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20 JUN 2002

Speed Post

L.19012/12/2001-API  
Government of India  
Ministry of Health & F.W  
Department of Family Welfare  
(A.P.I Desk)

P.O. fms. R  
for 2/6/02  
20/6

Nirman Bhawan, New Delhi  
Dated the 11<sup>th</sup> June, 2002

To,

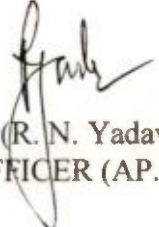
✓ Dr. N.G. Gangopadhyay,  
Adviser (Health), SUDA  
H.C. Block, (ILGUS Bhavan), Sector-3,  
Salt Lake, Calcutta-700091..

SUB: RCH Sub project under LCE component—Joint Review meeting held on 17.5.2002 at New Delhi- forwarding of minutes.

Sir,

I am directed to forward herewith a copy of the minutes of the Review Meeting held on 17.5.2002 in the Committee Room, Nirman Bhawan, New Delhi, for information and necessary action.

Action taken Report may kindly be furnished as early as possible.

  
(R. N. Yadav)  
DESK OFFICER (AP.I)

Minutes of the meeting held on 17.05.2002 under the chairmanship of Shri Gautam Basu,  
Joint Secretary to review RCH Sub-Projects.

A joint GOI and World Bank RCH Sub-Projects review meeting in 9 States namely West Bengal, Orissa, Rajasthan, Punjab, Manipur, Gujarat, Madhya Pradesh, Himachal Pradesh & Tripura was held on 17.05.2002 under the chairmanship of Shri Gautam Basu, Joint Secretary. However, the representatives of 5 States namely Madhya Pradesh, Orissa, Manipur, Gujarat and Tripura could not attend the meeting. The list of participants is enclosed.

Welcoming the participants, Shri Gautam Basu stated that less than a year was left, in the completing of project implementation period of the RCH sub-projects. Therefore, it is imperative that all the remaining approved activities are taken up immediately and completed before 31<sup>st</sup> March, 2003. Thereafter, the progress of the sub-projects was reviewed. The deliberations/decisions of the meeting are summarized as under:-

RCH SUB-PROJECT, MURSHIDABAD

- i. Dr. Gorai, Director, H & FW, West Bengal stated that of the 99 new sub-centres to be constructed under the project, 56 have been completed and of these 46 have already been handed over. The work in the remaining 43 Sub-Centre is in progress and is likely to be completed by October, 2002. However, there are many Sub-Centres which are functional but without electricity connections. The water supply in most of the sub-centres is through tube-wells and pumps. JS(RCH) stated that State should take all necessary steps to ensure electricity connection and water provision in all the sub-centres immediately. Dr. Sadia Chowdhury, World Bank desired that Consultant (Architect) should get category-wise status of all the civil works in all the sub-projects and should update them from time to time.
- ii. Director (H&FW), West Bengal also highlighted the major achievements made under the Sub-Project. These inter-alia include (i) training of 1810 Village Health Volunteers against the target of 1927, (ii) supply of furniture & equipment to 502 sub-centres and 165 Village Health Posts, (iii) awareness generation program through 22 NGOs, (iv) conducting of health fairs, (v) distant learning program through publishing and distribution of "Amader Chithi Apanr Name" (vi) folk program, quiz/essay competition, (vi) orientation of panchayat members & ICDS functionaries and (vii) incentives to link volunteers for promoting safe delivery/outreach services. Dr. Sadia Chowdhury desired that the State should document various programs under the project, outputs/outcomes and share the good practices with GOI, World Bank and other States.
- iii. Director (H&FW), West Bengal stated that they have already planned an end-line survey. However, the State Government was requested to undertake an independent study to assess the extent of utilization of facilities community-wise viz. minority, SCs&STs etc. For this purpose, the State Government will submit TORs in this regard immediately.
- iv. Concerning expenditure, the State Government informed that they have incurred an expenditure of 6.88 crores and the total likely expenditure upto the end of the project is likely to be 11.09 crore thereby leaving a saving of Rs.2.43 crores. Director (AP) stated that the ministry has received SOEs only for Rs.3.90 crores and requested the State to send the pending claims immediately.



### ASANSOLE SUB-PROJECT

- i. Dr. R.N. Kar, Project Director informed that out of the 13 HAUs to be constructed under the Sub-Projects, 7 have been completed and the remaining 6 will be completed by June, 2002. Construction of ESOPDs/MH is almost complete and these are likely to be handed over soon. Under the sub-project, performance statistics is also being collected on various outcome/output indicators. A number of IEC activities with key messages for safe delivery, small family norms, healthy child, prevention, immediate diagnosis and treatment of RTI/STIs, reduction of teenage marriage and pregnancy through interpersonal communication and different folk media have been undertaken. Concerning expenditure he stated that Rs.4.30 crores have been spent till March, 2002 and they will be able to utilize the balance funds upto the end of the project. The State Government was however, requested to send the pending SOEs in the prescribed format as the GOI has got only SOEs for Rs.3.76 crores.

### RCH SUB-PROJECT KINNAUR

Dr. K.D. Verma, Director Projects, HP informed that the sub-project has spent an amount of Rs.1.05 crores till March, 2002. This includes Rs.50,000/- advanced to PWD for starting the work. But the work is yet to start. Regarding civil works, he informed that against the target of new construction of 11 sub-centres and 3 primary health centers approved under the project, contract for construction of only 2 sub-centres, where preparation of MBD was not necessary, has been awarded to PWD but no tenderer has submitted quotations. Regarding PHCs, the PD informed that GOI has approved only Rs.25 lakh per PHC, whereas construction cost of one PHC in Kinnaur comes to Rs.50 lakhs. The State Government has agreed to meet the extra cost but the MBDs are yet to be modified and approved. The delay is mainly on account of PWD who take undue long time in undertaking the work, He also stated that Zila Panchayat in HP are also not capable to handle the civil works. He also informed that the repair work has been started and is likely to be completed by September 2002. Regarding innovative activities viz. service delivery, JS(RCH) observed that this is not an innovative activity. For this purpose, referral referral transport money is available under the RCH program.

Expressing serious concern about the slow pace of implementation of the project despite all requisite approval given by MOHFW, JS(RCH) opined that a detailed letter should be addressed to the Health Secretary with copy to the Chief Secretary. He also instructed Consultant (Architecture) to visit Kinnaur to assist the project staff/PWD in finalization of MBDs and assess the possibility of accomplishment of the work in time. Director (Projects) informed that there may be saving of Rs.1.08 crores under the sub-project.

### RCH SUB-PROJECT SANGRUR (PUNJAB)

Dr. D.P.S. Sandhu, DHS Punjab informed that the total expenditure so far is Rs.6.66 crores against the approved cost of Rs.12.62 crores. But no savings is likely and all the targeted activities will be completed by the end of the project period. Out of the 136 civil works, 131 have been completed and quotations have been received for the remaining 5. The work will be completed by 31.3.2003. Similarly Dai Training & NGOs proposal proposed at a cost of Rs.34.01 lakh Rs. 50 lakh respectively were not found feasible. The proposal for conducting Adarsh Parivar Mela at village level was also not approved. DHS propose to undertake a detailed survey for computerization of data through NGOs upto sub-centre level Director (AP) informed that computerization at sub-centre level cannot be approved as neither the project is feasible nor

sustainable. However, the sub-project may try to implement other approved innovative and IEC activities after observing GOI approval.

### **RCH SUB-PROJECT JAIPUR & TONK**

Reviewing progress of the Jaipur Sub-Project, Principal Secretary(H&FW), Rajasthan informed that against the total cost of Rs.13.34 crores, and revised cost of Rs.7.84 crores, the expenditure incurred so far is Rs.2.43 crores and with the additional likely expenditure of Rs.3 crores during the remaining period, the total likely expenditure upto the end of the project is estimated at Rs.5.43 crores. All the civil works approved under the Sub-Project are under progress and will be completed shortly. The balance procurement of furniture, equipment etc. is also under progress. During the current year, the software activities started from previous years such as video shows, adolescent counselling, IEC for male participation and girls welfare, slum contract drive, MS mela, involvement of private practitioners in spreading the news of health, nutrition & RCH etc. will continue during the current year also. The State Government also proposes to utilize Rs. 54 lakhs out of the savings of other components for preparation of State Health System Development Project for which approval of GOI & World Bank has already been sent. The State Government also proposes to take additional civil work, mobility support for women, new born kids, 24 hour delivery scheme etc.

Regarding RCH Sub-Project Tonk, the Principal Secretary informed that all the civil works are under progress and are likely to be completed soon. Against the cost of Rs.10.23 crores and revised cost of Rs.8.91 crores, the total projected expenditures is Rs.5.70 crores. He further informed that the State Government proposes to undertake new civil works worth Rs.325.50 lakhs by utilizing savings under other components. Director (AP) stated that civil works out of the savings of other components are not agreeable. The State Government was requested to send detailed proposal for other components. Regarding IEC, the State Government informed that various IEC activities by folk show, TV, Video shows, MSS, workshops at panchayat level and social mobilization through NGOs are being undertaken under the sub-project. Director (AP) requested the State Government to furnish the details of NGOs and the activities being undertaken by them.



**RCH SUB PROJECTS REVIEW MEETING HELD ON 17.5.2002**

<u>Sl.No.</u>	<u>Name of the Participants</u>	<u>Designation</u>	<u>Phone No.</u>
1.	Sh.S.D.Wighe	Consultant (Architect) Ministry of Health & F.W.	4369736
2.	Dr.DPS Sandhu	DHS(Ph)	600455
3.	Sh.Sudesh Raj	Consultant. Punjab State	
4.	Sh.Sharad Bhargava	RCH Consultant,Rajasthan	380123
5.	Sh.Niranjan Banerjee	Superintendent of Engineer HFDC, Govt.of West Bengal	564323
6.	Dr.Shibani Goswami	Project Officer.State Urban Development Agency	359-3184
7.	Dr.R.N.Kar	-do-	-do-
8.	Dr.D.K.Shori	SFWD + PD	
9.	Dr.K.D.Verma	Project Director, Deptt.of H&FW, Govt.of H.P.Shimla-9	222508
10.	Dr.Sonam G.Negi	RCH Nodal officer Kinnau	22213
11.	Sh.N.Chatterji	NPOIMH WHO	3018809
12.	Sh.Elizabeth Lule	World Bank	
13.	Sh.Sadia Chowdhury	World Bank	

*Draft*

**India: World Bank Review Mission  
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394- IN  
West Bengal**

**April, 2001**

**Aide Memoire**

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messrs. G.N.V. Ramana (Task leader IPP VIII), Badrud Duza (Social Demographer), Subhash Chakravarthy (Civil Works) and Agnelo Gomes (Team Assistant) between April 1 to 12, 2001. Field visits were undertaken to New Barrakpore, Madhyamgram and South Dum Dum municipalities under Calcutta component and to Durgapur under extended city component. The mission would like to thank Government of West Bengal, Mr. Asok M. Chakrabarti, Secretary, Health & Family Welfare, Mr. Prabh Das, Chief Executive Officer, Calcutta Metropolitan Development Authority (CMDA), Mr. R. Samaddar, Special Secretary, Municipal Affairs, Mr. Debashis Sen, Project Director IPP VIII and Secretary CMDA and various staff for discussions and warm hospitality that was extended to the mission. The mission is especially thankful to the mayors and chair persons of the local bodies for sharing their experiences and for facilitating field visits. This Aide Memoire summarizes the specific issues in the State of West Bengal for the Family Welfare Urban Slums Project.

2. **Summary:** The overall implementation progress of the project in Calcutta is satisfactory and the development objectives are being met. Service delivery has started in more than 90% of blocks and sub centers planned in the project. By March 2001, twenty out of 23 maternity homes and all 25 Extended Specialist Out Patient Departments (ESOPD) are operational providing RCH services to 3.6 million urban slum residents spread over 40 municipal towns. All operational facilities had Honorary Health Workers (HHWs) in position. Institutional deliveries, immunization coverage and contraceptive use by low parity couples continue to show improvement. The project is highly participatory and demonstrates high level of ownership by the local bodies. Innovative approaches such as introduction of user charges, cross subsidizing the poor and partnership with private sector are being successfully implemented. Health Development Fund established at municipality level is expected to sustain successful initiatives after the project closure. During past 6 months the training programs addressed specific skill gaps. Project City has so far spent Rs.819 million out of an outlay of Rs.925.96 million and detailed action plans for the remainder of the project have been prepared. The implementation progress under the expanded scope of the project in 10 new cities continues to be good. More than 1000 Honorary Health Workers have been selected and trained. With most of the part time medical officers and half of the ANMs in place, service delivery has started in 1090 blocks covering around 0.8 million urban poor population. With completion of 30 works and balance works to be completed by April 30, 2001, the progress of civil works program is well on target. Now attention is needed to equip and operationalize the built facilities. Till date Rs. 117 million has been spent under this component out of an outlay of Rs. 362 million. During April 2001 another Rs. 100 million is expected to be spent. The agreed benchmarks for next 6 months are presented in Annex II.



### **Development objectives:**

3. The development objectives envisaged in the project city are being met. Nearly a half (47%) of the low parity couples (two or less children) in the project area are using one or other contraception. More than 90% of the expectant mothers had 3 antenatal visits and delivered at institutions and 86% of eligible infants received measles immunization (Annex III & IV). The data reported by project MIS closely matches with independent evaluation undertaken under RCH household surveys. The additional city component also started registering steady progress towards development objectives.

### **Improve access to FW and MCH services:**

4. **Service Providers:** Out of planned 3815 HIWs, 3663 are in position and are actively engaged in social mobilization activities. The bench mark agreed during the last mission for appointment of at least one qualified nurse and one full time lady doctor on contractual basis in each of the 40 municipalities to enhance quality of care was substantively met. Now 36 municipalities have full time lady medical officers and staff nurses.

5. **Civil Works:** The civil works progress continues to be good and except for two maternity homes all the approved works have been completed (Annex V). As per the agreed benchmark, the project has forwarded evaluation reports and other relevant documents of five new maternity homes that require prior review to the Bank. It was agreed that the remaining two maternity homes will be operationalized by April 30, 2001.

6. **Service delivery:** The mission is pleased to note that social mobilization activities are in place in 3663 out of 3815 planned blocks (each covering about 1000 population). Regular antenatal and immunization clinics are being held at 725 out of 763 planned sub centers (each covering about 5000 population). All the approved 25 ESOPDs are providing polyclinic services regularly and 21 out of 23 planned maternity homes are made operational (Annex IV). All the facilities operationalized are staffed and well maintained. Facility level monitoring instituted by project authorities indicates that utilization of services by women and children have gone up, especially among the project beneficiaries. The project continues to demonstrate good public private partnership by contracting services of local private practitioners on part time basis rather than employing full time doctors and specialists. Initiatives to strengthen referral linkages with the Bank supported State Health Systems Development Project (SHSDP) have started and a detailed referral mapping has been undertaken. The mission strongly recommends more formal coordination mechanism – quarterly reviews, familiarization visits etc.- to promote linkages between IPP VIII, RCH and SHSDP to maintain continuum of care. With significant achievement in quantifiable project outputs, during the remainder of the project there is need to focus on quality of services and making them more responsive to clients.

### **Improve quality of FP and MCH Services:**

7. **Training:** With completion of most training activities planned in the SAR, the focus during last 6 months was on addressing the critical gaps. As per the agreed benchmarks trainer's training has been provided to the remaining 60 trainers by Teacher's Training Center of Jawharlal Nehru Institute of Postgraduate Medical Education and Research, Pondicherry and 100 Part Time Medical Officers (PTMOs) have been provided clinical skill training in IUD insertion. During the remainder of the project the training activities should focus on monitoring the use of skills addressing the deficiencies if any.



8. **Healthcare waste management:** Following recommendation of the May mission, the project authorities in consultation with SHSDP team have prepared a detailed action plan for first phase of healthcare waste management covering 10 local bodies. Training of staff working at these facilities in short-term measures such as segregation of waste, color coding by type of waste, and proper disposal of infectious wastes through deep burial pits has been completed and deep pits are being prepared in 7 municipalities. It was agreed that by May 31, 2001 works in remaining 3 municipalities will be completed and implementation will start.

**Enhance demand for FW and MCH services:**

9. The project continues to give attention to three behavior change objectives - early registration of pregnancies, improved measles immunization coverage and child spacing. As per the agreed benchmark, the unreached groups have been mapped and detailed action plan has been prepared with renewed emphasis on inter person communication and using mass media strategically. It was agreed that depending on the need vernacular languages for media and IPC activities will be used. Considering the successful innovations carried out, it was agreed that the project would engage services of a professional agency following Bank procedures to prepare a video film of the project.

**Improve management:**

10. The mission is pleased to note the continued engagement of local bodies in all key decisions related to the project resulted in strong local ownership for the project. Regular field visits as well as monthly review meetings with the chairpersons of the 40 local municipalities are being continued. Three committees have been constituted to closely monitor the program implementation - municipality level coordination committee headed by chair person, ward committee headed by local councilor and outreach committee headed by women councilor. Geographic Information System pilot has been made fully operational in 2 municipalities and in advanced stage in four more municipalities. It was agreed that this pilot would be made fully operational in all the ten municipalities by May 30, 2001. Municipality level health development fund have been established to sustain some of the project initiatives and local bodies are given flexibility to fix user fee for non beneficiaries while uniform nominal fee is being charged for the beneficiaries. Now that the project is reaching its last year of implementation, attention is needed for gradual integration of PMU activities with that of the municipal bodies and CUDP III, and improved referral linkages with SHSDP. It was agreed that by May 30, 2001 the project team will (a) share with GOI and Bank a transition plan for the post project period highlighting key process indicators; and (b) forward proposal for sustaining key project staff for a period of four months after the project closure to implement transition arrangements and finalize the project accounts. The project authorities estimated that there will be a saving of about Rs. One crore. Based on the feed back given by the chairpersons, it was agreed to address the critical gaps in consumables and routine medical equipment including procurement of ambulances through DGS&D rate contract in seven municipalities.

**Implementation Completion Report:**

11. The mission held detailed discussion with the project team on implementation completion report. This will be undertaken in two phases. The initial phase will adopt qualitative research techniques to document the 'best practices' of the project. The Bank has provided an international consultant to steer this process and project has agreed to complement this effort with two local consultants. This will be followed by end line surveys to be undertaken by independent agencies adapting a standardized protocol to assess the project impact. The first phase was started during the mission with an intensive experience sharing session with project staff and chairpersons of 9



municipal bodies. It was agreed that by May 30, 2001 the CMDA will obtain clearance for the Terms of Reference and award contract for end line surveys.

**Additional City Component:**

11. The mission is pleased to note good progress in the start up activities despite protracted delay in clearances. The State Urban Development Agency (SUDA) is implementing the project and the municipal engineering department is looking after the civil constructions. The progress of civil works is satisfactory and it was agreed that all the 30 facilities completed (25 health posts and 5 OPD cum Maternity Homes) will be operationalized by April 30, 2001 and remaining 16 facilities (10 health posts and 6 OPD cum maternity homes) will be operationalized by May 31, 2001. To facilitate this it was agreed that SUDA will prepare a set of guidelines for taking over the facilities including joint site inspection of maternity homes by municipal engineering department officials and relevant medical professionals. The procurement activities are on schedule as per the approved plan. It was agreed that by April 30, 2001, SUDA will forward a formal request to Bank to procure 30 pharmaceutical items for which bids were non responsive through local shopping procedures along with procurement plan for the remainder of the project.

12. As per the agreed bench mark service delivery has started in all the 1090 blocks and 250 sub health posts. Out of 70 planned PTMOs, 63 are in position. The earlier problem faced by the municipalities in the recruitment of ANMs and PHNs has been addressed reasonably well. Currently, 35 out of planned 70 ANMs and all the 10 planned PHNs are in place. In the remaining facilities ad hoc arrangements have been made to provide the services through part time nurses. The progress in training is satisfactory and all the HHWs and part medical officers in position have been trained. During the field visit the mission is pleased to note that most of the HHWs are quite well conversant with their job responsibilities and demonstrate strong commitment to the program. Now the emphasis should be on closer monitoring of service delivery activities and provide on the job training addressing the critical skill gaps. Also, fixed service days for immunization and antenatal services would be necessary to ensure regular provision of these services. The mission recommends display of service days at the sub health posts to enable the community to know when these services are provided. There is also need to standardize the registers to facilitate monitoring of the registered clients to facilitate monitoring the receipt of full range of services. With the outreach and clinical services started in the project, referral linkages will be critical in future. The mission recommends more formal linkages with state health systems development project such as joint training sessions, familiarization visits to hospital by HHWs and maintenance of referral registers. During the field visit the mission noted the need for cold chain equipment for the health posts and maternity homes and it was agreed that a detailed proposal for required cold chain equipment would be forwarded to GOI by April 30, 2001.

13. During the field visits the mission is pleased to note very strong ownership by the local bodies for the project initiatives. The municipal chairpersons and councilors are taking active interest in the project and ensured timely availability of sites. The mission during the field visits noticed that services of HHWs are being used for providing TBDOIS and also in HIV/AIDS prevention. This is a very positive shift towards convergence of all health services for the urban poor. However, such efforts need more training inputs not only to HHWs but also to their supervisors and part time doctors. The mission is also pleased to note that referral linkages are being established with State Health Systems Development Project and Health Officers of the project cities has been enrolled as members of district health committees. In view of the limited time available, the project authorities now need to limit innovative activities giving more attention to service delivery and social mobilization. As per the agreement reached during

September IDA mission, the project authorities are limiting the IEC activities to project core development objectives making use of material already developed under IPP 8, Calcutta project.

14. As this component of the project is likely to be extended based on the request from GOI, funds flow and financial management responsibilities need urgent attention. So far, IPP 8 Calcutta is handling these responsibilities. With the proposed closure of this component of the project by June 30, 2001, it was agreed that GoWB would send a formal communication to GOI requesting release of funds directly to SUDA. The financial management and submission of SOEs will be undertaken by SUDA as it has been doing in case of ongoing RCH sub project at Asansol. It was agreed that by April 30, 2001 the project authorities would forward detailed proposal including cost estimates for the remainder of the project. The reports from MIS indicate positive shift in the project output indicators. This, however, needs to be validated independently on periodic basis. Based on observations during the field visits, the mission once again reiterates its earlier recommendation for undertaking rapid coverage evaluation surveys based on WHO/UNICEF 30 cluster sampling complemented by participatory appraisal methods to get community views of the program. Even with the proposed extension, the project has limited time available and efforts towards sustenance need to be kick started. In some of the project locations there is considerable potential for partnership with private industries which needs to be exploited.



11 SEP 2002



Government of West Bengal  
Municipal Affairs Department  
Writers' Buildings, Kolkata

2065/MA/P/C 10/3S-20/98

Dated Kolkata, the 5th September, 2002

From : Joint Secretary to the Government of West Bengal

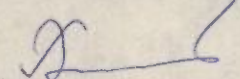
To : Dr N.G. Gangopadhyay, Adviser (Health),  
State Urban Development Agency,  
Ilgus Bhavan, H C Block, Sector III, Salt Lake,  
Kolkata

Sub : Family Welfare Urban Slums (Population VIII) Project

Sir,

I am directed to send herewith a copy of the letter dt. 9.7.2002 from the World Bank, addressed to Mr J V R Prasada Rao, Secretary, Family Welfare, Ministry of Health & Family Welfare together with its enclosure on the above subject, for information.

Yours faithfully,

  
Joint Secretary

sc/692K2



By 1250  
2.9.02

(18) SS, MA Dept  
23/7/02

July 9, 2002

Mr. J. V. R. Prasada Rao  
Secretary, Family Welfare  
Ministry of Health and Family Welfare  
Nirman Bhawan  
New Delhi

Pl. Send to SS, MA Dept.

rl  
23/7/02

Dear Mr. Rao:

Jy (WA) 7073/02  
Pr. n.s. a  
CA  
Dr. Annapalaya, Minister (Health),  
SUDA.

INDIA: Urban Slums Project-Population VIII (Cr. 2194-IN)-28/8/02  
Implementation Completion Mission

8-1  
28/8/02

I would like to thank you, Mr. Gautam Basu, Joint Secretary, state governments, Project Directors and their teams for the discussions and hospitality accorded to the World Bank mission that undertook the final review of the Family Welfare Urban Slums Project during June 20-26, 2002. The purpose of this mission was to review the achievement of project development objectives, discuss the lessons learnt and agreed follow-up actions for the Implementation Completion Reporting (ICR) process for the Family Welfare Urban Slums Project. I thank you and the Municipal Corporation of Delhi for organizing the ICR workshop. This letter confirms the main findings and recommendations of the attached Aide-Memoire, which was discussed on June 29, 2002.

We commend the project states for undertaking a very successful project under the stewardship of the Ministry of Health and Family Welfare. The project has substantively achieved its development objectives of reducing fertility and improving maternal and child health among slum populations in the mega cities of Bangalore, Delhi, Hyderabad and Kolkata. While it is too early to expect an impact in the 94 new towns included in the project during the mid term review, a positive shift in processes is quite evident in Andhra Pradesh and West Bengal.

The inputs provided under the project have made significant contribution to the development objectives. The project has helped GOI to extend essential reproductive and child health services to 11.35 million urban slum/poor populations with 17,401 volunteer female workers recruited from the slum communities acting as social mobilizers. Endline surveys indicate that 50-86% of prenatal services, and a third of contraceptive services in all project cities, and close to 40% of deliveries in Bangalore and Kolkata, are provided by the project facilities/providers.



cc: Mr. Gautam Basu, Joint Secretary, MOHFW  
Mr. R. Bhatnagar, Director (FB), Department of Economic Affairs  
Mr. A. K. Mehra, Director, Area Projects Division, MOHFW  
Mr. N.N. Sinha, Director, MOHFW  
Ms. Nandita Chatterjee, Consultant, WHO, Delhi  
Mr. A. K. M. Nayak, Principal Secretary (H&FW), Government of Karnataka  
Mr. G. V. Krishna Rau, Special Secretary and Project Director, IPP VIII and IPP IX, GOK  
Dr. M. Jayachandra Rao, Project Coordinator, IPP VIII, Bangalore  
Mr. Prabh Das, CEO, Kolkata Metropolitan Development Authority, Kolkata  
Ms. R. Sen, Special Secretary, Kolkata Metropolitan Development Authority, Kolkata  
✓ Mr. R. Samaddar, Special Secretary, Municipal Affairs, GOWB, Kolkata  
Mr. R. Mehta, Commissioner, MCD Delhi  
Dr. Karuna Singh, Project Director, IPP VIII, Delhi  
Mr. A. K. Timid, Special Chief Secretary, health and Family Welfare, GOAP  
Ms. Nilam Sawhney, Commissioner, Family Welfare, GOAP  
Mr. Masul, Project Director, IPP VIII, Hyderabad

India: World Bank Review Mission  
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394 - IN

International Development Association Review and Implementation Completion Mission  
June 20-27 2002

Aide Memoire

Key Project Data		Current Ratings and Flags	
Effectiveness Date	05/31/1994	Development Objectives	<i>Highly Satisfactory</i>
Closing Date	06/30/2002	Implementation Progress	<i>Satisfactory</i>
Project Age	8 years	Problem Flags	<i>None</i>
Disbursed	84 %		

1. An IDA team consisting of Messer/Mmes. G. N.V. Ramana (Mission Leader), Suneeta Singh (Public Health), Mam Chand (Procurement), Manoj Jain (Financial Management), Gowrinath Sastry (Management Information Systems), Subhash Chakravarthy (Civil Works) and Supriya Mukherjee (IEC) undertook final supervision mission of Family Welfare Urban Slums Project and reviewed the progress of the Implementation Completion Reporting (ICR) during June 20-27, 2002. Ms. Parul Chhabra (Consultant) compiled the results from various studies and Mr. Agnelo Gomes coordinated the mission logistics. The mission met with Mr. J. V. R. Prasada Rao, Secretary, Mr. Gautam Basu, Joint Secretary, Mr. A. K. Mehra, Director, Area Projects Division, Dept. of Family Welfare, Government of India (GOI), Project Directors and various officials. The mission participated in the review of end line surveys organized by Institute for Research in Medical Statistics (IRMS) during June 20-21, 2002 and in the ICR Workshop organized on June 25 and 26, 2002 where the findings of the end line surveys were shared and lessons learnt discussed. In addition to several state Secretaries of Health & Family Welfare, representatives from European Union, DFID, UNFPA, USAID and WHO participated in the discussions. The mission would like to thank MOHFW and state project teams for the high quality and frank discussions on project implementation experiences, and commends the excellent organization of the ICR workshop by the Municipal Corporation of Delhi. This Aide Memoire, shared with GOI during the wrap-up meeting held on June 27, 2002, summarizes project experiences and highlights the mission's assessment on sustainability of services and facilities started in the project. The mission objectives and list of documents/reports received during the mission are provided in the annex.

#### SUMMARY OF MAIN FINDINGS

2. **Credit Background, Closing Date and Utilization of Proceeds.** The project was approved by the World Bank Board on June 18, 1992 for a Credit of SDR 57.70 million (US \$ 79 million equivalent as of June, 2002). The counterpart funding by GOI was US\$ 17.6 million. The project became effective on February 4, 1994. Delayed effectiveness was due to changes in National Government during that period. This is a Centrally Sponsored project coordinated by Department of Family Welfare, Ministry of Health & Family Welfare, GOI and implemented in 4 cities of Bangalore, Delhi, Hyderabad and Kolkata by the states of Karnataka, Delhi, Andhra Pradesh and West Bengal respectively. 90% of the project costs were provided as grant by Government of India (GOI) and the balance 10% was contributed by the Project States. The Mid Term Review (MTR) of the project (1998) estimated savings of US\$ 38 million equivalent



	<p>Hyderabad and Bangalore had women's development officers to coordinate the innovative schemes which helped in more effective implementation and monitoring of this component.</p> <ul style="list-style-type: none"> <li>▪ In Hyderabad, change in construction management responsibility and non-availability of fully dedicated engineering wing has resulted in construction delays and inadequate monitoring.</li> <li>▪ Delhi and Kolkata could successfully implement MIS and effectively used MIS as a tool for strategic decisions such as graded user fee, planning service delivery activities, IEC campaigns and monitoring the impact of such campaigns. MIS cells in Bangalore and Hyderabad were found to be weak.</li> <li>▪ A Loan Administration Change Initiative (LACI) for computerized management of physical and financial progress of the project was piloted in the 4 project cities.</li> <li>▪ The funds flow to the municipalities was through MOHFW and the state finance departments. Funds flow problems were faced by Delhi and Hyderabad in 1999-2000. MOHFW has expeditiously addressed this by directly releasing funds to project savings account in Delhi and to State level society in Andhra Pradesh.</li> </ul>
<p><i>V. Supporting innovative Schemes</i></p>	<ul style="list-style-type: none"> <li>▪ Services of 77 NGOs/PVOs have been used to implement innovative schemes in the 4 project cities.</li> <li>▪ AP has done unique experiment of completely outsourcing the service delivery to NGOs in newly created 191 urban health posts in 73 towns.</li> <li>▪ 23,992 adolescent girls/women have been imparted vocational skill training. Kolkata has organized entrepreneurship training for 2,175 trained girls to improve their income generation potential.</li> <li>▪ 1,927 women's groups have been formed.</li> <li>▪ 1,230 thrift groups have been formed and revolving funds were given 792 women's groups for income generation activities.</li> <li>▪ 307 girls' schools renovated/repared.</li> <li>▪ 3,060 girls who were not going to schools were enrolled in play schools.</li> </ul>
<p><i>VI. Preparing future projects</i></p>	<ul style="list-style-type: none"> <li>▪ During the MTR restructuring, 94 new towns/cities from the states of Andhra Pradesh, Karnataka and West Bengal were included in the project.</li> <li>▪ Contraceptive and MCH supply logistics were strengthened in the states of Tamil Nadu and Uttar Pradesh.</li> <li>▪ Lessons from the project are being used to develop a new urban health program for India.</li> </ul>

6. **Key lessons from Implementation Experiences.** The participants of ICR workshop highlighted the processes that contributed to the successful implementation of the project. These include: (a) bringing health on to the political agenda through decentralization as happened very effectively in Kolkata; (b) building sustained community capacities through neighborhood volunteers in all the project cities; (c) empowering the adolescent girls and women through vocational skill and entrepreneurship training; (d) building partnerships with private sector in providing clinical services as happened in Kolkata and Andhra Pradesh; (e) focusing on financial viability (user fee and health development fund) in Kolkata and later on in Bangalore and Andhra Pradesh. Lack of adequate male participation, inadequate convergence with ongoing slum development activities, weak referral linkages with specialty hospitals and inadequate training in Bank procurement procedures are some areas that deserve improvement.

## 11. Summary of Next Steps and Agreed Actions.

<u>Actions</u>	<u>By When</u>	<u>By Whom</u>
Response to pending audit observations. SOE reviews done by Ms. Global Procurement Consultants Ltd.	July 31, 2002	Project States
Re-certification of earlier audit disallowances	July 31, 2002	Project States
Withdrawal applications for eligible expenditures incurred up to June 30, 2002 to be transmitted to IDA	October 31, 2002	Project States and MOHFW
MOHFW and Project States to collaborate with IDA in the preparation of the ICR	December 31, 2002	Project States and MOHFW
MOHFW to finalize the preparation of its own Evaluation of the Project and prepare a summary not exceeding 10 pages with IDA for inclusion as an Annex in to the ICR	August 31, 2002	MOHFW
The draft ICR to be sent to MOHFW for comments	September 15, 2002	World Bank
MOHFW to send comments on ICR draft to the World Bank	September 30, 2002	MOHFW
Final ICR to be issued by the World Bank	November 15, 2002	World Bank
Project and SOE Audit Accounts for FY 2001-02 and for payments made after March 2002	December 31, 2002	Project States



Original Cities			
City	Slums/Towns covered	Slum/Poor Population	Community based Volunteers
Bangalore	525 slums	851.000	970 Link Volunteers
Delhi	929 JJ Clusters	1,250,000	544 Basti Sevikas
Hyderabad	793 Slums	1,213,000	8324 Link Volunteers
Kolkata	37 Municipalities and 3 Municipal Corporations	3,713,000	3713 Honorary Health Workers
<b>Total</b>		7,027,000	
Additional Cities			
State	Tows/Cities covered	Slum/Poor Population	Community based Volunteers
Andhra Pradesh	73 B & C Class Municipalities	2,855,441	
Karnataka	11 Towns/Cities	596,172	2,760 Resident Community Volunteers
West Bengal	10 Towns	867,663	1,090 Honorary Health Workers
<b>Total</b>		4,319,276	

Type of facility	Input	Bangalore			Delhi			Hyderabad			Kolkata			All	
		SAR	Revised	Actual	SAR	Revised	Actual	SAR	Revised	Actual	SAR	Revised	Actual	SAR	Actual
Maternity Homes (With ESOPD in Kolkata)	Renovation	21	25	25	6	6	6	2	5	5	18	23	23	26	39
					0	21	21	10	0	0	25	0	0	56	46
Expanded Specialty OPD	New										0	2	2	0	2
Health Centers/ Urban FW Centers/ Health Administrative Units	New	60	55	55	19	21	21	36	25	25	109	97	97	224	198
	Renovation	37	25	25				34	33	33				71	58
Health Posts/Sub Centers	New				125	105	105				0	114	114	125	219
	Repairs/ Renovation				0	88	83				0	159	159	0	242
Staff Quarters	New	7	7	7				0	3	3				7	10
	Renovation														
Training Center	New	1	1	1										1	1
	Renovation													0	1
Construction of Regional Stores											1	1	1	1	1
Improvements to Schools					200	0	0	0	14	14	50	300	297	250	311

Category of Staff	Bangalore		Delhi		Hyderabad		Kolkata		All	
	SAR	Achieved	SAR	Achieved	SAR	Achieved	SAR	Achieved	SAR	Achieved
Link Volunteers/HHW/ Bastu Sewika	970	1369	550	443	1000	1000	4400	5182	6920	7994
Para-medical staff including supervisors	484	571	860	272	575	575	1023	897	2942	2315
Medical Officers	161	191	228	86	170	165	430	0	989	542
Private Medical Practitioners	300	259	200	180	600	600	0	100	1100	959
Technicians/Pharmacist	24	24	0	0	30	30	0	34	54	88
Trainers	12	0	50	232	30	30	50	55	142	317
Others (Anganwadi Workers, Maternity Homes Staff & Health Inspectors)	88	512	0	0	400	400	0	0	488	912
<b>TOTAL</b>	<b>2039</b>	<b>2926</b>	<b>1888</b>	<b>1213</b>	<b>2805</b>	<b>2800</b>	<b>5903</b>	<b>6268</b>	<b>12635</b>	<b>13127</b>

	Bangalore	Hyderabad	Delhi	Kolkata
Clinical Services	Program Officer (Medical)	Joint Director	Senior Medical Officer (Service Delivery)	Chief of Health
Procurement	Program Officer (Procurement)	Procurement officer	SMO (Procurement)	Chief of Health
Engineering	Executive Engineer	Engineering wing of MCH	Superintending Engineer	Chief Engineer
Finance and Accounts	Program Officer Consultant	Accounts Officer	Accounts Officer	Accounts Professional
Training	Director, Training Institute	Program Officer (Training)	SMO (Training)	Deputy Chief of Health (Training)
Monitoring and Evaluation	Demographer	Statistical Officer	SMO (MIS)	Deputy Chief of Health (MIS)
IEC	Program Officer (IEC)	Program Officer (IEC)	SMO (IEC)	Deputy Chief of Health (IEC)
Innovative Schemes	Women's Development Officer	Program Officer (Women's Development)		Deputy Chief of Health (NGO and Comm. Participation)



## Mission Terms of Reference

### To review:

1. The degree to which the project has achieved its development objectives of (a) Reducing fertility among slum populations; (b) Improving maternal and child health; and (c) Improving the supply chain management of critical RCH commodities and supplies (in Tamil Nadu and Uttar Pradesh) providing satisfactory explanation and data to justify the claims.
2. Other significant outcomes and impacts, especially those which can not be measured quantitatively such as decentralization, partnerships with private and NGO sectors, performance monitoring, behavior change strategies etc.
3. Prospects of project's sustainability covering institutional (project management), human resource (community based volunteers and additional staff) and financial (funds for operation and maintenance, and supplies etc.) dimensions.
4. Bank and Borrower's performance during various phases of the project preparation, supervision, mid term review etc., including compliance with relevant Bank safeguard and business policies.
5. Lessons learnt from the project – positive and negative – for future projects with emphasis on replicability of successful innovations.

### Documents received:

1. First Drafts of Endline survey reports from Bangalore, Delhi, Hyderabad and Kolkata
2. Draft ICR reports of Bangalore, Hyderabad, Kolkata, Karnataka and West Bengal
3. Documentation of Best Practices in India Population Project – VIII, Bangalore, Center for Social Development, Bangalore
4. Documentation of innovations under IPP VIII Project in Delhi Urban Slums, Asian Center for Organization Research and Development, New Delhi
5. Validation of MIS data in India Population Project VIII, Bangalore, Dept. of Community Medicine, Kempe Gowda Institute of Medical Sciences
6. Report on Nutrition Education for Adolescent Girls in slums of Twin Cities under IPP VIII- Hyderabad, Indian Institute of Health Management Research

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No.L.19012/15/99-APS  
GOVERNMENT OF INDIA  
Ministry of Health & Family Welfare  
(Department of Family Welfare)

Nirman Bhavan, New Delhi-11.  
Dated the 26th March, 1999.

To

Smt. Nandita Chatterjee,  
Secretary (CMDA) & Project Director (IPP-VIII),  
Calcutta Metropolitan Development Authority,  
3A, Auckland Place,  
CALCUTTA - 700 017.

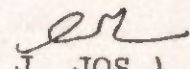
Subject: World Bank Review Mission Population VIII (Urban Family Welfare) Cr. 2394-IN & RCH: Local Capacity Enhancement Component (Cr N0180) Proposed Urban RCH Sub-projects - January & February, 99 - Aide Memoire - Action taken.  
\*\*\*\*\*

Sir,

I am directed to enclose herewith a copy of the aide-memoire of the World Bank Review Mission during Jan.- Feb., 99.

It is requested that the action taken report may please be submitted to this Ministry at the earliest possible.

Yours faithfully,

  
( E. J. JOS )

Under Secretary to the Government of India



**India: World Bank Combined Review Mission  
Population VIII (Urban Family Welfare) Cr. 2394-IN  
Reproductive and Child Health:  
Local Capacity Enhancement component (Cr N0180)  
Proposed Urban RCH sub-projects**

January - February, 1999

*Aide Memoire*

1. A World Bank mission consisting of Drs./Messrs. Indra Pathmanathan (mission leader), G.N.V. Ramana (Task Leader, Population VIII and LCE component), Sadia Chowdury and A. Bharadwaj (public health), Nirmala Murthy (decentralized planning and monitoring), Supriya Mukherjee (IEC), A. Diwan and S. Chakravarty (civil works), R Narula (financial management), Mam Chand (procurement), and Z. Thomas reviewed the implementation progress of Population VIII and the Local Capacity Enhancement (LCE) component of the Reproductive and Child Health (RCH) project and discussed issues relating to preparation of additional RCH proposals. The mission visited Population VIII in Calcutta, Delhi and Hyderabad, and reviewed progress of RCH sub-projects in West Bengal, Andhra Pradesh, Uttar Pradesh, Manipur and Mizoram. The mission joined members of the Bank's Health team for coordination meetings between RCH and State Health Systems projects, and made joint visits to Karnataka (Population IX, RCH, State Health Systems) and to Uttar Pradesh (proposed RCH and State Health Systems).

2. The mission also participated in preparatory activities organized by the Ministry of Health and Family Welfare (MOHFW) for the proposed RCH II project, which included: a "think tank" workshop to review lessons learnt in urban slum projects (Population V and VIII, CUDP III) to provide input for preparation of guidelines for urban components of the proposed RCH II and a meeting of Secretaries of Health and Family Welfare and Urban Development Authorities. The mission was accompanied by various officials from the Ministry of Health and Family Welfare (MOHFW), and in various states by representatives from UNFPA, DIFD and the EC mission.

3. Subsequently the mission had discussions with Mr. Y.N. Chaturvedi, Secretary, Family Welfare, Mr. G Basu, Joint Secretary and senior MOHFW officials to identify critical implementation issues, assess the progress towards development objectives, and reach agreement on benchmarks for the next six month period, and briefed Mr. K. Bhaskar, Director (FB) DEA on critical issues.

4. The mission would like to thank the Government of India, and the state governments of West Bengal, Andhra Pradesh, Uttar Pradesh, Manipur, Mizoram and Karnataka, and various staff for facilitating field visits and discussions, and for the warm hospitality that was extended to the mission.

**Population VIII (Urban Family Welfare)**

5. **Progress and critical issues.** The mission was pleased to note that the project continues to make good overall progress towards the development objectives. The project has expended about 39% of the Rs allocation. However, due to a large increase in the Rs value of



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the Credit, disbursement is only about 25 % of project cost, and significant savings are expected for which additional activities were agreed during June 1998 mid term review mission. Two critical implementation issues affect the project. First, the mission was disappointed that EFC clearance has not yet been obtained for the proposed re-structuring and use of savings, and further delay would make it unlikely that the proposed large civil works (maternity homes and ESOPDs) would be completed prior to the project's completion date, and the funds set aside for such activities would need to be cancelled. Furthermore, field visits by the current mission indicated that some of the new constructions agreed during desk reviews by the previous mission might not be necessary since equivalent services are available. It was agreed that MOHFW would request cities to review their proposals for the larger civil works with a view to utilizing alternate available facilities belonging to other agencies. In the meanwhile, other preparatory activities in the proposed additional cities are progressing well, and momentum should be maintained on the understanding that the activities would be financed retro-actively. The second critical issue related to management and financial bottlenecks in Delhi, and the mission was pleased that the Municipal Commissioner, Delhi has now established revised arrangements that appear well placed to expedite implementation.

6. **Outreach workers.** All the project cities have established community linkages using network of outreach workers though their effectiveness varied widely between the cities with Calcutta being the most effective. Delhi continues to lag behind in identification of adequate numbers of link workers. Except for Calcutta, no other city has seriously considered strategies to sustain outreach activities after the project. One common observation was that training of link workers needs more emphasis on interpersonal communication and correct advice regarding use of spacing methods, especially oral pills. It was agreed that the project cities would (a) incorporate appropriate modifications in their training curricula to address deficiencies, and (b) establish mechanisms to monitor the use of the facilities by the beneficiaries.

7. The mission was disturbed to learn that Hyderabad continues the practice of incentives for promoting sterilization and has recently re-introduced sterilization targets for link workers, which is not in conformity with the national policy and an agreed covenant for the nationwide RCH Program. It was agreed that this situation would be remedied immediately.

8. **Upgraded facilities.** During the past 6 months several facilities have been completed and are in the process of being handed over. It was agreed that by March 31, 1999 (a) basic amenities for all built up facilities would be provided to make them operational for service delivery; (b) all contracts for major civil works (maternity homes, health centres and UFWCs) would be awarded; and (c) standard list of equipment for maternity homes would be provided by MOHFW to the project cities.

9. It was also agreed that (a) Calcutta would rationalize the service structures and functioning of IPP 8 and CUDP health posts and services provided at ESOPD and maternity homes; (b) Delhi would ensure handing over of identified sites to the engineering wing; and (c) Hyderabad would reallocate the proposed 7 UFWCs to the identified sites closer to the slums and limit the bed capacity to 10.

10. **Service quality and outcomes.** The mission is pleased to note that, except for Hyderabad, the MTR findings suggest that there has been improvement in MCH and family



elfare service indicators. In particular, Calcutta has registered a marked increase in institutional deliveries, immunization coverage and contraceptive use. However, in Delhi, the institutional delivery rate continues to be low. It was agreed that the project cities would now give strong emphasis on improving quality of services: Calcutta would appoint staff nurses as second tier supervisors and develop quality assurance systems in the maternity homes. Delhi would strengthen the training and supervisory capacity. Hyderabad would reorient its staff towards promoting spacing methods and withdraw incentives for promoting sterilization.

11. **Training.** It was agreed that all cities would (a) review and revise their training curricula based on job responsibilities and the in-service RCH training guidelines provided by MOHFW; (b) organise reorientation programmes to overcome the specific gaps in the knowledge and skills of the functionaries such as correct use of oral contraceptives; and (c) strengthen the capacity of training cells.

12. **Promoting behaviour change.** Based on the MTR findings and mission observations, it was agreed that all project cities would review their IEC activities, focus on behaviour change and develop a comprehensive IEC strategy. It was agreed that (a) outcomes rather than the inputs and activities of IEC would be monitored; (b) Delhi would hire rather than procure IEC vans and assess their effectiveness; (c) all cities would identify appropriate media for different target audiences.

13. **Coordination, public-private mix, sustainability.** In view of the multiplicity of agencies involved in MCH and family welfare services it was agreed that all project cities would establish appropriate co-ordination mechanisms to avoid duplication of services. Calcutta has demonstrated the operational feasibility of cross subsidising the poor by levying charges on non-beneficiaries in some of its ESOPDs and maternity homes. It was agreed that Hyderabad and Bangalore would also pilot similar initiatives. Calcutta would establish quality assurance mechanisms and rationalize the fee structure to reduce unnecessary surgical interventions. So far, experiences in involvement of private and NGO sectors are mixed. Calcutta has contracted private medical practitioners on a part time basis while Hyderabad handed over few health posts to NGOs. It was agreed that all cities would further explore the possibility of private/NGO sector in service delivery.

#### Population VIII: Proposed expansion to additional Cities:

14. **Preparatory activities.** The mission is pleased to note that the preparatory activities of all the three states are in quite advanced stages. The final reports of baseline surveys are expected from West Bengal and Karnataka by March 31, 1999 while Andhra Pradesh has finalized the survey design and final report is expected by May 99. All the three states have acquired sites for proposed new constructions, received Bank's approval for type designs and are ready to float the tender documents. However, in view of the Mission's findings it was agreed that MOHFW would request the project cities to review the large civil works to keep existing infrastructure into consideration. Action plans for procurement and training action plans have been prepared by all the 3 states. West Bengal has already identified outreach workers in four towns and trained them. Andhra Pradesh has advertised for the staff and will invite tender bids subject to EFC clearance. All cities have organized sensitisation meetings for the municipal commissioners, health officers and engineers.



16)

15. **Coordination with other projects.** It was agreed that in Andhra Pradesh, the procurement cell of AP First Referral Health System Project would be responsible for procurement for the additional cities of Population VIII. In Karnataka, it was agreed that Secretary, Urban Affairs Department, Karnataka would be requested to issue orders to the commissioners of the additional cities indicating that IPP 8, Bangalore would be awarding the contracts while respective municipalities would be supervising the implementation.



Population VIII (Urban Slums Family Welfare)  
and Reproductive and Child Health  
World Bank Review Mission  
February, 1999

ISSUES IDENTIFIED AND AGREEMENTS REACHED DURING THE CURRENT MISSION

<i>Population VIII</i>				
	Issues	Agency	Benchmarks	Agreed timeframe
1	<i>Delay in obtaining EFC clearance for project restructuring and use of savings</i>	GOI and MOHFW	Submit letter to Bank requesting restructuring by __ or in default, project states and MOHFW to delete all proposed larger civil works that would take more than 20 months to complete.	New deadline:
<i>Demand generation</i>				
2.	<i>IEC needs to be focused on behavior change rather than awareness generation</i>	ALL CITIES	Develop integrated IEC strategy aimed at specific behavior change, and monitor impact of activities	Benchmarks agreed for each city
3.	<i>Information and counseling on spacing methods is in adequate</i>	ALL CITIES	Strengthen quality and content of communication by community workers	Benchmarks agreed for each city
<i>Service delivery</i>				
3.	<i>Timely completion of currently approved civil works</i>	ALL CITIES	Award all remaining civil works contracts in accordance with agreed benchmarks for each city	March - June 1999
4.	<i>Under utilization and duplication of services</i>	ALL CITIES	Monitor utilization of completed facilities and take appropriate measures to ensure that basic amenities and adequate staff are available to provide envisaged services	Start immediately
	- do -		Improve service quality through agreed city-specific actions	In accordance with agreed benchmarks for each city
<i>Management</i>				
5.	<i>Funds flow bottlenecks, poor coordination, inadequate training capacity</i>	DELHI	Monitor implementation progress at high level in MCD;  Strengthen capacity of training cell	Start immediately  30 April, 1999
<i>Proposed activities in additional cities</i>				
6	<i>Questionable sustainability of link worker schemes; need to optimize synergy and linkages with other schemes</i>	ALL CITIES	MOHFW to instruct all proposed cities to review proposed link worker approach so as to utilize resident community volunteers and neighborhood committees established by SJSRY scheme	Immediately

150

7.	<i>Need to rationalize proposed new constructions, establish linkages with existing facilities rather than create new ones</i>	ALL CITIES	MOHFW to instruct all proposed cities to review proposed civil works, propose linkages with all existing facilities and upgradation and renovations rather than new constructions.	Immediately
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## IPP 8 - Disbursement status as of 12 Feb. 1998

Description	
Original Allocation	US \$ 79.0 Million
Disbursement till date	US \$ 19.95 Million
% Disbursement	25.25%
Average expenditure per month (55 months)	US \$ 0.36 Million
Required expenditure per month (29 months)	US\$ 2.04 Million
Acceleration factor required	6 times current level
* Includes additional activities agreed after MTR	

## Reported Expenditure (Rs. Million)

Project City	EFC Allocation	Expenditure up to March '98	Expenditure till date	Expenditure as % of Allocation
Bangalore	392.30	135.06	217.75	55.5
Calcutta	1016.40	262.27	348.68	34.3
Delhi	472.50	96.65	150.44	31.8
Hyderabad	351.50	105.36	149.61	42.6
Total	2232.7	697.34	866.48	38.8

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No.L.19012/15/99-APS  
GOVERNMENT OF INDIA  
Ministry of Health & Family Welfare  
(Department of Family Welfare)

Nirman Bhavan, New Delhi-11.  
Dated the 26th March, 1999.

To

Smt. Nandita Chatterjee,  
Secretary (CMDA) & Project Director (IPP-VIII),  
Calcutta Metropolitan Development Authority,  
3A, Auckland Place,  
CALCUTTA - 700 017.

Subject: World Bank Review Mission Population VIII (Urban Family Welfare) Cr. 2394-IN & RCH: Local Capacity Enhancement Component (Cr N0180) Proposed Urban RCH Sub-projects - January & February, 99 - Aide Memoire - Action taken.  
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( E. J. JOS )

Under Secretary to the Government of India



**India: World Bank Combined Review Mission  
Population VIII (Urban Family Welfare) Cr. 2394-IN  
Reproductive and Child Health:  
Local Capacity Enhancement component (Cr N0180)  
Proposed Urban RCH sub-projects**

January - February, 1999

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5. **Progress and critical issues.** The mission was pleased to note that the project continues to make good overall progress towards the development objectives. The project has expended about 39% of the Rs allocation. However, due to a large increase in the Rs value of



the Credit, disbursement is only about 25 % of project cost, and significant savings are expected for which additional activities were agreed during June 1998 mid term review mission. Two critical implementation issues affect the project. First, the mission was disappointed that EFC clearance has not yet been obtained for the proposed re-structuring and use of savings, and further delay would make it unlikely that the proposed large civil works (maternity homes and ESOPDs) would be completed prior to the project's completion date, and the funds set aside for such activities would need to be cancelled. Furthermore, field visits by the current mission indicated that some of the new constructions agreed during desk reviews by the previous mission might not be necessary since equivalent services are available. It was agreed that MOHFW would request cities to review their proposals for the larger civil works with a view to utilizing alternate available facilities belonging to other agencies. In the meanwhile, other preparatory activities in the proposed additional cities are progressing well, and momentum should be maintained on the understanding that the activities would be financed retro-actively. The second critical issue related to management and financial bottlenecks in Delhi, and the mission was pleased that the Municipal Commissioner, Delhi has now established revised arrangements that appear well placed to expedite implementation.

6. **Outreach workers.** All the project cities have established community linkages using network of outreach workers though their effectiveness varied widely between the cities with Calcutta being the most effective. Delhi continues to lag behind in identification of adequate numbers of link workers. Except for Calcutta, no other city has seriously considered strategies to sustain outreach activities after the project. One common observation was that training of link workers needs more emphasis on interpersonal communication and correct advice regarding use of spacing methods, especially oral pills. It was agreed that the project cities would (a) incorporate appropriate modifications in their training curricula to address deficiencies, and (b) establish mechanisms to monitor the use of the facilities by the beneficiaries.

7. The mission was disturbed to learn that Hyderabad continues the practice of incentives for promoting sterilization and has recently re-introduced sterilization targets for link workers, which is not in conformity with the national policy and an agreed covenant for the nationwide RCH Program. It was agreed that this situation would be remedied immediately.

8. **Upgraded facilities.** During the past 6 months several facilities have been completed and are in the process of being handed over. It was agreed that by March 31, 1999 (a) basic amenities for all built up facilities would be provided to make them operational for service delivery; (b) all contracts for major civil works (maternity homes, health centres and UFWCs) would be awarded; and (c) standard list of equipment for maternity homes would be provided by MOHFW to the project cities.

9. It was also agreed that (a) Calcutta would rationalize the service structures and functioning of IPP 8 and CUDP health posts and services provided at ESOPD and maternity homes; (b) Delhi would ensure handing over of identified sites to the engineering wing; and (c) Hyderabad would reallocate the proposed 7 UFWCs to the identified sites closer to the slums and limit the bed capacity to 10.

10. **Service quality and outcomes.** The mission is pleased to note that, except for Hyderabad, the MTR findings suggest that there has been improvement in MCH and family



elfare service indicators. In particular, Calcutta has registered a marked increase in institutional deliveries, immunization coverage and contraceptive use. However, in Delhi, the institutional delivery rate continues to be low. It was agreed that the project cities would now give strong emphasis on improving quality of services: Calcutta would appoint staff nurses as second tier supervisors and develop quality assurance systems in the maternity homes. Delhi would strengthen the training and supervisory capacity. Hyderabad would reorient its staff towards promoting spacing methods and withdraw incentives for promoting sterilization.

11.  **Training.** It was agreed that all cities would (a) review and revise their training curricula based on job responsibilities and the in-service RCH training guidelines provided by MOHFW; (b) organise reorientation programmes to overcome the specific gaps in the knowledge and skills of the functionaries such as correct use of oral contraceptives; and (c) strengthen the capacity of training cells.

12. **Promoting behaviour change.** Based on the MTR findings and mission observations, it was agreed that all project cities would review their IEC activities, focus on behaviour change and develop a comprehensive IEC strategy. It was agreed that (a) outcomes rather than the inputs and activities of IEC would be monitored; (b) Delhi would hire rather than procure IEC vans and assess their effectiveness; (c) all cities would identify appropriate media for different target audiences.

13. **Coordination, public-private mix, sustainability.** In view of the multiplicity of agencies involved in MCH and family welfare services it was agreed that all project cities would establish appropriate co-ordination mechanisms to avoid duplication of services. Calcutta has demonstrated the operational feasibility of cross subsidising the poor by levying charges on non-beneficiaries in some of its ESOPDs and maternity homes. It was agreed that Hyderabad and Bangalore would also pilot similar initiatives. Calcutta would establish quality assurance mechanisms and rationalize the fee structure to reduce unnecessary surgical interventions. So far, experiences in involvement of private and NGO sectors are mixed. Calcutta has contracted private medical practitioners on a part time basis while Hyderabad handed over few health posts to NGOs. It was agreed that all cities would further explore the possibility of private/NGO sector in service delivery.

#### Population VIII: Proposed expansion to additional Cities:

14. **Preparatory activities.** The mission is pleased to note that the preparatory activities of all the three states are in quite advanced stages. The final reports of baseline surveys are expected from West Bengal and Karnataka by March 31, 1999 while Andhra Pradesh has finalized the survey design and final report is expected by May 99. All the three states have acquired sites for proposed new constructions, received Bank's approval for type designs and are ready to float the tender documents. However, in view of the Mission's findings it was agreed that MOHFW would request the project cities to review the large civil works to keep existing infrastructure into consideration. Action plans for procurement and training action plans have been prepared by all the 3 states. West Bengal has already identified outreach workers in four towns and trained them. Andhra Pradesh has advertised for the staff and will invite tender bids subject to EFC clearance. All cities have organized sensitisation meetings for the municipal commissioners, health officers and engineers.



(6)

15. **Coordination with other projects.** It was agreed that in Andhra Pradesh, the procurement cell of AP First Referral Health System Project would be responsible for procurement for the additional cities of Population VIII. In Karnataka, it was agreed that Secretary, Urban Affairs Department, Karnataka would be requested to issue orders to the commissioners of the additional cities indicating that IPP 8, Bangalore would be awarding the contracts while respective municipalities would be supervising the implementation.

1



Population VIII (Urban Slums Family Welfare)  
and Reproductive and Child Health  
World Bank Review Mission  
February, 1999

ISSUES IDENTIFIED AND AGREEMENTS REACHED DURING THE CURRENT MISSION

<i>Population VIII</i>				
	Issues	Agency	Benchmarks	Agreed timeframe
1	<i>Delay in obtaining EFC clearance for project restructuring and use of savings</i>	GOI and MOHFW	Submit letter to Bank requesting restructuring by __ or in default, project states and MOHFW to delete all proposed larger civil works that would take more than 20 months to complete.	New deadline:
<i>Demand generation</i>				
2.	<i>IEC needs to be focused on behavior change rather than awareness generation</i>	ALL CITIES	Develop integrated IEC strategy aimed at specific behavior change, and monitor impact of activities	Benchmarks agreed for each city
3.	<i>Information and counseling on spacing methods is inadequate</i>	ALL CITIES	Strengthen quality and content of communication by community workers	Benchmarks agreed for each city
<i>Service delivery</i>				
3.	<i>Timely completion of currently approved civil works</i>	ALL CITIES	Award all remaining civil works contracts in accordance with agreed benchmarks for each city	March - June 1999
4.	<i>Under utilization and duplication of services</i>	ALL CITIES	Monitor utilization of completed facilities and take appropriate measures to ensure that basic amenities and adequate staff are available to provide envisaged services	Start immediately
	- do -		Improve service quality through agreed city-specific actions	In accordance with agreed benchmarks for each city
<i>Management</i>				
5.	<i>Funds flow bottlenecks, poor coordination, inadequate training capacity</i>	DELHI	Monitor implementation progress at high level in MCD;  Strengthen capacity of training cell	Start immediately  30 April, 1999
<i>Proposed activities in additional cities</i>				
6	<i>Questionable sustainability of link worker schemes; need to optimize synergy and linkages with other schemes</i>	ALL CITIES	MOHFW to instruct all proposed cities to review proposed link worker approach so as to utilize resident community volunteers and neighborhood committees established by SJSRY scheme	Immediately

150)

7.	<i>Need to rationalize proposed new constructions, establish linkages with existing facilities rather than create new ones</i>	ALL CITIES	MOHFW to instruct all proposed cities to review proposed civil works, propose linkages with all existing facilities and upgradation and renovations rather than new constructions.	Immediately
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## IPP 8 – Disbursement status as of 12 Feb. 1998

Description	
Original Allocation	US \$ 79.0 Million
Disbursement till date	US \$ 19.95 Million
% Disbursement	25.25%
Average expenditure per month (55 months)	US \$ 0.36 Million
Required expenditure per month (29 months)	US\$ 2.04 Million
Acceleration factor required	6 times current level
* Includes additional activities agreed after MTR	

## Reported Expenditure (Rs. Million)

Project City	EFC Allocation	Expenditure up to March '98	Expenditure till date	Expenditure as % of Allocation
Bangalore	392.30	135.06	217.75	55.5
Calcutta	1016.40	262.27	348.68	34.3
Delhi	472.50	96.65	150.44	31.8
Hyderabad	351.50	105.36	149.61	42.6
Total	2232.7	697.34	866.48	38.8



India: World Bank Review Mission  
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394- IN  
West Bengal

May, 2000

Aide Memoire

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messrs. Tawhid Nawaz (Team Leader) G.N.V. Ramana (Task leader IPP VIII), Preeti Kudesia (Service Delivery & Training), Hnin Hnin Pyne (IEC and Social Mobilization), Mam Chand (Procurement) Rajat Narula (Financial Management) between May 5 to 9, 2000. This mission was undertaken jointly with State Health Systems Development (SHSDP) and Reproductive and Child Health (RCH) Projects to enhance linkages and promote integration. The mission would like to thank Government of West Bengal, Mr. Asok M. Chakrabarti, Secretary, Health & Family Welfare, Mrs. Nandita Chattarjee, Chief Executive Officer, Calcutta Metropolitan Development Authority (CMDA), Mr. S. N. Haque, Project Director, State Health Systems Development Project (SHSDP), Mr. C. K. Pradhan, Secretary, Urban Affairs, Mr. Debasish Sen, Project Director IPP VIII and Secretary CMDA and various staff for discussions and warm hospitality that was extended to the mission.
2. This Aide Memoire summarizes the specific issues in the State of West Bengal for the Family Welfare Urban Slums Project. Subsequently, an Aide Memoire summarizing cross cutting issues across all the project cities would be issued.
3. **Summary:** The overall implementation progress of the project in Calcutta is highly satisfactory and the development objectives are being met. Service delivery has started in 90% of blocks and sub centers planned in the project. Eighteen out of 23 maternity homes and 24 out of 25 Essential Specialty Out Patient Departments (ESOPD) are operational by March 2000 covering 3.5 million out of planned 3.8 million population. All operational facilities had Honorary Health Workers (HHWs) in position. Institutional deliveries, immunization coverage and contraceptive use by low parity couples continues to show improvement. The project has high level of ownership by the local bodies and innovative approaches such as introduction of user charges, cross subsidizing the poor and partnership with private sector for specialist doctors are being successfully continued. To help the municipalities to sustain the project initiatives, a Health Fund has been created at municipality level. As per agreed benchmark in November 99 mission, the project authorities have drawn detailed implementation schedule to complete all approved civil works December 2000. Most of the training programs planned in SAR are completed and special training to address specific skill gaps are in progress. Disbursements have improved and the Project City has so far spent Rs.627.96 million out of an outlay of Rs.925.96 million. During the next 12 months the project will need to disburse about Rs.298.00 million (Annex I). GOI has already released entire money for the reminder of the project and GOWB will need to ensure timely release of its share as it is unlikely that the project period will be extended. Considerable ground work has been done in the additional city component of project in the service delivery front. However,



the project management and supervision cell at SUDA needs be to strengthened to closely monitor the implementation as only 12 months are left in the project. In consultation with Bank, SUDA has to finalize the procurement arrangements and reach agreement regarding civil works for which price variance is higher. The agreed benchmarks for next 6 months are presented in Annex II.

**Development objectives:**

4. The development objectives envisaged in the project are being met. Nearly a half of the low parity couples in the project area are using one or other contraception. About 90% of the expectant mothers had 3 antenatal visits and delivered at institutions. More than three fourths of eligible infants received measles immunization ( Annex III & IV). The data reported by project MIS closely matches with independent evaluation undertaken under RCH household surveys.

**Improve access to FW and MCH services:**

5. **Community Workers:** Out of planned 3815 HHWs, 3506 are in position. The bench mark agreed during the last mission that at least one qualified nurse and one full time lady doctor would be appointed on contractual basis in each of the 40 municipalities to conduct outreach clinics and provide supportive supervision including on the job training for HHWs by March 31, 2000 has been partially met. Five Lady medical officers and 12 nursing personnel have been appointed so far. The mission has no objection to proposed appointment of these technical staff on daily wage basis, provided GOWB ensures continuity of this staff after the project closure.

6. **Civil Works:** All the approved civil works have been awarded and CMDA engineers are closely monitoring the implementation to ensure timely completion of reminder of civil works (Annex V). The mission was assured by CMDA that the agreed benchmark of completion and operationalization of all facilities by December 31, 2000 would be met.

7. **Provision of services:** The mission is pleased to note that social mobilization activities are in place in 3506 out of 3815 planned blocks (1000 population). Regular antenatal and immunization clinics are being held at 687 out of 763 planned sub centers (5000 population). Twenty four out of 25 ESOPDs are providing polyclinic services and 18 out of 23 planned maternity homes are made operational (Annex IV). Facility level monitoring instituted by project authorities indicates that utilization of services by women and children have gone up, especially among the project beneficiaries. All the facilities operationalized are staffed and well maintained. The project continues public private partnership by contracting services of local private practitioners on part time basis rather than employing full time doctors and specialists. It is now critical for the project to strengthen the referral linkages with SHSDP following the established clinical and referral protocols to improve quality of RCH services. The mission recommends establishment of a formal coordination mechanism to promote linkages between IPP VIII, RCH and SHSDP to maintain continuum of care and improve quality of services.



### **Improve quality of FP and MCH Services: \_**

8. **Training:** With completion of most training activities planned in the SAR, efforts are now needed to identify and address the critical gaps during the remaining period of the project. The mission is pleased to note in that project authorities have organized trainer's training for 55 officers by National Teacher's Training Center (NTTC), Pondicherry. While providing IUD services at maternity homes is needed, it is critical to improve access for IUD services at outreach level. Consequently, training of Part Time Medical Officers (PTMOs) would be necessary. The agreed benchmark for training of PTMOs in IUD insertion by March 2000 has not been met and the same has been extended to June 30, 2000.

9. **Healthcare waste management:** As a follow-up to earlier mission recommendations, the project authorities held discussions with SHSDP team and prepared proposal for healthcare waste management in 30 facilities. The mission has no objection for the proposed short-term measures such as segregation of waste, colour coding by type of waste, and proper disposal of infectious wastes through deep burial pits and it was agreed by October 2000 these activities would be implemented in these 30 facilities.

### **Enhance demand for FW and MCH services:**

10. The revised IEC strategy developed consequent to July 99 IEC workshop is being implemented. Though there has been overall improvement, still too many activities are being undertaken and too many messages are being given and target segmentation needs further refinement. An informal evaluation done by JIPMER team in one municipality has recommended a) follow-up household by visit by HHW to reinforce the messages given during nutrition awareness camps, b) limiting the size of adolescent girls to 20 in group discussions to improve two way communication and clarification of doubts, and c) closer monitoring of IEC activities being implemented by NGOs. It was agreed that by October 2000 the recommendations of independent evaluators to improve the effectiveness of ongoing IEC activities would be implemented and feedback provided to GOI and Bank.

### **Improve management:**

11. The project made conscious effort to engage the local bodies in all key decisions related to the project which resulted in strong local ownership for the project interventions. Regular field visits as well as monthly review meetings with the chairpersons of the 41 local municipalities are being continued. As agreed in November 1999 mission, proposal for a pilot has been prepared to map under served areas using GIS. The public private partnerships started in the project such as contracting the services of private doctors for clinical services is being continued. Facility level health development fund created and local bodies are given flexibility to fix user fee for non beneficiaries while uniform nominal fee is being charged for the beneficiaries. Now that the project is reaching its last year of implementation, attention is needed for gradual integration of PMU activities with that of the municipal bodies and CUPD III inputs to further promote local ownership of the project initiatives.



### **Additional City Component:**

12. The mission is pleased to note that state is in an advanced stage of preparation despite protracted delay in clearances. As per the agreement, the State Urban Development Agency (SUDA) is implementing the project. With most of the HHWs in position, service delivery has started in 1075 blocks. Detailed plans have been prepared to start service delivery in 78 health posts and 10 specialty OPDs by August 2000. Out of 70 planned PTMOs, 44 have been selected. However, the project cities did not receive favorable response to proposed recruitment of ANMs and only 8 out of planned 70 are in place. Considering the importance of trained female health workers in ensuring clinical quality of services, the mission agrees to different options suggested by project authorities such as payment to ANMs on per visit basis or payment of travel allowance to existing ANMs in public sector to ensure fixed day and fixed place outreach activities. A core team of trainers trained at IPP 8 Calcutta are providing training and detailed training plans have been prepared to complete the preliminary training by November 2000.

13. Bidding process for all the civil works proposed under the project is complete and it was agreed that by 15 May, 2000 the project authorities would forward to the Bank the evaluation reports of four bids where price variance is higher. Considering the limited time available in the project procurement actions need immediate attention. It was agreed that the Calcutta Metropolitan Development Authority (CMDA) implementing the IPP 8 in Calcutta would provide the Bank and SUDA feedback on expenditures made so far and proposed expenditures under the local shopping procedures by May 15, 2000 based on which SUDA would prepare revised procurement plans and forward to the Bank by 31, May 2000.

14. As this seven year project is not likely to be extended, prompt management attention is necessary to ground the planned activities. Still a large number of positions at management and supervision cell are yet to be filled and it was agreed that all positions in the cell would be filled by May 31, 2000. Considering the limited time left in the project, it may not be possible to implement some of the originally planned innovative activities and also there will be some savings from the incremental operating costs. It was agreed, that taking these aspects into consideration SUDA would forward to GOI and Bank a revised project costing by May 15, 2000 to facilitate restructuring.

## Annex I

Budget and Expenditures (Rs. Million)					
Description	Civil Works	Procurement	Training	Operating costs	Total
a) Revised Allocation	313.07	247.74	171.25	193.9	925.96
b) Cumulative expenditure up to Sept. 99	235.72	132.88	96.03	163.33	627.96
c) Balance expenditure	77.35	114.86	75.22	30.57	298
d) Expenditure during last 6 months (April -Sept 99)	39.09	6.21	13.08	35.7	94.08
e) Average Expenditure per month since inception (c/64)	3.93	2.21	1.60	2.72	10.47
f) Average Expenditure per month during past 6 months	6.52	1.04	2.18	5.95	15.68
g) Required Expenditure per month (c/21)	5.16	7.66	5.01	2.04	19.87
h) Expenditure Acceleration factor (g/e)	1.31	3.46	3.13	0.75	1.90



## Annex-II

Benchmarks for Nov. 1999 to March 2000	
<b>Calcutta – CMDA</b>	
<i>Component 1 : Improve supply of FW Services</i>	Target date
Complete appointment of at least one staff nurse and one full time medical officer per municipality on contractual basis (including daily wage) to ensure quality of care	June 30, 2000
Ensure completion of all civil works awarded and operationalize the built facilities	December 31, 2000
<i>Component 2: Improve quality of FW services</i>	
Complete TOT for remaining 60 trainers	October 31, 2000
Train PTMOs in IUD insertion and monitor the use of skills developed	June 30, 2000
Implement short-tem measures for managing healthcare wastes at the facility level	June 30, 2000
<i>Component 3: Enhance demand for FW services</i>	
Implement the recommendations made by external evaluators on innovative activities	October 31, 2000
<i>Component 4: Improve program management</i>	
Implement pilot project for mapping under served areas using GIS software	October 31, 2000
Develop a sustainability plan to ensure continuity of the project initiatives	June 30, 2000
<b>Additional City component – SUDA</b>	
Forward bid evaluation reports of four civil works packages where price variance is higher to Bank	May 15, 2000 ✓
CMDA to provide the Bank and SUDA feedback on expenditures made so far and proposed expenditures under the local shopping procedures	May 15, 2000 ✓
Submit revised procurement plans to Bank and GOI based on information provided by CMDA	May 31, 2000 ✓
Ensure full staffing of management and supervision cell	May 31, 2000 ✓
Forward to GOI and Bank a revised project costing	May 15, 2000 ✓

April 19, 2000

Ms. Nandita Chatterjee  
Chief Executive Officer  
CMDA  
3A Auckland Place  
Calcutta 700 017

Dear Ms. Chatterjee:

*Subject: Combined State health Systems, RCH, Population VIII and IX missions –May 2000*

This is in continuation to our earlier communication on the proposed combined missions.

**Family Welfare Assam, Karnataka and Rajasthan Project:** As a follow-up to the agreements reached at the meeting organized by DEA, Ministry of Finance, GOI, and subsequent communication from Joint Secretary (Policy), MOHFW, we invite you for a detailed discussion on project restructuring at Delhi on between 2-3 May, 2000. The purpose of the meeting is to review the current status of expenditure and projected expenditure till the end of the project. We request the project authorities to come prepared with reporting formats, information on expenditure incurred, committed and proposed activities. The venue will be Ground floor conference room of the World Bank and MOHFW representatives would be joining the discussions. Detailed schedule of mission including site visits is attached for your information.

**Family Welfare Urban Slums Project:** The mission will be visiting the project sites and hold discussions on implementation issues between April 20 and May 15 as per the schedule attached.

**Wrap-up meetings:** The final wrap-up meetings for IPP VIII and IX are being scheduled by GOI either on 16 or 17 of May and the area projects division will be communicating these dates to you soon.

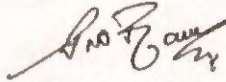
**RCH :** the mission would appreciate an *updated report of project performance* and would request a review meeting with all relevant officials to review progress and critical implementation bottlenecks. In addition it is proposed that a *joint review meeting* be held during the mission, to discuss cross-cutting issues between RCH, Population VIII/IX and State Health Systems/APER/APFRS. I would request that key officials from each project should attend the joint review meeting. An outline of the scope of the report and a list of indicative topics for the review meetings is provided in Attachment .



In case you need any further clarifications regarding the mission, please get in touch with Mr. Agnelo Gomes, Team Assistant at World Bank, Delhi.

With kind regards,

Sincerely,



G. N. V. Ramana  
Public Health Specialist  
Health Nutrition & Population Division

cc: Mr. A. K. Mehra, Director, AP Division, MOHFW, Nirman Bhavan, New Delhi

## Schedule:

### Population IX:

May 2, 2000	Delhi	Rajasthan, Review meeting to finalize restructuring
May 3, 2000	Delhi	Assam & Karnataka Review meeting to finalize restructuring
May 11, 2000	Bangalore	Review of implementation progress
May 16 or 17, 2000	Delhi	Wrap-up
May 22 and 23, 2000	Jaipur	Review of implementation progress and Field visits
25 and 26, 2000	Gawahati	Review of implementation progress and Field visits

### Population VIII:

April 20, 2000	Delhi	Review of implementation progress and Field visits
May 1, 2000	Hyderabad	Review of implementation progress and Field visits
May 2, 2000	Hyderabad	Review of AP Additional City project prep. activities
May 8, 2000	Calcutta	Review of implementation progress and addl. City activities
May 11, 2000	Bangalore	Review of AP Additional City project prep. activities
May 12, 2000	Bangalore	Review of Karnataka Additional City component
May 16 or 17, 2000	Delhi	Wrap-up

### RCII:

May 2, 2000	Hyderabad	Review of National component & sub projects
May 9, 2000	Calcutta	Review of National component & sub projects
May 12, 2000	Bangalore	Review of National component & sub project
May 19, 2000	Mumbai	Review of National component & sub project
May 23, 2000	Jaipur	Review of National component & sub projects
May 26, 2000	Guwahati	Review of National component



## Attachment

### *Report on project performance.*

An undated report including all activities in the nationwide and sub-project components. Information should include planned and achievements in expenditure (for each expenditure category), additional staff and consultants, activities implemented including service delivery, training, IEC (including ZSS), civil works, and update on key program performance indicators as listed in the PAD. Also to be included would be polio eradication achievements and expenditures on social mobilization.

### *Proposed issues for joint review meetings*

- Referral systems for obstetrics, pediatrics and RTH.
- Training – in particular clinical and counseling skills.
- IEC – potential for developing coordinated plans.
- Procurement: potential for an integrated procurement unit with support from all projects.
- Operationalizing FRUs:
  1. posting of OBGY and anesthetists to designated FRUs;
  2. coordination of designation of facilities to serve as FRUs
  3. IEC about services are designated FRUs
  4. Monitoring service quality and output performance in FRUs
- Potential for using RCH surveys (household and facility surveys) to monitor impact of SHS projects at community level.



Draft Feb 15, 2002

India: World Bank Review Mission  
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394 – IN

February 2002

Aide Memoire

Key Project Data		Current Ratings and Flags	
Effectiveness Date	05/31/1994	Development Objectives	Satisfactory
Closing Date	06/30/2002	Implementation Progress	Satisfactory
Project Age	7 years and 7 months	Problem Flags	
Disbursed	75.8 %		

1. An IDA team consisting of Messer/Mmes. G. N.V. Ramana (Mission Leader), Badrud Duza (Social Demography), Subhash Chakravarthy (Civil Works), A. Bharadwaj (Service Delivery and Training), Man Chand (Procurement) and Manoj Jain (Financial Management) met with Mr. Gautam Basu, Joint Secretary, Dept. of Family Welfare, Mr. A. K. Mehra, Director, Area Projects Division, Government of India (GOI), Secretaries of Health and Family Welfare of the project states. Project Directors and various officials to review implementation progress of Family Welfare Urban Slums project on February 15, 2002. The mission undertook field visits to the states of Andhra Pradesh, Karnataka, West Bengal and the national capital, Delhi during January 25 to February 14, 2002. Ms. Nandita Chatterjee, Consultant WHO, joined the mission during the Delhi field visit and Mr. Agnelo Gomes coordinated the mission logistics. The Implementation Completion Report process for the project was initiated with an experience sharing workshop organized in Kolkata on February 14 and 15. In addition to GOI and state officials, representatives from the partner agencies also participated in the workshop. The mission would like to thank the officials and project staff for facilitating field visits and hospitality and commends the effort taken by Kolkata Metropolitan Development Authority for organizing the workshop. This Aide Memoire summarizes crosscutting issues across all the project states and highlights the mission's assessment on sustainability of services and facilities started in project and shared with GOI during the wrap-up meeting held on February 15, 2002. The mission objectives and list of documents/reports received during the mission are provided in the annex.

Development Objectives.

2. The development objectives of the project are being met in original project cities of Bangalore, Kolkata and Hyderabad. The Mid Term Review (MTR) studies indicate that institutional deliveries and contraceptive use continues to be low in Delhi despite an increase in coverage for antenatal and immunization services. In the additional cities, access to Reproductive and Child Health (RCH) services to slum dwellers has significantly increased with initiation of outreach and clinic services in 94 small and medium sized cities. Under logistic component, Tamil Nadu continues to demonstrate highly successful public sector model for pharmaceutical logistics. As for the specific objectives: *a) Reduce fertility among slum populations in four municipalities:* More than half of the eligible couples in Bangalore, Kolkata and Hyderabad now use one or other modern family planning methods compared to around 40% at baseline. There has been a steady increase in use of spacing methods and 47% of the low parity couples (less than 2 children) in Kolkata and about 17% in Delhi have adopted Family Planning. *b) Improve maternal and child health:* The output indicators from the MIS suggest that more than 80% of women who delivered during past 6 months in Bangalore, Kolkata and Hyderabad had three antenatal check-ups during pregnancy. The corresponding proportion in Delhi was about 70%. Except for Delhi, where less than a fifth of the beneficiaries had institutional delivery, in rest of the project cities close



to 90% of the deliveries among the project beneficiaries are institutional. Nearly two thirds of eligible children in all the project cities received measles immunization. These findings are corroborated by the findings of MTR studies and RCH rapid household surveys. The end line surveys being undertaken by independent agencies in the project cities would provide data on status of output and outcome indicators and the contribution of the project to these indicators.

#### Overview.

3. *Project City Component.* Overall implementation progress of the project continues to be highly satisfactory in Kolkata and satisfactory in Bangalore and Hyderabad. The project implementation has significantly improved in Delhi since September 2001 and the mission now rates the implementation progress satisfactory in Delhi. All facilities built under the project have been completed and made operational except for one maternity home each in Delhi and Hyderabad. Together, the four original project cities have spent about 97% of the Rs. 264 Crore allocated. As agreed, claims for all activities that closed by June 30, 2001 were submitted by October 31, 2001 and eligible expenditures were reimbursed by the Bank. All project cities have sustained the activities started under the project after the closure and regular budget allocations for the project activities have been made by the respective states.

4. *Additional City Component.* Utilization of RCH services is gradually increasing in 94 new cities included under the project during the Mid Term Review. The implementation progress in Andhra Pradesh and West Bengal continues to be satisfactory. During the past 6 months the implementation progress in Karnataka has improved and as agreed service delivery has started in the remaining 5 cities. However, civil works progress has been slow in Karnataka. In all the three states service delivery is being shifted to project facilities, as they are getting ready. Outreach and social mobilization activities are taking place and civil works progress has been good. Functional linkages with existing urban primary health services and referral linkages with district or sub division hospitals need attention by all project cities. To date, about 50% of the total allocation of Rs. 123 Crore for the additional city component has been spent.

5. *Implementation Completion (ICR) Process.* The ICR process for the project was started with an experience sharing workshop at Kolkata attended by key stakeholders including four Ministers, representatives MOHFW, States and development partners. The schedule for implementation completion report was discussed with MOHFW and project teams and specific follow-up actions have been agreed.

#### Critical Benchmarks and Disbursements.

6. The critical benchmarks agreed for February 2002 have been substantively achieved. Since September 2002 the project has disbursed US\$ 8.2 million and applications for US\$ 2 million equivalent are in pipeline. The project still needs to disburse about US\$ 15.5 million before project closure (June 30, 2002). The MOHFW and project cities assured the mission that the implementation progress will be expeditiously monitored to ensure timely disbursements. Karnataka has started service delivery in all 11 new project cities. As agreed, all pending claims for the original project cities were submitted and the end line surveys are currently in progress.

#### Implementation Completion Report.

7. As agreed during the September 2001 mission, KMDA has organized a two day experience sharing workshop on February 14 and 15, 2002. Strong ownership to the project was demonstrated by GOWB with active participation of cabinet ministers of Finance, Urban Development and Health as well as Minister of State for Urban Affairs and more than 10 chair persons of municipalities where the project has been implemented. Representatives from European Union, DFID, GTZ and Unicef also participated in the workshop. Ownership by the community, provision of RCH services at doorstep, partnerships with private sector and



strong focus on improving outcomes were identified as major attributes for successful family welfare programs for urban slum residents. The mission is pleased to note that all speakers emphasized on achieving outcomes – especially reducing infant and maternal mortality and fertility. A presentation on Kokata innovations was made by Dr. B. Duza and Ms. R. Sen, Project Director and Secretary KMDA followed by presentations from Bangalore, Delhi and Hyderabad.

8. The mission held detailed discussion with MOHFW and project states about Implementation Completion Reporting (ICR) process during the wrap-up meeting. Contracts for end-line beneficiary surveys have been awarded by four original project cities and Institute for Research in Medical Statistics has been appointed by MOHFW as nodal agency to ensure consistency and quality of these surveys. The final reports are expected by April 2002. The nodal agency will organize a workshop and prepare a summary report by May 10, 2002. Based on the state reports and findings of the beneficiary survey, the MOHFW will prepare a borrower's summary reports not exceeding 10 pages in lines similar to state reports and share that with the Bank 15 days before the ICR mission proposed during the second half of May, 2002. In addition, information on project expenditure by component and category, and a summary table of all procurement actions by method of procurement needs to be attached to the ICR. It was agreed that the state report and MOHFW summary report will highlight:

- the degree to which the project has achieved its development objectives of (a) Reducing fertility among slum populations; (b) Improving maternal and child health; and (c) Improving the supply chain management of critical RCH commodities and supplies (in Tamil Nadu and Uttar Pradesh) providing satisfactory explanation and data to justify the claims.
- other significant outcomes and impacts, especially in the areas of decentralization, partnerships with private and NGO sectors, performance monitoring, behavior change strategies etc.
- prospects of project's sustainability covering institutional (project management), human resource (community based volunteers and additional staff) and financial (operation and maintenance, and supplies etc.) dimensions.
- Bank and Borrower's performance during various phases of the project preparation, supervision, mid term review etc., including compliance with relevant Bank safeguard and business policies.
- Lessons learnt from the project – positive and negative – for future projects with emphasis on replicability of successful innovations.

#### **Activity Status:**

##### *Project City Component:*

9. Sustainability: Allocations have been made in the FY 2001 budget of the project cities to sustain the activities closed on June 30, 2001. The project activities have been integrated with the respective city municipal corporations and urban family welfare bureaus in Bangalore, Delhi and Hyderabad. In Kolkata, the management has been decentralized to urban local bodies and the chair persons/mayors of the 39 local bodies are now managing the program with technical oversight from the Kolkata Metropolitan Development Authority. Following Kolkata example of facility level Health Development Fund, project teams in other cities are also exploring the options to generate additional resources in partnership with the representatives of local communities, NGOs and elected representatives of municipalities. GOAP and Delhi have taken steps to assure the mission that contractual ANMs will be continued till regular staff are posted.



10. Delhi. All the initiatives started under the project are being continued and service delivery at the facilities built under the project is taking place. The excellent MIS established under the project is helping the project team to monitor the performance facility-wise and take appropriate decisions. Similarly, the innovative IEC activities are also being continued. The Civil works program in the extended component of the project has been completed. The Commissioner, Municipal Corporation of Delhi (MCD) has assured the mission that all innovations stated in the project would be sustained and MCD would ensure that all amenities for the facilities built under the project would be provided. Badarpur Maternity Home will be provided with water and electricity immediately to make it operational. The services of all contractual staff including honorary services of Basti Sevikas would be continued till alternative arrangements are made. The mission was informed that requisite allocations have been made in the MCD budget for FY 2002-03 to sustain the project activities. The commissioner has also agreed to the mission's suggestion to develop comprehensive referral system for health services in MCD.

11. Bangalore. The original Bangalore component of the project as approved in SAR closed on June 30, 2001. Additional activities approved during Mid Term Review that have been extended up to June 30, 2002 are now being implemented. Currently, end line surveys are in progress and are scheduled to be completed by early April 2002. In addition to taking over the activities closed, the Bangalore Municipal Corporation continues to implement the activities of extended component in 7 city municipal council areas adjoining Bangalore. The major challenge now is to sustain the project initiatives, especially the service delivery and software activities including social mobilization. GOK needs to take final policy decision on agency responsible for implementation of the services started under the project outside the operational area of corporation which includes 16 health centers and 3 maternity homes. The mission is pleased to note that the training institute built under the project is carrying out several training programs in urban development. The institute has been recently selected to partner with Administrative Staff College of India to provide an international training on urban reproductive health issues in conjunction with Partners in Population Development. The State Level Project Advisory and Coordination Committee has given formal approval to register this institute as an autonomous society and provide financial support till it becomes self sustaining. This action is still pending and requires expeditious follow-up by GOK.

12. Hyderabad. Despite initial staffing problems, the service delivery is being sustained. The contractual ANMs have been posted again and outreach activities are being undertaken regularly. The GOAP is providing resources for additional staff salaries and the Municipal Corporation of Hyderabad has provided allocations in FY 01-02 budget for non salary recurring expenditures. The link volunteers continue to take active interest in the program and NGOs are now taking part in HIV/AIDS awareness creation activities supported under the AIDS control project. Except for one, all the 6 maternity homes built under the project have been made operational and there has been a gradual increase in the utilization of these facilities for deliveries. It was agreed that the remaining maternity home would be made fully operational by February 28, 2002.

13. Kolkata. The community based honorary health workers are in position and are acting as change agents to inform and motivate the slum residents to access FP and MCH services offered in the project. The qualitative assessment undertaken as a part of end line assessment suggests that these workers made phenomenal contribution in enhancing access to essential RCH services for the slum residents which helped in improving maternal and child health outcomes as evidenced by Mid Term Review. Outreach and clinic services are being provided to slum residents as planned and service records indicate increased utilization of facilities. Kolkata continues to demonstrate good public-private partnership by engaging specialists from private sector on retainer basis. Some of the municipalities even started specialty services for the elderly.

*Additional cities Component:*



14. Andhra Pradesh: The project continues to provide RCH services to 2.9 million urban poor through innovative partnerships with NGOs. These NGOs are providing outreach and clinic services through a network of 191 urban health centers. Social mobilization is being done through women's groups and through specific local IEC-initiatives managed at the district level. During the past 6 months, considerable effort has gone in to preparing a state level media plan which is currently being implemented. Short films, TV spots and Audio messages have been developed and prime slots in popular media are being used to air these messages. The mission is pleased to note that the project has developed an MIS and started to monitor the RCH outputs and outcomes including infant, child and maternal deaths. Among the project beneficiaries, 47 maternal deaths and 671 child deaths have been reported during the past one year. The mission recommends to establish a system to review these deaths, list the avoidable causes and provide constant feedback to service providers and community. This can begin with the maternal deaths. The planned training for the NGO coordinators and service providers has been completed. In addition, community based training has been provided to about 1,53,204 members of women's health committees, self help groups and adolescent girls.

15. Out of the 192 civil works planned under the project, one could not be started due to legal problems. The AP Medical Health and Infrastructure Development Corporation did a commendable job (APMHIDC) in implementing these works. To date 187 facilities have been completed and handed over and the remaining 4 are scheduled to be completed by March 31, 2002. Currently, the compound walls and water supply (to those facilities where municipal water is not adequate) are being provided. The procurement is being done by the APER project team and all planned procurement actions are expected to be complete by project closure. Out of the revised outlay of Rs. 57.13 Crore, the project has incurred an expenditure of Rs. 28.5 Crore. Out of this, Rs. 25.8 Crore is eligible for reimbursement and these claims have been forwarded to GOI. Since last mission, an additional expenditure of about Rs. 9 Crore has been incurred. The mission was informed that some SOEs are still pending with the districts. The project team is organizing district-wise reviews to obtain these SOEs before March 31, 2002. The state estimates that there may a saving of about Rs. 2 Crore, mainly from innovative schemes and incremental operating costs. The project has to spend about Rs. 29 Crore during the next 4 months which requires very close scrutiny and monitoring by the project team and MOHFW.

16. The mission is pleased to note that allocations have been made in FY 2002-03 state budget for continuing the project initiatives. About two thirds of the health centers are also collecting nominal registration fee which is being retained at facility level. It is now crucial for the state to initiate transition arrangements at least 3 months ahead of the project closure. The mission strongly recommends that one officer at the district level be made responsible for urban primary care services. The responsibilities of existing regional coordinators can be gradually transferred to these offices over a period of one year. Similarly, at the municipality level, the medical officer in charge of PP Unit or UFWC can be made responsible for coordinating the integrated urban primary health care services. To strengthen referral linkages with the APVVP hospitals, the mission recommends monthly meetings at the office of the superintendent of district hospital with the NGO coordinators and medical officers of urban health centers along with the medical officers of PP Units and UFWCs.

17. Karnataka: As agreed during September 2001 review mission, service delivery has started in all the 45 health centers. However, in some towns these services are limited only to clinic based services as final demarcation of the field area is yet to be completed. Most of the Lady Medical Officer (42 out of 45) and ANM (50 out of 70) positions sanctioned at Health Centers have been filled up through a decentralized district based recruitment and efforts are being made to fill the remaining positions including posts sanctioned for Maternity Homes by February 28, 2002. All the newly recruited doctors and ANMs are given induction and RCH training. In addition, some of the medical officers are also given management training. It was agreed that the proposed IEC plans for the project would focus on creating awareness among



the urban slum residents about the services being offered at the newly created health centers and maternity homes.

18. Cumulative expenditure of the project till December 31, 2001 is Rs. 8.5 Crore. Since last mission an additional expenditure of Rs. 5.6 Crore has been incurred. Out of Rs. 7.42 Crore expenditure eligible for reimbursement, claims for Rs. 5.3 Crore have been submitted to GOI and claims for Rs. 4.15 Crore have been accepted. Thus, claims for Rs. 1.15 Crore are in pipeline at GOI and Rs. 2.12 Crore are to be submitted by GOK. As this component of the project is closing on June 30, 2002, planned activities need to be expeditiously implemented and claims should be submitted in time. Only activities completed by June 30, 2002 will be eligible for reimbursement.

The civil works progress continues to be slow. Due to site problems construction of one health center has been dropped. To date 18 health centers have been handed over and construction of 6 centers is complete. It was agreed that (a) by February 28, 2002 another 15 health centers and 3 maternity homes will be handed over; (b) by March 31, 2002 another 4 health centers and 5 maternity homes handed over; and (c) by April 30, 2002, remaining 7 health centers will be handed over. GOK and MOHFW need to closely monitor these benchmarks. It was agreed that for facilities where municipal water supply is inadequate, alternate stand alone water supply arrangements will be made. Procurement actions are progressing as per the approved plan. The additional procurement plan for the remainder of the project has been reviewed and agreed to during the mission.

19. The mission had detailed interaction with the medical officers from all the project cities on implementation issues. Based on the operational problems identified during the interaction it was agreed that by March 31, 2002 (a) final demarcation of the field areas in each town would be completed taking in to consideration the services being offered by existing UFWCs and PP Units; (b) remaining vacancies of staff will be filled; (c) a workshop for DHO, District Surgeon and district RCH officer will be organized to improve local coordination and supervision; and (d) survey of the allocated area will be completed. The mission agrees to the suggestion made by the medical officers to offer basic laboratory services at the health centers such as hemoglobin and urine testing. Though it is too early to expect any major changes in health status, it was agreed that a rapid assessment would be undertaken through a 30 cluster survey in the project slums utilizing the services of the local medical colleges. This will help to validate the field survey data as well as help to link the project with local medical colleges. The mission was informed that allocations for sustaining the project activities have been made in the FY 2002-03 state budget. Learning from the operational constraints in transition arrangements in Bangalore component of the project, the mission strongly urges GOK to take a final decision early on about the agency responsible for taking over the project so that transition arrangements can start from April, 1, 2002.

20. West Bengal: This component of the project is providing RCH services to 0.8 million urban poor residing in 786 slums spread over 10 municipalities. The State Urban Development Authority is implementing the project through innovative partnerships with local communities and representatives of urban local bodies. The mission is pleased to note that strong focus is being given to monitoring RCH outcomes. The MIS data show that there has been a steady increase in utilization of antenatal (40% to 79%) and immunization (24% to 64%) services and institutional deliveries (46% to 78%). All 1090 Honorary Health Workers (HHWs) and 250 first tier supervisors are in position and playing a crucial role in social mobilization. Most of the ANMs and medical officers are in position and are providing clinical services. Most of the planned training activities have been completed and IEC activities are being implemented with specific focus on safe motherhood, care of new born and RTI and STI prevention. Under innovative activities several initiatives to empower women such as establishment of thrift and credit groups, legal literacy and entrepreneurship development training are being provided. As agreed during the September mission, a consultancy contract has been awarded for undertaking an independent assessment of key RCH indicator status adapting 30 cluster sampling method.



21. Out of the 35 Urban Health Posts (10 with medical stores and 25 without) and 11 OPD cum Maternity Homes planned under the project, only one maternity home is yet to be handed over. It was agreed that this facility will be handed over by Feb 28, 2002. The procurement actions are being carried out as per the approved schedule and the mission agrees to the proposal of the project to procure essential RCH drugs from the savings in the allocations for drugs. Out of a total allocation of Rs. 44 Crore for this component of the project, to date an expenditure of Rs. 26.3 Crore has been incurred and claims for Rs. 15.93 Crore have been forwarded to MOHFW. The project still needs to spend about Rs. 18 Crore during the remaining 4 months. The project team needs to expeditiously monitor the expenditure and ensure timely submission of claims. If required, a dedicated team of accountants may be hired to collect the SOEs from the municipalities. The mission agrees to the proposal to have a skeletal management team for a period of 4 months after the project closure to submit pending claims, complete the transition arrangements including auditing to be covered under the project.

*Logistic Support Component:*

22. Tamil Nadu: The project supports Tamil Nadu Medical Services Corporation (TNMSC) to build and equip 11 regional warehouses. TNMSC runs a very successful public sector drug logistics program in the state of Tamil Nadu. After the inception of TNMSC there has been steady decline in procurement prices despite increase in prices of similar products in branded segment in private sector. TNMSC follows stringent measures to assure quality and services of reputed private labs are being used for quality testing. Several governance issues related to procurement are being addressed, such as publication of bid evaluations on web site and black listing of suppliers whose products fail the quality tests. As agreed, contracts for 6 new warehouses agreed to during the September 2001 mission have been awarded and all these works are scheduled to be completed before June 30, 2002. Works not completed by the project closing date will not be financed by the project. The mission reiterates its earlier recommendation to give more focus on promoting rational use of drugs. The potential activities include introduction of prescription audit, state antibiotic policy, establishment of poison information center etc.

23. Uttar Pradesh: Under the project a network of 15 regional warehouses are to be built. This network will be backed up by scientific logistic management systems to ensure uninterrupted supply of RCH drugs and consumables to the block PHCs. As per the agreement reached with MOHFW and GOUP, technical assistance for training and development of Logistic Management Information System (LMIS) is being provided by USAID through their consultants John Snow Incorporated (JSI). JSI has recently organized study tours for key officials of the department and entered in to consultancy contract with Indian Institute of Management, Lucknow (IIML) for undertaking training needs assessment, developing training modules and overseeing the training. JSI has already started capacity building for the core team identified by IIML. Out of the 13 works allocated, 5 have been completed and more than 80% of the construction has been completed at 7 sites. The Rourkee work has been reactivated after resolving the contract problem. During the next two months handing over of the completed facilities and making them operational require attention by GOUP. It was agreed that by March 31, 2002 all the 13 regional warehouses built under the project would be made operational. Works not completed by project closing date will not be financed under the project. The agreed benchmark for posting managers and support staff for the 10 regional warehouses, which were nearing completion by November 30, 2001, has not been met and GOUP needs to expeditiously address this.

**Procurement.**

24. Procurement agents were appointed in Tamil Nadu for civil works (Tamil Nadu Medical Services Corporation), in Uttar Pradesh for procurement of goods/equipment (Hospital Services Constancy Corporation Ltd.) and in the city of Delhi for procurement of good/equipment (Hospital Services Constancy Corporation Ltd.). Rest of the projects



procured on their own. Procurement has been carried out as per the revised procurement schedule agreed and is satisfactory in the project cities. Procurement is not satisfactory in the Logistics component of UP Although past experience does not generate much confidence, agreed bench marks are achievable with close monitoring by MOHFW/States/Cities.

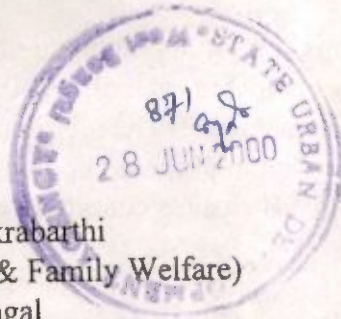
#### **Legal Covenants.**

25. The legal covenants are being met by the project states and all project cities have submitted the audit certificates for FY 2000-2001.

#### **Key Benchmarks.**

26. The following critical benchmarks are agreed
- MOHFW will organize monthly review meetings of the project during the next 4 months to closely monitor the implementation progress in additional city and logistic components and ensure timely submission of SOEs.
  - The states of Andhra Pradesh, Karnataka and West Bengal will finalize the implementation arrangements after the project closure and initiate transition process by April 1, 2002.
  - Karnataka will complete all the awarded works by March 31, 2002.
  - Tamil Nadu and Uttar Pradesh will complete all regional warehouses and equip them before June 30, 2002.
  - The end-line surveys in the 4 project cities will be completed by April, 2002 and the nodal agency will submit the final report by May 10, 2002.
  - The project states will submit ICR in the agreed format to MOHFW by April 30, 2002 based on which MOHFW will prepare and forward draft ICR report to the Bank during the first week of May, 2002.





May 27, 2000

Mr. Asok M. Chakrabarthi  
Secretary (Health & Family Welfare)  
Govt. of West Bengal  
Writer's Building  
Calcutta 700 001

Ms. Nandita Chatterjee  
Chief Executive Officer, Calcutta Metropolitan Development Authority &  
3 A, Auckland Place  
Calcutta 700 017

Mr. P. K. Pradhan,  
Secretary, Municipal Affairs & Chairman, State Urban Development Agency  
Writer's Building,  
Calcutta - 700 001

Mr. Debasish Sen,  
Secretary CMDA and Project Director Family Welfare Urban Slums Project,  
3 A, Auckland Place  
Calcutta 700 017

Dear Mmes./Messers. Chakrabarthi, Chatterjee, Pradhan and Sen,

*Subject: Family Welfare Urban Slums Project (Cr. 2394- IN) Calcutta - Aide Memoire of  
Review Mission held between 6-9 May2000*

1. I would like to thank you, your staff, the Calcutta Metropolitan Development Authority (CMDA), State Urban Development Agency (SUDA), project staff and Government of West Bengal for discussions, organization of field visits and support extended to the World Bank mission during May, 2000. The attached Aide Memoire summarizes the issues discussed and agreements reached on actions to be implemented during the next six months. For your ease of reference, I am summarizing the main points.

2. The mission is pleased to note that overall implementation progress of the project in Calcutta has been highly satisfactory and the development objectives are being met. Service delivery has started in 90% of blocks and sub centers planned in the project and utilization rates of facilities built under the project continue to show improvement. The output and outcome indicators demonstrate positive shift.



3. The agreed benchmark during the last mission for appointment of at least one full time staff nurse and one doctor (preferably lady doctor) in each of the 40 municipalities to improve quality of outreach services has not been achieved. The mission reiterates the importance of this critical input and has no objection to proposed appointment of these technical staff on daily wage basis, provided GOWB ensures continuity of this staff after the project closure.

4. Disbursements have improved and the Project City has so far spent Rs.627.96 million out of an outlay of Rs.925.96 million. During the next 12 months the project will need to disburse about Rs.298 million. GOI has already released its share to the State and GOWB will need to ensure adequate funds flow during remainder of the project to sustain the current pace of implementation.

5. The mission is pleased to note that state is in an advanced stage of preparation for the additional city component despite protracted delay in clearances. Service delivery has already started in 1075 blocks. The mission requests expeditious follow-up on civil works and procurement to ensure planned facilities are completed and equipped before the project closure.

With best personal regards

Sincerely,



G. N. V. Ramana  
Public Health Specialist  
Health Nutrition & Population

Attachment: Aide Memoire

CC:

1. Mr. Gautam Basu, Joint Secretary, MOHFW, Nirman Bhavan New Delhi
2. Mr. A. K. Mehra, Director, AP Division, MOHFW, Nirman Bhavan, New Delhi



**India: World Bank Review Mission**  
**Family Welfare Urban Slums (Population VIII) Project. Cr. 2394- IN**  
**West Bengal**

**May, 2000**

**Aide Memoire**

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messers. Tawhid Nawaz (Team Leader) Sadia Chowdhury (Task Leader RCH), G.N.V. Ramana (Task leader IPP VIII), Preeti Kudesia (Service Delivery & Training), Hnin Hnin Pyne (IEC and Social Mobilization), Mam Chand (Procurement) Rajat Narula (Financial Management) between May 5 to 9, 2000. This mission was undertaken jointly with State Health Systems Development (SHSDP) and Reproductive and Child Health (RCH) Projects to enhance linkages and promote integration. The mission would like to thank Government of West Bengal, Mr. Asok M. Chakrabarti, Secretary, Health & Family Welfare, Mrs. Nandita Chattarjee, Chief Executive Officer, Calcutta Metropolitan Development Authority (CMDA), Mr. S. N. Haque, Project Director, State Health Systems Development Project (SHSDP), Mr. P. K. Pradhan, Secretary, Municipal Affairs, Mr. Debasish Sen, Project Director IPP VIII and Secretary CMDA and various staff for discussions and warm hospitality that was extended to the mission.
2. This Aide Memoire summarizes the specific issues in the State of West Bengal for the Family Welfare Urban Slums Project. Subsequently, an Aide Memoire summarizing cross cutting issues across all the project cities would be issued. Separate Aide Memoires are being issued for SHSDP and RCH projects.
3. **Summary:** The overall implementation progress of the project in Calcutta is highly satisfactory and the development objectives are being met. Service delivery has started in 90% of blocks and sub centers planned in the project. By March 2000, eighteen out of 23 maternity homes and 24 out of 25 Extended Specialist Out Patient Departments (ESOPD) are operational covering 3.5 million out of planned 3.8 million population. All operational facilities had Honorary Health Workers (HHWs) in position. Institutional deliveries, immunization coverage and contraceptive use by low parity couples continues to show improvement. The project has high level of ownership by the local bodies and innovative approaches such as introduction of user charges, cross subsidizing the poor and partnership with private sector are being successfully continued. To help the municipalities to sustain the project initiatives, a Health Fund has been created at municipality level. As per agreed benchmark in November 99 mission, the project authorities have drawn detailed implementation schedule to complete all approved civil works by December 2000. Most of the training programs planned in SAR are completed and special training to address specific skill gaps are in progress. Disbursements have improved and the Project City has so far spent Rs.627.96 million out of an outlay of Rs.925.96 million. During the next 12 months the project will need to disburse about Rs.298.00 million (Annex I). GOI has already released entire money it has approved for the project city and GOWB will need to ensure timely release of this money as well as



State share to ensure timely implementation of planned activities during the remaining 12 months of the project. Considerable ground work has been done in the additional city component of project in the service delivery front. However, the project management and supervision cell at SUDA needs be to strengthened to closely monitor the implementation as only 12 months are left in the project. SUDA has to finalize the procurement arrangements and implement the approved works expeditiously as this nine year project is unlikely to be extended. The agreed benchmarks for next 6 months are presented in Annex II.

**Development objectives:**

4. The development objectives envisaged in the project are being met. Nearly a half of the low parity couples (two or less children) in the project area are using one or other contraception. About 90% of the expectant mothers had 3 antenatal visits and delivered at institutions. More than three fourths of eligible infants received measles immunization (Annex III & IV). The data reported by project MIS closely matches with independent evaluation undertaken under RCH household surveys.

**Improve access to FW and MCH services:**

5. **Community Workers:** Out of planned 3815 HHWs, 3506 are in position. The bench mark agreed during the last mission for appointment of at least one qualified nurse and one full time lady doctor on contractual basis in each of the 40 municipalities by March 31, 2000 to conduct outreach clinics and provide supportive supervision including on the job training for HHWs has been partially met. Five Lady medical officers and 12 nursing personnel have been appointed so far. The mission has no objection to proposed appointment of these technical staff on daily wage basis, provided GOWB ensures continuity of this staff after the project closure.

6. **Civil Works:** All the approved civil works have been awarded and CMDA engineers are closely monitoring the implementation to ensure timely completion of reminder of civil works (Annex V). The mission was assured by CMDA that the agreed benchmark for completion and operationalization of all facilities built under the project by December 31, 2000 would be met.

7. **Provision of services:** The mission is pleased to note that social mobilization activities are in place in 3506 out of 3815 planned blocks (each covering about 1000 population). Regular antenatal and immunization clinics are being held at 687 out of 763 planned sub centers (each covering about 5000 population). Twenty four out of 25 ESOPDs are providing polyclinic services regularly and 18 out of 23 planned maternity homes are made operational (Annex IV). Facility level monitoring instituted by project authorities indicates that utilization of services by women and children have gone up, especially among the project beneficiaries. All the facilities operationalized are staffed and well maintained. The project continues to demonstrate good public private partnership by contracting services of local private practitioners on part time basis rather than employing full time doctors and specialists. It is now critical for the project to strengthen the referral linkages with SHSDP following the established clinical and referral protocols to improve quality of RCH services. The mission recommends



establishment of a formal coordination mechanism to promote linkages between IPP VIII, RCH and SHSDP to maintain continuum of care and improve quality of services.

#### **Improve quality of FP and MCH Services:**

8. **Training:** With completion of most training activities planned in the SAR, efforts are now needed to identify and address the critical gaps during the remaining period of the project. The mission is pleased to note in that project authorities have organized trainer's training for 55 officers by National Teacher's Training Center (NTTC), Pondicherry. The mission received feedback that this training was very useful for the decentralized training activities taking place in the project. With all the larger facilities started in the project providing IUD insertions, it is now critical to improve access for IUD services at outreach levels. Consequently, training of Part Time Medical Officers (PTMOs) in IUD insertion would be necessary. The agreed benchmark for training of PTMOs in IUD insertion by March 2000 has been partially met (ten trained so far) and the same has been extended to June 30, 2000.

9. **Healthcare waste management:** As a follow-up to earlier mission recommendations, the project authorities held discussions with SHSDP team and prepared proposal for healthcare waste management in 30 facilities. The mission has no objection for the proposed short-term measures such as segregation of waste, colour coding by type of waste, and proper disposal of infectious wastes through deep burial pits and it was agreed by October 2000 these activities would be implemented in 30 facilities.

#### **Enhance demand for FW and MCH services:**

10. The revised IEC strategy developed consequent to July 99 IEC workshop is being implemented. Though there has been overall improvement, still too many activities are being undertaken and too many messages are being given and target segmentation needs further refinement. An informal evaluation done by JIPMER team in one municipality has recommended a) follow-up household visits by HHW to reinforce the messages given during nutrition awareness camps, b) limiting the size of adolescent girls to 20 in group discussions to improve two way communication and clarification of doubts, and c) closer monitoring of IEC activities being implemented by NGOs. It was agreed that by October 2000 the recommendations of independent evaluators to improve the effectiveness of ongoing IEC activities would be implemented and feedback provided to GOI and Bank.

#### **Improve management:**

11. The project made conscious effort to engage the local bodies in all key decisions related to the project which resulted in strong local ownership for the project interventions. Regular field visits as well as monthly review meetings with the chairpersons of the 41 local municipalities are being continued. As agreed in November 1999 mission, proposal for a pilot has been prepared to map under-served areas using computer aided GIS software. The mission recommends the project authorities to go ahead with the implementation of the pilot and provide feedback to GOI and Bank by October 2000. The public private partnerships in clinical care such as contracting the services of private doctors is being continued. Facility level health development fund



created and local bodies are given flexibility to fix user fee for non beneficiaries while uniform nominal fee is being charged for the beneficiaries. Now that the project is reaching its last year of implementation, attention is needed for gradual integration of PMU activities with that of the municipal bodies and CUPD III, and improved referral linkages with SHSDP.

#### Additional City Component:

12. The mission is pleased to note that state is in an advanced stage of preparation despite protracted delay in clearances. As per the agreement, the State Urban Development Agency (SUDA) is implementing the project. With most of the HHWs in position, service delivery has started in 1075 blocks. Detailed plans have been prepared to start service delivery in 78 health posts and 10 specialty OPDs by August 2000. Out of 70 planned PTMOs, 44 have been selected. However, the project cities did not receive favorable response to proposed recruitment of ANMs and only 8 out of planned 70 are in place. Considering the importance of trained female health workers in ensuring quality of RCH services, the mission agrees to suggestion made by project authorities to try different options such as payment to ANMs on per visit basis or payment of travel allowance to existing ANMs in public sector to ensure fixed day and fixed place outreach activities. A core team of trainers trained at IPP 8 Calcutta are providing training and detailed training plans have been prepared to complete the preliminary training by November 2000.

13. *Civil Works.* Bidding process for all civil works approved under the project is on schedule. It was agreed that the project authorities would proceed with award of contract following the Bank procedures and approach the Bank for approval only when the value of contract exceeds the threshold of prior review (US \$ 200,000). If there is any cost escalation beyond the total allocation for civil works, it should also be referred to the Bank. *Procurement of goods.* Considering the limited time available in the project procurement actions need immediate attention. It was agreed that the Calcutta Metropolitan Development Authority (CMDA) implementing the IPP 8 in Calcutta would provide the Bank and SUDA feedback on expenditures for equipment, furniture, medicines, Books, IEC and MCH materials made so far and proposed expenditures under the local shopping procedures by May 15, 2000 based on which SUDA would prepare revised procurement plans and forward to the Bank by 31, May 2000 for its clearance.

14. As this seven year project is not likely to be extended, prompt management attention is necessary to ground the planned activities. Still a large number of positions at management and supervision cell are yet to be filled and it was agreed that all positions in the cell would be filled by May 31, 2000. Considering the limited time left in the project, it may not be possible to implement some of the originally planned innovative activities and also there will be some savings from the incremental operating costs. It was agreed, that taking these aspects into consideration SUDA would forward to GOI and Bank a revised project costing by May 15, 2000 to facilitate restructuring.



Budget and Expenditures (Rs. Million)					
Description	Civil Works	Procurement	Training	Operating costs	Total
a) Revised Allocation	313.07	247.74	171.25	193.9	925.96
b) Cumulative expenditure up to Sept. 99	235.72	132.88	96.03	163.33	627.96
c) Balance expenditure	77.35	114.86	75.22	30.57	298
d) Expenditure during last 6 months (April -Sept 99)	39.09	6.21	13.08	35.7	94.08
e) Average Expenditure per month since inception (c/70)	3.37	1.90	1.37	2.33	8.97
f) Average Expenditure per month during past 6 months	6.52	1.04	2.18	5.95	15.68
g) Required Expenditure per month (c/15)	5.16	7.66	5.01	2.04	19.87
h) Expenditure Acceleration factor (g/e)	1.53	4.03	3.66	0.87	2.21



Benchmarks for Nov. 1999 to March 2000	
<b>Calcutta – CMDA</b>	
<i>Component 1 : Improve supply of FW Services</i>	Target date
Complete appointment of at least one staff nurse and one full time medical officer per municipality on contractual basis (including daily wage) to ensure quality of care	June 30, 2000
Ensure completion of all civil works awarded and operationalize the built facilities	December 31, 2000
<i>Component 2: Improve quality of FW services</i>	
Complete TOT for remaining 60 trainers	October 31, 2000
Train PTMOs in IUD insertion and monitor the use of skills developed	June 30, 2000
Implement short-term measures for managing healthcare wastes at the facility level	June 30, 2000
<i>Component 3: Enhance demand for FW services</i>	
Implement the recommendations made by external evaluators on innovative activities	October 31, 2000
<i>Component 4: Improve program management</i>	
Implement pilot project for mapping under served areas using GIS software	October 31, 2000
Develop a sustainability plan to ensure continuity of the project initiatives	June 30, 2000
<b>Additional City component – SUDA</b>	
Forward bid evaluation reports of four civil works packages where price variance is higher to Bank	May 15, 2000
CMDA to provide the Bank and SUDA feedback on expenditures made so far and proposed expenditures under the local shopping procedures	May 15, 2000
Submit revised procurement plans to Bank and GOI based on information provided by CMDA	May 31, 2000
Ensure full staffing of management and supervision cell	May 31, 2000
Forward to GOI and Bank a revised project costing	May 15, 2000



Status of facilities/services operationalized					
Facility/ Service	Project Target	Operational by Sept 99		Operational by May 2000	
		No	%	No	%
ESOPD	25	15	60	24	96
Maternity Home	23	9	39	18	78.3
Sub Center	763	687	90	707	92.7
Blocks	3815	3506	92	3571	93.6

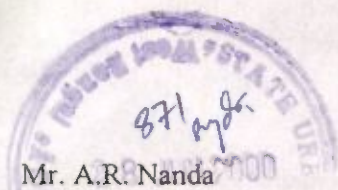
Status of Process Indicators			
Component	Indicator	Planned	Achievement
Improve access to FP and MCH services	Critical Service delivery staff in position:		
	a) HHWs	3815	3571
	b) Ist Tier supervisors	763	687
	c) Part Time Medical Officers	218	208
	Facilities Operational:		
	a) ESOPD	25	24
b) Maternity Homes	23	18	
		June – Sept 99	Oct 99 – March 00
Improve quality of FW services	Utilization of services:		
	a) Women using Oral Pills for more than 6 months	57,708	61,824
	b) Women using IUD for more than 6 months	23,358	25,061
	c) Assisted deliveries at the maternity homes	212	236
Improve quality of FW services	Training of key staff		
	a) Inservice training for HHWs	1640	980
	b) Training in IUD insertion to PTMOs		10
Improve quality of FW services	Stock-out of essential supplies:		
	a) Oral pill	None	None
	b) Measles Vaccine	None	None
Generate demand for FW services	c) Iron Folic Acid (large) tab	None	None
	a) Group discussions on Safe motherhood	932	925
	b) Group discussions with AV presentations on care of new born child	142	268
Improve Program Management	c) Adolescent girls workshops on RTI/STI	97	94
	Municipality level committees constituted to improve coordination between different agencies implementing MCH and FW activities	40	40



Status of outcome indicators (April - Sept 1999)			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,74,005	80042	46.0
Pregnant women having 3 Antenatal visits	30,472	27,546	90.4
Institutional deliveries	27,178	24,725	91.0
Measles Immunization	26,406	20,698	78.4

Civil Works Summary Status Matrix					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit	96	5	91	5 Nos. to be completed by December 2000
II.	ESOPD- HAUs	7	1	6	One No. to be completed by May 2000
III.	ESOPD- Maternity Home	17		17	All Completed
IV.	Composite Services Building	1		1	Completed
V.	Maternity Home with Clinic	5	5	0	To be completed by December 2000
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers	114	5	109	5 Nos. to be completed by June 2000





Mr. A.R. Nanda  
Secretary, Family Welfare,  
Ministry of Health and Family Welfare  
Nirman Bhawan  
New Delhi,

June 6, 2000

Dear Mr. Nanda:

*Family Welfare Urban Slums Project (Cr. 2394 - IN)*  
*Family Welfare Project (Population IX) Cr. 2630-IN*  
*Reproductive and Child Health Project (RCH) (Cr N-018)*  
*Immunization Strengthening Project (Cr. 3340-IN)*

*Review mission during April- May*

I would like to thank you, officials of the Ministry of Health and Family Welfare and the state governments for the discussions, field visits and warm hospitality accorded to the recent mission during April- May to review the above referenced projects. I confirm the contents of the attached Aide Memoires, which were discussed with you on May 17 and May 23 and which summarize the key findings and agreements reached during the mission.

For ease of follow-up, I would like to highlight the critical issues related to each project.

**Family Welfare Urban Slums Project (Population VIII)**

Overall implementation progress of the project in ongoing 4 cities is satisfactory. Calcutta, Bangalore and Hyderabad have achieved good outputs and outcomes, and Delhi has shown considerable improvement since November 1999. However, Hyderabad and Delhi have, of late, been experiencing funds flow problems due to delay in release of GOI advanced funds by state finance departments. In addition, start-up of the logistics strengthening activities has been delayed in Uttar Pradesh.

Despite good implementation progress within the project cities, the project has disbursed only US \$ 33.2 million of the US \$ 79 million IDA credit. Delays in GOI approvals for additional activities that were agreed during the mid-term review has resulted in unspent project funds of about Rs 280 crore. It is unlikely that all of these funds would be utilized during the remaining 12 months of the project.

The credit closing date of this project is June 2001. The mission reiterated that the Bank would not consider extension of closing date for this project that has been extended by two years at the time of effectiveness. Therefore, it was agreed that prior to September 30, MOHFW would reach agreement with the project states and provide to the Bank, a realistic implementation plan specifying how the proposed activities would be completed particularly in the states of Andhra

①  
Sri. Jay ✓  
copy to Admin Health  
& Admin SUDA  
11 Highways  
action plans  
SRI  
17/6/00  
②  
for cell-12  
2/6  
12/6/00



Pradesh, Karnataka and Uttar Pradesh. This would enable the next mission to reach agreement with GOI on cancellation of funds that are unlikely to be utilized within the project period.

### **Family Welfare Project (Population IX)**

The overall implementation status of the project since the last mission remains unsatisfactory. The progress in Assam has been satisfactory, in Karnataka marginally satisfactory and in Rajasthan unsatisfactory. The mission observed that stable project leadership is a primary determinant of project performance.

In Rajasthan unsatisfactory performance is related to weak project management characterized by frequent changes of key project officials, an adverse financial situation and non-adherence to assurances given by the State to the Bank. For example, despite agreements during the last mission, facilities already created under the project have not become operational, and procurement of goods for existing facilities, and strengthening demand generation activities for improving access have not been given priority. These are indications of lack of commitment of the State to the project objectives. The mission would consider it essential that GOR signals its commitment to the project by first operationalizing all completed works.

So far the project has disbursed US \$42.43 million out of the total US \$88.6 million IDA credit. The project closes on December 31, 2001. It is unlikely that the balance of project funds will be expended in the 18 months remaining under the project. Thus it is critical that all states recognize the need for expeditious implementation through stable management and high level commitment. The Union MOHFW needs to play an important role in conveying these messages to the states and to proactively monitor the implementation progress in the states. A follow-up review mission in October 2000 will determine how much of the funds need to be cancelled.

### **Reproductive and Child Health Project**

Implementation continues to be less than satisfactory, with good progress in some components, and very slow progress in others. Of the three critical implementation bottlenecks identified during the previous mission in January 2000, there has been some progress in strengthening financial management at MOHFW level and strengthening procurement capacity for the sub-projects. While audit certificate status has improved significantly, there has been little impact on financial performance as yet. Technical support and implementation monitoring remains inadequate. The project is approaching the mid-term point, and only approximately US \$50 million has been disbursed compared to a projected amount of US \$106 million. Since January, only about US \$10 million has been disbursed, and substantial expenditures remain unclaimed.

The mission recognizes that intensification of the polio eradication effort during October 1999 to March 2000, and the Orissa cyclone have placed a heavy burden on program management at national, state and district levels. Accordingly, the mission reached agreement with MOHFW that prompt completion of three critical actions would be needed to justify converting the rating of implementation progress to satisfactory:

- collection and processing of all expenditure claims to reach the Bank before June 30, 2000. In particular the large amounts arising from central procurement, social mobilization for polio eradication, and claims from states for expenditures on contractual staff and training;



- submission of the procurement plan for centrally procured items for the year 2000-01 by July 31, 2000, which has been delayed due to delay in appointment of procurement agents;
- preparation of a comprehensive Action Plan and Budget for the remaining period of the project by July 31, 2000. Such an Action Plan and Budget would form the basis for more intensive performance monitoring, and would also provide valuable input for the mid-term review (MTR).

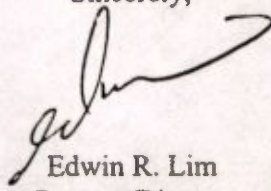
The mid-term review is expected to be completed before December, 2000. The MTR studies agreed during the previous mission have been much delayed. Award of all contracts for the studies needs to be completed urgently in order to ensure timely input from the studies into the MTR.

### **Immunization Strengthening Project**

Recognizing that this project has been prepared on a fast track so as to ensure timely availability of resources for polio eradication efforts, the mission emphasized the need for prompt completion of the remaining GOI clearances so as to declare the project effective. Also, considering that the project period is only 3 years, it would be essential to ensure that this project does not have the slow start-up period typically experienced by other projects in this sector. The projected annual disbursements is provided in the Aide Memoire, and we would like to reiterate the need for close monitoring of implementation, expenditures and disbursements.

As is customary, I am copying this letter to the Department of Economic Affairs of the Union Ministry of Finance, and the Secretaries of Health and Family Welfare in Andhra Pradesh, Assam, Delhi, Rajasthan, Karnataka, West Bengal and Uttar Pradesh.

Sincerely,



Edwin R. Lim  
Country Director  
India

#### Attachments:

Aide Memoire: *Family Welfare Urban Slums Project (Cr. 2394 - IN)*

Aide Memoire *Family Welfare Project (Population IX) Cr. 2630-IN*

Aide Memoire Reproductive and Child Health Project (RCH) (Cr N-018) and Immunization Strengthening Project (Cr. 3340-IN )



Cc: Mr. R.S Sharma, Joint Secretary, DEA, Ministry of Finance  
Mr. R. Bhatnagar, Director (FB), DEA, Ministry of Finance  
Mr. Gautam Basu, Joint Secretary, MOHFW  
Ms. Meenakshi Dutta Ghosh, Joint Secretary, MOHFW  
Mr. N.N. Sinha, Deputy Director (Donor Coordination) MOHFW  
Mr. A.K. Mehra, Director(AP)  
Mr. Abhijit Sengupta, Principal Secretary (H&FW), Government of Karnataka  
Mr. Sanjay Kaul, Commissioner, Health & Family Welfare, Government of Karnataka  
Mr. G.V. Krishna Rao, Project Director, IPP IX and IPP VIII (Additional City Component), Government of Karnataka  
Dr. M. Jayachandra Rao, Project Director, IPP VIII, Bangalore  
Mr. Asok M. Chakrabarti, Secretary (H & FW), Government of West Bengal  
✓ Mr. P.K. Pradhan, Secretary, Municipal Affairs, Government of West Bengal  
Ms. Nandita Chatterjee, CEO, Calcutta Metropolitan Development Authority (CMDA), Calcutta  
Mr. Debasish Sen, Project Director, IPP VIII, Calcutta and Secretary CMDA, Calcutta  
Mr. Rakesh Bihari, Addl. Commissioner, MCD, Delhi  
Dr. P.P. Singh, Project Director, IPP VIII, Delhi  
Ms. Rachel Chatterjee, Principal Secretary (H&FW), Government of Andhra Pradesh  
Ms. Nilam Sawhney, Commissioner, Family Welfare, Government of Andhra Pradesh  
Dr. G.S.G. Ayyangar, Project Director, IPP VIII, Hyderabad  
Mr. Ram Lubhaya, Principal Secretary, Department of Health & Family Welfare, Government of Rajasthan  
Mr. H.S. Bharga, Project Director, IPP IX, Government of Rajasthan  
Mr. K.K. Mittal, Commissioner (Health & Education) Government of Assam  
Dr. P.K. Deka Project Director, IPP IX, Government of Assam



**India: World Bank Review Mission  
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394 – IN**

May 2000

**Aide Memoire**

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messers. Tawhid Nawaz (Team Leader Population and State Health Systems cluster), G. N.V. Ramana (Task leader), Sadia Chowdhury (Sr. Public Health Specialist), Preeti Kudesia (Public Health Specialist), Hnin Hnin Pyne (IEC and Social Mobilization), Anu Bharadwaj (Training), Subhash Chakravarthy (Civil works), Mam Chand (Procurement) and Rajat Narula (Financial Management) between April and May 2000. To facilitate better integration, this mission was undertaken conjointly with State Health Systems (SHS), Family Welfare Assam, Karnataka and Rajasthan (IPP IX), Reproductive and Child Health (RCH), and Immunization projects. The mission visited the states of Andhra Pradesh, Karnataka, West Bengal and national capital Delhi and met with Mr. A. R. Nanda, Secretary Family Welfare, Government of India (GOI), Mr. Gautam Basu, Joint Secretary, Family Welfare, Secretaries of health and family welfare of the project states, project directors and various officials. The mission would like to thank the officials and project staff for facilitating field visits, discussions and warm hospitality that was extended to the mission.

2. The objectives of the mission are a) to review the implementation progress; b) assess current project status and progress towards attaining development objectives; and c) discuss with GOI the feasibility of completing the activities agreed during the Mid Term Review (MTR) held in June 1998 in the light of delayed clearances. This Aide Memoire summarizing cross cutting issues across all the project cities was shared with GOI during the wrap-up meeting held on May 23, 2000 while separate Aide Memoires highlighting specific issues for each project state were shared with respective project states during the state visits. Aide memoires for SHS projects, IPP IX, RCH and Immunization are separately being issued.

3. The following documents/reports received during the mission are available at NDO.  
*Andhra Pradesh* : a) Project Status Report – October 1999 to March 2000 – Municipal Corporation of Hyderabad(MCH); b) Report on Performance Indicators March 2000 – Hyderabad c) Healthcare in Urban Slums – Strategy and Status May 2000 – Commissioner FW, GOAP, Hyderabad d) Draft Report of Rapid Baseline survey in 73 Municipalities – Administrative Staff College of India, Hyderabad; *Delhi*: a) Progress Review - March 2000 – Municipal Corporation of Delhi (MCD); b) Report on MIS activities – March 2000 – MCD c) Report on IEC activities – October 1999 to March 2000 – MCD. *Karnataka* : a) Project Review Status FY 1999-2000 April 1999 to March 2000 - Bangalore Mahanagar Palike (BMP) b) Report of Outcome Indicators for month ending March 2000 – BMP *West Bengal*: a) Project Review Status April 2000 – Calcutta Metropolitan Development Authority (CMDA) b) Status report on IPP VIII extension to 10 Additional Cities – State Urban Development Agency, West Bengal c) Profile of Family Welfare Project VIII – Madhyamgram Municipality

4.1. **Summary:** *Project cities:* Overall implementation progress of the project continues to be highly satisfactory in Calcutta and satisfactory in Bangalore and Hyderabad. Despite considerable improvement since November 1999 mission, acute funds flow problems during last 3 months has affected the implementation progress of the project in Delhi. Consequently, the mission rates implementation progress in Delhi unsatisfactory. Hyderabad is also experiencing funds flow



problems due to delay in release of GOI advanced funds by state finance department. The mission is pleased to note that GOI has taken initiatives to address the funds flow problems.

4.2. *Additional cities/states:* As per the agreed benchmark in November 1999 mission, GOI has obtained clearances for the expanded scope of the project appraised and agreed during Mid Term Review (MTR) mission (June 1998). However, with only 12 months left in this nine year project, the mission is concerned about completion of the additional activities before the project closure. Field visits and discussions with project authorities suggest that the states of West Bengal and Tamil Nadu are in an advanced state of preparedness. While AP has progressed well on hardware front, several operational issues such as management arrangement, funds flow and recruitment of new staff need urgent attention. It was agreed that GOI would undertake a preliminary assessment of the feasibility of completing the approved activities in states of Karnataka, Uttar Pradesh (UP) and Andhra Pradesh (AP), and report to the Bank by June 30, 2000. This will be followed by a detailed project review by September 30 based on which revised allocation/cancellation would be recommended.

4.3. *Disbursements and savings:* The project cities so far spent about Rs. 159 Crores out of original outlay of Rs. 223 Crores. With the restructuring the outlay for the project goes up to Rs. 420 Crores which means that Rs. 261 Crores need to be expended during the next 12 months (Table 1 Annex I). This requires uninterrupted funds flow and expeditious follow-up of implementation progress by GOI and the project states. The benchmarks agreed for the next six months are present in Annex II.

5. **Development Objectives:** The development objectives of the project are being met in four project cities. *a) Reduce fertility among slum populations in four municipalities:* More than half of the eligible couples in project cities use one or other modern family planning methods compared to a third at baseline. There has been a steady increase in use of spacing methods and nearly a half of the low parity couples (less than 2 children) in Calcutta and about 17% in Delhi have adopted Family Planning. *b) Improve maternal and child health:* The output indicators from the MIS suggest that more 80% of women delivered during past 6 months in all the four project cities had three antenatal check-ups during pregnancy. Except for Delhi, where less than a fifth of the beneficiaries had institutional delivery, in rest of the project cities close to 90% of the women had safe deliveries. Except for Delhi, more than two thirds of eligible children in all the project cities received measles immunization. These findings are corroborated by the findings of MTR studies and RCH rapid household surveys.

#### **Project Restructuring:**

6.1. The MTR undertaken during May/June 1998 estimated savings of about USD 38 million mainly due to exchange rate fluctuations and programmatic changes due to which USD 10 million for additional projects could not be utilized. Additional activities in project cities and states including logistic support projects to improve supply of FP and MCH supplies to urban slum dwellers in the States of Uttar Pradesh (UP) and Tamil Nadu (TN) were appraised and agreed. However, several factors, including national elections, resulted in significant delay in obtaining GOI clearance for the revised scope of the project. With only 12 months left in the project, the mission has serious concerns about the feasibility of implementing additional activities during the next 12 months, especially in the states of Karnataka, UP and AP. It was agreed that GOI would undertake a preliminary assessment regarding the scope of completing the approved activities before project closure by June 30, 2000 to facilitate amendments in legal documents.



6.2. Out of the total outlay of around USD 79 million, the project has so far disbursed only USD 33.2 million. Taking undisbursed balance and GOI contribution in to consideration, about Rs. 280 Crores needs to be expended during next 12 months (Annex I- Table 2). A quick assessment by the mission indicates a potential saving of about USD 5 million in incremental operating costs (Annex I - Tables 3 A, 3B & 4). It was agreed that GOI would undertake a detailed assessment by September 2000 and advice Bank for cancellation of funds not likely to be utilized by the project closure.

### **Project Cities:**

#### ***Component I : Improve access to FW and MCH Services:***

7.1. More than 90% of the community based workers planned in the four project cities are in position and received induction training. They are acting as social mobilizers to inform and motivate the slum residents to access FP and MCH services being offered in the project. Outreach and clinic services are being provided to slum residents as planned and service records indicate increased utilization of facilities. Calcutta continues to demonstrate good public private partnership by engaging specialists from private sector on retainership. However, staffing of the maternity homes, especially staff nurses and specialists, need immediate attention in the remaining project cities. Delhi faced inordinate delays in the appointment of specialists. Govt. of AP is yet to approve the staff for maternity homes sanctioned by GOI, while 41 posts of staff nurses continue to be vacant in Bangalore. Calcutta so far could not meet the agreed benchmark for recruiting one full time medical officer and staff nurse/PHN for each municipality to improve quality of outreach services. It was agreed that GOI would expeditiously follow-up this and ensure filling up of all critical vacancies by October 31, 2000.

7.2. All project cities experienced delay in the implementation of civil works due to problems faced in acquiring suitable land. Funds flow problems experienced by Delhi and Hyderabad delayed the planned civil works by 3-4 months. The details of civil works progress is provided in Annex IV. Timely procurement of remaining equipment and installation of procured equipment also requires attention during next 6 months. Terms of Reference for procurement consultant have been approved for Delhi while states having additional city projects have identified departments having capacity to procure according to Bank procedures as procurement support agencies. The mission is pleased to note that GOI has taken initiative to directly release funds to MCD in Delhi and to newly created SCOVA society in AP and it was agreed that GOI would provide a feedback to the Bank on effectiveness of these measure by June 30, 2000. Since the project is in the last year of implementation, GOI needs to ensure that the states release their share of contribution in time. It was agreed that during the remainder of the project MOHFW would expeditiously follow-up the implementation progress undertaking periodic reviews and site visits, and provide quarterly feedback to the Bank. It was also agreed that MOHFW would seek information from the project states on procurements so far made and intended to be made under local shopping procedures by June 15, 2000.

#### ***Component II: Improve quality of Family Welfare services***

8. Most training programs planned in the project have been completed (see state specific Aide Memoires). During the past six months, 14 medical officers in Hyderabad received trainer's training at National Teachers Training Center in Pondicherry. Informal feedback from trainers in Calcutta and Bangalore who received this training earlier indicated that it has immensely helped medical officers to function as trainers of community based volunteers. Delhi has engaged a consultant to assist the training cell and is currently implementing decentralized



training activities at 14 health centers. Bangalore also started decentralized hands on training in 5 health centers for link volunteers with specific focus on social mobilization and community needs assessment. Agreements were reached with project cities regarding special training inputs required in clinical and inter personal skills during the remainder of the project and integration of project training activities with that of RCH. The mission is pleased to note that none of the project cities reported shortage of FP and MCH supplies and vaccines. Except for introduction of safe injection practices, so far little progress has been made in initiating measures for health care waste management in maternity homes. Agreements were reached for initiating short term measures such as segregation, color coding and disposal of infectious wastes through deep burial pits.

### ***Component III: Increase demand for Family Welfare services***

9. All project cities started implementation of IEC activities based on agreements reached in July 1999 workshop with focus on behavior change objectives. Delhi has engaged services of a consultant agency to provide technical support. Based on the advice of the November '99 mission, Hyderabad has limited media activities to project city and consequently dropped their earlier proposal to hire a media consultant. Bangalore is finalizing arrangements to evaluate its ongoing IEC pilot and has plans to expand successful activities to other locations. As only 12 months is left before closure, project authorities need to initiate steps to upscale and sustain successful innovative activities started in the project. Specific agreements were reached to this extent by each project state.

### ***Component IV : Improve Project Management***

10. Management Information Systems (MIS) established under the project are functioning well in Delhi and Calcutta. Bangalore and Hyderabad, which lagged behind, also started generating segregated data on status of project beneficiaries. However, this data needs to be regularly validated. Grading of facilities and providers based on performance achievement has started in Delhi and Hyderabad and feed back is being provided during the monthly meetings. Calcutta continues to demonstrate strong partnership with local bodies and user charges are being collected. Local bodies have been given flexibility to fix user fee for non beneficiaries while nominal fixed fee is being charged from beneficiaries for in patient and specialist outpatient. NGO partnership established in Hyderabad is being continued and in Bangalore city Indian Medical Association has started running 4 health centers built under the project with an assurance to sustain them after the project closure. Also, the Bangalore corporation has recently taken a policy decision to introduce graded user fee in its facilities and encourage ward committees to over see the functioning of the health facilities. With 12 months left in the project now steps are needed to integrate the project activities with that of city family welfare bureaus and referral hospitals to provide unified management and continuum of care. Specific agreements were reached with the project authorities towards this.

11. *Financial management:* The mission reviewed the working of computerized financial management system established in Hyderabad and Calcutta. The four weaknesses observed are: a) PMRs on output monitoring and procurement (2A, 2B, 3A, 3B) are currently not being generated in Hyderabad; b) The vouchers are not being checked for correct coding for categories and components as a result of which the coding and consequently the reporting is often incorrect; c) Information on physical progress is not being captured in the vouchers; and d) There is no reconciliation between the manual cash book maintained by the project and the total expenditure as reported by the PMRs. Specific follow-up actions were recommended by the mission and it



was agreed that MOHFW would expeditiously follow-up with the project cities and consultants and provide feedback to the Bank on actions taken by June 30, 2000.

**Additional Cities/States:**

12. As per the agreed benchmark in November 1999 mission, GOI has obtained clearance for the expanded scope of the project to additional cities in the project states and for the logistic support projects in the states of Tamil Nadu and Uttar Pradesh during the month of January 2000. However, with only 12 months left in this nine year project, the mission has serious concerns about completion of the additional activities appraised and agreed during MTR mission (June 1998) before the project closure. Field visits and discussions with project authorities suggested that the states of West Bengal and Tamil nadu are in an advanced state of preparedness. While AP has progressed well on hardware front, several issues related to funds flow to the new cities, management arrangement and staffing need urgent attention. Also, the state has proposed innovative schemes which were not appraised at the time of MTR and are difficult to ground within the short time available. The estimated cost of proposed activities are around Rs. 7.4 Crores. So far progress in Karnataka and UP has been slow. It was agreed that GOI would undertake a preliminary assessment of the feasibility of completing the approved activities and report to the Bank by June 30, 2000 based on which amendments in legal documents would be undertaken. It was also agreed that this will followed by a detailed project review by September 2000 based on which decision on cancellation of IDA grant unlikely to be spent would be undertaken.



	Project City	Civil Works	Procurement	Training	Incremental Operating Costs	Total
Allocation	Bangalore	249.22	125.24	58.61	132.59	565.66
	Calcutta	313.07	247.74	171.25	193.9	925.96
	Delhi	217.75	168.71	99.46	252.48	738.39
	Hyderabad	190.7	133.5	73.8	132.6	530.6
	All	970.8	675.2	403.1	711.5	2760.6
Expenditure	Bangalore	180.24	76.73	33.15	75.9	366.02
	Calcutta	235.72	132.88	96.03	163.33	627.96
	Delhi	98.33	38.69	20.08	141.68	298.78
	Hyderabad	87.8	51.8	72.3	82.7	294.5
	All	602.07	300.1	221.52	463.56	1587.25
Expenditure as % of Allocation	Bangalore	72.32	61.27	56.56	57.24	64.71
	Calcutta	75.29	53.64	56.08	84.23	67.82
	Delhi	45.16	22.93	20.19	56.12	40.46
	Hyderabad	46.02	38.80	97.91	62.35	55.50
	All	62.02	44.45	54.95	65.15	57.50

Disbursement Category	Expenditure to be financed by IDA	Disbursed as of May 19, 2000	To be disbursed as of May 19, 2000	Funds available from IDA*		Total funds available for the Project including GOI share
				USD	Rs. Million**	
	%	USD Million	USD Million	USD	Rs. Million**	Rs. Million
Civil Works	90	11.65	3.71	3.71	163.26	181.40
Procurement	80	6.97	23.03	23.03	1013.45	1266.81
Consultant services and training	100	3.57	7.01	7.01	308.58	308.58
Incremental Operating Costs	65	7.03	7.80	7.80	343.26	528.10
Special Assistance	83.75	3.97	-3.58	3.97	174.78	208.69
Unallocated	83.75	0.00	5.73	5.73	251.92	300.80
		33.19	43.71	51.26	2255.25	2794.38

\* includes Special Assistance

\*\* Rupee US Dollar Conversion rate of Rs.44 to One US Dollar used



**Table 3 A Original Project Cities - Approved Cost, Expenditures till date and Balance to be expended (Rs. Million)**

Disbursement Category	Bangalore			Calcutta			Delhi			Hyderabad			All		
	App. cost	Exp. till date	Balance	App. cost	Exp. till date	Balance	App. Cost	Exp. till date	Balance	App. cost	Exp. till date	Balance	App. Cost	Exp. till date	Balance
Civil Works	249.22	180.24	68.98	313.07	235.72	77.35	217.75	98.33	119.42	190.7	87.8	103.0	970.8	602.1	368.7
Procurement	125.24	76.73	48.51	247.74	132.88	114.86	168.71	38.69	130.02	133.5	51.8	81.7	675.2	300.1	375.1
Consultant services and training	58.61	33.15	25.46	171.25	96.03	75.22	99.46	20.08	79.38	73.8	72.3	1.5	403.1	221.5	181.6
Incremental Operating Costs	132.59	75.9	56.69	193.9	163.33	30.57	252.48	141.68	110.8	132.6	82.7	49.9	711.5	463.6	248.0
Total	565.66	366.02	199.64	925.96	627.96	298	738.39	298.78	439.61	530.6	294.5	236.1	2760.6	1587.3	1173.4

**Table 3 B - Original Project Cities - Revised Estimates, Expenditures and Balance to be expended (Rs. Million)**

Current Status	Bangalore			Calcutta			Delhi			Hyderabad			All		
	Revised Estimate	Exp. till date	Projected	Revised Estimate	Exp. till date	Projected	Revised Estimate	Exp. till date	Projected	Revised Estimate	Exp. till date	Projected	Revised Estimate	Exp. till date	Projected
Civil Works	249.22	180.24	68.98	313.07	235.72	114.28	217.75	98.33	119.68	190.7	87.78	83.79	970.8	602.1	386.7
Procurement	125.24	76.73	48.51	247.74	132.88	92.00	168.71	38.69	87.85	133.5	51.80	79.14	675.2	300.1	307.5
Consultant services and training	58.61	33.15	25.46	171.25	96.03	78.87	99.46	20.08	29.22	73.8	38.76	72.26	403.1	188.0	205.8
Incremental Operating Costs	132.59	75.9	37.95	193.9	163.33	125.16	252.48	141.68	110.80	132.6	82.65	34.42	711.5	463.6	308.3
Total	565.66	366.02	180.9	925.96	627.96	410.31	738.40	298.78	347.55	530.6	261.0	269.6	2760.6	1553.7	1208.4
Note:	IOC 50% of total expenditure incurred so far			As per the revised estimates provided by the Project authorities			As per the revised estimates provided by the Project authorities			As per the action plan and revised estimates provided by Project authorities					



Table 4 Additional Activities Approved and Current Requirement (Rs. Million)  
As per Cabinet approval

	A P	Karnataka	WB	UP	TN	TOTAL
Civil Works	267.70	127.03	136.72	91.40	30.00	652.85
Procurement	55.18	74.94	123.34	33.75	8.20	295.40
Consultant services and training	6.55	19.34	28.67	2.22	2.67	59.44
Incremental Operating Costs	148.03	45.14	123.37	90.90	23.41	430.85
Total	477.45	266.45	412.09	218.27	64.28	1438.55
<b>Current Estimates</b>						
Civil Works	267.30	127.03	136.72	105.00	42.5	678.55
Procurement	54.97	74.94	82.18	33.75	8.20	254.04
Consultant services and training	7.00	19.34	81.71	10.50	2.67	121.22
Incremental Operating Costs	74.18	13.6	61.80	27.41	23.41	200.40
Total	403.45	234.91	362.41	176.66	76.78	1254.21
Notes:	<ol style="list-style-type: none"> <li>CW and Procurement taken as such</li> <li>Addl. Staff salaries and rent taken as per projection given by state</li> <li>State is proposing Rs. 59.83 million for OM which actually include innovative activities which may not be feasible in 12 months</li> <li>State has also projected Rs. 14.174 million for unspecified innovative activities</li> </ol>	<ol style="list-style-type: none"> <li>State did not provide any revised estimates</li> <li>CW and Procurement taken as such</li> <li>IOC taken as 50% of one year projection</li> </ol>	<ol style="list-style-type: none"> <li>Based on Revised Estimates Provided by SUDA</li> </ol>	<ol style="list-style-type: none"> <li>CW unit cost Rs. 7.5 million per one WH and 14 proposed</li> <li>Consultancy for 10% of CW included</li> <li>IOC taken as 50% of one year projection</li> </ol>	<ol style="list-style-type: none"> <li>CW: Unit cost for one warehouse revised to Rs. 8.5 million</li> </ol>	



*Annex II*

Benchmarks for MOHFW - May to October 2000	
Benchmark	Target date
Forward information on procurement under local shopping indicating a) amounts reimbursed by IDA for procurement so far made and b) funds required for procurements planned	June 15, 2000
Ensure expeditious follow-up the implementation progress by undertaking quarterly reviews and site visits	Till the project closure
Provide feed back on funds flow situation at the project implementing entities in Delhi and Andhra Pradesh	June 30, 2000
Undertake a preliminary assessment and inform the Bank the feasibility of completing approved activities in the states of Karnataka, Uttar Pradesh and Andhra Pradesh	June 30, 2000
Provide feedback on actions taken to strengthen monthly reporting from PMR based FMS and ensure regular submission of consolidated report	June 30, 2000
Undertake a detailed assessment of additional activities and recommend for cancellation of activities which are not likely to be completed by project closure	September 30, 2000
Ensure all critical positions of specialists and staff nurses are filled	October 31, 2000



## Status of Selected Output Indicators

Bangalore – March 2000			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among eligible couples	3,61,362	2,02,969	56.2%
Pregnant women having 3 Antenatal visits	95,558	95,279	99.7 %
Measles Immunization	88,101	82,487	93.6 %

Calcutta April – Sept 1999)			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,74,005	80042	46.0
Pregnant women having 3 Antenatal visits	30,472	27,546	90.4
Institutional deliveries	27,178	24,725	91.0
Measles Immunization	26,406	20,698	78.4

Delhi (July – Sept 99)			
Indicator	Estimated Number	Achievement	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	26278	4370	16.6%
Pregnant women having 3 Antenatal visits	36708	32406	88.3%
Institutional Deliveries	33371	5850	17.5%
Measles Immunization	30034	15468	51.5%

Hyderabad April 2000			
	Planned	Achievement	
		No.	%
Contraceptive – Permanent	1599	2448	153.1*
Contraceptive use – IUD	639	509	79.7
Pregnant women having 3 AN visits	3123	2573	82.4
Institutional deliveries	2811	1742	62
Measles Immunization	2811	1909	67.9

\* Higher % due to Campaign



## Summary Status of Civil Works

Bangalore May 2000						
Project Activities	Project Target	Sites Identified	Work in Progress	Work Completed	Already Operationalized	Benchmark
1	2	3	4	5	6	7
1. Construction of Health Center	55	55	2	53	53	To inform final decision regarding change of site/cancellation by May 31, 2000
2. Renovation of Maternity Home	27	25	9	16	16	7 works to be completed by October 31, 2000 and remaining 2 works to be completed by December 31, 2000
3. Renovation of UFWC	26	23	8	15	15	Balance 8 to be completed by October 31, 2000
4. Construction of Staff Quarters	7	7	2	5	5	To complete the electrical and water connections and hand over remaining 2 quarters by June 15, 2000
5. Construction of Staff Quarters attached to Maternity Homes	5	5	5			Quarters in 2 centers to be completed by December 31, 2000 and remaining 3 centers by March 31, 2001
6. Construction of Maternity Homes	5	5	5			Two centers to be completed by December 31, 2000 and remaining 3 centers by March 31, 2001
7. Construction of Training Center	1	1	1			Finishings to be completed by June 15 and furnishing by August 31, 2000
8. Renovation of Stores	1	1	1			

Calcutta - May 2000					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit	96	5	91	5 Nos. to be completed by December 2000
II.	ESOPD- HAUs	7	1	6	One No. to be completed by May 2000
III.	ESOPD- Maternity Home	17		17	All Completed
IV.	Composite Services Building	1		1	Completed
V.	Maternity Home with Clinic	5	5	0	To be completed by December 2000
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers	114	5	109	5 Nos. to be completed by June 2000



Delhi - May 2000						
Project Activities	Project Target	Sites Identified	Work in Progress	Work Completed	Already Operationalized	Remarks, If any
1	2	3	4	5	6	7
1. Construction of Health Centers	19	19	8	6	6	Completed-6
						Work under progress - 8
						To be grounded - 5
2. Construction of UHC cum Maternity Home	6	6	4	2	2	Completed 2
						Work under progress -4
3. Construction of Health Post	125	115	32	19	15	Completed- 34
						Work under progress - 32
						Work Not Started - 49
						Sites not identified - 10

Hyderabad May 2000							
PROJECT ACTIVITIES	PROJECT TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
1	2	3	4	5	6	7	
I) Construction/ Renovation of Urban Family Welfare Centers into 'D' type Health Posts.	26	26	11	15	10	Completed	15
						Basement	1
						Brick work	6
						Finishing	4
II) Renovation of UFWCs into 'D' type Health Posts.	36	36	21	15	12	Completed	15
						Excavation	2
						Basement	4
						Roof Level	
						Brick work	1
						Finishing	14
III) Upgradation/ Construction of Maternity Centers (with 30 beds) and Neo-natal care room.	5	5	2 (Phase-I & II)	3 (Phase-I)	3	Roof level	1
			3 (Phase-II)			Brickwork	
			Finishing			3	
IV) Construction of quarters for staff nurses of Maternity Centers.	5	4	1	3	-	Completed	3
						Roof level	1
V) Augmentation of Office accommodation for City Family Welfare Bureau.	1	1	--	1	1	Completed	1



**India: Family Welfare Project (Population IX) Cr.2630-IN**  
**World Bank Review Mission**  
**May 2000**  
**Aide Memoire**

1. A review of the implementation progress was undertaken by a team mission consisting of Messrs./Mmes. T Nawaz (Team Leader), S. Chowdhury (Task Leader IPP IX), G N V Ramana (Public Health Specialist), P. Kudesia (Public Health Analyst Specialist), H. H. Pyne (Public Health Specialist), M. Voss (Operation Analyst), A. Bhardwaj (Training), R. Aggarwal (Architect), D. Porter (Bioengineer), C. Giles (Institutional Management) and P. Kakkar (IEC) in May 2000. To facilitate better coordination between the State Health Systems Development Projects, Family Welfare Urban Slums Project, Reproductive and Child Health project and the project on Immunisation Strengthening, this was a joint mission. The mission visited the States of Assam, Karnataka and Rajasthan and had discussions with Mr. A.R. Nanda, Secretary, Family Welfare, Government of India (GOI), and Mr. G. Basu, Jt. Secretary, Family Welfare, GOI, as well as the Secretaries of Health and Family Welfare of the project states, excluding Rajasthan, Project Directors and various senior state and project officials. The mission would like to thank the officials and project staff for facilitating field visits, the warm hospitality accorded the mission and efforts in reviewing the progress of the project.
2. The objectives of the mission were to: (i) review the implementation progress and reach agreements on proposed activities and expenditure projections for the remaining project period; and (ii) if necessary, reach agreement on proposed cancellation of project savings. This aide-memoire highlights the main understandings reached in the wrap-up meeting with the MOHFW, GOI, and the attached Aide Memoires for each project state was discussed with the respective states at the conclusion of the state visits. The aide memoires for the State Health Development Systems project, the Reproductive and Child Health project, and The Family Welfare Urban Slums Project are being issued separately.

*Overall Project Status*

3. The overall implementation status of the project remains 'unsatisfactory'. This is because the project has been rated 'unsatisfactory' in Rajasthan, 'marginally satisfactory' in Karnataka, and 'satisfactory' in Assam. The development objectives continue to be met. The mission's key observation is that stable project leadership is a primary determinant of project performance. In Assam, where the same Project Director has been in place since inception, performance has been the most satisfactory. In Karnataka, where project management has only recently stabilised, performance in the past month is showing a positive trend. However, the mission is particularly concerned about Rajasthan where the project management has been unstable and weak. There have been several changes in project leadership in the past six years. The Project Director has recently been changed, and the new Project Director has only a short tenure of service left prior to retirement. This would result in another change in project leadership in the near future, further eroding the capacity of the project to implement activities.
4. The problem of weak project management in Rajasthan combines with an adverse financial situation and non-adherence to confirmed assurances given by the State to the Bank. It had been categorically agreed with the last mission that Government of Rajasthan would first operationalise facilities already created under the project before taking up new ones, that it would complete procurement for existing facilities, and strengthen demand generation activities for improving access. There is no indication of any of these assurances being fulfilled, indicating a lack of commitment of the State to the project objectives. The mission would consider it essential that GOR signals its commitment to the project by first operationalizing all completed works. The mission urges the GOI to closely monitor project progress in Rajasthan towards this end.



5. The expenditure in Assam is 66% of the Rs. 135.8 crore allocated to the state, while in Rajasthan it is 50% of the Rs 124.9 crore allocated to the state, and in Karnataka the expenditure has been 42% of the Rs. 150.8 crore allocated to the state for the project. With only 18 months of the project period remaining, it is critical that all states recognize the need for expeditious implementation through stable management and high level commitment. In particular, the mission would like to reiterate that the states give priority to consolidation of completed works before initiating new work, demand generation, and improving access through innovative activities. The mission urges the MOHFW, GOI, to convey to the States the importance of meeting the performance expectations by the next review in October 2000, and to proactively monitor the implementation progress in the states.

Key issues for the MOHFW's attention include:

### *Strengthening of Family Welfare Service Delivery*

#### Civil Works

6. In Assam GOI approval for the five Regional warehouses, which were not included in the original plan, is awaited. The State has reached the bidding stage for these facilities and would require the GOI's approval to sign contracts.
7. In Karnataka, the overall management of the civil works component needs considerable tightening. Specifically, the mission was concerned about the arrangements for external quality audit, completion of the on-going civil works, handing over of completed works, and awarding contracts for new works.
8. In Rajasthan, the completion of the SIHFW requires close attention. The current status of construction suggests that the administrative and residential blocks are being given priority over the teaching facilities; the mission would underscore the need for putting the teaching facilities on fast track for completion. In addition, approximately Rs. 3.8 crore required for the additional works on completed buildings needs to be transferred to the respective PWD divisions. The third important area for MOHFW's attention is the phasing from work in progress to initiating new work, specifically the 42 new works. As agreed during the last mission, unless completed sites are operationalized, these 42 new works should not be started.
9. The project closing date is December 31, 2001. The MOHFW needs to be seized of the fact that works not completed or handed over by that time will become a liability of the states. The GOI performance review should, therefore, recognise the importance of meeting benchmarks which have been agreed for September 2000, canceling all activities for which benchmarks have not been met.

#### Procurement

10. This is a major issue in Rajasthan. Procurement of all the 101 items (amounting to Rs. 27.2 crore) under the project has been a critical benchmark for the last few missions. No progress has been made, nor is there an apparent plan for accelerated procurement. The likelihood of the State being able to complete procurement before project closing date is remote unless strong and urgent action is taken.
11. In Karnataka, the procurement plan at least provides a visible road map that can be usefully monitored for completion by April 2001.
12. In Assam, clearances are awaited to enable the State to complete the balance procurement.



## *Improvement of Family Welfare Service Quality*

### Training

13. Both Assam and Karnataka have SIHFWs that need to be recognised as Collaborating Centers for integrated RCH training. This is because each state institute has tied up with reputed medical institutions for clinical training. GOI recognition would facilitate their future training efforts.

14. In Rajasthan, vacancies in the SIHFW, including that of the Director, are a cause for concern and could seriously hamper the otherwise good progress made by the State. The mission would urge MOHFW to resolve the severe funds shortage in Rajasthan: no funds have been made available during 1999-2000 and none again for 2000-2001. It is obvious that this will affect not only the project but also the quality of services delivered by the program in the future.

## *Strengthening of Demand Generation Activities*

### IEC

15. Although progress in Assam and Rajasthan has been slow, both states have undertaken to produce significant action over the next few months. Importantly, activities will aim at tangible results with respect to a limited number of objectives in maternal and child health, as well as spacing. MOHFW's role in keeping this focus and not allowing the dilution of IEC efforts and resources would be important.

16. Karnataka, having committed to appoint a Deputy Director for IEC in the Project Office by August 2000, should presumably move into rapid implementation after that.

17. In all states, the mission has urged the contracting of professional services for effective and cost-efficient IEC.

## *Innovative Schemes & Involvement of NGOs*

### Innovative Schemes

18. In general, no significant activities have been undertaken in any state. MOHFW may find it useful to encourage some innovative schemes in the remaining period of the project.

### Involvement of NGOs

19. Here again, despite the tremendous potential of NGO contribution in reaching remote areas and indigenous populations, no major activity has been undertaken in any state so far. The experimental training of tribal women as ANMs by an NGO, and contracting out of PHCs to NGOs in Karnataka deserves monitoring for its potential replicability.

20. Rajasthan's Nodal Group for NGO participation, established in the Project Office, for screening NGO proposals is also of value, although its functioning has been hampered because of the NGO Coordinator post being vacant. The mission urges MOHFW to encourage the proactive seeking of NGOs with credentials and capacity for reaching services to inaccessible areas and populations.



**India**  
**Reproductive and Child Health (RCH) (Cr. N-018)**  
**and**  
**Immunization Strengthening (Cr. 3340-IN)**

**World Bank Review Mission**  
**May, 2000**

**Aide Memoire**

1. During the period 4 May to 19 May, a World Bank mission consisting of Drs./Messrs. Indra Pathmanathan and S.A. Chowdhury (mission leaders), T. Nawaz (team leader, Health and Population), G.N.V. Ramana (public health specialist), A. Bharadwaj (training), Nirmala Murthy (decentralized planning and monitoring), A. Ghosh (IEC), R. Narula (financial management), and Mam Chand (procurement) reviewed the Reproductive and Child Health and Immunization Strengthening projects in conjunction with State Health Systems projects. The RCH and Immunization Strengthening mission was assisted by J. Satia (ICOMP) in conceptualizing the framework for the RCH mid-term review process, and in reviewing revised proposals for strengthening outreach and social mobilization.
2. The mission would like to thank the governments of six states (Andhra Pradesh, West Bengal, Karnataka, Rajasthan, Assam, and Maharashtra) visited by mission members, and staff who facilitated field visits and discussions, and extended warm hospitality to visiting Bank teams. The Bank team would like to thank the Secretary, Family Welfare and officials of the Ministry of Health and Family Welfare who participated in discussions in New Delhi.
3. State specific aide memoires for the RCH project have been shared with the states of Andhra Pradesh, West Bengal, and Karnataka. Implementation progress of the RCH project is recorded in: (a) RCH Program progress update as in May, 2000; (b) RCH Project: PAD Indicators, May 2000; and (c) RCH Program performance: preliminary analysis of RCH Surveys. This aide memoire summarizes the main findings and recommendations of the mission.

**REPRODUCTIVE AND CHILD HEALTH PROJECT**

4. **Development objectives.** Progress towards development objectives remains satisfactory as demonstrated by continued positive trends in key impact indicators and creation of an enabling environment through adoption of a National Population Policy (NPP). The NPP reiterates commitment to the policy change embedded in the Reproductive and Child Health approach and philosophy and supported by the project. Household survey (NFHS) shows significant positive trends in RCH in all states for CPR and use of modern contraceptive methods, fully immunized infants, childbirth in institutions and with trained personnel. The adoption of the NPP and equivalent state policies in several states reflects the success of the RCH program during the past three years in generating broad awareness and consensus on the policy and strategies in political, administrative and civil society circles. Good progress has been achieved in polio eradication. The number of states with significant polio transmission has reduced from eight to only four, and good surveillance has been extended to all but a few districts.
5. **Implementation progress.** Implementation progress of RCH is less than satisfactory since implementation of many project interventions and transfer of specific project benefits to intended beneficiaries has been much slower than could have been expected. The intensified polio eradication campaign during the period October 1999 to March 2000 slowed



implementation progress of RCH at state and district level, and burdened management capacity at MOHFW level. Additionally, key MOHFW units responsible for managing RCH dealt with Orissa cyclone relief efforts and prepared the Immunization Strengthening project which mobilized the additional resources necessary for polio eradication. However, in most of the states visited, some activities have accelerated, and expanded or enhanced RCH services have begun. At MOHFW level, key steps to strengthen financial monitoring have begun.

6. However, in all the visited states much greater acceleration is needed. MOHFW needs to be more proactive in providing guidance to states and monitoring the program. For this purpose, MOHFW capacity is inadequate. States require regular visits from MOHFW officials who are competent to clarify implementation issues on all aspects of the RCH program and provide early feedback to MOHFW management about critical implementation bottlenecks that require attention. Also, at MOHFW level, planning of annual implementation activities within the project budget has not been instituted, resulting in inability to assess progress within the three year framework of the remaining project period. It was agreed that achievement of three critical benchmarks prior to next mission currently planned for October would be the trigger for considering implementation progress as satisfactory. The three benchmarks are: (a) submission of SOEs on priority activities as agreed during the January 2000 mission; (b) submission of an Action Plan and projected budget for the remaining project period; and (c) submission of the procurement plan for 2000-01.

7. *Expenditure progress.* Progress is poor. To date only about \$49.9 million of \$248 million has been disbursed, compared to the expected disbursement of \$79 million. Since the previous mission, only about US \$10 million has been disbursed compared to the projected US \$40 million for the period, mainly due to delays in submission of claims. An update expenditure status was not available for review by the mission, and there has been no progress in benchmarks agreed during the previous mission to expedite claims on priority activities where large expenditure has been incurred. It was agreed that: (a) claims for an estimated 76 crores submitted by the procurement agent (HSCC) would be processed expeditiously by MOHFW; (b) immediate action would be taken to process all other claims that have been received by MOHFW; (c) immediate attention would be given to following up on previous benchmarks to obtain SOEs from states.

#### **Development Objective 1: Improved management performance**

8. **Decentralized planning and modified monitoring.** Implementation progress is very good. For the first time ever, district level survey data has been provided to all states and districts in the country. As a result, planning is becoming evidence-based rather than normative, and resources are being better directed to meet client needs. Further, the survey data has provided a reliable tool to correct over-reporting of achievements based on MIS data, and removed the complacency that resulted from such over-reporting. *RCH household surveys* have provided district specific data for all 507 districts, and *RCH Facility survey* have provided data on critical facilities, RCH services available and their utilization in all PHC, CHC, and District Hospitals in 258 districts covering all states. Summary reports of the survey results have become available.

9. The next round of household surveys will be delayed until the end of the project period. During the 18 month interval prior to the start of planning for the next round of household surveys, IIPS would participate in, and provide support for further data analysis on specific issues of concern to MOHFW and states. The data analysis would include linking findings of the household and facility surveys and providing user- friendly information on key issues for decision making at policy and program levels at national and state levels. Suitable administrative arrangements would be developed for this purpose. Facility surveys would continue in the remaining districts, with modifications to the sample design so as to include only samples rather



than all PHC and sub-centres, and reduce the number of data items. It was agreed that: (a) steps would be implemented to improve district CNA plans by utilizing RCH household survey data to validate community needs assessment and evaluate program performance; (b) procedures for placing the data base from the RCH household surveys in the public domain would be rapidly completed; (c) steps to improve timely submission from all districts and accuracy of *MIS reporting (Form 9)* through states will be continued and intensified, and (d) plans for further analysis of data on specific issues would be finalized. Critical benchmarks are given in Annex 1.

10. **Institutional strengthening: Financial management.** Implementation progress is slower than expected. *Development of Computerized Financial Management System:* An elementary financial management system, the focus of which will be to monitor the releases made to and the expenditure incurred by the states, is being set up in MOHFW. However, MOHFW is now reviving the evaluation of the proposals received for developing a comprehensive financial management system for which the technical and financial proposals had been rejected earlier. MOHFW is also seeking the support of NIC for the district level systems support.

11. *Staffing:* A financial management consultant and Director, Finance have been appointed recently to oversee the financial management for RCH and Immunization Strengthening projects. However, the status of appointment of additional finance staff at SCOVAs is not clear. It was agreed to report on the status of staffing of financial staff in SCOVAs. *Expenditure Reporting:* The reporting of expenditure from the states continues to be poor compared against the releases made to them. Some of the audit reports have also highlighted the problem. It was agreed that that the new team would look into the issue and identify specific bottlenecks that are causing this problem and suggest ways to get around the problem

12. *Audit certificates* have now been received from 28 (of 35) project entities, and one of the five audit reports that had major observations has now been cleared. It was agreed that the next steps to improve financial monitoring would be: (a) generation of updated monthly financial status reports (releases, expenditure and claims) and exception reports identifying items requiring immediate attention; (b) updated status on appointment of financial management consultants at SCOVAs (or State FW departments in non-SCOVA states); (c) review of financial monitoring systems in a few selected states in order to identify and address systemic issues contributing to poor financial monitoring at state level; (d) monitoring of timely submission of remedial action plans by the remaining 4 states that had major observations, and follow up of submission of overdue audit certificate particularly by Uttar Pradesh. Critical benchmarks are given in Annex 1.

13. *Procurement (at MOHFW level):* Procurement progress for Year 2 of the project is satisfactory. Start-up of procurement actions for Year 3 has been delayed due to delays in appointing the agreed procurement agents (HSCC and HLL). The agents have now been appointed (in mid-May 2000), and agreement reached on the items to be procured by each agent. Another critical factor that has slowed procurement progress is the inordinate delay in MOHFW of up to 3 months between preparation of Bid Evaluation Reports and submission of the bid evaluation reports. Supply of Kits A and B to district consignees has been completed, and supply to district consignees of Equipment Kits (NCB) and centrally procured drugs (EsOC, EmOC and RTI/STI) is in progress. Several other large procurements, Equipment Kits (ICB), price contracts for pharmaceuticals and non-pharmaceutical are in advanced stages. It was agreed that: (a) MOHFW and its procurement agent would upgrade monitoring of take up of items from MSDs by states; (b) HSCC would provide to MOHFW, review reports of physical and quality checks conducted on drugs supplied, and provide a summary report to the Bank; (c) MOHFW would expedite submission of bid evaluation reports for syringes and for price contract for pharmaceuticals, and coordinate closely with HSCC to ensure continued timely submission of SOEs; and (d) MOHFW would submit to the Bank, the Procurement Plan for Year 3, and HSCC



and HLL would submit bid documents in accordance with agreed benchmarks as shown in Annex 1. Detailed procurement action lists are given in Annex 4.

14. **Program management capacity.** Action on agreed benchmark is delayed, and regional consultants have not yet been appointed to improve hands-on monitoring and technical support for states.

15. **Development Objective 2: Improved quality, coverage, effectiveness of essential package of RCH services.**

16. **Upgrading service quality and improving coverage.** Progress at state and district level is improving. Visits to Andhra Pradesh (A.P.), West Bengal and Karnataka showed varied progress. In A.P., 60% of additional PHN/SN have been appointed and 24 hour delivery services started in additional facilities. However, due to non-release of funds by state Finance Department other activities (SM consultant, anesthetist, civil works) have not started. Referral linkages with facilities upgraded by State Health Systems project are in early stages. **In West Bengal,** implementation progress and monitoring by state level has improved significantly with 9 crores (out of 17 crores) expenditure reports and the remaining amount committed. **Karnataka** 83 of the civil works just grounded by the State Health Systems project. A joint Strategy for IEC in RCH, IPP IX, and Family Welfare has been developed and an Action plan prepared. Similarly training is also being initiated as a joint activity with IPP IX. The state has submitted a proposal to implement the RCH schemes for improved services and coverage in 4 district with the annual "financial envelope". However feedback on this concept seems to indicate the need for further dialogue and clarifications from MOHFW to states to facilitate implementation.

17. **Additional RCH Schemes to improve coverage.** Progress is slow. Action has been delayed in review of civil works ceilings, start up of pilots for strengthening outreach and social mobilization and finalization of new proposals for referral transport, dai training and RCH camps. A revised version of outreach and social mobilization scheme for RCH services including immunization was reviewed and agreed with the mission, and comments were provided by the mission on draft proposals for dai training and RCH camps. It was agreed that: (a) the revised outreach scheme would be expeditiously discussed with states and processed at MOHFW level, and the budget plan for the scheme would be submitted to the Bank; (b) revisions of the dai training and RCH camp schemes together with budget estimates would be expeditiously shared with the Bank, and processing of approval of the schemes at MOHFW would be expedited as indicated in Annex 1.

18. **Additional activities to improve quality.** The mission reviewed recent activities (not financed by the project) to improve quality of contraceptive services and discussed next steps. Activities completed include training of about 15,000 doctors in non-scalpel vasectomy (NSV), and dissemination of manuals on quality standards for contraception. It was agreed that MOHFW would review whether to include in the Bank's RCH project, (a) an IEC package for NSV for which the developmental work has been completed with UNFPA support, and (b) a comprehensive proposal for improving quality of services for laproscopic sterilization, mini-lap and NSV. This would include establishment of a monitoring and feedback system, fillings gaps in equipment and materials, and strengthening of training with particular reference to counseling and follow up care. The mission reiterated that any new proposals would need to be reviewed by the Bank and agreed before October, 2000 in order to be included as a possible new activity within the project. This would be essential in order for the activity to be included in the revised project costing expected to be completed during the October MTR mission.



19. **MTR studies and budget revision.** Progress with studies has been delayed significantly. The only study that has begun is review of training. It was agreed that appointment of consultants for the other studies would be expedited, using agreed TORs. Annex 5 provides a list of studies agreed during the previous mission. Proposed budget revision for the remaining project period has not been worked out as agreed during the previous mission. Therefore it has not been possible to assess whether the project funds would be sufficient to support additional activities such as the Family Health (RTI) Camps and polio social mobilization as well as new proposals (outreach and social mobilization, RCH camps, dai training). It was agreed that the proposed budget revision would be drafted promptly and submitted to the Bank for review prior to agreement and implementation of any new proposal.

20. **Training.** Overall progress is improving. Training activities have taken off in all the states visited. However, progress is slow with regard to flexibility in dealing with NGO CTIs, reviewing and replacing weak CTIs, and expediting approval of training plans. It was agreed that MOHFW and NIHFWS would reach agreement with states on mechanisms whereby states would be given the responsibility for approving state training plans including their budgets.

21. **IEC.** Overall progress has improved but could be accelerated. *TV spots, interactive panels and hoardings* have been produced and are being shown. However, there is no plan in place to evaluate the quality and impact of these interventions. A *film* has been produced, MOHFW has contracted NFDC to prepare a plan for its distribution by June 30. However, NFDC has not yet presented the plan for discussion. It was agreed that the MOHFW would prepare a fallback plan for distribution of the films, if the NFDC does not submit one by the due date, for submission to the Bank by end June 2000. Plans to evaluate the quality and impact of the film have yet to be prepared. A consultant has prepared a paper related to behavior change objectives that would guide the *draft IEC strategy*. It was agreed that MOHFW would complete work on the IEC strategy by identifying priority objectives for behavior change expected in the immediate (1-2 years), medium term, and long term by May 31, 2000. IEC activities would be aligned to the priority behavior change objectives and agreement reached on specific activities best initiated at national and state levels. It was agreed that this would be done through a national consultation in August 2000. MOHFW would then need to reallocate funds to national and state activities in support of high priority behavior change objectives. Progress is being made in activating, monitoring and evaluating the *IEC activities that were to be implemented by the ZSS*. The concept note on ZSS evaluation meeting along with the questionnaire will be developed by May 31, 2000. This questionnaire is to be used at the State level workshops with district local government officials to get an assessment of the status of progress and funds utilization of the ZSS scheme.

22. **Polio eradication.** Progress is satisfactory. Polio transmission has now been reduced to only Bihar and Uttar Pradesh. The 4 NIDs and 2 SNIDs implemented during October 1999 to March 2000 maintained acceptable coverage levels during all rounds, and managed to reach significant proportions of unreached communities in the weakest states. However, SOEs for social mobilization have not been submitted to the Bank, thereby contributing to the poor disbursement profile.

### Development Objective 3: Increased access in disadvantaged districts and cities

23. **LCE (sub-projects).** In general, implementation pace in all sub projects has shown improvement except for the states of Karnataka, Rajasthan, Punjab and Himachal Pradesh. So far, Rs. 28.49 Crores has been expended and claims for Rs. 20.51 Crores have been submitted. As agreed during January 2000 mission, GOI has conducted a two day workshop on 18 and 19 April to assess the feasibility of one time clearance for annual action as well as procurement plans. The mission is pleased to note that this workshop facilitated internalization of area project



division with maternal health division. So far, four states (Uttar Pradesh, Punjab, Himachal Pradesh and Gujarat) out of the 6 states attended the workshop submitted the procurement plans and 3 plans were cleared by GOI. Continuous follow-up and regular oversight by MOHFW would be critical to further improve the implementation pace, especially the software activities planned in the sub projects during the remainder of the project. It was agreed that similar workshops would be held for other states and clearances for procurement plans would be expedited by 31 August 2000.

### **IMMUNIZATION STRENGTHENING PROJECT**

24. **Project effectiveness.** The project was approved by the Bank's Executive Board on April 25, and legal documents were signed on May 19. Project effectiveness will be closely linked to finalization of polio eradication activities for 2000-01. The recommended scale, strategy and estimation of resources required for polio eradication activities for 2000-01 will be based on the summer surveillance data on polio transmission. The recommendations will be finalized by June 2, 2000 during a series of meetings of technical experts and state Secretaries. Subsequently, the Cabinet is expected to review the recommendations as well as the Bank financed project and approve the project. Project effectiveness will be declared as soon as Cabinet approval is obtained.

25. This project has been prepared and processed by the Bank on an extremely fast track so as to provide timely resources for the polio eradication effort. Since funds are required immediately for timely procurement of polio vaccine for the next round of NIDs, GOI clearances for project effectiveness needs to be expedited so the project could be declared effective as early as possible in June.

#### **Development Objective 1: Polio Eradication**

26. Progress towards polio eradication is good, and only 51 cases have been reported to date during 2000 compared to 1,126 cases during 1999. The success of the intensified NIDs and SNIDs during October 1999 to March 2000 is expected to achieve polio free status in several southern states and very low levels of transmission in all except four states (Bihar, Delhi, West Bengal and Uttar Pradesh). Good quality surveillance has been established in almost all states, providing excellent scientific data for analysis of continued transmission and identification of weak spots in the eradication effort.

#### **Development Objective 2: Strengthening Routine Immunization**

27. It is too early to comment on progress since the project has not yet become effective.

#### **Implementation progress**

28. The mission discussed and reached agreement on the next steps for a quick start to the project.

#### **Polio eradication**

29. It was agreed that: (a) MOHFW would inform the Bank as soon as decisions are made regarding number of NIDs and resource requirements for 2000-01, including the funds required from the RCH project to support social mobilization; (b) UNICEF and Bank would expedite review of the draft contract for polio vaccine procurement so as to enable timely procurement for requirements for this year.



### **Strengthening routine immunization**

30. Actions to initiate implementation have been agreed as indicated in Annex 6 for (a) strengthening immunization program management; (b) strengthening financial management including audit compliance for the RCH project to enable all states to participate in this project; (c) human resource development (also see Annex 5 for agreements on training arrangements); (d) upgrading program monitoring and (e) strengthening equipment and maintenance systems. It was agreed that HSCC would be appointed the procurement agent as soon as the project becomes effective. In the meanwhile, procurement processing actions would proceed.

31. Actions pertaining to Immunization Strengthening that are being undertaken in the RCH project are: (a) outreach and social mobilization schemes (see Annex 1 for agreed benchmarks); (b) strengthening of financial monitoring system (see paragraph \_ above, and Annex 1); (c) procurement of computers for district level (see Annex 4 for details). Further, it was agreed that intensive follow up would be continued for the RCH project on submission of the remaining overdue audit certificates and remedial action plans to enable all states to participate in this project as soon as it becomes effective. (See Annex 2).

#### **List of Annexes**

##### **Reproductive and Child Health Annexes**

Annex 1: Critical benchmarks

Annex 2: Status of audit certificates and disbursement

Annex 3: Decentralized planning and modified monitoring system: Assessment of key issues and follow up actions

Annex 4: Central Procurement: status and key benchmarks for actions

Annex 5: Mid-term review – outline of process and studies required

##### **Immunization Strengthening project: Annexes**

Annex 6: Critical benchmarks



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Critical issues and agreed key benchmarks

	Issues	Agency	Benchmarks	Previous benchmarks and status	Agreed timeframe
<i>Critical benchmarks to improve overall project implementation rating</i>					
1.	Poor disbursement profile	MOHFW and states	Submit to Bank all SOEs received by MOHFW, in particular for: (a) central procurement items, (b) polio eradication activities for 1999-2000, (c) contractual staff, training and sub-projects (see overdue benchmarks under Financial Management)		June 7
2.	Inadequate planning and monitoring of project activities	MOHFW	Submit Activity Plan and projected budget for the remaining project period		July 31
3.	Procurement planning	MOHFW	Submit procurement plans for HSCC and HLL and indicate items and estimated amounts to be procured by States (for the nationwide component).		July 31
<i>Financial Management</i>					
1.	<i>Strengthen financial management</i>	MOHFW and states	2.1 Operationalize the elementary computerized system at MOHFW level being by CMC in consultation with the Bank  2.2 Provide monthly updates of expenditure reports and exceptions reports  2.3 Provide update on status of appointment of financial staff at SCOVAs  2.4 Review responsibilities for release of funds at MOHFW level  2.5 Undertake field review of a sample of SCOVA/state financial management systems  2.6 Discuss with Bank, findings of the review and agree on remedial action plans		2.1 June 15  2.2 June 30  2.3 June 30  2.4 June 30  2.5 June 30  2.6 July 15, 2000



2.	<i>Audit certificates</i>	MOHFW	3.1. Submit over-due audit certificates for 1998-99.  3.2 Submit remedial action plans for audit reports that have major observations	15 February, 2000 Partially completed (See annex 2 for details)  New item	June 30  June 30
<i>Institutional strengthening</i>					
3	<i>Program Monitoring</i>	MOHFW and IIPS	3.1. Review design of facility surveys.  3.2. Review timing and scope of next round of surveys, and rationalize multiplicity of surveys having similar scope.  3.3. Promote use of survey findings in decentralized planning, reducing over-reporting, and in management training.	Completed.  Completed (see Annex 3 for details)  In progress	
4	<i>Timely completion of procurement of drugs and medical equipment</i>	MOHFW and HSCC	See Annex 4	See Annex 4	See Annex 4
5.	<i>Strengthen program management</i>	MOHFW	5.1 Appoint senior part time regional consultants.	Overdue	July 2000
<i>RCH package of services</i>					
6.	<i>Civil works</i>	MOHFW	6.1 Review proposed annual ceiling and financing for civil works and provide feedback to Bank. 6.2 Support minor civil works, training equipment and materials for ANMTCs in Orissa, Madhya Pradesh and Rajasthan if necessary.	July, 2000	July 2000
7	<i>Outreach and social mobilization</i>	MOHFW and 8 states (Assam, Bihar, Gujarat, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, West Bengal)	7.1 Provide Bank final version of RCH Outreach and Social Mobilization Scheme including immunization strengthening together with Budget and projected expenditure for the remaining project period.  7.2 Provide Bank revised Implementation Plans from each state for implementing the agreed Scheme  7.3 Release funds to each selected state		August 2000



8.	<i>New proposals for RCH Schemes</i>	Referral transport RCH Camps Dai training Financial envelope	8.1 Revise scheme proposals integrating comments provided by mission, and obtain "no objection" from Bank.  8.2 Offer existing scheme on referral transport to all states.  8.3 Provide to Bank, copies of approved financial envelope proposals for Tamil Nadu, Kerala and Andhra Pradesh.	8.1 Immediate  8.2 Immediate: completed  8.3 15 February Completed	May 2000
<b>Training</b>					
9	<i>Collaborating centres (CTIs)</i>	MOHFW and NIHFW	6.1. Modify requirements for consultants in accordance with local conditions for Collaborating Centres in Vellore and Assam. 6.2 Review and replace non-functional CTIs and make alternate arrangements for some states	(pending since December 1999)  September, 2000	June 2000
	<i>Strengthen financial capacity of NIHFW</i>	NIHFW	6.3 Appoint additional financial consultants in NIHFW		
	<i>Coordination</i>	NIHFW	6.4. Establish regular mechanism for coordination with other agencies	Completed	
	<i>Delay in start-up of training</i>	NIHFW and states	6.5. Review approval process for training plans so as to expedite implementation	Pending since March 2000	June 2000



IEC.					
10.	10.1 Activate and monitor ZSS projects	MOHFW and states	7.1 Conduct state level workshops to review and activate ZSS projects.	31 March, 2000	July 2000
	10.2 Develop behavior change objectives	MOHFW	7.2.1 Program officers' brainstorming to clarify issues and preliminary behavior change goals 7.2.2 Appoint part time senior consultant to collate research evidence of barriers and opportunities for behavior change in each program area 7.2.3 MOHFW level workshop for reviewing and clarifying behavior change goals	Completed  Completed	August 2000
	10.3 Media plan	MOHFW and Bank	7.3.1 Implement plan for suitable distribution of films already produced. 7.3.2 Develop and review TOR for institutional consultant to develop and assist MOHFW in implement suitable media buying plan		July 2000  July 2000
LCE: Sub-Projects.					
11.	11.1 Civil works price escalation	MOHFW And concerned states	11.1.1 Adjust individual facility costs to allow justifiable price escalation. Implement as many civil works as possible within the currently provided funds for civil works.  11.1.2 After demonstrated completion of those works, consider allocation of additional funds to cover remaining civil works with price escalation.	11.1 Convey decision to states: 15 February  Completed	11.2 September 2000. 11.2 September 2000.
	11.2 Improve quality and timeliness of procurement plans.	MOHFW and all sub-projects	11.2 Conduct workshop to prepare procurement plan based on action plan for 2000-2001.	March 2000  Completed for 7 States	July 31, 2000
	Safe Motherhood: Mobilizing TBAs	MOHFW	11.3 Review and approve proposals for mobilizing TBAs in Rajgarh, Murshidabad and other selected districts in accordance with criteria provided in this Aide Memoire	Pending since December, 1999  Completed	



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**Status of audit certificates and disbursements**

**Audit Certificates**

RCH	Significant Expenditure	Clean or no expenditure	Qualified	Not received
1	Andhra Pradesh		Qualified	
2	Assam	Yes		
3	Bihar	No expenditure		
4	Gujarat	Yes		
5	Haryana	Yes		
6	J and K	Yes		
7	Karnataka	Yes		
8	Kerala		Qualified	
9	Maharashtra	Yes		
10	Madhya Pradesh		Qualified	
11	Orissa	Yes		
12	Punjab	Yes		
13	Rajasthan		Qualified	
14	Tamil Nadu	Yes		
15	U.P.			No
16	West Bengal	Yes		
17	Delhi	Yes		
18	Mizoram	Yes		
19	H.P.	Yes		
20	IIPS	Yes		
21	NIHFW	Yes		
22	MOHFW	Yes		
<b>Others</b>				
23	Arunachal			No
24	Goa			No
25	Manipur	Yes		
26	Meghalya	Yes		
27	Nagaland			No
28	Tripura	Yes		
29	Sikkim	Yes		
30	A & N	No expenditure		
31	D & D	No expenditure		
32	Lakshwadeep	No expenditure		
33	Pondicherry			No
34	Chandigarh	Yes		
35	Dadar & Nagar			No
<b>All RCH</b>	<b>35</b>	<b>25</b>	<b>4</b>	<b>6</b>



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Decentralized planning and modified monitoring system:  
Assessment of key issues and follow up actions

The mission discussed key issues pertaining to:

- (a) implementation and utilization of the modified MIS and the CNA process;
- (b) implementation and proposed action plan for RCH surveys (household and facility) and dissemination of results
- (c) key results from the RCH surveys and potential for utilization of findings.

**Implementation and utilization of Community Needs Assessment (CNA)**

1. **Coverage:** District action plans are being received from about 40% of districts.
2. **Process:** The methodology for preparing plans varies from state to state. Although the CNA Manual is used, the actual methodology varies from a highly participatory mode of plans developed through discussion at village level (for example in some districts of Rajasthan) to a modified version of targets provided by the state level, based on demographic norms (for example in Andhra Pradesh).
3. **Outcomes.**
  - 3.1 *Grassroots staff:* Observations during visits, feedback and studies done by various NGOs and agencies, indicate that grass-roots level staff are no longer pressurized to meet contraceptive acceptor targets, and therefore are able to focus on provision of a broader range of RCH activities, in particular ANC.
  - 3.2 *Mid-level management:* It is as yet unclear whether mid-level management practices have changed in response to the replacement of top-down contraceptive targets with the CNA process.
4. **Changing environment**
  - 4.1 **Reliable district level data is now available.** The RCH surveys have, for the first time, provided district level data that could be used in preparing district action plans. In general, management has not yet recognized that the CNA Manual was prepared to cope with a situation where there was an absence of reliable district level data on which plans could be developed. There is little evidence as yet that the survey data is being used to prepare the district action plans. *Next steps:* It would be desirable to review the Manual to integrate use of survey data.
  - 4.2 **Several funding agencies now require district plans.** Recognizing the need to strengthen district level implementation capacity, MOHFW reached agreement with UNFPA, UNICEF, EC to focus their assistance in weaker districts and build local capacity. As a result, intensive technical support has been provided for preparation of district action plans in UNFPA's IPD districts, UNICEF's "Border Cluster" districts and EC's District strategy districts. In some of these districts, inputs are also provided through various World Bank funded projects. *Next steps:* The process for coordination between the district action plans required by UNFPA, UNICEF, and EC, and the CNA plans needs to be clarified.
  - 4.3 **Role of MOHFW.** MOHFW reports that it has initiated the process of checking the quality of the CAN plans. However, the process and results are as yet unclear, and feedback has not been compiled.

*Potential next steps:* The mission suggested that RCH survey data could be used by MOHFW to assess a sample of district plans in relation to:

- (a) reality of the needs assessment and work-plans indicated in the CAN plans;
- (b) assess the achievement reported in the CNA plans against their projected work plans.







## 6. Further data analysis

It was agreed that IIPS would

- (a) focus on further analysis and user-friendly presentation of survey findings during the period August 2000 to December 2001;
- (b) form partnerships with suitable agencies and individuals to undertake such analysis and promote the utilization of findings;
- (c) submit a proposal to MOHFW for further analysis of RCH survey data, including linkages between household and facility surveys, and implications for policy and program decision making.

### RCH Surveys: Key findings

1. **Validity of results.** Comparison of data from the RCH household surveys and NFHS II indicates acceptable degree of consistency in findings related to CPR, Contraceptive use, Pregnancy and childbirth, and some child health indicators. There are marked differences in the findings related to Immunization, and the reasons for this difference cannot be explained. It was noted that the surveys were not designed to produce estimates for vital events.

2. **Illustrative analysis of data.** The mission presented and discussed some data, for example on:

- Whether designated FRUs had received the requisite key inputs and were able to provide envisaged functions
- Districts where improved monitoring and management could significantly improve the quality of care received by clients: for example, districts in which clients had good access to at least one immunization or one ANC but were not receiving complete immunization or full ANC;
- District specific approaches to improving death and illness related to child birth: for example through categorizing districts in accordance with % institutional deliveries; % by TBAs and % by others.

(A separate report is available.)

3. **Promoting utilization.** It was agreed that MOHFW would make a similar presentation at the meeting of State Health/FW Secretaries during June 1 – 3, in order to stimulate utilization of survey findings.

It was also agreed that MOHFW would request specific analysis of the Facility Survey data to assist in better understanding of program issues.



**Reproductive and Child Health  
Monitoring of Critical Procurement Steps  
Procurement plan for the Year 1999-2000  
Update as on May 19, 2000**

Item	Most recent completed step	Next step	Remarks (delays, expected SOE dates)
1. Drug Kit A  Rs. 54 crores \$ 13.5 m.	Supplies completed.  SOE for Rs 48.38 crore submitted to MOHFW.	Monitor uptake from MSDs. (MOHFW) Review reports of quality checks and provide summary report to Bank. (MOHFW)	Submission of claims to Bank has been unduly delayed.
2. Drug Kit B (Rs. 11.3 crores \$ 3.0 m)	Supplies complete.  SOE for Rs 11.05 cr submitted to MOHFW	Same as for Kit A.	Submission of claims to Bank has been unduly delayed.
3. Kitting of Kits A & B (Rs. 14 crores \$ 3.5 m)	Supplies completed.  SOE for Rs 8.54 cr submitted.	Complete SOE submission by 30 May	
4.1 Equipment kits (NCB) (Rs. 1 crores \$ 0.25 m)	<ul style="list-style-type: none"> <li>• Delivery to MSDs is in progress.</li> <li>• Inspections of 19 items in progress</li> <li>• Refrigerator bids opened on April 17 and evaluation in progress.</li> </ul>	<ul style="list-style-type: none"> <li>• Submit bid evaluation report to Bank by June 15 if it is a prior review case.</li> </ul>	Submit SOEs by July 30.
4.2 Equipment kits (ICB) Rs 30 crore) \$7.5 million	<ul style="list-style-type: none"> <li>• Bid evaluation report submitted by MOHFW to Bank on May 9. Bank has advised not to submit evaluation reports to the Bank for contracts below about \$3 lakhs. Bank's clearance required for Schedule I, IV, V, X &amp; XI only. HSCC has been asked on May 19, 2000 to clarify certain issues to consider matter further.</li> </ul>	<p>Award contract by May 31, 2000.</p> <p>Submit SOEs by October 31</p>	<p>Submission of bid evaluation report has been delayed by 6 months (originally expected on Dec.10), with clearance by MOHFW delayed by 3 months (since Feb 4).</p> <p>SOE expected 30 June</p>



Item	Most recent completed step	Next step	Remarks
5. Price contract for pharmaceuticals & cotton (Rs. 14.2 crores \$ 3.5 m)	Bids opened on March 28-29, 2000.	HSCC to submit bid evaluation report to MOHFW by May 25.  Supplies expected to begin in August.	Delayed since September due to non responsive bids and delays in providing response to comments
6. Price contract for non-pharmaceuticals (Rs 12 crore \$ 3 million)	ICB bids opened on November 12, 1999. Bid evaluation report submitted to Bank on May 2, 2000. Bank has advised HSCC that its clearance is not required for items 1 to 9. For item 10, HSCC to clarify.	Award contract by June 10, 2000 (the bid validity).  Supplies expected to begin in June.  SOE expected by Sept. 30.	Clearance of bid evaluation report by MOHFW was delayed by 3 months (since Feb 2)
7. Central procurement: Pharmaceuticals. (NCB) (Rs 30 crore; \$ 7.5 million)	For 52 items: <ul style="list-style-type: none"> <li>testing and kitting is 90% complete.</li> <li>Supplies delivered for about 30%</li> </ul> For 11 items: <ul style="list-style-type: none"> <li>bids opened March 3.</li> </ul>	For 52 items: <ul style="list-style-type: none"> <li>Complete supply by June 30. (HSCC)</li> <li>Monitor receipt and take up from MSD and provide summary report to Bank by Sept. 30. (HSCC and MOHFW)</li> </ul> For 11 items: <ul style="list-style-type: none"> <li>Submit bid evaluation report to MOHFW by May 15.</li> <li>Submit BER to Bank by June 15.</li> </ul>	For 52 items: previous benchmark was submission of SOEs by June 30. Now delayed by 3 months
Central procurement: Pharmaceuticals (ICB) (Rs 7.35 crore; \$ 1.9 million)	Bid opened on March 2 and bid evaluation report submitted to MOHFW on April 17. Awaiting MOHFW approval	Submit BER to Bank by June 2, 2000.	Previously agreed delivery date was June 15. Now likely to be further delayed



### Review of Sub-project Asansol

The State SCOVA has released Rs. 9.5 million to the State Urban Development Agency (SUDA- the nodal agency for urban poverty alleviation in West Bengal) which is implementing the project. The mission is pleased to note that preparatory activities are in an advanced stage. Sites for 13 health posts have been identified and personnel have been recruited for 3 health posts. Out of the 387 HHWs planned during the project period, 168 were already identified and training of two and half months duration has started. Baseline survey was awarded by the state to MODE based on GOI guidelines. Identification of the project beneficiaries was made on the basis of rapid household income assessment survey undertaken under a GOI's scheme. The project will provide family folders for beneficiary households identified.

#### Agreements reached:

- Data collection for the baseline survey should be completed before March 99 as it may not give correct information once the HHWs start functioning.
- Maternity homes will provide only basic new born care services rather than establishing neonatology units which need specialized care.
- The Municipal Engineering Department under Directorate of Municipal Affairs would implement the civil works.
- To design and monitor the innovative schemes, SUDA will appoint a Community Development Officer.
- To monitor the critical performance indicators, the project authorities would appoint independent agencies to undertake 30 cluster surveys every year for which provision should be made in the project.
- SCOVA should be releasing the funds for the project within 15 days of receipt from GOI and GOI would provide set of claim forms to submit expenditure statements.
- Under the innovative schemes, SUDA would complement the ongoing activities of concerned departments under the project rather than implementing themselves.

Objective	Indicator
Increase institutional deliveries	5% increase in institutional deliveries by March 2000
Improve referral services	
Improve immunization coverage of children	Measles coverage of 45%
Reduce unmet need for laproscopic sterilization and oral pill.	Reduce unmet need for contraceptives by 10%

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**Joint Mission to West Bengal – July 19-22, 2000**  
**Back to Office Report**

A joint review of State Health Systems, Family Welfare Urban Slums and Reproductive and Child Health projects in North Bengal region of West Bengal State was undertaken by a Bank mission consisting of Messers./Mmes. T. Nawaz (Team leader), P. Kudesia, G. N.V. Ramana between July 19-22, 2000. The objectives of the mission are to review the implementation progress of the ongoing projects jointly with senior officials managing these projects and address cross cutting issues to improve efficiency and effectiveness. This Back to Office Report summarizes the mission observations and suggestions for Family Welfare urban Slums and RCH projects.

**Family Welfare Urban Slums Project:**

The mission is impressed with the rapid implementation progress. Most social mobilization activities are in place. While clinical services have started recently, construction activities have begun for most of the approved activities. One noteworthy feature is full engagement and ownership of the local bodies in the project implementation. Service quality requires attention and presence of regular ANM would be critical for this. Stronger linkages with the RCH program and Post Partum Units of District/Sub Divisional Hospitals would be necessary to ensure continuum of care and referral back-up. This also helps in avoiding unnecessary duplication of services and maximize the benefits to the clients. Vocational training activities to empower the adolescents have not yet started which need attention. In addition to providing such skills the this opportunity should be used to sensitize the issues of reproductive health. The salters' weighing scales procured for growth monitoring did not have zero error correction which makes it difficult to use them.

**Darjeeling:**

Project inputs	Number	Status
Maternity Home cum OPD	1	Work orders issued and work started. Expected to be complete by March 2001
Health Posts	2	Work orders issued and work in progress (Basement level). Expected to be complete by December 2000
Sub Health Posts	16	Two providing services for past few months and rest started service delivery recently. Part time doctors identified. However, only ANMs on part time are providing services.
Honorary Health Workers	78	66 in position and providing social mobilization

**Observations & Suggestions:**

1. The private practitioners being popular there is lot of demand for their services at the sub health posts. Consequently, the clinics are getting over crowded with clients seeking treatment for minor ailments. To ensure due attention to project development objectives, the mission advises the project authorities to limit clinic services only for women and children. When once the Poly-clinic services start, general services could be provided.
2. Lot of effort is going in to IEC including involvement of cable TV and printing of pamphlets. While this effort is laudable, there is need to identify specific behavior change objectives and focus on the target audience.



- The mission noticed that there are other Maternal and child health services being provided by the Darjeeling hill council which occasionally led to duplication of services. The mission suggests better integration of services being provided under different administrative and management structures to maximize the benefits as well as improve the referral links between outreach, clinic and hospital services.
- Availability of competent Second Tier supervisor is critical for ensuring quality of services (antenatal care, immunization etc.) and the mission reiterates the need of such staff working on a regular basis rather than part time.

**Jalpaiguri:**

Project Inputs	Number	Status
Maternity Home cum OPD	1	Site identified recently and work orders issued. Work is yet to start.
Health Posts	1	Work orders issued and work in progress. Expected to be complete by December 2000
Sub Health Posts	12	11 started functioning recently.
Honorary Health Workers	46	All 46 are in position. Baseline survey completed and social mobilization activities are in progress

*Observations and suggestions:*

- The major concern is very low immunization and antenatal coverage levels in the centers visited. This requires urgent and focussed attention by the project management. Social mobilization for these services and session planning are critical. HHWs should ensure that all the beneficiaries in their allocated area listed by them receive the services.
- The Municipal body had elections recently and many of the newly elected representatives are not familiar with the project. The mission suggests the training wing of State Urban Development Authority to arrange an interactive training session for newly elected representatives of the local body.
- The presence of regular second tier supervisor is more critical than the doctor hence the mission suggests the project authorities to focus on filling the vacancy of ANM.

**Siliguri:**

Project Inputs	Number	Status
Maternity Home cum OPD	1	Work orders issued and construction started. Expected to be completed by March 2001
Health Posts	8	Work orders issued for all and construction started in 7. Construction of remaining health post will start before end July, 2000.
Sub Health Posts	61	All locations identified. Second tier supervisors to be identified and trained during August 2000.
Honorary Health Workers	244	All identified and trained. Social mobilization activities being implemented

*Observations and suggestions:*

- Low immunization (33%) and antenatal coverage (61%) as well as contraceptive prevalence rates (22%) are major concerns. Well focused activities would be critical to improve the coverage levels of basic MCH services which need to be closely monitored by the project management.



2. There is need for more interactions between the project functionaries and staff of District Hospital, especially the post partum unit. The mission recommends familiarization visits for HHWs to the PP unit.
3. Being a large town and an important trading center for North Eastern region of the country with substantive truck movement, more focus on HIV/AIDS is necessary in this town.
4. The sub health post visited by the mission had precarious electrical wiring which could be hazardous to beneficiaries as well as providers. The mission recommends a quick safety review of current premises being used for providing clinical and counseling services and prompt rectification of safety hazards.

**Reproductive and Child health:**

The mission had an informal discussion with the Deputy Chief Medical Officers III of two districts in North Bengal.

**Jalpaiguri:**

*Discussion with Dy. CMOH III Dr. Subhash Chandra Ghosh.*

The district has completed awareness generation training. SOEs for expenditure and unspent balance was returned to State FW office. Action plan for foundation skill training and clinical skill training have been already submitted and approvals are awaited. The CMOH has received Rs. 10 lakhs for Minor CW and works are in progress. However, no proposal has been sent for Major CW so far. SOEs for IPPI social mobilization have been submitted up to 5<sup>th</sup> round and SOEs for 6<sup>th</sup> round will be submitted by the end July 2000. About 700 units of Kits A and B have been received and distributed. This year BCG allocation was lower (only 11,000 doses) than the expected birth cohort (around 82,000). The district bureau has not yet received detailed household survey report.

**Darjeeling:**

*Discussion with Dr. S. P. Chowdhury*

The district seem to have substantively lagged behind in RCH implementation. In case of awareness generation, so far only district level and 50% of the block level trainings have been completed. The remaining awareness generation training activities are expected to be complete only by August 2000. No other training plans have been submitted and CMOH did not seem to be familiar with RCH training strategy. The Darjeeling Hill Council (DGHC) is implementing the minor civil works and so far Rs.6.85 lakhs out of the ten lakhs received has been expended. The DGHC is directly submitting the SOEs for these works. No other RCH schemes are being implemented in the district and SOEs for all 6 rounds of IPPI have been submitted to the state immunization officer.



**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No SUDA.15/98(Pt-VI)/ 1308

10.03.2001.....  
201

**From: Adviser(Health)  
State Urban Development Agency**

**To: Director & C.E.  
State Urban Development Agency**

**Sub: Draft Aide Memoire dt. February 15, 2002 from  
World Bank Review Mission on IPP-VIII-(Extn.)**

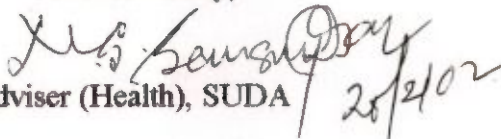
Sir,

Enclosed, kindly find herewith a copy of the draft Aide Memoire as above.

Item no 20 and 21 at page no. 6 and 7 respectively may kindly be perused.

*Encl: as stated*

Yours faithfully,

  
Adviser (Health), SUDA 25/2/02

LH/CEMED/p-21

Tel/Fax No.: 359-3184



40.705 mda-15[98(4v)]/77  
dt. 02-2002

Placed below is a copy of the draft Aide Memoire of February 15,2002  
granted by India World Bank Review Mission on IPP-VIII-(Extn.).

Item no. 20 & 21 at page no. 6 & 7 respectively <sup>are</sup> kindly be perused.

L.S. Samadpur  
19/2/02

o/c



**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

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

Ref No. .... SUDA-15/98(Pt-VI)/1298

Date 19.02.2001...

**From: Adviser(Health)  
SUDA**

**To: Chief Engineer  
Municipal Engineering Directorate**

**Sub: Draft Aide Memoire dt. February 15, 2002 from  
World Bank Review Mission on IPP-VIII-(Extn.)**

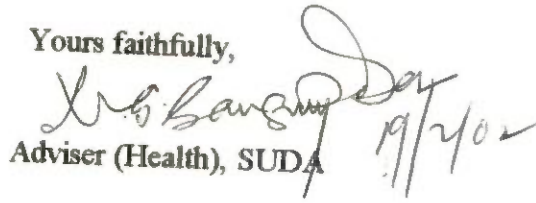
Sir,

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Encl: as stated

Yours faithfully,

  
Adviser (Health), SUDA



India: World Bank Review Mission  
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394 - IN

February 2002

Aide Memoire

Key Project Data		Current Ratings and Flags	
Effectiveness Date	05/31/1994	Development Objectives	Satisfactory
Closing Date	06/30/2002	Implementation Progress	Satisfactory
Project Age	7 years and 7 months	Problem Flags	
Disbursed	75.8 %		

1. An IDA team consisting of Messer/Mmes. G. N.V. Ramana (Mission Leader), Badrud Duza (Social Demography), Subhash Chakravarthy (Civil Works), A. Bharadwaj (Service Delivery and Training), Mam Chand (Procurement) and Manoj Jain (Financial Management) met with Mr. Gautam Basu, Joint Secretary, Dept. of Family Welfare, Mr. A. K. Mehra, Director, Area Projects Division, Government of India (GOI), Secretaries of Health and Family Welfare of the project states, Project Directors and various officials to review implementation progress of Family Welfare Urban Slums project on February 15, 2002. The mission undertook field visits to the states of Andhra Pradesh, Karnataka, West Bengal and the national capital, Delhi during January 25 to February 14, 2002. Ms. Nandita Chatterjee, Consultant WHO, joined the mission during the Delhi field visit and Mr. Agnelo Gomes coordinated the mission logistics. The Implementation Completion Report process for the project was initiated with an experience sharing workshop organized in Kolkata on February 14 and 15. In addition to GOI and state officials, representatives from the partner agencies also participated in the workshop. The mission would like to thank the officials and project staff for facilitating field visits and hospitality and commends the effort taken by Kolkata Metropolitan Development Authority for organizing the workshop. This Aide Memoire summarizes crosscutting issues across all the project states and highlights the mission's assessment on sustainability of services and facilities started in project and shared with GOI during the wrap-up meeting held on February 15, 2002. The mission objectives and list of documents/reports received during the mission are provided in the annex.

#### Development Objectives.

2. The development objectives of the project are being met in original project cities of Bangalore, Kolkata and Hyderabad. The Mid Term Review (MTR) studies indicate that institutional deliveries and contraceptive use continues to be low in Delhi despite an increase in coverage for antenatal and immunization services. In the additional cities, access to Reproductive and Child Health (RCH) services to slum dwellers has significantly increased with initiation of outreach and clinic services in 94 small and medium sized cities. Under logistic component, Tamil Nadu continues to demonstrate highly successful public sector model for pharmaceutical logistics. As for the specific objectives: *a) Reduce fertility among slum populations in four municipalities:* More than half of the eligible couples in Bangalore, Kolkata and Hyderabad now use one or other modern family planning methods compared to around 40% at baseline. There has been a steady increase in use of spacing methods and 47% of the low parity couples (less than 2 children) in Kolkata and about 17% in Delhi have adopted Family Planning. *b) Improve maternal and child health:* The output indicators from the MIS suggest that more than 80% of women who delivered during past 6 months in Bangalore, Kolkata and Hyderabad had three antenatal check-ups during pregnancy. The corresponding proportion in Delhi was about 70%. Except for Delhi, where less than a fifth of the beneficiaries had institutional delivery, in rest of the project cities close



to 90% of the deliveries among the project beneficiaries are institutional. Nearly two thirds of eligible children in all the project cities received measles immunization. These findings are corroborated by the findings of MTR studies and RCH rapid household surveys. The end line surveys being undertaken by independent agencies in the project cities would provide data on status of output and outcome indicators and the contribution of the project to these indicators.

#### Overview.

3. *Project City Component.* Overall implementation progress of the project continues to be highly satisfactory in Kolkata and satisfactory in Bangalore and Hyderabad. The project implementation has significantly improved in Delhi since September 2001 and the mission now rates the implementation progress satisfactory in Delhi. All facilities built under the project have been completed and made operational except for one maternity home each in Delhi and Hyderabad. Together, the four original project cities have spent about 97% of the Rs. 264 Crore allocated. As agreed, claims for all activities that closed by June 30, 2001 were submitted by October 31, 2001 and eligible expenditures were reimbursed by the Bank. All project cities have sustained the activities started under the project after the closure and regular budget allocations for the project activities have been made by the respective states.

4. *Additional City Component.* Utilization of RCH services is gradually increasing in 94 new cities included under the project during the Mid Term Review. The implementation progress in Andhra Pradesh and West Bengal continues to be satisfactory. During the past 6 months the implementation progress in Karnataka has improved and as agreed service delivery has started in the remaining 5 cities. However, civil works progress has been slow in Karnataka. In all the three states service delivery is being shifted to project facilities, as they are getting ready. Outreach and social mobilization activities are taking place and civil works progress has been good. Functional linkages with existing urban primary health services and referral linkages with district or sub division hospitals need attention by all project cities. To date, about 50% of the total allocation of Rs. 123 Crore for the additional city component has been spent.

5. *Implementation Completion (ICR) Process.* The ICR process for the project was started with an experience sharing workshop at Kolkata attended by key stakeholders including four Ministers, representatives MOHFW, States and development partners. The schedule for implementation completion report was discussed with MOHFW and project teams and specific follow-up actions have been agreed.

#### Critical Benchmarks and Disbursements.

6. The critical benchmarks agreed for February 2002 have been substantively achieved. Since September 2002 the project has disbursed US\$ 8.2 million and applications for US\$ 2 million equivalent are in pipeline. The project still needs to disburse about US\$ 15.5 million before project closure (June 30, 2002). The MOHFW and project cities assured the mission that the implementation progress will be expeditiously monitored to ensure timely disbursements. Karnataka has started service delivery in all 11 new project cities. As agreed, all pending claims for the original project cities were submitted and the end line surveys are currently in progress.

#### Implementation Completion Report.

7. As agreed during the September 2001 mission, KMDA has organized a two day experience sharing workshop on February 14 and 15, 2002. Strong ownership to the project was demonstrated by GOWB with active participation of cabinet ministers of Finance, Urban Development and Health as well as Minister of State for Urban Affairs and more than 10 chair persons of municipalities where the project has been implemented. Representatives from European Union, DFID, GTZ and Unicef also participated in the workshop. Ownership by the community, provision of RCH services at doorstep, partnerships with private sector and



strong focus on improving outcomes were identified as major attributes for successful family welfare programs for urban slum residents. The mission is pleased to note that all speakers emphasized on achieving outcomes – especially reducing infant and maternal mortality and fertility. A presentation on Kolkata innovations was made by Dr. B. Duza and Ms. R. Sen, Project Director and Secretary KMDA followed by presentations from Bangalore, Delhi and Hyderabad.

8. The mission held detailed discussion with MOHFW and project states about Implementation Completion Reporting (ICR) process during the wrap-up meeting. Contracts for end-line beneficiary surveys have been awarded by four original project cities and Institute for Research in Medical Statistics has been appointed by MOHFW as nodal agency to ensure consistency and quality of these surveys. The final reports are expected by April 2002. The nodal agency will organize a workshop and prepare a summary report by May 10, 2002. Based on the state reports and findings of the beneficiary survey, the MOHFW will prepare a borrower's summary reports not exceeding 10 pages in lines similar to state reports and share that with the Bank 15 days before the ICR mission proposed during the second half of May, 2002. In addition, information on project expenditure by component and category, and a summary table of all procurement actions by method of procurement needs to be attached to the ICR. It was agreed that the state report and MOHFW summary report will highlight:

- the degree to which the project has achieved its development objectives of (a) Reducing fertility among slum populations; (b) Improving maternal and child health; and (c) Improving the supply chain management of critical RCH commodities and supplies (in Tamil Nadu and Uttar Pradesh) providing satisfactory explanation and data to justify the claims.
- other significant outcomes and impacts, especially in the areas of decentralization, partnerships with private and NGO sectors, performance monitoring, behavior change strategies etc.
- prospects of project's sustainability covering institutional (project management), human resource (community based volunteers and additional staff) and financial (operation and maintenance, and supplies etc.) dimensions.
- Bank and Borrower's performance during various phases of the project preparation, supervision, mid term review etc., including compliance with relevant Bank safeguard and business policies.
- Lessons learnt from the project – positive and negative – for future projects with emphasis on replicability of successful innovations.

#### Activity Status:

##### *Project City Component:*

9. Sustainability: Allocations have been made in the FY 2001 budget of the project cities to sustain the activities closed on June 30, 2001. The project activities have been integrated with the respective city municipal corporations and urban family welfare bureaus in Bangalore, Delhi and Hyderabad. In Kolkata, the management has been decentralized to urban local bodies and the chair persons/mayors of the 39 local bodies are now managing the program with technical oversight from the Kolkata Metropolitan Development Authority. Following Kolkata example of facility level Health Development Fund, project teams in other cities are also exploring the options to generate additional resources in partnership with the representatives of local communities, NGOs and elected representatives of municipalities. GOAP and Delhi have taken steps to assure the mission that contractual ANMs will be continued till regular staff are posted.



10. Delhi. All the initiatives started under the project are being continued and service delivery at the facilities built under the project is taking place. The excellent MIS established under the project is helping the project team to monitor the performance facility-wise and take appropriate decisions. Similarly, the innovative IEC activities are also being continued. The Civil works program in the extended component of the project has been completed. The Commissioner, Municipal Corporation of Delhi (MCD) has assured the mission that all innovations stated in the project would be sustained and MCD would ensure that all amenities for the facilities built under the project would be provided. Badarpur Maternity Home will be provided with water and electricity immediately to make it operational. The services of all contractual staff including honorary services of Basti Sevikas would be continued till alternative arrangements are made. The mission was informed that requisite allocations have been made in the MCD budget for FY 2002-03 to sustain the project activities. The commissioner has also agreed to the mission's suggestion to develop comprehensive referral system for health services in MCD.

11. Bangalore. The original Bangalore component of the project as approved in SAR closed on June 30, 2001. Additional activities approved during Mid Term Review that have been extended up to June 30, 2002 are now being implemented. Currently, end line surveys are in progress and are scheduled to be completed by early April 2002. In addition to taking over the activities closed, the Bangalore Municipal Corporation continues to implement the activities of extended component in 7 city municipal council areas adjoining Bangalore. The major challenge now is to sustain the project initiatives, especially the service delivery and software activities including social mobilization. GOK needs to take final policy decision on agency responsible for implementation of the services started under the project outside the operational area of corporation which includes 16 health centers and 3 maternity homes. The mission is pleased to note that the training institute built under the project is carrying out several training programs in urban development. The institute has been recently selected to partner with Administrative Staff College of India to provide an international training on urban reproductive health issues in conjunction with Partners in Population Development. The State Level Project Advisory and Coordination Committee has given formal approval to register this institute as an autonomous society and provide financial support till it becomes self sustaining. This action is still pending and requires expeditious follow-up by GOK.

12. Hyderabad. Despite initial staffing problems, the service delivery is being sustained. The contractual ANMs have been posted again and outreach activities are being undertaken regularly. The GOAP is providing resources for additional staff salaries and the Municipal Corporation of Hyderabad has provided allocations in FY 01-02 budget for non salary recurring expenditures. The link volunteers continue to take active interest in the program and NGOs are now taking part in HIV/AIDS awareness creation activities supported under the AIDS control project. Except for one, all the 6 maternity homes built under the project have been made operational and there has been a gradual increase in the utilization of these facilities for deliveries. It was agreed that the remaining maternity home would be made fully operational by February 28, 2002.

13. Kolkata. The community based honorary health workers are in position and are acting as change agents to inform and motivate the slum residents to access FP and MCH services offered in the project. The qualitative assessment undertaken as a part of end line assessment suggests that these workers made phenomenal contribution in enhancing access to essential RCH services for the slum residents which helped in improving maternal and child health outcomes as evidenced by Mid Term Review. Outreach and clinic services are being provided to slum residents as planned and service records indicate increased utilization of facilities. Kolkata continues to demonstrate good public-private partnership by engaging specialists from private sector on retainer basis. Some of the municipalities even started speciality services for the elderly.

*Additional cities Component:*



14. Andhra Pradesh: The project continues to provide RCH services to 2.9 million urban poor through innovative partnerships with NGOs. These NGOs are providing outreach and clinic services through a network of 191 urban health centers. Social mobilization is being done through women's groups and through specific local IEC initiatives managed at the district level. During the past 6 months, considerable effort has gone in to preparing a state level media plan which is currently being implemented. Short films, TV spots and Audio messages have been developed and prime slots in popular media are being used to air these messages. The mission is pleased to note that the project has developed an MIS and started to monitor the RCH outputs and outcomes including infant, child and maternal deaths. Among the project beneficiaries, 47 maternal deaths and 671 child deaths have been reported during the past one year. The mission recommends to establish a system to review these deaths, list the avoidable causes and provide constant feedback to service providers and community. This can begin with the maternal deaths. The planned training for the NGO coordinators and service providers has been completed. In addition, community based training has been provided to about 1,53,204 members of women's health committees, self help groups and adolescent girls.

15. Out of the 192 civil works planned under the project, one could not be started due to legal problems. The AP Medical Health and Infrastructure Development Corporation did a commendable job (APMHIDC) in implementing these works. To date 187 facilities have been completed and handed over and the remaining 4 are scheduled to be completed by March 31, 2002. Currently, the compound walls and water supply (to those facilities where municipal water is not adequate) are being provided. The procurement is being done by the APER project team and all planned procurement actions are expected to be complete by project closure. Out of the revised outlay of Rs. 57.13 Crore, the project has incurred an expenditure of Rs. 28.5 Crore. Out of this, Rs. 25.8 Crore is eligible for reimbursement and these claims have been forwarded to GOI. Since last mission, an additional expenditure of about Rs. 9 Crore has been incurred. The mission was informed that some SOEs are still pending with the districts. The project team is organizing district-wise reviews to obtain these SOEs before March 31, 2002. The state estimates that there may a saving of about Rs. 2 Crore, mainly from innovative schemes and incremental operating costs. The project has to spend about Rs. 29 Crore during the next 4 months which requires very close scrutiny and monitoring by the project team and MOHFW.

16. The mission is pleased to note that allocations have been made in FY 2002-03 state budget for continuing the project initiatives. About two thirds of the health centers are also collecting nominal registration fee which is being retained at facility level. It is now crucial for the state to initiate transition arrangements at least 3 months ahead of the project closure. The mission strongly recommends that one officer at the district level be made responsible for urban primary care services. The responsibilities of existing regional coordinators can be gradually transferred to these offices over a period of one year. Similarly, at the municipality level, the medical officer in charge of PP Unit or UFWC can be made responsible for coordinating the integrated urban primary health care services. To strengthen referral linkages with the APVVP hospitals, the mission recommends monthly meetings at the office of the superintendent of district hospital with the NGO coordinators and medical officers of urban health centers along with the medical officers of PP Units and UFWCs.

17. Karnataka: As agreed during September 2001 review mission, service delivery has started in all the 45 health centers. However, in some towns these services are limited only to clinic based services as final demarcation of the field area is yet to be completed. Most of the Lady Medical Officer (42 out of 45) and ANM (50 out of 70) positions sanctioned at Health Centers have been filled up through a decentralized district based recruitment and efforts are being made to fill the remaining positions including posts sanctioned for Maternity Homes by February 28, 2002. All the newly recruited doctors and ANMs are given induction and RCH training. In addition, some of the medical officers are also given management training. It was agreed that the proposed IEC plans for the project would focus on creating awareness among



the urban slum residents about the services being offered at the newly created health centers and maternity homes.

18. Cumulative expenditure of the project till December 31, 2001 is Rs. 8.5 Crore. Since last mission an additional expenditure of Rs. 5.6 Crore has been incurred. Out of Rs. 7.42 Crore expenditure eligible for reimbursement, claims for Rs. 5.3 Crore have been submitted to GOI and claims for Rs. 4.15 Crore have been accepted. Thus, claims for Rs. 1.15 Crore are in pipeline at GOI and Rs. 2.12 Crore are to be submitted by GOK. As this component of the project is closing on June 30, 2002, planned activities need to be expeditiously implemented and claims should be submitted in time. Only activities completed by June 30, 2002 will be eligible for reimbursement.

The civil works progress continues to be slow. Due to site problems construction of one health center has been dropped. To date 18 health centers have been handed over and construction of 6 centers is complete. It was agreed that (a) by February 28, 2002 another 15 health centers and 3 maternity homes will be handed over; (b) by March 31, 2002 another 4 health centers and 5 maternity homes handed over; and (c) by April 30, 2002, remaining 7 health centers will be handed over. GOK and MOHFW need to closely monitor these benchmarks. It was agreed that for facilities where municipal water supply is inadequate, alternate stand alone water supply arrangements will be made. Procurement actions are progressing as per the approved plan. The additional procurement plan for the remainder of the project has been reviewed and agreed to during the mission.

19. The mission had detailed interaction with the medical officers from all the project cities on implementation issues. Based on the operational problems identified during the interaction it was agreed that by March 31, 2002 (a) final demarcation of the field areas in each town would be completed taking in to consideration the services being offered by existing UFWCs and PP Units; (b) remaining vacancies of staff will be filled; (c) a workshop for DHO, District Surgeon and district RCH officer will be organized to improve local coordination and supervision; and (d) survey of the allocated area will be completed. The mission agrees to the suggestion made by the medical officers to offer basic laboratory services at the health centers such as hemoglobin and urine testing. Though it is too early to expect any major changes in health status, it was agreed that a rapid assessment would be undertaken through a 30 cluster survey in the project slums utilizing the services of the local medical colleges. This will help to validate the field survey data as well as help to link the project with local medical colleges. The mission was informed that allocations for sustaining the project activities have been made in the FY 2002-03 state budget. Learning from the operational constraints in transition arrangements in Bangalore component of the project, the mission strongly urges GOK to take a final decision early on about the agency responsible for taking over the project so that transition arrangements can start from April, 1, 2002.

20. West Bengal: This component of the project is providing RCH services to 0.8 million urban poor residing in 786 slums spread over 10 municipalities. The State Urban Development Authority is implementing the project through innovative partnerships with local communities and representatives of urban local bodies. The mission is pleased to note that strong focus is being given to monitoring RCH outcomes. The MIS data show that there has been a steady increase in utilization of antenatal (40% to 79%) and immunization (24% to 64%) services and institutional deliveries (46% to 78%). All 1090 Honorary Health Workers (HHWs) and 250 first tier supervisors are in position and playing a crucial role in social mobilization. Most of the ANMs and medical officers are in position and are providing clinical services. Most of the planned training activities have been completed and IEC activities are being implemented with specific focus on safe motherhood, care of new born and RTI and STI prevention. Under innovative activities several initiatives to empower women such as establishment of thrift and credit groups, legal literacy and entrepreneurship development training are being provided. As agreed during the September mission, a consultancy contract has been awarded for undertaking an independent assessment of key RCH indicator status adapting 30 cluster sampling method.



21. Out of the 35 Urban Health Posts (10 with medical stores and 25 without) and 11 OPD cum Maternity Homes planned under the project, only one maternity home is yet to be handed over. It was agreed that this facility will be handed over by Feb 28, 2002. The procurement actions are being carried out as per the approved schedule and the mission agrees to the proposal of the project to procure essential RCH drugs from the savings in the allocations for drugs. Out of a total allocation of Rs. 44 Crore for this component of the project, to date an expenditure of Rs. 26.3 Crore has been incurred and claims for Rs. 15.93 Crore have been forwarded to MOHFW. The project still needs to spend about Rs. 18 Crore during the remaining 4 months. The project team needs to expeditiously monitor the expenditure and ensure timely submission of claims. If required, a dedicated team of accountants may be hired to collect the SOEs from the municipalities. The mission agrees to the proposal to have a skeletal management team for a period of 4 months after the project closure to submit pending claims, complete the transition arrangements including auditing to be covered under the project.

#### *Logistic Support Component:*

22. Tamil Nadu: The project supports Tamil Nadu Medical Services Corporation (TNMSC) to build and equip 11 regional warehouses. TNMSC runs a very successful public sector drug logistics program in the state of Tamil Nadu. After the inception of TNMSC there has been steady decline in procurement prices despite increase in prices of similar products in branded segment in private sector. TNMSC follows stringent measures to assure quality and services of reputed private labs are being used for quality testing. Several governance issues related to procurement are being addressed, such as publication of bid evaluations on web site and black listing of suppliers whose products fail the quality tests. As agreed, contracts for 6 new warehouses agreed to during the September 2001 mission have been awarded and all these works are scheduled to be completed before June 30, 2002. Works not completed by the project closing date will not be financed by the project. The mission reiterates its earlier recommendation to give more focus on promoting rational use of drugs. The potential activities include introduction of prescription audit, state antibiotic policy, establishment of poison information center etc.

23. Uttar Pradesh: Under the project a network of 15 regional warehouses are to be built. This network will be backed up by scientific logistic management systems to ensure uninterrupted supply of RCH drugs and consumables to the block PHCs. As per the agreement reached with MOHFW and GOUP, technical assistance for training and development of Logistic Management Information System (LMIS) is being provided by USAID through their consultants John Snow Incorporated (JSI). JSI has recently organized study tours for key officials of the department and entered in to consultancy contract with Indian Institute of Management, Lucknow (IIML) for undertaking training needs assessment, developing training modules and overseeing the training. JSI has already started capacity building for the core team identified by IIML. Out of the 13 works allocated, 5 have been completed and more than 80% of the construction has been completed at 7 sites. The Roorkee work has been reactivated after resolving the contract problem. During the next two months handing over of the completed facilities and making them operational require attention by GOUP. It was agreed that by March 31, 2002 all the 13 regional warehouses built under the project would be made operational. Works not completed by project closing date will not be financed under the project. The agreed benchmark for posting managers and support staff for the 10 regional warehouses, which were nearing completion by November 30, 2001, has not been met and GOUP needs to expeditiously address this.

#### **Procurement.**

24. Procurement agents were appointed in Tamil Nadu for civil works (Tamil Nadu Medical Services Corporation), in Uttar Pradesh for procurement of goods/equipment (Hospital Services Constancy Corporation Ltd.) and in the city of Delhi for procurement of good/equipment (Hospital Services Constancy Corporation Ltd.). Rest of the projects



procured on their own. Procurement has been carried out as per the revised procurement schedule agreed and is satisfactory in the project cities. Procurement is not satisfactory in the Logistics component of UP Although past experience does not generate much confidence, agreed bench marks are achievable with close monitoring by MOHFW/States/Cities.

#### **Legal Covenants.**

25. The legal covenants are being met by the project states and all project cities have submitted the audit certificates for FY 2000-2001.

#### **Key Benchmarks.**

26. The following critical benchmarks are agreed
- MOHFW will organize monthly review meetings of the project during the next 4 months to closely monitor the implementation progress in additional city and logistic components and ensure timely submission of SOEs.
  - The states of Andhra Pradesh, Karnataka and West Bengal will finalize the implementation arrangements after the project closure and initiate transition process by April 1, 2002.
  - Karnataka will complete all the awarded works by March 31, 2002.
  - Tamil Nadu and Uttar Pradesh will complete all regional warehouses and equip them before June 30, 2002.
  - The end-line surveys in the 4 project cities will be completed by April, 2002 and the nodal agency will submit the final report by May 10, 2002.
  - The project states will submit ICR in the agreed format to MOHFW by April 30, 2002 based on which MOHFW will prepare and forward draft ICR report to the Bank during the first week of May, 2002.



A. K. MEHRA  
Director ( Area Projects)  
Tele: 011-3019131

D.O No.L.19017/6/2002-APS

GOVERNMENT OF INDIA

Ministry of Health & Family Welfare  
(Department of Family Welfare)



Nirman Bhavan, New Delhi-11  
Dated the 20th March, 2002.

Dear Sir,

This is regarding the Implementation Completion Report of IPP-VIII Project. The format for Implementation Completion has been given in the recent Aide-Memoire. The following sections of the Implementation Report are, however, being sent here again for your information:

The degree to which the project has achieved its development objectives of (a) Reducing fertility among slum populations; (b) Improving maternal and child health; and (c) Improving the supply chain management of critical RCH commodities and supplies (in Tamilnadu and Uttar Pradesh) providing satisfactory explanation and data to justify the claims.

Other significant outcomes and impacts, especially those which can not be measured quantitatively such as decentralization, partnerships with private and NGO sectors, performance monitoring, behaviour change strategies etc. Prospectus of project's sustainability covering institutional (project management), human resource (community based volunteers and additional staff) and financial (funds for operation and maintenance, and supplies etc.) dimensions.

World Bank and Borrower's performance during various phases of the project preparation, supervision, mid-term review etc. including compliance with relevant Bank safeguard and business policies.

Lessons learnt from the project? positive and negative? for future projects with emphasis on replicability of successful innovations.

In addition the ICR should have a set of tables on:

Key Impact Indicators  
Process and Output Indicators  
Project financing by components  
Project cost by procurement arrangements

The report ideally should not exceed 10 pages.

In case you need additional information/clarification, you may please write to me or Dr. G. N. V. Ramana of the World Bank.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "A. K. Mehra".

(A. K. MEHRA)

Director (Area Projects)

Dr. N. G. Gangopadhyay,  
Advisor (Health),  
State Urban Development Agency,  
Health Wing, "Ilgus Bhavan",  
H - C Block, Sector - III,  
Bidhannagar, KOLKATA - 700 091.



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THE WORLD BANK  
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT  
INTERNATIONAL DEVELOPMENT ASSOCIATION

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India

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Facsimile: 4619393

October 24, 2001

Mr. A. R. Nanda  
Secretary, Family Welfare  
Ministry of Health and Family Welfare  
Nirman Bhawan  
New Delhi

JS (SWS)  
OK sent a copy  
to Anwar (Anwar), SUDA  
20 Oct-01  
2/4

Dear Mr. Nanda:

INDIA: Urban Slums Project-Population VIII (Cr. 2394-IN)  
Family Welfare Project - Population IX (Cr. 2630-IN)

I would like to thank you, Mr. Gautam Basu, state governments, project cities, and Project Directors and their teams for the discussions, field visits and the hospitality accorded to the World Bank mission that reviewed the above-referenced projects during August - September, 2001. I am attaching the Aide-Memoires summarizing the key findings and agreements reached during the mission for each project. I would also like to highlight the key issues arising from the mission.

**India Population Project VIII.** Overall project implementation is satisfactory, with good progress recorded in the original four project cities. The development objectives are being met. However, Delhi needs to further focus on achieving development outcomes, especially increasing institutional deliveries. We are pleased to note that all approved works have been completed in these cities except for two new health centers approved for Delhi after the mid-term review to serve the residents of relocated slums.

Under the additional city component, implementation progress is satisfactory in Andhra Pradesh (AP) and West Bengal (WB). Implementation in Karnataka has picked up pace since April 2001, but requires close monitoring during the next six months. We are pleased to note that service delivery has started in both AP and WB ahead of the works program, which has increased access to essential RCH services for the slum residents in 84 smaller towns. Karnataka has also started service delivery in six towns. Despite good progress in the works program, expenditure reporting under the logistic projects in Tamil Nadu and Uttar Pradesh has been slow and requires attention during the next six months.

To date, the project has disbursed US\$ 49.6 million. This is about 64% of the Credit. In order to complete the restructured program in the additional cities, about US\$ 26 million needs to be disbursed by June 30, 2002. This means that Statement of Expenditures of about US\$ 2.5 million need to be submitted to IDA every month during the remaining project period.

We would like to draw your attention to the following critical action to complete the restructured program:

- MOHFW to follow up with project states, CAA and Bank to ensure remaining claims for US\$ 4.8 million are fully disbursed by **October 31, 2001**.
- The four original project cities to submit claims for activities closed on June 30, 2001 to MOHFW by **September 30, 2001** for onward transmission to the Bank.



- MOHFW and states implementing the additional city component (Andhra Pradesh, Karnataka and West Bengal) to ensure that remaining works and procurement actions are completed as per the agreed benchmarks.
- MOHFW to ensure at least US\$ 10 million additional disbursement by *February 28, 2002*.
- West Bengal State Urban Development Authority to submit pending claims for Rs. 4 crores by *September 30, 2001* and remaining Rs. 5 crores by *November 30, 2001*.
- The end-line surveys in four project cities to be completed by *February 28, 2002*.
- All states to submit their procurement plans for FY 2001-02 indicating the methods of procurement and time schedules by *October 2001*.

The remaining program is ambitious, but can be accomplished within the extended time frame with continuous monitoring and support from MOHFW. The Bank team will be continuously reviewing progress against the benchmarks noted above. In case of implementation delays, the Bank will advise the government to cancel those parts of the program that are not meeting agreed deadlines.

**India Population Project IX.** The development objectives are being met in all three project states. The overall implementation status is satisfactory, with satisfactory progress in Assam and Karnataka while in Rajasthan, though there has been significant improvement since the last mission, the implementation progress is still marginally satisfactory. Procurement in Rajasthan has been delayed, and will remain incomplete if there is any retardation in the process. Close attention is required to ensure completion by December 31, 2001. We are pleased to note that activities for increasing demand and access to services have been accelerated in all the states.

As of August 2001, the project has disbursed a total of US\$ 55.9 million (SDR 41.4 equivalent) which is about 66% of the original credit amount. With US\$ 10 million (SDR 7.8 million equivalent) transferred to the Gujarat Earthquake Rehabilitation Project, the disbursement level for the project is 75%. Current estimates indicate that the total IDA requirement for the project will be about US\$ 69.21 million equivalent, however, the amount available from IDA for the project (excluding the Gujarat Earthquake Rehabilitation component) is about US\$ 77.85 million equivalent. Thus there will be a projected savings of about US\$ 8 million. It was agreed that the MOHFW will review this estimate immediately and send a formal request to IDA for reallocation between the project categories.

We would appreciate your attention to the following benchmarks which are critical for completion of project activities by December 31, 2001.

- MOHFW to ensure that the following are done by GOR
  1. Resubmit claims and revised audit certification for Rs. 20 crores disallowed in fiscal year 1997-98 – *October 31, 2001*.
  2. Complete ICB and NCB procurement – *December 31, 2001*.
- States to submit to MOHFW a plan for sustainability of all training institutions, maintenance of all service facilities, and continuation of IEC and innovative activities initiated under the project- *October 15, 2001*.
- MOHFW to ensure completion of the audit for 2000-2001 in all states – *December 31, 2001*.
- MOHFW to ensure completion of end-line survey by all project states and submission of final reports – *November 2001*.



Mr. Nanda

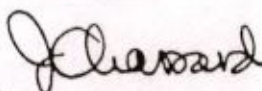
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October 24, 2001

- Project team at MOHFW to prepare first draft of the Borrower's Evaluation Report for the Implementation Completion Report (ICR), for review during the last review/ICR mission – *November 30, 2001.*

As is customary, I am copying this letter to the Department of Economic Affairs of the Union Ministry of Finance, Secretaries of Health and Family Welfare, and Project Directors.

Sincerely,

  
for Edwin R. Lim  
Country Director  
India

Attachment



cc: Mr. Gautam Basu, Joint Secretary, MOHFW  
Mr. R. Bhatnagar, Director (FB), Department of Economic Affairs  
Mr. A. K. M. Nayak, Principal Secretary (H&FW), Government of Karnataka  
Mr. Mr. S.P. Aggarwal, Commissioner, MCD Delhi  
Mr. Arjun Rao, Special Chief Secretary, health and Family Welfare, Government of Andhra Pradesh  
Mr. B. P. Arya, Secretary of Health and Family Welfare, Government of Rajasthan  
Mr. A. Perti, Commission and Secretary, Health and Family Welfare, Government of Assam  
Mr. R. Samaddar, Special Secretary, Municipal Affairs  
Mr. A. K. Mehra, Director, Area Projects Division, MOHFW  
Mr. G. V. Krishna Rau, Special Secretary and Project Director, Acting Commissioner Health and Family Welfare, IPP VIII and IPP IX, Government of Karnataka  
Dr. M. Jayachandra Rao, Project Coordinator, IPP VIII, Bangalore  
Mr. Prabh Das, CEO, Kolkata Metropolitan Development Authority, Kolkata  
Mr. Gopal Krishna, Project Director, IPP VIII, Kolkata, and Secretary CMDA, Kolkata  
Dr. Karuna Singh, Project Director, IPP VIII, Delhi  
Ms. Neelam Sawhney, Commissioner, Family Welfare, Government of Andhra Pradesh  
Mr. Jagannadh Rao, Project Director, IPP VIII, Hyderabad  
Mr. M. Surana, Director Family Welfare Government of Rajasthan and Director IEC, Family Welfare  
Dr. Mangaal, OSD, Health and Family Welfare, and Director SIHFW, Government of Rajasthan  
Mr. H. Vidhani, Project Director, IPP IX, Government of Rajasthan  
Dr. P.K. Deka, Project Director IPP IX, Government of Assam  
Ms. Nandita Chatterjee, Consultant, WHO, Delhi



**India: Family Welfare Project (Population IX) Cr. 2630-IN**  
**World Bank Review Mission**  
**September 2001**  
**Aide Memoire**

Key Project Data		Current Ratings & Flags	
Effectiveness Date	September 1994	Development Objectives	Satisfactory
Closing Date	December 31, 2001	Implementation Progress	Satisfactory for Assam and Karnataka and marginally satisfactory for Rajasthan
Project Age	6 Years and 10 months from Board approval	Problem Flags	None
% Disbursed	66% (75% excluding US \$10 million equivalent transferred to the Gujarat Earthquake Rehab. Program)		

1. A review of the implementation progress of the India Family Welfare Project (IPP IX) was undertaken by a team consisting of Messrs./Mmes. S. Chowdhury (Task Leader IPP IX), T. Mawji (Public Health), M. Chand ( Procurement), M. Jain ( Financial Management) and R. Aggarwal (Civil Works), between September 9-24, 2001. The mission was joined by Mr. A.K. Mehra, Director Area Projects Division, MOHFW, GOI. and Ms. N. Chaterjee, Consultant, WHO. The mission visited the states of Rajasthan, Assam and Karnataka and had discussions with Dr. B. Barman, Minister, Health and Family Welfare, Government of Assam (GOA), Mr. A.R. Nanda, Secretary, Family Welfare, Government of India (GOI), and Mr. G. Basu, Joint Secretary, Family Welfare, Government of India (GOI), as well as the Secretaries of Health and Family Welfare of Rajasthan, Karnataka and Assam, the Project Directors and various senior state and project officials from all three states. The mission undertook field visits in both Assam and Karnataka and would like to thank officials and project staff for facilitating the discussions and field visits, as well as for their warm hospitality.

2. **General Overview and Status Summary:** Progress towards the achievement of the Development Objectives of the project continues to be satisfactory. Since the last mission, the implementation status has been satisfactory in both Assam and Karnataka, while in Rajasthan, though there is significant improvement since the last mission, implementation is still marginally satisfactory. This aggregates to an overall satisfactory implementation status. All agreed benchmarks have been achieved except for procurement in Rajasthan. The delay in procurement in Rajasthan has been caused by the inordinate delay in awarding the contract for ICB and NCB procurement. Even though the contract has been awarded now, there is still a danger of the process remaining incomplete, if there is the slightest slippage in the schedule. Thus the state must strictly monitor adherence to the agreed procurement schedule. The civil works are on



schedule in all states. However, handing over of the works to the district health authorities and thereby utilization of the completed facilities is a concern in Karnataka. Towards this end, the state has committed itself to a high level of oversight and stringent monitoring to ensure hand-over of all civil works to the District Health Authorities by project closing. A detailed and realistic review of pending activities was done by all states. This has resulted in minor revisions of what can be achieved in the remaining three months of the project period, and a shift of focus has occurred from the hardware to the software components. Efforts in IEC have been accelerated in all states and the utilization of NGOs to increase access to maternal and child health services through innovative activities, especially in low performing areas, is continuing with greater emphasis. MOHFW has carried out rigorous monitoring during the past three months. This is exemplary and the mission urges that this level of oversight be maintained in the remaining three months of the project in order to ensure that implementation is completed as per the agreed schedule. Special efforts must be made to monitor completion of procurement in Rajasthan. The recovery of SOEs must also be accelerated to ensure timely reflection of expenditures and better disbursement. Oversight from the MOHFW will also be required to ensure that the end-line surveys are completed on schedule in order to provide timely input into the ICR process. The final review/ICR mission is scheduled for the end of this year.

### **Project Development Objectives**

The development objectives continue to be satisfactory in the project states.

3. **DO I:** Reduce fertility in poor and backward areas of the states covered. More than 43% of eligible couples in Assam are using some form of modern contraception method as compared to 18% at baseline. In Karnataka, the Contraceptive Prevalence Rate (CPR) has increased from 51% at baseline to 60% currently, and in Rajasthan, it has increased from 27% at baseline to 38% at present. In addition to the increase in CPR, there has also been a decrease in Total Fertility Rate (TFR) in all three states. In Assam, the TFR is currently 2.3, down from 3.7 at baseline, in Karnataka it has dropped from 3.1 to 2.1, and in Rajasthan it has decreased from 4.6 to 3.8.

4. **DO II:** Improve maternal and child health by helping to decrease maternal and infant mortality rates. Institutional deliveries have shown a steady increase, reaching over 50% of all deliveries in Karnataka, over 36% in Rajasthan and almost 18% in Assam. Additionally, over 42% of the children in Rajasthan have been fully immunized compared to 16% at baseline. In Assam, immunization coverage has increased from 17% at baseline to 39% currently, while Karnataka has seen an increase from 50% at baseline to 81% currently. The achievements in terms of improvements in (i) the CPR; (ii) increase in institutional births - from 26% to over 50% in Karnataka; and (iii) immunization coverage have been positively affected by the strengthening and improvement of family planning service delivery by the project.

### **Disbursement and Savings**

5. By August 2001, a total of SDR 41.4 (US\$ 55.9 million equivalent) that is about 66% of the original Credit amount, had been disbursed. The disbursement figures do not reflect the US\$ 10 million (SDR 7.8 million) that were transferred to the Gujarat Earthquake Rehabilitation Program. If this figure were added, the disbursement level in the project for health and family welfare would be 75%. Since the last mission, there has been an additional expenditure of Rs 30



crores, out of which the IDA share is Rs 26 crores. MOHFW has submitted claims for Rs 19 crores, and claims of Rs 7 crores equivalent to US\$ 1.5 million, are in the pipeline. Expenditure of about Rs 97 crores is expected in the remaining project period out of which the IDA share will be Rs 80 crores or US\$ 16.7 million. The total IDA requirement for the project will then be about US\$ 69.21 million equivalent. The amount available from IDA for the project (excluding the Gujarat Earthquake Rehabilitation component) is about US\$ 77.8 million equivalent. Thus there will be a savings of about US\$ 8 million. It was agreed that the MOHFW will review this estimate and send a formal request to the Bank for reallocation between the project categories. This request needs to be sent to IDA as soon as possible, so that legal documents can be revised by November, 2001.

### Financial Management Issues

6. **Project Closing date:** The mission has informed the project authorities that the credit comes to a close on December 31, 2001 and that the Bank, as per current rules and procedures may allow another 4 months, i.e. through **April 30, 2002**, within which claims for reimbursement may be filed for all services rendered, works completed, and goods delivered to the project on or before the closing date of the credit, **December 31, 2001**. The three project states have also been notified that in order to submit these claims to the Bank, a certificate in respect of SOE claims applications would also need to be provided by the project authorities.

7. **Audit Reports:** The mission observed that the audit reports were generally received later than the due date and urged the MOHFW to arrange the submission of audit reports for the current year (FY 2001) before the due date i.e. December 31, 2001. The status of the audit reports of the previous years along with disallowance and recovery thereof out of future claims is provided in the table below:

(Rs in million)

State	FY 1997-98		FY 1998-99		FY 1999-2000	
	Disallowance	Remarks	Disallowance	Remarks	Disallowance	Remarks
Rajasthan	Rs 199.140 mn	Recovered Rs 198.32 mn by the project	Rs 54.875 mn	Reply recd.	Rs 11.095 mn	Reply pending
Assam	Rs 0.661 mn	Reply recd.	Nil		Nil	
Karnataka	Rs 2.936 mn	Fully recovered by the project	Rs 2.552 mn	Fully recovered by the project	Rs 1.530 mn	Fully recovered by the project
<b>Total</b>						

In view of the limited time remaining for the closing date of the credit, the mission urged the MOHFW to make all efforts to settle the above disallowances/observations with the respective auditors and submit the revised certification to IDA to claim back the amounts listed in the table above.



## Status of Activities

8. **Civil Works:** In Rajasthan, the civil works component is progressing satisfactorily; all works have been grounded and are expected to be completed on time. As per the current plans all the facilities will be handed over to the appropriate district and state authorities by the end of November 2001. In Assam, civil works are also on schedule; the state and regional drug warehouses have been completed and handed over and all remaining civil works are expected to be completed by October 31, 2001. In Karnataka, 985 civil works have been completed and handed over, 283 are completed and are under the process of being handed over, and the remaining 101 are under construction with scheduled completion by December 31, 2001. Concerns were raised regarding the current delays between completion and handing over of buildings. The state committed itself to a high level of oversight and stringent monitoring in order to ensure that all civil works are handed over to the District Health authorities before project completion.
9. **Procurement:** In Rajasthan, the government has contracted HSCC, an external agency, for procurement of all items under ICB and NCB. Bids for all items have been received and evaluation is underway. Given the very tight procurement schedule, special attention will need to be paid to this issue in order to ensure that all procurement is completed on time. In Karnataka, contracts for procurement of furniture and equipment for Sub-Centres, PHCs, District Training Centers, and HFWTC have been awarded; the goods are scheduled for delivery in November and December. Additional procurement of essential items for 1100 PHCs in the categories B and C has been approved. If all steps are completed as planned, all procurement under this project will be completed by December 2001. In Assam, procurement of the final order of equipment and furniture for the state and regional warehouses for approximately Rs 2.25 crores under ICB is underway and is expected to be completed by October 31, 2001.
10. **Training:** All three states have filled the positions of Director SIHFW, though some key positions still remain vacant. In Rajasthan, two key faculty members at the SIHFW, and a consultant post have also been filled. Five positions are yet to be filled; unless this is done expeditiously, the quality and monitoring of the training program will suffer. The Director SIHFW shared with the mission several options for sustainability of the training institutes including the activities and the staff, after the completion of the project. It was agreed that the GOR will forward the final sustainability plans of all institutes/facilities which will be affected by the closure of the project, including the training institutes, to the MOHFW by October 2001. In Karnataka, the SIHFW has been accredited by NIHFW for all RCH and family welfare training. Most positions at the SIHFW have been filled, however, some key positions still remain vacant. All the newly completed district training facilities, as well as the HFWTC, have been commissioned and are providing RCH and family welfare training. The project is simultaneously also coordinating the integrated skill development and specialized skill development training in the RCH project. After December 2001, the training will be continued by the SIHFW with funds from the RCH project. All remaining activities in the training plan are expected to be completed by December 2001. In Assam, the project has completed all training planned under IPP IX and the SAR targets for training have been met. It had been earlier agreed that in Assam, the Training of Trainers (TOT) and the skills training under RCH will also be managed and conducted through IPP IX, utilizing the savings under the training head. The SIHFW has completed all the TOT under RCH and the skills training has been initiated at the



27

Medical Colleges. It was agreed that the skill based training will be continued under the project through December 2001, with savings from other categories such as vehicles, etc.

11. **IEC and Innovative Activities:** In Rajasthan IEC activities are being continued through print, electronic media and interpersonal communication with a convergence of all efforts on the five basic areas; the Population Fortnight focusing on activities and messages emphasizing the importance of delayed age at marriage, abolishing child marriage, adolescent health, nutrition and gender sensitivity was observed from Sept 1-15. In addition, the project will provide health training and orientation to Panchayati Raj Institution (PRI) members. The training will be completed by November 15, 2001. In Karnataka, a media plan focusing on five critical areas of mother and child health has been developed and is being implemented by Oglivie and Mathers, a communication consulting firm; activities including the production of wall paintings, posters and tin plates as well as street plays are being conducted. It was agreed that this activity will be continued after the close of this project through support from the RCH project. Additionally, NGOs have been contracted to provide IEC and services in targeted category C districts. In Assam, in the last year the project has focused its IEC on breastfeeding, immunization, birth spacing, and antenatal care through radio spots and local theatre in the low performing districts. These activities supplement earlier efforts on community mobilization through baby shows, quiz and essay competitions in colleges as well as advertisement in the four topic areas in key newspapers. In the last year, the project has also contracted NGOs to provide awareness generation among adolescent boys and girls and increase service utilization among pregnant women.

12. **Implementation Completion Process:** An Implementation Completion Report (ICR) will need to be jointly prepared by the Project Team and the Bank Team. It is agreed that the GOI would compile the first draft with the inputs of the states by November 30, 2001. This draft will be reviewed during the last review/ICR mission prior to December 31, 2001. The Borrower's Evaluation report should be brief and no longer than 10 pages. Important areas to be covered include: (a) Assessment of the project objectives, design, implementation and lessons learned; (b) Evaluation of the Borrower's own performance during the evolution and implementation of the project; (c) Evaluation of the performance by the Bank during the evolution and implementation of the project, including the effectiveness of their relationship, with special emphasis on lessons learned; and, (d) Several annexes including final project cost by component, final project cost by procurement arrangements, project financing by component, and beneficiary survey results. A sample ICR, which includes the Government section has been shared with the Project Team.

13. It was also agreed that all states will develop a plan for the sustainability of all services and software activities initiated under the project. This plan will be critical in order to ensure the sustainability of all project related activities after project completion. It would include a strategy for the handover of all training, IEC, and NGO activities currently supported by this project; it would also outline measures instituted to absorb the salaries of all positions in the training institutes created under the project. This plan will need to be sent to the MOHFW and IDA by October 15, 2001.



## **Key Benchmarks**

It was agreed that adherence to the following benchmarks will be important to ensure the completion of project activities by December 31, 2001.

- MOHFW to ensure that the following are done by GOR
  1. Resubmit claims and revised audit certification for Rs.20 crores disallowed in fiscal year 1997-98 – *October 31, 2001.*
  2. Complete ICB and NCB procurement – *December 31, 2001.*
- States to submit to GOI a plan for sustainability of all training institutions, maintenance of all service facilities, and continuation of IEC and innovative activities initiated under the project- *October 15, 2001.*
- MOHFW to review progress of project activities in the states to assess achievement of agreed benchmarks including SOE reimbursement- *continued through to end of project.*
- MOHFW to ensure completion of the audit for 2000-2001 in all states – *December 31, 2001.*
- MOHFW to ensure completion of end-line survey by all project states and submission of final reports – *November 10, 2001.*
- Project team at MOHFW to prepare first draft of the Borrower's Evaluation Report for the Implementation Completion Report (ICR), for review during the last review/ICR mission – *November 30, 2001.*



**India Family Welfare Project (Population IX) Cr. 2630**  
**Issues Identified and Agreements Reached**  
**September 2001**

**Assam**

<i>Issue</i>	<i>Agreements reached/matters for follow up</i>	<i>Time frame</i>
<i>Civil Works</i>	Complete all additional works i.e. boundary walls, electrical connections.	October 31, 2001
	Coordination of training and orientation to Logistical Management and Information Management System.	October 31, 2001
<i>Procurement</i>	Complete delivery of equipment and furniture of Rs 2.25 crores.	October, 2001
<i>Training</i>	Complete planned Integrated Skill development training and Specialized Skill training.	December 31, 2001
<i>Sustainability</i>	Submit proposal to MOHFW for funding for the maintenance of facilities created under the project.	October 15, 2001
<i>Implementation Completion Report Initiation</i>	Complete End Line Surveys assessing the achievement of the project in developing the infrastructure for service provision and the software including training, IEC, and innovation to improve access as per the approved TORs.	November 10, 2001
	Submit the final report of the surveys to the MOHFW.	November 30, 2001

**Karnataka**

<i>Issue</i>	<i>Agreements reached/matter for follow-up</i>	<i>Time Frame</i>
<i>Civil Works</i>	Action plan for completion and handover of 283 facilities	September 25, 2001
	Completion and handover of 101 remaining works currently under construction.	December 2001
<i>Procurement</i>	Complete procurement process for Rs 12.58 crores	December 2001
<i>Implementation Completion Report Initiation</i>	Complete End line Surveys assessing the achievement of the project in developing the infrastructure for service provision and the software including training, IEC, and innovation to improve access as per the approved TORs.	November 10, 2001
	Submit the final report of the surveys to the MOHFW.	November 30, 2001



**Rajasthan**

<i>Issue</i>	<i>Agreements reached/matter for follow-up</i>	<i>Time Frame</i>
<i>Financial</i>	Reconciliation of all financial figures between GOR and GOI Re-certification from AG for disallowed amount in previous audits.	October 5, 2001 October 2001
<i>Procurement</i>	GOR to clear all remaining HSCC procurement evaluation reports	September 23, 2001
<i>Procurement</i>	Release of funds for HSCC consultancy fees	September 20, 2001
<i>Training</i>	Detailed sustainability strategy for the SIHFW, HFWTCs and DTCs to be agreed by both GOR and GOI. This plan will include detailed information on how GOR will absorb cost of all training and related expenses currently supported under the IPP IX project including salaries and operating expenses in all training centres.	October 31, 2001
<i>Implementation Completion Report Initiation</i>	Complete End line Surveys assessing the achievement of the project in developing the infrastructure for service provision and the software including training, IEC, and innovation to improve access as per the approved TORs.  Submit the final report of the surveys to the MOHFW.	November 10, 2001  November 30, 2001



Family Welfare (Assam, Karnataka, Rajasthan) Project – Disbursement Status as of September 21, 2001 (SDR)				
Category	Category Description	Undisbursed SDR	Disbursed SDR	Total
1	CIVIL WORKS	-1,741,867.07	26,941,867.07	25,200,000.00
2	EQUIP, FURNITURE ETC.	3,072,157.47	4,327,842.53	7,400,000.00
3	VEHICLES	2,071,968.35	428,031.65	2,500,000.00
4	BOOKS & TRG MATS.	729,400.92	370,599.08	1,100,000.00
5	IEC TRAINING	3,240,992.84	3,159,007.16	6,400,000.00
6	CONS. & FELLOWSHIPS	3,780,561.61	319,438.39	4,100,000.00
7	INCR. SALARIES ETC.	4,069,656.27	2,230,343.73	6,300,000.00
SA-A	ALL CATEGORIES		3,626,046.58	3,626,046.58
UNALL	UNALLOCATED	1,900,000.00	0	1,900,000.00
	Sub Total	17,122,870.39	41,403,176.19	58,526,046.58

Family Welfare (Assam, Karnataka, Rajasthan) Project – Disbursement Status as of September 21, 2001 (US\$)				
Category	Category Description	Undisbursed USD	Disbursed USD	Total
1	CIVIL WORKS	-2,255,735.27	36,221,899.25	33,966,163.98
2	EQUIP, FURNITURE ETC.	3,978,474.65	5,908,730.85	9,887,205.50
3	VEHICLES	2,683,219.73	582,072.16	3,265,291.89
4	BOOKS & TRG MATS.	944,581.49	498,323.73	1,442,905.22
5	IEC TRAINING	4,197,118.14	4,304,894.95	8,502,013.09
6	CONS. & FELLOWSHIPS	4,895,865.09	429,470.24	5,325,335.33
7	INCR. SALARIES ETC.	5,270,245.57	3,039,482.23	8,309,727.80
SA-A	ALL CATEGORIES	4,695,766.58	4,994,928.91	4,695,766.58
	UNALLOCATED	2,460,519.00	0	2,460,519.00
	TOTAL	26,870,054.98	55,979,802.32	82,849,857.30

Resources need for the reminder of the Project Rs. (Million)						
	Assam	Karnataka	Rajasthan	Total	IDA share	IDA
1 CIVIL WORKS	92.17	195.46	25.19	312.82	0.90	281.54
2 EQUIP, FURNITURE ETC.	73.73	111.52	112.35	297.6	0.80	238.08
3 VEHICLES	0	28.85	42.8	71.65	0.80	57.32
4 BOOKS & TRG MATS.	30.88	8.66	7.75	47.29	0.95	44.93
5 IEC TRAINING	28.9	44.75	28.48	102.13	0.80	81.70
6 CONS. & FELLOWSHIPS	1.7	23.63	28.48	53.81	0.95	51.12
7 INCR. SALARIES ETC.	12.59	51.55	15.67	79.81	0.60	47.89
TOTAL	239.97	464.42	260.72	965.11		802.57



SDRS (Million) disbursed and needed till December 31, 2001						
		Disbursed	Needed till December 31, 2001	Total	Total as per DCA	Savings
1	CIVIL WORKS	26.94	4.55	31.49	25.20	-6.29
2	EQUIP, FURNITURE ETC.	4.33	3.84	8.17	7.40	-0.77
3	VEHICLES	0.43	0.93	1.35	2.50	1.15
4	BOOKS & TRG MATS.	0.37	0.73	1.10	1.10	0.00
5	IEC TRAINING	3.16	1.32	4.48	6.40	1.92
6	CONS. & FELLOWSHIPS	0.32	0.83	1.15	4.10	2.95
7	INCR. SALARIES ETC.	2.23	0.77	3.00	6.30	3.30
	SAA- ALL CATEGORIES	3.63			3.63	3.63
	UNALLOCATED				1.90	1.90
	TOTAL	41.40	12.96	50.74	58.53	7.79

USS (Million) disbursed and needed till December 31, 2001						
		Disbursed	Needed till December 31, 2001	Total	Total as per DCA	Savings
1	CIVIL WORKS	36.22	5.87	42.09	33.97	-8.12
2	EQUIP, FURNITURE ETC.	5.91	4.96	10.87	9.89	-0.98
3	VEHICLES	0.58	1.19	1.78	3.27	1.49
4	BOOKS & TRG MATS.	0.50	0.94	1.43	1.44	0.01
5	IEC TRAINING	4.30	1.70	6.01	8.50	2.49
6	CONS. & FELLOWSHIPS	0.43	1.06	1.49	5.33	3.83
7	INCR. SALARIES ETC.	3.04	1.00	4.04	8.31	4.27
	SAA- ALL CATEGORIES	4.99			4.70	4.70
	UNALLOCATED				2.46	2.46
	TOTAL	55.98	16.72	67.71	77.85	10.15

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**India: World Bank Review Mission  
Family Welfare Urban Slums (Population VIII) Project. Cr. 2394 – IN**

September 2001

**Aide Memoire**

Key Project Data		Current Ratings and Flags	
Effectiveness Date	05/31/1994	Development Objectives	Satisfactory in Bangalore, Kolkata and Hyderabad. Marginally satisfactory in Delhi
Closing Date	06/30/2002	Implementation Progress	Satisfactory
Project Age	7 years and 3 months	Problem Flags	None
Disbursed	64 %		

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Messer/Mmes. G. N.V. Ramana (Mission leader), Badrud Duza (Social demography), Subhash Chakravarthy (Civil works), A. Bharadwaj (Service Delivery and Training), Mam Chand (Procurement) and Manoj Jain (Financial Management) intermittently during the period August 12 to August 31, 2001. Mr. Agnelo Gomes (Team Assistant) coordinated the mission logistics. The mission met with Mr. A. R. Nanda, Secretary Family Welfare, Mr. Gautam Basu, Joint Secretary, Mr. A. K. Mehra, Director, Area Projects Division, Government of India (GOI), Secretaries of Health and Family Welfare of the project states, Project Directors and various officials. The mission undertook field visits to the states of Andhra Pradesh, Karnataka, West Bengal, Uttar Pradesh and the national capital, Delhi. Ms. Nandita Chatterjee, Consultant WHO, joined the mission during the field visits. The mission would like to thank the officials and project staff for facilitating field visits and hospitality. This Aide Memoire summarizes crosscutting issues across all the project states and highlights the mission's assessment on sustainability of services and facilities started in project city component for which IDA credit was closed on June 30, 2001. Implementation progress and achievement of development objectives of the components that were extended up to June 30, 2002 are also summarized. The Aide Memoire was shared with GOI during the wrap-up meeting held on September 24, 2001. Separate Aide Memoires highlighting specific issues for each project state were discussed and shared with project states during the visits to the respective states. The mission objectives and list of documents/reports received during the mission are provided in the annex.

**Development Objectives:**

2. The development objectives of the project are being met in original project cities of Bangalore, Kolkata and Hyderabad. The Mid Term Review (MTR) studies indicate that performance in Delhi has improved in Measles immunization and Antenatal coverage. However, institutional deliveries and contraceptive use continues to be low. In the additional cities access to Reproductive and Child Health (RCH) services to slum dwellers has significantly increased with initiation of outreach services in 89 out of 94 cities. Under logistic component, Tamil Nadu continues to demonstrate highly successful public sector model for pharmaceutical logistics.

a) *Reduce fertility among slum populations in four municipalities:* More than half of the eligible couples in project cities use one or other modern family planning methods in Bangalore, Kolkata and Hyderabad compared to around 40% at baseline. There has been a steady increase in use of spacing methods and 47% of the low parity couples (less than 2 children) in Kolkata and about