



URBAN HEALTH CENTRE CHETLA

19B, Chetla Hat Road, Kolkata – 27

**ALL INDIA INSTITUTE OF HYGIENE AND PUBLIC
HEALTH**

110, CHITTARANJAN AVENUE, KOLKATA-73.



URBAN HEALTH CENTRE, CHETLA

Brief Description

The Urban Health Centre, Chetla is one of the subordinate units of All India Institute of Hygiene & Public Health, Kolkata. The centre established in 1955, is the oldest of its kind in South East Asia. At present, the centre provides field-based learning opportunity and quality teaching / training, not only to the public health students of the Institute but also from other health institutions of India and abroad. Further, it provides opportunity for newer areas of research and innovation in the field of community health. In addition, the centre offers best possible service to the community of the service area, mostly the slum dwellers, both in the clinical setting and also the out-reach services. The primary aim remains making community empowered and healthy through organised team effort of all units of the centre. Various National Programmes are also implemented in the area, as per changing Government of India guidelines.

FEATURES OF UHC, CHETLA CAMPUS :

- AREA : 0.5 SQ. KM
- LOCATION : South Calcutta at 19B ,Chetla Hat Road,Kolkata-27
- BUILDING: One three storied building with 35 rooms houses 08 functional units, administrative office, rooms for officials, pharmacy counter, 01 minor OT, 01 injection room, 01 committee room, 02 class rooms cum auditorium, 01 community cum recreation hall & one two storied annex building , canteen, garages etc.
- RESIDENTIAL QUARTERS : 24 Staff quarters
- STAFF CANTEEN : Type D canteen
- PUBLIC HEALTH LABORATORY: It undertakes investigations like routine blood & urine, sugar, lipid profile, widal, VDRL, ASO titre, pregnancy test, MP, AFB etc.

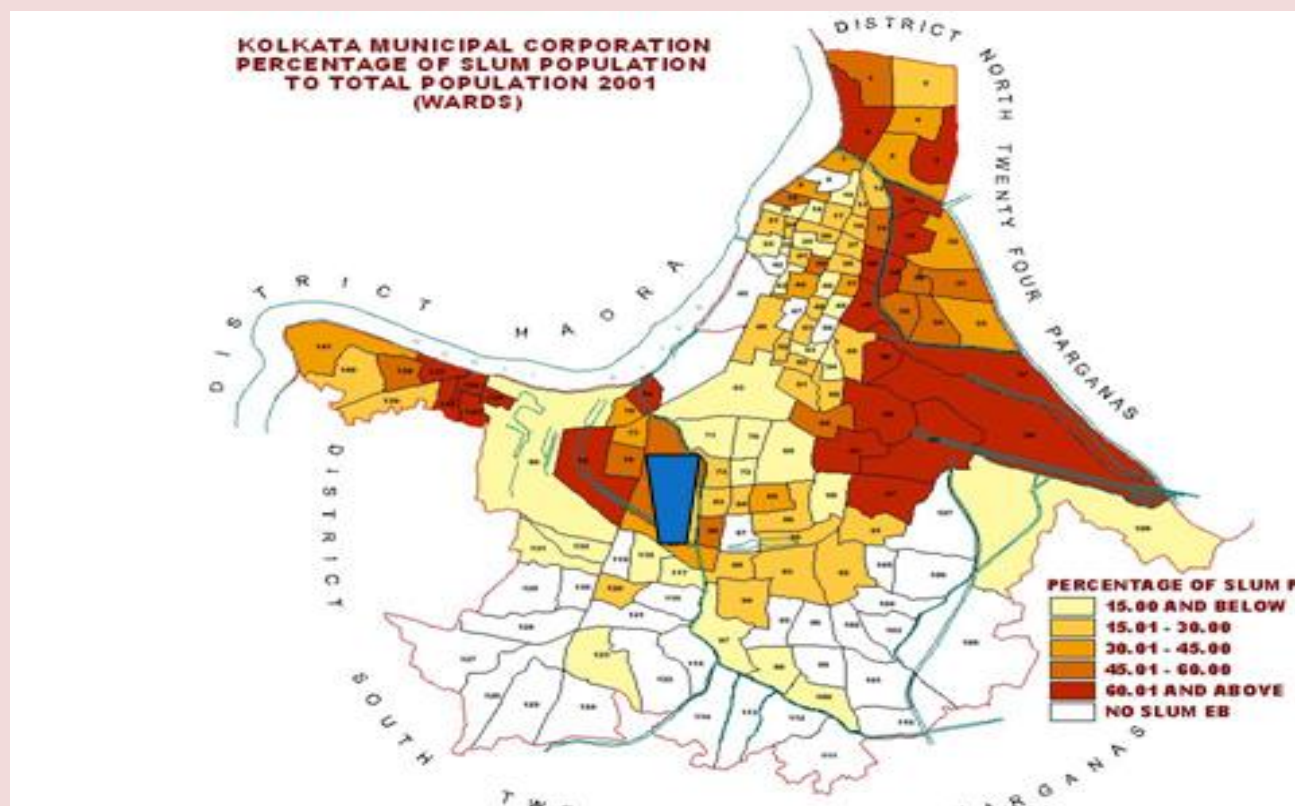


Campus of Urban Health Centre, Chetla

19B, Chetla Hat Road, Kolkata – 27

FEATURES OF SERVICE AREA :

- AREA : 3.9 sq. kilometer & is distributed in Ward No.82 (total), 74(major portion), 81(minor portion) under Borough IX of KMC
- DEMOGRAPHY: Estimated total population of the service area is 1, 02,045 (estimated as per census 2011) out of which Slum population is 36,190 (2012-13) which equals to 35.4% of total population. Total number of families residing in slums is 9,601 (2012-13)
- OTHER STAKEHOLDERS : No of KMC Dispensary is 2 , No. of NGOs working is 09 ,Total No. of School s (Primary, Secondary, Higher Secondary) is 46 , No. of ICDS Centers is 22 , No of garages and work places(Food prepares & tailors etc) is 42.



The blue area roughly denotes the location (not the exact extent) of the field.

Vision of UHC

- To be a centre of excellence for field training in urban area, field based research and learning in all aspects of public health.
- To be an ideal urban health centre for health promotion and prevention oriented primary health care services.

Mission

- To develop competent work force for Public Health through teaching, training and research.
- To endeavor for capacity development, knowledge dissemination and community involvement taking the appropriate technology for solution.
- To develop a model centre for comprehensive health care services to community ensuring regular outreach services to the slum dwellers.

Objectives

- Quality field-based teaching, training & research
- Comprehensive health Care to community

ACTIVITIES UNDERTAKEN TO REACH THE OBJECTIVES

- ☐ Quality teaching , training & research
- ☐ Applying scientific methods for situation specific strategic planning
- ☐ Improvement of existing infrastructures with modern teaching facilities of the health centre through CPWD & Head-quarters
- ☐ Filling up the vacant posts of different categories through Head-quarters
- ☐ Need-based quality comprehensive health care to the community
- ☐ Strengthen Environmental Health of the community with the help of local government & NGOs

- ❑ Awareness programme for community for existing facilities of centre. Health education & health check-up for the students of local schools, counselling for adolescents
- ❑ Intersectoral coordination
- ❑ Proactive involvement of the community in planning ,programming & implementation

Contribution of the Urban Health Centre

- The Urban Health Centre, Chetla has provided the “Unique Urban Practice Field” of slum population, in the unique metropolitan set up, where students of public health including doctors, nurses and other students like M.Sc (Nutrition), Dip-diet have learnt the principles and practice of public health. Many of them are working as middle and senior level manager in the health system
- Many theses, desertion and epidemiological studies related with health problems and issues of slums have been undertaken in the practice field which has helped not only the students but has helped in empowering the community in effectively coping with the problems.
- The centre, by providing effective health care, over the years, has contributed significantly in reduction in communicable diseases specially malaria over the recent years.
- It provides all the eight components of primary health care to the population residing in the slum community. Tailor made interventions are planned and executed accordingly.
- The center has also been monitoring health and nutritional status of workers of about 41 garages, 42 schools as well as mother and children residing in the area.
- Recently NCD and risk factor survey and screening has been done in the slum population of the area, which has played big role not in highlighting the problems of non-communicable diseases like diabetes, hypertension, alcohol and tobacco use among the slum dwellers. These illnesses and abuses have understood to be an epidemic in nature. Drive and campaign mostly health educational in nature are being organized to generate awareness.
- The centre has played role in bringing down the birth rate, increasing couple protection rate among population and higher immunization coverage among the mothers & children.

Manpower Position in Urban Health Centre , Chetla

[As on 30.09.2014]

Category	No. Sanctioned	No. in Position	Vacant or posted elsewhere (%)
Group 'A' (PHSs/Microbiologist/ GDMOs/AE etc.)	16	06	10 (62.5%)
Group 'C' (Nurse/PHN/HA/HW/SW/Clerk etc.)	72	41	31 (43%)
MTS	51	30	21 (41.2%)
Total	139	77	62 (44.6%)

UHC Officers

Sl.No	Name	Designation	Educational Qualification	Subject/Area of expertise with email & contact no.
1	Dr. Sudarsan Mandal	Additional Director Officer- in Charge	MD(SPM)	Public Health ,Demography& Family Planning, Mental Health sudarsannrs.1962@gmail.com 9433058819
2.	Dr. Nilanjan Chattopadhyay	CMO(NFSG)	MBBS,DGO	Gynecology & Obstetrics nilanjan.chattopadhyay@gmail.com 9830150264

Sl.No	Name	Designation	Educational Qualification	Subject/Area of expertise with email & contact no.
3.	Dr. Aparna Pandey	Public Health Specialist (Grade I) Assistant Professor (equated)	MD,DCH, MPH	Public Health, Epidemiology draparna07@gmail.com 9331662007
4.	Dr. Sangeeta Kalsa	CMO	MBBS	Tuberculosis drkalsasangeeta@yahoo.in 9830242502
5.	Dr. Sudha Rao	CMO	MBBS, FCGP	School Health, Health Education dr.raosudha@gmail.com 9007220553
6	Dr Sanjib Das	M.O	MBBS,DCH	Child Health 8981480107

Activities carried out in recent past including regular activities

A) TEACHING & TRAINING

Teaching & Training to graduate and post graduate students of Public Health (both doctors and nurses) to generate **skilled public health manpower**. There are training facilities for:

MD (CM): Students of MD (CM) are posted at UHC for their rotational training from 2nd year onwards. Here, they perform field based activities under the guidance of specialists/faculties. Each year about 10 MD (CM) students get their practical field oriented training from this Health centre.

Core course: Consisting of **Post Graduate Degree and diploma** students of MD (CM), D.P.H. & D.M.C.W. They undertake family diagnosis and family care programme. They try to understand the role of social determinants in causation of health problems and risk factors. They also devise best suited family treatment(s), implement and evaluate the interventions under the guidance of specialists/ faculties. About 50- 70 core course students each year get their practical field oriented training from this Health Centre.

DHE: Students are placed at UHC Chetla for about 8 weeks and carry out some HE project and intervention (s). During their placement they are trained for communication skills, interviewing, role play, organization of group meetings etc.

Nursing training courses: The nursing students of different Nursing courses like GNM, DNEA (CH) and Public health nursing students of both B.Sc and M.Sc courses get field oriented nursing training of various duration from this health centre. Their training programme including the learning objectives, core competencies, teaching learning methods, family schedules and other tools as well as the evaluation mechanism has been revised as per revised Blooms' taxonomy.

M.Sc (Nutrition) & Dip-diet students from the Department of Bio-chemistry & Nutrition also get trained here.

University Examinations; The University Practical examinations for the courses viz. M.D.(CM), DPH, DMCW, M.Sc.(Nursing) B.Sc.(H) Nursing etc. are conducted at this Centre.

Other Medical courses: MBBS, BHMS (Homeopathy) students are placed for short period for orientation about Public health.

Students from outside Universities and abroad are also placed at UHC, Chetla from time to time for different teaching assignments.

B) RESEARCH ACTIVITIES

Need based public health investigations and research. This Centre provides opportunity to carry out research studies by the students as a part of their teaching curriculum. The centre enables the students to undertake **need based public health investigations and research. Examples:**

- ❖ MPH Dissertation
- ❖ MD Dissertation
- ❖ Operational and health system research
- ❖ BRFSS (Behavioral Risk Factor Surveillance Study) to study trends and suggest/undertake timely interventions.
- ❖ Other Post Graduate Medical & Graduate/ Post Graduate Nursing students also carry out different community oriented research projects time to time

Short Epidemiological studies: Cross sectional observational studies by MD students on

- NCD & risk factors assessment in UHC community: done in 7 clusters by MD students.
- Evaluation of Mother and Child tracking system of UHC.
- Evaluation of structure and functioning of ICDS centre of the area.
- Morbidity pattern among Garage workers.

RESEARCH ACTIVITIES IN 2013-14 IN A NUTSHELL

- ❑ MD Dissertation : 01
- ❑ MPH Dissertation : 03

- ❑ Short Epidemiological studies on relevant issues done by students : 12
- ❑ Workshop on development of capacity on health system research : 01
- ❑ One original article “An assessment of nutritional status of children aged 0-14 yrs in a slum area of Kolkata” was published in indexed journal
- ❑ Research proposal submitted : 01
- ❑ National conference attended By UHC officers : 04 including 01 paper presentation

C) SERVICE TO THE COMMUNITY

Health Care and Community Services.

The centre also provides **comprehensive Health care**, free of cost, without any discrimination to the population, residing in the area, mostly poor slum dwellers of the practice field. This is done both in the community by undertaking field visits, outreach sessions as well as in the OPD clinic of the UHC. The service includes the entire essential components of **Primary health Care**. Average yearly OPD patient attendance is 20,000-25000.

I. Community Level Service:

- ❑ Community Outreach Service: It provides preventive and promotive health care services at the household level through regular visits and outreach sessions.
- ❑ Awareness Programme for the existing services
- ❑ Community engagement for strengthening preventive and promotive aspects

II. Primary Health Care:

- ❑ Strengthened existing Public Health Care Facility for extending services to unserved areas of slum population

III. Referral service:

- ❑ Patients are suitably referred to Secondary/Tertiary care providers

D) SPECIAL SERVICES IN NATIONAL EMERGENCIES

Available public health expertise is used not only in containment of outbreaks in the area but also provide support to Government of India in **investigation and control of epidemics in various types of disasters** all over the country. In the recent past, UHC officers were posted for EMR duty at various places (Mayurbhanj, Khurda District of Orissa/Dhubri District, Assam/Udamsingh Nagar, Uttarkashi, Hardwar, and Dehradun Districts of Uttarakhand) in India.

E) NEW INITIATIVES BY UHC

a) Remapping & Resurvey of Practice field:

Over the years, field practice area has gone remarkable transition in geography and socio-demographic structure including orientation of slum colonies. Thereby area & map is redefined and revised.

Changing socio-demographic profile of the UHC practice field also necessitated resurvey of the area. This was undertaken during 2012-13, with the involvement of 81 Diploma in

public health 2nd year students of AIHH & PH. The survey has given revised denominator which will help more precise calculation of rates, ratio and health indicators.

Out of 1.02 lakh population residing in the UHC practice field, computerized data bank has been generated for of 9601 slum families (population for intensified activities), having 36190 individuals (18665 males and 17525 females).

b) Revision of Family Care Programme of post graduate students of the institute:

Family Care programme is one of the core programme organized by UHC. The programme enables the public health students to acquire the skills of family diagnosis and family management with involvement of the family within the existing resources. During the programme the students learn to assess the health care needs of individuals of all ages and in all phases of family life cycle focusing family as a unit. The schedule of Family Care Programme has been thoroughly revised in 2014. Earlier the programme was of 6 weeks duration but now the students are instructed to take care of the allotted families for one year period under a facilitator from the UHC /Institute. Mid-term and terminal evaluation will be done.

c) Initiation of Community based Comprehensive surveillance and response: This includes not only the diseases under IDSP and non communicable diseases and risk factors, but also behavioral risk factors. After identification of prevalent good and adverse behavioral practices, health workers will be trained to undertake awareness programme on behavioral modification practices.

d) Establishment of Central Registration System for cases attending OPD of UHC. This is mainly for improvement of quality of Care for OPD cases. Keeping in view the client convenience, the collection centre of public health laboratory has been shifted to ground floor.

e) Formation of UHC Welfare committee with the involvement of stakeholders from the community: Fourteen members' committee including seven members from local community is formed. This helps in joint decision making on various issues related to the community.

f) Preparation and display of Citizen Charter in local language was done at UHC.

F) NETWORKING AND COORDINATION:

UHC, Chetla maintain networking & coordination with other stake holders mainly for optimum utilization of available resources for improvement of health status of community members. These stakeholders include community leaders, Kolkata Municipal Corporation and the various NGOs.

G) WORKSHOP/ CONFERENCE/TRAINING PROGRAMME & PAPER PRESENTATION BY THE UHC OFFICIALS:

- National & International Conferences were attended by the Additional Director, Consultant (Public Health) & Public Health Specialists of this health centre including a paper titled "Prevalence and correlates of hypertension among person aged ≥ 15 years in a slum of Kolkata, 2012" was presented by Dr. A. Pandey, Public Health Specialists (Gr.-I).

- IAP National conference was attended by one Medical officer.
- One Public Health specialist attended workshop on Development capacity for Health System Research” “during 11-16th March 2013 held in Kolkata organised by NIHFW, New Delhi.
- Additional Director recently participated in one training programme in September, 2014 on ‘Academic Administration & Research Management’ at Administrative Staff College of India (ASCI), Hyderabad.

H) TRAINING PROGRAMME ORGANISED IN 2013-14 :

In the year 2013-14, apart from monthly Continuing Medical Education programme, the UHC undertook following public health training programmes:

1. Two session training on Drug Inventory Management.
2. Short Course training programme on ‘Child Development’ on 21st-23rd February’13 for MOs & faculties.
3. IDSP Training for Medical officers and PG students of the UHC (for generation of P and L forms) ; 22-24 May, 2013
4. Training on Breast feeding practice on World Breast feeding Week 1-7 August, 2013
5. Celebration of ‘Nutrition Week’ in September 2013 by arranging training programme on Nutrition
6. SOP on immunization for health workers and PHNs: One day training in August, 2013.
7. Training on Comprehensive field based surveillance and Response (including IDSP diseases) in January, 2014 : Two sessions
8. Cold Chain maintenance in February 2014 : One session
9. Celebration of Breast Feeding week by organizing training programme on breast feeding for the expectant & lactating mothers in August,2014
10. Awareness programme on Vector Borne Diseases (Malaria, JE, Dengue & Chikungunya) & Ebola infection for Para-medical staffs & community leaders in September,2014

SOME PHOTOS

