

**Report**

on

RCH-SUB-PROJECT

ASANSOL

[ In Prescribed Proforma ]

**SUDA**  
(Health Wing)  
29. 09. 2003



## WORLD BANK ASSISTED RCH-SUB PROJECTS

District / City : Burdwan / Asansol, West Bengal

Implementation Period : August, 1998 to March 31, 2004

Total Cost : Rs. 858.12 lakhs (Revised)  
PART - I

### Trends in key RCH-Sub Project Asansol indicators (figures in %)

Indicator	Baseline Survey (1998-99)	Annual Performance Report (2000-01) R-I	Annual Performance Report (2002-03) R-II	State Level Average	Difference between RII - RI	Difference between RII - Baseline	Difference between State Level - RII
Marriage below 18	44.2	33.3	19.8	*48.5	(-) 13.5	(-) 24.4	(+) 28.7
Birth order 3+	52.5	42.5	38.1	*36.4	(-) 4.4	(-) 14.4	(-) 1.7
Know all FP methods	44.5	77.3	91.1	**99.6	(+) 13.8	(+) 46.6	(+) 8.5
CPR any method	41.4	61.8	69.1	**66.6	(+) 7.3	(+) 27.7	(-) 2.5
Unmet need	Not done	-	-	**11.8	---	---	---
ANC	50.9	78.9	93.4	**90.0	(+) 14.5	(+) 42.5	(-) 3.4
Full ANC	43.8	73.1	90.0	**82.4	(+) 16.9	(+) 46.2	(-) 7.6
Institutional delivery	57.3	63.7	84.2	**40.1	(+) 20.5	(+) 26.9	(-) 44.1
Safe delivery	60.4	67.1	88.8	*52.8	(+) 21.7	(+) 28.4	(-) 36.0
Full vaccination	30.9	69.2	84.5	**43.8	(+) 15.3	(+) 53.6	(-) 40.7
No vaccination		Nil	Nil	**13.6	---	---	---
Awareness							
RT/STI/AIDS-Male	NA	17.5	39.5	*43.0	(+) 22.0	---	(+) 3.5
RT/STI/AIDS-Female	NA	28.1	42.9	**26.4	(+) 14.8	---	(-) 16.5

**SOURCE :** \* Rapid Household Survey under R.C.H. - Programme. (1998-99)  
\*\* National Family Health Survey (1998 - 99)



## WORLD BANK ASSISTED RCH-SUB PROJECTS

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PART - II

Implementation Period : August, 1998 to March 31, 2004

### Main strategies followed, project inputs, targets and achievements under the Sub-Projects.

Project Component	Main Strategies / Project Inputs	Targets / Activities Envisaged	Achievements	Reasons for shortfall	
<b>Expanding Service Delivery</b>	<b>Civil Works</b>				
		Construction of HAU (PHC)	13	13	NIL
		Construction of ESOPD cum Maternity Home (FRU)	2	2	NIL
Repairs / Renovation / Up gradation	Construction of Medical Store	1	1	NIL	
<b>Procurement</b>	-	-	-	-	
Equipment	Equipping FRU, PHC, Sub-Centres.	Procurement of equipments approved by GOI, after maintaining prescribed norms and placement of the same at different facilities.	List enclosed in Annexure - I	NIL	
Furniture	Do	Procurement of furniture approved by GOI, after maintaining prescribed norms and placement of the same at different facilities.	List enclosed in Annexure - II.	NIL	
Vehicles	Equipping FRU for strengthening referral services.	Procurement of vehicle (Ambulance) approved by GOI, after maintaining prescribed norms and placement of the same at FRU.	2	NIL	
Revolving funds for Mobility	-	-	-	-	

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## Human Resources

Staff at State Level	Project Co-ordinator - Secretary, Municipal Affairs Dept.	1	1	NIL
Staff at District / City Level	Adviser, Health Project Officer	1	1	NIL
	Finance Officer	1	1	
	MIES Officer	1	1	
	Clerk-cum-Typist	1	1	
	Project Director - ADM (G)	1	1	
	Mayor, Asansol Municipal Corp.	1	1	
	Councillor-in-Charge, Health, Asansol Municipal Corp.	1	1	
	Health Officer	1	1	
	Medical Supervisor	1	1	
	PHN Training	1	1	
	Accountant Assistant	1	1	
	Statistical Assistant	1	1	
Staff at Facility Level	<b>At Sub-Centre Level :</b>			NIL
	First Tier Supervisor	97	97	
	<b>At HAU (PHO) Level :</b>			
	MO (Part time)	26	26	
	Second Tier Supervisor	26	26	
	Clerk-cum-Storekeeper	13	13	
	<b>At O.P.D. cum M.H. (FRD) Level :</b>			
	MO	4	4	
	Nurse	6	6	
	Laboratory Technician	2	2	
Specialist Doctors (General Medicine, Paediatrics, Obs. Gyn)	6	6		



At Medical Store Level :			
Grass-root Level Workers	Store Keeper	1	1
Quality Improvement in Services	Honorary Health Worker	387	387
Training	<ul style="list-style-type: none"> <li>- Sensitisation of the Community / Local Leaders / Elected Representatives.</li> <li>- Orientation in the project activities through orientation workshop, experience sharing sessions and exchange visits.</li> <li>- Specific job orientation training to different health care providers like honorary health workers, first tier supervisors, MO, Nurse, technician, Accts. Personnel, store keeper , management staff etc.</li> </ul>	<ul style="list-style-type: none"> <li>- Organising orientation training</li> <li>- Training of the trainers</li> <li>- Specific job orientation training</li> <li>- Re-orientation on various health issues</li> <li>- Training on MIES</li> <li>- I.E.C. training</li> <li>- Need based training</li> <li>- Training on community participation</li> </ul>	Annexure - III
			NIL
			NIL



<p style="text-align: center;"><b>Drugs</b></p>	<ul style="list-style-type: none"> <li>• Treatment of minor ailments at door steps of primary stake holders by the grass root level worker towards prompt medical attention. Drugs are given only for 3 days. If not cured or intensity of suffering not reduced, the patients are referred to SC/ PHC /FRU.</li> <li>• Treatment provided at SC and PHC level by the Medical Professionals.</li> <li>• Wherever necessary the cases are sent to FRU for specialist advice and treatment.</li> <li>• Essential and Emergency Obstretic Care drugs &amp; RTI /STI Drugs are provided to deal with the essential and emergency obstretic cases as also RTI /STI cases</li> </ul>	<p>Apropos approved Drug schedule, procurement plan for SC, PHC &amp; FRU submitted to GOI. After getting approval, procurement done observing World Bank / GOI norms and placement of these procured drugs to different service centre.</p>	<p style="text-align: center;">Annexure - IV</p>
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**Increasing the Demand for RCH- / FW Services**

I.E.C.	To promote behavioural changes towards motivation and acceptance of health services.	Annexure - V	
NGOs Support	Involvement of local NGOs in the project activities to increase community participation and awareness generation and substantial support towards sustenance of the project in future.	Annexure - VI	
Innovative Schemes	<p>A) Hospital Waste Management-For effective and hygienic management of hospital waste to control cross infection as well as health and safety of patients , health workers, visitors and general public at large.</p> <p>B) School Health Services- Promotion of health of Primary School children , awareness through health education on personal hygiene , child to child health information dissemination , ultimate better impact of awareness generation at family level and community level at large.</p>	<p>A)-Construction of burial pits at FRU - Management of waste in scientific manner and integration with city net work for waste disposal</p> <p>B) Health check up of primary school children</p>	Annexure - VII



**Management Improvement**

<p>Management Structure</p>	<p>Effective Implementation, co-ordination, Supervision, Monitoring and Project Management at different tiers to achieve targets set out for the project.</p>	<p>In positioning of man-power for monitoring &amp; supervision at different tiers.</p>	<p>1 at State level and at Municipal level</p>	<p>NIL</p>
<p>MIS</p>	<p>For close circuit regular monitoring and supervision for maintaining quality services.</p>	<p>Development and application of MIS Formats at different levels. Regular data flow from grass root level through Sub centre, PHC and Management Cell at state level Cross checking and analysis of the data to identify gap / deficiency arena to acceptance of services for re-dressal.</p>	<p>Details are enclosed in Annexure - VIII</p>	<p>NIL</p>



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 Total Cost : 858.12 lakhs (Revised)  
**PART - III**

Implementation Period : August, 1998 to March 31, 2004

Components	(Rs. in lakhs)									
	Original Allocation	Revised approved allocation	Expenditure incurred upto 31.03.2003	Expenditure incurred till now (Upto July, 03)	Likely expenditure during the remaining period i.e. upto 3/2004.	Total Expenditure upto 3/2004	Likely Savings / additional expenditure from revised approved allocation	Reason for shortfall / excess expenditure	Remarks	
Civil Works	165.00	334.74	333.73	334.74	0.00	334.74	Nil			
<b>Other Non-recurring</b>										
Equipments	82.57	49.78	36.93	38.95	15.38	54.33	- 4.55	Higher bid cost received for USG Machine in the re-tender.		
Furniture	42.40	21.88	21.53	21.93	0.00	21.93	- 0.05	Negligible short fall of Rs. 0.05 lakhs.		
Vehicles	12.00	8.30	8.30	8.30	0.00	8.30	Nil		Two ambulances purchased for FRUs for strengthening referral services.	
Revolving funds for mobility										
I.E.C.	7.46	10.18	5.68	6.60	3.58	10.18	Nil			
Monitoring & Evaluation										
Consultancies										



Components	Original Allocation	Revised approved allocation	Expenditure incurred upto 31.03.2003	Expenditure incurred till now (Upto July, 03)	Likely expenditure during the remaining period i.e. upto 3/2004.	Total Expenditure upto 3/2004	Likely Savings / additional expenditure from revised approved allocation	Reason for shortfall / excess expenditure	Remarks
Innovative Schemes	41.91	9.91	1.85	1.88	8.03	9.91	Nil		Likely expenditure for hospital waste management and school health services are Rs. 4.02 and Rs. 4.01 lakhs respectively.
NGO Support and community participation	9.00	6.28	1.28	1.28	5.00	6.28	Nil		As there is no separate component for monitoring & evaluation, the likely expenditure for end line survey through deployment of NGO has been booked under serial no. 10. This is as per discussion in the review meeting on 01.09.2003 at New Delhi.
Other Non-recurring									



Components	Original Allocation	Revised approved allocation	Expenditure incurred upto 31.03.2003	Expenditure incurred till now (Upto July, 03)	Likely expenditure during the remaining period i.e. upto 3/2004.	Total Expenditure upto 3/2004	Likely Savings / additional expenditure from revised approved allocation	Reason for shortfall / excess expenditure	Remarks
<b>Recurring</b>									
Salaries, TA / DA & Honorarium	251.84	251.84	184.64	204.55	64.12	268.67	- 16.83	Service facilities under the project have been extended beyond previous closing period of Sept., 03 upto March, 04. Hence, the tenure of service providers at all levels had to be continued and their Salaries & Honorarium are to be paid till March, 2004. Moreover, for effective supervision & budget monitoring for TA, DA provision for TA, DA have been kept. This has caused shortfall of Rs. 16.83 lakhs.	
<b>Contractual Services</b>									
Drugs & Supplies	98.00	55.35	52.25	52.56	4.01	56.57	- 1.22	Due to unforeseen higher rates of some of the drugs.	



Components	Original Allocation	Revised approved allocation	Expenditure incurred upto 31.03.2003	Expenditure incurred till now (Upto July, 03)	Likely expenditure during the remaining period i.e. upto 3/2004.	Total Expenditure upto 3/2004	Likely Savings / additional expenditure from revised approved allocation	Reason for shortfall / excess expenditure	Remarks
Rent									
Operating Cost	146.77	109.86	80.74	92.89	16.97	109.86	Nil		
<b>Total</b>	<b>856.95</b>	<b>858.12</b>	<b>726.93</b>	<b>763.68</b>	<b>117.09</b>	<b>880.77</b>	<b>- 22.65</b>		Under the circumstances explained, the budget of Rs. 880.77 may be allocated to cover up short fall of Rs. 22.65 lakhs. There is no scope for inter component revision to make up this short fall.



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## PART-IV

### A. Component -wise major factors / interventions / contributions which brought overall improvement in the RCH indicators :

#### Expanding Service Delivery :

- Development of practical and flexible strategies.
- Decentralisation of service delivery process starting from grass root i.e block level through PHC and FRU.
- HHWs who are drafted from the community itself visit every household at least twice a month, have become the first trusted contact person for health care service delivery at door step of the beneficiaries.
- Provision of well equipped required no. of health infrastructure in time.
- Provision of adequate no. of human resources at all levels.
- Active involvement and participation of elected representatives, local leaders and community at large.
- Involvement of NGOs / CBOs and Private Practitioners and Private Health Institutions.
- Positive logistic support from State Health Dept. towards linkage and referral services.
- Development of net work for effective supervision and monitoring at all levels.

#### Quality Improvement :

- Adequate basic training of all tiers of service -providers in their respective fields.
- Rendering practical training at Hospitals and different organizations.
- On the job training.
- Re-orientation training at regular intervals.
- Continuing Medical Education (CME) for Medicos.
- Training through exchange visits.
- Procurement of approved drugs after testing and supply to the service centers in adequate quantity.
- Frequent meeting and interactions of the managerial staff with the service providers and Community for review and suggestions for further improvement of quality of services.

#### Demand Generation :

- Effective motivation and health awareness of the community through I.E.C. strategies.
- Interpersonal communication with the community by the HHWs through their home visits in specific periodicity.
- Development of Peer Groups in the community.
- Participatory Need Assessment.
- Inter active sessions of the Service Providers with the community at regular intervals.



### Management Improvement :

- Decentralised Management Cell at State and ULB Level.
- Involvement of ADM at ULB as Project Director.
- Active involvement of Mayor and support from Elected representative.
- Engagement of experienced health management professionals and supporting staff at State level cell at SUDA.
- Detailment of suitable supervisory and monitoring staff at different tiers of health facilities.
- Development of suitable of MIES Format for data collection on performance on various set parameters starting from grass-root level through sub-centre, PHC and FRUs. Analysis, field verification and collation of data.
- Development of suitable "flow mechanism" of the MIES for dissemination to all level for information and corrective action whenever necessary.

### B. Component-wise major problems faced during the implementation :

#### Expanding Service Delivery :

- **Civil Works :**
  - In the design plan, there was no provision of ramp for carrying delivery cases / complicated obstetrical cases in the trolley from the ground floor to the 1<sup>st</sup> floor.
  - Accommodation for the sub-centres under the project have been provided by the local clubs which are not infrastructurally complete. There should be some provision for minor repair / renovation to suit the purpose.
- **Staff at facility level :**
  - Initially there was some problem to get nurses to be engaged in the different facilities under the project.

#### Quality Improvement :

- **Training :**
  - No knowledge upgradation training / work shop / study tour was imparted to the management staff both at SUDA and ULB level by the World Bank / GOI.
- **Drugs :**
  - There is no provision of Paediatric preparation of drugs in the approved drug list. Since, it is a felt need of the community and the medical professionals engaged in the project - the issue may be thought for.

#### Demand Generation :

- No strong based NGO is available locally who could have rendered substantial assistance for sustenance of the project activities.

#### Management :

- RCH indicators were not clearly envisaged at the very initial phase as also during March of the project. As a result, some information could not be collected during base line survey and implementation period.



**C. Detailed comments / views on the following :**

**(i) Whether the sub-project objectives were clear & achievable in the given time frame :**

Objectives were clear.

Project work start phase by phase which usually take initial 2 - 3 years of the total project period after which all the services are consolidated. To get the palpable and sustainable impact, full services at least for five years are required beyond the initial 2 - 3 years.

**(ii) Whether the design of sub-project were inconsonance with the objectives envisaged :**

Yes.

**(iii) Whether the funds allocated under different components were sufficient :**

Funds allocated under different components were sufficient. But no fund has been allotted towards "Training" and "Monitoring & Evaluation". Separate fund may be allocated under the above mentioned 2 components.

**D. Main strengths / weakness of the project :**

**Main strengths :**

- Sustainability through community involvement.
- Community drafted female Honorary Health Workers (HHW) and First Tier Supervisors (FTS).
- Door step services by the Honorary Health Workers.
- Effective participation of elected representatives.
- Involvement of CBO's who have provided accommodation for sub-centre.
- Involvement local leaders of the community specially the Mother Leader who play active role in various awareness campaigns and I.E.C. activities.
- Decentralisation of services e.g. door step - sub-centre - PHC - FRU.
- Decentralisation of management & supervision cell at Asansol and SUDA level for better monitoring.
- Creation of Health Fund through regular community contribution at the rate of Rs. 2/- per family per month, user charges and mobilization of NSDP fund.
- Integration with existing different National Health Programmes for betterment of Maternal & Child Health.

**Weakness :**

- Inadequacy of available effective local NGOs.
- No scope for assessment of felt need of the community and provision of supportive health related infrastructural development like drinking water, solid waste, latrine, drainage etc.
- Lack of training opportunities for management staff.
- Pediatric preparation of drugs has not been included in the list for drug items for FRU.



**E. Suggestions to bring improvement in replication of similar project :**

- Community drafted grass-root level female Honorary Health Workers.
- Participatory need assessment, micro-planning to be done by the municipality.
- Creation of health fund at Municipal level through user charges at family level and other sources like services charges at O.P.D. cum M.H. and Diagnostic Centres, and Mobilisation of NSDP Fund.
- Consolidation of linkage with State Health Dept.
- Developing more Peer groups.
- Linkage and partnership with private and NGO sector.
- Active involvement of CBOs which actors solid platform.
- Accommodation provided by CBOs which are used as sub-centre may be provided with basic facilities like toilet, drinking water etc.

**F. Main areas where the projects had quality impact and also the areas where the impact was not up the desired level :**

**i) Reducing fertility among slum population.**

Indicator	<i>(Fig. in %)</i>	
	Base line 1998 -1999	Present Status 2002 - 2003
<b>Family planning practices :</b>		
Sterilisation	19.3	22.3
OCP	16.1	32.4

**ii) Improving Maternal and Child Health :**

Indicator	<i>(Fig. in %)</i>	
	Base line 2000 - 2001	Present Status 2002 - 2003
<b>Maternal Health :</b>		
Early Antenatal registration	38.4	75.2
Detected as high risk pregnancies	3.9	1.2
At least 3 Antenatal Check ups	43.8 (1998 - 1999)	91.5
TT Pregnant Women	51.8 (1998 - 1999)	92.7
Safe Delivery	67.1	88.8
Institutional Delivery	57.3 (1998 - 1999)	84.2



Indicator	Base line 2000 - 2001	(Fig. in %)
		Present Status 2002 - 2003
<b>Child Health (Under 5) :</b>		
Diarrhoea cases	23.6	13.5
Diarrhoea cases treated with ORS	65.3	88.8
ARI cases	32.4	11.9
ARI cases treated with co-trimoxazole	62.7	93.2
First dose of vit-A	77.8	91.6

iii) Demographic Indicators.

Indicator	Base line 1998 - 1999	Present Status 2002 - 2003
CBR (' 000 Population)	23.9	18.5
CDR (' 000 Population)	12.4	6.7
MMR (' 000 Live Births)	3.0	1.1
IMR (' 000 Live Births)	60.0	30.1
CPR (' 00 Eligible Couples)	41.4	69.1

iv) Immunisation Coverage.

Indicator	Base line 1998 - 1999	(Fig. in %)
		Present Status 2002 - 2003
BCG	42.6	93.6
DPT III	40.9	92.8
OPV III	41.9	92.8

MCHS

30.9

85.3



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### PART -V

**List of main achievements (component-wise) and their impact on the improvement in the services delivery and bringing the district / city RCH indicators closure to the corresponding State averages.**

Achievements (Component wise)	Impact on improving project RCH indicators closure to the corresponding State average			
	RCH Indicators	Project performance (2002 - 2003) (%)	State Level Average (%)	Improvement (State Average - Project Performance)
<ul style="list-style-type: none"> <li>• Construction of service facilities like 13-PHCs and 2-FRUs.</li> <li>• Establishment of 97 Sub-Centres - accommodation provided by CBOs.</li> <li>• Equipping the Sub-Centres, PHCs and FRUs with the necessary furniture, equipment procured as per approved list.</li> <li>• Timely procurement and supply of drugs to the health facilities.</li> <li>• Engagement of HHWs at grass-root level and the required staff at facility level.</li> <li>• Rendering suitable and effective training to HHWs and facility level staff.</li> <li>• Intensive I.E.C. activities.</li> <li>• Establishment of Management &amp; Supervision Cell at SUDA and Municipal Level.</li> <li>• Development of strong MIES.</li> </ul>	Institutional Delivery	84.2	40.1	- 44.1
	Full Vaccination	84.5	43.8	- 40.7
	Safe Delivery	88.8	52.8	- 36.0
	RTI / STI / AIDs - Female Awareness	42.9	26.4	- 16.5
	Full ANC	90.0	82.4	- 7.6
	ANC	93.4	90.0	- 3.4
	CPR any method	69.1	66.6	- 2.5
	Birth Order 3+	38.1	36.4	- 1.7



## RCH-Sub Project Asansol

## Procurement : Equipment for FRU

Sl. No.	Description of Goods / Works / Consultancy	Procurement Method	Total Qty.	Where supplied
1	2	3	4	5
1.	<b>Normal Delivery Set</b>	NS	4 Sets	FRU
	<b>SET - I</b>			
	Steel Basin - 1		4 nos.	
	Kidney Tray, IS 3992 - 1		4 nos.	
	Artery Forceps, IS 3645 - 2		8 nos.	
	Needle Holder (Mayo Heger), 180 mm, IS 7870 - 1		4 nos.	
	Sponge Holding Forceps, IS 7735 - 2		8 nos.	
	Cord Clamp - 2		8 nos.	
	Straight Big Artery Forceps IS 3645 - 2		8 nos.	
	<b>SET - II</b>			
	Dissecting Forceps(Tooth) IS 3643 - 1		4 nos.	
	Dissecting Forceps(Non-Tooth) IS 3643 - 1		4 nos.	
	Scissors(Mayo's) IS 9146 - 1		4 nos.	
	Scissor, Cord Cutting, IS 7117 - 1		4 nos.	
	Episiotomy Scissor IS 7103 - 1		4 nos.	
	Surgeon's (operation) Cap 36x46 cm - 2		8 nos.	
	Surgeon's Face Mask - 2		8 nos.	
	<b>SET - III</b>			
	Instrument able, Adjustable Type with Tray S/S - 1		4 nos.	
	Dressing Trolley Carriage 76cm long x 46cm wide and 84cm high, IS 4769 - 1		4 nos.	
	Towel, Trolley 84cmx54cm - 1		4 nos.	
	Operation Gown (cotton) - 1		4 nos.	
	Mactintosh Plastic - 2		8 nos.	
	Sterilising Drum (Cylindrical) 275mmx132mm, IS 3831 - 2		8 nos.	
	Gloves Surgeon Latex, size 6 & 6 1/2, IS 13422 - 10 pairs		40 pairs	
	Instrument Tray with Cover IS 3993 - 1		4 nos.	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
<b>2.</b>	<b>Instrument Delivery Kit</b>	NS	4 Sets	FRU
	Outlet Forceps (Wrigley's Type) -10 inches - 1		4 nos.	
	Low Mid Wifery Forceps (Simpson's Type)- 9 ¼ inches - 1		4 nos.	
	Ventouse(Vacuum Extraction) Metallic Cups 60mm IS 9756 - 1		4 nos.	
	Ventouse(Vacuum Extraction) Metallic Cups 50mm IS 9756 - 1		4 nos.	
	Ventouse (Vacuum Extraction) Metallic Cups 40mm IS 9756 - 1		4 nos.	
	Suction Machine with pressure Indicator IS 9756 - 1		4 nos.	
<b>3.</b>	<b>Set for Artificial Rupture of Membrane</b>	NS	4 Sets	
	Kidney Tray IS 3992 - 1		4 nos.	
	Sim's Speculum (small) IS 6112 - 2		8 nos.	
	Cusco's Speculum IS 5906 - 1		4 nos.	
	Kocker's IS 8040 - 1		4 nos.	
	Metal Catheter IS 6960 - 1		4 nos.	
	Straight Long Artery Forceps IS 3645 - 1		4 nos.	
<b>4.</b>	<b>MTP SET</b>	NS	4 Sets	
	<b>SET - I</b>			
	Sponge Holding For cepts IS 7735 - 1		4 nos.	
	Sim's Speculum IS 6112 - 1		4 nos.	
	Anterior Vaginal Wall Retractor IS 5849 - 1		4 nos.	
	Ovum Forceps IS 6578 - 1		4 nos.	
	Dissecting Forceps IS 3643 - 1		4 nos.	
	Dilators (Hegar's Pattern) 1mm to 12 mm. IS 6584 - 1 set		4 sets.	
	<b>SET - II</b>			
	S.S Bowl (18-20 inch Dia) - 1		4 nos.	
	Uterine sound IS 5829 - 1		4 nos.	
	Vulsellum IS 6114 - 1		4 nos.	
	Curette Double ended , Sharp/ Blunt IS 6505 - 1		4 nos.	
	Suction Machine (facility for negative suction upto 760 mm, with safety device) IS 7080 - 1		4 nos.	
	Karman's Cannula (no. 6,7,8) IS 8313 - 4 sets each		16 sets	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
5.	<b>LSCS SET</b>	NS	4 Sets	FRU
	<b>SET - 1</b>			
	Sponge Holding Forceps IS 7735 - 4		16 nos.	
	Green Armytage IS 7964 - 6		24 nos.	
	Curved Artery Forceps IS 3644 - 12		48 nos.	
	Straight Artery Forceps IS 3645 - 5		20 nos.	
	Allis Forceps (small) IS 7388 - 6		24 nos.	
	Allis Forceps (big) IS 7388 - 5		20 nos.	
	Bab Cock IS 8584 - 2		8 nos.	
	Toothed Forceps IS 3643 - 2		8 nos.	
	Non-Toothed forceps IS 3643 - 2		8 nos.	
	<b>SET - II</b>			
	Needle Holder (Mayo Hegar) 180mm, IS 7870 - 3		12 nos.	
	Kelley's Clamp - 5		20 nos.	
	Suction Tip - 1		4 nos.	
	Tissue Cutting Scissors (Metzenbaum) - 1		4 nos.	
	Knife Handle IS 3319 - 4		16 nos.	
	Needles, Suture, round bodied, 3/8 circle, No.12 , Pkt of 6 - 2		8 nos.	
	Needle ½ Circle, Taper point, size6, pkt of 6 - 2		8 nos.	
	Nedle, Suture, Straight Triangular Point, 7.3cm , pkt of 6 - 2		8 nos.	
	Towel Clips - 8		32 nos.	
	<b>SET - III</b>			
	S S Bowl,(18-20 inches Dia) - 3		12 nos.	
	Harrington Retractor - 2		8 nos.	
	Doyen's Retractor - 2		8 nos.	
	Kidney Tray IS 3992 - 1		4 nos.	
	Morris Retractor IS 7522 - 1		4 nos.	
	Copper Retractor - 1		4 nos.	
	Self Retaining Retractor - 1		4 nos.	
	Green Suction Tube/ PVC Tube - 1		4 nos.	
	Foetoscope Pinard's Pattern IS 6565 - 1		4 nos.	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
6.	<b>General Suture Set</b>	NS	4 Sets	FRU
	<b>SET - 1</b>			
	Dissecting Forceps (Toothed) IS 3643 - 2		8 nos.	
	Dissecting Forceps (Non-Toothed) IS 3643 - 2		8 nos.	
	Artery Forceps Straight Big IS 3645 - 4		16 nos.	
	Artery Forceps Straight Small IS 3644 - 8		32 nos.	
	Artery Forceps Curved Small IS 3644 - 12		48 nos.	
	Sponge Holding Forceps IS 7735 - 2		8 nos.	
	Allis Forceps Small IS 7388 - 6		24 nos.	
	Allis Forceps Big IS 7388 - 4		16 nos.	
	Lain's Tissue Holding Forceps - 2		8 nos.	
	<b>SET - II</b>			
	Richard's Retractor (Bladder Retractor) - 1		4 nos.	
	Morris Retractor IS 7522 - 2		8 nos.	
	Copper Retractor - 2		8 nos.	
	Harrington Retractor - 2		8 nos.	
	Intestinal Depressor - 1		4 nos.	
	Self Retaining Retractor - 1		4 nos.	
	3rd Blade to Retractor - 1		4 nos.	
	<b>SET - III</b>			
	Kelly's Clamp (Straight) - 4		16 nos.	
	Kelly's Clamp (Curved) - 8		32 nos.	
	Aneurism Needle IS 8340 - 1		4 nos.	
	Towel Clips - 10		40 nos.	
	Intestinal Clamp Crushing - 2		8 nos.	
	Intestinal Non-crushing - 2		8 nos.	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
	Needle, Suture, Round Bodied, 3/8 Circle, o.12, pkt of 6 - 2		8 nos.	
	Needle, ½ circle, taper point, size 6, pkt of 6 - 2		8 nos.	
	Needle, Suture, Straight 5.5cm, Triangular point, pkt of 6 - 2		8 nos.	
	<b>SET - IV</b>			
	SS Kidney Tray IS 3992 - 1		4 nos.	
	SS Bowl IS 5782 - 3		12 nos.	
	Suction Tip - 2		8 nos.	
	Curette (double ended), Blunt, Sharp IS 6505 - 1		4 nos.	
	Needle Holder (Mayo Heger) IS 7870 - 3		12 nos.	
	Green Armytage IS 7964 - 6		24 nos.	
	Bab Cock IS 8584 - 4		16 nos.	
	Double Hook Tenaculum - 1		4 nos.	
	Knife Blade IS 3319 - 4		16 nos.	
<b>7.</b>	<b>Cervical Suture Set</b>	NS	4 Sets	FRU
	<b>SET - I</b>			
	Allis Forceps Small IS 7388 - 4		16 nos.	
	Allis Forceps Big IS 7388 - 3		12 nos.	
	Artery Forceps Curved Small IS 3644 - 6		24 nos.	
	Artery Forceps Straight Big IS 3644 - 4		16 nos.	
	Towel Clip - 2		8 nos.	
	Aneurism Needle IS 8340 - 1		4 nos.	
	Sinus Forceps - 1		4 nos.	
	Needle holder (MayoHeger) IS 7870 - 2		8 nos.	
	Sponge holding Forceps IS 7735 - 4		16 nos.	
	Vulsellum Forceps IS 6114 - 1		4 nos.	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
	<b>SET - II</b>			
	SS Kidney Tray IS 3992 - 1		4 nos.	
	SS Bowl IS 5782 - 2		8 nos.	
	Sim's Speculum IS 6112 - 2		8 nos.	
	Cuscos speculum IS 5906 - 1		4 nos.	
	P.P. Handle for Surgical Blade No.15, IS 3319 - 1		4 nos.	
	Curette Double Ended (Sharp & Blunt) IS 6505 - 1		4 nos.	
	Anterior Vaginal Wall Retractor IS 5849 - 1		4 nos.	
	Side Wall Retractors - 2		8 nos.	
	Single Side Sim's Speculum - 2		8 nos.	
<b>8.</b>	<b>Mini Lap Abdominal Set</b>	NS	4 Sets	FRU
	<b>SET - I</b>			
	Toothed Dissecting Forceps IS 3643 - 1		4 nos.	
	Bab Cocks IS 8584 - 2		8 nos.	
	Sponge Holder IS 7735 - 2		8 nos.	
	Allis Forceps Big IS 7388 - 5		20 nos.	
	Artery Forceps small, Curved IS 3644 - 5		20 nos.	
	Artery Forceps Small, Straight IS 3644 - 4		16 nos.	
	Artery Forceps Big Straight IS 3645 - 2		8 nos.	
	Lane's Tissue holding Forceps - 1		4 nos.	
	<b>SET - II</b>			
	Towel clip - 2		8 nos.	
	Needle holder IS 7870 - 1		4 nos.	
	Langerbomb Retractor - 1		4 nos.	
	Copper Retractor - 2		8 nos.	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
	Self Retaining retractor - 1		4 nos.	
	Morris Retractor Big - 1		4 nos.	
	Morris Retractor Small - 2		8 nos.	
	Abdominal Retractor, Double Side - 1		4 nos.	
	<b>SET - III</b>			
	SS Kidney tray IS 3992 - 1		4 nos.	
	Cuscos speculum IS 5906 - 1		4 nos.	
	B.P.Handle IS 3319 - 1		4 nos.	
	Sim's Speculum IS 6112 - 1		4 nos.	
	SS Bowl (18-10 inch Dia) - 2		8 nos.	
	Double Hook Tenaculum IS 6114 - 1		4 nos.	
	Non-Toothed forceps IS 3643 - 1		4 nos.	
	Blunt & Sharp Curette - 1		4 nos.	
<b>9.</b>	<b>RTI / STI Laboratory Diagnosis</b>	NS	4 Sets	FRU
	<b>SET - I</b>			
	Ordinary Binocula Microscope with built-in light system. Eye piece w.f 5X, 10X paired objectives, 10x40x100x(spring loaded) - 1		4 nos	
	Water Bath : Serological Waterbath with lid and Thermometer. Temp. range ambient to 10 deg.C - 1		4 nos	
	VDRL Rotator - 6		24 nos	
	Test tube racks aluminium 2 Tier 12/24/36 holes for Test tubes 10,13,18 mm Dia - 4		16 nos	
	Time clock - 1		4 nos	
	Centrifuge machines swing out head, 8x15 ml Capacity Max. RPM -5000 - 1		4 nos	
	<b>SET - II</b>			
	Refrigerator (165 lit) - 1		4 nos	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
<b>10.</b>	<b>IUD Insertion Kit</b>	NS	4 Sets	FRU
	<b>SET - I</b>			
	Metal sterilisation Tray with cover size 300x 220x70mm IS 3993 - 1		4 nos.	
	Gloves Surgeon Latex, size 6, IS 13422 - 8 pairs		32 pairs	
	Gloves Surgeon Latex, size 6 1/2, IS 13422 - 8 pairs		32 pairs	
	Gloves Surgeon Latex, size 7, IS 13422 - 8 pairs		32 pairs	
	Uterine sound IS 5829 - 1		4 nos.	
	<b>SET - II</b>			
	Sponge holding forceps IS 7735 - 1		4 nos.	
	Sim's Speculum (double ended) IS 6112 - 1		4 nos.	
	Anterior vaginal retractor IS 5849 - 1		4 nos.	
	Uterine Vulsellum IS 6114 - 1		4 nos.	
	Scissor IS 9146 - 1		4 nos.	
	Artery Forceps IS 3645 - 1		4 nos.	
<b>11.</b>	<b>Essential New Born Care Kit</b>	NS	4 Sets	FRU
	Infant Radiant Warmer with bassinet - 2		8 nos.	
	Infant Resuscitation Bag - 2		8 nos.	
	Oxygenhoods - 1		4 nos.	
	Infant Weighing Scales - 1		4 nos.	
	Phototherapy Lamps /Units - 1		4 nos.	
	Bassinet - 2		8 nos.	
	Foot Operated Suction - 2		8 nos.	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
<b>12.</b>	<b>Anaesthetic Kit</b>	NS	2 Sets	FRU
	<b>KIT - I</b>			
	Anaesthetic Machine - 1		2 nos.	
	Pulse Oximeter - 1		2 nos.	
	Laryngeal Mask Airway , sizes 3.0 & 4.0 - 2 (1of each size)		4 nos.	
	Ambu Bag - 2		4 nos.	
	Suction Machine - 1		2 nos.	
	Face mask size 2,3,4 - 6(2 of each size)		12 nos.	
	Airway, sizes 2,3,4 - 6(2 of each size)		12 nos.	
	Stylet for endotracheal Intubation - 1		2 nos.	
	<b>KIT - II</b>			
	Needle, Spinal SS - 1(set of 4 of each size)		2 nos.	
	Cannulae - 12 of each size		24 nos.	
	I/V Set - 48 in one unit		96 nos.	
	Suction Catheter - 6 of each size		12 nos.	
	Laryngoscopes - 2 sets		4 nos.	
	Endotracheal Tubes - 6 of each size		12 nos.	
	Macgill Forceps - 1 each of small & large size		2 nos.	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
<b>1.</b>	<b>Special Laboratory Facilities</b>	NS		FRU
	Ultrasonography		1	
	X Ray machine with accessories		1	
	Semi Auto Analyzer		1	
	Haematocrit		1	
	Water Bath SS - 4 racks		2	
	Hot air oven		2	
	Dryer		1	
	Hot plate		2	
	Incubator		2	
	Rotor Shake		2	
	Auto Clave		2	
	Counting chamber		2	
	Timer		2	
	Micro Pipette		4	
	Urino meter		4	
	Media plate		12	
	Stop watch		2	
<b>2.</b>	<b>Sterilising Equipment</b>	NS		FRU
	H.P. Steriliser (Upright module)		2	
	H.P. Steriliser (Horizontal module)		2	
	Sterilising Dum		8	
	Instrument Steriliser		2	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
<b>3.</b>	<b>O.T. Light</b>	NS		FRU
	Shadowless lamp (Stand module)		4	
	Shadowless lamp (Ceiling module)		2	
<b>4.</b>	<b>Equipment</b>	NS		FRU
	A.C. Machine		5	
	Generator		2	
	Oxygen Cylinder		4	
	Oxygen Cylinder Stand		4	
	Key for O <sub>2</sub> Cylinder		8	
	Fine Adjustment Valve with flow meter		4	
	O <sub>2</sub> Cylinder for boyles apparatus		4	
	Nitrous Oxide for boyles apparatus		4	
	B.P. Instrument stand model		2	
	Vacuum Cleaner		4	
	Computer with printer		2	
	Fax Machine		3	
	Aqua guard		4	
	Air purifier		4	
<b>5.</b>	<b>Consumable</b>	NS		FRU
	Mattress adult		20	
	Mattress child		8	
	Blanket adult		8	
	Mosquito Net adult		20	
	Mosquito Net child		8	
	Bed sheet (large)		40	
	Bed sheet (small)		20	



**Procurement : Equipment for FRU (Contd.)**

1	2	3	4	5
	Pillow (foam)	NS	20	FRU
	Pillow cover		20	
	Turkish Towel		20	
	Hand Towel		40	
	Screen Cloth		50	
	Drawer sheet		50	
	Hot water bag		6	
	Ice Bag		6	
	Urinal Female		10	
	Bed Pan		10	
	Blanket child		20	



**Procurement : Equipment for PHC**

Sl. No.	Description of Goods / Works / Consultancy	Procurement Method	Total Qty.	Where supplied
1	2	3	4	5
<b>1.</b>	<b>IUD Insertion Kit</b>	NS	13	PHC
	<b>SET - I</b>			
	Metal sterilisation Tray with cover size 300x220x70mm IS 3993 - 1		13 nos.	
	Gloves Surgeon Latex, size 6, IS 13422 - 8 pairs		104 pairs	
	Gloves Surgeon Latex, size 6 1/2, IS 13422 - 8 pairs		104 pairs	
	Gloves Surgeon Latex, size 7, IS 13422 - 8 pairs		104 pairs	
	Uterine sound IS 5829 - 1		13 nos.	
	<b>SET - II</b>			
	Sponge holding forceps IS 7735 - 1		13 nos.	
	Sim's Speculum (double ended) IS 6112 - 1		13 nos.	
	Anterior vaginal retractor IS 5849 - 1		13 nos.	
	Uterine Vulsellum IS 6114 - 1		13 nos.	
	Scissor IS 9146 - 1		13 nos.	
	Artery Forceps IS 3645 - 1		13 nos.	
<b>2.</b>	<b>Essential New Born Care Kit</b>	NS	13	PHC
	Infant Resuscitation Bag - 1		13 nos.	
	Infant weighing Scales - 1		13 nos.	
	Basinet - 1		13 nos.	
	Foot Operated suction - 1		13 nos.	
	Lamp - 1		13 nos.	
	Oxygen Hoods - 1		13 nos.	



**Procurement : Equipment for SC**

Sl. No.	Description of Goods / Works / Consultancy	Procurement Method	Total Qty.	Where supplied
1	2	3	4	5
<b>1.</b>	<b>Midwifery Kit (for ANM)</b>	NS	97	SC
	<b>SET - I</b>			
	Sphygomanometer, aneroid 300 mm with cuff, IS 7652 - 1		97 nos.	
	Scale, Weighing (baby) hanging type, colour coded, 5 Kg - 1		97 nos.	
	Steriliser Instrument, 222 X 82 X 41 mm, SS, IS 5022 - 1		97 nos.	
	Forceps (sponge holding), IS 7735 - 1		97 nos.	
	Basin Kidney, (825 ml) SS, IS 3992 - 1		97 nos.	
	Bowl Sponge set of two sizes 600 ml & 1200 ml IS 5782 - 1		97 nos.	
	Catheter Urethral, IS 7523 - 1		97 nos.	
	Sheeting, clear, Vinyl Plastic 910 mm wide X 180 mm, IS 2076 - 1		97 nos.	
	Can Enema with tubing and clip - 1		97 nos.	
	Mucus Evacuator - 1		97 nos.	
	<b>SET - II</b>			
	Thermometer Clinical, oral single scale, celcius/ fahrenheit, IS 3055 - 1		97 nos.	
	Thermometer Clinical, rectal celcius/ fahrenheit IS 3055 - 1		97 nos.	
	Straight Artery Forceps (160 mm) SS, IS 3645 - 1		97 nos.	
	Scissor, Cord Cutting, IS 7117 - 1		97 nos.	
	Thread Umbilical, sterile, 3 mm wide X 25 m spool - 1		97 nos.	
	Foetoscope (Pinard's Pattern), IS 6565 - 1		64 nos.	
	Bag, multipurpose, vinyl for midwifery kit - 1		97 nos.	
	Scissor, IS 9146 - 1		97 nos.	
	Gloves, Surgeon's latex size 6, IS 4148 - 6 pairs		582 nos.	
	Tray for Instrument with cover, IS 3993 - 1		97 nos.	



**Procurement : Equipment for SC (Contd.)**

1	2	3	4	5
2.	<b>Sub-Centre Equipment Kit</b>	NS	97	SC
	<b>KIT - I</b>			
	Basin Kidney 825 ml, SS IS 3992 - 2		194 nos.	
	Tray Instrument with ovr , IS 3993 - 1		97 nos.	
	Flash Light, box-type, pre-focussed, 4-cell - 1		97 nos.	
	Battery Dry cell , 1.5, 'D' Type - 4		388 nos.	
	Scale Bthroom Metric/ Avoirdupois, 125 Kg/ 280 1B - 1		97 nos.	
	Measure 1 Litre jug SS - 1		97 nos.	
	Sheeting Plastic Clear PVC - 2		194 nos.	
	Sphygmomanometer aneroid 300 mm with cuff IS 7652 - 1		97 nos.	
	Uristick for urine test - 50		4850 nos.	
	<b>KIT - II</b>			
	Sims anterior vaginal wall retractor, IS 5849 - 1		97 nos.	
	Forceps, Uterine vulsellum, IS 6114 - 1		97 nos.	
	Sim's speculum vaginal (bi-valvae) cusco, IS 5906 - 1		97 nos.	
	Uterine Sound, IS 5829 - 1		97 nos.	
	Straight Artery Forceps, 160 mm, IS 3645 - 2		194 nos.	
	Tissue Forceps 160 mm, IS 7388 - 1		97 nos.	
	Scissors Mayo's, IS 9146 - 1		97 nos.	
	Forceps Steriliser Cheatle's Pattern IS 4094 - 1		97 nos.	



## Procurement : Furniture for FRU

Sl. No.	Description of Goods / Works / Consultancy	Procurement Method	Total Qty.	Where supplied
1.	Steel Almirah (without locker)	NS	4	FRU
	Steel Almirah (with locker)		4	
	Office Table		4	
	Moulded Bench		4	
	Stool revolving		4	
	Instrument / Dressing Table		4	
	Patient Examination Table (with Mattress, sheet, pillow with case)		4	
	Bed stead with heavy design		4	
	Fowler bed		4	
	Step for patient		8	
	Ward locker		20	
	Stretcher Trolley		4	
	Saline Stand		8	
	File cabinet		16	
	O.T. Table		2	
	Labour Table		4	
	Trolley (small)		8	
	Box for soil linen		4	
	Display Board		4	
	Ceiling Fan		30	
	Towel Rack		4	
	Low Stool		4	
	Instrument Cabinet		4	
	Back rest		8	
	Bed stead infant (with rail)		8	
	Screen Stand		10	



**Procurement Furniture for FRU (Contd.)**

1	2	3	4	5
	High Stool	NS	4	FRU
	Laboratory Table		4	
	Litter Bin		2	
	Chair ( with arms )		25	
	Chair ( without arms )		4	
	Refrigerator		4	
	O.T. Table with oil pump		4	
			2	

**Procurement : Furniture for SC**

Sl. No.	Description of Goods / Works / Consultancy	Procurement Method	Total Qty.	Where supplied
1	2	3	4	5
1.	Steel Chair - 2	NS	194 nos.	SC
	Steel Table - 1		97 nos.	
	Wooden Bench - 1		97 nos.	
	Stool - 2		194 nos.	
	Wooden Rack - 1		97 nos.	
	Examination Table - 1		97 nos.	



**PROCUREMENT : Furniture for M & S Cell**

Sl. No.	Description of Goods / Works / Consultancy	Procurement Method	Total Qty.	Where supplied
1	2	3	4	5
1.	A.C. Machine	NS	1	M & S Cell
	Fax Machine		1	
	Full Secretariat Table		2	
	Half Secretariat Table		3	
	Revolving Chair with Cushion		5	
	Chair with Arm and Cushion		8	
	Chair without Arm		8	
	Office Table		8	
	Steel Almiraah with Locker		6	
	Steel Rack		4	
	Whatnot		8	
	File Cabinet		8	



### TRAINING

The project adopted appropriate training courses for generating awareness, upgrading skills and aptitudes for different categories of personnel. Effective training curriculum were developed, so that specific objectives of the programmes can be achieved. Training curriculum were designed in a well-articulated mode for the personal like trainers, honorary health workers, first tier supervisor, second tier supervisor, health officer, medical officer, managerial staff of local bodies, personnel engaged in monitoring and supervision of the programme, community leaders, mother leaders, selected NGOs / PVOs and others. As the training is a continuous process, basic training was strengthened by re-orientation training and experience sharing sessions.

Training performance :

Sl. No.	Training for	Number	
		Planned	Achieved
1.	HHWs	387	387
2	FTSs	97	97
3.	Medical Officer	26	26
4.	S.T.S	26	26
5.	Other ( Includes Elected Representatives/ Opinion Leaders / NGOs )	25	25
6.	Acctts. Personnel / Store Keeper / Lab. Technician	5	5
<b>TOTAL</b>		<b>566</b>	<b>566</b>



**List of RCH Drugs - Item wise for Sub - Centre  
(Kit-A & Kit-B)**

SLNo.	Item	Strength	Formulation Unit	Where supplied	Unit Package Quantity
1	Oral Rehydration Salt	27.9 gm.	Salt	SC	150 pkts
2	Tablet I.F.A (large)	180 mg. + 0.5 mg.	Tablet	SC	15000 tabs
3	Tablet I.F.A (small)	67 mg. + 0.1 mg.	Tablet	SC	13000 tabs
4	Vitamin A Solution		Solution	SC	6 bottle of 100ml
5	Tablet Cotrimoxazole (Paediatric)	400 mg. + 80 mg.	Tablet	SC	1000 tabs
6	Tab Methyl ergometrine Maleate	0.125 mg	Tablet	SC	480 tabs
7	Tab Paracetamol	500 mg	Tablet	SC	500 tabs
8	Inj, Methylergometrine Maleate in light resistant amber colour ampoules	0.2 mg/ml	1 ml amp for IM use	SC	10 amp
9	Tab Mebendazole	100mg	Tablet	SC	300 tabs
10	Tab Dicyclomine Hcl.	10 mg	Tablet	SC	180 tabs
11	Chloramphenicol Eye Oint.	1% W/W in aplicaps	Each apical to contain 250mg oint.	SC	500 aplicaps
12	Oint. Providine Iodine	5%	Oint.	SC	5 tubes
13	Cetrimide Powder	125 gm.	Powder	SC	125gm



**List Of RCH Drug Kits Item Wise For FRU**  
(Essential obstetric care drugs, Emergency obstetric care drugs & RTI/STI Drugs)

SLNo.	Item	Strength	Formulation Unit	Where supplied	Unit Package Quantity
1	Digoxin Tab IP	250ug/tab	Tablet	FRU	250 tabs
2	Digoxin Inj IP	250mg/ml	2ml/amp	Do	50 amps
3	Methyldopa TabIP	250mg/tab	Tablet	Do	250 tabs
4	Frusamide Tab IP	40mg/tab	Tablet	Do	250 tabs
5	Frusamide Inj IP	10mg/ml	2ml/amp	Do	50 amps
6	Ampicillin Sodium Inj IP	250mg /vial	Inj. 5ml. /vial	Do	50 vials
7	Gentamycin Sulphate Inj IP	40mg/ml	2ml/amp	Do	50 amps
8	Amoxycillin Trihydrate Cap	250mg/cap	Capsule	Do	100 caps
9	Norfloxacin Tab IP	400mg/tab	Tablet	Do	250
10	Doxycycline Hydrochloride Cap IP	100mg/cap	Capsule	Do	100 caps
11	Ergometrine Maleate Inj IP	500ug/ml	1ml/amp	Do	50 amps
12	Oxytocin Inj IP	10units/ml	1ml/amp	Do	50 amps
13	Etophylline Anhydrous Theophylline	84.7mg perml/25.3 mg/ml	2ml/amp	Do	50 amps
14	Hydrocortisone acetate IP	25mg/ml	2ml/vial	Do	25 vials
15	Salbutamol sulphate Tab	2mg/tab	Tablet	Do	Do
16	Adrenaline Bitartrate Inj	1mg/ml	1ml/amp	Do	50 amps
17	Succinyl Choline chloride Inj IP	50mg/ml	10ml/vial	Do	30 vials
18	Ketamine Hydrochloride Inj IP	10mg/ml	10ml/vial	Do	25 vials
19	Diazepam Tab	5mg/tab	Tablet	Do	250 tabs
20	Vecuronium Bromide BP	4mg/ml	1ml/amp	Do	50 amps
21	Pancuronium Bromide Inj BP	4mg/amp	2ml/amp	Do	50 amps
22	Neostigmine Methyl Sulphate Inj IP	0.5mg / ml	1ml/amp	Do	50 amps
23	Benzyl Peinicillin Inj IP	300mg / vial	Vial	Do	50 vials
24	Fortified Procaine penicillin Inj IP	300mg (3,00,000I U)	Vial	Do	50 vials
25	Cotrimoxazole Tab . Trimethoprim & Sulphamethoxazole IP	Trimethoprim 80mg Sulphamethoxazole 400mg	Tablet	Do	250 tabs



SLNo.	Item	Strength	Formulation Unit	Where supplied	Unit Package Quantity
26	Halothane BP	0.01%w/w thymol	200ml / bottle	Do	5 Bot.
27	Atropine Sulphate Inj	600ug/ml	1ml/amp	Do	50 amps
28	Thiopentone Sodium IP	500mg/ml	5ml/vial	Do	25 vials
29	Bupivacaine Hydrochloride Inj IP	5mg/ml	20ml/vial	Do	10 vials
30	Lignocaine Hydrochloride Inj IP	5% w/v/vial	5ml/vial	Do	10 vials
31	Lignocaine Hydrochloride Inj IP	2% w/v/vial	30ml/vial	Do	10 vials
32	Diazepam Inj	5mg/ml	2ml/amp	Do	50amp
33	Pentazocine Lactate Inj	30mg/ml	1ml/amp	Do	50 amps
34	Dexamethazone Sodium Phosphate Inj IP	4mg/ml	2ml/amp	Do	50 amps
35	Promethazine Hydrochloride Inj IP	25mg/ml	2ml/amp	Do	50 amps
36	Nifedipine Capsules	10mg/cap	Capsule	Do	100 caps
37	Mephentermine Sulphate Inj IP	15mg/ml	1ml/vial	Do	25 amps
38	Dopamine Hydrochloride Inj USP	40mg/ml	20ml/vial	Do	25 vials
39	Phenoxy Methyl Penicillin Potassium Tab	130mg/tb	Tablet	Do	250 tabs
40	Nalidixic Acid Tab	500mg/tab	Tablet	Do	250 tabs
41	Metronidazole IV IP	5mg/ml	100ml Bottle	Do	25 bots
42	Ergometrine Maleate Tab	250ug/tab	Tablet	Do	250 tabs
43	Chloroquin Phosphate Inj IP	40mg/ml	5ml/amp	Do	50 amps
44	Phenytoin Sodium Tab IP	100mg/tab	Tablet	Do	150 tabs
45	Hydroprogesterone Hexzoate Inj USP	250mg/ml	2ml/amp	Do	50 amps
46	Cloxacillin Sodium Inj IP	250mg /vial	Vial	Do	50 vials
47	Norethisterone Acetate BP	5mg/tab	Tablet	Do	250 tabs
48	Insulin Inj IP	40units/ml	Inj 10ml /vial	Do	10 vials
49	Insulin Zinc Suspension Inj IP	40units/ml	Inj 1ml/vial	Do	10 vials
50	Sodium Bicarbonate Solution	5% w/v	Inj 10 ml amp	Do	25 amps
51	Magnesium Sulphate Inj BP	50% w/v	Inj 10 ml amp	Do	25 amps
52	Methyl Ergometrine Maleate Inj IP	200 ug /ml (0.2 mg/ml)	Inj 1ml /amp	Do	50 amps
53	Aminophylline Inj	25mg/ml	Inj 10 ml/amp	Do	25 amps
54	Paracetamol Tablet	500mg/tab	Tablet	Do	250 tabs
55	Haemostatic Capsule Branded Item		Capsule	Do	100 caps



Sl.No.	Item	Strength	Formulation Unit	Where supplied	Unit Package Quantity
56	Vit. K3 (Menadione Inj) USP	10 mg/ml	Inj 1 ml/amp	Do	50 amps
57	Oxytocin Inj	5 IU/ml	Inj 1ml/amp	Do	50 amps
58	Chlorpromazine Hydrochloride Inj	25mg/ml	Inj 2 ml/amp	Do	50 amps
59	Cephalexine Capsule IP	250 mg/cap	Capsule	Do	100 tabs
60	Clotrimazole Vaginal IP	100 mg/pessary	Pesary	RTI/STI	6 pessaries
61	Benzathine Benzyl Penicillin Inj. IP	24 lakhs units vial	Inj vial	Do	50 vials
62	Tinidazole IP	500 mg tab	Tablet	SC + FRU+ RTI/STI	250 tabs
63	Ciprofloxacin Hydrochloride IP	500 mg tab	Tablet	RTI / STI	250 tabs
64	Erythromycin Estolate IP	250 mg tab	Tablet	Do	250 tabs
65	Methylethergometrine Maleate Tab IP	125 ug tab	Tablet	FRU	250 tabs
66	Gama Benzene Hexachloride or Lindane Application	1 % w/v	100 ml bot	RTI/STI	10 bot
67	Podophyllin Paint BP Topical Solution	20 % w/v	10 ml bot	Do	5 bot
68	Clotrimazole Cream	2 % w/w	15 gm tube	Do	100 tubes



## I.E.C.

An intensive I.E.C. Network developed to promote behavioral changes of the primary stakeholders in support of the project objectives. The integral objective of I.E.C. was sensitizing and generating awareness leading to expression of need based demand as perceived by the community for acceptance of services, provided under the project. The process of formulation of action plan was based on understanding existing community knowledge, attitude, behavior and practice. The health care providers at grass-root level i.e. Honorary Health Worker (HHWs), First Tier Supervisor (FTS), PHN were entrusted with the responsibility of conduction of I.E.C. activities, coupled with supervision, monitoring and retuning of plan formulation.

NGOs having expertise on I.E.C. where also deployed for the purpose.

### Target groups :

The community members under the project with focus to women, men, children and adolescents.

### Communication Channel :

- Participatory Group discussion / inter personnel communication.
- Printed materials : Flash Card, Poster, Charts, News letter, Photography.
- Audiovisual Aids : TV Spots, Utilisation of cable services.
- Visual Aids : Printed materials, Hoarding, Exhibition set.
- Traditional and Folk Media : Songs & Choreography, Damma, Magic Show, Kirtan / Baul Songs, Puppet Show etc.
- Miscellaneous : Health Exhibition, Baby Show, Role Play, Street Theatre, "Padayatra" with appropriate slogans, placards and Festoons.

Amongst the different communication channels, the inter personal communication by the grass-root level workers found most effective channel in disseminating the health messages.

There is unique involvement of Tribal community in development and implementation of I.E.C. shows. At the initial stage, language barrier made a hindrance in implementing Awareness Programme through I.E.C. Shows. Apropos Community's felt need, facilitator of the Project played a innovative and crucial role to identify, enthuse, and involve Tribal Community / Mother Leaders and Adolescent Girls in filling in the gaps in awareness on Health Issues. They perform Shows on regular basis and disseminate the messages. The World Bank Mid Term Review Mission witnessed such programmes during September, 2000 at Asansol.



## I.E.C. ( during April '00 to March '03)

Component	Target Participants	Behaviour Objective	Key Message	Channel of Communication (Media)	Sessions	
					Planned	Held
<b>Safe Mother-hood</b>	Mother Leader & Married Woman	<ul style="list-style-type: none"> <li>- Age at Marriage &amp; First Pregnancy</li> <li>- Contraception</li> <li>- Antenatal Care</li> <li>- Institutional Delivery</li> <li>- Wanted Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>- Safe delivery</li> <li>- Small family norm</li> </ul>	<ul style="list-style-type: none"> <li>- Interpersonal communication</li> <li>- different folk media viz. Choreography, Drama, Magic, Kirtan, Baul, Talking Doll etc.)</li> </ul>	3314	3000
<b>Care of new born</b>	Mother	-Child rearing Immunisation	Healthy Child	-do-	3390	2970
<b>RTIs / STIs</b>	Eligible Couple	-Safe Sex Reproductive Health	Prevention, Immediate & treatment diagnosis	-do-	1475	1310
<b>Adolescent Care</b>	-Adolescent Girls	<ul style="list-style-type: none"> <li>- Age at Marriage &amp; First Pregnancy</li> <li>- Reproductive Health</li> <li>- Unwanted Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>-Reduction of teen age marriage &amp; pregnancy</li> <li>-Reduction in RTIs &amp; STIs</li> </ul>	<ul style="list-style-type: none"> <li>- Interpersonal communication</li> <li>- different folk media viz. Choreography, Drama, Magic, Kirtan, Baul, Talking Doll etc.)</li> </ul>	1300	1005



১.	নাম	: ডাঃ রবীন্দ্র নারায়ণ কর
২.	জন্ম তারিখ	: ৩০ সেপ্টেম্বর, ১৯৩৩
৩.	জন্ম	: ভারতবর্ষ
৪.	ঠিকানা	: সি. জি. - ১৫০, সেক্টর - বিধান নগর, কলিকাতা (পঃ বঃ) পিন : ৭০০ ০৯১ দুরতাষ : ২৩৩৭ ৪৯৭০
৫.	বিবাহিত / অবিবাহিত	: বিবাহিত
৬.	শিক্ষাগত যোগ্যতা	: <ul style="list-style-type: none"> <li>● ম্যাট্রিকুলেশনে প্রথম বিভাগে উত্তীর্ণ - ১৯৫০ সাল, জামসেদপুর আর. ডি. টাটা হাইস্কুল।</li> <li>● ইন্টারমিডিয়েট প্রথম বিভাগে উত্তীর্ণ - ১৯৫২ সাল, সুরেন্দ্রনাথ কলেজ বিজ্ঞান বিভাগ।</li> <li>● এম.বি.বি.এস - ১৯৫৭ সাল নীলরতন সরকার মেডিক্যাল কলেজ।</li> <li>● ডিপ্লোমা পাবলিক হেল্থ (কলকাতা বিশ্ববিদ্যালয়)।</li> <li>● মাস্টার ডিগ্রী পাবলিক হেল্থ ইউনাইটেড স্টেটস অফ আমেরিকা।</li> </ul>
৭.	বিশেষজ্ঞতার ক্ষেত্র	: প্রিভেনটিভ ও সোস্যাল মেডিসিন।
৮.	বিশেষ অভিজ্ঞতা	: প্রকল্প পরিচালনা।
৯.	ভাষা জ্ঞান	: বাংলা, ইংরাজী, হিন্দী।
১০.	বিভিন্ন প্রশিক্ষণ (বিশেষতঃ স্বাস্থ্য ও জন প্রকল্পের উপর)	: <ul style="list-style-type: none"> <li>ক) রিজিওন্যাল ফ্যামিলি প্ল্যানিং ট্রেনিং সেন্টার, কলকাতা / কল্যাণী।</li> <li>খ) অল ইন্ডিয়া ইনস্টিটিউড অফ হাইজিন অ্যান্ড পাবলিক হেল্থ, ক্যালকাটা।</li> <li>গ) সেন্টার ফর পপুলেশন প্ল্যানিং, অ্যান আরবোর, আমেরিকা।</li> <li>ঘ) পপুলেশন স্টার্ডি সেন্টার, অ্যান আরবোর, আমেরিকা।</li> <li>ঙ) ডিপার্টমেন্ট অফ সোসিওলোজি, মিচিগান বিশ্ববিদ্যালয়, আমেরিকা।</li> <li>চ) ডিপার্টমেন্ট অফ বায়োস্ট্যাটিসটিকস, মিচিগান বিশ্ববিদ্যালয়, আমেরিকা।</li> <li>ছ) ডিভিশন অফ ডেমোগ্রাফি অ্যান্ড বায়োস্ট্যাটিসটিকস, পপুলেশন কাউন্সিল, আমেরিকা।</li> <li>জ) ডিভিশন অফ পপুলেশন স্ট্যাটিসটিকস,, ইউ এন ও, আমেরিকা।</li> <li>ঝ) ডিপার্টমেন্ট অফ এম.সি.এইচ., ক্যালিফোর্নিয়া, আমেরিকা।</li> </ul>



## Work Plan for I.E.C. activities ( during April '03 to March '04)

Components	Target Participants	Behaviour Objective	Key Message	Channel of Communication (Media)	Sessions Planned
<b>Nutrition Awareness</b>	Mother Leader & Women	<ul style="list-style-type: none"> <li>- Balance diet during pregnancy and postnatal period.</li> <li>- Child feeding and proper weaning.</li> </ul>	<ul style="list-style-type: none"> <li>- Reduction in anemia during pregnancy and postnatal period</li> <li>- Healthy Baby.</li> </ul>	<ul style="list-style-type: none"> <li>- Interpersonal communication.</li> <li>- different folk media viz. Choreography, Drama, Magic, Kirtan, Baul, Talking Doll etc.)</li> </ul>	50
<b>Adolescent Care Awareness</b>	Adolescent girls	<ul style="list-style-type: none"> <li>- Awareness on adolescent health.</li> </ul>	-	<ul style="list-style-type: none"> <li>- Interpersonal communication.</li> <li>- Group discussion.</li> </ul>	7
<b>RTI / STI / AIDs Awareness</b>	Male Female	<ul style="list-style-type: none"> <li>- Awareness on Sexual Health.</li> </ul>	-	<ul style="list-style-type: none"> <li>- Interpersonal communication.</li> <li>- Group discussion.</li> <li>- Deployment of folk media</li> </ul>	60
<b>Safe Motherhood &amp; Child Survival awareness</b>	Mother Leader & Married Woman	<ul style="list-style-type: none"> <li>- Age at Marriage &amp; First Pregnancy</li> <li>- Contraception</li> <li>- Antenatal Care</li> <li>- Institutional Delivery</li> <li>- Wanted Pregnancy</li> <li>- Child rearing Immunisation</li> </ul>	<ul style="list-style-type: none"> <li>- Safe delivery</li> <li>- Small family norm</li> <li>- Healthy Child</li> </ul>	<ul style="list-style-type: none"> <li>- Interpersonal communication</li> <li>- different folk media viz. Choreography, Drama, Magic, Kirtan, Baul, Talking Doll etc.)</li> </ul>	100

Contd. to P-2.



**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING  
"ILGUS BHAVAN"**

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

SUDA-120/96(Pt-IV)/244

28.08.2003

From <sup>Ref.No.</sup> : Project Officer  
Health Wing, SUDA

Date .....

To : Deputy Director General (ID)  
Ministry of Health & FW,  
Health & Family Welfare  
Govt. of India  
Nirman Bhavan, New Delhi.

**Sub : Review meeting on RCH-Sub Project Asansol, West Bengal.**

Sir,  
With reference to your D.O. bearing no. L. 19018/2/2003-API dt. 19<sup>th</sup> August, 2003 addressed to the Principal Secretary, Health & FW Dept., Govt. of West Bengal and copy endorsed to Adviser (Health), SUDA, I am to forward herewith the Physical & Financial Progress Report of RCH-Sub Project Asansol till July, 2003 in prescribed proforma for your information and necessary action.

From the Financial Progress Report, it will be seen that there will be a short fall of Rs. 24.77 lakhs (Rupees Twenty four lakhs and seventy seven thousand) only against the present revised allocation of Rs. 858.12 lakhs. The reasons for short fall have been adequately explained and clarified under the remarks column of the report.

You are therefore requested kindly to consider for reallocation and approval of Rs. 882.89 lakhs for RCH-Sub Project Asansol to make up the short fall.

Project Director and Project Officer of RCH-Sub Project Asansol will attend the said meeting.

**Yours faithfully,**

**Project Officer**

28.08.2003

SUDA-120/96(Pt-IV)/244(1)

CC  
Sri A.K. Mehra, Director (AP), Ministry of Health & FW, Govt. of India, Nirman Bhavan, New Delhi for favour of kind information and necessary action.

**Project Officer**



Components	Target Participants	Behaviour Objective	Key Message	Channel of Communication (Media)	Sessions Planned
Awareness on National Health Programmes for linkage and interruption	Male Female Adolescent	- Acceptance of available health services on National Health Programmes.	- Different National Health Programmes - Availability of services.	- Interpersonal communication - different folk media viz. Choreography, Drama, Magic, Kirtan, Baul, Talking Doll etc.)	9
Involvement of Male partners	Male	- More effective family welfare services.	- Components of family welfare services. - Active participation.	- Interpersonal communication. - Group discussion.	13
Baby Shows	Children	- Child Care.	- Healthy baby	- Baby shows	2
Development of printed materials	Community	- Reproductive and child health.	- Safe motherhood. - Reproductive Health - Child Health	- Folder/Pamphlets / flipcharts etc.	







NGO SUPPORT AND COMMUNITY PARTICIPATION

(Monitoring and Evaluation)

- 2 - 3 NGOs were identified and to involve in the programmes like awareness generation on health issues, family planning etc.
- Group meeting with male members of the community to achieve more accessibility to health services under the project.
- No. of work shops held in the community by the initiation of Lions Clubs for early detection of Breast and Uterine Cancer.
- Local NGO participate in conducting survey on prevalence of Anaemia among the beneficiary female population of age group 19 - 44 years.
- A no. of sessions on cooking demonstration with locally available low cost nutritious raw food materials where demonstrated by the NGOs aiming generation of nutrition awareness.
- A short listed NGO of UNICEF was involved to carry out Coverage Evaluation Survey on immunisation and Fertility Behavior.
- As advised by World Bank / GOI, end line survey is to be conducted by NGO at the end of the project after obtaining guideline of GOI.



## INNOVATIVE SCHEMES

### Hospital Waste Management

Waste generating in Hospital and their disposal has always been a matter of concern to the Medical profession with regard to public health.

The apparent risks include :

- (a) Occupational health hazards to doctors, nurses, other staff, patients and attendant.
- (b) Source of foul odour.
- (c) Blocking sewers, drains and general unhygienic condition in the hospital premises.
- (d) Breeding ground for rodents / reptiles, mosquitoes, flies and stray animals.
- (e) Uncontrolled dumping causing underground water completion.
- (f) Burning causing air pollution. The potential raised include transmission of HIV / AIDs, Hepatitis B or C virus.

Therefore, Scientific Health Care Waste Management should be a part of routine hospital management, where hospital waste should be carefully and scientifically handled from the point of generation upto the point of final disposal. An effective waste management programme is necessary to control cross infection as well as health and safety of patients, health workers, visitors and general public at large.

The components of hospital waste management are :

- Construction of burial pits (2 units per FRU at a time).
- Purchase of covered cycle van @ 1 per FRU.
- Purchase of disposables like 5 nos. of plastic vats with covered, plastic bags (inner lining) of 4 colours.
- Purchase of chemical disinfectants, kerosene oil.
- Purchase of rubber gumboots, rubber gloves.

Construction of burial pits will be undertaken by the Asansol Municipal Corporation as per design adopted by the West Bengal Health Systems Development Project and IPP-VIII, Kolkata. Works and purchase of soft wares will be completed during 3<sup>rd</sup> quarter of this financial year 2003-2004.

### School Health Programme

School Health Services aim towards regular health check-up of students of primary school of the community towards promotion of health as well as "child to child" health awareness for health education on personal hygiene, which imperative to get better impact at family and community level at large.

#### Target groups :

All the students (36,000 approx) of 181 primary schools within the Asansol Municipal Corporation.



**Methodology :**

Each student is provided with a health card, consisting of : (a) general information - to be filled in by the teacher in consultation with the guardian, (b) specific health information - to be filled in by the doctor after examination of the student.

A medical team is to visit to each school as per a prefixed programme. The team comprises of (a) doctor-1, (b) nurse-1, (c) grass-root level health workers - 2.

Examination of the students in batches consisting of 60 students is being conducted by the medical team and the findings recorded in the health cards. Referral services for treatment is being provided through the referral units of RCH-Sub Project Asansol and Sub-Divisional Hospital of State Health Dept.

A booklet in Bengali has been developed on health education, highlighting the 'dos' & 'don'ts with respect to health and hygiene.

The management and supervising cell monitor the overall progress of the programme including regular school visits.

**Expected outcomes :**

2. Early detection and treatment of preventable disease.
3. Containment of communicable disease among the school children.
4. Effective health care service delivery by the teachers and guardians specially on personal health and hygiene of the students.

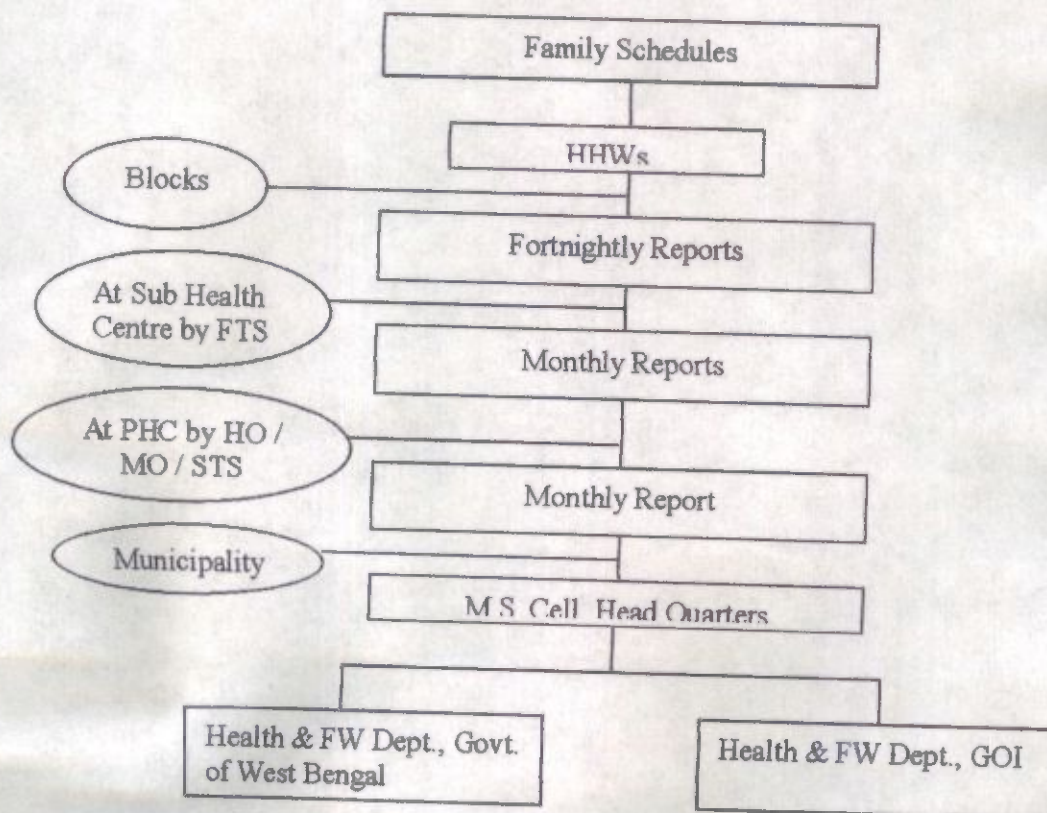


### MANAGEMENT INFORMATION SYSTEM (MIS)

MIS is one of the key components of the project, charged with the primary responsibility of providing data- information to the project managers. Every HHW has been allotted 150 families i.e. 750 persons. For each family, HHW maintains one structured / designed Family Schedule for recording data fortnightly relating to existing health conditions and service delivery to the primary stake holders. At the end of fortnight she compiles these data in the fortnightly report format, designed for the purpose and submit the report to the FTS of her sub-centre. The FTS verifies correctness of the (fortnightly) reports through random field- scrutiny to the extent of 10%. After end of the month, FTS compiles the fortnightly reports for the month submitted by the 5 HHWs; and transmit the same to the PHC (HAU). The supervisory staff of PHC in turn verifies 10% of the entries and subsequently prepare the monthly report in specified format. The compiled monthly report by PHC come to the Municipality at the end of first week of the following month.

PHC also prepare quarterly / annual tables on the march of the project.

#### MIES : Flow Chart







सत्यमेव जयते

**Prasanna Hota**  
Secretary

Tel. : 23018432

Fax : 23018887

e-mail : secyfw@nb.nic.in

1 SEP 2003



भारत सरकार  
परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA  
DEPARTMENT OF FAMILY WELFARE  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011

L.P. 5012/3/2003-A.P.I  
August 26, 2003

Dear Shri Burman,

World Bank assisted Two RCH Sub Projects are under implementation in Asansole city and Murshidabad district of your State since October, 1997 at a cost of Rs. 8.57 crores and Rs. 13.53 crores respectively. Against the release of an amount of Rs. 25 crores by the Government of India, the State Government has reported an expenditure of Rs.14.02 crores so far in respect of the sub projects . These sub projects which were to terminate on 31.3.2003 will continue till 31.3.2004.

The performance of the RCH Programme including RCH Sub Projects was reviewed by the World Bank Review Mission in June, 2003. The World Bank opined that the experiences from the sub projects on the planned and actual outcomes in enhancing the reproductive health status and lessons learnt should be shared broadly. For this purpose the World Bank Mission suggested holding of an experience sharing workshop during October, 2003 in one of the sub project State. The Workshop is likely to be attended amongst others by representatives of the World Bank, Government of India, State Governments, Donor Agencies. For this purpose a reporting proforma has been finalized in consultation with the World Bank.

I request you to kindly submit the requisite information in CD/Floppy and ( 3 copies) in the enclosed proforma urgently, in no case later than 10<sup>th</sup> Sept., 2003, to Sh.A.K.Mehra, Director, Area Projects, MOHFW. Since the information contained in the proforma may also be used in designing RCH II Programme, I request you to kindly give personal attention to ensure that the information is complete containing all relevant details. The exact details concerning the workshop will be intimated to you shortly.

Yours sincerely,

(PRASANNA HOTA)

Shri Asim Burman,  
Principal Secretary(Family Welfare),  
Government of West Bengal,  
Writer's Building,  
CALCUTTA  
WEST BENGAL

Copy to:Dr.N.G.Gangopadhy, Project Officer, State Urban Development Agency, Health Wing,  
Ilgus Bhavan, HC Block, Sector -3, Vidhan Nagar, Calcutta.

(A.K.MEHRA)  
DIRECTOR(A.P.I)



# WORLD BANK ASSISTED RCH SUB-PROJECTS

District/City \_\_\_\_\_ Implementation period \_\_\_\_\_ to \_\_\_\_\_ Total cost \_\_\_\_\_

## PART-I

Indicator	Baseline Survey	Trends in key RCH indicators (figures to be given in percentage-%)		level RCH State	level Difference	Difference between State level - RCH level
		District level Household Survey Round-I (1998-99)	Round-II			
Marriage below 18						
Birth order 3+						
Know all FP methods						
CPR any method						
Unmet need						
ANC						
Full ANC						
Institutional delivery						
Safe delivery						
Full vaccination						
No vaccination						
Awareness						
RTI/STI/AIDS-Male						
RTI/STI/AIDS-Female						

In case district level Round II figures are not available, figures based upon performance statistics may be used.









सत्यमेव जयते

**Prasanna Hota**

Secretary

Tel. : 23018432

Fax : 23018887

e-mail : secyfw@nb.nic.in

482-5694  
279

ADHS (MCH)  
P.D. MSD & Asansole  
For compliance please.

*[Handwritten signature]*

भारत सरकार  
परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA  
DEPARTMENT OF FAMILY WELFARE  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011

L.119012/3/2003-A.P.I

August 26, 2003

*[Handwritten signature]*

Dear Shri Burman,

World Bank assisted Two RCH Sub Projects are under implementation in Asansole city and Murshidabad district of your State since October, 1997 at a cost of Rs. 8.57 crores and Rs. 13.53 crores respectively. Against the release of an amount of Rs. 25 crores by the Government of India, the State Government has reported an expenditure of Rs.14.02 crores so far in respect of the sub projects . These sub projects which were to terminate on 31.3.2003 will continue till 31.3.2004.

The performance of the RCH Programme including RCH Sub Projects was reviewed by the World Bank Review Mission in June, 2003. The World Bank opined that the experiences from the sub projects on the planned and actual outcomes in enhancing the reproductive health status and lessons learnt should be shared broadly. For this purpose the World Bank Mission suggested holding of an experience sharing workshop during October, 2003 in one of the sub project State. The Workshop is likely to be attended amongst others by representatives of the World Bank, Government of India, State Governments, Donor Agencies. For this purpose a reporting proforma has been finalized in consultation with the World Bank.

I request you to kindly submit the requisite information in CD/Floppy and ( 3 copies) in the enclosed proforma urgently, in no case later than 10<sup>th</sup> Sept., 2003, to Sh.A.K.Mehra, Director, Area Projects, MOHFW. Since the information contained in the proforma may also be used in designing RCH II Programme, I request you to kindly give personal attention to ensure that the information is complete containing all relevant details. The exact details concerning the workshop will be intimated to you shortly.

Yours sincerely,

*[Handwritten signature]*  
(PRASANNA HOTA)

Shri Asim Burman,  
Principal Secretary(Family Welfare),  
Government of West Bengal,  
Writer's Building,  
CALCUTTA  
WEST BENGAL

798(0)  
59.  
SFWD  
Pl. get the report  
*[Handwritten signature]*  
28/03



## WORLD BANK ASSISTED RCH SUB-PROJECTS

District/City \_\_\_\_\_

Period of Implementation \_\_\_\_\_ to \_\_\_\_\_

Total cost \_\_\_\_\_

### PART-IV

Please furnish detail information/inputs on the following performance related issues

- A. Component-wise major factors/ interventions/ contributions which brought overall improvement in the RCH indicators

**Expanding Service delivery**  
Quality Improvement  
Demand Generation  
Management Improvement

- B. Component-wise major problems faced during the implementation

Expanding Service delivery  
Quality Improvement  
Demand Generation  
Management Improvement

- C. Detailed comments/views on the following

- ii. Whether the Sub-Projects objectives were clear & achievable in the given time frame
- iii. Whether the design of the Sub-Projects were in consonance with the objectives envisaged
- iv. Whether the funds allocated under different components were sufficient

- D. Main Strengths/weakness of the project

- E. Suggestions to bring improvement in replication of similar projects

- F. Main areas where the projects had quality impact and also the areas where the impact was not up to the desired level





सत्यमेव जयते

**Prasanna Hota**  
Secretary

Tel : 23018432

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452-5694  
2/9

ADHS/MEH /  
P.D. MST & Asansole  
For compliance please.

*[Handwritten signature]*  
20/8/03

भारत सरकार  
परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA  
DEPARTMENT OF FAMILY WELFARE  
MINISTRY OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011

L.119012/3/2003-A.P.I

August 26, 2003

*[Handwritten initials]*

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SFWD  
Pl. get the report  
28/10/03



# WORLD BANK ASSISTED RCH SUB-PROJECTS

District/City \_\_\_\_\_

Implementation period \_\_\_\_\_ to \_\_\_\_\_

Total cost \_\_\_\_\_

## PART-I

Trends in key RCH indicators (figures to be given in percentage %)

Indicator	Baseline Survey	District level RCH Household Survey Round-I (1998-99)	District level RCH household survey Round-II(2002-03)	State level average	Difference R II - R I	Difference RII-Baseline	Difference between State level - RII
Marriage below 18							
Birth order 3+							
Know all FP methods							
CPR any method							
Unmet need							
ANC							
Full ANC							
Institutional delivery							
Safe delivery							
Full vaccination							
No vaccination							
Awareness							
RTI/STI/AIDS-Male							
RTI/STI/AIDS-Female							

In case district level Round II figures are not available, figures based upon performance statistics may be used



## WORLD BANK ASSISTED RCH SUB-PROJECTS

District/City \_\_\_\_\_

Period of Implementation \_\_\_\_\_ to \_\_\_\_\_

Total cost \_\_\_\_\_

### PART-III

Components	Budget allocation, expenditure incurred, total likely expenditure etc.		Expenditure upto/now		likely expenditure during the remaining period i.e. upto 3/2004		Total Expenditure upto 3/2004		Likely Savings/additional expenditure from revised approved allocation		Reasons for shortfall/excess expenditure	Remarks
	original approved allocation	Revised approved allocation	Expenditure upto/now	Expenditure upto/now	likely expenditure upto 3/2004	likely expenditure upto 3/2004	likely expenditure upto 3/2004	likely expenditure upto 3/2004	likely expenditure upto 3/2004			
Civil Works												
Other Non-recurring												
Equipments												
Furniture												
Vehicles												
Revolving Funds for mobility												
IEC												
Monitoring & Evaluation												
Consultancies												
Innovative Schemes												
NGO Support												
Other Non-recurring												
Recurring												
Salaries, TA/DA & Honorarium												
Contractual Services												
Drugs & Supplies												
Rent												
Operating Cost												
<b>Total</b>												

Rupees in lakhs



# WORLD BANK ASSISTED RCH SUB-PROJECTS

District/City \_\_\_\_\_  
 Total cost \_\_\_\_\_

Implementation period \_\_\_\_\_ to \_\_\_\_\_

## PART-II

Main strategies followed, project inputs, targets and achievements under the Sub-Projects.

Project Component	Main Strategies/ Project Inputs	Targets/ Envisaged	Activities	Achievements	Reasons for shortfall
<b>Expanding Service delivery</b>					
Civil works					
<input checked="" type="checkbox"/> New construction					
Repairs/Renovation/Upgration					
<input checked="" type="checkbox"/> Procurement					
Equipment					
Furniture					
Vehicles					
Revolving funds for Mobility					
<b>Human Resources</b>					
Staff at State level					
Staff at District/city level					
<input checked="" type="checkbox"/> Staff at facility level					
Grass root level workers					
<b>Quality Improvement in Services</b>					
<input checked="" type="checkbox"/> Training				✓	
<input checked="" type="checkbox"/> Drugs					
<b>Increasing the Demand for RCH/FW Services</b>					
<input checked="" type="checkbox"/> IEC					
NGOs Support					
Innovative Schemes					
<b>Management Improvement</b>					
<input checked="" type="checkbox"/> Management Structure					
<input checked="" type="checkbox"/> MIS					