregnant women as compared to other developing countries, yet the prevalence rate has increased from 0.74 per thousand pregnant women in 2002 to 0.86 in 2003. This increasing trend needs to be reversed to achieve MDG 6. The prevalence and death rates associated with malaria are consistently coming down. The death rate associated with TB has come down from 67 deaths per 100,000 populations in 1990 to 33 per 100,000 populations in 2003. The proportion of TB patients successfully treated has also risen from 81% in 1996 to 86% in 2003.

6. Goal-7 aims at ensuring environmental sustainability. As per assessment made in 2003, total land area covered under different forests has been 20.64% due to Government's persistent efforts to preserve the natural resources. The reserved and protected forests together accounts for 19% of the total land area to maintain biological diversity. The energy use has declined consistently from about 36 kilogram oil equivalent in 1991-92 to about 32 kilogram oil equivalent in 2003-04 to produce GDP worth Rs. 1000. The proportion of population without sustainable access to safe drinking water and sanitation is to be halved by 2015 and India is on track to achieve this target.

7. Goal-8 is regarding the developing global partnership for development. It is basically meant for the Developed Countries to provide development assistance to developing countries.

The Government of India holds the following views regarding the role of the developed countries in achieving this goal:

- The financial support needed to achieve the targets under this Goal had been estimated for the least developed land locked and small countries by a high-level panel on 'Financing for Development at an additional amount of US \$ 50 billion which would be required for this purpose every year till 2015.

- However, a huge gap still exists for those countries between the development assistance required to meet the MDGs and what has been pledged by the developed countries so far.

- Recent months have seen new commitments toward reaching the internationally accepted 0.7 percent of Gross National Income (GNI) target. We have reminded that these potential increases still leave development assistance donor countries as a group well short of 0.7 percent.

- It is also a matter of satisfaction that actual disbursements of ODA, in recent years, have shown a welcome reversal of the declining trend that lasted for almost a decade since the early 1990s. In this regard, it is important to realize that unless aid commitments translate into actual delivery, securing MDGs will remain elusive goals. We do hope that all the developed countries would scale up the ODA to realize the goals reaffirmed at the Monterrey Consensus.

- It has also been our consistent position that additional resources for implementing the development agenda should be channelized through the existing multilateral agencies. Moreover, allocations must be based on pre-defined and transparent criteria. Our own development experience clearly indicates that, ultimately, it is the availability of untied additional resources for use in accordance with national development strategies, which is most beneficial for recipient countries.

- To deal with the problems of debt, the Heavily Indebted Poor Countries (HIPC) Initiative was launched by the World Bank and IMF and endorsed by 180 governments. In regard to the HIPC Initiative, India is of the view that the Initiative should be met by additional funding from the developed countries and the flow of concessional assistance to other countries should not be reduced. India also opposes the concept of "equitable burden sharing" since some of the non-Paris Club creditor countries are themselves poor countries.

- We have supported the G8 initiative on irrevocable debt cancellation for the HIPC countries, which has now been adopted by IMF and the World Bank as the Multilateral Debt Relief Initiative (MDRI). We have always been supportive of all efforts being extended to the low-income countries (LICs), including those in Africa, where debt burdens are serious threats to attainment of the MDGs.

8. With regard to one of the targets of the Goal 8, i.e. in cooperation with the private sector, make available the benefits of new technologies, especially information and communications, India has made substantial progress in recent years. The overall tele-density has remarkably increased from 0.67 percent in 1991 to 9.4 percent in June 2005. Use of Personal Computers has also increased from 5.4 million PCs in 2001 to 14.5 million in 2005 and there are 5.3 million Internet subscribers as on March 2005 (2.3 internet users per 100 populations and 0.5 per 100 internet subscribers).

9. The National Employment Guarantee Act, Sarva Siksha Abhiyan, Total Literacy Campaign of the National Literacy Mission, 73rd and 74th constitutional amendments providing reservation for women, commitment for women empowerment in the NCMP, National Health Mission, Total Sanitation Campaign and Bharat Nirman are some of the important steps taken by the Government which will help in achieving the Millennium Development Goals.

In compliance with the various poverty policies and government norms the Kurseong Municipality has taken up the endeavour to formulate the livelihood and poverty alleviation plan for the ULB area.

The development objectives are as hereunder:

Overall Vision of the Municipality:

"Kurseong Municipality intends to transform itself into a tourist friendly clean and green hi-tech residential global school town ensuring progressive urban up-gradation and involving youth as the catalyst for socio-economic change"..

Overall Development Objectives:

Sustainable livelihood opportunities to all living in the urban area as well as ensuring Psycho-social support to the vulnerable aiming towards development of personality.

Methodology adopted in procuring relevant information

Ward-level consultations, field visits, informal discussion, FGD and workshops were conducted amongst selected groups within the Kurseong Municipality.

Socio-economic survey reports have also been the basis of technical analysis to obtain proper issues with suggested recommendations for proposal.

Having gone through all emerged solutions/suggestions to problems- DTG-2 along with DPG had formulated sub-component-wise project proposals. These proposals were finalized through work shop-1 and prioritization has been done in Work shop-2.

Chapter 1: Development Objectives of the Livelihoods and Poverty

Introduction:

The Livelihoods and Poverty Alleviation Plan of Kurseong Municipality, a component of the Draft Development Plan refers to the organisational, operational, coverage and delivery aspect of all the existing Government schemes in the Municipal area which address poverty and livelihood issues.

In line with West Bengal Municipal Act-1993- in 74th Amendments that, it is mandatory for each Urban Local Bodies (ULB) to formulate Draft Development Plan (DDP) in conformity with guidelines slated in DDP manual by KUSP-CMU.

The issue of livelihoods and poverty alleviation basically refers to the organizational, operational, coverage & delivery aspect of all existing Government schemes being operated within this Municipality to respond to the basic needs of targeted BPL community and excluded groups while improving their present social status.

This process also emphasizes to incorporate excluded and vulnerable group under various Governments schemes with an eye to bring them into mainstream.

Dating back to 1879, the year of establishment of Kurseong Municipality, the ULB has been involved in developmental works in the way of civic infrastructure development and community development as well, but little intervention has been made in the arena of livelihood issues. In addition, it has been identified that absence of proper sustainable planning, inactive committee and inadequate infrastructure are one of the key constraints towards the path of holistic development.

Therefore, in conformity with DDP guidelines- Kurseong Municipality has gathered relevant information pertaining to livelihood and poverty issue within Municipal context by the application of participatory approaches. In this process- all stakeholders' contribution has been incorporated in this developmental endeavor.

Having been identified major issues with respect to Poverty & Livelihoods Plan- Kurseong Municipality has developed a comprehensive poverty reduction plan with special attention on marginalized and excluded groups towards their economic emancipation.

As per KUSP guidelines following objectives are given below with respect to Livelihood and Poverty Alleviation Plan.

(A) Government Plans/Schemes

- Strengthening existing institutional structures in the Municipal area created by the Government plans and programmes such as Swarna Jayanti Shaheri Rojgar Yojana (SJSRY), Prime Minister Rojgar Yojana (PMRY), Youth Welfare schemes, schemes for development of minority communities etc.
- Convergence of all the existing programmes operational in the Municipal area to facilitate livelihoods development for the poor of the area

- Strengthening the existing community structures viz. the CDS, SHG, NHC, NHG etc. and increasing the coverage, reach and network of these existing community structures.
- Arrange to provide sustainable livelihood opportunities by identifying innovative micro enterprise opportunities for the self-help groups and for the urban poor in the Municipality.
- Improving operational transparency of all schemes targeted for poverty alleviation.

(b) Non Plan /Other Initiatives:

- Planning livelihood programmes by arranging training and supply of tool kits for the excluded groups i.e. homeless, homeless squatters and informal settlers who do not receive benefits from existing government schemes/programmes.
- To bring the excluded groups within government folds/ existing schemes for proving livelihood options

The detail of the minutes of meeting including the list of participants supported by their respective signature has been attached in Annexure 2 (b) of Volume III ()

Chapter 2: REVIEW OF EXISTING SITUATION

Review of all studies and data

1.2 Theme I – Review of Government Plans and Schemes

Various Government Self-Employment programmes are already operational in Kurseong Municipality. This phase involves a review of existing documents and information, and discussion with stakeholders and community target groups at the Municipality level.

A secondary research was carried out in the Municipality area. Data has been collected from relevant departments using structured questionnaire and in depth discussions with stakeholders. All the existing information was reviewed and further discussion was carried out with various stakeholders to validate the information received.

Socio Economic survey of the Municipal area, Economic Census report, FGD and performance of various Government sponsored self-employment programme has been reviewed as secondary source of information to prepare the Livelihood and poverty alleviation plan.

The Municipal authority is facilitating implementation of the following employment generation programme:

- 1. Swarna Jayanti Shaheri Rojgar Yojana (SJSRY),**
- 2. PMRY (Prime Ministers' Rozgar Yojana)**
- 3. Special loan schemes for SC/ST/OBC**

The following social security related programmes are being implemented by the Municipal authority:

- 4. Annapurna/ Antodaya Yojana**
- 5. Old age pension scheme**
- 6. Relief and GR**

Refer: Annexure 1 (b)

The objective was to obtain secondary level data on the following aspects:

- *Details of other projects / schemes dealing with livelihoods / poverty alleviation / wage employment component*
- *Detailed Guidelines, Survey Reports, socio-economic data, relevant reports and other baseline data available*
- *Information on Kurseong Municipal area (industrial, commercial, agricultural, working population, new projects, local communities, NGOs, excluded sections)*
- *Govt. plans and schemes in progress and envisaged*
- *Challenges, Threat and opportunities (organizational, operational, coverage)*

Hence to tackle initiatives for Livelihood promotion and poverty alleviation, in the form of realistic and time-bound projects, the Kurseong Municipality identified the following as Development Objectives:

Goal: Sustainable livelihood opportunities to all living in the urban area as well as ensuring Psycho-social support to the vulnerable aiming towards development of personality.

- *To gear up all Government plans and programmes such as Swarna Jayanti Shahari Rojgar Yojana (SJSRY), Prime Minister Rojgar Yojana (PMRY), Youth Welfare schemes, schemes for development of minority communities etc.*
- *To facilitate livelihoods development for the poor of the area convergence of all the existing programmes operational in the Municipal area*
- *One window for enquiry and operationalization of all Government schemes targeted for poverty alleviation*
- *Providing sustainable livelihood opportunities by identifying innovative micro enterprise based on School town economy and modern income generating opportunities for the self-help group and for the urban poor in the Municipality.*
- *Improving operational transparency of all schemes targeted for poverty alleviation*
- *Ensuring livelihood programmes by arranging training and supply of tool kits for the excluded groups i.e. homeless, homeless squatters and informal settlers who do not receive benefits from existing government schemes/ programmes.*
- *Special focus on Handicapped population of the municipal area.*
- *Continuous awareness campaign regarding benefits of several schemes.*
- *All schools to set up mechanism for non-formal education centres covering the entire municipal area.*
- *Effective public-private partnership to increase wage employment.*

MAIN FINDINGS AND STATUS OF VARIOUS GOVT-SPONSORED SCHEMES/ PROGRAMMES:

LOAN SCHEMES SPONSORED BY THE MUNICIPALITY

The Municipality sponsors various loan schemes to the banks. The loans are sanctioned to the Scheduled Caste and Tribe candidates and those who are below poverty level. The various loan schemes are advertised by the Ward Councilors and applications are invited from the interested persons. After receipt of the applications the Screening Committee formed by the Municipality which includes officials from the Bank and administration screen the candidates and recommend loans to the banks. The bank again interviews the candidates and then sanctions the loans. Unfortunately, the banks take inordinately long time for sanction of the loans. The following cases were recommended to the banks and sanctioned during the year:

Table No. LPA 1- Status of various loan schemes sponsored by the Kurseong Municipality

Sl, No.	Target	Name of Bank	Sponsored to Bank			Sanctioned by Bank			Disbursed by Bank			Rejected by bank			Pending with Bank		
			SC	ST	Total	SC	ST	Total	SC	ST	Total	SC	ST	Total	SC	ST	Total
1	SC/ST: Total: 10	C.B.I.	5	-	5	3	-	3	-	-	-	2	-	2	-	-	-
		S.B.I.	5	-	5	5	-	5	-	-	-	-	-	-	-	-	-
		A.B.	3	-	3	3	-	3	-	-	-	-	-	-	-	-	-
TOTAL:			13	-	13	11	-	11	-	-	-	2	-	2	-	-	-
2	PMRY 36	CBI	06			05			05			01					
		SBI	10			07			07			03					
		A.B.	5			02			02			03					
TOTAL:			21			14			14			07					
3.	SJSRY 2006-07	CBI	16			-			-			-			16		
		SBI	21			14			-			7					
		A.B.	13			-			-			-					
TOTAL:			50			14			-			7			29		

(CBI - Central Bank of India. S.B.I. - State Bank of India. A.B. - Allahabad Bank)

PROGRESS OF SJSRY**Structure of SJSRY groups functional in the ULB:**

SI No.	Concerned body	Roles and Responsibilities
1.	CDS at ULB level (at present 2 CDS are registered)	<p><i>It is a federal body. CDS are all registered societies under the Societies Registration Act. 1961, Government of West Bengal.</i></p> <p>Activities:</p> <ul style="list-style-type: none"> Facilitate all social development activities of the ULB and Facilitate the Government departments. Coordinate the socio-economic development interventions undertaken by related NHCs and NHGs. Undertake training and capacity building of the related members of NHCs; CDS will function as MFI for all micro credit activities undertaken in the respective wards. CDS will supervise the functioning of Service HUBs in the respective wards and monitor them on the day to day basis. Organize weekly meeting of the NHCs; Send weekly reports to the respective CIC. Play the role of a pro-active civil society organization.
2.	NHC at ward level	<ul style="list-style-type: none"> Implement all the social development intervention in the ward; Monitor the functioning of NHG s on day to day basis; Undertake training and capacity building of the related members of NHC, NHG s; Monitor the MF programs on day to day basis; Organize weekly meeting of the NHG s; Submit weekly report to the concerned CDS; Payment to all the ULB Staff, and ward committees; Periodic (Quarterly) Audit at ward level and CDS;
3.	Neighborhood Groups	<ul style="list-style-type: none"> Identification target groups; Awareness & training of the target beneficiaries; Regular interaction with community; Act as a field level office of Community Micro Finance;
4.	Thrift and Credit Group (at present	<ul style="list-style-type: none"> They will function as Self Help Group;

SI No.	Concerned body	Roles and Responsibilities
	<i>there are 95 T&CGS)</i>	
5.	<i>DWCUA groups (at present there are 5 DWCUA groups)</i>	<ul style="list-style-type: none"> <i>They will obtain loan from bank/financial institutions and operate as self sufficient units</i>

Report on DWCUA scheme

The DWCUA scheme was started in Kurseong Municipality in the year 2003-04. For this five groups have already been formed each group consisting of ten members. 5 (five) Nos. of DWCUA cases were sanctioned for the year 2003-2004. During the year 2006-07 no new DWCUA group was formed.

Report on T & C Group

The scheme has been started in Kurseong Municipality since 2001. At present we have two CDS units. The Government has registered both the units. At present there are 1750 members in 95 groups of the T & C Societies. The progress of the scheme is quite encouraging. The yearly audit of the accounts of the Societies has also been done regularly. The details of the groups are given below:

Table No. LPA 2 - Status of T&C Groups formed by the Kurseong Municipality

Name of CDS Unit	Nos. of T & C Societies formed	Nos. of members	Amount deposited (Including Revolving Fund)	Amount of Loan Sanctioned	Amount of Loan Recovery so far	No. of Beneficiaries	Amount of Revolving fund received from SUDA
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Kurseong CDS I	50Groups	1060	18,04,463.00	11,96,900.00	10,76,000.00	269	6,65,000.00
Kurseong CDS II	45Groups	690	14,88,942.00	12,94,000.00	11,64,000.00	300	4,52,000.00
Total:	95	1750	32,93,405.00	24,90,900.00	22,40,000.00	569	11,17,000.00

Table No. LPA 3: REPORT ON BANK LOANS UNDER S.J.S.R.Y. SCHEME:

Sl. No.	Name of the Bank	2006-07				Remarks
		Target	Sponsored to Bank	Sanctioned by Bank	Pending at Bank	
01.	State Bank of India, Kurseong.	40	21	14	-	For the year 2007-08 100 loan cases will be forwarded to the Bank after verifying the project.
02.	Central Bank of India, Kurseong.	30	16	-	16	
03.	Allahabad Bank, Kurseong.	30	13	-	13	
TOTAL:		100	50	14	29	

Table No. LPA 4: ESTIMATED LIST OF WORK DONE: -**(UNDER S.J.S.R.Y SCHEME)**

Sl. No.	Name of the work	Estimated Amount
1.	Improvement of link Road near Suren Poddar house and drain near Manik Pradhan's house at Ward No. XI under K/M.	Rs.35,000.00
2.	Improvement and renovation of link Road near Anit Restaurant and near Sabir Ahmed house at Ward No. XI under Kurseong Municipality.	Rs.60,000.00
3.	Renovation and improvement of link Road beside Sachin's Shop and Milan Restaurant and Manhole cover near Ranja's house at Ward No. XII, under Kurseong Municipality.	Rs.60,000.00
4.	Improvement and renovation of Public Path from near Kurseong Palace at H.C. Road towards down via Gaddi lane up to S.S. Road, Ward No. XII, Kurseong.	Rs.35,000.00
5.	Improvement and renovation of footpath and drain near J. Pradhan's house and slaughter house at Ward No. XIII under Kurseong Municipality	Rs.35,000.00
6.	Improvement and renovation of cement concrete Road or footpath near D.R.C. Godwan , near Super Market and near Himalayan Bayamaler at Ward No. XIII under Kurseong Municipality	Rs.60,000.00
7.	Construction of drain and path near Karbia Godown at Ward No. XIV under Kurseong Municipality	Rs.60,000.00
8.	Construction of link Road near Pradeep Lama's house and public Hydrant near Bindhya Tamang's house at Ward No. XIV, under Kurseong Municipality.	Rs.35,000.00
9.	Improvement and renovation of link Road, drain, Road side guide wall at different areas of Ward No. XIII (i.e. in front of Sanjay Lohagun house near Manoj Prasad house up to Shri Sandeep Rai's house) under Kurseong	Rs.50,000.00

	Municipality.	
10.	Improvement and renovation of public path in front of M.R. Shop of Sharda Gupta house, Rahman and Kaliram Agerwal's house at Ward No. XV under Kurseong Municipality.	Rs.35,000.00
11.	Construction of protection Wall and damaged path near Sarku Pradhna's house at Ward No. II, under Kurseong Municipality.	Rs.35,000.00
12.	Proposed construction of protection wall footpath and drain near the house of J.K. Limbu and K.S. Gazmeer's house, Ward No. II, under Kurseong Municipality.	Rs.60,000.00
13.	Renovation and improvement of link Road near Mallai Shah Qtr. Up to Amrit Lama's house at Ward No. I under Kurseong Municipality.	Rs.60,000.00
14.	Improvement and Renovation of Public toilet at Thauthalay Busty, Ward No.VI under Kurseong Municipality.	Rs.54,958.00

Sl. No	Name of the work	Estimated Amount
1.	Improvement & renovation Tax Daroga Room, Cashier Room, Tax Collection Room, Tax Counter in Ground Floor including Chairman's Toilet Room in First Floor of Kurseong Municipality.	67,983.00
2.	Construction of 2(two) Nos. of Hydrant with pipe line, improvement of path & drain at Ward No. XII.	1,18,820.00
3.	Emergent restoration and maintenance of main sewer line & protection work near Central Septic Tank.	23,912.00
4.	Emergent construction of surface drain at the back side of the Municipal Office Building to avoid direct flow of water inside office premises.	28,173.00
5.	Emergent restoration of damaged wall including footpath & restoration of main water supply feeder line for round reservoir above Church at Whistle Khola.	70,895.00
6.	Restoration of 80 MM dia G.I. pipe main Feeder line from C.W.R. to Eagle Craig Reservoir along D.H. Road, repairs to Murdhahati & House Khola water source and repairs to Burning Ghat at Lower Naya Busty under Kurseong Municipality.	1,69,613.00
7.	Construction & repairing of toilet block and construction of two shops in 1 st floor in the Commercial Complex at Park Location.	2,30,000.00

Sl. No.	Name of the work	Estimated Amount
1.	Emergent repairs of filtration tank to chock the over flow of water to avoid nuisance at Central Septic Tank under Kurseong Municipality.	24,907.00
2.	Emergent restoration of Khud side wall damaged by heavy rainfall at Sudhapatole (below St. Alphonsus School Jhora) at Ward No. IX under Kurseong Municipality.	65,090.00
3.	Emergent restoration of left flank guide wall of Gaddi Lane Jhora near the house of Shri Passang Salakha in Ward No. VII under Kurseong Municipality.	11,975.00
4.	Emergent providing & construction of R.C.C. supporting column to 200mm dia steel pipe water supply main at Bhalu Busty near Rly. Qtr. to avoid damage at Ward No. V under Kurseong Municipality.	14,900.00

Table No. LPA 5: Details of selected trades and training imparted to DWCUA GROUPS

Sl.No.	Name of the trade	Name of the training agency	Nos. of trainees
1.	Variety of jute bag, fabric paints, soft dolls	Prerna DWCUA Self help group, C/O St. Joseph H.S. Girls School Kurseong	25
2.	Computer training	Manipal Institute of Computer Education, Kurseong and Sterilite Foundation, Kurseong	50 (25 male, 25 female)
3.	Telephone, intercom and mobile repairing and servicing training	Pradhan Mobile Repairing Centre, Kurseong	25
4.	Jelly candle, plastic basket and gamla, phenyl making	Ekta Sangathan, Kurseong	25
5.	Cutting, tailoring, embroidery, artificial flower making	Himalayan Hasta Shilpa Kendra, Kurseong	25
6.	Paper, plastic and cotton bag manufacture, phenyl and agarbatti manufacturing training	Shilpa DWCUA self help group, Kurseong	25
7.	Carpet weaving	Sandhani Mahila Samity, Kurseong	25

TABLE NO. LPA 6 :CATEGORY WISE BREAK UP OF TRAINING GIVEN UNDER THE SJSRY SCHEME

Sl. No.	Name of trade	S.C.	S.T.	General	Total	Women	Physically handicapped	Minority
1.	Cutting and tailoring	36	32	132	200	200	9	20
2.	Soft dolls	8	3	64	75	75	2	2
3.	Fabric paint	6	4	40	50	50	4	4
4.	Beautician	16	27	82	125	125	5	3
5.	Mushroom cultivation	14	6	30	50	50	1	2
6.	T.V. and radio	6	8	61	75	-	1	7
7.	Commercial art	5	4	16	25	-	1	1
8.	Motor mechanic and driving	23	27	100	150	-	-	9
9.	Domestic electric wiring	9	18	48	75	-	-	3
10.	Carpet weaving	5	2	18	25	25	-	2
11.	Nursing aids	13	21	41	75	75	2	5
12.	Motor mechanic	5	11	9	25	-	-	-
13.	Socks weaving and woolen garments	7	6	12	25	25	-	5
14.	Soft dolls	2	8	15	25	25	-	2
15.	Cotton and plastic bags, flower making and jute craft	5	8	12	25	25	-	-
16.	Electronic home appliances	3	4	18	25	-	-	2

Refer: Annexure 4 (a)**ANALYSIS OF SJSRY PROGRAMME:**

Kurseong Municipality is successfully implementing Swarna Jayanti Sahari Rojgar Yojana (SJSRY) from the year 1997 and carrying out various developmental activities under 2 CDS with one TPO and 2 CO's to provide improved quality of living condition for the poor living in the Municipality area. A total of 97 Thrift and Credit Groups (TCGs) are catering to the poor residing in the Kurseong Municipality area. At present, 5 DWCUA groups are functioning and 2 new groups are in the process of formation. The DWCUA groups are engaged in various income generating activities like wholesale grocery shop (3 DWCUA groups), photocopy and STD booth (1 DWCUA group) and cutting and sewing unit for soft dolls, carpet etc. (1 DWCUA group).

While reviewing performance of the programme from employment generation angle it has been observed good number of people have received vocational training from the programme but still a lot yet to be achieved due to lack of proper staff and insufficient number of groups to reach out to entire population.

ISSUES RELATED TO SJSRY PROGRAMME STRENGTHENING:

1. *Detailed guideline of the programme to be disseminated at all levels*
2. *Special attention to be given separately to the indigenous population and migrated population of the Municipality area to ensure coverage, Planning for livelihood improvement for these Two groups to be done separately*
3. *Awareness on SJSRY- especially TCG and DWCUA need to be more strengthened and also to be increased in number for better coverage.*
4. *Basic training needs to be imparted to the TCG leaders to enable them maintain Basic Books of Accounts*
5. *Special Training on TCG formation and monitoring needs to be imparted to the RCVs*
6. *Convergence of all other programmes and awareness on various other programmes to be disseminated through COs/TPO/RCVs*
7. *There is no such provision to include male members in TCGs, An opportunity to involve male youths in TCG needs to be initiated*
8. *To provide basic facilities and thus to create employment opportunity, creation of Service Centre is envisaged*
9. *UPE cell to be strengthened to enable to handle the poverty issue- Convergence of other Government sponsored programme needs to be routed through UPE cell*
10. *Capacity building of COs from routine monitoring of TCGs to be shifted to enable them to handle the issue of poverty reduction at a large scale*
11. *Performance of Credit linkages for self-employment programmes through Banks is not encouraging. Bankers are insisting on collateral for disbursing credit to the poor/ unemployed youths, while there is no such provision for asking for collateral in the Government sponsored programmes, interaction with the Bankers needs to be strengthened, if required networking with interested Banker can be initiated to facilitate single widow cluster activity.*
12. *Formation of Cooperative Credit Society envisaged*
13. *Investment opportunity for the TCG members/ Insurance and other social security facility can be initiated*
14. *Social security deserted/ widow/ old aged needs to be taken up- Old age home, Demand based Vocation Training Institute, Destitute home, Crèches for children of working women, Coaching centre for SC/ST students: Linkages with existing Government programme is envisaged*
15. *Vocational Training programme needs to be taken up as independent component with a provision for Backward and forward linkages- Market demand estimation, Training institution selection, corporate linkages- Arrangement of Finance etc.*
16. *A dialogue to be initiated with the Upper primary schools on fees for enrolment and other fees, if required Computer training can be separated from mainstream education*
17. *Literacy centres can be converted as information kiosk to provide hand holding support to the deserving candidates on employment and livelihood related issues*

TABLE NO. LPA 7: FUTURE PROPOSAL OF VOCATIONAL TRAINING OF SJSRY

Sl. No.	Name of the trade	Name of the training agency	Number of trainees
1.	Nursing aids	Kurseong Indian Forces Ladies Association	25
2.	Motor mechanic training	Maa Myli Durga Motor Training Institute, Kurseong	50
3.	Beautician and hair dressing	a. Meena's Beauty Parlour, Kurseong b. Kohinur Beauty Parlour, Kurseong	25 25
4.	Computer training	Manipal Institute of Computer Education, B.D. Road, Kurseong and Sterlite Foundation, Kurseong	50
5.	Carpet weaving	Sandhani Mahila Samity, Kurseong	25

Refer: Annexure 4 (b)

PMRY: The Pradhan Mantri Rojgar Yojana (PMRY) is operational in the ULB from the year 2000. Under this scheme the following schemes have been sanctioned under Kurseong Municipality from the year 2000- 2008.

Table No. LPA 8: 'Status of BPL/AAY/Annapurna' schemes conducted by the Kurseong Municipality

Sl. No.	Name of the scheme	Fund obtained	Fund utilized
Data not available			

Table No. LPA 9: REPORT OF PMRY SCHEME SANCTIONED UNDER KURSEONG MUNICIPALITY FROM 2000 TO 2008

SL. NO.	Year	Sponsored to Banks	Sanctioned
1.	2000-2001	14	6
2.	2001-2002	19	6
3.	2002-2003	15	4
4.	2003-2004	19	6
5.	2004-2005	27	10

6.	2005-2006	21	14
7.	2006-2007	13	5
8.	2007-2008	11	6

1.3 THEME 2 – EXISTING SOURCE OF DATA

Secondary information was reviewed on various excluded groups residing at Kurseong Municipality area. Survey data on SJSRY, various other poverty schemes etc. were reviewed. A social mapping was done involving the Councilors, group members and common citizens to map the various problems and their livelihood pattern. A Socio Economic Survey was carried out by external agency to ascertain present situation of people social and economic standard.

Table No. LPA 10: LIST OF BPL POPULATION RESIDING IN THE KURSEONG ULB AREA:

Ward No.	BPL population (As per present survey)	BPL population (PROVISIONAL)
1	195	250
2	538	750
3	305	505
4	389	559
5	394	700
6	509	789
7	773	952
8	559	750
9	649	850
10	610	750
11	354	500
12	303	450
13	324	500
14	340	550
15	300	450
16	381	490
17	716	850
18	192	250
19	452	525
20	424	736
Total	8,707	12,156

PERCENTAGE OF TOTAL NO BPL HEADS AS PER LAST SURVEY WITH OVERALL POPULATION IS. 21.76% [POPULATION AS PER 2001 CENSUS IS 40,172.00]

PERCENTAGE OF TOTAL NO BPL HEADS AS PER PRESENT SURVEY WITH OVERALL POPULATION IS 30.39%[POPULATION AS PER 2001 CENSUS IS 40,172.00]

SOCIO ECONOMIC SURVEY ANALYSIS- MAPPING OF POOR POPULATION

A structured questionnaire based Socio Economic Survey was conducted among the poor families of Kurseong Municipality to gauge the Socio Economic and demographic profile of the Municipality area and the vulnerability context.

OBJECTIVES

- Objective of the study was to record the Socio Economic status of the poor families of the Municipality area
- Understand Livelihoods, Health and education status of the members of the families and adopt strategies for sustainable livelihood development for them.

METHODOLOGY:

Structured questionnaire were administered to get the opinion of the sample respondents.

Finding of Socio Economic Survey:

- **Gender :**
 - Male - 6042
 - Female - 5761
- **Income:**
 - Below 1000 - 39.13%
 - 1000-5000 - 15.07%
 - 5001-10000 - 6.67%
 - 10001-20000 - 0.15%
 - 20000 and above- 0.69%
- **Vulnerability Issues**

Several other vulnerability issues are apparent from the socio- economic survey report like the rate of literacy is 75.96 %, the illiterate percentage amounting to 9.51 %, about 15.48 % of the population have never been to school. From the score card system conducted by the ULB to identify problems in slum areas, it has been revealed that the condition of basic amenities in the slum areas, like water supply, drainage, solid waste management, sanitation, roads, street lighting etc. is not up to the standards, ranging from 25- 30 in rating out of a total score of 60, in case of other parameters like livelihood, literacy, health and education, the score varies from 35- 48 out of a total score of 100, which implies that the BPL population is in a vulnerable situation which readily needs to be addressed.

2. THEME 1 WORKSHOPS WITH BENEFICIARIES

2.1 PROBLEM IDENTIFICATION WITH RESPECT TO SJSRY PROGRAMME (FGD) FINDINGS:

Institutional Issues:-

- Group leaders found incapable in maintaining group records and finances.
- Inadequate office space to operate and monitor SJSRY activity.
- Inadequacy of staff namely- (TPO and one CO)

Operational Issues:-

- Absence of proper monitoring system.
- Irregular meeting with poor attendance.
- Absence of proper guidance and leadership capacity amongst group.
- Demotivated owing to no remuneration or incentives.
- Lack of proper coordination amongst groups and its members.

Coverage Issues:-

- Inadequate staff is the key for poor coverage.
- Distance causes inadequate visits to encourage group activity.
- Absence of systematic field visit register and reporting mechanism.

Non-Plan Issues:-

- Daily or casual labourers have a feeling of insecurity in earning their livelihood.
- Not been recognized by any unit or agency.
- Most of them illiterate and found to be either unskilled or semi-skilled.
- Sometimes contactor exploits them in getting right job.
- Most of them found addicted to some kind of bad habits causing family problems and financial constraints.
- No savings habit.
- Poor knowledge about ULBs welfare and development programme for BPL and marginalized community.
- Poor health.

Organizational Issues

Focused Group discussions (FGDS) were held at Kurseong area involving, RCVs, and TCG members. While reviewed the operational aspect of TCGs, the following observations has been made:

- Majority of members' found it useful to join TCGs.
- Aspiration for joining groups are mainly economic betterment through IGA (Income Generating Activities), empowerment and getting some benefits
- It has been reported that majority of members saves regularly and they deposit their monthly collection in a group meeting held in a common place, though meeting at leaders' house is also common.
- It has been reported that loan sanctioning process is taken unanimously, and there is a preference for consumption loan from their corpus fund while revolving fund loan is basically used for starting IGA
- Type of loan proposal received: Education of children, General ailments, IGA loan is mainly to carry out small trading and servicing related activities
- Awareness on guidelines of the programme is not uniform; most of the RCVs have not received any training to carry out the programme. No Basic Orientation Programme has yet been organised for TCG leaders. Guidelines in local vernacular are also not available at local offices, which lead to a confusion about the details of the programme. Some specific economic activity training has been organised.

Operational Issues

- Awareness on guidelines of the programme is not uniform; most of the RCVs have not received any training to carry out the programme. The Community Organizers, has also not joined any capacity building programme.
- Basic Orientation Programme has not yet organised for TCG leaders.
- Guidelines in local vernacular are also not available at local offices, which lead to a confusion about the details of the programme.
- Some specific economic activity training has organised. Around 75% respondent reported about a classroom session and there is a lack for exposure visit to a similar enterprise to gain practical experience. These training were mostly held at central level and most of the trainees reported the place of training inconvenient for them which leads to not getting the maximum benefits out of such trainings.

Coverage Issues

It has been reported that in many cases TCGs could not be formed due to inadequacy of staff

3. Informal discussion with Excluded groups

Transport workers/Daily wage labourer

FGDs conducted at Kurseong Municipal area with transport workers, vegetable vendors and daily labourers who are engaged as construction worker and various others daily

wage related activities. While reviewed the operational aspect of the beneficiaries the following observations has been made:

Organizational Issues

- There is lack of getting information about various programme s at ULB level, None of them has received any assistances from Government programmes
- They have not gone through any IEC activities at their ward neither attended any such campaigns which was meant for inclusion of such groups in main stream activities
- The reason cited for not attending such workshops are inconvenience in timing which would lead to loss of wages

Operational Issues

- They do not possess any skill set, neither have received any skill training in recent past
- Many of them do not possess the licence
- They are yet to be registered to get facilities of PF meant for them
- They do not have investment option, most of tem do not have Bank A/C, None of them are have availed any other social security measures (Life Insurance, Medical Insurance etc.).

Coverage Issues

- This section are not aware about various facilities they can avail
- Even they desire to get loan assistance, due to not getting Guarantor/ collateral are refused by Banks to receive loan

Unemployed Youths/ Housewives

FGDs conducted at Kurseong Municipal area with unemployed youths/ housewives, who have been migrated to this place in recent past/ indigenous population. While reviewed the operational aspect of the group the following observations has been made:

Organizational Issues

- There is lack of getting information about various programme s at ULB level, None of them has received any assistances from Government programmes
- They have not joined any such campaigns which was meant for inclusion of such groups in main stream activities

Operational Issues

- These sections are not aware about various facilities they can avail

- They do not have investment option, most of them do not have Bank A/C, None of them are have availed any other social security measures (Life Insurance, Medical Insurance etc.).

Coverage Issues

- This section are not aware about various facilities they can avail
- Lack of Basic education has lead to non inclusion of such section in various employment generation programmes and entrepreneurship abilities

Consolidated format for each discussion with excluded groups representatives are attached in Annexure 2 (b)

TABLE NO. LPA 11: Beneficiary coverage under different scheme.

Scheme name	07-08	08-09	09-10
NFBS	18	22	15
IGNOAPS	256	314	314
AAY	350	370	438
APY	28	28	28

a) Theme I Government Plan / Schemes: Compilation of findings and analysis of issues

TABLE NO. LPA 12: Reviews of Government Plan/ Programmes

SI No	Name of Plan/Scheme	Issue			Reasons	Proposals
		Institutional	Operational	Coverage		
1	PMRY	<ul style="list-style-type: none"> Working under Municipal staffs 	<ul style="list-style-type: none"> Training programme needs to be arranged for selected youths before start up of the activity Orientation Training required for motivators on providing Entrepreneurship guidance to the youths Awareness needs to be created to include BPL youths 	<ul style="list-style-type: none"> Use of IEC materials Identification of activities for sustainability in long run Thrust on Manufacturing sector Organizing Awareness campaigns at Ward level to ensure coverage 	<ul style="list-style-type: none"> Only selected sponsored cases sanctioned Only limited cases of loan are sanctioned. Majority individual cases have been sanctioned. to generate single employment 	<ul style="list-style-type: none"> Capacity building & awareness programme in a thrust area Adoption of service centre approach to provide help to youths in a concerted effort Integration with other stakeholders engaged in livelihood for integration

SI No	Name of Plan/Scheme	Issue			Reasons	Proposals
		Institutional	Operational	Coverage		
2	SJSRY	<ul style="list-style-type: none"> • UPE cell monitoring implementation of the programme at ULB level 	<ul style="list-style-type: none"> • Training programme needs to be arranged • Effective planning to ensure effective implementation • Use of IEC material with adequate training material • Skill development training needs a concerted effort • TPO, CO, CDS, NHC, RCV, NHG are responsible for implementation of the programme • Capacity building at all level need for effective implementation of the programme 	<ul style="list-style-type: none"> • To ensure coverage of all poor and vulnerable section in the programme, area specific planning needs to be made • Integration of various government facilities needs to be made • Sensitisation at local level needs to be done for community leaders, husband of female members etc. 	<ul style="list-style-type: none"> • There is still a gap between demand for inclusion and actual coverage 	<ul style="list-style-type: none"> • Capacity building of Stakeholders • Facilitation of setting up of Service centre • Facilitation of DWCUA formation • Vocational Training programme reorganisation • Ward level sensitisation involving all stakeholders

SI No	Name of Plan/Scheme	Issue			Reasons	Proposals
		Institutional	Operational	Coverage		
3.	IGNOAPS	<ul style="list-style-type: none"> • UPE cell monitoring implementation of the programme at ULB level 	<ul style="list-style-type: none"> • Effective planning to ensure effective implementation • TPO, CO, are responsible for implementation of the programme 	<ul style="list-style-type: none"> • For purpose of claiming Central assistance, the following criteria shall apply : i) The age of the applicant (male or female) shall be 65 years or Higher. ii) The applicant must belong to a household below the poverty line according to the criteria prescribed by the Government of India 	<ul style="list-style-type: none"> • There is still a gap between demand for inclusion and actual coverage 	<ul style="list-style-type: none"> • Ward level sensitisation involving all stakeholders
4.	Family Benefit Scheme	<ul style="list-style-type: none"> • UPE cell monitoring implementation of the programme at ULB level • 	<ul style="list-style-type: none"> • The bread winner will be the member of the household whose earning contributes to the total household income. • The death of such a bread winner should have occurred while he or she is in the age group of 18 years to 64 years, i.e more than 18 years and less than 65 years. • The bereaved household must 	<ul style="list-style-type: none"> • Under this scheme Central assistance of Rs.10, 000/- will be provided to household below the poverty line on the death of the bread winner of the bereaved family. • The benefit is being disbursed to the beneficiaries by opening of Pass Book in 	<ul style="list-style-type: none"> • There is still a gap between demand for inclusion and actual coverage 	<ul style="list-style-type: none"> • Ward level sensitisation involving all stakeholders

SI No	Name of Plan/Scheme	Issue			Reasons	Proposals
		Institutional	Operational	Coverage		
			be below poverty line.	the Bank or Post Office whichever is nearer to the legal heir at G.P head quarters on the fixed date i.e 15th of each month i.e on the Jana Seva Divas after due identification by the PRI members		

Planning training/ orientation programme for Community Group needs

Kurseong Municipality has planned to provide training orientation programme for selected excluded groups as designed in collective way hence no such specific training programme has been planned.

For providing training to implement SJSRY programme in a concerted effort training programme for RCVs has been planned involving all office bearers of SJSRY programme. The capacity building needs identified is attached (refer Annexure 4 B)

5. Theme 2: Non Plan / other initiatives compilation of findings and analysis of issues

A rate card system conducted by the Kurseong municipality to assess the condition of the BPL community residing at the ULB reveals that the families belonging to SC/ST/ Minority community families could not ensure employment for 180 days round the year while families are reported as women headed households. , which is a major indication of the level of poverty within the slum area. This is also an indication of the slum population's inadequacy to embrace appropriate livelihood opportunities.

It has been revealed from the FGDs that the different livelihood options in the areas which the excluded groups practiced are consisted of daily wage earners, unemployed youth, Masons, transport workers etc. Women headed family members working as housemaid, attendants (*ayah*) etc.

Financial bottleneck, lack of identity, lack of awareness, Space problem is some of the problems faced by the women. The respondents who have not received any training were eager to avail the same as most of the respondents have traditional skills or engaged with hereditary businesses and professions. They want to avail certain skill building training. Mostly they are not aware about Government plans and schemes, and are willing to get the information on a regular basis through Ward Councillors and through various IEC arrangements. Most of the respondents have revealed that they are not getting actual wage from their respective employers.

Conclusion of analysis:-

Ward-level consultations, field visits, informal discussion, FGD and workshops were conducted amongst selected groups within the Kurseong Municipality.

Even, socio-economic survey report, rate card of the slum study reports have been the basis of technical analysis to obtain proper issues with suggested recommendations for proposal.

Analysis of the secondary and primary data revealed that there is urgent need for capacity building & awareness programme in the thrust areas, with the main focus towards the capacity enhancement of the stakeholders. Analysing the scope and requirement of the SJSRY programme, there is a need for facilitation of DWUA formation and expansion of the T&CG. Adequate arrangements should also be made for providing vocational training to the members to make the programme sustainable and improve the socio-economic status of the stakeholders. An integrated effort is required to bring the various forms of services available in the Municipal area under a common umbrella

and to reduce the financial bottlenecks, lack of identity and lack of awareness faced by the deprived section of the residents in the ULB.

Having gone through all emerged solutions/suggestions to problems- DTG-2 along with DPG had formulated sub-component-wise project proposals. These proposals were finalized through work shop-1 but prioritization to be done very shortly in work shop-2.

They are as follows: -

IDENTIFIED PROJECTS:

Chapter 3: PROPOSAL IDENTIFICATION & PRIORITISATION

1. UPE cell to be strengthened to enable to handle the poverty issue
2. Formation of Bankers' Level Committee and facilitation body under UPE cell
3. Recruitment of a marketing executive for proper guidance and marketing of the products of the DWCUA groups
4. Setting up of Poverty Data Bank
5. Identification and creation of a database and empanelment of skilled workers in the Municipality and linking them with the citizens charter
6. Arranging Legal Awareness camp with the help of appropriate authority and creation of a legal cell at ULB level, especially for poor and underprivileged
7. Capacity Building and basic orientation programme for RCV, TCG, DWCUA, Ward Committee members/ Councillors
8. Identification of the needy physically and mentally challenged person of the ULB and subsequent vocational training arrangement for them to make them self sufficient
9. Readymade Production Hub cum show room for the DWCUA made products
10. Project on rigorous awareness campaign in backward areas for introducing the lucrative Government Schemes to the needy mass
11. Capacity building of COs
12. Conversion of literacy centres into information kiosk to provide hand holding support to the deserving candidates on employment and livelihood related issues
13. Initiatives to be taken for creation of a help desk to assist the members of the SJSRY groups
14. Special initiatives for creation of a comprehensive list of service providers in the ULB area and subsequent creation of a service centre

List of prioritised projects:

Priority Number	Project Name
1.	Capacity Building and basic orientation programme for RCV, TCG, DWCUA, Ward Committee members/ Councillors
2.	Training to SJSRY & DWCUA groups for marketing of products.
3.	Identification of the needy physically and mentally challenged person of the ULB and subsequent vocational training arrangement for them to make them self sufficient
4.	UPE cell to be strengthened to make them enable to handle the poverty issue
5.	Formation of Bankers' Level Committee and facilitation body under UPE cell
6.	Readymade Production Hub cum show room for the DWCUA made products in Haat Bazar Ward no-13
7.	Setting up of Central Poverty Data Base Bank for MIS
8.	Office for the Community Development Society
9.	Providing assistance to the CDS for strengthening of the community CDS structure
10.	Capacity building Skill training to the CDS members
11.	Formation and facilitation of new TCG and DWCUA groups
12.	Employment of a full time TPO & CO for supervision and proper functioning of the SJSRY activities
13.	IEC for all the Government schemes including SJSRY
14.	Setting up of a centralised common facility centre for offering different services like aya, physiotherapy, plumber, electrician, beautician, etc, especially for marginalised sections of the society
15.	Initiative for arrangement of vocational training for the SC/ST population residing in the ULB
16.	Initiative for Micro enterprises development for SC/ST groups and individuals
17.	Initiative for Implementation of IGNOAPS by the ULB
18.	Initiative for Implementation of NBFS
19.	Facilitation of Micro enterprises for groups
20.	Facilitation of Micro enterprises for individual
21.	Implementation of Wage employment Scheme
22.	Initiative for implementation of APY (Drop Project)
23.	Initiative for special assistance to the destitute urban poor (Drop Project)
24.	Initiative for implementation of AAY (Drop Project)
25.	Initiative to introduce Ex scavenger rehabilitation programme (Drop Project)
26.	Initiative on skill training for SC/ST and minority groups (Drop Project)
27.	Initiative for Micro enterprises development for individual groups of the minority section (Drop Project)
28.	Vocational training for the Minority groups residing in the ULB (Drop Project)
29.	Initiatives for introduction of widow pension (Drop Project)
30.	Initiative for implementation of disability pension scheme (Drop Project)

Prioritization Matrix:

Priority Number	Project Name	Ongoing Projects	Areas of Training	Beneficiary Groups	No. of beneficiaries	Category of beneficiaries	Time required for completion	Conformity with other plans	Per capita cost of proposals (total costs+ no. of ben.)	Round Off
1.	Capacity Building and basic orientation programme for RCV, TCG, DWCUA, Ward Committee members/ Councillors	3	3	2	2	2	3	3	3	21
2.	Training to SJSRY & DWCUA groups for marketing of products.	2	3	2	2	3	3	3	3	21
3.	Identification of the needy physically and mentally challenged person of the ULB and subsequent vocational training arrangement for them to make them self sufficient	3	3	2	2	2	2	3	3	20
4.	UPE cell to be strengthened to make them enable to handle the poverty issue	2	2	2	2	2	3	3	3	19
5.	Formation of Bankers' Level Committee and facilitation body under UPE cell	2	2	2	2	2	3	3	3	19
6.	Readymade Production Hub cum show room for the DWCUA made products in Haat Bazar Ward no-13	2	2	2	2	2	3	3	3	19
7.	Setting up of Central Poverty Data Base Bank for MIS	2	2	2	2	2	3	3	3	19

8.	Office for the Community Development Society	2	2	2	2	2	3	3	3	19
9.	Providing assistance to the CDS for strengthening of the community CDS structure	2	2	2	2	2	3	3	3	19
10.	Capacity building Skill training to the CDS members	2	1	2	2	2	3	3	3	18
11.	Formation and facilitation of new TCG and DWCUA groups	2	1	2	2	2	3	3	3	18
12.	Employment of a full time TPO & CO for supervision and proper functioning of the SJSRY activities	2	1	2	2	2	3	3	3	18
13.	IEC for all the Government schemes including SJSRY	2	1	2	2	2	3	3	3	18
14.	Setting up of a centralised common facility centre for offering different services like aya, physiotherapy, plumber, electrician, beautician, etc, especially for marginalised sections of the society	2	1	2	2	2	2	3	3	17
15.	Initiative for arrangement of vocational training for the SC/ST population residing in the ULB	2	1	2	2	2	2	3	3	17
16.	Initiative for Micro enterprises development for SC/ST groups and individuals	2	1	2	2	2	2	3	3	17
17.	Initiative for Implementation of IGNOAPS by the ULB	2	1	2	2	2	2	3	3	17
18.	Initiative for Implementation of NBFS	2	1	2	2	2	2	3	3	17
19.	Facilitation of Micro enterprises for groups	2	1	2	2	2	2	3	3	17
20.	Facilitation of Micro enterprises for individual	2	2	2	2	2	2	2	2	16
21.	Implementation of Wage employment Scheme	2	2	2	2	2	2	2	2	16

22.	Initiative for implementation of APY (Drop Project)	2	2	2	2	2	2	2	2	16
23.	Initiative for special assistance to the destitute urban poor (Drop Project)	2	2	2	2	2	2	2	2	16
24.	Initiative for implementation of AAY (Drop Project)	2	1	2	2	2	1	2	1	13
25.	Initiative to introduce Ex scavenger rehabilitation programme (Drop Project)	2	1	2	2	2	1	2	1	13
26.	Initiative on skill training for SC/ST and minority groups (Drop Project)	2	1	2	2	2	1	2	1	13
27.	Initiative for Micro enterprises development for individual groups of the minority section (Drop Project)	2	1	2	2	2	1	2	1	13
28.	Vocational training for the Minority groups residing in the ULB (Drop Project)	1	1	1	2	3	2	1	1	12
29.	Initiatives for introduction of widow pension (Drop Project)	1	1	1	2	2	2	1	1	11
30.	Initiative for implementation of disability pension scheme (Drop Project)	1	1	1	2	2	2	1	1	11

Livelihood and Poverty Alleviation (Fund distribution)

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
1	Capacity Building and basic orientation programme for RCV, TCG, DWCUA, Ward Committee members/ Councilors	Theme 1 - Government Plans/Schemes	Apr-08	Mar-13	0.00	9.00	0.00	SJSRY
2	Training to SJSRY & DWCUA groups for marketing of products.	Theme 1 - Government Plans/Schemes	Apr-08	Mar-13	0.00	4.80	0.00	SJSRY
3	Identification of the needy physically and mentally challenged person of the ULB and subsequent vocational training arrangement for them to make them self sufficient	Theme 2 - Non Plan/Other initiatives	Apr-09	Mar-13	1.40	0.00	0.00	NAT. DISABILITY COMM UNDER MSJ&E
4	UPE cell to be strengthened to make them enable to handle the poverty issue	Theme 1 - Government Plans/Schemes	Apr-08	Dec-13	2.00	0.00	0.00	SJSRY
5	Formation of Bankers' Level Committee and facilitation body under UPE cell	Theme 1 - Government Plans/Schemes	Apr-08	Dec-13	0.00	0.50	0.00	SJSRY
6	Readymade Production Hub cum show room for the DWCUA made products in Haat Bazar Ward no-13	Theme 1 - Government Plans/Schemes	Dec-10	Dec-12	14.46	0.00	0.00	EGS

Sl. No	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
7	Setting up of Central Poverty Data Base Bank for MIS	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	0.00	3.00	0.00	SJSRY
8	Office for the Community Development Society	Theme 1 - Government Plans/Schemes	Apr-08	Jan-13	0.00	12.00	0.00	IHSDP
9	Providing assistance to the CDS for strengthening of the community CDS structure	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	0.00	12.00	0.00	SJSRY /SUDA
10	Capacity building Skill training to the CDS members	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	0.00	2.40	0.00	SJSRY
11	Formation and facilitation of new TCG and DWCUA groups	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	0.00	3.60	0.00	SJSRY
12	Employment of a full time TPO & CO for supervision and proper functioning of the SJSRY activities	Theme 1 - Government Plans/Schemes	Apr-08	Jan-13	0.00	9.60	0.00	SJSRY
13	IEC for all the Government schemes including SJSRY	Theme 1 - Government Plans/Schemes	Apr-08	Jan-13	0.00	4.80	0.00	SJSRY
14	Setting up of a centralised Training facility centre for offering different services like ayah, physiotherapy, plumber,	Theme 2: Targeted Infrastructure and Basic Services	Apr-08	Jan-13	0.00	12.00	0.00	SJSRY

Sl. No	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
	electrician, beautician, etc, especially for marginalised sections of the society							
15	Initiative for arrangement of vocational training for the SC/ST population residing in the ULB	Theme 2 - Non Plan/Other initiatives	Apr-09	Jan-11	-	-	-	SC/ST DEPT
16	Initiative for Micro enterprises development for SC/ST groups and individuals	Theme 2 - Non Plan/Other initiatives	Apr-09	Jan-11	-	-	-	SC/ST DEPT
17	Implementation of IGNOAPS by the ULB	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	75.35	0.00	0.00	IGNOAPS
18	Implementation of NBFS	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	5.00	0.00	0.00	NFBS
19	Facilitation of Micro enterprises for DWCUA groups	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	10.00	0.00	0.00	SJSRY
20.	Implementation of Wage employment Scheme		Apr-08	Jan-13	10.00	0.00	0.00	SJSRY

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
21.	Facilitation of Micro enterprises for individual - USEP	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	10.00	0.00	0.00	SJSRY
22.	Initiative for implementation of AAY	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	FOOD DEPT.
23.	Initiative for implementation of APY	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	FOOD DEPT.
24.	Initiative for special assistance to the destitute urban poor (Cooked Food Programme)	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	SUDA
25.	Initiative to introduce Ex scavenger rehabilitation programme	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	SCST DEPT.
26.	Initiative on skill training for SC/ST and minority groups	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	WBMDFC
27.	Initiative for Micro enterprises development for individual groups of the minority section (Drop Project)	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	WBMDFC
28.	Vocational training for the Minority groups residing in the ULB	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	WBMDFC

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
29.	Initiatives for introduction of widow pension	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	IGNWP - SUDA
30	Initiatives for introduction of disability pension	Theme 2 - Non Plan/Other initiatives	Apr-08	Jan-13	-	-	-	IGNWP - SUDA
31	Consultancy to set up small scale industry for TCG & DWCUA groups through renowned Financial agency	Theme 1: Regulation	Apr-08	Jan-13	5.00	0.00	0.00	SJSRY
32	Establishment of Nagar Palika Seva Kendra at ULB Municipal office.	Theme 2: Targeted Infrastructure and Basic Services	Dec-11	Jul-12	0.00	0.00	1.00	SJSRY

**LOCAL ECONOMIC DEVELOPEMENT Plan
(SUB-COMPONENT 2.2)**

Kurseong Municipality

DDP Main Book

2008-2009 to 2012-2013

INTRODUCTION

Local Economic Development (LED) Plan outlines an impact based local initiative driven by local stakeholders. It locates local resources, local skills, favorable environment, identifying demand-driven activities to stimulate economic growth and development. It aims to create employment opportunities, improve standard of living of the residents- especially poor and reallocate resources & opportunities to the interest of entire population within the jurisdiction of this ULB.

The LED under DDP refers to the institutional, regulatory and infrastructural initiatives undertaken by ULB to enhance economic growth with business environment friendly ambience to attract and retain businessmen both small and large sector with sustainable employment avenues for the local population.

Under LED Plan of Kurseong Municipality- a set of tangible benefits to be manifested through a vibrant & robust local economy leading to an improved revenue generation mechanism potential through collection of property taxes, trade licenses and other commercial levies and improved well-being of local residents resulting in a likelihood of an increase in recovery of civic taxes and user charges.

Having been gone through various reports, statistics and feedback from community emerged in a participatory way-Kurseong Municipality has evolved an integrated Local Economic Development Plan in line with DDP guidelines in order to achieve economic sustainability within Municipal area where special emphasis has been placed upon BPL and marginalized section towards their economic enhancement and improved standard of living in the days to come.

Hence Local Economic Development (LED) offers local government, the private sector, the not-for-profit sectors and the local community the opportunity to work together to improve the local economy. It aims to enhance competitiveness and thus encourage sustainable growth that is inclusive. The purpose of local economic development (LED) is to build up the economic capacity of a local area to improve its economic future and the quality of life for all. It is a process by which public, business and non-governmental sector partners work collectively to create better conditions for economic growth and employment generation.

Chapter 1: Development Goals or Objectives for Local Economic Development Plan

Goal: Kurseong to have a separate identity of a school town in global map and thereby giving impetus to economic development and employment generation

Development Objective:

- To ensure strict and transparent regulatory process towards revenue generation within the jurisdiction of the Kurseong Municipality
- Facilitating and modernising educational infrastructure and Regulatory mechanism towards economic development of the municipal area
- Facilitating and developing in Public-Private partnership a hi-tech school town infrastructure with facilities like, a state of art library, tutorials, internet kiosks, hostels, and sporting activities.
- Sustainable employment generation for youth in the newly build infrastructure like canteens, cooked food home delivery , food processing units
- To uplift financial and social status of informal sector by enhancement of capacity and up gradation of existing skills of the target sector within Municipal jurisdiction by ensuring sustainable Income Generating options by introducing modern vocational courses like call centre training, computers, Beautician, gardening, spoken English, customer handling, communication skills etc.
- Strong intra transport system to all the routes leading to educational infrastructure
- Renovation of all municipal market complex
- Regular quality checks mechanism.
- Encouraging & ensuring marketing for potential school business.
- Rehabilitation street vendors & youth in stress and vulnerability
- To provide basic infrastructure to enhance economic activities and attract potential investors and businessperson in this process.
- To liaise with local banks, financial institutions and in line department of Government to facilitate economic transformation amongst marginalized community.

The focus areas in LED: -

- To ensure Economic well being of the area, encourage growth of Small Scale and business activities.
- Encourage regional collaboration and Partnership- towards facilitating Investment.
- Encourage promotion of Cottage & handicrafts based tiny industries by enhancing skill and providing investment opportunity for the community engaged with such activities.

- Ensure credit linkages for Small Scale Industries and service sectors.
- Linkages and partnership with various Government sponsored programmes/DIC/ Corporate towards creation of employment opportunity and poverty eradication.
- Facilitation of smooth building plan sanction, Trade Licence issuance and other regulatory activities to attract investors.

Chapter 2: Review of Existing Situation – (Situation Assessment)

II. KURSEONG ULB

Although the urbanization process is widely acknowledged to be associated with increasing levels of national production and higher levels of per capita GDP, poverty remains a persistent feature of urban life in India, both in terms of income and immigrants' living conditions. Economic growth in cities has been found to be insufficient to achieve poverty alleviation. Government action has focused on welfare and habitat improvements under various poverty alleviation programmes but has been unable to make linkages between these improvements and increases in productivity and income for the urban poor.

The weaknesses of current policies of poverty alleviation at the national level are due to certain misconceptions about poverty:

-- Firstly, that the poor represent a drain on the urban economy rather than a source of productivity.

-- Secondly, that poverty can be seen as a welfare question, with income - raising objectives left largely to national economic growth reports and assumed trickle-down development processes.

Under these backgrounds, this is an attempt to prepare a local economic development plan to create a vivacious economy for all the local stakeholders' of Kurseong ULB through time bound identified projects/schemes/recommendation for the year 2008-2013.

III. PRINCIPLES GOVERNING LED

An Integrated Approach: This requires all the local stakeholders including all levels of government, business, education institutions and the community to work together so as to create a vibrant local economy, through a long-term investment strategy that:

Encourages local enterprise Serves the needs of local residents, workers, and businesses Promotes stable employment and revenues by building on local competitive advantages Protects the natural environment Enhances social equity.

Development Objectives and Inclusion: ULBs need a strategy based on clearly identified objectives for economic development. Visioning, planning and implementation efforts should continually involve all sectors, including the voluntary civic sector and those traditionally left out of the public planning process, namely the poor, minority communities and women.

Poverty Reduction: Local economic development efforts should be targeted at reducing poverty by improving the skills of low-income individuals to match local requirements, addressing the needs of families moving off welfare, and insuring the availability in all communities of quality and affordable housing and basic services.

Local Focus: Because each community's most valuable assets are the ones they already have, and existing businesses are already contributing to local communities, economic development efforts should give first priority to supporting existing enterprises as the best source of business expansion and local job growth. Local economic development should focus instead on promoting local entrepreneurship to build locally based industries and businesses that can succeed among national and international competitors.

Industry Clusters: Communities should identify specific gaps and niches their economies can fill, and promote a diversified range of specialized industry clusters drawing on local advantages to serve local and international markets.

Long-Term Investment: Publicly supported economic development programs, investments, and subsidies should be evaluated on their long-term benefits and impacts on the whole community, not on short-term job or revenue increases. Public investments and subsidies should be equitable and targeted, support environmental and social goals, and prioritize infrastructure and supportive services that promote the vitality of all local enterprises, instead of individual firms.

Human Investment: Human resources are the building blocks of local communities and therefore efforts should be made to provide life-long skills and learning opportunities by investing in excellent schools, post-secondary institutions, and opportunities for continuous education and training available to all.

Environmental Responsibility: Communities should support and pursue economic development that maintains or improves, not harms, the environmental and public health.

Regional Collaboration and Partnership: Since industries, transportation, land uses, natural resources, and other key elements of a healthy economy are regional in scope, communities and the private sector should cooperate to create regional structures.

IV. BENEFITS OF LOCAL ECONOMIC DEVELOPMENT

Urban Local Bodies can greatly benefit from an effective local economic development strategy in primarily two ways. The first is a set of tangible benefits which manifests itself through a vibrant and robust local economy leading to an improved revenue enhancement potential through collection of property taxes, trade licenses and other commercial charges, and improved well-being of local residents resulting in a likelihood of an increase in recovery of civic taxes and user charges.

The second is a set of intangible benefits arising from an improved perception of potential investors regarding the investment climate and opportunities in the Municipal Area, a collaborative environment between Urban Local Bodies, State Government (and para - statal agencies) and the private sector which results in increased confidence of industry and higher levels of government in the ability and seriousness of the Urban Local Bodies to play a more involved role in facilitating regional economic growth.

The purpose of preparation of the Local Economic Development Plan is:

- To deal with key regulatory, infrastructure and facilitation issues which impinge on local economic development and are within the mandate of the ULB to address.
- To enable the ULB to create a “partnership” with higher levels of government as well as industry groups to promote inward investment and create jobs by providing a suitable enabling business environment.
- To assist the ULB to identify and undertake initiatives for Local Economic Development, in the form of realistic and time-bound projects. The plan should be able to prioritise projects that can be implemented in the 5 year DDP tenure.
- To arrive at a shelf of projects which can be financed through its own resources, funds from various State/central Government sources or through Public Private Partnerships.
- To identify linkages with other sub-component Plans of the DDP.

V. INTRODUCTION

Kurseong Municipality was established in the year 1879. It is among one of the oldest Municipality of West Bengal. According to the Census 2001, the total population of Kurseong Municipality is 40,172. The traffic between Kurseong to Darjeeling was opened in 1864 & from Siliguri to Darjeeling was opened in 1869. The Himalayan Railway line was laid in the year in 1880. The Kurseong Municipality has 20 wards in its present structure. Development of Kurseong Town has remained stagnant over the decades after its establishment due to the absence of any scope for the physical expansion of the Township. In the Eastern side Kurseong is blocked by the thick Reserve Forest of Coniferous, Pines, Oak and local trees and in the West, North West and South West by the Tea plantations. As such Kurseong has expanded only as a linear strip mainly along the Hill Cart Road which is now known as Tenzing Norgay Road and also NH-55 & also linked with the narrow gauge steam engine Railway line which has been declared as a Heritage very recently which makes the hill people proud enough throughout the Universe. The town is having nearly 50 schools, having about 2000 residential students.

The total area within the present Municipal limits of the Township is 7.5 Sq. K.M. It is the Sub-Divisional Head Quarter under Darjeeling District, West Bengal and lies 45 Km away from Siliguri en-route towards Darjeeling and 32 Km from Darjeeling towards Siliguri. The total area of the Kurseong Municipality is 5.05 km² (2 sq mi) and an elevation of 1.500m (4,921 ft). It has 13 hotels, 25 office premises under the jurisdiction of Kurseong Municipality

Kurseong town has a population of 40,172 according to the Census report of 2001. Out of this total population, 20,410 are male and 19,609 are female. Males constitute 51% of the population and females 49%. Kurseong has an average literacy rate of 84%, higher than the national average of 59.5%: male literacy is 88%, and female literacy is 80%. In Kurseong, 6% of the population is under 6 years of age. The Ward wise population of the town is shown below:

Table No. LED 1: Ward wise male-female distribution in Kurseong Municipality

Name	Total Population	Total Male	Total Female	SC	SC Male	SC Female	ST	ST Male	ST Female
Kurseong (M)	40019	20410	19609	3320	1650	1670	2304	1128	1176
Ward 1	1756	1031	725	316	168	148	101	53	48
Ward 2	2235	992	1243	80	36	44	150	75	75
Ward 3	1236	574	662	112	49	63	94	45	49
Ward 4	4043	1879	2164	240	128	112	77	29	48
Ward 5	2059	1060	999	181	92	89	48	22	26
Ward 6	1328	665	663	118	61	57	174	91	83
Ward 7	2917	1505	1412	288	144	144	415	204	211
Ward 8	2112	1074	1038	132	67	65	136	78	58
Ward 9	2698	1356	1342	257	121	136	127	61	66
Ward 10	1996	1015	981	330	161	169	155	73	82
Ward 11	1018	579	439	12	7	5	33	14	19
Ward 12	1226	667	559	117	54	63	125	61	64
Ward 13	2244	1196	1048	214	118	96	96	46	50
Ward 14	2323	1205	1118	211	104	107	91	44	47
Ward 15	1136	608	528	79	38	41	74	40	34
Ward 16	1580	922	658	128	60	68	39	17	22
Ward 17	2753	1407	1346	219	103	116	90	39	51
Ward 18	1988	948	1040	29	10	19	96	44	52
Ward 19	1610	847	763	148	75	73	93	49	44
Ward 20	1761	880	881	109	54	55	90	43	47

Refer: Socio Economic survey 2008

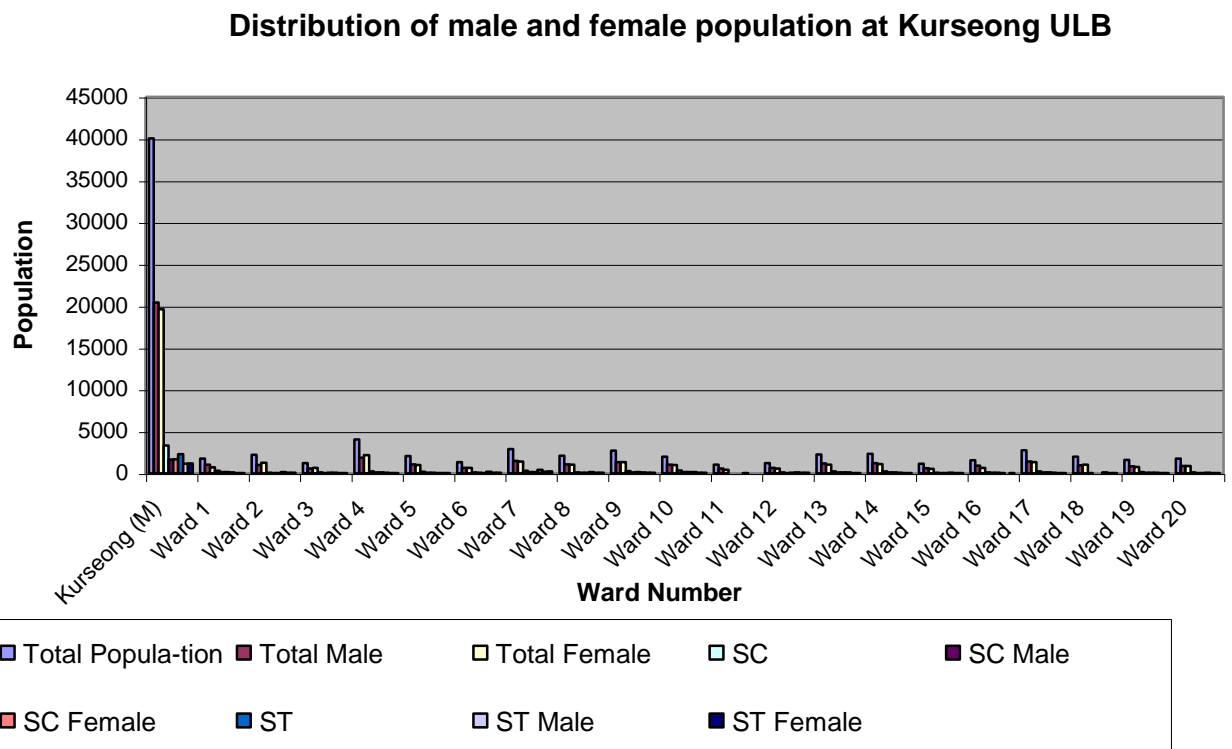


Figure – 01 : Distribution of male and female population at Kurseong ULB

Graphical representation of Ward wise male-female Distribution in Kurseong Municipality

The above chart shows the total ward wise population, the male and female population and the population of Scheduled Castes and Scheduled Tribes of Kurseong town. In addition to the above population there is a floating population of about 10,000 at a given point of time. Kurseong town has many schools most of which are boarding schools. The students studying in these schools are not taken into consideration at the time of census. Besides, the parents and guardians of these students also frequently visit Kurseong throughout the year. As such, it can be safely said that the population of Kurseong town exceeds 50,000 at any time.

**Table No. LED 2: Table on Percentage of main workers to total population by residence and sex
1951–2001 (Census 2001)**

CENSUS OF INDIA 2001

Final Population Totals, West Bengal

Percentage of main workers to total population by residence and sex:-1951--2001

State / District	T R U	Percentage to Total Population																	
		Main Workers																	
		1951			1961			1971			1981			1991			2001		
		P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
WEST	T	34.68	54.77	11.29	33.16	53.98	9.43	27.91	48.83	4.43	28.26	48.71	5.81	30.23	50.66	7.96	28.72	47.01	9.12
BENGAL	R	32.64	52.18	11.79	32.67	53.47	10.62	27.19	48.48	4.58	28.04	48.72	6.19	30.61	51.18	8.74	27.89	45.76	9.08
	U	40.86	61.49	9.44	34.66	55.38	5.12	30.12	49.80	3.92	28.87	48.70	4.66	29.23	49.34	5.79	30.84	50.15	9.21
DARJEELING	T	39.44	51.85	25.05	42.60	53.42	30.09	36.13	48.93	21.61	35.01	48.66	19.64	33.71	46.77	19.42	29.76	43.23	15.38
	R	39.67	50.36	27.86	45.00	53.45	35.70	38.12	49.26	25.88	37.07	48.73	24.28	35.54	46.39	23.93	29.71	41.31	17.57
	U	38.57	56.82	13.25	34.65	53.33	9.11	29.47	47.89	6.26	29.58	48.47	6.80	29.54	47.62	8.72	29.87	47.14	10.66

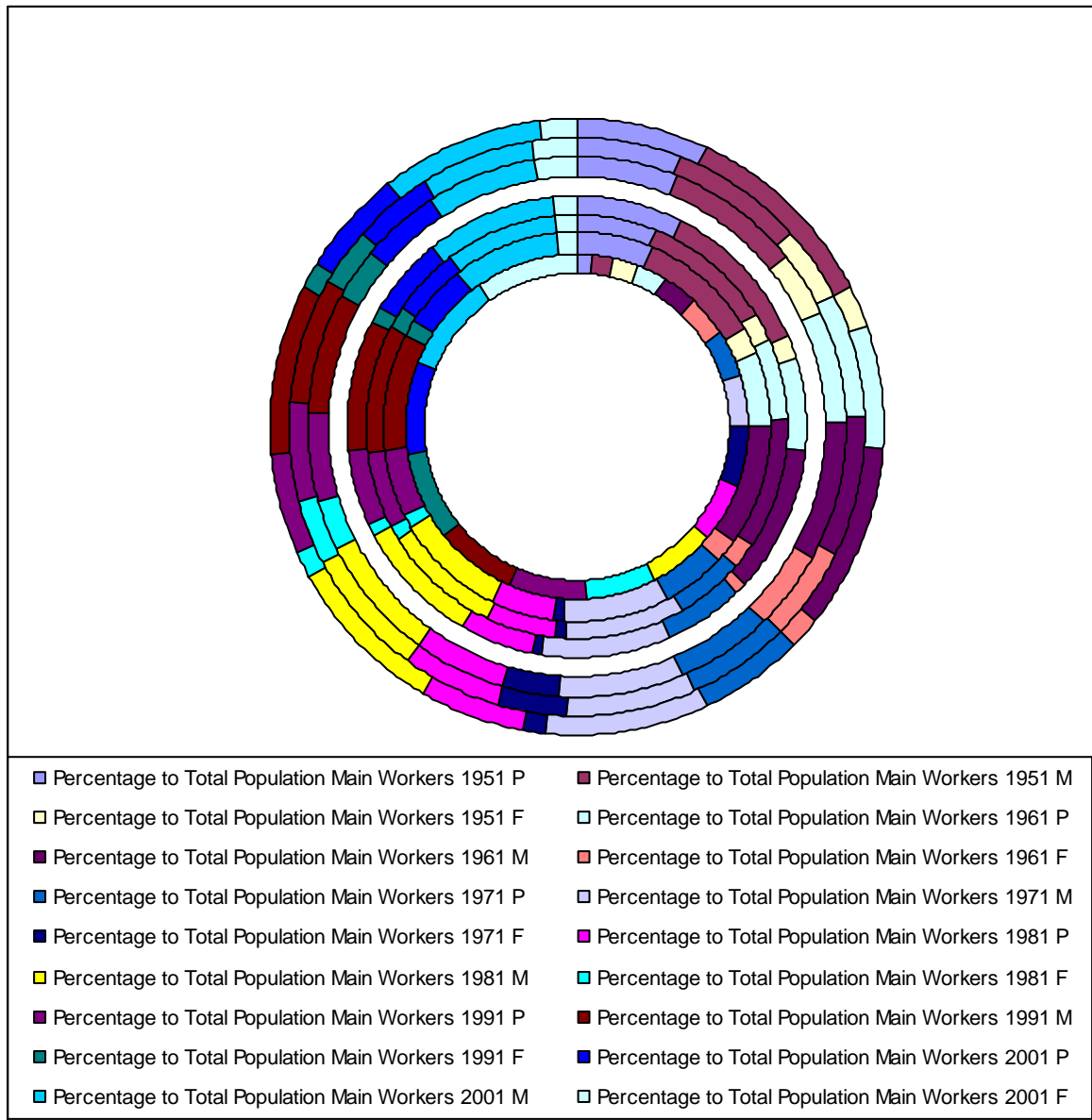
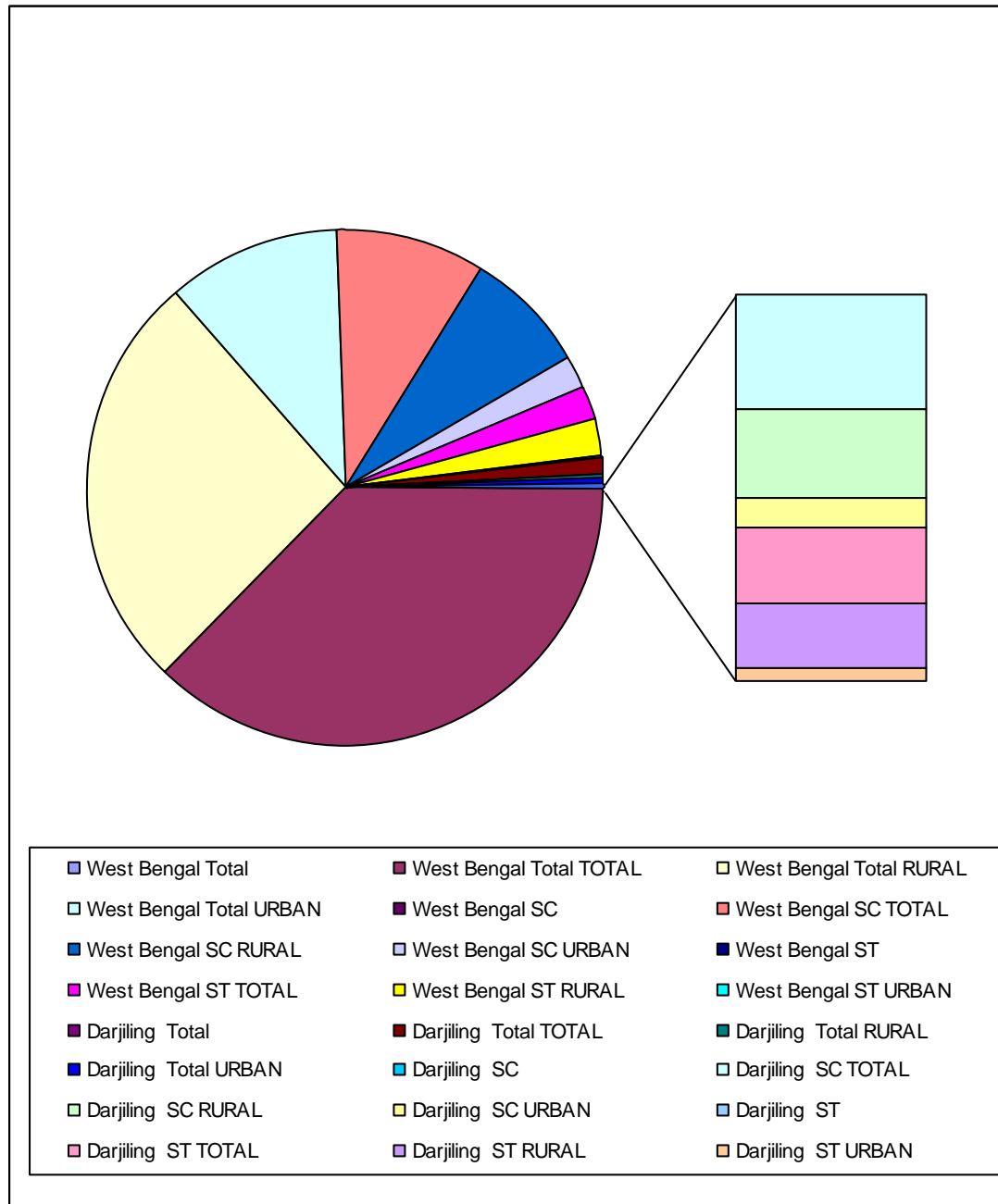


Figure – 02 : Graphical representation of the Percentage of main workers to total population by residence and sex: -1951–2001 (Census 2001)

Table No. LED 3: Number of people availing banking service according to 2001 census

State/District	Category	TOTAL\ RURAL\ URBAN	Total No. of Households	Households availing banking services	Percentage of Households availing banking services
West Bengal	Total				
		TOTAL	15715915	5781591	36.79
		RURAL	11161870	3076221	27.56
		URBAN	4554045	2705370	59.41
	SC				
		TOTAL	4070061	1084018	26.63
		RURAL	3287578	741004	22.54
		URBAN	782483	343014	43.84
	ST				
		TOTAL	1024905	225514	22.00
		RURAL	889188	164142	18.46
		URBAN	135717	61372	45.22
Darjeeling	Total				
		TOTAL	310149	108477	34.98
		RURAL	212082	54923	25.90
		URBAN	98067	53554	54.61
	SC				
		TOTAL	64608	16221	25.11
		RURAL	49157	10358	21.07
		URBAN	15451	5863	37.95
	ST				
		TOTAL	42639	11036	25.88
		RURAL	35606	7372	20.70
		URBAN	7033	3664	52.10

Figure – 03 : Graphical representation of the number of people availing banking service according to 2001 census



Formal Service/ Manufacturing/ Financial / Hospitality Sector

An institutional survey was conducted by the ULB to identify the formal service sectors along with key activities. The findings are given in following table.

Table No. LED 4: OFFICE / FINANCIAL INSTITUTIONS (CATEGORY C22 & C23)

SL	OFFICE TYPE	OTHER TYPE	LOCATION	FOLLOWING FACILITIES WHETHER AVAILABLE				GENERAL PROBLEMS FACED IF ANY
				ELECTRICITY	TELEPHONE	DRINKING WATER	TOILET	
1	OTHERS	WBSEDCL,H.C.ROAD,KURSHEONG	BASEMENT/GROUND FLOOR/1ST FLOOR	Y	Y	N	Y	SUFFERING A VITAL PROBLEM FOR WANT OF DRINKING WATER AND INSUFFICIENT WATER SUPPLY IN THE TOILET
2	OTHERS	DISTRICT INTELLIGENCE BRANCH		Y	Y	N	N	FACING PROBLEM OF DRINKING WATER AND TOILET
3	OTHERS	TELEPHONE EXCHANGE	GROUND FLOOR	Y	Y	N	N	FACING PROBLEM OF DRINKING WATER AND TOILET
4	OTHERS	B.D.O. OFFICE, KURSHEONG	1ST FLOOR	Y	Y	Y	Y	WATER SUPPLY AND TRANSPORTATION
5	GOVT. OFFICE			Y	Y	N	Y	WATER SCARCITY
6	OTHERS	KURSHEONG MUNICIPALITY	GROUND FLOOR/1ST FLOOR	Y	Y	Y	Y	BUILDING CONDITION IS VERY POOR
7	FINANCIAL	STATE BANK OF INDIA	GROUND FLOOR / 1ST FLOOR / 2ND FLOOR	Y	Y	Y	Y	MAINTENANCE OF TOILET IS NEEDED
8	FINANCIAL	CENTRAL BANK OF INDIA	GROUND FLOOR	Y	Y	N	Y	DRINKING WATER
9	OTHERS	KURSHEONG POLICE STATION, PB ROAD		Y	Y	N	N	ACUTE STORAGE OF DRINKING WATER, NO TOILETS, PROBLEM OF CARRYING OF GARBAGE, NO FOOTPATHS
10	GOVT. OFFICE	TREASURY OFFICE	1ST FLOOR/2ND FLOOR	Y	Y	N	Y	WATER SCARCITY AND GARBAGE DISPOSAL

SL	OFFICE TYPE	OTHER TYPE	LOCATION	FOLLOWING FACILITIES WHETHER AVAILABLE				GENERAL PROBLEMS FACED IF ANY
				ELECTR ICITY	TELEPHO NE	DRINKING WATER	TOILET	
11	GOVT. OFFICE	DIVISIONAL FOREST OFFICE	DOWHILL, GROUND FLOOR/1ST FLOOR	Y	Y	Y	Y	NO
12	GOVT. OFFICE	DISTRICT EMPLOYMENT EXCHANGE	GROUND FLOOR/1ST FLOOR	Y	Y	N	Y	WATER SCARCITY AND TOILET
13	GOVT. OFFICE	STATE EXCISE DEPT	NAYBAZAR, GROUND FLOOR	Y	N	N	Y	DRINKING WATER
14	GOVT. OFFICE	P.H.E.D DEPT. D.G.H.C	M.V.ROAD	Y	Y	Y	Y	NO
15	GOVT. OFFICE	CONTROLLER OF FOOD AND SUPPLY	M.V.ROAD	Y	Y	Y	Y	NO
16	GOVT. OFFICE	AGRICULTURAL DEPT. UNDER DGHC	Y	Y	Y	N	Y	NO DRINKING WATER AVAILABLE
17	GOVT. OFFICE	KURSHEONG FIRE STATION	NH-51, KURSHEONG	Y	Y	N	Y	NO OWN DRINKING WATER CONNECTION, NO RESEROIR TANK,NO WATER HYDRAINT9 FOR FIRE FIGHTING) AT KURSHEONG TOWN
18	GOVT. OFFICE	DARJEELING CIVIL CONSTRUCTION CUM MAITENANCE DIVN	M.V.ROAD	Y	Y	Y	Y	NO
19	GOVT. OFFICE	SUB DIVISIONAL OFFICE,KURSHEO NG	BASEMENT	Y	Y	Y	Y	WATER SUPPLY IS VERY POOR, SANITATION AND DRAINAGE SYSTEM IS POOR,APPROAH ROAD IS NARROW.
20	OTHERS	AGRICULTURAL DEPARTMENT	GROUND FLOOR	Y	N	N	Y	N
21	GOVT. OFFICE	LAND AND LAND REFORM OFFICE	MARWARI LANE,NAYA BAZAR	Y	Y	N	Y	WATER SHORTAGE AND FREQUENTLY INTERRUPTED ELECTRIC SUPPLY
22	OTHERS	ASST ENGINEER,PHED	M.V.ROAD	Y	Y	Y	Y	NO

SL	OFFICE TYPE	OTHER TYPE	LOCATION	FOLLOWING FACILITIES WHETHER AVAILABLE				GENERAL PROBLEMS FACED IF ANY
				ELECTRICITY	TELEPHONE	DRINKING WATER	TOILET	
		SUBDIISION,KURSHEONG						
23	GOVT. OFFICE	P.W.D(CIVIL)KURSHEONG SUB-DIVISION	T.N.ROAD	Y	Y	Y	Y	SCARCITY OF DRINKING WATER IS A MAJOR PROBLEM
24	OTHERS	SUBDIVISIONAL HOSPITAL KURSHEONG	B.D.ROAD	Y	Y	Y	Y	LACK OF GARBAGE DIPOSAL SYSTEM AND SANITATION
25	OTHERS	KURSHEONG N.H.SECTION OFFICE KURSHEONG	LIC ROAD, KURSHEONG-GROUND FLOOR	N	N	N	Y	WATER,SANTATION AND GARBAGE DIPOSAL SYSTEM PROBLEM

Refer: Annexure 1 and 2

Trade Licenses issued by Kurseong Municipality

Category of Trade Licenses	06-07	07-08	08-09
General Order Suppliers	9	13	13
Hardware Merchant	3	3	3
Grocery	114	120	90
Hotel/Restaurant	47	44	31
Cloth Merchant	25	28	21
Chemist & Druggist	16	14	12
Readymade Garment	28	32	25
Bar	4	3	3
Contractor	77	81	70

Source : Kurseong Municipality – Tax and Mutation department

Table No. LED 5: Hotels in Kurseong ULB:

SL	NAME	NO. OF ROOMS	NO. OF FLOORS	ROOM TARIFF	FACILITIES WHETHER AVAILABLE			OWN KITCHEN	FACILITY FOR GARBAGE DISPOSAL
					HOT WATER	TELEPHONE	T.V.		
1	Kurseong Palace	8		180-400	Y	N	N	Y	Y
2	Hotel Park	14	3	600-800	Y	N	Y	Y	Y
3	Kokhrain Palace	18	2	2250-3000	Y	Y	Y	Y	Y
4	Amarjeet Hotel	16	2	800-900	Y	Y	Y	Y	Y
5	Shyams Lodge	3	1	200-400	Y	N	N	N	Y
6	Regent Hotel	10	3	175-450	N	N	Y	Y	Y
7	LMB LODGE - WARD-15	8	1	150-200	N	N	N	N	N
8	JCT BAR	8	2	100-250	Y	N	Y	Y	Y
9	Delhi durbar	8	2	400-800	N	N	Y	Y	
10	HOTEL MOHPAL- WARD-12	6	2	150-250	N	N	N	N	Y
11	WHITE ORCHID- WARD-12	10	3	150-250	N	N	N	Y	Y
12	BATLOI	8		200-300	N	N	N	Y	Y
13	MAYA HOTEL	6	1	150-250	N	N	N	Y	Y

Refer: Annexure 1 and 2

From the analysis of the tables above it is clear that the main problems faced by the hotels and office complexes in the ULB area is that of drinking water and in some cases electricity and disposal of solid waste is a major problem. Since, Kurseong is a tourist destination; there is immense importance of travel and tourism, which includes the condition of the hotels and lodges available in the jurisdiction of the ULB. Thus, there is immediate need to upgrade the quality of service provided to the formal service sector units to uplift the image of the ULB as a whole.

VII. PROBLEM IDENTIFICATION:

Ward Committees' Consultation

A ward committee consultation has been conducted to understand and identify the possible options and measures for economic development of local stakeholders and identify demand-gap

Table No. LED 6: Feedback from Ward Committees

Sl. No.	Identified Problems	Possible methods of mitigation
1.	Unemployment	Income generating programmes to be publicised and popularised.
2	Educated youth	Special Initiative like coaching for civil services and other competitive exams.
3	Distressed women and women in deplorable condition.	Counselling centres and special initiative on women employment.
4	Minority development.	Initiative on minority employment.
6.	Progress record of schemes	Continuous monitoring is required
7.	Fund crisis due to non timely disbursement	Meeting and good networking with funding Agency.

Refer: Annexure 4 and 5

Table No. LED 7: Consultation with Shop-owners/ business forums and small businessmen

Regulatory	Facilitation and promotion
If a system can be placed where municipality organises a camp at market place itself for issuing/renewal of trade license at a fixed date then it will receive a very good response	Loan assistance: Access to bank loan is a major requirement for small businessman and entrepreneur especially in festive seasons, when they require money to buy materials.
Many business houses are reluctant to buy fresh trade license renewal form since there are many formalities to fulfil which are complicated	Establishment of information centre at ULB level providing information on various Government and Non-government schemes/initiatives, other facilities available for businessman and small entrepreneurs
There was suggestion to renew trade licenses for a long period like three to five years and in that cases subsidy can be offered to the business houses. In the long run it should be beneficial for the ULB and would be increase the revenue collection	Single window clearance system should be in place for all regulatory interfaces between business houses and ULB

Refer: Annexure 6**Table No. LED 8: Infrastructure and basic services required for shop owners and businesspersons**

Type of shops	Issues/observations
Sweets Retailer	Hawkers sit in front of the shop, therefore shops are not visible to customer Drinking water quality is not good Irregular spraying of bleaching and phenyl Creates pollution from wastes of sweets and plastics Covered vat is required
Vegetable market	Public Toilet needed urgently. Irregular spraying of bleaching and Phenyl. Most of the shopkeepers have no trade license. Trade License renewal is a major problem. Shop to shop tax collection can facilitate the collection Need Specific renewal date for at a time 3 to 5 years at a subsidized rate. There is no proper drinking water facility. Irregular Collection of wastes. Inadequate drainage system. Difficulty to forcibly use of Polythenes (above 20 micron) – because expensive. Need to encourage paper made bags instead of Polythenes (below 20 micron). Wastes Disposal in broken and Open Vats – Creates air pollution and unhygienic condition.
Ready-made garments	There is no drinking water facility. Necessity of movable covered vat for regular disposal of wastes.

	<p>Most of them does not have trade license. Problem of trade license renewal. They suggested if a municipal employee can go their shops and renew their trade license on a specific date then it will be fruitful. Professional tax is burden for small-scale traders. Public toilet needed urgently.</p>
Grocery Shop	<p>Collective wastes disposal in vats on weekly basis. Sometimes wastes disposal in drains. Municipal trailers collect and remove wastes on an irregular basis. Wastes are not collected properly and create pollution. Campaigning required stopping usage of Polythenes below 20 micron. Difficult terrain makes it difficult in carriage of raw materials</p>
Slaughter House	<p>Irregular cleaning of vats creates pollution. Improper management of animal residues and wastes causes visual and environmental pollution</p>
Tailoring shops	<p>Disposes wastes in drains. Need Toilet. Urgent need of proper waste collection</p>

Table No. LED 9: FEEDBACK FROM FOCUSSED GROUP DISCUSSION WITH TRANSPORT WORKERS

Regulatory	Facilitation and Promotion	Infrastructure and Basic Services
<ol style="list-style-type: none"> 1. All mechanised local transport like Van, Trekker covered by RTA License and continuous monitoring. 2. Strict regulation of Traffic Rules. 3. Parking System to be followed as per guidelines made out of meeting on Traffic Management between all the stake holders of society including the sub-divisional officials. 4. Driving rules and Passenger safety to have top priority. 	<ul style="list-style-type: none"> ➤ Should be under Insurance coverage. ➤ Access to be pollution control ➤ Environment friendly transport System to be ensured. 	<ul style="list-style-type: none"> ➤ Permanent parking stand to be provided. ➤ Foot path to be broadened for pedestrians. ➤ One Taxi Stand to be provided.

Discussion summary:

The Kurseong Municipality have no proper taxi stand in the town for parking of Taxis & Private Vehicles coming from outside carrying passengers due to which the local people as well as the tourists have to face great inconvenience. Tourists passing through Kurseong have a difficult time in finding a parking place in order to go to any restaurant or hotel for short sojourn or for marketing in the town.

The previous Board of Councilors had selected a slope land near Kurseong Loco Shed for construction of a taxi stand for which plans and estimates were also prepared. But the execution of work could not be started by the previous Board. The present Board of Councilors felt that the site selected by the previous Board of Councilors was not suitable for construction of a taxi stand as it will be able to accommodate not more than 25 vehicles at a time and for the portion of the land NOC from the Railway Authorities is not possible. With the ever increasing population of Kurseong as also the increase in the number of vehicles every day, a bigger area was necessary for construction of a taxi stand. The Hat Bazar presently being used as a temporary market under the control of Land and Land Reforms Department would be most suitable for construction of a taxi stand. There is an open space of about 0.127 acre and is within the heart of Kurseong town. The present Board of Councilors has decided to construct a taxi stand cum market complex in the said land. The taxi stand will be able to accommodate about 100 vehicles at a time. The plans and estimates for the above project have been prepared and submitted to Govt. of India through the State Govt. for sanction of funds under IDSMT project. The total cost of the project is Rs. 3.56 Crores and Rs. 2 Crores has been assured by the Govt. With the completion of the project, the Kurseong town will have solved a chronic problem of a taxi stand. The Municipality has also moved the State Govt for transfer of the Hat Bazar land to the Municipality. The State Govt. has intimated that the amount of Rs. 46 lakh shown due against the previous Board under IDSMT will be adjusted against the sanction of loan meant for construction of the taxi stand cum market complex. The matter has been taken up with the Govt. for waiving of the same

Analysis of Issue:

Status of revenue collection at Kurseong ULB

The main source of revenue collection of the Municipality is through the collection of holding taxes, imposition of fees etc.

In addition to above, the Municipality receives fixed grant, entertainment tax, dearness allowance etc. to meet the salaries of the permanent staff. The details of the allotments received are shown separately. The monthly expenditure on salaries of the staff per month is Rs. 10,76,198/- out of which the State Govt. allots an amount of Rs. 7,88,491/- under fixed grant, salary grant, D.A. etc. which leaves a monthly deficit of Rs. 2,87,707/-

A statement showing the demand, collection, remission and outstanding taxes for the year under report is shown below:

Demand:	Arrear:	Rs. 30,22,024.00
	Current	Rs. 22,81,434.00
	Total :	Rs. 53,03,458.00
Collection:	Arrear:	Rs. 9,92,955.00
	Current:	Rs. 17,58,683.00
	Total:	Rs. 27,51,638.00

Remission:	Arrear:	Rs.	Nil
	Current:	Rs.	5,633.00
	Total	Rs.	5,633.00

Outstanding Dues:

Current:	Rs. 20,29,069.00
Arrear:	Rs. 4,32,280.00
Total:	Rs. 24,61,349.00

Percentage of Arrear Collection: 32.86 per cent**Percentage of Current Collection 77.00 per cent****Tax on Profession and Trade:**

(a) Trade Tax:	Rs. 1, 64,369.00
(b) License Fees:	Rs. 14,075.00
(c) Other Non Tax Revenue:	Rs. 6, 16,611.00

Demand and Collection of Property Tax for the year 2006 – 2007:**a) Property Tax:**

	Demand	Collection
Arrear	Rs. 30, 22,024.00	Rs. 9, 92,955.00
Current	Rs. 22, 81,434.00	Rs. 17, 58,683.00
<hr/>		
Total:	Rs. 53, 03,458	Rs. 27, 51,638.00
<hr/>		

COLLECTION FROM MOBILE TOWERS:

The Municipality has imposed charges for sanction of plans and for permission to set up mobile towers by various mobile companies. The following amounts were realized from different Companies:

Date	Name of Company	Amount realized
27.04.2006	Reliance Tower	Rs. 30,000.00
12.09.2006	Network TATA Tele Services	Rs. 12,500.00
12.09.2006	- do -	Rs. 25,000.00
20.09.2006	Dish net Wireless	Rs. 30,000.00
	TOTAL	Rs. 97,500.00

Table No. LED 10: Amount realized from mobile towers in the Kurseong ULB area

While summarising the table some conclusions can be drawn:

- The ward with small population range have recorded better growth in revenue collection

- There is a direct correlation between low percentage of slum population in a ward with relatively better revenue collection and vice-versa.
- Wards which are near to the Kurseong Municipality are performing better in revenue collection
- The revenue collection of the ULB states that the collection from licence is the lowest one
- ULB however realize quite an impressive sum from Mobile Towers
- The revenue collection from the public is presently quite satisfactory but the collection of outstanding taxes from Government department is a big problem. The revision of household tax is over due. It should immediately be done through the Valuation Board .The revenue can be increased by another 50 lakhs annually as the holdings are assessed at very low rates. Imposition of users charges on Water, conservancy etc is also to be looked upon

ANALYSIS NOTES:

Kurseong Municipality is only 55Km from New Jalpaiguri and a few hours from Darjeeling, and it has every feature to become a cosmopolitan town. The majority of the inhabitants are permanent in nature. Primary income range is between Rs 1500-5000/month for a family. (Source: Socio-Economic Survey: Kurseong Municipality, 2007)

After collating all the feedback, primary and secondary information, it has been revealed that, revenue loss from licence is one of the biggest problems in revenue collection. In those cases, arrears are higher than the current demand. Though, municipality is trying to improve the tax collection and in certain wards, it has improved, but there needs to be some strategy to make up the loss in revenue collection in phased manner, and for that new markets need to be established and existing market where it is possible needs to be strengthened.

The identified problems can be summarised as under:

- School Business is going down as students are decreasing day by day.
- Modern allied infrastructure required for the school town is missing leading to decrease in the number of students and there by affecting the economy.
- Vast majority of unemployed youth
- Lack of knowledge among the youth about modern job opportunities.
- Inadequate local transport facilities
- Municipal markets are in a deplorable state.
- No specific norms and standards followed by the transport workers, vendors, merchants.
- Vulnerable youth condition
- Improper system of revenue collection from markets

Indicative Proposal under LED

Theme I: Regulation:

- Decentralising the trade license renewal and issuing cell and opening of the Municipality web-site under E-governance where the forms will be available on-line
- Ensuring Bank's interest in micro-enterprise development programme
- Formation of municipal level banker's committee
- Monthly meeting of Banker's Committee (Lead Manager should be responsible for ensuring attendance of Bankers)
- Conducting a report card study in backward wards to understand the customer satisfaction and find out the gap between supply and demand from ULB level.
- Licensing and rehabilitating the vegetable/non-vegetable vendors/hawkers
- Initiatives for introduction of IGNOAPS in the ULB to benefit 100% BPL residents of the ULB area above 65 years of age
- Introduction of PMEGF project

Theme II: Targeted Infrastructure and Basic Services:

- Construction of a centralised common facility centre for offering different services like aya, physiotherapy, plumber, electrician, beautician, etc, especially for marginalised sections of the society
- Creating a centralised trading facility zone under the banner of ULB where raw materials for different small and cottage industries will be available without the intervention of any middle men
- Establishing a tutorial centre for educated unemployed youth for competitive examinations with a reasonable tuition fees. ULB will play the role of facilitator. A private agency can play the lead role
- Construction of sheds and pay and use toilets at bus stands and restructuring a universal rate list as per present market situation
- Developing a community level solid wastes management plan with a composting facility
- Special action plan creating secondary and tertiary level employment for the wards where BPL population is above the municipal level average with more slum and poverty pockets.
- Initiatives to be taken for beautification of the burial grounds in the ULB under the Minority Development Scheme. This project will have linkage to the Intra Municipal Infrastructure Improvement Plan of Component I of the DDP

Theme III: Facilitation and Promotion:

- Livelihood Analysis (primarily for the families of the workers of the sick and closed industries)
- Identification of appropriate skill training appropriate to job market
- Market demand analysis
- Categorization of trades based on seasonal and throughout the year and arranging safety nets schemes for them
- Skill mapping and identification of best practices
- Ward wise enlisting the name, address and telephone number of the skilled persons
- Social security (product insurance) and value addition project for certain practices like woollen garments, carpet weaving, bakery etc. in identified poverty pockets
- Introduction of Modular Employment Scheme Skill under EGS for the unemployed youth
- Initiatives for introduction of Projects from Labour Department/ITI Project Fund zero
- Introduction of Udyaman Karma Sanstha Prabhakaran (UKSR) Scheme
- Initiatives for introduction of Micro Enterprises Development Project for Registered Youth Rs (500000+12000)
- Introduction of NFBC scheme for reimbursement of Rs 10000/scheme in case of the death of male working member
- DM Office check for Calamity Relief Fund and Gratuitous Relief
- Introduction of Minority Development Programme with the following ongoing schemes like- Skill Training, loan programme for Individual Micro Enterprises Group @ 25 Lakhs/ Group, Scholarship for students of Minority Education etc.
- Initiatives to be taken for introduction of National family benefit scheme
- Auto vehicle finance for SC/ST residents of the ULB under the SCST Programme
- Introduction of widow pension scheme
- Ensuring a marketing channel/platform for the different trades and inviting different marketing agencies at ULB level under public-private partnership
- Health and accident insurance policy for the transport workers
- Arranging bank loan for transport workers with the help of municipal level bankers' committee
- Organizing (Institutionalize) unorganized sector for livelihood generation.
- Establishment of Nagar Palika Seva Kendra at ULB.

- Forming the Association and information centre of Maid-servant (Domestic Help), , House cleaner with a proper identity from ULB and verification from local police station

List of prioritised projects:

Priority Number	Project Name
1	Strengthening of the existing standing committee and Ward committee for Local Economic Development Programme (Linkage with OD)
2	Consultancy to set up small scale industry for TCG & DWCUA groups through renowned Financial agency
3	Establishment of Nagar Palika Seva Kendra at ULB Municipal office.
4	Buyer-seller meeting platform at the ULB level
5	Training programme for the local unemployed youth to encourage tourism in the ULB area
6	Training to the CDS to develop education town in the Kurseong ULB
7	Introduction of Modular Employment Scheme Skill under EGS for the unemployed youth
8	Introduction of Udyaman Karma Sanstha Prabhakaran (UKSP) Scheme (Drop project)
9	DM Office check for Calamity Relief Fund and Gratuitous Relief (Drop project)
10	Introduction of PMEGP project (Drop project)
11	Introduction of BSKP (Drop project)
12	Training to Minority youth as tourist guides (Drop project)

Prioritization Matrix:

Priority Number	Project Name	Number of beneficiaries	Current level of commitment to the project	Time requirement	Conformity with other plans	Impact on service delivery	Per capita cost of proposals (total cost + no. of ben.)	Land availability and approvals	Leveraging existing Municipal services	Opportunities for PPP	Round Off
1	Strengthening of the existing standing committee and Ward committee for Local Economic Development Programme (Linkage with OD)	3	3	3	3	3	3	3	3	2	26
2	Consultancy to set up small scale industry for TCG & DWCUA groups through renowned Financial agency	3	2	3	3	3	3	3	3	1	24
3	Establishment of Nagar Palika Seva Kendra at ULB Municipal office.	3	2	3	3	2	3	3	3	1	23
4	Buyer-seller meeting platform at the ULB level	3	3	2	2	3	2	3	3	2	23
5	Training programme for the local unemployed youth to encourage tourism in the ULB area	3	2	3	3	2	3	3	3	1	23
6	Training to the CDS to develop education town in the Kurseong ULB	3	2	2	2	2	3	3	2	3	22
7	Introduction of Modular Employment Scheme Skill under EGS for the unemployed youth	3	2	2	2	1	2	3	3	3	21

Priority Number	Project Name	Number of beneficiaries	Current level of commitment to the project	Time requirement	Conformity with other plans	Impact on service delivery	Per capita cost of proposals (total cost + no. of ben.)	Land availability and approvals	Leveraging existing Municipal services	Opportunities for PPP	Round Off
8	Introduction of Udyaman Karma Sanstha Prabhakaran (UKSP) Scheme (Drop project)	2	2	2	2	2	2	3	2	2	19
9	DM Office check for Calamity Relief Fund and Gratuitous Relief (Drop project)	3	2	2	2	1	2	1	3	2	18
10	Introduction of PMEGP project (Drop project)	3	2	1	1	2	2	3	2	1	17
11	Introduction of BSKP (Drop project)	1	2	1	2	3	1	2	2	2	16
12	Training to Minority youth as tourist guides (Drop project)	2	1	2	2	2	2	2	1	1	15

Local Economic Development Plan:

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
1	Strengthening of the existing standing committee and Ward committee for Local Economic Development Programme (Linkage with OD)	Theme 1: Regulation	Dec-11	Jul-12	0.50	0.00	0.00	SJSRY
2	Buyer-seller meeting platform at the ULB level	Theme 3: Facilitation and Promotion	Jan-08	Mar-09	0.00	0.00	7.11	MF
3	Training programme for the local unemployed youth to encourage tourism in the ULB area	Theme 3: Facilitation and Promotion	Jan-11	Mar-12	0.00	0.00	1.00	MF
4	Introduction of Modular Employment Scheme Skill Programme for the unemployed youth	Theme 3: Facilitation and Promotion	Apr-09	Mar-10	3.00	0.00	0.00	LABOUR DEPT./ITI

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name and reasons for dropping
			Start	End	TCR	ARE	ISF	
5	Introduction of Udyaman Karma Sanstha Prabhakaran (UKSP) Scheme	Theme 3: Facilitation and Promotion	Apr-08	Mar-13	—	—	—	UKSP/LABOUR
6	Gratuitous Relief Fund	Theme 3: Facilitation and Promotion	Apr-08	Mar-13	—	—	—	DM OFFICE
7	Introduction of PMEGP project (Drop project)	Theme 2: Targeted Infrastructure and	Apr-08	Mar-13	—	—	—	PMEGP

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name and reasons for dropping
			Start	End	TCR	ARE	ISF	
		Basic Services						
8	Introduction of BSKP (Drop project)	Theme 3: Facilitation and Promotion	Apr-08	Mar-13	—	—	—	BKSP
9	Training to Minority youth as tourist guides (Drop project)	Theme 3: Facilitation and Promotion	Apr-08	Mar-13	—	—	—	WBMDFC

**Health Care Delivery Improvement Plan
(SUB-COMPONENT 2.3)**

Kurseong Municipality
DDP Main Book

2008-2009 to 2012-2013

INTRODUCTION

The National Health Policy -1983 gave a general exposition of the policies, which required recommendation in the circumstances then prevailing in the health sector. The noteworthy initiatives under that policy were: -

- (i) A phased, time-bound programme for setting up a well-dispersed network of comprehensive primary health care services, linked with extension and health education, designed in the context of the ground reality that elementary health problems can be resolved by the people themselves;
- (ii) Intermediation through 'Health volunteers' having appropriate knowledge, simple skills and requisite technologies;
- (iii) Establishment of a well-worked out referral system to ensure that patient load at the higher levels of the hierarchy is not needlessly burdened by those who can be treated at the decentralized level;
- (iv) An integrated net-work of evenly spread speciality and super-speciality services; encouragement of such facilities through private investments for patients who can pay, so that the draw on the Government's facilities is limited to those entitled to free use.

NHP-1983, in a spirit of optimistic empathy for the health needs of the people, particularly the poor and under-privileged, had hoped to provide 'Health for All by the year 2000 AD', through the universal provision of comprehensive primary health care services. In retrospect, it is observed that the financial resources and public health administrative capacity which it was possible to marshal, was far short of that necessary to achieve such an ambitious and holistic goal.

Against this backdrop, it is felt that it would be appropriate to pitch NHP-2002 at a level consistent with our realistic expectations about financial resources, and about the likely increase in Public Health administrative capacity. The recommendations of NHP-2002 therefore, attempt to maximize the broad-based availability of health services to the citizenry of the country on the basis of realistic considerations of capacity. The changed circumstances relating to the health sector of the country since 1983 have generated a situation in which it is now necessary to review the field, and to formulate a new policy framework as the National Health Policy-2002. NHP-2002 will attempt to set out a new policy framework for the accelerated achievement of Public health goals in the socio-economic circumstances currently prevailing in the country.

The main objective of this policy is to achieve an acceptable standard of good health amongst the general population of the country. The approach would be to increase access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Overriding importance would be given to ensuring a more equitable access to health services across the social and geographical expanse of the country. Emphasis will be given to increasing the aggregate public health investment through a substantially increased contribution by the Central Government. It is expected that this initiative will strengthen the capacity of the public health administration at the State level to render effective service delivery. The contribution of the private sector in providing health services would be much enhanced, particularly for the population group, which can afford to pay for services. Primacy will be given to preventive and first-line curative initiatives at the primary health level through increased sectoral share of allocation. Emphasis will be laid on rational use of drugs within the allopathic system. Increased access to tried and tested systems of traditional medicine will be ensured.

Within these broad objectives, NHP-2002 will endeavour to achieve the time-bound goals mentioned below.

Table No. HCIDP 1: Goals to be achieved by 2000-2015

Eradicate Polio and Yaws	2005
Eliminate Leprosy	2005
Eliminate Kala Azar	2010
Eliminate Lymphatic Filariasis	2015
Achieve Zero level growth of HIV/AIDS	2007
Reduce Mortality by 50% on account of TB, Malaria and Other Vector and Water Borne diseases	2010
Reduce Prevalence of Blindness to 0.5%	2010
Reduce IMR to 30/1000 And MMR to 100/Lakh	2010
Increase utilization of public health facilities from current Level of <20 to >75%	2010
Establish an integrated system of surveillance, National Health Accounts and Health Statistics.	2005
Increase health expenditure by Government as a % of GDP from the existing 0.9 % to 2.0%	2010
Increase share of Central grants to Constitute at least 25% of total health spending	2010
Increase State Sector Health spending from 5.5% to 7% of the budget	2005
Further increase to 8%	2010

The National Health Policy 2002 (NHP-2002) outlines improvement in the health status of the population as one of the major thrust areas in social development programmes. While presenting the current status of the health sector, the enormous health needs of the population along with the financial resources and managerial capacity available to meet them, the NHP- 2002 focuses on the need for enhanced funding and an organizational restructuring of the national public health initiatives in order to facilitate more equitable access to the health facilities. Also, the policy is focused on those diseases, which are principally contributing to the disease burden. The NHP-2002 aims to achieve an acceptable standard of good health amongst the general population of the country. This is

sought to be done by increasing access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. Ensuring a more equitable access to health services across the social and geographical expanse of the country is another priority area. So also is increasing the aggregate public health investment through a substantially increased contribution by the Central Government. The goals outlined in the NHP-2002 are in tune with those set in the Millennium Development Goals, especially with respect to reduction in combating HIV/AIDS, malaria and other diseases. The National Population Policy, 2000 (NPP-2000) affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services. The immediate objective of the NPP- 2000 is to address the unmet needs for contraception, health care infrastructure and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The medium-term objective is to bring the Total Fertility Rate (TFR) to replacement levels by 2010 through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environmental protection. These can be achieved by simultaneously addressing issues of child survival, maternal health, and contraception, while increasing outreach and coverage of a comprehensive package of reproductive and child health services by government, industry and the voluntary non-government sector, working in partnership. Considering the importance of the issue, the National Commission on Population (NCP) has been constituted as the apex advisory body that provides an effective mechanism to oversee the initiatives related to the area of population stabilization.

The Tenth Five Year Plan (2002-07) aims at reorganization and restructuring of the existing government health care system including the AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homoeopathy) infrastructure at the primary, secondary, and tertiary care levels with appropriate referral linkages; building up an efficient and effective logistics system for the supply of drugs, vaccines and consumables based on need and utilization; horizontal integration of all aspects of the current vertical programmes; improvement in the quality of care at all levels; exploring alternative systems of health care financing; improving content and quality of education of health professionals and para-professionals, and building up an effective system of disease surveillance, amongst others. In the area of Family Welfare, the Tenth Plan *inter alia* seeks to focus on enabling couples to achieve their reproductive goals, develop method specific contraceptive targets to meet all unmet needs for contraception to reduce unwanted pregnancies, provide integrated health care for women and children, undertake community need assessment and decentralized area specific micro planning and implementation of programmes, involve men in planned parenthood.

India's Progress towards attaining the MDGs

Reduce child mortality

India's performance *vis-à-vis* human development has been mixed in the last decade. Health indicators, while recording improvements over time, point to alarmingly high rates of malnutrition and mortality, especially among women and children. Infant mortality is a good indicator at how well nations are doing in protecting their most vulnerable members. Both infant and child mortality have continued their declining trend, but remain at high levels in India. The country

contributes 2.4 million of the global burden of 10.8 million under-five deaths. Nearly 26 million infants are born each year, of which 2 million die before completion of the first four weeks of life and 1.7 million die before reaching the first birthday. The principal causes of infant deaths are neonatal disorders, pneumonia, diarrhoea, and measles. Low birth weight and under nutrition are the most important risk factors of child mortality. The Ministry of Health and Family Welfare is implementing several programmes and schemes to address the issue of high infant and child mortality. Some of the major child health interventions include universal immunisation programme where immunisation is carried out against six vaccine preventable diseases, control of deaths due to acute respiratory infections (ARI) and diarrhoeal diseases, and provision of essential newborn care to address the issue of neonates. The challenge for the Reproductive and Child Health Programme-2 (RCH- 2) is to accelerate the reduction in child mortality and to reach the Millennium Development Goals. Skilled birth attendants at delivery and provision of emergency obstetric care are the most important maternal health interventions with enormous benefit to newborn survival and health. The Integrated Management of Neonatal and Childhood Illness (IMNCI) Strategy in RCH seeks to implement by 2010 a comprehensive newborn and child health package at the level of all Sub-centres (through ANMs), Primary Health Centres (through medical doctors, nurses, and Lady Health Visitors) and First Referral Units (through medical officers and nurses) and to also implement by 2010 a comprehensive newborn and child health package at the household level in 250 districts through the *Anganwadi* (village level) workers. These strategies would be built on the existing skills of the care providers and the existing infrastructures.

Improve maternal health

Ensuring safe motherhood is one of the biggest challenges faced in India. WHO estimates show that out of 529,000 maternal deaths globally each year 136,000(25.7%) are contributed by India. This is the highest burden for any single country in the world. Women in the reproductive age group of 15 - 49 years are more vulnerable to maternal mortality and morbidity due to causes related to pregnancy and childbirth. Stabilization of population, reduction of maternal and child mortality and morbidity and improvement of nutritional status are the goals of the RCH programme. Some of the initiatives underway include provision of emergency and essential obstetric care, 24 hour delivery services at Primary Health Centres (PHCs), safe abortion services, national maternity benefit scheme and "Vandemataram scheme". Currently, the NFHS-2 (1998 - 99) estimates for MMR stand at 540 per 100,000 live births. Besides medical causes, socioeconomic factors and inadequate access of women living in remote rural areas and urban slums to maternal health services, large number of deliveries being conducted by untrained persons and also lack of adequate referral facilities to provide emergency obstetric care for complicated cases also contribute to the high MMR. The National Population Policy 2000 seeks to reduce maternal mortality ratio to less than 100 per 100,000 live births by the year 2010. Another important indicator of maternal care is the number of deliveries conducted by skilled personnel. In 1998 - 99, skilled attendants conducted only 42.3% deliveries, an increase of 8% over the preceding five years. In terms of place of delivery, in 1998 - 99, only 33.6% of births occurred in health institutions. The NPP-2000 seeks to increase the proportion of institutional deliveries to 80% by 2010. Recognising these challenges, the RCH-2 Programme emphasizes improving access to skilled care and emergency obstetric care, as also coverage and quality of antenatal care and increasing the coverage of post partum care. The Government has introduced the "Janani Suraksha Yojana", which is a modification of the National Maternity Benefit Scheme which provides

comprehensive medical care during pregnancy, child birth and post natal care and thereby endeavours to improve the level of institutional deliveries in low performing States to reduce maternal mortality. Distribution Centres and Fever Treatment Depots are being trained in identification of early symptoms of severe malaria and referral of such cases to PHCs/CHCs.

Tuberculosis

Nearly one-third of global TB burden is in India. Every year 1.8 million people in India develop tuberculosis (TB). Under the Revised National Tuberculosis Control Programme (RNTCP) which started in September 1997, achievement of targets is very high; more than 4.5 million patients have been started on treatment and more than 0.7 million additional lives saved. Population coverage under RNTCP has already reached 1,036 million in 585 districts up to July, 2005. The entire country would be covered under RNTCP in 2005 in order to meet the global targets of TB control. There has been a more than 50-fold expansion in RNTCP coverage since 1998. More than 93% of the population now has access to DOTS. As part of the programme, training material have been developed for all category of staff, diagnostic facilities has been established in over 10,000 laboratories throughout the country – thereby enabling better detection of sputum positive cases. There has also been a marked improvement in the treatment success rates and a reduction in TB death rates. For the year 2004, the new sputum positive case detection rate in the areas implementing RNTCP was 72% against target of at least 70%, and treatment success rate of 86% has been achieved as per target. Under RNTCP, less than 5% of registered cases die during treatment; thus there has been a seven-fold reduction of death rate compared to the earlier programme where the death rate was 29%. The thrust areas of the programme include involvement of NGOs and private practitioners, medical colleges, and other stakeholders.

Challenges Ahead

Recognizing the challenge of achieving the MDGs by 2015, the National Common Minimum Programme (NCMP) seeks to raise public spending on health to at least 2 - 3% of GDP over the next five years with a focus on primary health. Furthermore, the NCMP seeks to step up public investment to control communicable diseases and provide leadership to the National AIDS control effort. One of the steps towards the achievement of MDGs would include their contextualization in the country context. The global targets would need to be tailored to fit the Indian situation. Furthermore, the MDGs databases have also been integrated into the poverty reduction strategy frameworks. There is a need to raise awareness and sensitize the general public, national stakeholders, and the local donor community on the MDGs and their impact on human development, establish a system for implementing and monitoring of MDGs and promote the MDG report as one of several valuable tools to inform and influence priority setting both in national planning and budgeting and international assistance. Given the interconnectedness of the MDGs, the monitoring and implementation mechanism set in place would necessitate inter-sectoral co-ordination. Specific to the health sector, there are some factors which may thwart the achievement of the MDGs. Primarily, these include:

- Lack of resources would be one of the crucial factors affecting the achievement of the MDGs. The public health investment in the country over the years has been comparatively low, and as a percentage of GDP has declined from 1.3 per cent in 1990 to 0.9 per cent in 1999. The aggregate expenditure in the health sector is 5.2 per cent of the GDP. Out

of this, about 17 per cent of the aggregate expenditure is public health spending, the balance being out-of-pocket expenditure. The central budgetary allocation for health over this period, as a percentage of the total Central Budget, has been stagnant at 1.3 per cent, while that in the States has declined from 7.0 per cent to 5.5 per cent. The current annual per capita public health expenditure is approximately US \$ 4 (Rs. 200). The NHP 2002 proposes the increase in health sector expenditure to 6% of GDP with 2% of GDP being contributed as public health investment by 2010. Hence the expenditure targeted for 2010 would imply a public health investment of Rs. 1,005 (\$20) per capita per year.

- The unsatisfactory nature of, and the dismal state of, the existing public health infrastructure has been well documented. The public health system continues to be plagued by problems related to insufficient funding, shortage of medical and para medical personnel, negligible availability of consumables, obsolete and unusable equipment, dilapidated buildings and minimal availability of drugs amongst others. Given this reality, there is a need to strengthen the health care system and improve its efficiency. This would be the first step towards the achievement of the MDGs.
- Capacity building: Building capacities at the national level for the use of specific tools to monitor progress towards the MDGs and use of data for informed policy-making and programming would be crucial to the success of the MDGs. According to "Human Development Report 2005
- International cooperation at crossroads: Aid, trend and security in an unequal world", India has been widely heralded as a success story for globalisation. However, human development has been less impressive and the pick-up in growth has not translated into a commensurate decline in poverty. Improvements in child and infant mortality are slowing and India is now off track for these MDG targets. While rural poverty has fallen rapidly in some states, less progress has been achieved in the northern states. Pervasive gender inequalities, interacting with rural poverty and inequalities between states is undermining the potential for converting growth into human development. Inadequate public health provision exacerbates vulnerability. State inequalities interact with gender and income-based inequalities. Four states account for more than half of child deaths, i.e., Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh. These states are also marked by some of the deepest gender inequalities in India. Translating economic success into human development advances will require public policies aimed explicitly at broadening the distribution of benefits from growth and global integration, increased public investment in rural areas and services, and above all, political leadership to end poor governance and manage the underlying causes of gender inequality. Recently, efforts have been initiated to address all these issues. The most important step taken by the Government is the launching of the National Rural Health Mission (NRHM) on 12th April, 2005. NRHM seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary health care throughout the country with special focus on 18 states which have weak public health indicators and/or weak infrastructure. These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal, and Uttar Pradesh. It aims at effective integration of health concerns with determinants of health like sanitation and hygiene, nutrition, and safe

drinking water through a district plan of health, and decentralisation of all programmes for district management of health. The Mission is an articulation of the commitment of the Government to raise public spending on health from 0.9% of GDP to 2 - 3% of GDP. Its key components include provision of a female health activist (Accredited Social Health Activist-ASHA) in each village, a village health plan prepared through a local team headed by the Health and Sanitation Committee of the Panchayat, strengthening of the rural hospitals for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS), integration of vertical health and family welfare programmes and funds for optimal utilisation of funds and infrastructure and strengthening delivery of primary health care. NRHM also seeks to revitalise local health traditions and mainstream AYUSH into the public health system. NRHM shall define time bound goals and report publicly on their progress

In conclusion, Targets set in the National Health Policy, National Population Policy and the Tenth Five Year Plan are in tune with those under the MDGs. In fact, some of the Indian targets are more ambitious. Although some progress has been made towards achieving these targets, much more is still required. The recently launched National Rural Health Mission (NRHM) is expected to provide the much needed stimulus and strengthen the capacity of the health infrastructure towards attaining the MDGs by 2015

Health Services of any Urban Local Bodies (ULB) has primarily been confined to implementing Central and State Government's health programmes in urban areas. Apart from it, Municipality extends its basic health services to its inhabitants under the aegis of West Bengal Municipal Act-1993. These services mostly referred to as "preventive measures on general sickness, women & child care, public health and immunization, registration of the birth and death and ambulance services" to name a few.

In addition to it, other Central and State Government's health schemes are being implemented by ULB under the banner of Calcutta Urban Development Programme (CUDP-III) and Indian Population Project-VIII as well. The focus of these Government schemes have mostly targeted to preventive health services for BPL families with special attention on Reproductive and Child Health Care.

The ULB has traditionally been delivering basic health care services to its citizens through its health unit and sub-centres. This has been managed and executed by Honorary Health Worker (HHW), First-Tier Supervisor (FTS) under the guidance of Health Officer.

It has been understood from various meetings, statistics and ward-level consultations that this ULB has no proper health wing in its premises, thus making the process of planning and implementation of the various health projects difficult. Even, Health and Family Welfare Committee not been formed to oversee health functions of this ULB.

Therefore, keeping in view of the present health situation- the ULB in line with DDP guidelines intends to extend quality health services and to enhance better coverage while reaching out to BPL and vulnerable community within the jurisdiction of this ULB.

In this endeavour- a holistic health care delivery improvement plan has been formulated considering key issues and stakeholders' suggestions with appropriate

development strategy to improve overall health status of the people within Municipal Area.

Keeping in mind the guidelines and in its strive to attain a model health care system, the Kurseong Municipality has formulated the vision for the health care delivery improvement plan as follows:

Chapter 1: Development Goals or Objectives of Health Care Delivery Improvement Plan

Goal:

Modernizing the overall Health Infrastructure of Kurseong Town and infusing a sense of community participation among the people.

Objectives

1. To have a full-fledged health department in the municipality
2. The four sub-centres to be fully modernized with all amenities required for a state of art health centre.
3. To achieve 100% immunization coverage in the municipal area
4. To ensure cent percent safe motherhood and child survival
5. Reduction in incidence of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) by half within municipal area
6. To establish quality antenatal & post natal care and institutional delivery to 100% pregnant women in the Kurseong Municipal Area
7. To create a one stop Health Information window accessible to all.
8. A Hi-tech testing pathological laboratory to be set up with public-private venture, with provision of services at a subsidized rate
9. A polyclinic to be set up with doctors of all faculties. Services to be provide at subsidized rates
10. To aid in the formation of a HIV/AIDS awareness cell.
11. To help in the formation of an ICTC centre in Kurseong Municipal Area.
12. Installation of telephone in all health centres with database.
13. To facilitate the process of creation of a Health information system.
14. To spread health awareness through various methods of communication not only to the beneficiaries of the Programmes but also to the excluded groups and areas within the wards
15. To ensure greater coverage of the services already provided from the Health Sub Centres.
16. To ensure decentralized health care services to achieve maximum coverage.
17. To introduce Health Management Information System and modern networking among the different health units
18. Introduction of effective school health programme
19. To ensure access to emergency services for all
20. To enhance the capacity of the Local Clubs to act as information centres

21. Better implementation of different national programmes
22. Promotion of preventive measures than curative ones to reduce household expenditure on recurrent diseases e.g. Diarrhoea, Malaria etc
23. Increase the coverage of vector control operations by rationalizing the use of assets and human resource available.
24. Effective implementation of Government Programmes to achieve the targeted goals and objectives.
25. Increase in honorarium of the health service providers for effective services.
26. Special focus to persons below poverty line and minorities.
27. To build a rehabilitation centre for handicapped persons in the municipal area

The pursuance of the Alma Ata Proclamation that is 'Health for all' is the basic objective of all health planning. The role of the municipality in the area of Public Health has primarily been that of implementing Central and State Government Health programmes in the urban area. In addition, there are other health services, which the municipality provides, under the aegis of the West Bengal Municipal Act, 1993. These services include preventive measures for checking the spread of dangerous disease (vector control), providing immunisation including public vaccination and inoculation, registering an event of birth and death, construction, maintenance and operation of dispensaries, ambulance services, issue of food licence, to name a few.

Apart from this, there are other Central and State Government Health Schemes that are implemented by the ULBs. To name a few of them, Indian Population Project (IPP) VIII, National Anti Malaria Programme, National Leprosy Elimination Programme, National AIDS Control Programme and Blood Safety, Revised National Tuberculosis Control Programme (RNTCP) and Diarrhoeal and Enteric Disease Control etc. The focus of these Central and State Government programmes have been mostly directed to catering to the preventive health care needs of the BPL families with particular emphasis on reproductive and child health care. The area covered by the schemes may not cover all the ULBs nor may completely reach out to the entire BPL population. Also these Programmes have targeted a selected category of the population based on age or gender. The State Government of West Bengal intends to scale up these services and enhances coverage. Therefore it is also important for each ULB to plan for these health services.

As far as the delivery of Reproductive and Child Health Care services are concerned, municipalities have a fairly large constitution of field workers (Honorary Health Workers or HHW) who provide door-to-door primary health services to the urban poor. These field workers (HHW), along with First Tier Supervisors and Second Tier Supervisors are supposed to form a concrete network at three levels viz. Block level, Sub- Centre level and Health Administrative Unit level. This set up was created for the implementation of Indian Population Project (IPP) VIII. The HHW programme has enabled the poor community to demand services such as institutional delivery, contraceptive services, immunisation, emergency care, for maternal and child care services. This demand has been almost universally established, even in the poorly serviced areas and among the most marginalised sections of the society.

In *Health Sector Strategy 2004-2013*, The Department of Health and Family Welfare (DHFV), West Bengal has identified four overall objectives:

28. To improve the accessibility of poor and unreached groups to curative, preventative, promotive and rehabilitative health services.
29. To reduce maternal and child mortality, and the burden of communicable, non-communicable and nutrition-related diseases and disorders.
30. To ensure quality at all levels of health and medical care services.
31. To maintain excellence in education and research in medicine and all allied professions (including management).

In line with The Government of India's tenth Five Year Plan, National Health Policy and National Population Policy, DHFW has chosen to develop its strategic plan in such a way as to optimize the likelihood of achieving the Millennium Development Goals.

DHFW will:

32. Ensure that the whole population has access to a range of evidence based and affordable health promotion and prevention services.
33. Promote appropriate health seeking behaviour by all citizens.
34. Ensure universal equity of access to simple curative and emergency services.
35. Ensure that quality Primary Health Care remains pre-eminent as the central strategic health priority for the State, and that this is reflected in the budgets over the next ten years.
36. Ensure that the health systems necessary to provide such services, which are accountable to clients and are cost effective, are developed and strengthened in line with international best practice.
37. Actively engage in partnerships with Panchayati Raj Institutions, civil society groups, NGOs, donor agencies, the private sector and other development partners to assist in realizing its Mission Statement.
38. Adopt a ten-year strategic planning horizon, with rolling shorter- term implementation plans that will drive the Department's budgeting process.
39. Ensure that all significant external funding is in line with the priorities and direction of the Strategic Planning Framework.

As per the *Draft National Slum Development Policy, 2001*, Wherever health services and national health programmes have been devolved to city level following the 74th Amendment, ULBs must build health management capacities to improve service delivery to the poor. The following themes that will be covered by ULB are:

40. Participatory Health Delivery: All promotive, preventive and curative health services for the urban poor should be implemented on a participatory basis with active community involvement and support. All required training and basic infrastructure should be arranged through convergence with departmental schemes.
41. Demand for Health Services: The community should be mobilised to create demand for better preventive health services and to access these services in

a more effective manner. Hygiene behaviour changes should be promoted as an integral part of the sanitation services. An emphasis should also be placed on health education for STD/ HIV prevention, as well as measures to combat alcoholism and violence. ULBs should establish a network of community health workers/ volunteers to facilitate this process through health promotion activity.

42. Private Sector Partnerships: ULBs may consider establishing formal partnerships with private medical practitioners to undertake the delivery of curative services in slums. Such partnerships could provide greater outreach of services at low cost. Traditional systems of medicine may also be used where this expertise is available.
43. Health Insurance to Widen the Access to Curative Health Care: ULBs should encourage communities to participate in health insurance schemes in conjunction with the Saving and Credit society component of the Swarna Jayanti Sahari Rozgar Yojana (SJSRY) scheme and any other scheme for widening access to curative health care.

The Government of India has identified "Urban Health" as one of the thrust area in the *Tenth Five Year Plan, National Population Policy 2000, National Health Policy 2002 and the forthcoming 2nd Phase of the Reproductive Child Health Program*. A tentative provision of Rs.700 crore is earmarked for urban health program under RCH-II Program. The main objective of the program is to provide integrated and sustainable system for primary health care services delivery in the urban areas of the country, with focus on urban poor living in slums and other health vulnerable groups. To attain this, the specific objectives will be:

44. To strengthen the existing urban health infrastructure by renovation/up gradation of existing facilities.
45. Provision of establishing new facilities in uncovered urban slums areas.
46. To support the development of a referral system for institutional deliveries, emergency obstetric care and terminal method of family planning.
47. Involvement of the NGOs/Private Sector in the provision of Primary Health Care Services and also as part of the referral system.
48. Integration of the existing health infrastructure with the proposed urban health program.

However, certain gaps and needs have been identified on planning and implementation and existing health delivery system. Certain key areas are:

- Inadequate orientation of the ULBs in community approach to address their health needs, environmental improvement, financial and inventory control, personal management.
- Lack of municipal orientation in scientific disposal of hospital waste, specially the infectious wastes.
- Inadequacy of diagnostic facilities and specialists services at ULB level.
- Inadequacy of neo-natal and paediatric units in ULB.
- Absence of rehabilitation process of the physically handicapped children.
- Lack of Geriatric services at ULB level is creating health hazards for increasing number of geriatric cases.

Chapter 2: CURRENT SITUATION ANALYSIS

Health infrastructure in Kurseong:

Kurseong Municipality covers 1561 families primarily through the various health programmes run in the ULB. Health wing consist of 4 sub-centres and one administrative office which is located at the municipality itself. There are 20 HHW's, 4 Supervisors, 1 Health assistant, 1 Medical officer, 1 Accountant, 1 Store-keeper, 1 Computer asst, and 1 Sanitary Inspector working in this project funded by SUDA. Drugs for common ailments are distributed to the BPL families free of cost, besides, a free clinic is run or the BPL families and antenatal treatments are also provided by supply of iron and folic tablets to the expectant mothers. Infant mortality rate is 17 per cent and the percentage of Hospital delivery is 775 per 1000 population. One health worker covers approximately 78 families.

Besides, there is 1 Sub Divisional Hospital and 1 TB Hospital in the ULB area.

Table No. HCIDP2: Estimated and reported number of maternal deaths in Darjeeling district during 2005-06

Reported Maternal Deaths				Estimated maternal deaths	Reporting rate
Before delivery	During delivery	Within 6 weeks of delivery	Total		
20	25	30	75	93	81%

Source: West Bengal District Profile, UNICEF, India

Table No. HCIDP3: Estimated and reported number of child deaths in Darjeeling district during 2005-06

Within 7 days	1 week to 1 month	1 month to 1 year	1 year to 5 years	Total
137	81	135	97	450

Source: West Bengal District Profile, UNICEF, India

Table No. HCIDP 4: Health Service statistics NOV 2007 APRIL To 2008...by Kurseong ULB (All health centre opened on Nov' 07)

Services	Number
ANC/PNC clinic held	168
Immunization clinic held	168
General treatment clinic held	168
Under 5 children in the target population	340
Under 5 children weighted	338
B.C.G. coverage	1733
D.P.T.+ Polio coverage	1719
Measles coverage	1660
Couples Protection Rate	526

Refer: Annexure 3

Infectious and Epidemic Diseases: The following number of cases of infectious diseases was received during the year 2006-2007

Table No. HCIDP 5: Number of cases of infectious diseases received during the year 2006-2007

Sl. No.	Name of the Disease	No. of persons affected	No. of persons died
1	Dysentery	471	Nil
2	Diarrhea	602	Nil
3	Influenza	587	Nil
4	Whooping Cough	Nil	Nil
5	Diphtheria	Nil	Nil
6	Measles	24	Nil
7	Chicken Pox	3	Nil
8	Tuberculosis	49	7

All possible measures were taken against the spread of diseases. Five houses were thoroughly disinfected during the period.

Births and Deaths: The following is the report of births and deaths in the Municipal area during the year 2006-2007

Table No. HCIDP 6: Report of births and deaths in the Municipal area during the year 2006-2007

	Male	Female	Total
Births	544	498	1042
Deaths	179	122	301
Still Birth	08	06	14

OVERALL OBJECTIVES:

As discussed earlier certain gaps and scope for further improvements have been identified while preparing the Health Care Delivery Improvement Plan for Kurseong Municipality for next five years. The main purposes of drafting the Health Care Delivery Improvement plan are:

- *To prepare a holistic health care plan, to look at health delivery beyond scheme delivery and ensure planning for not only reproductive and child health services but for other aspects of public health as well.*
- *To strengthen the existing municipal health system and mainstream the whole process of health care delivery system to address those aspects of health care, which have been neglected and reach out to those groups of people who typically get excluded from receiving benefits from Schemes/targeted programmes.*
- *To enhance the health status of the people, particularly those who are poor and those who live in slums and squatter settlements by ensuring maximum delivery of health services to these groups.*
- *To identify linkages with other subcomponent plans of the DDP such as the Intra Municipal Infrastructure Improvement Plan, the Livelihoods and Poverty Alleviation Plan, Slum Infrastructure Improvement Plan and Education Plan.*
- *To arrive at a shelf of projects, that can be financed through its own resources, Government funds, KUSP funds or in partnership with NGOs.*

METHODOLOGY:

Focus Group Discussions (FGD), In-Depth Interviews (DI) and Structured Questionnaire Surveys were conducted with a cross sectional population and feedbacks were collected and analysed. The following stakeholders were covered:

- Honorary Health Workers
- Population residing near to sub centre
- Population residing from the sub centre
- Supervisors
- Medical Officers

The major issues raised and discussed were

- Public Health Service
- Reproductive and Child Health Care Service
- Demand Gap of all Government programme for Preventive Health Care

The goals for health systems, according to the *World Health Report 2000 - Health systems: improving performance* (WHO, 2000), are good health, responsiveness to the expectations of the population, and fair financial contribution. Duckett (2004) proposed a two dimensional approach to evaluation of health care systems: quality, efficiency and acceptability on one dimension and equity on another

Table No. HCIDP 7: Suggestive measures to bridge the gap of service delivery

Sl. No	Facilities which should be provided by the ULB to attain a model health care system	Facilities provided by Kurseong municipality to the residents	Suggestions to bridge the gap
1.	<i>Define/Redefine the Job Responsibilities of the health professionals as well as the work force of the ULB (health department)</i>	The health department of the ULB is not so well defined. There is urgent need to restructure the same with additional staff having well defined job responsibilities	Recruitment of competent health personnel and redefining the job responsibilities to them, for an efficient and effective job delivery
2.	<i>Modernization of Health institutions like health centre, sub health centre etc. by making arrangements for state of the art technology</i>	At present there are 4 sub centres and one administrative office located at the ULB itself. There is no such arrangement of state of the art technology in the sub centres	Purchase of necessary medical equipments to enhance the working capacity of the health centres
3.	<i>Capacity enhancement of health workers, health officer, supervisors etc.</i>	There are 20 HHWs, 4 Supervisors, 1 Health assistant, 1 Medical officer, 1 Accountant, 1 Store-keeper, 1 Computer asst, and 1 Sanitary Inspector, working in the health wing of the Municipality. No such training programmes are being conducted for their skill enhancement	Arrangement of specially designed training programme for the medical staff for their capacity enhancement
4.	<i>Decentralization Of Health Institutions</i>	The 4 sub centres are being operated from the administrative office located at the ULB itself	Capacity enhancement of the sub centres should lead to decentralisation of the activities hence empowering the sub centres to work independently
5.	<i>Computerization of the health centre</i>	None of the existing 4 sub centres are computerised	Purchase of computers for the sub centres and arrangement of providing computer training to the staff
6.	<i>Code of conduct governing relationship</i>	No such system is prevalent	An inter departmental meeting should lead to

	between elected representatives of the local governments and staff should be published		the laying of clause for the code of conduct
7.	<p><i>Need for updated guidelines</i></p> <ul style="list-style-type: none"> Guidelines also need to be revised and updated in terms of clear roles and responsibilities in addition to the powers granted to the elected representatives and the local bodies with respect to health sector Decentralization of planning should always occur within the context of a broad vision and strategy of the State. Therefore, broad sectoral allocations are to be made at the State level, so that sufficient allocation is made in sectors like women's component plan and public health and to ensure that decentralization does not end in financial independence for individual facilities and areas. Minimum infrastructural and service standards for health institutions should be evolved for better and cost effective health planning at individual facilities. 	No such practice is there	Arrangement should be done to translate the guidelines preferably in local dialect in an easy lucid language so that it can be easily followed by the health staff
8.	<p><i>Capacity building</i></p> <p>To operationalise the decentralized planning effectively, capacity building of elected representatives through a structured and continuing training program (Incorporating the broad vision of health and development, managerial skills, field experiences and innovative experiments in the health sector) is necessary.</p>	No such programmes are being undertaken	Capacity building training should be arranged with a TNA (training need analysis) to judge and justify the actual training needs

9.	<i>Monitoring and Evaluation</i>	Periodic monitoring is conducted by the ULB	<ul style="list-style-type: none"> · Monitoring and evaluation of the functioning of the secondary health system institutions are to be strengthened by conducting periodic review and performance audit · Methods to ensure that public grievances in relation to the health sector must be in place · Publication of Citizen Charter for hospitals and annual reports of activities should be done to ensure transparency · Independent evaluation of the activities of the expenditure and functioning of the institutions to be made once in three years in addition to regular internal auditing to maintain transparency
10.	<i>Inter sectoral coordination and involvement in public health activities</i>	No such practice	<p>-The decentralized planning process offers the best opportunity to bring the various sectors and departments for the best outcomes in health sector institutions. The periodic review and evaluation meetings of the health institutions should include representatives from other concerned departments transferred to the LSGs.</p> <p>-Enforcement of public health legislations should be also monitored and evaluated by the management committees.</p> <p>-All the private institutions in the health care sector including private hospitals and paramedical institutions are at present mandated to register with the LSGs. Beyond just registration; they can be made part of a wider surveillance and reporting network and also to work with the public health system in disaster and crisis management.</p> <p>- A crisis management set up should be</p>

			operational at the local level under the auspices of the LSGs for prompt and efficient responses to crisis situations.
11.	<i>Innovative schemes to share health expenditure</i>		The ULB may be entrusted with the responsibility to collect user or services charges for institutional development and novel social insurance schemes
	<i>Public - private Mix</i>	Such initiatives are not yet been taken by the ULB	Private sector is catering to a big chunk of population in their health care needs, especially in curative care. It is high time we brought them into the fold of health service system. The first step in doing so is creating an awareness among the care providers that they are not only running a profitable business but also ensuring the health of individual citizens and the nation in general.
12.	<i>Participation of Private Hospitals in National Health Programs and Public Health Programs</i>	No endeavour is yet being made for the same	<ul style="list-style-type: none"> Private sector may share the responsibilities of implementing some or all of the national health programs. Continuing Medical Education for doctors and paramedics in the private sector will enable Govt. to provide for better health care
13.	<i>Sharing of services and goods</i>	No endeavour is yet being made for the same	Investment in private sector is increasing day by day leading to the availability of better infrastructure. With reciprocity their value added services like CT scan and other lab test can be subsidized to the public sector leading to a win - win situation
14.	<i>Care of elderly</i>	No such initiatives yet taken	A home for the elderly can be built
15.	<i>Special care for the differently abled population</i>	No such initiatives	A special school should be built with facilities for regular health care in the ULB area

16.	<i>Health insurance</i>	No initiatives	<p>In the field of Health care demand is limitless and resources limited. Hence the Govt. cannot provide everything. So the role of Govt. as a welfare agency is more becoming a regulatory and coordinating agency. The cost sharing and risk pooling is usually undertaken through insurance system. The dominant private sector will inevitable be operated through insurance system for the affordable sections. Private insurance being commercial establishment may not cover all health events and hence the Govt. should support for the non covering events and other sections of APL group and the marginalized BPL group. The especially vulnerable community like urban street dwellers becomes a part of this BPL group. The specific strategies for risk assessment contracting, risk sharing and prevention of malpractices should be clearly made. The existing practices of social insurance systems like ESI, CGHS and Medical reimbursement should be integrated with this comprehensive insurance system.</p> <p>Strategies for burden sharing and risk contracting through local resource generation and alternative means of fiscal mobilization should be charted out. The HDC is a replicable model in this regard. As there is scope for enough people's participation social insurance can be implemented through the HDS for the service delivery and income generation can be undertaken through any of the CBO groups like MSS, neighbor hood groups. Cooperative credit system operated through local credit</p>
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			banks. Alternate methods of resource generation like pay clinics, user fees for special support services, health cess can be considered and revenue generated can be used for maintenance cost.
17.	<i>Trauma care</i>	No initiatives	A trauma care centre can be constructed with special facilities and experts in the field
18.	<i>Treatment and referral Protocols</i>		Effective health care requires a judicious balance of prescriptions and adequate supply of essential drugs at appropriate places and at the right time. Treatment can be successfully given if there is a good and scientifically sound referral strategy. Guidelines and protocols will enhance the utility of such referrals. A comprehensive referral strategy needs extensive human resource development and capacity building and the prime point is successful implementation of standard treatment guidelines to be used at the primary, secondary and tertiary levels of care. The referral should be undertaken when the prescriber (doctor) is not able to manage the patient due to inadequate experience or expertise or non-availability of appropriate facilities. Emergency treatment should be given prior to referral and a detailed note indicating the reasons for referral and the treatment given till date with details of tests. Most National Programs insist on timely referral and establishment of linkages and connections

19.	<i>Standard Operating Manuals</i>	No SOP is formulated	SOP is needed to implement a quality assurance program for effective health care delivery. Currently, there is no such manual in our state. It can be envisaged in developing a guide with detailed instructions and standards for operating in the secondary health care institutions. This will cover the Medical, paramedical, pharmacy, nursing, operating rooms, laboratories and radiology set up.
20.	<i>Continuing Medical Education</i> The areas to be covered are: <ul style="list-style-type: none"> • Induction training in the various aspects of teaching, service and research in Medical and paramedical disciplines • In service continuing education at periodic intervals for all categories of faculty and non faculty personnel • In service training for the practicing doctors at other sectors such as Health Services, Insurance Medical Services • To impart focused training programs in clinical care for the Private Sector Physicians in collaboration with professional bodies • To introduce school level health education in each and every educational institution of the municipal area 	No such initiatives taken	Arrangement of induction training, school health programme, health education for the mass can be initiated

Refer: Annexure 1, 2, 3 and 4

MAJOR OBSERVATIONS FROM STAKEHOLDERS FEEDBACK

Facilities for Health Workers:

- There should be regular supply of uniform and other necessary items like bag, pen, Identity card, Umbrella, etc.
- The honorarium needs to be revised
- Beside a medical practitioner, there should be a provision for few important items like Stethoscope, Thermometer, Hygrometer, etc.
- To upgrade the skill of health workers continuous need based trainings should be organized in regular interval
- Training of HHW to give Intravenous injection should be carried out.

Infrastructure of overall health service:

- There should be provision for electricity, drinking water and separate toilet facilities for male and female in each health centre.
- Location of Health centre should be in more or less central place of catchment area
- There is a need to use the Health card in more comprehensive manner with further detail, necessary information, and its use should be regularized. The Health cards need to be properly preserved as it contains pertinent information by ULB health services, and could be used as data bank.
- Sub centre should be upgraded with proper equipment and infusion facility.
- Establishment of a Neo-natal care unit with proper personnel and equipment and transport facility

Modernized health services other than routine Public Health services

- Necessary treatment facilities on ENT needs to be initiated urgently
- Along with routine vaccination, there should be provision for other important vaccines like Hepatitis B, Typhoid, MMR, etc
- There should be provision for separate medical practitioners and health workers for certain life threatening diseases like AIDS, Thalasemia, Tuberculosis, etc.
- VCCTC (Aids Detection Centre) should be opened immediately in conjunction with the District Health authorities in Barasat.
- Necessary steps need to be taken to make a provision for a outdoor patient department from present dental treatment centre
- A flying squad should be formed to attend to obstetrical emergencies comprising of an Obstetrician, Pediatrician,

Anesthetist, 2 Nurses and IV infusion facility and basic anesthesia facility and a vehicle.

- By using the present infrastructure like the premises of Health Centre, required measures should be adopted to start modern treatment facilities like Pathological Test Laboratory, Matri Sadan (Maternity home) , installations of diagnostic equipments like ECG, Ultrasonography, CT Scan, MRI, etc with public –private partnership.

Road to better health services

- Scope of the project should be widened to include all BPL category
- Sufficient availability of medicine
- Regular check-up of pregnant women and children
- Ensuring regular supply of iron folic acid tablets to the expectant mothers and Vitamin A oil for young.
- Increase the outreach of health services to slum dwellers with information dissemination, awareness generation through organizing mothers' meeting in every month
- Increase the days and frequency of Doctors visit at Health Centers and Sub Centers
- Reviving the nutrition and ligation camp
- Increasing awareness of poor people and slum dwellers on health through extensive IEC methods
- Involving NGOs in health related activities
- To increase the visibility and awareness display through hoardings and wall writings with the help of sponsors
- After every six months, distribution of leaflets containing different health services offered by Municipality from the ULB
- Organizing more laparoscopic and sterilization camps

Refer: Annexure 6

Major Observations of health SUPERVISORS:

Perception on possible measures for better service delivery of Health Centers/Sub Centers under Kurseong ULB

- Maintaining proper punctuality in case of medical practitioners
- Occasionally medical practitioners can accompany the health workers during their home visits
- Medical Practitioners should be available for two days in every week at every center/sub-center

- At present scheduled clinic days are irregular. It needs to be regularized
- Awareness generation among mothers, slum dwellers on preventive public health
- Electrification at sub-centers
- At present the supply of medicine to the health workers is not sufficient as per the coverage
- Separate provision of medicine to sub-centers and HHWs. There is constant demand of medicine in the sub-centers
- Increase of the honorarium of health workers

Likely approaches to raise the awareness in slum population of general health

- Ensuring life skills education on health awareness, especially to minority communities on certain misbeliefs
- Organizing occasional group discussions
- Organizing street plays on health education
- Special awareness drive on hygiene, sanitation, proper nutrition and environmental pollution
- Making proper provision of safe drinking water, habitable dwelling, improvement of drainage and sanitation facilities in the slum colonies
- Organizing frequent health awareness camps at ward level
- Giving proper input on safe and clean cooking and eating procedure
- Making provision for regular orientation workshops with health workers from ULB level
- Increasing the frequency of visits of health workers to the slum colonies

Likely methods to increase the outreach of health services to poor slum dwellers:

- Regular mothers meetings need to be organized with the slum women at sub-centers
- Awareness generation through leaflet distribution, wall writing, poster and songs
- Immediate expansion in the number of health centers

- Encouraging public-private partnership at lower costs to undergo diagnostic and pathological tests, ligation and delivery
- Proper involvement of Ward Committee
- Proper referral system for complicated cases with provision for low cost treatment

Feasibility to initiate public-private partnership for modern health service delivery:

- Urgent need for pathological testing laboratory and diagnostic clinic
- Utilizing present infrastructure to initiate programmes like VCCTC and RCH

Measures for further improvement of vaccination at ULB level other health related Projects:

- Along with Polio vaccination, mothers should be motivated to bring their child for other major five vaccinations like Tuberculosis, tetanus, Hopping Cough, Diphtheria and Measles
- Special awareness programme with minority communities
- In each health center vaccination camp should be organized at least once or twice in a month.
- For birth control, ligation camp needs to be organized with every six month interval
- Ensuring household level awareness generation on vaccination
- Health workers assigned to a particular locality should take extra responsibility to ensure proper cleanliness of roads, drains; check indiscriminate dumping of solid wastes. They should always keep informed the Health Officer of ULB
- Along with vaccination camps for mothers and children, other vaccination camps should be organized for adults like Hepatitis B.
- Health centers should make provision of medicine and injections for snake and dog bites
- Regular awareness camps to prevent HIV infection
- However, all these facilities should be available with nominal charges to sustain the infrastructure
- Organizing regular mothers meeting

Possible measures to control mosquito and other vector related diseases

- Regular spreading of mosquito repellent oil (fume)
- Prevent water logging

- Installing mosquito nets in the gas-pipe and outlets of septic tank
- Prohibition of selling of cut fruits
- Involving NGOs
- Keep water bodies (pond) clean from hyacinth
- Culture of fishes like Telapia, Singi, Magur in different water bodies to resist the multiplication of mosquito
- Encouraging the population to use mosquito nets during bed time
- To keep the drain clean from blockage use of plastic should be banned at ULB level
- Prohibition of indiscriminate dumping of household wastes in the municipality drains
- The population engaged with piggery must follow scientific measures and if necessary provision of training from animal husbandry department
- Regular cleaning of Municipal Solid Wastes and drains by the sanitary workers of ULB
- Giving proper health education to the high risk population of vector related diseases

Opinion on Pathological Control

- The health workers should be properly oriented on pathological control since there is not much knowledge about the same.
- Establishment of general pathological laboratory

Measures for Birth Control

- Service provision of temporary measures like condom, pills, Copper T, timely abortion, etc and permanent measures like tubectomy, ligation and vasectomy
- School enrollment of girl child to increase their marriage age
- Provision of newly married and eligible couples
- Awareness generation on proper birth spacing and for that appropriate service delivery
- Through vaccination and immunization reducing the infant mortality rate
- Life skill education on family planning
- Involvement of NGO

- Training should be imparted on psycho- sexual problems of adolescence
- Male participation should be encouraged in various ULB organized health projects.

Possible role of NGOs

- To educate the slum dwellers on food security and balanced nutrition
- To impart more awareness on health education
- Propagate awareness on personal hygiene and good environmental practices
- Make arrangement for regular check-up of mothers and children
- Spread awareness on family planning
- Help in the vaccination programme
- Provide treatment facilities for HIV positive patients, leprosy and tuberculosis
- NGOs should work in collaboration with health centers and sub-centers and with the ULB

Refer: annexure 6 and 7

COMMUNITY HEALTH FACILITIES STANDARD LAID DOWN IN VISION 2025 DOCUMENT

- Ward Health sub-center (Dispensary)- Each for 5000 people
- Ward Health Center (Dispensary)- Each for 30,000 people
- Urban Primary Health Center. One for each 1,00,000 population (30 Maternity Bed Polyclinic)

Table No. HCIDP 8: WEST BENGAL AND THE MILLENNIUM DEVELOPMENT GOALS AND INDICATORS ON HEALTH

	West Bengal		India
	1990-94	1995-00	Latest
Reduce Child Mortality			
Under five mortality rate (per 1000)	99.3 (1992)	67.6 (1998)	101.4 (1998)
Infant mortality rate (per 1000)	75.3 (1993)	48.7 (1998)	86.3 (1998)
Improve Maternal Health			
Births attended by skilled health staff (% of total)	40% (1991)		42.3% (1995)
Maternal mortality (per 1000 live births)	4.3 (1991)		4.4% (1995)
Combat HIV/AIDS and TB			
Prevalence of HIV (% females age 15-24)	0.40% (1998)	1.96% (2000)	-
Tuberculosis data DOTS detection rate (per 100,000 population)		59 (2002)	71 (2002)
Tuberculosis data DOTS cure rate		84%	78%
Ensure Environmental Sustainability			
% of population with access to improved water source	82% (1991)		84% (2001)
% of population with access to sanitation	31.5% (1991)		28% (2001)
Source: National Sample Survey, Census and National Family Health Survey.			

Chapter 3: Project Proposals & Prioritisation

Keeping in line with the overall Municipal Vision and the proposed Development objectives, the following project proposals have been identified:

Public Health

- Proposal for formation of Municipal Level Health task force/committee responsible for monitoring and supervising the preventive part of health care delivery, particularly the vector control, removal of street hydrants, etc
- Awareness campaigning team to be formed with local NGO's as partner
- Purchase of mobile health van to make health service accessible to every citizen residing in the municipal area
- Proposal for improved health kit with sufficient essential medicines, dress, umbrella and introduction of certain incentive schemes to each HHW towards better health service delivery in the community
- Cleaning of drainage and stagnant water, proper stocking of mosquito repellent oil and involving the health workers and NHG/NHC in supervising activities
- Equipping the sub centres with the necessary instruments and equipments to provide efficient service
- Training need assessment of HHW's
- Proposal for maintenance and preservation of proper health records, medicine stock and other medical inventory, preferably computerization

Reproductive and Child Health

- Recruitment of more doctors, health officer where they are primarily responsible for mother and child health care
- To regularize house visits as well as to schools by HHWs in consultation with WC and CDS
- Maintenance of proper health card, immunization card, record with respect to immunization, ante-natal and post-natal check up
- Training of HHW's on health survey, administering injection, BP checking.
- Provision for distribution of iron and folic acid tablets to malnourished, anaemic pregnant women and lactating mothers within the jurisdiction of this ULB
- Pathology facility at HAU

- A polyclinic to be set up with doctors of all faculties. Services to be provided at subsidized rates

Government Health Programmes

- Formation of a full fledged health wing in the Municipal level to address the various health issues and facilitate in the planning process
- Formation of an OPD/pay clinic at the sub centres
- Introduction of Geriatrics and adolescents clinic facility I each HAU along with counseling facility
- Formation of a HIV/AIDS awareness cell and an ICTC centre in Kurseong Municipal Area.
- Installation of telephone in all health centres with database.
- Health information system to be created at the ULB level for making information readily accessible to all and for quick referral system. Building liaison with health dept of state, centre and districts to mobilize the project
- Promoting the establishment of a rehabilitation centre for handicapped persons in the municipal area
- Introduction of effective school health programme
- Regular arrangement of Ligation and vasectomy camp at commendable intervals
- Awareness camps on HIV-AIDS,TB, Thalassemia in collaboration with NGOs
- Creation of a Corpus Fund with separate accounts at ULB level like emergency health fund to cover poor and needy families

List of prioritised projects:

Priority Number	Ongoing Projects
1.	Implementation of CBPHCS programme -- <ul style="list-style-type: none"> • Capacity building of HHW • Honorarium of HHW • IEC for awareness • vector control • school health checkup • health MIS development • antenatal checkup • immunization programme • purchase of medicine • child weighing (nutrition) • HIV AIDS awareness and health awareness programme • adolescent care
2.	Setting up of a Drinking Water Testing Laboratory at ULB level.
3.	Strengthening of existing health and family welfare committee
4.	Appointment of full time health Officer.
5.	Purchase of one Ambulance.
6.	Installation of telephone/Computer/Internet in all health centres with data base software.
7.	Covering Health and accident insurance policy for the transport workers /porters with PPP initiatives
8.	Setting up of a Polyclinic at Ward no 13 for providing health care services to BPL at subsidized rate with PPP initiative
9.	Implementation of Ayusmati Yojana
10.	More coverage of JSY
11.	Implementation of Vector Control Diseases (Drop project)
12.	Implementation of National Health programme (Malaria, HIV AIDs, DOTs etc.) (Drop project)
13.	Setting up of a rehabilitation centre for handicapped persons in the municipal area (Drop project)

Prioritization Matrix:

Priority Number	Ongoing Projects	Ongoing Projects	Number of Beneficiaries	Category of Beneficiaries	Time requirement	Conformity with other plans	Impact on service delivery	Per capita cost of proposals (total cost + no. of ben.)	Projects requiring usage of existing assets and up-gradation of assets and human resources	PPP in delivery of health care services	Community participation	Round Off
1.	Implementation of CBPHCS programme -- • Capacity building of HHW • Honorarium of HHW • IEC for awareness • vector control • school health checkup • health MIS development • antenatal checkup • immunization programme • purchase of medicine • child weighing (nutrition) • HIV AIDS awareness and health awareness programme • adolescent care	3	3	3	3	3	3	3	3	3	3	30
2.	Setting up of a Drinking Water Testing Laboratory at ULB level.	3	3	3	3	3	3	3	3	3	3	30
3.	Strengthening of existing health and family welfare committee	3	3	3	3	3	3	3	3	3	3	30
4.	Appointment of full time health Officer.	3	3	3	3	3	3	3	3	3	3	30
5.	Purchase of one Ambulance.	3	3	3	3	3	3	3	3	1	3	28
6.	Installation of telephone/Computer/Internet in all health centres with data base software.	3	3	3	3	3	3	3	3	1	3	28
7.	Covering Health and accident	3	3	3	3	3	3	3	3	1	3	28

Priority Number	Ongoing Projects	Ongoing Projects	Number of Beneficiaries	Category of Beneficiaries	Time requirement	Conformity with other plans	Impact on service delivery	Per capita cost of proposals (total cost + no. of ben.)	Projects requiring usage of existing assets and up-gradation of assets and human resources	PPP in delivery of health care services	Community participation	Round Off
	insurance policy for the transport workers /porters with PPP initiatives											
8.	Setting up of a Polyclinic at Ward no 13 for providing health care services to BPL at subsidized rate with PPP initiative	3	3	3	3	3	3	3	3	1	3	28
9.	Implementation of Ayusmati Yojana	3	3	3	2	3	3	3	3	3	3	28
10.	More coverage of JSY	2	2	2	3	3	3	3	3	3	3	27
11.	Implementation of Vector Control Diseases (Drop project)	3	3	3	2	3	2	2	2	2	2	24
12.	Implementation of National Health programme (Malaria, HIV AIDs, DOTs etc.) (Drop project)	3	3	3	2	2	2	2	2	2	2	23
13.	Setting up of a rehabilitation centre for handicapped persons in the municipal area (Drop project)	3	2	2	2	2	2	2	2	2	2	21

Health Care Delivery Improvement Plan:

Total project cost for CBHCS for five years (April 2008-March 2013): Rs 83.55.

- **Health MIS**
- **Capacity building of HHW**
- **Medicine purchase**
- **Immunization camp**
- **Ante natal check up**
- **Geriatric care**
- **Child growth (0-5 years)**
- **Vector control disease**
- **School health programme**
- **Awareness programmes**
- **Adolescence care**
- **HIV /AIDS awareness**
- **Family planning**
- **HHW toolkit/uniform**
- **Equipments for sub centers**
- **Rent and renovation**
- **Health card**

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
1.	Implementation of CBPHCS programme -- • Capacity building of HHW • Honorarium of HHW • IEC for awareness • vector control • school health checkup • health MIS development • antenatal checkup • immunization programme • purchase of medicine • child weighing (nutrition) • HIV AIDS awareness and health awareness programme • adolescent care	Theme 1: Public Health	Apr-08	Mar-13	0.00	83.55	0.00	CBPHCS
2.	Setting up of a Drinking Water Testing Laboratory at ULB level.	Theme 3: Other Government	Apr-09	Apr-09	0.00	0.00	3.43	MF

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
		Programmes for Preventive Health Care other Independent Initiatives taken by the ULB						
3.	Strengthening of existing health and family welfare committee	Theme 2: Reproductive and Child Health Care	Apr-08	Apr-08	0.50	0.00	0.00	CBPHCS
4.	Appointment of full time health Officer.	Theme 1: Public Health	Apr-09	Apr-09	8.00	0.00	0.00	CBPHCS
5.	Purchase of one Ambulance.	Theme 3: Other Government Programmes for Preventive Health Care other Independent Initiatives taken by the ULB	Apr-08	Apr-08	9.00	0.00	0.00	CBPHCS
6.	Installation of telephone/Computer/Internet in all health centres with data base software.	Theme 3: Other Government Programmes for Preventive Health Care other Independent Initiatives taken by the ULB	Apr-11	Apr-11	0.00	0.00	1.00	MF

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
7.	Covering Health and accident insurance policy for the transport workers /porters .	Theme 1: Regulation	Apr-10	Apr-10	0.00	0.00	0.45	MF
8.	Setting up of a Policlinic at Ward no 13 for providing health care services to BPL at subsidized rate with PPP initiative	Theme 1: Public Health	Apr-12	Apr-12	0.00	0.00	3.00	MF
9.	Implementation of Ayusmati Yojana	Theme 1: Public Health	Apr-08	Apr-08	0.75	-	-	ASY
10.	More coverage of JSY	Theme 1: Public Health	Apr-08	Apr-08	1.25	-	-	JSY

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
11.	Implementation of Awareness Programme on Vector Control Diseases (Drop project)	Theme 3: Other Government Programmes for Preventive Health Care other Independent Initiatives taken by the ULB	Apr-08	Mar-13	-	-	-	CBPH C
12.	Implementation of National Health programme (Malaria, HIV AIDs, DOTs etc.) (Drop project)	Theme 3: Other Government Programmes for Preventive Health Care other Independent Initiatives taken by the ULB	Apr-08	Mar-13	-	-	-	CMO H
13.	Setting up of a rehabilitation centre for handicapped persons in the municipal area (Drop project)	Theme 3: Other Government Programmes for Preventive Health Care other Independent Initiatives taken by the ULB	Apr-08	Mar-13	-	-	-	DISABILITY COM M

PRIMARY EDUCATION IMPROVEMENT Plan
(SUB-COMPONENT 2.4)

Kurseong Municipality

DDP Main Book

2008-2009 to 2012-2013

INTRODUCTION

India began its journey towards the goal of universal and free basic education little more than fifty years ago with the Indian Constitution Stating, 'The State shall endeavour to provide, within a period of ten years from the commencement of this constitution, for free and compulsory education for all children until they complete the age of fourteen years.'

After the advent of West Bengal Municipal Act of 1993, municipality has been entrusted with ensuring and providing education in the sphere of establishing and maintaining pre-primary education; promotion of cultural activities, sports, theatre, music etc; advancement of science and technology; and advancement of science and technology; and advancement of civic consciousness of public health. Apart from this there are a number of Government Plans and Schemes that are implemented like municipality like Sarba Shikkha Abhijan (SSA), National Child Labour Project, Mid Day Meal, Continuing Education or Adult Education, Balwadis and Aganwadis. However, the following educational service delivery schemes are dependent on physical infrastructure, quality of education, strong administration, coverage and promotion, enrollment-retention and dropout status along with effective monitoring. However, promotion of education coupled with cultural and aesthetic aspects falls under discretionary function, not an obligatory one under 12th schedule of Constitutional Amendment Act, 1992.

After the implementation of West Bengal Primary Education Act, 1973 which is being amended from time to time all Primary Schools of West Bengal (urban and rural) have been brought under one umbrella-the West Bengal Board of Primary Education. The old curriculum and syllabus had been changed in 1981. Such education is given to the children in the age group of 6-10 years of age. Besides government provisions there are number of private schools offering primary education. Mostly in government schools the emphasis on English language is less than that of private school. Further the poorest people who live under substance level cannot afford to be interested in education

In addition to this, Draft National Slum Policy 2001 has demarcated certain responsibilities of ULBs in education sector. Attention and efforts should be focused on increasing the school enrollment at primary level, reducing school drop-out rates particularly for girls and supplementing formal school education with coaching assistance to assist slum children join the formal schooling system. The following specific measures will facilitate this process:

- **Primary Education:** ULBs should identify all informal settlements that are inadequately served with pre-school and primary school facilities. Funds should then be made available under NSDP and other departmental programmes to address this problem on a priority basis with the most under serviced areas receiving priority assistance. Multi Purpose Community Centers (MPCC) may also be used for primary education where necessary.
- **Pre-Schools and Non Formal Education:** ULBs should actively promote pre-school/crèche facilities and non-formal education focusing on literacy and vocational training. Multi Purpose Community Centers (MPCC) may be used for preschools/ crèches facilities, non-formal education classes, adult education, recreational activities etc. It is to be emphasized that community management and control on the use of community centers is desirable to avoid misuse of this facility.

- **Community Management in Education:** Mobilizing the community and use of resource persons from within the community to supervise and monitor the educational activity would greatly enhance the delivery of this service. Contributions by way of space and building would build stakes of the community in the process of creating awareness and demand for this service.
- **Education Incentive Scheme:** Innovative incentive schemes may be established for those communities that show good performance in improving school attendance particularly in relation to the female child in both the formal and non-formal systems.
- **Literacy:** A strong emphasis should be placed on developing literacy skills especially for women and children. The ULB should ensure that all slum development schemes are properly integrated into state and national literacy initiatives and campaigns. Community halls and other public spaces may be used for holding literacy classes. NGOs wishing to participate in literacy schemes for slum dwellers should be given access to such halls and other facilities.
- **Day Crèche Facilities:** ULBs should make provision for establishing day creche facilities in all slums to enable women to participate more fully in the labour market. Community halls may be used for such purposes and parents may be encouraged to contribute to the cost of running and maintaining such facilities.
- The Draft Right to Education Bill, 2005 bestows the local authority the following responsibility subject to the responsibility of the appropriate Government as laid down in Section 10, the Local Authority shall, if empowered by a law enacted in pursuance of Article 243G or Article 243 W of the Constitution, perform the following functions: -
- Maintain the record of all children in its area, who are in the age group of 0-14 years, with special reference to children belonging to 16 each disadvantaged group, and to weaker sections, in such manner as may be prescribe.
- Ensure that every child in the age group of 6-14 years residing within its jurisdiction is enrolled in an elementary school, participates in it, and is enabled to complete elementary education,
- Plan, budget and provide for additional schools, teachers, and other facilities that may be required as a result of the gaps identified through the school mapping exercise for ensuring free and compulsory elementary education,
- Monitor the provisioning of prescribed infrastructure, teachers and supporting facilities for free and compulsory education in all schools in its area imparting elementary education,
- Ensure sustained education of children of migrant families through special steps, including bridge courses, remedial teaching, and such other interventions as may be required.

To the extent the above functions have not been devolved upon local authorities by law, the appropriate government will by rules determine the authorities at various levels, which will perform the above functions till such time as such functions are assigned by law.

The Draft Bill also calls for formation of a School Management Committee (SMC) for every State and aided schools with such representation of parents, teachers,

the community and representatives of the local authority, as may be prescribed. Composition of the School Management Committee shall be so prescribed that:

- At least three-fourths of its members are parents, or where both parents are not alive, guardians of children studying in the school, with proportionate representation among them of scheduled castes, scheduled tribes and other socially and educationally backward classes;
- The remaining members are drawn from other stakeholder sections of the community including representatives of the local authority, teachers, and persons/bodies working for education.

Physical assets of every State school, including its building, appurtenant land and fixtures, and all equipment and furniture, etc., shall be transferred by the concerned Government/local authority to the SMC within three months of its constitution under this Act, subject to such terms, conditions and restrictions, and in such manner, as may be prescribed. The SMC shall perform the following functions, namely:

- monitor and oversee the working of the school, and plan and facilitate its development;
- manage the assets of the school;
- ensure that teachers of the school diligently perform the duties prescribed for them under Section 26;
- disburse salary to teachers from the grants received for the purpose from the appropriate government/local authority, and to deduct payment of salary for the period of unauthorized absence, if any, in such manner as decided by the SMC;
- utilize other grants received from the appropriate government, local authority or any other source for the upkeep and development of the school, in accordance with the terms of such grant and the rules made in that behalf; and,
- Such other functions as may be prescribed by or under this Act.

All funds received by a School Management Committee for the discharge of its functions under this Act, shall be kept in a separate account, and shall be utilized in such manner as may be prescribed. Accounts of money received and spent by the SMC shall be maintained and audited in such manner as may be prescribed.

The main purposes behind preparing the Primary Education Improvement Plan for Kurseong Municipality are:

- To bring about *institutional reforms in the delivery system* of the Municipality so as to improve operational efficiency in municipal schools. This will include management of school administration, maintenance of schools, providing basic services to the schools, providing adequate teaching aids, books and teachers to schools, inspection of schools, and management of Government Schemes and programmes such as SSA, SSK centres, adult education, mid day meal schemes etc.
- To improve *the performance of the schools* and its students with respect to the number of children enrolled, number of dropouts, number of children retained and number of children moving onto Secondary and Higher Secondary Schools etc.

- To provide a *linkage to the overall state system of delivery of education*. ULBs have a vital role to play particularly in ensuring quality of primary education and preparing students adequately for Secondary and Higher Secondary level of education.
- To provide particular focus on *specific, excluded groups* in the ULBs who do not access any kind of education. They could be children living in the squatters or in clusters on service lands, or belong to SC/ST/OBC communities within the slums in the ULBs or the girl child.
- To provide a thrust to *community ownership and monitoring of schools* whereby community groups and parents of the children are entrusted with ensuring accountability and improved performance of schools.
- To make efforts to explore areas of *public-private partnership* in operations, maintenance and management of primary schools. For example, opportunities for a private sector organisation wanting to adopt a school and showcase as a model school can be explored. Involvement of NGOs in motivating children to join schools should also be dealt within the Plan.
- To *identify linkages with other subcomponent plans* of the DDP such as the Primary Health Care Delivery Improvement Plan, the Livelihoods and Poverty Alleviation Plan, and Local Economic Development Plan.
- To *arrive at a shelf of projects* this can be financed through its own resources, Government funds, and KUSP funds or in partnership with NGOs.

In an endeavour to attain the goals of the primary education improvement plan, the Kurseong Municipality has formulated the vision and development objectives for the ULB, which is as follows:

Chapter 1: Development Goals or Objectives of PRIMARY EDUCATION Improvement Plan

Goal:

The main focus of the ULB is to include all children of 6-14 years of age to be compulsorily enrolled in primary school in accordance with the fundamental right Article. 21 A of the Indian Constitution.

Objectives

- To upgrade the standard of education and infrastructure of the primary schools within the municipality
- To ensure 100% literacy in the municipal area and to reduce the drop out rates in the schools
- Counseling to parents of the students and non school going children
- To bring all the aged persons who have not gone under conventional education system in the Continuing Education at special centres, involving local youth
- To ensure cent percent safe motherhood and child survival
- To have a educational department in the municipality
- Ensuring quality education
- Improving other amenities
- Encouraging private parties to invest in primary schools
- Advertisements and souvenirs to popularise and create awareness about education among the potential mass to be educated
- Initiatives to take up government schemes on education like, NCLP, HRD, Dept of education
- Resource mobilization from foreign bodies
- Facilitating primary school with private schools.
- Networking with education department at various levels.
- Implantation of schemes like SSA and others.
- Submitting proposals for other projects related to education.
- Priority to Sports and cultural affairs to encourage extra curricular activities in the Municipal area.

Chapter 2: CURRENT SITUATION ANALYSIS

Education is the second main thrust area of the *Vision 2020* document. Greater coverage and better quality education at all levels from basic literacy to hi-tech science and technology is the essential prerequisite for raising agricultural productivity and industrial quality, spurring growth of India's budding IT and biotechnology sectors, stimulating growth of manufactured and service exports, improving health and nutrition, domestic stability and quality of governance. The report calls for concerted efforts to abolish illiteracy, achieve 100 per cent enrolment at primary and secondary levels, and broaden access to higher education and vocational training through both traditional and non-traditional delivery systems.

According to the *Vision 2020* document, successful population policy is directly linked to successful education policy. Success in raising literacy rates and school enrolment rates while reducing drop-out rates, especially for women, are closely correlated with the delayed onset of marriage and child birth, improved mortality for both mothers and children, and reduction in family size. In fact, a successful education policy forms the bedrock of all fields of national development—political, economic, technical, scientific, social, and environmental. Education is the foundation for a vibrant democracy in which informed citizens exercise their franchise to support the internal growth of the nation and its constructive role in the world community. It is the foundation for growth in productivity, incomes and employment opportunities and for the development, application and adaptation of science and technology to enhance the quality of life. Education is the foundation for access to the benefits of the information revolution that is opening up vistas on the whole world. Education is also the foundation for improved health care and nutrition.

Literacy, the basis of all education, is as essential to survival and development in modern society as food is to survival and development of the human body. Literacy rates in India have arisen dramatically from 18 per cent in 1951 to 65 per cent in 2001, but these rates are still far from the UMI reference level of 95 per cent. Literacy must be considered the minimum right and requirement of every Indian citizen. Vast differences also remain among different sections of the population. Literacy among males is nearly 50 per cent higher than females, and it is about 50 per cent higher in urban areas as compared to the rural areas. Literacy rates range from as high as 96 per cent in some districts of Kerala to below 30 per cent in some parts of Madhya Pradesh. Rates are also significantly lower among scheduled castes and tribes than among other communities. These differential rates of progress leave approximately 300 million illiterate adults in the country, the largest number of illiterates in the world. For these people, the traditional avenues of knowledge dissemination through education and printed information are ruled out. These are the people who are most vulnerable to the challenges of development, because they are least equipped to rapidly expand their knowledge base. Since many of them are relatively young adults who will still be active in 2020, the country cannot afford to ignore them or leave them behind. *The Government has already set a goal to achieve 75 per cent literacy by the end of the Tenth Five Year Plan. A 100 per cent literate India is of paramount importance for realizing the vision for the country in 2020 as presented in this document. Even when this goal is achieved, innovative approaches will be needed to increase knowledge dissemination through TV and other means, to literate adults with little or no formal education.*

Literacy is an indispensable minimum condition for development, but it is not sufficient. In this increasingly complex and technologically sophisticated world, ten years of school education must also be considered as an essential prerequisite for citizens to adapt and succeed economically, avail of the social opportunities

and develop their individual potentials. Education is the primary and most effective means so far evolved for transmitting practically useful knowledge from one generation to another. India's education system has expanded exponentially over the past five decades, but its current achievements are grossly inadequate for the nation to realise its potential greatness. The net enrolment rate in primary schools is around 77 per cent and in secondary schools it is around 60 per cent. These compare with the 99.9 per cent primary and 69 per cent secondary enrolment for the UMI reference level. The drop out rate was 40 per cent at the primary level and 55 per cent at the upper primary level in 1999-2000. These high drop out rates from both primary and secondary school, combined with low enrolment rates at the higher levels deprive tens of millions of children of their full rights as citizens. Out of approximately 200 million children in the age group 6-14 years, only 120 million are in schools and net attendance in the primary level is only 66 per cent of the enrolment. Further, less than 7 per cent of the children ever pass the 10th standard public examination. Apart from addressing the needs of a large illiterate population, India's knowledge strategy must also develop innovative approaches to enhance knowledge acquisition among the large community of school drop-outs. Unless something is done to drastically reduce drop-out rates, by the year 2016 there will be approximately 500 million people in the country with less than five years of schooling, and another 300 million that will not have completed high school. In other words, about two-thirds of the population will lack the minimum level of education needed to keep pace with and take advantage of the social changes occurring within the country and worldwide. Extending the primary school system to over 500,000 villages in India has brought education to the masses. Unfortunately, this huge quantitative expansion has been accompanied by a tremendous dilution in the quality of schooling. High drop out rates in rural areas is one result of single room schools, with few teaching aids and inadequate instruction both in terms of quantity and quality. Qualitative improvement in the system can be accomplished by promoting centralized schools serving clusters of 10 or more villages, wherever distances and transportation links make that feasible. This will permit greater investment in educational infrastructure, including introduction of computers. Achieving 100 per cent enrolment of all children in the 6 to 14 year age group is an ambitious but achievable goal for 2020. This must be coupled with efforts to increase the quality and relevance of school curriculum to equip students not only with academic knowledge but also with the values and practical knowledge needed for success in life. Table 4 depicts a business-as usual scenario for primary and secondary education in 2020, based on recent trends as well as an alternative scenario designed to radically enhance the quantity and quality of school education in the country.

Table No. PEIP 1: Education Scenarios in 2020

	1980 Actual	2000 Estimated	2020 Business- as-usual	2020 Best- case Scenario
Primary enrolment (1-5)	80%	89%	100%	100%
Elementary enrolment (1-8)	77%	79%	85%	100%
Secondary enrolment (9-12)	30%	58%	75%	100%
Drop-out rate (1-5)	54%	40%	20%	0%
Drop-out rate (1-8)	73%	54%	35%	0%

Source: Garry Jacobs "Vision 2020: Towards a Knowledge Society", paper prepared for Planning Commission.

A tremendous expansion of schools and classrooms will be required to support a quantitative and qualitative improvement in the country's school system. In order to achieve the best-case scenario depicted in Table 4, total school enrolment would have to increase by 75 million or 44 per cent. That will require a proportionate expansion in the number of classrooms. In addition, efforts to improve the quality of education by reducing the class size would require a further 20 per cent increase in the number of classrooms. Together, this will necessitate increasing the total number of classrooms by 65 per cent within 20 years.

An enormous increase in the number of teachers will also be required to achieve the alternative scenario, i.e., eliminating primary school drop outs and reducing the teacher-pupil ratio from the present high level of 1:42 down to around 1:20, which is the UMI reference level. Together, this will require an additional three million primary school teachers, more than twice the number currently employed. Similar increases will be required at middle and secondary school levels. The training of such large number of teachers will require the establishment of additional teacher training colleges and much larger budget allocations for teachers' salaries. Qualitative improvements in education should reflect a change in pedagogical methods and lay emphasis on several dimensions, including:

- A shift from methods that emphasize passive learning to those that fosters the active interest and ability of children to learn on their own.
- A shift from rote memorization to development of children's capacity for critical thinking.
- A shift from traditional academic to practically relevant curriculum.
- A shift from imparting information to imparting life values such as independent thinking, self-reliance and individual initiative that is essential for success in any field of endeavour.

An important role of education is to foster in each child the attributes and values of a responsible, capable, active and healthy member of the family and society. The rigidity of curriculum, testing and teaching methods need to be relaxed so that innovative methods and new models of education can be evolved, tested and perfected. Vocational streams have to be developed and expanded to equip larger numbers of high school students with occupation-related knowledge and skills. Experimentation is needed with new methods for knowledge delivery. Television can be a very effective means for educating both school going and non-school going children and adults. It can deliver teaching materials in a more dynamic, entertaining, and interesting manner, utilizing the nation's best teachers and multimedia teaching materials on each subject. A TV based curriculum can help slow learners to supplement classroom teaching, fast learners to learn at much faster rates than the rest of the class, drop outs to acquire knowledge they missed out in school, and adults to expand their level of education without returning to school. New methods of delivery will be particularly necessary to augment access and improve delivery at higher levels of education. Although India's college and university network has expanded dramatically as shown in Table 5, it is able to accommodate only a tiny fraction of the college-age population. In addition, the quality of facilities, teaching and course materials leaves much to be desired. Recruitment and promotion are highly politicized; seniority rule precludes merit advancement; and the cost of delivery is beyond the means of the vast majority of young Indians.

Table No. PEIP 2: Growth of Higher Educational Institutions

Years	Colleges for General Education	Colleges for Professional Education	Universities
1951	370	208	27
1998	7199	2075	229

Source: Department of Education, Govt. of India.

India in 2020 must be a nation in which all those who aspire for higher education have access to college and university level courses. A national network of community colleges, similar to the highly successful American system, is needed to provide knowledge and job-oriented skills to millions of young people who lack interest in or capacity for more stringent academic studies.

The advent of computer and the Internet-based educational methods offer an exciting new learning medium that can literally transform our concept of school and classroom from physical into virtual realities. Studies in the USA project a radical reshaping of higher education over the next two decades as a result of the digital revolution. Many traditional colleges will close as more course works are delivered at a distance through alternative channels. The traditional boundaries between education and other sectors will fade, as publishers, for-profit and non-profit organizations, offer accredited, multimedia-enhanced courses directly to students, by-passing the university. The traditional classroom type of education, which is most useful for students that require personal attention and assistance and for subjects that involve hands-on experimentation, will no longer, be the predominant model of education. For all other purposes, it is very costly and not very efficient in the way it uses the time of both teachers and students. Experience shows that computer-based educational methods can lead to much faster rates and higher quality of learning, which is more inter-active and motivating for students at all levels of education from pre-school to post-graduation. It is extremely effective for enhancing reading and language skills and general knowledge among the very young and even for some sophisticated professional courses such as medicine and engineering. Given the huge number of young students that will quest for all levels of higher education in the coming decades and the severe shortage of qualified instructors, and in the light of India's outstanding expertise in the IT industry, the country needs to embark on a massive programme to convert the entire higher educational curriculum into a multi-media, web-based format and to establish accreditation standards for recognition of the distance education so imparted.

Our vision of India in 2020 is predicated on the belief that human resources are the most important determinants of overall development. As India's IT revolution has been fuelled by the availability of a very large reservoir of well-trained engineers, its future development in many different spheres will depend on commensurate development of sufficient and surplus capabilities.

Full development of India's enormous human potential will require a shift in national priorities, to commit a greater portion of the country's financial resources to the education sector. India currently invests 3.2 - 4.4 per cent of GNP on education. This compares unfavorably with the UMI reference level of 4.9 per cent, especially with countries such as South Africa, which invests 7.9 per cent of GNP on education.

A near doubling of investments in education is the soundest policy for quadrupling the country's GDP per capita.

In an attempt to comply with the guidelines laid down by several education policies and Vision 2020, the Kurseong Municipality is aiming to scrutinize and

analyse the present education scenario in the ULB area by means of certain exercises, like the socio- economic survey, institutional survey, study and analysis of secondary source of information etc.

The current literacy statistics as revealed by the socio- economic survey is as depicted below:

Table No. PEIP 3: LITERACY STATISTICS

LITERACY STATISTICS
(Read & Write ability with a short simple sentence)

Type	Unit	Percentage
Literate	9291	75.96%
Illiterate	1163	9.51%
Only local language	418	3.42%
Don't know	0	-%
No reply	1359	11.11%
Total	12231	100%

Source- Socio-economic survey, 2008

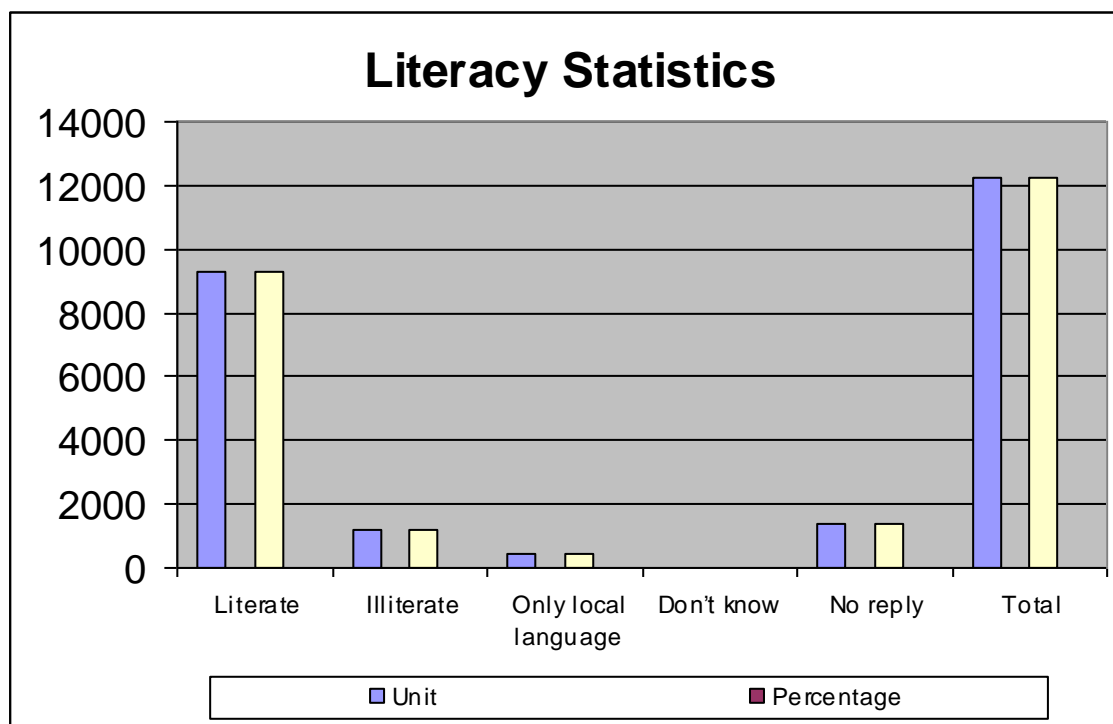


Figure – 01 : PEIP 4: Distribution of educational qualification among citizens

LEVEL OF EDUCATION

Type	Unit	Percentage
None	1898	15.48%
Primary	3120	25.45%
Middle	2210	18.02%
High School	1595	13.01%
Senior- secondary	698	5.69%
Graduate	235	1.92%
Post Graduate	1301	10.61%
No reply	1204	9.82%
Total	12261	100%

Source- Socio-economic survey, 2008

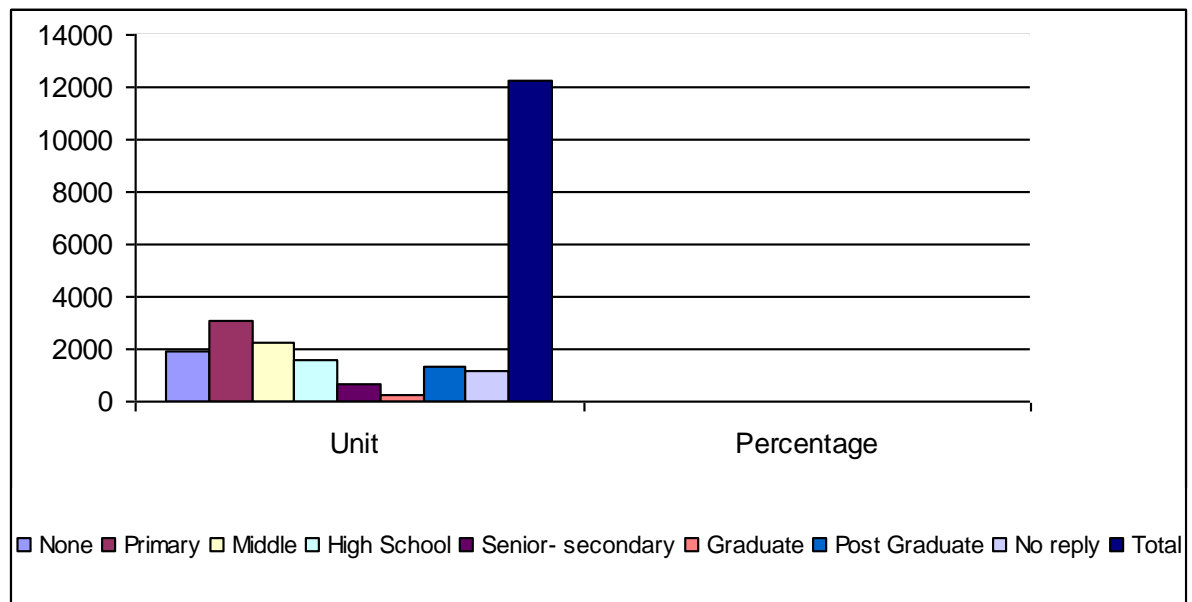
LEVEL OF DISTRIBUTION OF EDUCATION LEVEL

Figure – 02 : Graphical representation of the distribution of level of education.

Source- Socio-economic survey, 2008

Analysis of the tables depicting literacy statistics in Kurseong ULB and distribution of level of education reveals that a major portion of the population (75.96 %) is literate, 15.48 % of the entire population have never been to school, while 25.45 % has availed primary school. The percentage of students attending primary schools is quite less compared to the literacy rate prevalent in the ULB. The percentage is further reduced to 18.02 % and 13.01 % in the middle school and

high school levels respectively which points out towards the great number of drop out rate in the Kurseong ULB. This percentage further decreases to 5.69 %and 1.92% in senior secondary and graduation level. Interestingly, the percentage is again seen to climb to an impressive 10.61% at the post graduation level. This points out to the fact that Kurseong, despite being popular as school town is suffering from a severe student drop out in the middle school, high school, senior secondary and graduation level.

Table No. PEIP 5: DETAIL INFORMATION ABOUT INSTITUTIONAL SURVEY (SCHOOLS/COLLEGES) IN THE ULB

Type of Institution	Name of School/College	Total no. of students	Total No. of Boys	Total No. of Girls	Total Number of Teachers (Permanent)	Number of Non-teaching Staff (Permanent)	Number of Temporary Teachers / Staff	Do Teachers receive Approved Grade of Salary?	Is the School affiliated to /recognized by any Board?
SECONDARY SCHOOLS	MODERN ENGLISH SCHOOL	187	120	67	18	4	2	Y	Y
SECONDARY SCHOOLS	GODWIN MODERN SCHOOL	303	195	108	11	4	9	Y	Y
SECONDARY SCHOOLS	CAMBRIDGE ENGLISH SCHOOL	300	130	170	16	18	3		Y
SECONDARY SCHOOLS	DAWN BOARDING SCHOOL	187	123	64	8	2	5	Y	Y
HIGHER SECONDARY SCHOOLS	ST ALPHONSUS SCHOOL	1903	1787	116	35	6	27	Y	Y
SECONDARY SCHOOLS	RAJ RAJESWARI GIRLS HIGH SCHOOL	40	-	40	3	2	1	Y	Y
SECONDARY SCHOOLS	DAISIES SCHOOL	382	186	196	9	5	6	Y	Y
PRIMARY SCHOOLS	RELIANCE RESIDENTIAL SCHOOL	125	80	45	12	7	4	Y	N
SECONDARY SCHOOLS	SACRED HEART SCHOOL	247	186	61	16	3	10	Y	Y
SECONDARY SCHOOLS	TINY TOTS SCHOOL	104	71	33	13	3	4	Y	
SECONDARY SCHOOLS	BELLE VUE BOARDING SCHOOL	131	96	35	17	1	3	Y	Y

Type of Institution	Name of School/College	Total no. of students	Total No. of Boys	Total No. of Girls	Total Number of Teachers (Permanent)	Number of Non-teaching Staff (Permanent)	Number of Temporary Teachers / Staff	Do Teachers receive Approved Grade of Salary?	Is the School affiliated to /recognized by any Board?
PRIMARY SCHOOLS	SOUTH POINT SCHOOL	159	101	58	14	10	-	N	N
HIGHER SECONDARY SCHOOLS	SRI RAMA KRISHNA HS SCHOOLS FOR GIRLS	837		837	19	5	14	Y	Y
HIGHER SECONDARY SCHOOLS	HIMALI BOARDING SCHOOL	800	500	300	62	38	-	Y	Y
SECONDARY SCHOOLS	JNANESHWAR MEMORIAL ACADEMY	120	48	72	10	2	3	Y	Y
SECONDARY SCHOOLS	BETHANY SCHOOL	100	80	20	10	1	1	Y	Y
HIGHER SECONDARY SCHOOLS	PUSHPARANI R.M.HIGH SCHOOL	1072	943	129	19	9	13	Y	Y
SECONDARY SCHOOLS	ST.HELEN'S SECONDARY SCHOOL	537	-	537	21	25	4	Y	Y
SECONDARY SCHOOLS	VICTORIA BOYS SCHOOL	253	253	-	12	55	4	Y	Y
PRIMARY SCHOOLS	DAVIES PRIMARY SCHOOL	81	50	31	1	1	1	Y	
PRIMARY SCHOOLS	ST ALPHONSUS PRIMARY SCHOOL	398	398	-	8	-	8	N	N
PRIMARY	ST JOSEPH	506	-	506	7	6		Y	Y

Type of Institution	Name of School/College	Total no. of students	Total No. of Boys	Total No. of Girls	Total Number of Teachers (Permanent)	Number of Non-teaching Staff (Permanent)	Number of Temporary Teachers / Staff	Do Teachers receive Approved Grade of Salary?	Is the School affiliated to /recognized by any Board?
SCHOOLS	PRIMARY SCHOOL								
SECONDARY SCHOOLS	ATHENS BOARDING SCHOOL	31	17	14	8	4		Y	N
HIGHER SECONDARY SCHOOLS	KURSHEONG ADARSHA VIDYALAYA	343	272	71	13	4	3	Y	Y
HIGHER SECONDARY SCHOOLS	ST JOSEPHS GIRLS HIGH SCHOOL	974	-	974	23	5	6	Y	Y
SECONDARY SCHOOLS	SCOTT MISSION GIRLS HIGH SCHOOL	450	25(PRIMARY)	425	18	3	3	Y	Y
PRIMARY SCHOOLS	MUNICIPAL BOYS PRIMARY SCHOOL	57	57	-	6	-	-	Y	MUNICIPAL BOARD OF EDUCATION
PRIMARY SCHOOLS	MUNICIPAL GIRLS PRIMARY SCHOOL	40	-	40	5	-	-	Y	MUNICIPAL BOARD OF EDUCATION
SECONDARY SCHOOLS	DAW HILL SCHOOL	426	36	390	17	49	6	Y	Y
COLLEGE	KURSHEONG COLLEGE	838	364	474	27	23	24	Y	Y

Source: Institutional survey 2008

Refer : Annexure 1

Table No. PEIP 6: DETAIL INFORMATION ABOUT INSTITUTIONAL SURVEY (SCHOOLS/COLLEGES) IN THE ULB

Name of School/ College	Managem ent	Total area of the prem ises	Total built up area of the buildin g	Total no. of class rooms	Toilet availa ble	Safe Drin king Water	School bus/ Other transp ort servic es	Playgro und(s)	Avera ge studen t streng th in a class	Labor atory Faciliti es	Libra ry Facili ties	Comp uter Faciliti es	Multi purpo se Hall	Seating facility	Blac kboa rd Facili ties	Staff Room	Any Other Facilities
MODERN ENGLISH SCHOOL	OTHE RS	2000 0 SQ.F T.	1300 0 SQ.F T.	16	Y	Y	N	Y (30SQ. METRE)	20	Y	Y	Y	Y	CHAIRS	Y	Y	
GODWIN MODERN SCHOOL	SOCI ETY	4613. 46 SQM	1400 SQM	23	Y	Y	N	N	25	Y	Y	Y	Y	CHAIRS	Y	Y	AUDIO VISUAL SYSTEM AND MATHAMETI CS LAB
CAMBRIDGE ENGLISH SCHOOL	SOCI ETY	9000 SQM	7500 SQM	13	Y	Y	N		35	Y	Y	Y	Y		Y	Y	
DAWN BOARDING SCHOOL	PRIV ATE	194.2 5MET RE SQ	194.2 5 METR E SQ	14	Y	Y	N	Y	20	Y	Y	Y	Y	CHAIRS	Y	Y	
ST ALPHONSUS SCHOOL	GOVT .AIDE D	3000 00 SQM	2800 SQM	38	Y	Y	N	Y(600 SQM)	60	Y	Y	Y	Y	CHAIRS	Y	Y	MUSIC.NCC, SPORTS ETC.
RAJ RAJESWARI GIRLS HIGH SCHOOL	GOVT .AIDE D	2431 ACRE	-	5	N	N	N	N	8	N	N	N	Y	CHAIRS	N	N	

Name of School/ College	Managem ent	Total area of the premi ses	Total built up area of the buildin g	Total no. of class rooms	Toilet availa ble	Safe Drin king Water	School bus/ Other transp ort servic es	Playgro und(s)	Avera ge student streng th in a class	Labor atory Faciliti es	Libra ry Facili ties	Comp uter Faciliti es	Multi purpo se Hall	Seating facility	Blac kboa rd Facili ties	Staff Room	Any Other Facilities
DAISIES SCHOOL	SOCI ETY	252.32 SQM	199.25 SQM	16	Y	Y	N	N	35	Y	Y	Y	Y	CHAIRS	Y	Y	INDOOR GAMES
RELIANCE RESIDENTIAL SCHOOL	PRIV ATE	2580 SQM	2000 SQM	8	Y	Y	N	Y	15		Y	Y	Y	CHAIRS	Y	Y	
SACRED HEART SCHOOL	PRIV ATE(SOCI ETY)	2000 0 SQ FT	7000 SQ FT.	21	Y	Y	N	Y(120 00SQ FT)	30	Y	Y	Y	Y	CHAIRS	Y	Y	
TINY TOTS SCHOOL	PRIV ATE	3900 SQ FT	3000 SQFT	10	Y	Y	N	N	10	Y	Y	Y	Y		Y	Y	GAMES/MUS IC/ARTS
BELLE VUE BOARDING SCHOOL	SOCI ETY	0.84 ACRE S	4000 SQFT	12	Y	Y	N	Y (7150 SQ FT)		Y	Y	Y	Y	CHAIRS	Y	Y	GAMES/DAN CE/MUSIC/A RTS AND CRAFTS
SOUTH POINT SCHOOL	PRIV ATE	390 SQM	374 SQM	8	Y	Y	N	Y	20	Y	Y	Y	Y	CHAIRS	Y	Y	
SRI RAMA KRISHNA HS SCHOOLS FOR GIRLS	GOVT .AIDE D	0.22 ACRE S	4307 SQ.F T	18	Y	Y	N	Y(0.18 ACRES)	50	N	N	N	N	CHAIRS	Y	Y	NO
HIMALI BOARDING SCHOOL	PRIV ATE	-	3000 SQM	30	Y	Y	Y	Y (0.129 ACRES)	30	Y	Y	Y	Y	CHAIRS	Y	Y	INFORMATI ON TECHNOLOG Y FACILITY

Name of School/ College	Managem ent	Total area of the prem ises	Total built up area of the buildin g	Total no. of class rooms	Toilet availa ble	Safe Drin king Water	School bus/ Other transp ort servic es	Playgro und(s)	Avera ge student streng th in a class	Labor atory Faciliti es	Libra ry Facili ties	Comp uter Faciliti es	Multi purpo se Hall	Seating facility	Blac kboa rd Facili ties	Staff Room	Any Other Facilities
JNANESHW AR MEMORIAL ACADEMY	PRIV ATE	20 DECI MAL	3000 SQFT	12	Y	Y	Y	Y (28 SQM)	10	Y	Y	Y	Y	CHAIRS	Y	Y	GAMES/MUSIC/ARTS AND CRAFTS
BETHANY SCHOOL	PRIV ATE	16 DECI MAL	2500 SQFT	12	Y	Y	N	Y (4000 SQFT)	10	Y	Y	Y	Y	CHAIRS	Y	Y	GAMES/MUSIC/ARTS AND CRAFTS
PUSHPARAN I R.M.HIGH SCHOOL	GOVT .AIDE D	700 SQM	300 SQM	21	Y	N	N	N	60	Y	Y	Y	N	CHAIRS	Y	Y	-
ST.HELEN'S SECONDAR Y SCHOOL	PRIV ATE	6100 SQM	700 SQM	16	Y	Y	N	Y (2300 SQM)	50	Y	Y	Y	Y	CHAIRS	Y	Y	GUIDES AND LTS
VICTORIA BOYS SCHOOL	GOVT .AIDE D	22 HECT ARE		25	Y	Y	Y	Y	40	Y	Y	Y	Y	CHAIRS	Y	Y	GAMES AND MUSIC
DAVIES PRIMARY SCHOOL	GOVT .AIDE D	1.814 SQM	992 SQFT	5	N	N	N	Y	18	N	N	N	N	CHAIRS	Y	Y	NO
ST ALPHONSUS PRIMARY SCHOOL	PRIV ATE	3000 SQFT	2712 SQ FT	10	Y	N	N	N	50	N	N	N	N	SQATTIN G ON FLOOR	Y	Y	NO
ST JOSEPH PRIMARY SCHOOL	GOVT .AIDE D	3533 882S Q FT	5703 SQ FT	10	Y	Y	Y	Y (48 SQM)	50	N	N	N	Y	CHAIRS	Y	Y	COMPUTER
ATHENS BOARDING SCHOOL	PRIV ATE			10	Y	Y	N	Y	5	N	Y	Y	Y	CHAIRS	Y	Y	SPORTS AND MUSI

Name of School/ College	Managem ent	Total area of the premises	Total built up area of the building	Total no. of class rooms	Toilet available	Safe Drinking Water	School bus/ Other transport services	Playground(s)	Average student strength in a class	Laboratory Facilities	Library Facilities	Computer Facilities	Multi purpose Hall	Seating facility	Blackboard Facilities	Staff Room	Any Other Facilities
KURSHEONG ADARSHA VIDYALAYA	GOVT .AIDED	292 SQM	156 SQM	10	N	Y	N	Y		Y	Y	N	Y	CHAIRS	Y	Y	-
ST JOSEPHS GIRLS HIGH SCHOOL	GOVT .AIDED			18	Y	Y	N	N	55	N	N	N	Y	CHAIRS	Y	Y	SPORTS, TARTU MITRA, GUIDES, LTS, ECO CLUB
SCOTT MISSION GIRLS HIGH SCHOOL	GOVT .AIDED	3276 SQM	3380 SQM	12	Y	Y	N	Y	45	N	N	N	N	CHAIRS	Y	Y	NO
MUNICIPAL BOYS PRIMARY SCHOOL	GOVT .AIDED	2.35 ACRES	3.35 SQM	5	N	N	N	N	9	N	N	N	N	CHAIRS	Y	Y	NO
MUNICIPAL GIRLS PRIMARY SCHOOL	GOVT .AIDED	22.5 ACRES	2450 SQ FT	5	N	N	N	Y	10	N	N	N	N	CHAIRS	Y	Y	NO
DAW HILL SCHOOL	GOVT .AIDED	42 ACRES		13	Y	Y	N	Y	Y	Y	Y	Y	Y	CHAIRS	Y	Y	GAMES
KURSHEONG COLLEGE	GOVT .AIDED	9.04 ACRES	2 ACRES	27	Y	Y	N	Y (3000 SQM)	18	215	47	Y	Y	Y	Y	CHAIRS	Y

Source: Institutional survey 2008

Refer: Annexure 3

The Table A and B depicted above is an overview of the entire existing educational institutional infrastructure in the Kurseong Municipality. There are at present 7 primary schools, 16 secondary schools, 6 higher secondary schools and 1 college in Kurseong run by both Government and private parties. There are 2 (1 girls, 1 boys) municipal primary schools and 10 SSK centres. The infrastructure in the government aided schools and Municipal schools are in a dilapidated state compared to the private schools. The teacher student ratio is 1:10 in most of the government-aided schools. The higher secondary schools are overburdened with students while the numbers of students are decreasing in the municipal schools. Extra curricular activities are not encouraged in most of the schools due to lack of playground or other open space to encourage sports activities. Hygienic toilet facility and drinking water facility is absent in most of the schools except the private institutions. Most of the populations residing below the poverty line are not in a state to avail the expensive educational facilities offered by the private schools; as a result the private schools are attracting students from other parts of the country. On the other hand, the poor quality of education, infrastructure, less number of teachers, absenteeism of teachers, etc is discouraging students to get themselves enrolled in the Government schools and municipal schools. Lack of awareness about education among the underprivileged section of the population about education is also acting as a deterrent factor in less enrolment of students and increasing rate of dropouts. The mid- day meal system is also prevalent and is managed by DGHC. There is a constant conflict between the suppliers and teachers regarding the quantity and quality of food material provided. As a result of which the meal is not cooked/ prepared every day although there is provision for the same. About 4 % of the children population is special children who are compelled to go to the normal school since there is no provision for any special school in the ULB, as a result most of them do not avail educational facilities in fear of social stigma.

To summarize the present situation of the educational scenario in Kurseong ULB, the following points can be considered:

- Municipal school infrastructure is in bad shape
- Out of school children
- Drop outs
- Education for all including old age education
- Lack of Knowledge
- Deteriorating educational quality
- Shortage of funds
- Lack of networking and communication.
- No extra curricular activities

Methodology:

Focus Group Discussions (FGD), In-Depth Interviews (DI) and Structured Questionnaire Surveys were conducted with a cross sectional population and feedbacks were collected and analysed. The following stakeholders were covered:

- Primary school teachers
- Parents of the children
- CDS members
- Ward Education Committee members
- TPO of Kurseong Municipality
- SSK teachers, teachers from literacy centres

The major issues raised were

- Administration of primary schools
- Performance of schools
- Present status of SSK centres and private schools

The collected information both qualitative and quantitative was reviewed and gaps were tabulated in the form of suggestions.

Major Observations from FGD, DI and primary and literature survey

Table No. PEIP 7: Student - Teacher ratio in the Municipal schools of Kurseong ULB:

Sl. No.	Type of institution	Student-teacher ratio
1.	Government primary schools	25:1
2.	Private schools	15:1

Formal Education:

- √ Surprisingly, at present, there is no official reporting relationship exist between formal schools and Kurseong Municipality. Municipality is concerned with the schools exclusively for the mid-day-meal. Entire education system is under the purview of Department of Primary Education, Government of West Bengal. However, as per the Municipality Act, 1993, West Bengal, one post of Education is there from the elected Board of Councilors of the ULB. But, the same system is not prevalent in the ULB. Even, Municipality had no database regarding number of students, teachers, etc of formal schools before conducting the survey for DDP preparation. Therefore, the law/act requires detail introspection.
- √ The majority of the students of Government primary schools are from BPL families. There is no scheme for free health check-up and supplying medicines for those students
- √ In 2002-2003, Micro Level Learning Improvement programme was initiated in 435 primary schools of West Bengal. However, the programme discontinued. But, there is a need to restart the programme for improvement of primary education at ULB level.
- √ At present under Kurseong Municipality 3 Government Primary Schools (GPS) and 3 Private Primary Schools (PPS) are there. Total 52 teachers are catering to 1285 children in the GPS and PPS. Thus, the overall teacher student ratio is 1: 25.

- √ The GPSs have at present, 20 class rooms, where as PPSs have 26 class rooms. Many class rooms in GPSs are in bad shape, weak quality and incomplete. The Municipal boys and girls primary schools have no toilet facilities for students as well as no provision for safe drinking water facilities.
- √ 'The vision: 2025' a perspective plan document from KMDA says that capacity of students per institution has been considered as 225 for Primary Schools, and 50 per cent of primary schools should have double shifts.
- √ Under SSA programme, every year there is an event/movement of school enrolment in the name of "*School Chalo Abhiyan*". Under this movement children from the age group of 0-14 years out of school children (non-schooled, drop-outs or never been to school) children are identified and enrolled to schools through a system called "Green Card". Children enrolled to Government Primary Schools/ Continuing Education Centres/ Child Labour Welfare schools receive books in free of cost from Government, and these are the free schools. The admission procedure is same for the children for getting admission to Class V to Class VIII in secondary schools. However, in their cases, they need to pay for books, uniform, and other fees. But, these are quite difficult for their families to bear the expense and again there appears the threat of dropping out
- √ There is no centralised committee at ULB level to look after the SSA. Immediately one committee needs to be formed to monitor and execute all the activities under SSA. Till date no training has been organized from SSA Department for the members of Ward Education Committee. There is an immediate need of such training. There is no formal relationship between Sub-inspector's office and ULB and information sharing mechanism is absent. Also, there is no mechanism of receiving a clearance certificate or feedback from ULB before sanctioning any scheme for primary schools in ULB by SSA Department and often it results in improper utilisation of money. As per the SSA guidelines, it gives the Urban Slum Education Committees the power in the management of elementary schools
- √ In Kurseong, there are many private primary schools which are under any society and committee and not run by any single individual. Such schools can be identified and fund from SSA could be utilized to upgrade such schools

Non-Formal Education:

No schemes like National Literacy Mission , Continuing Education are yet operational at the ULB, special initiatives should be taken to undertake the schemes for an all round benefit.

The draft National Slum Development Policy 2001 has identified the role of ULB in tackling child labour. It says that ULBs should be active partners in the implementation of the international convention on child rights and should ensure that every child has access to a sufficient range of educational and vocational training. At the same time ULBs should discourage child labour through the implementation of penalties and fines and the withdrawal of licenses for

employers found to be using child labour without making proper provision for education or training.

Special Schools

In 2004, under Deprived Urban Child Scheme Kurseong Municipality with the help of National Institute of Orthopaedically Handicapped, Banhughli conducted a screening programme to identify physically and mentally challenged children, and many such children were identified. *However, at ULB level there is no such service available for proper rehabilitation of such children. At the same, the 12th schedule of 74th CAA gives a discretionary function to Municipalities on safeguarding the interest of weaker sections of society, including the handicapped and mentally challenged. From the GD sessions it was revealed that 4% of the child population comprises of special children. These children are compelled to attend normal school due to the absence of any special school in the Kurseong ULB jurisdiction. The normal school does not have any special educators and due to social stigma most of these children do not avail any form of education.*

Though SSA stresses on inclusive education of such children in normal school, but these schools have no provision of trained, registered special educators. As per Rehabilitation Council of India, without a proper arrangement of special educators, no school/rehabilitation institute should enroll special children. A special educator can be a teacher, but a teacher can not be a special educator

SSA offers the following provisions to Children with Special Needs (CWSN)

- Upto Rs.1200/- per child for integration of disabled children, as per specific proposal, per year
- District plan for children with special needs will be formulated within the Rs.1200 per child norm
- Involvement of resource institutions to be encouraged.

SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, SSA has adopted a zero rejection policy. This means that no child having special needs should be deprived of the right to education. This has also been strengthened by the 86th Amendment to the Constitution, which makes Elementary Education a fundamental right of every child. The SSA framework, in line with the Persons With Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995 mentions that a child with special needs should be taught in an environment, which is best, suited to his/her learning needs.

Crèche Facilities

At present there is no crèche facility available from ULB level or CDS level for the children of working mother from BPL families and marginalized sections.

The suggestions and target areas/target groups are summarized in tabular format for better understanding. The table in the next page will give an insight of service provision and utilisation and identifying possible demand-supply gap.

Functions of the Ward education Committee:

The functions of the Committee are as follows:

- Assessment of the educational requirements of the ward.
- Mobilization for enrolment and prevent dropouts of children.
- Distribution of Text Books and other incentives, etc.
- Development of School infrastructure (Post Literacy Programme).
- Supervision of the Mid-Day Meal Programme

Functions of the Parent Teacher Committee:

- To arrange and support school functions so as to assist the school in raising funds that is used for the improvement of the school and its facilities.
- With the reduction of money flowing from the Education Department to schools, the function of the PTA is becoming a more important if not critical support role for the school.

Table No. PEIP 8: Reasons for prioritization – sector wise and theme-wise

Theme 1 (Primary and pre primary)			
Sectors	Suggestions	Targeted Areas/Groups	Reasons for Prioritization
Administration of pre primary and primary schools	<ul style="list-style-type: none"> • Provision of separate toilet for boys and girls • Provision of clean drinking water • Constructing more class rooms • Provision of electricity in each schools • Providing free of cost school uniform, for the BPL groups and backward classes • Government aid from SSA • Provision of teaching aids • Play ground for students • Involving local community • Recruitment of staff to maintain the school assets • Recruiting teachers on the basis of class/grade • Mid-day meal should not become the prime activity and the responsibility should be with drawn from the Teachers and outsource to any reputed NGO/ CDS members • Recruitment of trained 	<ul style="list-style-type: none"> • Restricted authority of municipality in school administration • School Infrastructure • TLM (Teaching Learning Method) • Teachers • Teaching Quality • Teaching Curriculum • Books • Teaching aids • Students from BPL families • Teacher's training • School inspection system • Parents counseling • Students' performance appraisal • Outsourcing certain activities • Community ownership • Involvement of CDS in Mid-Day Meal • Corpus fund for deprived children 	<ul style="list-style-type: none"> • New role of ULB in promoting Education after 74th CAA and West Bengal Municipality Act,1993 • Good infrastructure is prerequisite for enrollment • Quality of teachers are main factor and motivator behind retention • Poorly designed Teaching and Learning Method (TLM) is the main reason behind drop-out • Community ownership and involvement will be helpful to preserve the asset and ensure proper monitoring • Involvement of parents will create a sense of ownership and quality education can become a priority for vulnerable population • Involvement of NGOs can ensure need based and target based intervention, and increase in community participation

Administration of pre primary and primary schools	<p>teachers</p> <ul style="list-style-type: none"> • Conducting regular parents teacher meeting • Making teaching and learning method (TLM) more joy full • Using audio-visual aids as teaching medium • Provision of teaching stipend for the children from backward and marginalized groups, and families associated with unskilled jobs. It can start from Class III and for secondary schools • For primary schools, all the books should be given free of cost and at the beginning of each academic year • Initiating computer classes for the students of Class IV • Efficient and skill full teachers must be awarded • Introducing weekly examinations • Make NCERT books available, and along with main books, reference books need to be accessible • Uniformity in syllabus of Government and private schools, examination 		
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Administration of pre primary and primary schools	<p>system and books</p> <ul style="list-style-type: none"> • Organizing monthly meeting between sub-inspector of schools and municipality and taking required actions as per the School Inspection Report One copy of the report of Inspection must be shared with Municipality • There is overlapping of responsibilities. Therefore a proper mechanism/MIS need to be placed starting from District to ULB level • As per the functioning School Management Committee for the schools under West Bengal Board of Secondary Education, there should be such committees for the Government primary Schools • Contingency fund needs to be increased • There should be an instruction and system in place, where, before starting of each academic year all the schools under municipality should submit a status report to the municipality 		
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Administration of pre primary and primary schools	<ul style="list-style-type: none"> • One medical check-up camp in each year for each school need to be organized, and each student can be provided with a health card. For major ailments, a provision can be made for free treatment at Government Hospitals for the primary school children • Allotted monthly fund for fuel under mid-day meal needs to be increased and provision of cooking gas should be in place • Creation of a corpus fund at ULB level from SSA programme to meet the educational expenses for the deprived children from Class V-Class VIII. Municipality can open a separate bank account for that and also raise money from local business groups and other well-to-do communities 		
Performance of schools	<ul style="list-style-type: none"> • A vulnerability study needs to be carried out for the families of drop-out children, and immediate steps need to be taken to enroll the children further 	<ul style="list-style-type: none"> • TLM • Teachers • Teaching Quality • Teaching Curriculum • Books • Teaching aids 	<ul style="list-style-type: none"> • Quality of teachers are main factor and motivator behind retention • Poorly designed Teaching and Learning Method (TLM) is the main reason behind drop-out • First generation learners are most

Performance of schools	<p>in the school</p> <ul style="list-style-type: none"> • More stress need to be given on practical education and audio-visual aids can be used for that • For the parents of first generation learners, orientation workshops should be conducted by the school teachers frequently • In special occasions home visits can be a good strategy for the children at risk • Psychological assessment of each children can be good strategy to understand their mental age, and recruitment should be done on the basis of mental age, not biological age • For better retention and enrollment teachers can conduct coaching support after school hours for needy children and run bridge courses to enroll the drop-out children specific to their age and mental ability • Educated youth and club members can form an Educational Brigade who will work in close 	<ul style="list-style-type: none"> • First generation learners • Non-school children • Drop-outs • Ward Education Committee • Child Tracking Team • Open spaces • Class examinations • Enrollment • Attendance • Retention • Parents involvement • Home visits • Coaching support • Bridge courses • Involvement of NGOs • Extra-curricular activities • Psychological assessment 	<p>vulnerable to drop-out</p> <ul style="list-style-type: none"> • Enrollment and retention should be intervened simultaneously, that is why bridge courses, coaching support, child tracking team, home visits, examination, etc. • TLM should be child specific. That is why psychological assessment • Involvement of NGOs can ensure need based and target based intervention, and increase in community participation
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	<p>collaboration with ward education committees. They will be acting as a child tracking team to track the non-school going children</p> <ul style="list-style-type: none"> • Educational NGOs can be involved with the schools to improve the quality of education and making the school environment more attractive to the children • More open spaces need to be created in the school premises • A special awareness drive on education should be in place in each school catchments areas, with a proper school signboard • Beside occasional teachers training, motivational training workshops need to be organized for the teachers. It will help the teacher to look beyond the day-to-day teaching affair, and creating the school more like a community school and better presentation of school environment in front of the guardians • Immediate introduction of 		
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Performance of schools	<p>primary final examination and admission to the secondary schools through final certificate</p> <ul style="list-style-type: none"> • Printing of examination questions, instead of present practice of writing it on the blackboard as it is time consuming, often confusing to the children and parents remain unaware • Introducing new classes like drawing, general knowledge, environmental studies • Recruiting a cultural and creative agency for each schools to augment the mental growth of children • Need of an experienced physical trainer • Taking mother's of each children in confidence and aware them with present education system and method • Keeping a close look on attendance register and stressing more on regular attendance. In case of irregularities of attendance sitting with parents and home visits are required. 		
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	<p>Special prizes for the students for higher percentage of attendance can be introduced</p> <ul style="list-style-type: none"> • Young teachers' from B.Ed and basics training should be encouraged to undergo their practical teaching from these primary schools. A system needs to be introduced • Ward Education Committee needs to be strengthened on preparing and updating child register every year. CDS and NHG members should also be involved with this practice. A reputed NGO can be hired for offering the training. 		
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Theme 2			
Non formal education and adult education			
Sectors	Suggestions	Targeted Areas/Groups	Reasons for Prioritisation
Set up of Non formal education	<p><u>NCLP</u></p> <ul style="list-style-type: none"> • Making arrangements to encourage the initiation of the scheme in the Kurseong municipality • Survey of the potential working children mass to be included in the NCLP programme should be conducted • Recruitment of teachers and non-teaching staffs • Initiatives should be taken to encourage the active involvement of NGOs in running NCLPs and other Non Formal Education Centres through Grant in aid scheme. • NGOs can be encouraged to run night schools for the children engaged with day time work • Provision for open space should be made for this type of schools • For nutritional support scheme, provision should be made for monetary incentive to attract the working children • Monthly stipend should be given to the students • Special economic up liftment initiative should be taken for the family of such children. This can be linked with poverty alleviation programme 	<ul style="list-style-type: none"> • Scheme approval • Survey of working children/child labours in the municipal area • TLM • Outreach • NGO involvement and outreach • Teaching aids • Night schools • Present stipend structure • Infrastructure • Skill training • Families of Child Labourers 	<ul style="list-style-type: none"> • There is no provision to include the child workers of the Kurseong municipality in educational facility, prompt initiatives should be taken to start the NCLP scheme in the ULB • Skill training will make the target children skilled labour in future and it will increase their bargaining skill in labour market • Functional literacy on life skills is essential for mental growth of such children as daily living is challenging • Good TLM can increase the motivation of child labourers to class room based education and children from young age can be bridged into formal schools • Night schools will extend the outreach in terms of number and it will also help to reduce the conflict between teacher and employer over school hours • Involvement of NGOs can ensure more active participation from employer <p>Economic up liftment of families of child labourers will reduce the occurrence of child labour</p>

	<ul style="list-style-type: none"> • Provision of skill training should be made 		
Administration, management and performance of Adult Education Programme	<ul style="list-style-type: none"> • Arrangement of separate room • Provision of toilet for females • Provision of electricity of proper lighting • Visibility through sign board • To increase the awareness of ward education committee and CEC committee members on continuing education conducting occasional awareness camps at ULB level • Disseminating proper information to CEC and Ward Education members on responsibilities and nature of duties • ULB level awareness on CECs • Establishing a mini library and CEC and its awareness • CECs can be utilized as a contact point to share different information at ULB level and general population should be encouraged to visit those centers • These CECs can act as Mini Information Centre to provide information like ULB services, population, infrastructure, schemes, etc • The instructors, motivators engaged with CEC are low paid and the payment is also very irregular. Being an one year project in each cycle they are being paid for only 12 months. However, it is taking more 	<ul style="list-style-type: none"> • Infrastructure • Awareness generation • Community involvement and ownership • Diversification of CECs • Salary structure of teachers and volunteers • Managerial skill of Ward education Committee and Continuing Education Committee • Vocational training • Monitoring from ULB level 	

	<p>than one year to complete one cycle and the delay of project cycle is not under their control</p> <ul style="list-style-type: none">• Vocational trainings can be organized with the members associated with CEC• Cultural groups can be formed with the members associated with CEC• A fixed schedule should be placed at ULB level to discuss about Continuing Education separately in every month		
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Table No. PEIP 9: Other suggestive actions for Child Labourers and disabled children

Child Labour	Develop linkage with Sub Divisional Officer (SDO) for National Child Labour Project	Contact SDO
		Programme planning by SDO & the appointed NGO in consultation with ULB
	Involve CDS in implementing the programme	Linking NGO with CDS structure
	Keep monitoring the programme through UPE section	Prepare monitoring frame work for ULB involving CDS
Disability	Identification of Disabled people	Conduct Disability Survey
		Analyze The Data
		Categorization of Disabled people
	Identification of Funding Agency	Contact with Disability Commission
		Use the reservation quota of SJSRY, PMRY etc livelihood programmes
	Preparation of Action Plan for addressing the problem	Programme administration by UPE Section
		Programme implementation by CDS
		Engage health worker in the programme
		Capacity building of health workers on Community based rehabilitation of disabled person
		Technical guidance from Disability Commission & Locally Available Disable School
		Arranging Disability certification camp
		Awareness camp
		Programme intervention Planning
		Improving income of most vulnerably affected person's family by involving the able members in locally available income generation activities
		For other section- involve them in locally available income generation activities.

Chapter 3: Project Proposals & Prioritisation

Keeping in line with the overall Municipal Vision and the proposed Development objectives, the following project proposals have been identified:

PROJECTS

- √ Construction of new schools at different ward of ULB
- √ Renovation of existing school buildings, Infrastructure/ Basic Services & Operation and Maintenance Improvement of Existing Primary Schools.
- √ Extensive awareness campaign to promote literacy and popularize municipal schools
- √ Creation of a text book bank for class I-IV
- √ Regularizing mid- day meal. Outsourcing to CDS members
- √ Special initiative for drop outs.
- √ Special education camps at convenient time according to needs
- √ Recruitment of teachers and training provisions.
- √ Provision for safe and clean drinking water facility in each and every school
- √ Periodic Medical check-up (for Primary Students)
- √ Dry food for morning schools at Rs. 5/- per day per head
- √ Construction of separate toilets for girl students and boy students
- √ Making provisions for playground at schools with available space
- √ Provision to purchase and replace the furniture (desks, chairs, blackboards etc.)
- √ Provision of special classes and coaching facility to poor students
- √ Regularization of BPL Education fund – stipend @ Rs. 50/month
- √ A monitoring committee on education to be set up with renowned citizens, teachers and public representatives.
- √ Provision of a special school for children
- √ Initiatives for construction of kitchen sheds for mid day meal in the schools
- √ Initiatives for non formal education for the illiterate SJSRY members
- √ Introduction of Student Scholarship Programme for SC, ST, OBC and Backward Class section of the ULB
- √ Initiatives to introduce NCLP in the ULB
- √ Introduction of scholarship programme for the SC/ST students in the ULB area

List of prioritised projects:

Priority Number	Projects
1.	Arrangement for safe and clean drinking water facility in 20 schools of Municipal Area
2.	Special initiative for drop outs
3.	Strengthening of the existing standing committee on education
4.	Provision to purchase and replace the furniture (desks, chairs, blackboards etc.) (Drop project)
5.	Renovation of existing two school buildings, Infrastructure/ Basic Services & Operation and Maintenance Improvement of Existing Primary Schools (Drop project).
6.	Facilitation ,Monitoring and supervision of NCLP projects (Drop project)
7.	Promotion and supervision of ICDS (Drop project)
8.	Formation and facilitation of SSK centres (Drop project)
9.	Mid day meal programme (Drop project)
10.	Setting up of Tutorial Centers for BPL/EWS/SC/ST (Drop project)
11.	Special Literacy Drive for Adult Education targeting 100% literacy (Drop project)
12.	Provision for a Special school for Children with Disabilities. (location not decided) (Drop project)

Prioritization Matrix:

Priority Number	Projects	Ongoing projects	Number of beneficiaries	Category of beneficiaries sp girl child special needs	Incentives to children, adult	Impact on the beneficiaries	Time requirement	Conformity with other plans	Impact on service delivery	Projects requiring usage of existing assets and up-gradation of assets and human resources	PPP in managing schools	Community participation	Round off
1	Arrangement for safe and clean drinking water facility in 20 schools of Municipal Area	3	3	3	3	3	3	3	3	3	3	3	33
2	Special initiative for drop outs	3	3	3	3	3	3	3	3	3	3	3	33
3	Strengthening of the existing standing committee on education	3	3	3	1	3	3	3	3	3	3	3	31
4	Provision to purchase and replace the furniture (desks, chairs, blackboards etc.) (Drop project)	3	2	3	3	2	3	3	3	3	3	2	30
5	Renovation of existing two school buildings, Infrastructure/ Basic Services & Operation and Maintenance Improvement of Existing Primary Schools (Drop project).	3	3	3	1	3	2	3	3	3	3	3	30
6	Facilitation ,Monitoring and supervision of NCLP projects (Drop project)	3	3	3	1	2	2	3	3	3	3	3	29

Priority Number	Projects	Ongoing projects	Number of beneficiaries	Category of beneficiaries sp girl child special needs	Incentives to children, adult	Impact on the beneficiaries	Time requirement	Conformity with other plans	Impact on service delivery	Projects requiring usage of existing assets and up-gradation of assets and human resources	PPP in managing schools	Community participation	Round off
7	Promotion and supervision of ICDS (Drop project)	3	3	2	2	2	3	3	2	3	3	3	29
8	Formation and facilitation of SSK centres (Drop project)	3	3	2	2	2	2	3	2	3	3	3	28
9	Mid day meal programme (Drop project)	2	2	1	2	3	2	2	2	3	2	2	23
10	Setting up of Tutorial Centers for BPL/EWS/SC/ST (Drop project)	2	2	1	2	2	2	2	1	2	3	2	21
11	Special Literacy Drive for Adult Education targeting 100% literacy (Drop project)	2	2	2	1	2	2	2	1	3	2	2	21
12	Provision for a Special school for Children with Disabilities. (location not decided) (Drop project)	2	2	1	2	2	2	2	1	2	3	1	20

Primary Education Improvement Plan:

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
1	Arrangement for safe and clean drinking water facility in 20 schools of Municipal Area	Theme 1 – Primary and pre primary schools	Apr-10	Mar-13	-	-	5.00	MF
2	Special initiative for drop outs	Theme 1 – Primary and pre primary schools	Apr-08	Mar-11	-	-	2.05	MF
3	Strengthening of the existing standing committee on education	Theme 2: Non formal education and adult education.	Apr-12	Mar-13	-	-	0.25	MF

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
4	Provision to purchase and replace the furniture (desks, chairs, blackboards etc.)	Theme 1 – Primary and pre primary schools	Apr-08	Mar-13	20.00	-	-	SSA
5	Renovation of existing two school buildings, Infrastructure/ Basic Services & Operation and Maintenance Improvement of Existing Primary Schools	Theme 2: Targeted Infrastructure and Basic Services	Apr-08	Mar-13	25.00	-	-	SSA
6	Facilitation , Monitoring and supervision of NCLP projects	Theme 1 – Primary and pre primary schools	Apr-08	Mar-13	-	-	-	NCLP
7	Promotion and supervision of ICDS	Theme 1 – Primary and pre primary schools	Apr-08	Mar-13	-	-	-	ICDS
8	Formation and facilitation of SSK centres	Theme 1 – Primary and pre primary schools	Apr-08	Mar-13	9.56	-	-	SSA - DLB

Sl. No.	Project Title	Theme	Date		Project Cost			Fund Name
			Start	End	TCR	ARE	ISF	
9	Mid day meal programme	Theme 1 – Primary and pre primary schools	Apr-08	Mar-13	-	-	-	SSA
10	Setting up of Tutorial Centers for BPL/EWS/SC/ST	Theme 2: Non formal education and adult education.	Apr-08	Mar-13	-	-	-	MF
11	Special Literacy Drive for Adult Education targeting 100% literacy	Theme 2: Non formal education and adult education.	Apr-08	Mar-13	-	-	-	MASS EDU. DEPT
12	Provision for Educational facilities for Special Children with Disabilities.	Theme 1 – Primary and pre primary schools	Apr-08	Mar-13	-	-	-	SSA