

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 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 women had safe deliveries. 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.

Achievement of Critical Benchmarks:

3. The six critical benchmarks agreed during the May 2001 mission have been substantively achieved except for the disbursement.

- BM 1 MOHFW will strengthen financial management and technical oversight capacity of area projects division and report to the Bank by June 30, 2001.

Status: MOHFW has strengthened the financial management capacity of area projects division with the appointment of financial management consultant and recently a new accounts officer has been posted. Ms. Nandita Chatterjee, who has joined as a WHO consultant, is providing additional management support.

- BM 2 MOHFW and project cities (Bangalore, Kolkata, Delhi and Hyderabad) will ensure that remaining works and procurement actions are completed by June 30, 2001.

Status: All the works approved before MTR in the four project cities have been completed by June 30, 2001

- BM 3. MOHFW to expeditiously follow the implementation and expenditure progress will ensure at least US \$ 12 million additional disbursement by October 31, 2001.

Status: Since April 2001, an additional sum of about US \$ 5.7 million has been disbursed. According to MOHFW records, claims for Rs. 49.5 Crore have been forwarded to CAAA since April 2001. Out of this, claims for Rs. 3.11 Crore have been disallowed. It was agreed that MOHFW would follow-up with project states, CAAA and the Bank to ensure disbursement of pending/disallowed claims for US\$ 4.8 million by October 31, 2001. If this benchmark is achieved, the total disbursement between April and October, 2001 will be about US\$ 10.5 million.

- BM 4. Karnataka will initiate the service delivery all additional cities by June 15, 2001 and closely monitor the implementation of works program as per agreed benchmarks

Status: Karnataka has started service delivery in 6 additional cities. The staff recruitment delayed due to local body elections in the remaining 5 cities has been completed and currently induction training for the new staff is in progress. The service delivery in these cities will start by October 31, 2001. Construction is in progress in 53 out of 54 works supported under the project and 47 of them will be completed by December 31, 2001.

- BM 5. MOHFW will submit a detailed action plan for the remainder of the project by May 31, 2001 taking in to consideration the savings and unallocated IDA credit.

Status: Taking the savings in to account, MOHFW has prepared a plan of action, which was approved by Govt. of India.

- BM 6. The project cities will award contracts for end-line surveys by May 31, 2001

Status: Standardized terms of reference for end- line surveys have been approved and contracts have been awarded by three project cities.

Project Extension:

4. The project was approved on June 19, 1992 and was due to close on June 30, 2001. The Government of India (GOI), through their letters of December 5, 2000 and January 31, 2001, from the Ministry of Health & Family Welfare (MOHFW) and Department of Economic Affairs (DEA) have requested extension for components added during the Mid-Term Review. The main reason for the request was the delayed cabinet clearance for the new components because of two national elections. The April 2001 mission appraised the need and feasibility of completing the agreed program in consultation with MOHF and state project teams and recommended extension of closing date for three components till June 30, 2002. The closing date of the project has been extended for (a) expansion of activities in four metropolitan areas to increase coverage by 1.5 million beneficiaries; (b) expansion of project activities to 94 additional smaller municipalities and cities covering an additional population of about 4 million; and (c) strengthening the logistics systems to improve the quality of urban family welfare services in the states of Tamil Nadu and Uttar Pradesh. A formal communication to this extent was sent by the Bank on May 9, 2001. The mission complements the efforts of MOHFW in obtaining early GOI clearance for the extension.

Activity Status:

Project cities Component:

5. Overview: Overall implementation progress of the project continues to be highly satisfactory in Kolkata and satisfactory in Bangalore, Delhi and Hyderabad. All facilities built under the project have been completed except for two new health centers approved after MTR in Delhi. Two newly built maternity homes each in Kolkata and Hyderabad are yet to be made operational. It was agreed that these 6 facilities would be made operational by September 30, 2001. During the remainder of the project, attention is needed to consolidate the project gains. Together, the four original project cities have spent more than 90% of the Rs. 264 Crore allocated and are expected to spend the remaining balance during the extension given to additional activities. It was agreed that claims for all activities closed by June 30, 2001 would be submitted by September 30, 2001 to MOHFW for onward transmission to CAA and the Bank.
6. Sustainability: Allocations have been made in the FY 2001 budget of the project cities to sustain the activities closed on June 30, 2001. Action plans to integrate project initiatives with existing primary health services of respective municipal corporations and strengthen referral linkages with city hospitals are being implemented 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 now manage the program. The Kolkata Metropolitan Development Authority will continue to provide technical oversight. 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 assured the mission that contractual ANMs will be continued till regular staffs are posted. The regularity in outreach services needs to be closely monitored by project teams in Delhi and Hyderabad and MOHFW should review them on a bi-monthly basis during next 6 months.
7. Service Delivery: With the posting of staff nurses, the service delivery has improved in Bangalore and Hyderabad. However, due to delayed administrative clearances, the 10 lady medical officers posted and 5 staff nurses redeployed by GOAP to Hyderabad are yet to join their duties. It was agreed that GOAP would ensure that these critical staff are in position before September 30, 2001. More than 90% of the planned community based 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. In Kolkata, these workers made phenomenal contribution in enhancing access to essential RCH services for the slum residents and there by continuing to improve 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 ship. Some of the municipalities even started specialty services for the elderly. In Delhi, except for two anesthesiologists, all the specialist positions at the maternity homes have been filled and service delivery has started in 5 new maternity homes. On an average, each of the two maternity homes visited by the mission are conducting 25 deliveries in a month and this number is gradually increasing. The Commissioner, Municipal Corporation of Delhi has assured the mission that anesthesiologists on contract basis will be engaged till regular specialists are posted. With most training programs planned in the project complete, the focus during the remainder of the project should be on addressing the specific skill gaps and to enhance interpersonal skills of community volunteers and outreach workers. Bangalore has sustained the ISO 9002 accreditation received for 30 health centers and services of the project team are now being sought by other states for quality improvement initiatives. The mission is pleased to note that the training institute built in Bangalore has shaped in to a state of the art facility. This state empowered committee has approved its registration as an independent society and given its commitment to sustain the institute till it becomes financially viable. None of the project cities reported shortage of FP and MCH supplies and vaccines during the last quarter. The agreed benchmark for initiating short term measures such as segregation, color coding and disposal of infectious wastes through deep burial pits has been partially met and agreements were reached to complete the remaining actions by September 30, 2001 in all the project cities. All project cities continue to implement IEC activities.

8. Civil Works: All the approved works in the project cities have been completed by June 30, 2001 (Annex V). The mission commends the efforts of engineering divisions of the project cities for completing the facilities before project closure despite difficulties faced in site selection and frequent changes in the selected sites due to local problems. Hyderabad has completed construction of remaining two maternity homes, four Urban Family Welfare Centers (UFWCs) and renovated seven UFWCs in to D type health posts. Delhi completed construction of remaining 24 health posts, 6 health centers and one maternity home. In addition, 18 existing maternity homes and 83 maternal and child welfare centers have been repaired. Construction of two health centers and repair of 8 existing maternity homes approved after MTR are in final stages and it was agreed that these facilities will be handed over by September 30, 2001. The mission once again reiterates its earlier recommendation that the medical officers in-charge of Maternity Homes and Maternity and Child Welfare Centers certify the completion of repair and renovation of works before final payments are made. Bangalore has completed the remaining one maternity home and made all 5 new maternity homes approved after MTR operational. Fifty-five new health centers have been built and 23 existing maternity homes have been renovated. The training center in the project has been completed and furnished. The institute is now providing training for staff recruited under additional city component. Kolkata completed 2 remaining new maternity homes. With this, the 39 municipalities covered under the project have 97 health administrative units, 22 maternity homes with polyclinics and 273 sub centers. The mission is satisfied with the progress of procurement actions, which are in accordance with the approved procurement plans for FY 2000-01.

9. Management Strengthening: Management Information Systems (MIS) established under the project continue to function well in Delhi and Kolkata. Bangalore and Hyderabad, which lagged behind, also started to generate segregated data on project beneficiaries. In Bangalore, external validation of the data has started. However, Bangalore and Hyderabad still require closer scrutiny of data and project teams need to use data for management decisions. The ongoing

Geographic Information System (GIS) pilot in 10 municipalities of Kolkata demonstrates tremendous potential for identifying poorly performing areas. The project team now needs to closely work with the local bodies and GIS experts to generate such graphs. All project cities have started to integrate the project activities with existing primary health care program and strengthen referral linkages with bigger hospitals to provide unified management and continuum of care. The mission is pleased to note that provision has been made in the FY 2001 budgets to sustain the project initiatives. Taking in to consideration, the staff residing in the quarters attached to maternity homes and projected demand for services, Delhi will be reviewing the staff requirement to rationalize the clinical staff. Similarly, Bangalore is reviewing the continued need for link volunteers as fairly high levels of community sensitization has already been achieved.

Additional cities Component:

10. Overview: The implementation progress in Andhra Pradesh and West Bengal continues to be satisfactory. Both states started service delivery in rented premises. These services are 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. The implementation progress in Karnataka has improved during the past 4 months and service delivery has started in 6 cities. The remaining five cities recruited the staff who are currently undergoing induction training. Service delivery will start from October 31, 2001. The implementation of civil works in Karnataka requires closer monitoring by the project team to ensure timely completion. Functional linkages with existing urban primary health services and referral linkages with district or sub division hospitals need attention by all project cities. Expenditure in additional city and logistic components of the project has been slow because implementation of these components started only after obtaining GOI clearance in January, 2000. Despite the late start, West Bengal and Andhra Pradesh states have spent about a third of the allocation while Karnataka spent about a tenth. However, learning from the experiences of the original project city, decision was taken early on to start outreach services in new cities. Outreach services for slum residents have started in 89 out of 94 cities supported under the project. Detailed action plans were agreed with the respective project teams to ensure timely completion of the approved activities to fully disburse the credit. It was agreed that by September 30, 2001 all three project states will submit FY 2001-02 procurement plans to the Bank indicating methods of procurement and time schedules.

11. Andhra Pradesh: The mission is pleased to note that the implementation progress is being sustained. The state continues to use local NGOs for delivery of RCH services and to undertake social mobilization activities. Service delivery has started in 190 out of 192 facilities approved under the project. As agreed, fixed day services have been started at the urban health center for antenatal care, immunization, and RTI/STI counseling and management. Project management has been strengthened at the state and regional levels with full time coordinators at state and regional levels. Except for two locations facing site problems, construction has started in remaining 190 Urban Health Centers and 133 facilities have been completed so far. It was agreed that the remaining 57 facilities would be completed and made operational by December 31, 2001. IEC consultants have developed strategy centered around 4 core themes - enhancing age at marriage, promoting immunization, institutional deliveries and small family norm. The mission recommends use of existing data from base line survey of the project; RCH household surveys and National Family Health Survey to develop focused messages aimed changing specific behaviors. Considering the unique experience of using local NGOs in urban primary health care, the mission reiterates its earlier recommendation to document the experiences using independent consultants familiar in social research methods. As the project will be closing by June 30, 2002, it was agreed that the project team would prepare a sustainability plan for continuation of service delivery and other successful project initiatives by February 28, 2002. Till date, the project has spent Rs.185 Million out of revised outlay of Rs. 571 Million. To fully utilize the allocation, the project needs to spend about Rs. 40 million every month during the remaining 10 months. The

12

project team and MOHFW assured the mission that this level of expenditure is possible and agreed to closely monitor the expenditures and provide bi monthly feedback to the Bank.

12. Karnataka: The implementation pace has improved during the past four months and the mission now rates the progress satisfactory. Service delivery has started in six cities. Core staff for the remaining five cities has been recruited and it was agreed that the service delivery in these cities would start by October 31, 2001. The civil works progress, which has been slow due to unanticipated site problems, has improved. With the proactive role played by the project team, finally the construction has started at 53 out of 54 works approved under the project and a majority of health centers are in final stages. It was agreed that 41 health centers and six maternity homes will be completed by December 31, 2001 and the remaining four health centers and two maternity homes by March 31, 2001 (Annex V). To improve institutional deliveries among slum residents, the mission recommends the project team to start the maternity homes in rented premises wherever possible. Procurement is being synchronized with the completion of the works program and is scheduled to be completed by October 31, 2001. Improved coordination between different agencies providing urban primary care services to slum residents and strengthening referral linkages need priority attention during the next six months. So far, an expenditure of Rs. 29.5 million has been incurred under this component of the project. To fully use the approved allocation, an average expenditure of about Rs. 20 million will be required every month during the next ten months. The project team and GOI need to expeditiously monitor this. It was agreed that based on the experiences, the state will take a final decision on the agency responsible for managing the project at city level by December 31, 2001.

13. West Bengal: The implementation progress of Additional City component of the project in 10 new cities of West Bengal continues to be satisfactory. Most of the Honorary Health Workers (HHWs), Part Time Medical Officers (PTMOs) and ANMs planned under the project have been selected and provided orientation training. Service delivery has started in all 1090 blocks planned under the project covering 0.81 million urban poor population. Thirty seven out of the 46 new facilities planned under the project have been completed and handed over. Final phase of procurement is currently in progress. Till July 2001, Rs. 257.2 million has been spent out of a revised outlay of Rs. 440 million. However, there is considerable delay in submission of claims and claims for Rs. 90 million are pending with the project cities. The State Urban Development Authority (SUDA) needs to expeditiously address this issue and ensure early submission of these claims. It was agreed that SUDA would submit claims for Rs. 4 Crore by September 30, 2001 and for the balance Rs. 5 Crore by November 30, 2001.

Logistic Support Component:

14. Tamil Nadu: The project supports Tamil Nadu Medical Services Corporation (TNMSC) to build and equip 5 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, all the 5 warehouses supported under the project have been completed and equipped by August 31, 2001. Taking the reform in drug procurement and logistics brought about by TNMSC, MOHFW has recommended proposal for construction of six more warehouses to facilitate full coverage of the state. The mission reviewed the proposal and agreed to the same. Considering the limited time available, it was agreed that these contracts would be awarded by October 31, 2001 following Bank procurement guidelines and procedures. The mission was assured that all pending claims would be submitted expeditiously. It was also agreed that procurement plan for equipment and furniture

for new warehouses will be sent for Bank's review by September 30, 2001. Considering the progress this project has made, 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.

15. 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, develop training modules and oversee the training. JSI has already started capacity building for the core team identified by IIML. The implementation of works program in 10 locations is satisfactory. Progress in 3 locations - Agra, Rourkee and Varanasi has been slow. Site visits to these three locations were undertaken by consultant architects of MOHFW and Bank. It was agreed that 10 facilities in advanced stage of construction would be completed and handed over by September 30, 2001. It was also agreed that the two facilities in Agra and Varanasi would also be completed by November 30, 2001. During the site visit to Roorkee, the mission was informed that construction of the regional warehouse has been stopped due to administrative problems. It was agreed that this issue has been resolved and re-tendering will be completed by October 31, 2001. Sites for two approved works in Jhansi and Banda have been recently finalized. It was agreed that these works not awarded by November 30, 2001 will not be funded under the project. Though, GOUP has engaged procurement support agency, there has been considerable delay in award of the contracts. It was agreed that all NCB contracts will be awarded by September 30, 2001 and supplies completed by November 30, 2001. The mission was informed that a full time Joint Director in charge of logistics has been posted. It was agreed that mangers and support staff for the 10 regional warehouses, which are nearing completion, would be posted by November 30, 2001.

Implementation Completion:

16. The mission held discussions with the project cities and Mr. Mehra, Director, Area Projects Division and nodal officer identified by Govt. of India to coordinate the implementation completion process. As agreed, standard Terms of Reference for end-line surveys have been approved by the Bank and consultant contracts have been awarded by all 4 project cities. The mission agrees to MOHFW's proposal to engage a nodal agency to ensure consistency and quality of the end line surveys. The TOR proposed by MOHFW was reviewed and approved by the mission. It was agreed that coordination workshop to standardize the study tools, sampling design, analysis and tabulation plan, and report format will be held by October 15, 2001. In addition to end line surveys, contracts for documenting innovations undertaken in the project have been awarded in Bangalore, Kolkata and Hyderabad. To document the lessons learnt from the success of Kolkata component of the project, the Bank has contracted services of Dr. Badrud Duza in consultation with MOHFW. During the mission the consultant undertook site visits and interviewed several key stakeholders. It was agreed that a CMDA will organize a two day dissemination workshop to share the lessons learnt from the project cities will be organized on a mutually convenient date.

Procurement:

17. 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. It was agreed that by September 30, 2001 all states would submit their procurement plans for FY 2001-02 indicating the methods of procurement and time schedules.

Legal Covenants:

18. The legal covenants are being met by the project states and all project cities agreed to submit audit certificates for FY 2000-2001 by December 31, 2001.

Key Benchmarks:

19. The following critical benchmarks are agreed for the next six months (Annex III).

- MOHFW will 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 4 project cities will submit claims for activities closed on June 30, 2001 to MOHFW by September 30, 2001 for onward transmission to the Bank.
- Karnataka will start service delivery remaining 5 additional cities by October 31, 2001.
- MOHFW and states implementing the additional city component (Andhra Pradesh, Karnataka and West Bengal) will ensure that remaining works and procurement actions are completed as per the agreed benchmarks.
- MOHFW will expeditiously follow the implementation and expenditure progress by undertaking bi-monthly reviews to ensure at least US \$ 10 million additional disbursement by February 28, 2002.
- West Bengal State Urban Development Authority will submit pending claims for Rs. 4 Crore by September 30, 2001 and remaining Rs. 5 Crore by November 30, 2001.
- The end-line surveys in 4 project cities will be completed by February 28, 2002.
- GOUP will award contracts for remaining two regional warehouses by November 30, 2001.
- All states will submit their procurement plans for FY 2001-02 indicating the methods of procurement and time schedules by September 30, 2001.

	Category	Bangalore	Kolkata	Delhi	Hyderabad	Total
Revised Estimate	Civil Works	2492.19	3281	2385	1264.93	9423.12
	Procurement	964.9	2626.34	1142.8	945.91	5679.95
	Consultant Training	553.2	1066.16	614.96	1065.4	3299.72
	Incremental Operating Costs	1273.2	2858.52	2761.47	1320.26	8213.45
	Total	5283.49	9832.02	6904.23	4596.5	26616.24
Expenditure	Civil Works	2409.3	2972.12	2379	1162.74	8923.16
	Procurement	866.4	2568.1	1118	821.61	5374.11
	Consultant Training	489.6	978.4	508	989.6	2965.6
	Incremental Operating Costs	1150.4	2603.6	2548	1258.2	7560.2
	Total	4915.7	9122.22	6553	4232.15	24823.07
Balance to be spent before Project Closure	Civil Works	82.89	308.88	6	102.19	499.96
	Procurement	98.5	58.24	24.8	124.3	305.84
	Consultant Training	63.6	87.76	106.96	75.8	334.12
	Incremental Operating Costs	122.8	254.92	213.47	62.06	653.25
	Total	367.79	709.8	351.23	364.35	1793.17

	Category	Andhra Pradesh	Karnataka	West Bengal	Total
Revised Estimate	Civil Works	3054	1199.8	1462.83	5716.63
	Procurement	551.75	498.6	1215.47	2265.82
	Consultant Training	1850.02	192.6	438.74	2481.36
	Incremental Operating Costs	257.72	348.1	1282.96	1888.78
	Total	5713.49	2239.1	4400	12352.59
Expenditure	Civil Works	1791.95	214	1031.4	3037.35
	Procurement	0.84	31.2	189.53	221.57
	Consultant Training	233.72	49.5	73.14	356.36
	Incremental Operating Costs	16.9	0.6	391.35	408.85
	Total	2043.41	295.3	1685.42	4024.13
Balance to be spent before Project Closure	Civil Works	1262.05	985.8	431.43	2679.28
	Procurement	550.91	467.4	1025.94	2044.25
	Consultant Training	1616.3	143.1	365.6	2125
	Incremental Operating Costs	240.82	347.5	891.61	1479.93
	Total	3670.08	1943.8	2714.58	8328.46

	Category	Uttar Pradesh	Tamil Nadu	Total
Revised Estimate	Civil Works	1156.6	825	1981.6
	Procurement	700.58	163.75	864.33
	Consultant Training	0	26.7	26.7
	Incremental Operating Costs	125	234.12	359.12
	Total	1982.18	1249.57	3231.75
Expenditure	Civil Works	317.1	193	510.1
	Procurement	0	0	0
	Consultant Training	0	0	0
	Incremental Operating Costs	0	0	0
	Total	317.1	193	510.1
Balance to be spent before Project Closure	Civil Works	839.5	632	1471.5
	Procurement	700.58	163.75	864.33
	Consultant Training	0	26.7	26.7
	Incremental Operating Costs	125	234.12	359.12
	Total	1665.08	1056.57	2721.65

Annex II

Category	Category Description	Disbursed	Un-disbursed
1-A	Civil Works	21,070,277.57	7,628,029.57
1-B	Procurement	10,387,873.25	5,138,563.89
1-C	Consultants & Training	6,079,563.07	3,983,662.79
1-D	Incremental Operating Costs	11,024,553.44	2,269,204.23
3-A	Civil Works	0	2,698,929.60
3-B	Procurement	0	674,732.40
3-C	Consultants & Training	0	203,692.80
3-D	Incremental Operating Costs	0	623,809.20
	Special Account	1,040,751.58	-588,584.71
	Unallocated	0	3,819,240.00
	TOTALS	49,603,018.91	26,451,279.77

Annex III

Benchmark	Target date
MOHFW would follow-up with project states, CAA and Bank to ensure remaining claims for US\$ 4.8 million are fully disbursed	October 31, 2001
The 4 project cities will submit claims for activities closed on June 30, 2001 to MOHFW	September 30, 2001
Karnataka will start service delivery remaining 5 additional cities	October 31, 2001
MOHFW and states implementing the additional city component (Andhra Pradesh, Karnataka, West Bengal) will ensure that remaining works and procurement actions are completed as per the agreed benchmarks	As per benchmarks in State Specific Aide Memoirs
MOHFW will expeditiously follow the implementation and expenditure progress by undertaking bi-monthly reviews to ensure at least US \$ 10 million additional disbursement	February 28, 2002
West Bengal State Urban Development Authority will submit pending claims	Rs. 4 Crore by September 30, 2001 and Rs. 5 Crore by November 30, 2001
The end-line surveys in 4 project cities will be completed	February 28, 2002
GOUP will award contracts for the two regional warehouses in Jhansi and Banda	October 31, 2001
All states will submit their procurement plans for FY 2001-02 indicating the methods of procurement and time schedules	September 30, 2001

Status of Selected Output Indicators

	Indicator	City	Baseline 1992	MTR 1997	MIS 2001
Outcome	Crude Birth Rate	Bangalore	32	23	
		Kolkata	20	21	
		Delhi	NA	32	
		Hyderabad	26	NA	
	Infant Mortality Rate	Bangalore	78	NA	
		Kolkata	56	34	
		Delhi	40	36	
		Hyderabad	81	NA	
Process	Couple Protection Rate	Bangalore	40	57	57.0
		Kolkata	45	52	72.0
		Delhi	27	35	35.0
		Hyderabad	50	42	72.4
	% Eligible children received Measles Vaccine	Bangalore	43	NA	93.7
		Kolkata	54	67	87.0
		Delhi	62	66	54.4
		Hyderabad	0	51	67.9
	% Expectant Women received antenatal check-up	Bangalore	71	95	95.0
		Kolkata		96	93.5
		Delhi	55	69	77.5
		Hyderabad	90	95	82.4
	% Institutional Deliveries	Bangalore	77	86	86.0
		Kolkata	54	81	95.2
		Delhi	18	15	16.6
		Hyderabad	76	84	62.0

Summary Status of Civil Works- September 2001

Bangalore					
Project Activities	Project Target	Revised Target	Work in Progress	Work Completed	Already Operationalized
1. Construction of Health Center	55	55	0	55	55
2. Renovation of Maternity Home	27	25	0	25	25
3. Renovation of UFWC	26	25	0	25	25
4. Construction of Staff Quarters	7	7	0	7	7
5. Construction of new Maternity Homes	5	5	0	5	5
6. Construction of Staff Quarters attached to new Maternity Homes	5	5	0	5	5
7. Construction of Training Center	1	1	0	1	1
8. Renovation of Stores	1	1	0	1	1

Kolkata					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	0	97	All Completed
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	0	5	To make two maternity homes operational by September 30, 2001
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	0	114	Completed
VIII.	Sub Centers (Repair and renovation)	159	0	159	All works completed

2001-01-11

Delhi						
Project Activities	Project Target	Sites Identified	Work in Progress	Work Completed	Remarks, If any	Agreed Actions
1. Construction of Health Centers	21	21	0	21	Completed- 21. Handed over 19	To handover remaining two facilities by September 30, 2001
2. Construction of UHC cum Maternity Home	6	6	0	6	All 6 facilities completed and operationalized	
3. Construction of Health Post	105	105	0	105	All Completed	To ensure all completed facilities are handed over by September 30, 2001
4. Repair of existing Maternity Homes	22	21	8	13	The remaining 8 works are in finishing stages	To complete the remaining facilities including water supply and handover by September 30, 2001
5. Repair of Maternal & child Welfare Centers	88	83	0	83		To handover the completed facilities duly certified by Medical Officer IC of the facility

Hyderabad						
PROJECT ACTIVITIES	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY
I) Construction of new Urban Family Welfare Centers	25	25	0	25	25	
II) Renovation of UFWCs into 'D' type Health Posts.	33	33	0	33	33	
III) Upgradation/ Construction of Maternity Centers (with 30 beds) and Neo-natal care room.	3 (in two phases)	3	0	3 (Phase-I & II)	3	
	2 (in one phase)	2	0	2	0	To make the two maternity homes operational by September 30, 2001
IV) Construction of quarters for staff nurses of Maternity Centers.	3	3	0	3	3	Completed
V) Augmentation of Office accommodation for City Family Welfare Bureau.	1	1	0	1	1	Completed

Andhra Pradesh Additional City							
ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	OPERATIONALISED	REMARKS, IF ANY	
Construction of Urban Health Centers	192	190	57	133	60	Completed: 133 Handed over 77	To make completed facilities operational immediately
						Basement: 5	Operationalize by December 31, 2001
						Roof: 19	Operationalize by December 31, 2001
						Finishing: 33	Operationalize by October 31, 2001

Karnataka Additional City							
ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
Construction of New Urban Health Centers	45	45	42	2	1		If alternate site is not found, cancel the work by September 30, 2001
						Finishing stage- 20	Complete by October 31, 2001
						Roof level - 14	Complete by November 30, 2001
						Plinth level - 5	Complete by December 31, 2001
						Foundation level - 4	Complete by March 31, 2002
Construction of New Maternity Homes	8	8	8	0	0	Roof level - 6	Complete by December 31, 2001
						Lintel level - 2	Complete by March 31, 2002
Repair of Health Centers	21	21					Complete by March 2002
Repair of Maternity Homes	14	14					Complete by March 2002

WB Additional City							
S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY
I	Construction of Urban Health Posts with Medical Stores	10	10	3	7	1	To complete remaining 3 works by September 30, 2001
II	Construction of Urban Health Posts	25	25	7	18	10	To complete the remaining 7 facilities by October 31, 2001
III	OPD cum Maternity Home	11	11	6	5	0	To make 8 Maternity Homes operational by September 30, 2001 and remaining three by October 31, 2001

Tamil Nadu – Warehouses						
ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	OPERATIONALISED	REMARKS, IF ANY
Construction of Warehouses	5	5	0	5	5	To make completed facilities operational

Uttar Pradesh – Warehouses							
ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	OPERATIONALISED	REMARKS, IF ANY	
Construction of Warehouses	15	15	13	0	0	10 - 90% complete	Complete and handover by September 30, 2001
						2 - 60-70% complete	Complete by November 30, 2001
						1- 20% complete	Resolve administrative issues by September 30, 2001
						2- Work not started	Cancel if work does not start by October 31, 2001

Family Welfare Urban Slums Project - Supervision Mission August – September, 2001
Statement of Mission Objectives

1. Following the discussions we had with the Department of Economic Affairs, Ministry of Health & Family Welfare (MOHFW), and project states, we propose to undertake a supervision mission of the Family Welfare Urban Slums Project during the month of August 2001.
2. The Specific objectives of the mission will be:
Review the overall implementation progress.
Original four cities:
 - Review the sustainability of services and facilities started under the project.
 - Discuss the design and implementation of end-line surveys
 - Start preparatory activities for ICR and agree the dissemination plan for evaluations carried under the project and including West Bengal case studyAdditional cities:
 - Review the project management arrangement, flow of funds and disbursement and service delivery
3. The mission will collaborate with the MOHFW, the DEA of Union Government, and the State ministries of Health and Finance. It will liaise with bilateral agencies and non-government organizations as necessary.
4. Individual responsibilities:
G. N. V. Ramana, mission leader, will coordinate the mission and lead discussions with Government officials and other agencies He will focus on overall development objectives and implementation focus giving specific attention to policy issues, institutional and management arrangements, budgetary and economic issues, and compliance with the project covenants. He will lead the discussions with MOHFW and DEA on project extension and ICR process.
Badrud Duza, Consultant Social Demographer, will take lead on initiating discussions on ICR process. In addition, he will also document Kolkata initiatives as a part of ICR process working closely with the local consultants.
A. Bharadwaj, Consultant Health Specialist will review the training status and its linkages with ongoing RCH training. In addition, she will also participate in the review of Delhi component of the project.
Subhash Chakravarthy, Consultant - Architect, will review the implementation progress of the civil works and update the respective annexes.
Mam Chand will be responsible for reviewing the procurement status as per the approved plans and comment on procedures adopted
Manoj Jain will be responsible for reviewing disbursement and audit arrangements, including the LACI pilot.
Agnelo Gomes (Team Assistant) will be responsible for organizing the logistics of the mission and also participate in the field visits in West Bengal.
5. The mission will discuss and leave aide-memoir for the project summarizing the main findings and recommendations. Contributions to the aide-memoirs will be made by respective members of the team responsible for each component. In addition, a formal communication to the Bank management on project extension will be prepared during the mission.
6. Upon completion of the entire mission, the team will update Project Status Report (PSR) for the Family Welfare Urban Slums Project.

Documents/Reports received during the mission

The following documents/reports received during the mission are available at NDO.

Andhra Pradesh: a) Project Status Report – August 2001 – Municipal Corporation of Hyderabad (MCH); b) Status Report - Urban Slum Health Care Project August. 2001 – Commissioner FW, GOAP, Hyderabad;

Delhi: a) Progress Review – August 2001 – Municipal Corporation of Delhi (MCD); b) Quarterly Monitoring Report on MIS activities 2001 – MCD;

Karnataka: a) Project Review Status April to June 2001 - Bangalore Mahanagar Palike (BMP); b) Status Report on Additional City Project – August 2001 - Government of Karnataka;

West Bengal: a) Project Review Status August 2001 – Kolkata Metropolitan Development Authority (CMDA); b) Status Report for IPP VIII extension to 10 Additional Cities – June 2001- State Urban Development Agency, West Bengal c) Universal Baseline Survey Report - ILGAS;



August 23, 2001



Mr. Prabh Das
Chief Executive Officer,
Calcutta Metropolitan Development Authority
Prashasan Bhawan,
Salt Lake
Kolkata

Mr. R. Samaddar,
Special Secretary, Municipal Affairs
Writers Building
Salt Lake
Kolkata

Handwritten notes: "See my file to", "28/8", "Pl. take follow up action.", "29/8", "Adhina (Health) SUDA".

Dear Messers. Das and Sammadar,

Subject: Family Welfare Urban Slums Project - Cr. No. 2394 - Review mission

I would like to thank you for the discussion, field visits and hospitality accorded to the World Bank mission that reviewed the above-referenced project during August 20-21, 2001. The attached Aide-Memoire summarizes the key findings and understandings reached during the mission.

The implementation progress continues to be highly satisfactory in the Kolkota component. Despite late start, we are pleased to note that under the additional city component of the project, service delivery has started as planned and 37 out of 46 facilities have been made operational.

As discussed with you during the wrap-up meeting held on August 21, 2001, Kolkata component of the project needs to focus on quality enhancement initiatives during the remaining 10 months of the project. The GIS has tremendous potential for closely monitoring the health outcomes among the urban slum residents. This needs to be exploited during the remainder of the project. We also request you to formally communicate to MOHFW that you are keen to organize the national dissemination seminar to share "experiences and lessons learnt from IPP 8 Kolkata" on mutually convenient dates during the month of November 2001.

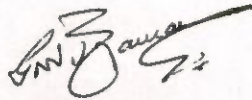
For the additional city component, submission of the pending claims worth about Rs. Nine Crore requires your urgent attention. Your close monitoring will be required to ensure that the remaining nine facilities are made operational as per the agreed benchmarks.

We are pleased to note that GOWB has made allocations to sustain the project initiative in the FY 2000-01 budget. As this nine year project will not be further extended, we request your attention to sustain the successful initiatives.

As it is customary, we are marking a copy of this letter to Secretary, Department of Family Welfare, Govt. of India.

With kind regards,

Sincerely,



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

CC:

1. Mr. A. R. Nanda, Secretary, Family Welfare, Govt. of India, Nirman Bhawan, New Delhi
2. Mr. Gautam Basu, Joint Secretary, Family Welfare, Govt. of India, Nirman Bhawan, New Delhi
3. Mr. A. K. Mehra, Director, AP Division, MOHFW, Nirman Bhawan, New Delhi
4. Ms. Nandita Chatterjee, Consultant, WHO, Nirman Bhawan, New Delhi

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

August 2001

Aide Memoire

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messers. G.N.V. Ramana (Task leader IPP VIII) and Badrud Duza (Social Demographer) during August 20 to 21, 2001. Ms. Nandita Chatterjee, Consultant, WHO also participated in the review. Field visits were undertaken to New Barrakpore and Madhyamgram. The mission would like to thank Government of West Bengal, Mr. Prabh Das, Chief Executive Officer, Calcutta Metropolitan Development Authority (CMDA), Mr. R. Samaddar, Special Secretary, Municipal Affairs, Mr. Debasis Sen outgoing Project Director IPP VIII and Secretary CMDA and Mr. Gopal Krishna, new Project Director and various staff for discussions and warm hospitality that was extended to the mission. The mission is especially thankful to the chair persons of the two municipalities 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 continues to be highly satisfactory and the development objectives are being met. Service delivery has started in more than 95% of blocks and sub centers planned in the project. By August 2001, twenty out of 23 maternity homes and all 25 Extended Specialist Out Patient Departments (ESOPD) are operational providing RCH services to 3.7 million urban slum residents spread over 37 municipalities and three corporations around Calcutta. The project so far has 3713 Honorary Health Workers (HHWs) in position. These HHWs are functioning as effective change agents in improving health seeking behavior of the community. Institutional deliveries, immunization coverage and contraceptive use by low parity couples continue to show improvement. The project is highly participatory and continues to demonstrate high level of ownership by the local bodies. With the substantive achievement of the development objectives, the project need to focus on further improving quality of services. The mission commends the excellent inputs provided by Mr. Debasis Sen, the outgoing project director in sustaining the pace of the project and providing constructive leadership and welcomes his successor Mr. Gopal Krishna. The project city has so far spent Rs.912.2 million out of the revised outlay of Rs.983.2 million. In addition, claims worth about Rs. 31.4 million are being processed. With this, the project would have spent 96% of the revised allocation. The implementation progress of Additional City component of the project in 10 new cities of West Bengal continues to be satisfactory. Most of the Honorary Health Workers (HHWs), Part Time Medical Officers (PTMOs) and ANMs planned under the project have been selected and provided orientation training. Service delivery has started in all 1090 blocks planned under the project covering 0.81 million urban poor population. Thirty seven out of the 46 new facilities planned under the project have been completed and handed over. Final phase of procurement is currently in progress. Till July 2001, Rs. 257.2 million has been spent under this component out of the revised outlay of Rs. 440 million. However, there is considerable delay in submission of claims and claims for Rs. 90 million are pending. The State Urban Development Authority (SUDA) needs to expeditiously address this issue and ensure early submission of these claims. The agreed benchmarks for next six months are presented in Annex II.

Development objectives:

3. The development objectives envisaged in the project city are being met. According to project MIS, more than three fourths (72%) of the eligible couples now use one or other contraception. Nearly a half (47%) of the low parity couples (two or fewer children) in the project area are using one or other contraception which is showing impact on fertility rates. About 95% of the expectant mothers had 3 antenatal visits and delivered at institutions and 87% of eligible infants received measles immunization (Annex III & IV). The additional city component also started registering steady progress towards development objectives.

CALCUTTA COMPONENT:

Improve access to FW and MCH services:

4. **Service Providers:** Out of planned 3815 HHWs, 3713 are in position and are actively engaged in social mobilization activities. With the appointment of full time lady medical officers and staff nurses in 33 municipalities, increased attention is being given to improve clinical quality of care during the remainder of the project.

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) and made operational. It was agreed that the remaining two maternity homes will be operational by September 30, 2001.

6. **Service delivery:** Social mobilization activities are in place in 3713 blocks, each covering about 1000 population. Regular antenatal and immunization clinics are being held at 735 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 made operational are staffed and well maintained. The mission is pleased to note improved utilization rates for both outpatient as well as in patient services. The two maternity homes visited by the mission were conducting on an average between 40-50 deliveries per month. The mission, however, noticed that caesarian section rate is rather high (around 40%). It was agreed that by November 30, 2001 the project team would organize a peer review and by December 31, 2001 develop an action plan to expeditiously address this. The project continues to demonstrate good Public Private Partnership by contracting services of local private practitioners on part time basis and specialists on case to case payment rather than employing full time doctors and specialists. The mission once again reiterates its earlier recommendation to enhance referral linkages with the Bank supported State Health Systems Development Project (SHSDP) to maintain continuum of care and avoid undue duplication of services. 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. Some such initiatives include display of user charges at the facilities and establishment of laboratory quality assurance systems. It was agreed that by December 31, 2001 all ESOPDs and Maternity Homes will display the user fee and by February 28, 2002 an internal quality assurance system for the regional diagnostic labs will be developed and implemented.

Improve quality of FP and MCH Services:

7. **Training:** With completion of most training activities planned in the SAR, the focus during remainder of the project should be on monitoring the use of skills addressing the deficiencies, if any.

8. **Healthcare waste management:** Following recommendation of the April-May, 2001 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. The planned short-term measures such as segregation of waste, color coding by type of waste, and proper disposal of infectious wastes through deep burial pits have not yet been initiated. It was agreed that by December 31, 2001 deep burial pits in 10 municipalities will be completed and short term measures for healthcare waste management will be implemented in all the maternity homes built under the project.

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. During the remainder of the project, focused IEC inputs will be provided to improve the health seeking behavior in 29 poorly performing sub centers.

Improve management:

10. The mission is pleased to note that 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. In each municipality, three committees have been constituted to closely monitor the program implementation. As per the agreed benchmark, Geographic Information System pilot has been made fully operational in 10 municipalities. In addition to providing a very useful management tool to identify poorly performing blocks, the GIS helped the municipalities to improve tax collection. The mission recommends independent validation of the input data on a continuous basis. So far, utilization of GIS in management decision making in health sector has been limited. It was agreed that during the next three months the health team would closely interact with GIS development team to generate required output reports.

Implementation Completion Report:

11. The mission commends the initiative by the project management to document "best practices" adapting qualitative research techniques. The international consultant engaged by the Bank for guiding this process had detailed discussion with the project team and consultant engaged by CMDA during the mission. The draft report submitted by the national consultant was found satisfactory. It was agreed that based on the discussion, the local consultant will finalize the report and submit to the project director by August 31, 2001. It was also agreed that a national dissemination workshop will be organized by CMDA during the month of November 2001. The dates of the workshop will be finalized in consultation with MOHFW. The Terms of Reference for the end line survey were approved during the mission and it was agreed that the sampling design and study tools will be finalized during the workshop proposed by MOHFW after adequate consultations with the project cities.

ADDITIONAL CITY COMPONENT

Civil Works and Procurement:

12. The mission is pleased to note good progress since April 2001. The municipal engineering department has done a commendable job in completing 45 out of 46 works approved in the project (35 health posts and 11 OPD cum Maternity Homes) by June 30, 2001. Thirty seven

completed facilities have been handed over and it was agreed that among the remaining facilities, eight will be handed over by September 30, 2001 and made operational by October 31, 2001. The remaining one facility will be handed over by November 30, 2001 and operationalized by December 31, 2001. The procurement activities are on schedule as per the approved plan and procurement plan for the remainder of the project was approved during the mission.

Service Delivery:

13. As per the agreed benchmark, service delivery has started in all the 1090 blocks and 250 sub health posts. Out of 70 planned PTMOs, 67 are in position. All the 10 public health nurses proposed under the project have been posted and the posts of ANMs have been substantially filled. Part time nurses are being continued in the remaining facilities till the full time nurses are available. All the HHWs and PTMOs in position have been provided initiation training. The emphasis should now be on close monitoring of service delivery and continued on the job training to address critical skill gaps. It was agreed that the ANMs working under the project would also be included in ongoing RCH skill development training. Towards this, a formal request will be sent by SUDA to State RCH officer marking copies to Training Division of MOHFW and National Institute of Health & Family Welfare. Though fixed day approach for immunization and antenatal clinics has been started, still nearly a third of the infants and expectant women miss these services. Also, efforts are needed to establish 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. As per the agreed benchmark the project team has forwarded a proposal to GOI for provision of cold chain equipment under the immunization strengthening project. Currently, the IEC activities are limited to inter person communication which seem to be quite effective. The practice of encouraging the HHW for integrated health care is being continued and their services are being used for providing TBDOTS and also in HIV/AIDS education. Thus, the project has facilitated better convergence of health services for the urban poor. In view of the limited time available, the project has set limited targets under innovative activities, which have been substantially achieved.

Project management:

14. The envisaged problems in fund flow and financial management have been addressed with the extension given to the Calcutta component of the project for activities approved during mid term review (1998). The CMDA has assured the mission that it will continue to provide this support. The mission noted that there is considerable delay in submission of claims. Out of Rs. 25.72 Crore expenditure reported till July 2001, reimbursement claims were submitted for Rs. 16.31 Crore. It was agreed that SUDA will expeditiously address this issue and claims for Rs. 4 Crore will be forwarded to MOHFW by September 30, 2001 and claims for the balance Rs. 5 Crore will be submitted by November 30, 2001. The reports from MIS indicate positive shift in the project output indicators. This, however, needs to be validated independently on periodic basis. It was agreed that by December 31, 2001 rapid coverage evaluation surveys based on WHO/UNICEF 30 cluster sampling, complemented by participatory appraisal methods, will be undertaken and an action plan will be developed to address the deficiencies identified. The GIS pilot requires specific output formats from the Health Division of SUDA to generate periodic reports on health outcomes. It was agreed that by December 31, 2001 at least 3 municipalities will be generating monthly reports on RCH outcomes.

Calcutta Component - Expenditure Status as of August 2001 (Rs. Lakh)					
Category	Component	Revised Allocation	Reported Expenditure up to June 30, 2001	Pipeline Expenditure	Balance to be expended by June 30, 2002
Civil Works	Civil Works	3281	2972.12	218.88	90
Procurement	Equipment	948.67	896.2	47.47	5
	Furniture	342.53	341.61	0.92	0
	Vehicles	163.73	163.73	0	0
	IEC and training materials	385.97	381.98	0.49	3.5
	Drugs	785.44	784.58	0.86	0
Training & Consultancy	Training	677.19	661.55	0.64	15
	Consultancy	63.53	35.43	0.6	27.5
	Innovative schemes	325.44	281.42	16.57	27.45
Incremental Operating costs	Salaries for addl. Staff	312.8	280.34	6.23	26.23
	Honorarium for health workers	2117.11	1941.24	7.2	168.67
	Rent	84.66	83.44	1.22	0
	Consumables	19.43	10.07	0	9.36
	Operation and maintenance	324.52	288.51	12.55	23.46
TOTAL		9832.02	9122.22	313.63	396.17

West Bengal Additional City Component - Expenditure Status as of August 2001 (Rs. Lakh)					
Category	Component	Revised Allocation	Reported Expenditure up to June 30, 2001	Pipeline Expenditure	Balance to be expended by June 30, 2002
Civil Works	Civil Works	1462.83	1031.4	475.6	-44.17
Procurement	Equipment	440.86	78.94	114.06	247.86
	Furniture	205.79	59.92	50.09	95.78
	Vehicles	66	0	58.06	7.94
	IEC and training materials	113.08	20.62	16.56	75.9
	Drugs	389.74	30.05	66.31	293.38
Training & Consultancy	Training & Consultancy	105.79	26.95	15.24	63.6
	Innovative schemes	332.95	46.19	61.41	225.35
Incremental Operating costs	Salaries for addl. Staff	121.68	29.79	10.71	81.18
	Honorarium for health workers	474.89	244.4	12.76	217.73
	Rent	26.35	16.15	0	10.2
	Consumables	125.55	6.87	18.49	100.19
	Operation and maintenance	534.49	94.14	11.23	429.12
TOTAL		4400	1685.42	910.52	1804.06

Benchmarks for Sept. 2001 to February 2002	
Calcutta – CMDA	Target date
<i>Component 1 : Improve supply of FW Services</i>	
Complete and operationalize the remaining 2 maternity homes	September 30, 2001
<i>Component 2: Improve quality of FW services</i>	
Complete the remaining works and start implementation of short-term measures for managing healthcare wastes in 10 municipalities	September 30, 2001
<i>Component 3: Enhance demand for FW services</i>	
Implement IEC action plan for unreached populations focussing on identified behavior change objectives	Continuous
<i>Component 4: Improve program management</i>	
Fine tune the GIS outputs for critical RCH indicators and start external validation of household data on a sample basis in 10 municipalities	December 31, 2001
Quality of Institutional Deliveries	
a) Organize a peer review of Caesarian Sections undertaken in last quarter;	a) November 30, 2001
b) Share the findings with consultant obstetricians, develop an action to rationalize caesarian sections based on recommendations of the reviewers; and	b) December 31, 2001
c) Report the progress to MOHFW and Bank	c) February, 28, 2002
Display the beneficiary and non beneficiary user charges prominently at all the maternity homes and ESOPDs built under the project	December 31, 2001
Develop an internal quality assurance system for the eight Regional Diagnostic labs and start implementation	February 28, 2002
Additional City component – SUDA	
Service Delivery:	
a) Start service delivery in 10 maternity homes by	a) October 31, 2001
b) Start service delivery in remaining one maternity home by	b) December 31, 2001
Collect SOEs pending from municipalities if required appointing an accounts professional on contractual basis and	
a) Forward claims for Rs. 4 Crore to MOHFW	a) September 30, 2001
b) Forward claims for balance Rs. 5 Crore to MOHFW	b) November 30, 2001
Forward formal request for inclusion of Project ANMs in ongoing RCH skill development training to State RCH officer marking copies to Training Division of MOHFW and NIHFW	August 31, 2001
Finalize the monthly output reports and start generating reports from GIS in at least 3 municipalities	December 31, 2001
Complete independent evaluation of project outcomes adapting WHO/UNICEF 30 cluster sampling and start implementing follow-on actions recommended	December 31, 2001

Status of facilities/services operational – Calcutta					
Facility/ Service	Project Target	Operational by April 2001		Operational by August 2001	
		No	%	No	%
Health Administrati ve Unit	105	105	105	105	100
ESOPD	25	25	100	25	100
Maternity Home	23	21	84.0	21	84.0
Sub Center	763	725	95.0	735	96.3
Blocks	3815	3663	96.0	3713	97.3

Status of Process Indicators – Calcutta			
Component	Indicator	Planned	Achievement
Improve access to FP and MCH services	Critical Service delivery staff in position:		
	a) HHWs	3815	3713
	b) Ist Tier supervisors	763	735
	c) Part Time Medical Officers	232	225
	Facilities Operational:		
a) ESOPD	25	25	
b) Maternity Homes	23	21	
		Sept 00- April-01	May 00- August 01
	Utilization of services:		
	a) Women using Oral Pills for more than 6 months	66,378	
	b) Women using IUD for more than 6 months	27,914	
	c) Assisted deliveries at the maternity homes		
Improve quality of FW services	Stock-out of essential supplies:		
	a) Oral pill	None	None
	b) Measles Vaccine	None	None
	c) Iron Folic Acid (large) tab	None	None
Generate demand for FW services	a) Group discussions on Safe motherhood	720	780
	b) Group discussions with AV presentations on care of new born child	340	388
	c) Adolescent girls workshops on RTI/STI	190	205
Improve Program Management	Municipality level committees constituted to improve coordination between different agencies implementing MCH and FW activities	40	40

Status of output indicators (Sept. 2000 – April 2001) – Calcutta			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,82,000	86,450	47.5
Pregnant women having 3 Antenatal visits	29,173	27,277	93.5
Institutional deliveries	26,961	25,667	95.2
Measles Immunization	26,324	22,954	87.2

Civil Works Summary Status Matrix					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	0	97	Completed
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	2	3	To complete & Operationalize the remaining two maternity homes by September 30, 2001
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	0	114	Completed
VIII	Sub Centers (Repair and renovation)	159	0	159	All works completed

Summary of Civil Works Status – WB Additional Works - September 2000							
S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY
	1	2	3	4	5	6	7
I	Construction of Urban Health Posts with Medical Stores	10	10	2	7	1	Completed
II	Construction of Urban Health Posts	25	25	7	8	10	Completed
III	OPD cum Maternity Home	11	11	6	5	0	Completed. To hand over 8 Maternity Homes by September 30, 2001 and remaining one by October 31, 2001

Government of West Bengal

Department of Municipal Affairs

Writers' Buildings

Kolkata-700 001



From : The Joint Secretary to the
Government of West Bengal.

To : The Adviser (Health),
State Urban Development Agency,
'ILGUS BHAWAN', HC Block, Sector-III,
Salt Lake City, Kolkata - 700 091.

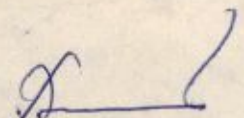
19 NOV 2001

Post for 24/11

No. 1618/MA/C-10/3S-111/2001. Dated Kolkata, the 8th November, 2001.

Sub : Review on implementation of Urban Slums Project
and Family Welfare Project.

The undersigned is directed to send herewith a copy of the letter dated 24-10-2001 from the Country Director, World Bank together with its enclosures on the above subject for his information and taking necessary action.


Joint Secretary.

The World Bank

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

New Delhi Office
70 Lodi Estate
New Delhi - 110 003
India

Telephone : 4617241/4619491
Cable Address: INTBAFRAD
Mailing Address : P.O Box 416
Facsimile : 4619393



August 23, 2001



Mr. Prabh Das
Chief Executive Officer,
Calcutta Metropolitan Development Authority
Prashasan Bhawan,
Salt Lake
Kolkata

Mr. R. Samaddar,
Special Secretary, Municipal Affairs
Writers Building
Salt Lake
Kolkata

Dear Messers. Das and Samaddar,

Subject: Family Welfare Urban Slums Project - Cr. No. 2394 - Review mission

I would like to thank you for the discussion, field visits and hospitality accorded to the World Bank mission that reviewed the above-referenced project during August 20-21, 2001. The attached Aide-Memoire summarizes the key findings and understandings reached during the mission.

The implementation progress continues to be highly satisfactory in the Kolkota component. Despite late start, we are pleased to note that under the additional city component of the project, service delivery has started as planned and 37 out of 46 facilities have been made operational.

As discussed with you during the wrap-up meeting held on August 21, 2001, Kolkata component of the project needs to focus on quality enhancement initiatives during the remaining 10 months of the project. The GIS has tremendous potential for closely monitoring the health outcomes among the urban slum residents. This needs to be exploited during the remainder of the project. We also request you to formally communicate to MOHFW that you are keen to organize the national dissemination seminar to share "experiences and lessons learnt from IPP 8 Kolkata" on mutually convenient dates during the month of November 2001.

For the additional city component, submission of the pending claims worth about Rs. Nine Crore requires your urgent attention. Your close monitoring will be required to ensure that the remaining nine facilities are made operational as per the agreed benchmarks.

Very my file to
see for
28/8
pl. take follow up
action.
29/8
Aashima (Head of)
SUDA

We are pleased to note that GOWB has made allocations to sustain the project initiative in the FY 2000-01 budget. As this nine year project will not be further extended, we request your attention to sustain the successful initiatives.

As it is customary, we are marking a copy of this letter to Secretary, Department of Family Welfare, Govt. of India.

With kind regards,

Sincerely,



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

CC:

1. Mr. A. R. Nanda, Secretary, Family Welfare, Govt. of India, Nirman Bhawan, New Delhi
2. Mr. Gautam Basu, Joint Secretary, Family Welfare, Govt. of India, Nirman Bhawan, New Delhi
3. Mr. A. K. Mehra, Director, AP Division, MOHFW, Nirman Bhawan, New Delhi
4. Ms. Nandita Chatterjee, Consultant, WHO, Nirman Bhawan, New Delhi

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

August 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) and Badrud Duza (Social Demographer) during August 20 to 21, 2001. Ms. Nandita Chatterjee, Consultant, WHO also participated in the review. Field visits were undertaken to New Barrakpore and Madhyamgram. The mission would like to thank Government of West Bengal, Mr. Prabh Das, Chief Executive Officer, Calcutta Metropolitan Development Authority (CMDA), Mr. R. Samaddar, Special Secretary, Municipal Affairs, Mr. Debasis Sen outgoing Project Director IPP VIII and Secretary CMDA and Mr. Gopal Krishna, new Project Director and various staff for discussions and warm hospitality that was extended to the mission. The mission is especially thankful to the chair persons of the two municipalities 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 continues to be highly satisfactory and the development objectives are being met. Service delivery has started in more than 95% of blocks and sub centers planned in the project. By August 2001, twenty out of 23 maternity homes and all 25 Extended Specialist Out Patient Departments (ESOPD) are operational providing RCH services to 3.7 million urban slum residents spread over 37 municipalities and three corporations around Calcutta. The project so far has 3713 Honorary Health Workers (HHWs) in position. These HHWs are functioning as effective change agents in improving health seeking behavior of the community. Institutional deliveries, immunization coverage and contraceptive use by low parity couples continue to show improvement. The project is highly participatory and continues to demonstrate high level of ownership by the local bodies. With the substantive achievement of the development objectives, the project need to focus on further improving quality of services. The mission commends the excellent inputs provided by Mr. Debasis Sen, the outgoing project director in sustaining the pace of the project and providing constructive leadership and welcomes his successor Mr. Gopal Krishna. The project city has so far spent Rs.912.2 million out of the revised outlay of Rs.983.2 million. In addition, claims worth about Rs. 31.4 million are being processed. With this, the project would have spent 96% of the revised allocation. The implementation progress of Additional City component of the project in 10 new cities of West Bengal continues to be satisfactory. Most of the Honorary Health Workers (HHWs), Part Time Medical Officers (PTMOs) and ANMs planned under the project have been selected and provided orientation training. Service delivery has started in all 1090 blocks planned under the project covering 0.81 million urban poor population. Thirty seven out of the 46 new facilities planned under the project have been completed and handed over. Final phase of procurement is currently in progress. Till July 2001, Rs. 257.2 million has been spent under this component out of the revised outlay of Rs. 440 million. However, there is considerable delay in submission of claims and claims for Rs. 90 million are pending. The State Urban Development Authority (SUDA) needs to expeditiously address this issue and ensure early submission of these claims. The agreed benchmarks for next six months are presented in Annex II.

Development objectives:

3. The development objectives envisaged in the project city are being met. According to project MIS, more than three fourths (72%) of the eligible couples now use one or other contraception. Nearly a half (47%) of the low parity couples (two or fewer children) in the project area are using one or other contraception which is showing impact on fertility rates. About 95% of the expectant mothers had 3 antenatal visits and delivered at institutions and 87% of eligible infants received measles immunization (Annex III & IV). The additional city component also started registering steady progress towards development objectives.

CALCUTTA COMPONENT:

Improve access to FW and MCH services:

4. **Service Providers:** Out of planned 3815 HHWs, 3713 are in position and are actively engaged in social mobilization activities. With the appointment of full time lady medical officers and staff nurses in 33 municipalities, increased attention is being given to improve clinical quality of care during the remainder of the project.

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) and made operational. It was agreed that the remaining two maternity homes will be operational by September 30, 2001.

6. **Service delivery:** Social mobilization activities are in place in 3713 blocks, each covering about 1000 population. Regular antenatal and immunization clinics are being held at 735 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 made operational are staffed and well maintained. The mission is pleased to note improved utilization rates for both outpatient as well as in patient services. The two maternity homes visited by the mission were conducting on an average between 40-50 deliveries per month. The mission, however, noticed that caesarian section rate is rather high (around 40%). It was agreed that by November 30, 2001 the project team would organize a peer review and by December 31, 2001 develop an action plan to expeditiously address this. The project continues to demonstrate good Public Private Partnership by contracting services of local private practitioners on part time basis and specialists on case to case payment rather than employing full time doctors and specialists. The mission once again reiterates its earlier recommendation to enhance referral linkages with the Bank supported State Health Systems Development Project (SHSDP) to maintain continuum of care and avoid undue duplication of services. 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. Some such initiatives include display of user charges at the facilities and establishment of laboratory quality assurance systems. It was agreed that by December 31, 2001 all ESOPDs and Maternity Homes will display the user fee and by February 28, 2002 an internal quality assurance system for the regional diagnostic labs will be developed and implemented.

Improve quality of FP and MCH Services:

7. **Training:** With completion of most training activities planned in the SAR, the focus during remainder of the project should be on monitoring the use of skills addressing the deficiencies, if any.

8. **Healthcare waste management:** Following recommendation of the April-May, 2001 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. The planned short-term measures such as segregation of waste, color coding by type of waste, and proper disposal of infectious wastes through deep burial pits have not yet been initiated. It was agreed that by December 31, 2001 deep burial pits in 10 municipalities will be completed and short term measures for healthcare waste management will be implemented in all the maternity homes built under the project.

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. During the remainder of the project, focused IEC inputs will be provided to improve the health seeking behavior in 29 poorly performing sub centers.

Improve management:

10. The mission is pleased to note that 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. In each municipality, three committees have been constituted to closely monitor the program implementation. As per the agreed benchmark, Geographic Information System pilot has been made fully operational in 10 municipalities. In addition to providing a very useful management tool to identify poorly performing blocks, the GIS helped the municipalities to improve tax collection. The mission recommends independent validation of the input data on a continuous basis. So far, utilization of GIS in management decision making in health sector has been limited. It was agreed that during the next three months the health team would closely interact with GIS development team to generate required output reports.

Implementation Completion Report:

11. The mission commends the initiative by the project management to document "best practices" adapting qualitative research techniques. The international consultant engaged by the Bank for guiding this process had detailed discussion with the project team and consultant engaged by CMDA during the mission. The draft report submitted by the national consultant was found satisfactory. It was agreed that based on the discussion, the local consultant will finalize the report and submit to the project director by August 31, 2001. It was also agreed that a national dissemination workshop will be organized by CMDA during the month of November 2001. The dates of the workshop will be finalized in consultation with MOHFW. The Terms of Reference for the end line survey were approved during the mission and it was agreed that the sampling design and study tools will be finalized during the workshop proposed by MOHFW after adequate consultations with the project cities.

ADDITIONAL CITY COMPONENT

Civil Works and Procurement:

12. The mission is pleased to note good progress since April 2001. The municipal engineering department has done a commendable job in completing 45 out of 46 works approved in the project (35 health posts and 11 OPD cum Maternity Homes) by June 30, 2001. Thirty seven

completed facilities have been handed over and it was agreed that among the remaining facilities, eight will be handed over by September 30, 2001 and made operational by October 31, 2001. The remaining one facility will be handed over by November 30, 2001 and operationalized by December 31, 2001. The procurement activities are on schedule as per the approved plan and procurement plan for the remainder of the project was approved during the mission.

Service Delivery:

13. As per the agreed benchmark, service delivery has started in all the 1090 blocks and 250 sub health posts. Out of 70 planned PTMOs, 67 are in position. All the 10 public health nurses proposed under the project have been posted and the posts of ANMs have been substantially filled. Part time nurses are being continued in the remaining facilities till the full time nurses are available. All the HHWs and PTMOs in position have been provided initiation training. The emphasis should now be on close monitoring of service delivery and continued on the job training to address critical skill gaps. It was agreed that the ANMs working under the project would also be included in ongoing RCH skill development training. Towards this, a formal request will be sent by SUDA to State RCH officer marking copies to Training Division of MOHFW and National Institute of Health & Family Welfare. Though fixed day approach for immunization and antenatal clinics has been started, still nearly a third of the infants and expectant women miss these services. Also, efforts are needed to establish 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. As per the agreed benchmark the project team has forwarded a proposal to GOI for provision of cold chain equipment under the immunization strengthening project. Currently, the IEC activities are limited to inter person communication which seem to be quite effective. The practice of encouraging the HHW for integrated health care is being continued and their services are being used for providing TBDOTS and also in HIV/AIDS education. Thus, the project has facilitated better convergence of health services for the urban poor. In view of the limited time available, the project has set limited targets under innovative activities, which have been substantially achieved.

Project management:

14. The envisaged problems in fund flow and financial management have been addressed with the extension given to the Calcutta component of the project for activities approved during mid term review (1998). The CMDA has assured the mission that it will continue to provide this support. The mission noted that there is considerable delay in submission of claims. Out of Rs. 25.72 Crore expenditure reported till July 2001, reimbursement claims were submitted for Rs. 16.31 Crore. It was agreed that SUDA will expeditiously address this issue and claims for Rs. 4 Crore will be forwarded to MOHFW by September 30, 2001 and claims for the balance Rs. 5 Crore will be submitted by November 30, 2001. The reports from MIS indicate positive shift in the project output indicators. This, however, needs to be validated independently on periodic basis. It was agreed that by December 31, 2001 rapid coverage evaluation surveys based on WHO/UNICEF 30 cluster sampling, complemented by participatory appraisal methods, will be undertaken and an action plan will be developed to address the deficiencies identified. The GIS pilot requires specific output formats from the Health Division of SUDA to generate periodic reports on health outcomes. It was agreed that by December 31, 2001 at least 3 municipalities will be generating monthly reports on RCH outcomes.

Calcutta Component - Expenditure Status as of August 2001 (Rs. Lakh)					
Category	Component	Revised Allocation	Reported Expenditure up to June 30, 2001	Pipeline Expenditure	Balance to be expended by June 30, 2002
Civil Works	Civil Works	3281	2972.12	218.88	90
Procurement	Equipment	948.67	896.2	47.47	5
	Furniture	342.53	341.61	0.92	0
	Vehicles	163.73	163.73	0	0
	IEC and training materials	385.97	381.98	0.49	3.5
	Drugs	785.44	784.58	0.86	0
Training & Consultancy	Training	677.19	661.55	0.64	15
	Consultancy	63.53	35.43	0.6	27.5
	Innovative schemes	325.44	281.42	16.57	27.45
Incremental Operating costs	Salaries for addl. Staff	312.8	280.34	6.23	26.23
	Honorarium for health workers	2117.11	1941.24	7.2	168.67
	Rent	84.66	83.44	1.22	0
	Consumables	19.43	10.07	0	9.36
	Operation and maintenance	324.52	288.51	12.55	23.46
TOTAL		9832.02	9122.22	313.63	396.17

West Bengal Additional City Component - Expenditure Status as of August 2001 (Rs. Lakh)					
Category	Component	Revised Allocation	Reported Expenditure up to June 30, 2001	Pipeline Expenditure	Balance to be expended by June 30, 2002
Civil Works	Civil Works	1462.83	1031.4	475.6	-44.17
Procurement	Equipment	440.86	78.94	114.06	247.86
	Furniture	205.79	59.92	50.09	95.78
	Vehicles	66	0	58.06	7.94
	IEC and training materials	113.08	20.62	16.56	75.9
	Drugs	389.74	30.05	66.31	293.38
Training & Consultancy	Training & Consultancy	105.79	26.95	15.24	63.6
	Innovative schemes	332.95	46.19	61.41	225.35
Incremental Operating costs	Salaries for addl. Staff	121.68	29.79	10.71	81.18
	Honorarium for health workers	474.89	244.4	12.76	217.73
	Rent	26.35	16.15	0	10.2
	Consumables	125.55	6.87	18.49	100.19
	Operation and maintenance	534.49	94.14	11.23	429.12
TOTAL		4400	1685.42	910.52	1804.06

Benchmarks for Sept. 2001 to February 2002	
Calcutta – CMDA	Target date
<i>Component 1 : Improve supply of FW Services</i>	
Complete and operationalize the remaining 2 maternity homes	September 30, 2001
<i>Component 2: Improve quality of FW services</i>	
Complete the remaining works and start implementation of short-term measures for managing healthcare wastes in 10 municipalities	September 30, 2001
<i>Component 3: Enhance demand for FW services</i>	
Implement IEC action plan for unreached populations focussing on identified behavior change objectives	Continuous
<i>Component 4: Improve program management</i>	
Fine tune the GIS outputs for critical RCH indicators and start external validation of household data on a sample basis in 10 municipalities	December 31, 2001
Quality of Institutional Deliveries	
a) Organize a peer review of Caesarian Sections undertaken in last quarter;	a) November 30, 2001
b) Share the findings with consultant obstetricians, develop an action to rationalize caesarian sections based on recommendations of the reviewers; and	b) December 31, 2001
c) Report the progress to MOHFW and Bank	c) February, 28, 2002
Display the beneficiary and non beneficiary user charges prominently at all the maternity homes and ESOPDs built under the project	December 31, 2001
Develop an internal quality assurance system for the eight Regional Diagnostic labs and start implementation	February 28, 2002
Additional City component – SUDA	
Service Delivery:	
a) Start service delivery in 10 maternity homes by	a) October 31, 2001
b) Start service delivery in remaining one maternity home by	b) December 31, 2001
Collect SOEs pending from municipalities if required appointing an accounts professional on contractual basis and	
a) Forward claims for Rs. 4 Crore to MOHFW	a) September 30, 2001
b) Forward claims for balance Rs. 5 Crore to MOHFW	b) November 30, 2001
Forward formal request for inclusion of Project ANMs in ongoing RCH skill development training to State RCH officer marking copies to Training Division of MOHFW and NIHF	August 31, 2001
Finalize the monthly output reports and start generating reports from GIS in at least 3 municipalities	December 31, 2001
Complete independent evaluation of project outcomes adapting WHO/UNICEF 30 cluster sampling and start implementing follow-on actions recommended	December 31, 2001

Status of facilities/services operational – Calcutta					
Facility/ Service	Project Target	Operational by April 2001		Operational by August 2001	
		No	%	No	%
Health Administrati ve Unit	105	105	105	105	100
ESOPD	25	25	100	25	100
Maternity Home	23	21	84.0	21	84.0
Sub Center	763	725	95.0	735	96.3
Blocks	3815	3663	96.0	3713	97.3

Status of Process Indicators – Calcutta			
Component	Indicator	Planned	Achievement
Improve access to FP and MCH services	Critical Service delivery staff in position:		
	a) HHWs	3815	3713
	b) Ist Tier supervisors	763	735
	c) Part Time Medical Officers	232	225
	Facilities Operational:		
a) ESOPD	25	25	
b) Maternity Homes	23	21	
		Sept 00- April-01	May 00- August 01
	Utilization of services:		
	a) Women using Oral Pills for more than 6 months	66,378	
	b) Women using IUD for more than 6 months	27,914	
	c) Assisted deliveries at the maternity homes		
Improve quality of FW services	Stock-out of essential supplies:		
	a) Oral pill	None	None
	b) Measles Vaccine	None	None
	c) Iron Folic Acid (large) tab	None	None
Generate demand for FW services	a) Group discussions on Safe motherhood	720	780
	b) Group discussions with AV presentations on care of new born child	340	388
	c) Adolescent girls workshops on RTI/STI	190	205
Improve Program Management	Municipality level committees constituted to improve coordination between different agencies implementing MCH and FW activities	40	40

Annex IV

Status of output indicators (Sept. 2000 – April 2001) – Calcutta			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,82,000	86,450	47.5
Pregnant women having 3 Antenatal visits	29,173	27,277	93.5
Institutional deliveries	26,961	25,667	95.2
Measles Immunization	26,324	22,954	87.2

Annex Va

Civil Works Summary Status Matrix					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	0	97	Completed
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	2	3	To complete & Operationalize the remaining two maternity homes by September 30, 2001
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	0	114	Completed
VIII.	Sub Centers (Repair and renovation)	159	0	159	All works completed

Annex Vb

Summary of Civil Works Status – WB Additional Works - September 2000							
S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY
	1	2	3	4	5	6	7
I	Construction of Urban Health Posts with Medical Stores	10	10	2	7	1	Completed
II	Construction of Urban Health Posts	25	25	7	8	10	Completed
III	OPD cum Maternity Home	11	11	6	5	0	Completed. To hand over 8 Maternity Homes by September 30, 2001 and remaining one by October 31, 2001

May 24, 2001

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

IPA VIII (Cr)

Dear Mr. Nanda:

Subject: Family Welfare Urban Slums Project – Population VIII (Cr. 2394-IN)

I would like to thank you, Mr. Vijay Singh, Project Directors and their teams for the discussions, field visits and hospitality accorded to the World Bank mission that reviewed the above-referenced project during April-May, 2001. I confirm the contents of the attached Aide-Memoire which summarizes the key findings and agreements reached during the mission.

Overall implementation of the project is satisfactory. Among the original project cities, implementation is highly satisfactory in Kolkata and continues to be satisfactory in Bangalore and Hyderabad. Implementation progress has improved in Delhi during the past 6 months. Under the additional city component, Andhra Pradesh and West Bengal have started service delivery in parallel with works program which started to benefit the urban slum residents. However, implementation progress has been slow in Karnataka and needs continued monitoring from MOHFW. Under the logistic support component Tamil Nadu has shown good progress in software activities and Uttar Pradesh in works program. Closer monitoring is required for the civil works program in Tamil Nadu.

The five critical benchmarks agreed on during the September 2000 mission have been substantively achieved. The Government of Andhra Pradesh has released the funds and committed its share in the FY 2001-02 budget. Hyderabad and Delhi cancelled the works that could not be awarded as per the agreed benchmarks. The critical vacancies of staff have been filled and audit certificates have been received from all the project cities. The project disbursed US\$ 7.6 million since September 2000 and an additional US\$ 3.25 million is in the pipeline. This adds to US\$ 10.85 million, which is about three fourths of US\$ 15 million committed by the Ministry of Health & Family Welfare (MOHFW). We note that you and Mr. Basu have personally undertaken visits to Karnataka and Andhra Pradesh to review the implementation progress.

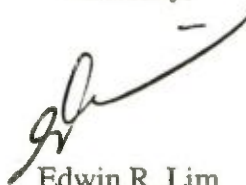
We also note that your request for extension of expanded scope of the project agreed on during the Mid Term Review of the project has been agreed to by the Bank vide its fax dated May 9, 2001. Completion of these activities requires considerable acceleration and continuous monitoring and support from MOHFW. We note that adequate strengthening of the area projects division will be needed for this.

As agreed with you, the following benchmarks will be critical for implementation of the project in the remaining months.

- MOHFW will strengthen financial management and technical oversight capacity of area projects division and report to the Bank by June 30, 2001.
- MOHFW and project cities (Bangalore, Kolkata, Delhi and Hyderabad) will ensure that remaining works and procurement actions are completed by June 30, 2001.
- MOHFW will expeditiously follow the implementation and expenditure progress to ensure at least US\$ 12 million of additional disbursement is achieved by October 31, 2001.
- Karnataka will initiate the service delivery to all additional cities by June 15, 2001 and closely monitor the implementation of works program as per agreed benchmarks
- MOHFW will submit a detailed action plan for the remainder of the project by May 31, 2001 taking in to consideration the savings and unallocated IDA credit.
- The project cities will award contracts for end-line surveys by May 31, 2001.

The Bank team will be continuously monitoring the progress against the benchmarks noted above. As is customary, I am copying this letter to the Department of Economic Affairs of the Union Ministry of Finance and Secretaries of Health and Family Welfare and Project Directors.

Sincerely,



Edwin R. Lim
Country Director
India

cc: Mr. R. Bhatnagar, Director (FB), Department of Economic Affairs
Mr. Gautam Basu, Joint Secretary, MOHFW
Mr. Vijay Singh, Joint Secretary, MOHFW
Mr. A. K. Mehra, Director, Area Projects Division, MOHFW
Ms. Nandita Chatterjee, WHO Consultant, MOHFW
Mr. A. K. M. Nayak, Principal Secretary (H& FW), Govt. of Karnataka
Mr. G. V. Krishna Rau, Project Director, IPP VIII & IX, Govt. of Karnataka
Dr. M. Jayachandra Rao, Project Coordinator, IPP VIII, Bangalore
Mr. Asok M. Chakrabarti, Principal Secretary (H&FW), Govt. of West Bengal
Mr. Prabh Das, Chief Executive Officer, CMDA, Kolkata
Mr. Debasish Sen, Project Director, IPP VIII, Kolkata & Secretary CMDA
Mr. R. Samaddar, Special Secretary, Municipal Affairs, GOWB
Dr. N. G. Gangopadhyay, Advisor, Health, SUDA
Mr. Anand Prakash, Addl. Commissioner (Health), MCD
Dr. P. P. Singh, Project Director, IPP VIII, Delhi
Dr. Karuna Singh, Project Director II, IPP VIII, Delhi
Mr. Arjun Rao, Special Chief Secretary (H&FW), Govt. of Andhra Pradesh
Ms. Nilam Sawhney, Commissioner FW, Govt. of Andhra Pradesh
Mr. Venkatarami Reddy, Project Director, IPP VIII, MCH, Hyderabad

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

May 2001

Aide Memoire

Key Project Data		Current Ratings & Flags	
Effectiveness Date	May 1994	Development Objectives	S
Closing Date	June 2001	Implementation Progress	S
Project Age	8 years from Board approval	Problem Flags	None
% Disbursed	56%		

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Messrs./Mmes. G. N. V. Ramana (Mission leader), Subhash Chakravarthy (Civil works), Mam Chand (Procurement) and Manoj Jain (Financial Management) during the period April 01 to May 04, 2001. Mr. Agnelo Gomes (Team Assistant) coordinated the mission logistics. The mission met with Mr. A. R. Nanda, Secretary Family Welfare, Government of India (GOI), Mr. A. K. Mehra, Director, Area Projects Division, 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 and the national capital Delhi. The mission would like to thank the officials and project staff for facilitating field visits and hospitality. This Aide Memoire summarizes cross cutting issues across all the project states and highlights the mission's assessment on feasibility of completing the program. This was shared with GOI during the wrap-up meeting held on May 4, 2000. 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 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 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 80% of women delivered during past 6 months in all the four project cities have had three antenatal check-ups during pregnancy. Except for Delhi, where less than a fifth of the beneficiaries have had institutional delivery, in the other project cities close to 90% of the women had safe deliveries. 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.

Back ground:

3. The project was approved on June 19, 1992 and is due to close on June 30, 2001. Aggregate disbursement as of April 26, 2001 is SDR 32.40 million (56.2% of the total credit). The MTR, undertaken during May-June 1998, estimated savings of about US\$ 38 million. This was

MTR, undertaken during May-June 1998, estimated savings of about US\$ 38 million. This was partly due to depreciation of the Indian Rupee against the SDR and implementation of the IDA assisted nationwide Reproductive and Child Health Project that overtook the need to utilize about US\$ 10 million for preparation of state-specific projects in additional states. Subsequently, the project was restructured to: (a) expand activities in four metropolitan areas to increase coverage by 1.5 million beneficiaries; (b) expand activities to 94 additional smaller municipalities and cities covering an additional population of about 4 million; and (c) strengthen the logistics system to improve the quality of urban family welfare services in two additional states. The GOI clearance for the revised scope of the project was delayed mainly because of two national elections and cabinet clearance was finally secured in January 2000, and the legal amendments were signed in August 2000.

Project Extension:

4. The Government of India (GOI), through the Department of Economic Affairs (DEA) and the Ministry of Health and Family Welfare (MOHFW) have requested a one-year extension in their letters of January 31, 2001 and December 5, 2000, respectively for the expanded component added during the Mid-Term Review. The mission undertook a detailed assessment of the implementation progress of the 5 critical benchmarks agreed during September, 2000 mission and held discussions with the state project teams to assess the need and feasibility of completing the agreed program within the proposed extension.

5. This project is the first largest Bank supported urban primary healthcare program in India covering nearly 10 million slum residents spread over 4 metropolis and 94 smaller towns spread over 4 states. The emerging lessons from this project are critical for improving reproductive and child health outcomes in urban India. Key lessons learned include demonstrating increased program effectiveness through decentralization in West Bengal where the local municipalities have assumed responsibility of managing the urban health programs; private - public partnerships through contracting NGOs and private practitioners for service delivery and the using well defined outputs to measure their success. This project has demonstrated the role of community-based volunteers and adolescent girls as agents of change. These learnings are being consolidated and the hardware and software aspects of the project are being simultaneously implemented in the additional cities in lesser time. Additional time of one year is required for successful completion of the project implementation in the newer cities. Urban health being an area of importance to the Bank's lending and future needs of the country, successful completion of the project will be critical for future work in India.

6. This request for an extension pertains only to the additional components of the project (the new cities and the logistics support). The project team has been closely monitoring implementation progress, and achievement of the agreed critical benchmarks has been significant (see annex). The MOHFW has undertaken a detailed assessment of the project and assured an average disbursement of US\$ 2 million every month during the extension period.

Completing the Remaining Project Activities:

7. The mission held detailed discussions with each state and GOI regarding feasibility of completing the remaining project activities.

- (i) The program for the project cities is in an advanced stage and most facilities have already been made operational (Annex V). Except the maternity homes approved during the MTR, all works are completed in Bangalore and Kolkata. Hyderabad has cancelled 11 works that could not be awarded as per the benchmarks and Delhi has shown significant progress in both implementation of works as well as starting the service delivery.

- (ii) The program for the additional cities has shown significant progress in Andhra Pradesh and West Bengal. Most civil works are nearing completion and service delivery has started in rented premises. The progress in Karnataka, however, has been slow. Provided the extension is given, and implementation progress is being closely monitored, the program in Karnataka is doable.
- (iii) The logistic support component is well advanced in both Tamil Nadu and Uttar Pradesh. USAID is providing technical assistance to institutional strengthening in UP and with extension, the software activities, such as logistic management information systems development and implementation and training of storekeepers would get better integrated with the hardware.

Based on the assessment the mission is confident that the approved program of activities will be fully completed by June 30, 2002 and therefore recommending one-year extension to the additional components of the project.

Disbursements:

8. The disbursements have picked up during the past 6 months. Since September 2000, the project disbursed US\$ 7.6 million and claims for US\$ 1.25 million are in the pipeline. Claims for another US\$ 2 million are being submitted by the MOHFW before the end of April, 2001. With this the project would have disburse 63% of the credit. The slow disbursement is mainly due to delayed effectiveness and slow start-up of civil works, especially in Delhi and Hyderabad, due to difficulties in acquiring the sites in urban metropolitan areas which were not foreseen at the time of project preparation. As a result, the procurement of goods and furniture, which needed to be synchronized with the works, also got delayed. However, decision taken early on to focus on social mobilization and service delivery from rented premises provided good outcomes and substantial fructification of project objectives as evidenced by MTR. While these two factors led to low level of disbursement in the early phase of the project, as noted in the background the exchange rate decline as well as non-utilization of large amount of funds which had been earmarked for future project preparation resulted in substantial savings by mid term.

Activity Status:

9.1. *Project cities Component:* Overall implementation progress of the project is highly satisfactory in Kolkata and satisfactory in Bangalore, Delhi and Hyderabad. GOI has expeditiously addressed the funds flow problems in Hyderabad highlighted in the September, 2000 review. GoAP has released Rs. 5 crores and issued orders for release of balance Rs. 2 crores. Further, the Chief Secretary of AP has confirmed the resource allocation for sustaining the program. Consequently, implementation progress in Delhi has improved during the past 6 months and the mission rates it as marginally satisfactory. In the case of Hyderabad, around Rs. 12 crores need to be provided by the State for the project city during the remainder of the project without which the agreed commitments cannot be met.

In both Hyderabad and Delhi nearly 50% of the major works are in different stages of completion, which need to be closely monitored. Both Kolkata and Bangalore have made good progress in completing most of the originally approved works. The major pending works includes the maternity homes approved during MTR. Delhi has completed only 10 out of the 21 health centers, 2 out of 6 maternity homes. Hyderabad has completed half of the 62 urban family welfare centers and 3 out of 5 maternity homes. Site visits were made to review the progress and agreements were reached to complete all the facilities by April 2001 (Tables 1- 4 Annex IV). The mission is satisfied with the progress of procurement actions, which are in accordance to the approved procurement plans for FY 2000-01.

To fully utilize IDA funds, the project cities need to expend about Rs. 90 crores during the next 9 months. Both GOI and the States need to ensure adequate availability of funds and closely monitor the implementation benchmarks. The mission discussed the Implementation Completion Report (ICR) process with the MOHFW and reached agreements on preparatory steps.

9.2. *Additional cities Component:* As per the agreed benchmark, the GOI has assessed the feasibility of completing approved activities. All three states having additional city component have made good progress on start-up activities since May 2000. Andhra Pradesh has entered into innovative turnkey contracts with NGOs to provide service delivery and social mobilization. RCH services are being provided in 145 locations operating from rented premises and civil works progress is good. In West Bengal, community based volunteers started outreach activities in 1075 out of 1090 blocks. Contracts for all 46 works approved under the project have been awarded. Karnataka has obtained its cabinet clearance for the project including the new posts. As per the agreed benchmark, consultancy services have been procured to implement the civil works and contracts for all the 53 works would be awarded by October 15, 2000. Currently recruitment of staff is in progress and service delivery is expected to start by December 31, 2000.

Taking average time required for completion of each work into consideration, specific deadlines have been reached to cancel the works not awarded. Procurement plans were cleared for AP and WB, while Karnataka is finalizing its plan. However, with only 9 months left, this component requires very close monitoring, both by the State and the GOI to address expeditiously, any implementation bottlenecks including funds flow problems.

9.3. *Logistic Support Component:* Both Uttar Pradesh (UP) and Tamil Nadu (TN) have made good progress with implementation. UP has constituted a sub-committee under the State RCH society to manage the program. While the existing Medical Supplies Corporation will be responsible for management in TN. UP has entered in to consultancy arrangements with 3 corporations to help in designing and supervising of 13 warehouses. In TN, the corporation is directly implementing the construction of 5 warehouses. Both states will be awarding the contracts for civil works by September 30, 2000. Procurement plan for TN was cleared by the Bank and UP has submitted revised plan based on discussion with the Bank recently. Following up the on agreements reached at the preparation of the project, the MOHFW has organized a meeting with USAID, Bank and UP State officials in August, 2000. It was agreed that USAID would revive its benchmarks to provide technical support to training and software development for logistic management information system as a component of its support to family planning program in the State.

10. **Disbursements and savings:** Out of the total outlay of around US\$ 77 million, the project has disbursed US\$ 36.3 million by September 2000. The project cities so far spent about Rs. 182 crores out of original outlay of Rs. 223 crores. With the restructuring the outlay for the project cities would go up to Rs. 272 crores (Table 1 Annex I). Based on the GOI review, the revised outlay for the additional cities and logistic support projects will be around Rs. 107 crores and Rs. 25 Crores respectively (Tables 2 and 3 Annex 1). Thus, during the next 9 months the project has to expend Rs. 240 crores, on average around Rs. 27 crores per month. Taking the remaining 9 months and 4 months after the project closure during which committed claims are allowed to be submitted, SOEs for around US\$ 3.3 million need to be submitted to IDA every month (Annex II). The mission requested the GOI to closely monitor whether this pattern of expenditure and disbursements are taking place in the coming months.

11. **Key Benchmarks:** If the GOI and States decide to continue with the agreed restructuring, they should ensure uninterrupted funds flow and expeditious follow-up of implementation progress as per critical benchmarks agreed during the next six months (Annex III).

- Ensure release of funds to Hyderabad by the GOAP and provide bimonthly feedback on availability of funds to project implementing entity
- Monitor the agreed civil works benchmarks (Annex IV), especially in Hyderabad and Delhi and cancel major works not awarded by October 31, 2000
- Monitor whether the expenditure benchmark of Rs. 27 crores per month is being achieved and provide monthly feedback on expenditure incurred and claims submitted to the Bank
- Expeditiously follow-up the implementation progress by undertaking monthly reviews and site visits
- Ensure all critical positions of specialists and staff nurses are filled by October 31, 2000.
- Obtain approval for ICR study TOR from the Bank by October 31, 2000 and award contract by December 31, 2000.

Project Cities:

Component I: Improve access to FW and MCH Services:

12.1. More than three fourths of the planned community based workers are in position and are acting as social mobilizers to inform and motivate the slum residents to access FP and MCH services offered in the project. Out reach and clinic services are being provided to slum residents planned and service records indicate increased utilization of facilities. Kolkata continues to demonstrate good public private partnership by engaging specialists from private sector on retainership. Staffing of the maternity homes, especially staff nurses and specialists need urgent attention in the remaining project cities. Delhi continues to face shortage of obstetricians at the maternity homes, due to inordinate delays in the appointment of specialists. The mission once again reiterates its earlier recommendation to consider the option of using services of existing general duty medical officers with specialist qualification paying additional incentives. The Government of Aandhra Pradesh is yet to approve the staff for maternity homes sanctioned by the GOI, which affecting the utilization of these facilities for institutional deliveries. Bangalore is yet to fill the 4 posts of staff nurses due to which auxiliary nurses continue work at maternity homes affecting outreach activities. The mission is pleased to note that Kolkata has mostly met agreed benchmark to recruit one full time medical officer and staff nurse/PHN for each municipality to improve quality of outreach services. It was agreed that the GOI would expeditiously follow-up this and ensure filling up of all critical vacancies by October 31, 2000.

12.2. Though the pace of civil works has increased since May 2000, Delhi and Hyderabad still have considerable backlog which needs to be addressed expeditiously. Kolkata has made impressive progress completing most of the originally approved works. The major pending work includes the 5 maternity homes with attached clinic approved during MTR. Bangalore also completed most of original works and 4 out of 5 maternity homes approved during the MTR are in an advanced stage of construction. Delhi has completed only 10 out of the 21 health centers, 2 out of 6 maternity homes. Hyderabad has completed half of the 62 urban family welfare centers and out of 5 maternity homes. Site visits were made to review the progress and agreements were reached to complete all the facilities by April 2001 (Tables 1-4 Annex IV). The mission is satisfied with the progress of procurement actions, which are in accordance to the approved procurement plans for FY 2000-01. It was agreed that a checklist will be provided to the users to ensure all the approved equipment are in place and functional at the time of operationalization of the facilities. Since the project is in the last year of implementation, the GOI needs to ensure that the states release their share of contribution in time. It was agreed that during the remainder of the project the MOHFW would expeditiously following-up the implementation progress undertaking monthly reviews and site visits, and provide bi-monthly feedback to the Bank.

Component II: Improve quality of Family Welfare services

13. Most training programs planned in the project have been completed (see state specific Aide Memoires). Training of trainers provided in the project cities improved the effectiveness of the medical officers as trainers of community based volunteers. All cities are implementing decentralized hands on training for the community volunteers and outreach workers. 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. The agreed benchmark for initiating short term measures such as segregation, color coding and disposal of infectious wastes through deep burial pits has been partially met and agreements were reached to complete the remaining actions by December 31, 2000 in all the project cities.

Component III: Increase demand for Family Welfare services

14. All project cities continue to implement IEC activities based on agreements reached in July 1999 workshop giving attention to improve behaviors relevant to project development objectives. Delhi continues to lead in IEC efforts with strong focus on monitoring outcomes after IEC inputs. The consultants engaged by the project to provide technical support just completed rapid assessment on effectiveness of IEC activities and based on the recommendations, appropriate modifications are being planned. Following the advice of the November '99 mission, Hyderabad has limited media activities to project city. However, the mission noted that already the city has exceeded its original allocation on IEC and recommends to limit proposed IEC expenditure. In view of the limited time available in the project, the mission agreed that successful activities from the ongoing pilot in Bangalore could be extended to other locations. All the project cities have established partnership with NGOs in implementing innovative activities, which had specific focus on empowering the adolescent girls and young married women. With only 9 months is left before closure, project authorities need to initiate steps to sustain successful innovative activities started in the project by linking them to respective urban poverty alleviation programs. Specific agreements were reached to this extent by each project state.

Component IV: Improve Project Management

15. Management Information Systems (MIS) established under the project continues to function well in Delhi and Kolkata. Bangalore and Hyderabad, which lagged behind, also started generating segregated data on status of project beneficiaries. However, this data needs to be regularly validated. The mission recommends external validation of the data and regular feedback to the providers to improve the quality. Grading of facilities and providers based on performance achievement is being continued in Delhi and Hyderabad. During the field visits the mission is pleased to note that some of the medical officers in Delhi started to monitor the outputs of each provider in their facility. Kolkata 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. Municipality level health development fund has been established to retain the funds collected and use them to improve and sustain the services. Hyderabad and Bangalore continue partnerships established with NGOs and professional bodies to run urban health centers. With 9 months left in the project, now steps are needed to integrate the project activities with that of primary health care program and referral hospitals in the project cities to provide unified management and continuum of care. Specific agreements were reached with the project authorities towards this.

Additional Cities/States:

16. The mission is pleased to note good progress in the start up activities in all the three states (AP, Karnataka and WB) despite protracted delay in clearances. AP and WB have started service delivery in rented premises. The mission strongly recommends the project authorities to focus on mapping the project beneficiaries and monitor the utilization of services by them. Another important area that needs to be addressed is establishment of referral linkages with the PP units of respective towns. Agreements were reached to address these issues. *Andhra Pradesh:* The state is using innovative approach to contract NGOs to provide clinical service from rented premises and to undertake social mobilization activities. So far, service delivery has started in 145 out of 192 facilities approved under the project. Based on the observations during the field visits, the mission recommends specific attention to RCH services ensuring fixed day services for antenatal care, immunization, and RTI/STI. Also project management needs to be strengthened at the state and regional level to effectively monitor the program which is spread over 73 smaller towns. So far, 187 sites were handed over, six works are completed and works are in progress in 107. It was agreed to cancel the works for which sites are not identified by October 31, 2000 including those for which work orders are not issued by November 7, 2000. *Karnataka:* The pre agreed benchmarks and the formal approval of the project including the staff was obtained from the GOK and services of consultancy agency have been hired to support the GoK in the implementation of the civil works. Orders have been issued to recruit the staff at district level and it was agreed that service delivery will start in rented premises by December 31, 2000. Sites for proposed civil works (45 health centers and 8 maternity homes) have been handed over and it was agreed that works for which contracts are not awarded by October 15, 2000 will be cancelled.

West Bengal: The mission is pleased to note that out reach services have been started in 1075 out of 1090 blocks and plans are prepared to start services in 35 health posts by November 30, 2000 and 11 specialty OPDs by February 2001. Contracts for all 36 works approved under the project (25 urban health posts and 10 OPD cum maternity homes) have been awarded and specific bench marks for operationalization of these facilities have been agreed.

17. The mission reviewed the implementation progress of logistic support projects in the states of Tamil Nadu (TN) and Uttar Pradesh (UP) jointly with the MOHFW. The Tamil Nadu Medical Services Corporation (TNMSC) is implementing the project in the state of TN. Necessary clearances from Bank and GOI for the plans and tender documents of all the 5 regional ware houses approved under the project was obtained. Currently tendering process is in progress and is to be complete by end of September 2000. As per the agreed schedule, all the approved works are to be complete latest by May 15, 2001. Based on the recent State Public Work's Department schedule of rates, the estimated unit cost of regional warehouse has gone up to Rs. 85 lakhs from Rs. 60 lakhs estimated in 1998. Thus, the total civil works component of the project in Tamil Nadu would increase by Rs. 125 lakhs. The state has obtained the Bank's clearance for procurement plan and procurement is being synchronized with civil works progress. The key staff proposed under the project is in position either through deputation or through contractual appointment and training activities planned under the project have been initiated. In UP, a sub committee for drug logistics has been created under the SCOVA. This sub-committee headed by the Director General is to oversee the implementation of the project and has membership of the Joint Director, Logistics including SIFPSA. During the preparation of the project, there was an understanding that USAID would support software components, especially training and development of logistic management information systems. Subsequently, these activities were benchmarked under the IFPS project supported by USAID in UP and agencies to provide technical assistance have been identified by USAID. However, in view of the delayed clearance for the project, USAID kept these benchmarks in abeyance. In August, MOHFW has organized a meeting of GOUP, Bank and USAID to resolve this issue and it was agreed that if the progress of civil works is as per the agreed benchmarks,

USAID would revive its earlier benchmarks and provide technical assistance and support for the agreed software activities. Subsequently, the agencies identified by USAID for technical support have undertaken site visits to Andhra Pradesh and TN states to study the logistic systems in place. Services of three consultancy agencies have been obtained to help the GOUP in the design and supervision of the civil works. The mission is pleased to note that the bidding process is progressing as per the schedule agreed in May, 2000. All the contracts are to be awarded by September 30, 2000 and all works are expected to be completed by April 30, 2001. Procurement plans have been prepared based on the guidelines from the workshop held in May 1999. It was estimated that there will be savings to the tune of Rs. 300 lakhs (details presented in annex) mainly due to reduced duration of project due to delayed clearance and also due to possible support from USAID for software activities. It was agreed that a) all civil work contracts would be awarded by September 30, 2000 and those which could not be awarded by that date will be cancelled; b) GOI would obtain clearance for TORs of contractual staff by November 30, 2000; and c) all contracts for goods and equipment proposed under NCB procedures will be awarded by December 31, 2000. The mission was informed that in UP two approved units would fall in the proposed new state. It was agreed that Bank would obtain the legal opinion on how to address the issue and provide feedback to the MOHFW and the GOUP.

	Category	Bangalore	Kolkata	Delhi	Hyderabad	Total
Revised Estimate	Civil Works	2492.19	3290.7	2746.67	1538.91	10068.47
	Procurement	1220.27	2558.45	1149.12	1293.51	6221.35
	Consultant Training	528.48	1025.27	389.88	1106.44	3050.07
	Incremental Operating Costs	1415.6	2750.59	2440.27	1237.02	7843.48
	Total	5656.54	9625.01	6725.94	5175.88	27183.37
Expenditure	Civil Works	2038.18	2604.84	1217.69	961.77	6822.48
	Procurement	776.6	1737.72	617.35	601.1	3732.77
	Consultant Training	363.18	753.29	259.39	822.34	2198.2
	Incremental Operating Costs	876.85	1924.05	1666.67	968.5	5436.07
	Total	4054.81	7019.9	3761.1	3353.71	18189.52
Balance to be spent before Project Closure	Civil Works	454.01	685.86	1528.98	577.14	3245.99
	Procurement	443.67	820.73	531.77	692.41	2488.58
	Consultant Training	165.3	271.98	130.49	284.1	851.87
	Incremental Operating Costs	538.75	826.54	773.6	268.52	2407.41
	Total	1601.73	2605.11	2964.84	1822.17	8993.85

	AP	Karnataka	WB	Total
Civil Works	2900	1400	1457	5757
Procurement	551.75	799.39	1137.82	2488.96
Consultant Training	626	105.4	235.09	966.49
Incremental Operating Costs	475	270.57	787.55	1533.12
Total	4552.75	2575.36	3617.46	10745.57

	UP	TN	Total
Civil Works	914	425	1339
Procurement	560	82.5	642.5
Consultant Training	95	26.7	121.7
Incremental Operating Costs	180	234.12	414.12
Total	1749	768.32	2517.32

Annex II

Disbursement Category	Disbursed	Undisbursed
Civil Works	12948269.69	2411844.04
Procurement	7615245.07	22313037.40
Consultants & Training	3978962.92	6582032.34
Incremental Operating Costs	7781364.90	7024505.20
Special Account	3972304.65	-3577556.83
Unallocated	0.00	5725500.00
	36296147.23	40479362.15

Table 2.2. Family Welfare Urban Slums Project: Financial Summary – September, 2000

	Balance Expenditure – Project Cities	Pipeline Expenditure- Project cities	Projected Expenditure - Addl. Cities	Projected Expenditure - Logistic support Projects	Total Estimated Expenditure	IDA share		IDA funds available as of May 2000
	Rs. Million	Rs. Million	Rs. Million	Rs. Million	Rs. Million	Rs. Million	USD Million	USD Million
Civil Works	324.60	76.89	575.70	133.9	1111.09	999.98	21.74	2.41
Procurement	248.86	0.00	248.90	64.25	562.00	449.60	9.77	22.31
Consultants and training	85.19	57.21	96.65	12.17	251.21	251.21	5.46	6.58
Incremental Operating Costs	240.74	40.25	153.31	41.412	475.72	309.22	6.72	7.02
Special Account								-3.58
Unallocated								5.73
	899.39		1074.56	251.73	2400.03	2010.02	43.70	40.48

Annex III

Benchmark	Target date
Ensure all critical positions of specialists and staff nurses are filled	October 31, 2000
Ensure release of funds to Hyderabad by the GOAP and provide feedback on availability of funds to project implementing entity	October 31, 2000 December 31, 2000 February 28, 2001
Monitor the agreed civil works benchmarks (Annex IV), especially in Hyderabad and Delhi, and cancel major works not awarded by	October 31, 2000
Monitor whether the expenditure benchmark of Rs. 27 crores per month is being achieved and provide monthly feedback on expenditure incurred and claims submitted	Till the end of the project
Ensure expeditious follow-up the implementation progress by undertaking bimonthly reviews and site visits	Till the project closure
Obtain approval for ICR study TOR from the Bank and award contract	December 31, 2000

Status of Selected Output Indicators

Bangalore April 2001			
Indicator	Estimated Number (Annual)	Achievement	
		No.	% of estimated number
Contraceptive prevalence among eligible couples	4,16,362	226,779	54.45%
Pregnant women having 3 Antenatal visits	95,558	95,279	99.7 %
Measles Immunization	88,101	82,487	93.6 %

Kolkata April 2001			
Indicator	Estimated Number (Annual)	Achievement	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,79,828	84,159	46.8
Pregnant women having 3 Antenatal visits	25,615	23,309	91.0
Institutional deliveries	23,288	22,425	92.0
Measles Immunization	22,576	17,835	79.0

Delhi April 2001			
Indicator	Estimated Number	Achievement	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	26,278	4370	16.6
Pregnant women having 3 Antenatal visits	8,153	7,890	88.3
Institutional Deliveries	8,153	1313	16.1
Measles Immunization	8,153	6,767	83.0

Hyderabad April 2001			
	Planned	Achievement	
		No.	%
Contraceptive - Permanent	4797	3472	72.4
Contraceptive use - IUD	1917	990	51.6
Pregnant women having 3 AN visits	9344	5904	63.2
Institutional deliveries	7330	4217	57.5
Measles Immunization	8383	4827	57.6
* Higher % due to Campaign			

Summary Status of Civil Works

Bangalore						
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	0	54	54	To cancel the remaining work is there is no decision is received by October 31, 2000
2. Renovation of Maternity Home	27	25	4	24	21	1 works to be completed by October 31, 2000 and remaining 3 works to be completed by December 31, 2000
3. Renovation of UFWC	26	23	3	20	20	Balance 3 to be completed by December 31, 2000
4. Construction of Staff Quarters	7	7	1	6	6	To complete the electrical and water connections and hand over remaining 2 quarters by October 31, 2000
5. Construction of new Maternity Homes	5	5	5			Three centers to be completed by December 31, 2000 and remaining 2 centers by March 31, 2001
6. Construction of Staff Quarters attached to new Maternity Homes	5	5	5			Quarters in 3 centers to be completed by December 31, 2000 and remaining 2 centers by March 31, 2001
7. Construction of Training Center	1	1	1			Finishing and furnishing to be completed by October 31, 2000
8. Renovation of Stores	1	1		1		

Kolkata					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	6	91	6 Nos. to be completed by December 2000
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	5	0	To Submit bid evaluation report to Bank by October 15, 2000
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	5	109	5 Nos. to be completed by June 2000
VIII.	Sub Centers (Repair and renovation)	159	0	159	All works completed

Delhi						
Project Activities	Project Target	Sites Identified	Work in Progress	Work Completed	Remarks, If any	Agree
1	2	3	4	5	7	
1. Construction of Health Centers	21	21	9	10	Completed- 10	
					Work under progress - 9	To complete Three by 31, 2000 One by 31, 2001 and Four by 31, 2001
					To be grounded - 2	To issue orders by November 2000 and by April 2001
2. Construction of UHC cum Maternity Home	6	6	4	2	Completed - 2	
					Work under progress - 4	To complete by November 2000
3. Construction of Health Post	105	105	18	67	Completed - 67	Last date of work by December 2000

Hyderabad						
PROJECT ACTIVITIES	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETE	ALREADY OPERATIONALISED	REMARKS, II
1	2	3	4	5	6	7
I) Construction of new Urban Family Welfare Centers	26	26	7	19	18	Completed Basement Brick work Finishing To complete and operate facilities by 31 October one by November 2000 To agree on follow-up site with legal problem 31, 2000
II) Renovation of UFWCs into 'D' type Health Posts.	36	36	18	18	16	Completed Excavation Basement Roof Level Finishing To complete and operate facilities by October 31 facilities by November 2 by March 2001. To agree on follow-up 3 sites with problems by 2000.
III) Upgradation/ Construction of Maternity Centers (with 30 beds) and Neo-natal care room.	3 (in two phases)	3	2 (Phase-II)	2 (Phase-I) 1 (Phase I & II)	3	Finishing states of Phase
	2 (in one phase)	2	2	0	0	Brick work Finishing stage
IV) Construction of quarters for staff nurses of Maternity Centers.	4	4	1	3	3	Roof level
V) Augmentation of Office accommodation for City Family Welfare Bureau.	1	1	--	1	1	Completed
VI) Construction of 9 new Type D Health Posts (UHPs: 6, UFW:2, Health Centre:1)	9	9				Sites not yet handed over facilities. Tendering completed and work order to be issued. To Cancel the works for are not identified

AP Additional Works - September 2000							
ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
1	2	3	4	5	6	7	8
Construction of Urban Health Centers	192	187	113	6	1	Completed: 6	Immediately operationalize
						Basement :40	Operationalize by 31, Dec, 2000
						Lintel: 9	Operationalize by Nov. 30, 2000
						Roof: 26	Operationalize by November 30, 2000
						Finishing: 32	Operationalize by October 31, 2000

	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS
S. No.	1	2	3	4	5	6	7
I	Construction of New Urban Health Centers	45	45	0	0	0	Cancel works for w contracts are not awarded by Operaionalize
II	Construction of New Maternity Homes	8	8	0	0	0	Cancel works for w contracts are not awarded by Operaionalize
III	Repair of Health Centers	21					Complete by
IV	Repair of Maternity Homes	14					Complete by

WB Additional Works - September 2000								
S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
	1	2	3	4	5	6	7	
I	Construction of Urban Health Posts with Medical Stores	10	10	10	0	0	Roof level for First Floor: 8	Operati on by 31, M. 2001
							Foundation: 2	Operati on by 31, M. 2001
II	Construction of Urban Health Posts	25	25	25	0	0	Roof for Ist Floor: 24	Operati on by 31, M. 2001
							Foundation: 1	Operati on by 31, M. 2001
III	OPD cum Maternity Home	11	11	11	0	0	Ground Floor Roof: 9	Operati on by 31, M. 2001
							Foundation level: 2	Operati on by 31, M. 2001

Mission Objectives

The objectives of the mission are to

- a) review implementation progress in project cities and additional activities which became effective on August 21, 2000 by undertaking site visits to Delhi, Andhra Pradesh, Karnataka and West Bengal states and review meetings at MOHFW
- b) to review detailed assessment undertaken by MOHFW on feasibility of implementing the approved activities and reach agreement on cancellation of project savings that may not be spent before project closure and
- c) to discuss the ICR process and reach agreement on preparatory activities including the end line surveys.

Documents/Reports received during the mission

The following documents/reports received during the mission are available at NDO.

Andhra Pradesh : a) Project Status Report – April 2000- 31 August 2000 – Municipal Corporation of Hyderabad(MCH); b)) Report on Performance Indicators June 2000 – Hyderabad c) Status Report - Urban Slum.Health Care Project Sept. 2000 – Commissioner FW, GOAP, Hyderabad d) Reference Manual – Andhra Pradesh Urban Slum Health Care Project – Sept. 2000 – Commissioner FW, GOAP, Hyderabad;

Delhi: a) Progress Review – August 31, 2000 – Municipal Corporation of Delhi (MCD); b) Report on MIS activities – August 31, 2000 – MCD c) Report on Rapid Assessment of critical inputs in IEC strategy of IPP-VIII Project– Disha, New Delhi;

Karnataka : a) Project Review Status April 2000 to August 2000 - Bangalore Mahanagar Palike (BMP) b) Status Report on Additional City Project – Sept. 2000 –Government of Karnataka;

West Bengal: a) Project Review Status August 2000 – Kolkata Metropolitan Development Authority (CMDA) b) Status report on IPP VIII extension to 10 Additional Cities – State Urban Development Agency, West Bengal c) Baseline Survey in 10 additional cities – Draft – Institute of Local Government and Urban Studies, GoWB d) Guidelines for implementation of Reproductive Health Education Program – IPP VIII, Kolkata

Draft

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

April, 2001

Aide Memoire



- 4 APR 2001

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messers. 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 reminder 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 reminder 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 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 contact 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.

Action Point
I Guide line for taking over
II Procurement Man

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 clinic 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.

Continuing Educ
IV Guide line or Regi stores
V Acquisition for cold chain Equip

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 a 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 TB DOTs 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

3

13

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.

William
CST/PPR
const

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.

Direct fund flow to SUDA.

data reliability checks

CFE

Partnership

Private industries
(as discussed in workshop of Bank's visit Mar - 03 - 04 2001)

Calcutta - Budget and Expenditures (Rs. Million)					
Description	Civil Works	Procurement	Training	Operating costs	Total
a) Approved	313.07	247.74	171.25	193.9	925.96
b) Proposed revision	329.07	223.19	135.18	275.06	962.5
c) Cumulative expenditure up to February 2001	283.32	183.26	121.01	231.49	819.08
d) Balance to be expanded (b-c)	45.75	39.93	14.17	43.57	143.42
e) Average Expenditure per month (c/75)	3.50	2.26	1.49	2.86	10.11
f) Required Expenditure per month (d/10)	11.44	9.98	3.54	10.89	35.86
g) Expenditure Acceleration factor (f/e)	3.27	4.41	2.37	3.81	3.55

Projected Expenditure for Additional City Component (Rs. Lakhs)			
Category	Component	Approved Expenditure	Actual Expenditure up to Feb, 2001
Civil Works	Civil Works	1457.00	631.4
Procurement	Furniture	143.31	59.92
	Equipment	300.00	39.63
	Vehicles	66.00	
	IEC and training materials	51.08	20.62
	Drugs	577.43	7.74
Training & Consultancy	Training, Consultancy & Professional services	50.79	24.95
	Contracts for innovative schemes incl. Revolving funds	184.30	34.35
Incremental Operating Costs	Salaries for addl. Staff	71.00	27.95
	Honorarium for health workers	325.00	230.4
	Consumables	85.55	6.37
	Rent	26.00	15.15
	Operation and maintenance	280.00	73.14
TOTAL		3617.46	1171.62

Annex II

Benchmarks for Nov. 1999 to March 2000	
Calcutta – CMDA	
<i>Component 1 : Improve supply of FW Services</i>	Target date
Complete and operationalize the remaining 2 maternity homes	April 30, 2001
<i>Component 2: Improve quality of FW services</i>	
Complete the remaining 3 works and start implementation of short-term measures for managing healthcare wastes in 10 municipalities	May 31, 2001
<i>Component 3: Enhance demand for FW services</i>	
Implement IEC action plan for unreached populations focussing on identified behavior change objectives	Continuous
<i>Component 4: Improve program management</i>	
Start implementing GIS software ensuring external validation of household data on a sample basis	May 31, 2001
Share with GOI and Bank a transition plan for the post project period highlighting key process indicators	May 31, 2001
Forward proposal for sustaining key project staff for a period of four months after the project closure to implement transition plan and finalize the project accounts;	May 31, 2001
Additional City component – SUDA	
Ensure completion of civil works	As per bench marks in Annex
Prepare and communicate guidelines to the municipal local bodies to initiate fixed service days for immunization and antenatal services including display of service days at the sub health posts	April 30, 2001
Prepare and communicate guidelines for taking over the facilities including joint site inspection of maternity homes by municipal engineering department officials and relevant medical professionals	April 30, 2001
Start service delivery in 11 maternity homes by	May 31, 2001
Forward revised procurement plan for the remainder of the project to GOI and Bank	April 30, 2001
Forward a formal request to Bank to procure 30 pharmaceutical items for which bids were non responsive though local shopping procedures	April 30, 2001
Forward proposal for cold chain equipment at health centers and maternity homes to GOI	May 31, 2001
GoWB to send formal communication to GOI requesting release of funds to SUDA	May 31, 2001
Forward detailed proposal including cost estimates for the remainder of the project. views of the program.	April 30, 2001
Initiate independent evaluation of project outcomes adapting WHO/UNICEF 30 cluster sampling complemented by participatory appraisal methods	August 31, 2001

Annex III

Status of facilities/services operationalized – Calcutta					
Facility/ Service	Project Target	Operational by October 2000		Operational by March 2001	
		No	%	No	%
ESOPD	25	25	100	25	100
Maternity Home	23	18	78.3	21	84.0
Sub Center	763	714	93.6	725	95.0
Blocks	3815	3606	94.5	3663	96.0

Status of Process Indicators – Calcutta			
Component	Indicator	Planned	Achievement
Improve access to FP and MCH services	Critical Service delivery staff in position:		
	a) HHWs	3815	3663
	b) 1st Tier supervisors	763	725
	c) Part Time Medical Officers	232	225
	Facilities Operational:		
	a) ESOPD	25	25
b) Maternity Homes	23	21	
		April 00- August 00	April 00- August 00
	Utilization of services:		
	a) Women using Oral Pills for more than 6 months	62,091	66,378
	b) Women using IUD for more than 6 months	25,203	27,914
	c) Assisted deliveries at the maternity homes	201	
Improve quality of FW services	Training of key staff		
	a) Inservice training for HHWs	980	
	b) Training in IUD insertion to PTMOs	10	100
	Stock-out of essential supplies:		
	a) Oral pill	None	None
	b) Measles Vaccine	None	None
	c) Iron Folic Acid (large) tab	None	None
Generate demand for FW services	a) Group discussions on Safe motherhood	720	720
	b) Group discussions with AV presentations on care of new born child	240	340
	c) Adolescent girls workshops on RTI/STI	171	190
Improve Program Management	Municipality level committees constituted to improve coordination between different agencies implementing MCH and FW activities	40	40

Annex IV

Status of output indicators (April – Sept 1999) – Calcutta			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,82,000	85,540	47.0
Pregnant women having 3 Antenatal visits	29,173	26,839	92.0
Institutional deliveries	26,961	25,127	93.2
Measles Immunization	26,324	22,665	86.1

Annex Va

Civil Works Summary Status Matrix					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	0	97	Completed
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	2	3	To complete the remaining two maternity homes by May 31, 2001
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	0	114	Completed
VIII	Sub Centers (Repair and renovation)	159	0	159	All works completed

Annex V b

Summary of Civil Works Status – WB Additional Works - September 2000								
S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
	1	2	3	4	5	6	7	8
I	Construction of Urban Health Posts with Medical Stores	10	10	4	6	0		Operationalize by 31, May, 2001
II	Construction of Urban Health Posts	25	25	6	19	0		Operationalize by 31, May, 2001
III	OPD cum Maternity Home	11	11	6	5	0		Operationalize by 31, May 2001

January 17, 2001

Mr. Gautam Basu
Joint Secretary
Ministry of Health and Family Welfare
Govt. of India
Nirman Bhawan
New Delhi



7 FEB 2001

POs
-
w/m
8/2

Dear Mr. Basu,

Subject: Family Welfare Urban Slums (IPP VIII) Project – Review meeting held on January 11, 2000 reg.

This is to thank you and the area projects division of MOHFW for the organizing the above meeting to review the implementation progress of the Family Welfare Urban Slums Project against the bench marks agreed during October 2000 mission and also to discuss design and outcome of end-line surveys.

We once again reiterate that achievement of these benchmarks would be critical for Bank to consider the formal request you have forwarded through DEA for extension of additional city and logistic support components the project.

We are pleased with the quality of discussions on the end-line surveys. We request MOHFW to monitor the critical follow-up activities agreed during the meeting closely to facilitate completion of these surveys by June, 2001.

For your ease of reference, I am summarizing the current status and specific follow-up actions agreed for the five critical bench marks from September 2001 mission.

With kind regards

Sincerely,

G. N. V. Ramana
Senior Public Health Specialist
Health Nutrition and Population

Benchmark I	Current status	Agreed follow-up actions
<p>Government of Andhra Pradesh will ensure timely release of funds to Hyderabad. MOHFW will monitor this and provide bi-monthly feedback to Bank team-</p>	<ul style="list-style-type: none"> • MOHFW is closely monitoring the funds flow and informing the Bank. • The Hon. Minister of Health personally spoke to chief minister of the state. • The Secretary (FW) has once again written to state chief secretary • The Joint Secretary has made a personal visit to the state together with task manager. • For the Hyderabad city, the state finance has approved release of Rs. 5 crores out of which only Rs. 1.9 Crores has been released. The state still has to provide around Rs. 7 Crores for the Hyderabad city component. 	<ul style="list-style-type: none"> • MOHFW would aggressively pursue the issue and write to Finance Secretary of AP to sort-out bottlenecks in release of sanctioned funds. • The Commissioner FW has now been designated as Ex-officio Secretary assured prompt follow-up for obtaining necessary sanctions for the remaining funds (Rs. 7 crores) due for Hyderabad

Benchmark II	Current status	Agreed follow-up actions
<p>MOHFW and the states will monitor the agreed civil works benchmarks, especially in Hyderabad and Delhi and cancel major works not awarded by October 31, 2000 and minor works by December 31, 2000.</p>	<ul style="list-style-type: none"> • In the original project cities, Bangalore and Calcutta have completed award of all civil works as per the agreed bench marks. Delhi is yet to award 14 minor works and Hyderabad 9 new major works agreed during Mid Term Review • Under the expanded scope of the project, Karnataka and West Bengal have awarded all the works, only one work in Andhra Pradesh (Adilabad) is delayed due to site problems. • Under the logistic support component, TN has awarded all the 5 works while UP has awarded 13 works. Subsequently, UP has identified one more site at Jhansi 	<ul style="list-style-type: none"> • The 9 new major works at Hyderabad would be cancelled and MOHFW would inform the Bank by January 31, regarding cancellation of the estimated Rs.5.7 Crores savings • Delhi to ensure that that the remaining 3 maternity homes built under the project in Delhi would be fully operational by April 30,2001. • MOHFW to assess the likelihood of completing the remaining 14 minor works in Delhi and communicate its views to the Bank by January 31, 2001.

Benchmark III	Current status	Agreed follow-up actions
<p>MOHFW and the states will expeditiously follow-up implementation progress, including SOE reimbursement and timely submission of audit certificates by undertaking and monthly reviews and site visits</p>	<ul style="list-style-type: none"> • MOHFW is closely monitoring the project implementation and so far two review meetings were held and site visits were undertaken to states of Andhra Pradesh and Karnataka • So far, audit certificate was received from Calcutta 	<ul style="list-style-type: none"> • MOHFW to continue monthly monitoring and provide feedback to Bank. • Project cities to ensure submission of audit certificates by January 25, 2001.

Benchmark IV	Current status	Agreed follow-up actions
<p>GOI will ensure that at least an additional disbursement of US\$ 15 million takes place by March 31, 2001</p>	<ul style="list-style-type: none"> • The project disbursed around US\$ 3 Million since September 2000, and SOEs of around US\$ 1 million are in pipeline • The MOHFW is confident of meeting the agreed benchmark 	<ul style="list-style-type: none"> • MOHFW to closely monitor the physical and financial progress of the project and provide bi-monthly feed back to Bank • States to ensure timely submission of claims to MOHFW

Benchmark V	Current status	Agreed follow-up actions
<p>MOHFW and states will ensure that majority of currently sanctioned posts of specialists and staff nurses under the project are filled by October 31, 2000.</p>	<ul style="list-style-type: none"> • The agreed bench marks for filling sanctioned posts of medical officers and/or staff nurses has not been met in Bangalore and Hyderabad • Under the additional city component, West Bengal and AP states have made very good progress on service delivery. In both projects, more than 90% of the planned facilities are providing services from rented premises. AP has evolved innovative approach of contracting service delivery to local NGOs. However, Karnataka lagged behind in service delivery as the staff are yet to be positioned 	<ul style="list-style-type: none"> • MOHFW to follow-up this issue with the states of Andhra Pradesh and Karnataka and provide feed back to Bank by February 28, 2001

CC:

1. Mr. A. K. Mehra Director, Area Projects Division, MOHFW, Nirman Bhawan, New Delhi
2. Mrs. Nandita Chatterjee, CEO, CMDA, Calcutta
3. Mr. Mehra, Additional Commissioner, MCD, Delhi
4. Mrs. Nilam Sawhney, Commissioner, FW, GOAP, Hyderabad
5. Mr. G.V.Krishna Rau, Project Director IPP 8 and 9, Karnataka
6. Mr. Reddy, Project Director, IPP 8, Hyderabad
7. Dr. M. Jayachandra Rao, Project Coordinator, IPP 8, Bangalore
8. Dr. P. P. Singh, Project Director, IPP 8, Delhi
9. Dr. Gangopadhyay, Advisor Health, SUDA, Calcutta

AGENDA . 5

ITEM : 5 (b)

October 9, 2000

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

Dear Mr. Chakravarty:

*Subject: Family Welfare Urban Slums Project (Cr. 2394- IN) Calcutta -Review Mission
September, 2000 - Aide-Memoire*

1. I would like to thank you, 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 September, 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.

Calcutta:

2. The overall implementation progress of the project in Calcutta continues to be highly satisfactory and the development objectives are being met. The mission appreciates the efforts to start health development fund at municipality level to support the project activities. The Project city has so far spent Rs. 701.99 million out of an outlay of Rs. 925.96 million. To fully spend the committed resources, an average monthly expenditure of about Rs. 30 million would be required during next 9 months. Both GOI and GOWB should ensure adequate availability of funds .

3. The agreed benchmark for appointment of at least one full time staff nurse and one doctor (preferably lady doctor) in each of the 40 municipalities has been partially met. Revised benchmarks agreed need to be monitored as these functionaries are critical to improve quality of outreach services.

Critical Benchmarks:

1. Completing the appointment of remaining 14 staff nurses and 21 full time medical officers on contractual basis by December 31, 2000
2. Forwarding bid evaluation reports of 5 new maternity homes for Bank review by October 15, 2000
3. Training of 100 part time medical officers in IUD insertion by December 31, 2000

Additional City component:

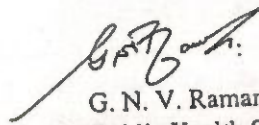
4. The mission is pleased to note that service delivery has started in 1075 blocks and contracts for all the approved works have been awarded. However, only 2 out of the 70 ANMs and only half of the 10 PNHs planned are in position. The mission reiterates the importance of filling these approved posts to ensure fixed day delivery of quality RCH services.

Critical Benchmarks:

1. Monitoring the completion of civil works as per agreed benchmarks
2. Filling the remaining posts of 68 ANMs and 5 PHNs

With best personal regards,

Sincerely,



G. N. V. Ramana
Senior 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
3. Ms. Nandita Chatterjee, Chief Executive Officer, Calcutta Metropolitan Development Authority & 3 A, Auckland Place, Calcutta 700 017
4. Mr. P. K. Pradhan, Secretary, Municipal Affairs & Chairman, State Urban Development Agency, Writer's Building, Calcutta - 700 001
5. Mr. Debasish Sen, Secretary CMDA and Project Director Family Welfare Urban Slums, Project, 3 A, Auckland Place, Calcutta 700 017

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

September, 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. G.N.V. Ramana (Task leader IPP VIII), Mam Chand (Procurement), Supriya Mukherjee (IEC and Social Mobilization) and Subhash Chakravarthy (Civil Works) between September 25 to 26, 2000. Prior to this mission, a Bank mission consisting of Mmes./Messers. Tawhid Nawaz (Team Leader), Preeti Kudesia and G. N.V. Ramana undertook joint field tour of north Bengal to review implementation progress of the expanded scope of the project conjointly with State Health Systems Development (SHSDP) and Reproductive and Child Health (RCH) Projects. This provided an opportunity to enhance linkages between different levels of health care 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. 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 September 2000, eighteen out of 23 maternity homes and all 25 Extended Specialist Out Patient Departments (ESOPD) are operational providing RCH services to 3.8 million urban slum residents spread over 41 urban bodies. 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. 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. The initiative to start municipality level Health Fund has started and is expected to sustain some of the project initiatives after the closure. With most of the training programs planned in SAR are completed now special attention is being given to address specific skill gaps. Project City has so far spent Rs.701.99 million out of an outlay of Rs.925.96 million and claims were submitted for Rs. 571.31 million. During the next 9 months the project will need to disburse about Rs.260.71 million (Annex I). GOI and GOWB will need to ensure timely release of money advanced by GOI as well as State share to ensure implementation of planned activities as planned. The start-up activities under the expanded scope of the project has taken off well. More than 1000 Honorary Health Workers have been selected and trained. Though service delivery has

started in 1075 blocks, ensuring fixed day fixed service schedule for important RCH services would be critical during the next 9 months. This requires filling of approved posts of ANMs and PHNs. Expedient implementation of approved civil works and procurement activities would be necessary to ensure timely completion of these actions as this nine year project is unlikely to be extended. The agreed benchmarks for next 6 months are presented in Annex II.

Development objectives:

3. The development objectives envisaged in the project 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 about 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:

4. **Community Workers:** Out of planned 3815 HHWs, 3606 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 partially met. So far, 19 Lady medical officers and 26 nursing personnel have been appointed. It was agreed that the remaining positions would be filled by December 31, 2000.

5. **Civil Works:** All the approved civil works have been awarded and CMDA engineers are closely monitoring the implementation to ensure timely completion of remainder of civil works (Annex V). The mission was informed that contracts for construction of five new maternity homes with clinics at Maheshtala, Gayeshpur, Champdami, Rajarhat-Gopalpur and Rajapur-Sonarpur have been awarded at a cost of Rupees million 10.71, 10.196, 10.425, 10.399 and 10.761 respectively. As per the project agreement each contract estimated to cost the equivalent of US\$ 200,000 (Around rupees 9.00 million approximately) or more shall be prior reviewed by the Bank. Though this procedure has not been followed in award of these five contracts, it was agreed that the evaluation reports for these works in the prescribed format along with necessary documents will be forwarded to the Bank for review by October 15, 2000. The mission was assured by CMDA that the agreed benchmark to complete and operationalize of all facilities built under the project by December 31, 2000 would be met.

6. **Provision of services:** The mission is pleased to note that social mobilization activities are in place in 3606 out of 3815 planned blocks (each covering about 1000 population). Regular antenatal and immunization clinics are being held at 714 out of 763 planned sub centers (each covering about 5000 population). All the approved 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:

7. **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. It was agreed that the remaining 60 trainers will be provided trainer's training by December 31, 2000 using services of appropriate center providing such training. Improving access to IUD services are critical to enhance utilization of spacing methods. The agreed benchmark of training of Part Time Medical Officers (PTMOs) in IUD insertion was partially met. This was mainly because of limited number of cases to provide hands on training. It was agreed that appropriate institutions would be identified and at least 100 PTMOs would be trained in IUD insertion in smaller batches by December 31, 2000.

8. **Healthcare waste management:** Following recommendation of the May mission, the project authorities in consultation with SHSDP team have prepared a proposal for healthcare waste management in 30 facilities. 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 started and deep pits are being prepared in each municipality to dispose infectious wastes. It was agreed that the short term measures for healthcare waste disposal would be started by December 31, 2000.

Enhance demand for FW and MCH services:

9. Currently, the project is implementing revised IEC strategy based on recommendations of July 99 IEC workshop. Focus is being given to three behavior change objectives - early registration of pregnancies, improved measles immunization coverage and child spacing. However, more emphasis is needed in the messages on the services/methods being provided under the project to address these behavior change objectives. The mission recommends more focus on IPC activities with strategic use of mass media to reinforce the messages rather than developing new IEC materials at this stage of the project. Also, the project needs to focus on reaching the unreached groups considering the option of using other vernacular languages for media and IPC activities. It was agreed that the position of in-charge of IEC cell which has fallen vacant recently would be filled by November 30, 2000.

Improve management:

10. The mission is pleased to note the continued engagement of 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, contract has been entered to map under-served areas using computer aided GIS software on pilot basis in 10 municipalities. The public private partnerships in clinical care such as contracting the services of private doctors is being continued. 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 CUPD III, and improved referral linkages with SHSDP.

Additional City Component:

11. The mission is pleased to note good progress in the start up activities despite protracted delay in clearances. As per the agreement, the State Urban Development Agency (SUDA) is implementing the project and the municipal engineering department is looking after the civil constructions. The target of health posts has been revised to 35 (ten with medical stores and 25 without). The progress of civil works is satisfactory and it was agreed that 32 health posts (8 with medical stores and 24 without) and 9 maternity homes with general OPD will be operationalized by March, 31, 2001 and remaining facilities by May 31, 2001. As this project is unlikely to be extended, expeditious monitoring by project authorities would be essential to ensure agreed bench marks for civil works are met. Overall position of procurement is satisfactory with planned activities expected to be completed on time, especially the OPD cum maternity homes. The mission emphasizes that the project authorities should strictly follow the Bank procurement guidelines for pharmaceuticals ensuring that only firms having good manufacturing practices as per WHO certification criteria are included in the bidding process.

12. Currently, service delivery is taking place in 1075 out of 1090 blocks proposed. Detailed plans have been prepared to start service delivery in 35 health posts by November 30, 2000 and 11 specialty OPDs by February 2001. Out of 70 planned PTMOs, 48 have been selected. However, the problems faced by the municipalities for the recruitment of ANMs and PHNs continue. Currently, only 2 out of planned 70 ANMs and 5 out of 10 planned PHNs are in place. Though ad hoc arrangements have been made to provide the services, considering the importance of trained female health workers in ensuring quality of RCH services, the mission once again reiterates the need to fill these vacancies expeditiously. The progress in training is satisfactory and all the HHWs and part medical officers in position have been trained. 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. With the outreach and clinic 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.

13. During the field visits the mission is pleased to note that continued efforts are being made by the project authorities to ensure local ownership for the project initiatives. The mission appreciates the initiative shown by SUDA in organizing training for recently elected representatives of urban local bodies based on the mission observations during field visit. The municipal chairpersons and councilors are taking active interest in the project and ensured timely availability of sites. 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. The IEC activities also should to have specific focus on addressing identified behavior change objectives avoiding duplication of IEC activities supported under RCH. It is highly desirable to make use of material already developed under IPP 8, Calcutta project rather than developing new material. The mission, therefore, strongly recommends no substantial increase in original IEC allocations and it was agreed that the project authorities would forward an IEC action plan to MOHFW and Bank by November 30, 2000.

14. As this year project is not likely to be extended, prompt management attention is necessary to ground the planned activities. The mission is pleased to note that the agreed bench mark to fill all approved positions in the project management and supervision cell have been filled. These staff need to be sustained till the project closure and provide constant oversight. The reports from MIS indicate positive shift in the project output indicators. This, however, needs to be validated independently on periodic basis. Draft baseline survey report has been shared with the mission and mission recommends the project authorities to compare these results with reported figures from enumeration. Based on observations during the field visits, the mission recommends rapid coverage evaluation surveys based on WHO/UNICEF 30 cluster sampling. The project requires about Rs. 90 Lakhs more for the civil works while there will be savings of about Rs. 3 Crores in incremental operating costs. Considering the limited time left in the project, it may not be possible to implement some of the originally planned innovative activities.

Calcutta - Budget and Expenditures (Rs. Million)						
Description	Civil Works	Procurement	Training	Operating costs	Total	
						Approved
a) Approved	313.07	247.74	171.25	193.9	925.96	
b) Proposed revision	329.07	223.19	135.18	275.06	962.5	
c) Cumulative expenditure up to August 2000	260.28	144.35	104.76	192.4	701.79	
d) Balance to be expanded (b-c)	68.79	78.84	30.42	82.66	260.71	
(e) Average Expenditure per month (c/75)	3.47	1.92	1.40	2.57	9.36	
(f) Required Expenditure per month (d/10)	6.88	7.88	3.04	8.27	26.07	
(g) Expenditure Acceleration factor (f/e)	1.98	4.10	2.18	3.22	2.79	

Category	Component	1999-2000		2000-2001		Total
		Approved	Proposed	Approved	Proposed	
Civil Works	Civil Works	400	1457.0	967.22	1367.22	1457.0
	Furniture	50	143.3	93.31	143.31	143.3
	Equipment	150	300.0	245.55	395.55	300.0
	Vehicles	50	66.0	16	66	66.0
	IEC and training materials	40	51.0	11.08	51.08	51.0
	MCH & FW supplies		0			0
	Drugs	150	577.4	427.43	577.43	577.4
	Consultancy & Professional services	25	50.7	44.7	69.7	50.7
	Contracts for innovative schemes incl. Revolving funds	75	184.3	141.97	216.97	184.3
	Salaries for addl. Staff	65	71.1	87.99	152.99	71.1
Incremental Operating Costs	Honorarium for health workers	195	325.5	378.74	573.74	325.5
	Consumables	50	85.1	105.04	155.04	85.1
	Rent	18	26.1	25.24	43.24	26.1
	Operation and maintenance	120	280.1	188.64	308.64	280.1
	TOTAL	1388	3617.1	2732.91	4120.91	3617.1

Projected Expenditure for Additional City Component (Rs. Lakhs)

Benchmarks for Nov. 1999 to March 2000	
Calcutta - CMDA	
<i>Component 1: Improve supply of FW Services</i>	
Complete appointment of remaining 14 staff nurses and 21 full time medical officer on contractual basis (including daily wage) to ensure quality of care	Target date December 31, 2000
Forward bid evaluation reports of 5 new maternity homes for Bank's review	October 15, 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 taking services of institute having expertise in such training	December 31, 2000
Train remaining 100 PTMOs in IUD insertion and monitor the use of skills developed	December 31, 2000
Complete the training in healthcare waste management with the support of SHDP project and start implementation of short-term measures for managing healthcare wastes at the facility level	December 31, 2000
<i>Component 3: Enhance demand for FW services</i>	
Post officer in-charge for IEC to implement agreed activities	November 30, 2000
Forward IEC action plan limiting production of new IEC materials focussing on behavior change objectives agreed	November 30, 2000
<i>Component 4: Improve program management</i>	
Complete pilot project for mapping under served areas using GIS software ensuring external validation of household data on a sample basis	December 31, 2000
Additional City component - SUDA	
Ensure completion of civil works	As per bench marks in Annex
Forward revised procurement plan for civil works to Bank	November 30, 2000
Start service delivery in a) 35 health posts by and b) 11 health DPUs by February 2000	November 30, 2000 February 28, 2000
Fill the remaining approved posts of 68 ANMs and PHNs	January 31, 2001
Forward IEC action plan with budget giving specific focus to project development objectives clearly defining behavior change objectives	November 30, 2000
Establish formal mechanisms to strengthen referral linkages with PP unit staff of SHSDP hospitals	December 31, 2000

total
925.96
962.5
701.79
260.71
9.36
26.07
2.79

	Proposed
7.22	1457.00
5.31	143.31
5.55	300.00
66	66.00
1.08	51.08
0	0
7.43	577.43
69.7	50.79
6.97	184.30
9	71.00
4	325.00
4	85.55
4	26.00
4	280.00
91	3617.46

Status of facilities/services operationalized - Calcutta					
Facility/ Service	Project Target	Operational by May 2000		Operational by Octo 2000	
		No	%	No	%
ESOPD	25	24	96	25	100
Maternity Home	23	18	78.3	18	78
Sub Center	763	707	92.7	714	93
Blocks	3815	3571	93.6	3606	94

Status of Process Indicators - Calcutta				
Component	Indicator	Planned	Achieved	
Improve access to FP and MCH services	Critical Service delivery staff in position:			
	a) HHWs	3815	3606	
	b) 1st Tier supervisors	763	714	
	c) Part Time Medical Officers	218	208	
	Facilities Operational:			
a) ESOPD	25	25		
b) Maternity Homes	23	18		
		Oct 99 - March 00	April August	
	Utilization of services:			
	a) Women using Oral Pills for more than 6 months	61,824	62,09	
	b) Women using IUD for more than 6 months	25,061	25,20	
	c) Assisted deliveries at the maternity homes	236	20	
Improve quality of FW services	Training of key staff			98
	a) Inservice training for HHWs b) Training in IUD insertion to PTMOs			1
	Stock-out of essential supplies:			
	a) Oral pill	None		
	b) Measles Vaccine	None		
	c) Iron Folic Acid (large) tab	None		
Generate demand for FW services	a) Group discussions on Safe motherhood	750	7	
	b) Group discussions with AV presentations on care of new born child	310	2	
	c) Adolescent girls workshops on RTI/STI	180	1	
Improve Program Management	Municipality level committees constituted to improve coordination between different agencies implementing MCH and FW activities	40		

Status of output indicators (April - Sept 1999) - Calcutta

Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,79,828	84,159	46.8
Pregnant women having 3 Antenatal visits	25,615	23,309	91.0
Institutional deliveries	23,288	22,425	92.0
Measles Immunization	22,576	17,835	79.0

Annex III
 October
 %
 00
 8.3
 3.6
 4.5
 Achievement
 6
 4
 08
 5
 8
 April 00-
 August 00
 ,091
 ,203
 201
 980
 10
 None
 None
 None
 720
 240
 171
 40

Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	6	91	6 Nos. to be completed by December 2000
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	5	0	To Submit bid evaluation report to Bank by October 15, 2000
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	5	109	5 Nos. to be completed by June 2000
VIII.	Sub Centers (Repair and renovation)	159	0	159	All works completed

S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY
	1	2	3	4	5	6	7
I	Construction of Urban Health Posts with Medical Stores	10	10	10	0	0	Roof level for First Floor: 8 Foundation: 2 Operational by 31, M 2001
II	Construction of Urban Health Posts	25	25	25	0	0	Roof for 1st Floor: 24 Foundation: 1 Operational by 31, 2001
III	OPD cum Maternity Home	11	11	11	0	0	Ground Floor Roof: 9 Foundation level: 2 Operational by 31, 2001



Annex Va

IPP - VIII. FAMILY WELFARE (US) PROJECT

Dayan Bhavan, Bidhan Nagar 'G' Block, 3rd Floor, Calcutta - 700 091 Phone : 334-5257 / 358-6771 / 337-0697 Fax : 358-3931

arks
ompleted by
00
d
d
id evaluation
nk by October
ompleted by
ompleted

No. 1175 /CMDA/FW(US)/IPP - VIII /P-69/98

Dated : 4-8-2000

To
The Deputy Secretary,
Govt. of West Bengal
Department of Municipal Affairs,
Writers Building
Calcutta - 700 001.

Sub : Continuity of the Project IPP-VIII, Calcutta in 40 local bodies after June, 2001
- Recurring cost from 1.7.2001 to 31.3.2002 (9 months)

Sir,

With reference to your letter no. 237/MA/O/C-9/3B-2/2000 dated 5.6.2000 this is to state that a provision of Rs. 934.62 Lakhs for recurring expenditure is required for 9 months of 2001 -2002 (1.7.2001 - 31.3.2002) for continuity of IPP-VIII, Calcutta Project in 40 local bodies after the Project period.

The details are enclosed.

Enclosures:

1. A Statement showing the Summary of expenditure on different heads as detailed in I to XI

Yours faithfully,

(Signature)
(Dr. B. Bhattacharjee)
Chief of Health
IPP - VIII, Calcutta

4/8/2000

o/c
St
1/8/2000

Annex V

2000

EMARKS, IF AN

7	8
Level for floor: 8	Operation by 31, Mar 2001
Station: 2	Operation by 31, Mar 2001
for 1st 24	Operation by 31, Mar 2001
Station: 1	Operation by 31, Mar 2001
2nd Floor f. 9	Operation by 31, Mar 2001
Station: 2	Operation by 31, Mar 2001

IPP-VIII, Calcutta

Continuity of the Project after June, 2001 – Recurring cost from
1.7.2001 to 31.3.2002 (9 months)

Sl. No.	Item of Expenditure	Rs. in lakhs	Annexure
1.	Honorarium, Salaries etc. of HAU	405.30	I
2.	Staff expenses ESOPD	18.68	II
3.	Staff expenses Maternity Homes	83.59	III
4.	Staff expenses and Operating cost of Regional diagnostic centre	21.24	IV
5.	For maintaining supervisory staff at Municipal level	22.10	V
6.	Drugs & Medicines	193.76	VII
7.	Recurring cost of Hospital Waste Management	3.35	IX
8.	Recurring cost of Geographical Information Subcentres - <i>সকল</i>	7.50	X
9.	Rent of Subcentres	8.40	VIII
10.	Repair & Maintenance of assets	113.68	XI
11.	Contingencies	57.02	VI
	TOTAL	934.62	

Year wise Demographic Indicators & Achievement status on Service delivery IPP-VIII, Calcutta

Year	Birth Rate	Death Rate	IMR	MMR	CPR	Immunisation status (% Coverage)					Institutional delivery (% to total Delivery)
						BCG	DPT	OPV	Measles	TT (PW)	
Baseline	19.63	5.91	55.58	4.56	45.0	78.0	64.0	70.0	54.0	76.0	53.9
March, 1996	18.7	5.2	36.6	2.6	45.3	81.3	75.8	76.0	58.9	81.2	69.2
March, 1997	18.4	4.8	27.8	2.0	47.5	83.0	79.0	78.0	61.0	82.0	80.0
March, 1998	14.0	4.5	26.2	0.8	60.5	93.0	91.0	94.0	78.0	92.0	83.1
March, 1999	16.3	4.2	24.5	0.4	68.0	97.3	94.0	98.0	76.2	95.2	86.2
March, 2000	15.6	4.2	24.0	0.3	70.2	97.6	95.1	98.2	78.4	96.0	91.0
Dec., 2000	15.1	4.0	23.8	0.3	71.1	98.0	96.0	98.7	80.1	96.2	92.1

Newly introduced Performance Indicators to be reported to World Bank in September each year

Year	Immunisation sessions held against planned (In %)	Preg. women having 3 ANC (In %)	% of users of spacing methods for more than 6 months		Contraceptive prevalence - couples with <2 children (In %)
			OP	IUD	
Sept., 1999	91.7	89.0	84.0	60.0	45.8
Sept., 2000	92.5	91.0	85.5	61.8	46.8

Note :- There is steady decline of demographic indicators since 1995. However the BR in 1999 shows an increase by 2.3 points than 1998. It is due to incorporation of large underserved areas in substantial number of municipalities during the year 98-99; over and above strict monitoring of the reporting system through the modified formats and strengthening of the MIS system. There is perceptible increase of relevant performance indicators on service delivery as indicated through CPR, immunisation, Inst. Deliveries along with increased acceptance of spacing methods by low parity couples.

Observation of World Bank. "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 inst. and about three fourths of eligible infants received measles. The data reported by the project MIS closely matches with independent evaluation undertaken under RCH household surveys".

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

September, 2000

Aide Memoire

Encl of 25-26/9/2000

File
 IPP VIII
 S. S.

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messers. G.N.V. Ramana (Task leader IPP VIII), Mam Chand (Procurement), Supriya Mukherjee (IEC and Social Mobilization) and Subhash Chakravarthy (Civil Works) between September 25 to 26, 2000. Prior to this mission, a Bank mission consisting of Mmes/Messers. Tawhid Nawaz (Team Leader), Preeti Kudesia and G. N.V. Ramana undertook joint field tour of north Bengal to review implementation progress of the expanded scope of the project conjointly with State Health Systems Development (SHSDP) and Reproductive and Child Health (RCH) Projects. This provided an opportunity to enhance linkages between different levels of health care 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. 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 September 2000, eighteen out of 23 maternity homes and all 25 Extended Specialist Out Patient Departments (ESOPD) are operational providing RCH services to 3.8 million urban slum residents spread over 41 urban bodies. 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. 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. The initiative to start municipality level Health Fund has started and is expected to sustain some of the project initiatives after the closure. With most of the training programs planned in SAR are completed now special attention is being given to address specific skill gaps. Project City has so far spent Rs.701.99 million out of an outlay of Rs.925.96 million and claims were submitted for Rs. 571.31 million. During the next 9 months the project will need to disburse about Rs.260.71 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. The start-up activities under the expanded scope of the project has taken off well. More than 1000 Honorary Health Workers have been

selected and trained. Though service delivery has started in 1035 blocks, ensuring fixed day fixed service schedule for important RCH services would be critical during the next 9 months. This requires filling of approved posts of ANMs and PHNs. Expeditious implementation of approved civil works and procurement activities would be necessary to ensure timely completion of these actions as this nine year project is unlikely to be extended. The agreed benchmarks for next 6 months are presented in Annex II.

Development objectives:

3. The development objectives envisaged in the project 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 about 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:

4. **Community Workers:** Out of planned 3815 HHWs, 3606 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 partially met. So far, 19 Lady medical officers and 26 nursing personnel have been appointed. It was agreed that the remaining positions would be filled by December 31, 2000.

5. **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 informed that contracts for construction of five new maternity homes with clinics at Maheshtala, Gayeshpur, Champdami, Rajarhat-Gopalpur and Rajapur-Sonarapur have been awarded at a cost of Rupees million 10.71, 10.196, 10.425, 10.399 and 10.761 respectively. As per the project agreement each contract estimated to cost the equivalent of US\$ 200,000 (Around rupees 9.00 million approximately) or more shall be prior reviewed by the Bank. Though this procedure has not been followed in award of these five contracts, it was agreed that the evaluation reports for these works in the prescribed format along with necessary documents will be forwarded to the Bank for review by October 15, 2000. The mission was assured by CMDA that the agreed benchmark to complete and operationalize of all facilities built under the project by December 31, 2000 would be met.

6. **Provision of services:** The mission is pleased to note that social mobilization activities are in place in 3606 out of 3815 planned blocks (each covering about 1000 population). Regular antenatal and immunization clinics are being held at 714 out of 763 planned sub centers (each covering about 5000 population). All the approved 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:

7. **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. It was agreed that the remaining 60 trainers will be provided trainer's training by December 31, 2000 using services of appropriate center providing such training. Improving access to IUD services are critical to enhance utilization of spacing methods. The agreed benchmark of training of Part Time Medical Officers (PTMOs) in IUD insertion was partially met. This was mainly because of limited number of cases to provide hands on training. It was agreed that appropriate institutions would be identified and at least 100 PTMOs would be trained in IUD insertion in smaller batches by December 31, 2000.

8. **Healthcare waste management:** Following recommendation of the May mission, the project authorities in consultation with SHSDP team have prepared a proposal for healthcare waste management in 30 facilities. 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 started and deep pits are being prepared in each municipality to dispose infectious wastes. It was agreed that the short term measures for healthcare waste disposal would be started by December 31, 2000.

Enhance demand for FW and MCH services:

9. Currently, the project is implementing revised IEC strategy based on recommendations of July 99 IEC workshop. Focus is being given to three behavior change objectives - early registration of pregnancies, improved measles immunization coverage and child spacing. However, more emphasis is needed in the messages on the services/methods being provided under the project to address these behavior change objectives. The mission recommends more focus on IPC activities with strategic use of mass media to reinforce the messages rather than developing new IEC materials at this stage of the project. It was agreed that the position of in-charge of IEC cell which has fallen vacant recently would be filled by November 30, 2000.

Improve management:

10. The mission is pleased to note the continued engagement of 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, contract has been entered to map under-served areas using computer aided

GIS software on pilot basis in 10 municipalities. The public private partnerships in clinical care such as contracting the services of private doctors is being continued. 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 CUPD III, and improved referral linkages with SHSDP.

Additional City Component:

11. The mission is pleased to note good progress in the start up activities despite protracted delay in clearances. As per the agreement, the State Urban Development Agency (SUDA) is implementing the project and the municipal engineering department is looking after the civil constructions. The target of health posts has been revised to 35 (ten with medical stores and 25 without). The progress of civil works is satisfactory and it was agreed that 32 health posts (8 with medical stores and 24 without) and 9 maternity homes with general OPD will be operationalized by March, 31, 2001 and remaining facilities by May 31, 2001. As this project is unlikely to be extended, expeditious monitoring by project authorities would be essential to ensure agreed bench marks for civil works are met. Overall position of procurement is satisfactory with planned activities expected to be completed on time, especially the OPD cum maternity homes. The mission emphasizes that the project authorities should strictly follow the Bank procurement guidelines for pharmaceuticals ensuring that only firms having good manufacturing practices as per WHO certification criteria are included in the bidding process.

1050 out of 1181

12. Currently, service delivery is taking place in 1075 out of 1090 blocks proposed. Detailed plans have been prepared to start service delivery in 35 health posts by November 30, 2000 and 11 specialty OPDs by February 2001. Out of 70 planned PTMOs, 48 have been selected. However, the problems faced by the municipalities for the recruitment of ANMs and PHNs continue. Currently, only 2 out of planned 70 ANMs and 5 out of 10 planned PHNs are in place. Though ad hoc arrangements have been made to provide the services, considering the importance of trained female health workers in ensuring quality of RCH services, the mission once again reiterates the need to fill these vacancies expeditiously. The progress in training is satisfactory and all the HHWs and part medical officers in position have been trained. 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. With the outreach and clinic 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.

13. During the field visits the mission is pleased to note that continued efforts are being made by the project authorities to ensure local ownership for the project initiatives. The mission appreciates the initiative shown by SUDA in organizing training for recently elected representatives of urban local bodies based on the mission observations during field visit. The municipal chairpersons and councilors are taking active interest in the project and ensured timely availability of sites. 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. The IEC activities also should to have specific focus on addressing identified behavior change objectives avoiding duplication of IEC activities supported under RCH. It is highly desirable to make use of material already developed under IPP 8, Calcutta project rather than developing new material. The mission, therefore, strongly recommends no substantial increase in original IEC allocations and it was agreed that the project authorities would forward an IEC action plan to MOHFW and Bank by November 30, 2000.

14. As this year project is not likely to be extended, prompt management attention is necessary to ground the planned activities. The mission is pleased to note that the agreed bench mark to fill all approved positions in the project management and supervision cell have been filled. These staff need to be sustained till the project closure and provide constant oversight. The reports from MIS indicate positive shift in the project output indicators. This, however, needs to be validated independently on periodic basis. Draft baseline survey report has been shared with the mission and mission recommends the project authorities to compare these results with reported figures from enumeration. Based on observations during the field visits, the mission recommends rapid coverage evaluation surveys based on WHO/UNICEF 30 cluster sampling. The project requires about Rs. 90 Lakhs more for the civil works while there will be savings of about Rs. 3 Crores in incremental operating costs. Considering the limited time left in the project, it may not be possible to implement some of the originally planned innovative activities.

Calcutta – Budget and Expenditures (Rs. Million)					
Description	Civil Works	Procurement	Training	Operating costs	Total
a) Approved	313.07	247.74	171.25	193.9	925.96
b) Proposed revision	329.07	223.19	135.18	275.06	962.5
c) Cumulative expenditure up to August 2000	260.28	144.35	104.76	192.4	701.79
d) Balance to be expanded (b-c)	68.79	78.84	30.42	82.66	260.71
e) Average Expenditure per month (c/75)	3.47	1.92	1.40	2.57	9.36
f) Required Expenditure per month (d/10)	6.88	7.88	3.04	8.27	26.07
g) Expenditure Acceleration factor (f/e)	1.98	4.10	2.18	3.22	2.79

Projected Expenditure for Additional City Component (Rs. Lakhs)					
Category	Component	Approved			Proposed
		1999-2000	2000-2001	Total	
Civil Works	Civil Works	400	967.22	1367.22	1457.00
Procurement	Furniture	50	93.31	143.31	143.31
	Equipment	150	245.55	395.55	300.00
	Vehicles	50	16	66	66.00
	IEC and training materials	40	11.08	51.08	51.08
	MCH & FW supplies			0	0
	Drugs	150	427.43	577.43	577.43
Training & Consultancy	Consultancy & Professional services	25	44.7	69.7	50.79
	Contracts for innovative schemes incl. Revolving funds	75	141.97	216.97	184.30
Incremental Operating Costs	Salaries for addl. Staff	65	87.99	152.99	71.00
	Honorarium for health workers	195	378.74	573.74	325.00
	Consumables	50	105.04	155.04	85.55
	Rent	18	25.24	43.24	26.00
	Operation and maintenance	120	188.64	308.64	280.00
TOTAL		1388	2732.91	4120.91	3617.46

Benchmarks for Nov. 1999 to March 2000	
Calcutta – CMDA	
<i>Component 1 : Improve supply of FW Services</i>	Target date
Complete appointment of remaining 14 staff nurses and 21 full time medical officer on contractual basis (including daily wage) to ensure quality of care	December 31, 2000
Forward bid evaluation reports of 5 new maternity homes for Bank's review	October 15, 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 taking services of institute having expertise in such training	December 31, 2000
Train remaining 100 PTMOs in IUD insertion and monitor the use of skills developed	December 31, 2000
Complete the training in healthcare waste management with the support of SHDP project and start implementation of short-term measures for managing healthcare wastes at the facility level	December 31, 2000
<i>Component 3: Enhance demand for FW services</i>	
Post officer in-charge for IEC to implement agreed activities	November 30, 2000
Forward IEC action plan limiting production of new IEC materials focussing on behavior change objectives agreed	November 30, 2000
<i>Component 4: Improve program management</i>	
Complete pilot project for mapping under served areas using GIS software ensuring external validation of household data on a sample basis	December 31, 2000
Additional City component – SUDA	
Ensure completion of civil works	As per bench marks in Annex
Forward revised procurement plan for civil works to Bank	November 30, 2000
Start service delivery in a) 35 health posts by and b) 11 specialty OPDs by February 2001	November 30, 2000 February 28, 2001
Fill the remaining approved posts of 68 ANMs and 5 PHNs	January 31, 2001
Forward IEC action plan with budget giving specific focus to project development objectives clearly defining behavior change objectives	November 30, 2000
Establish formal mechanisms to strengthen referral linkages with PP unit staff of SHSDP hospitals	December 31, 2000

Status of facilities/services operationalized – Calcutta					
Facility/ Service	Project Target	Operational by May 2000		Operational by October 2000	
		No	%	No	%
ESOPD	25	24	96	25	100
Maternity Home	23	18	78.3	18	78.3
Sub Center	763	707	92.7	714	93.6
Blocks	3815	3571	93.6	3606	94.5

Status of Process Indicators – Calcutta			
Component	Indicator	Planned	Achievement
Improve access to FP and MCH services	Critical Service delivery staff in position:		
	a) HHWs	3815	3606
	b) Ist Tier supervisors	763	714
	c) Part Time Medical Officers	218	208
	Facilities Operational:		
	a) ESOPD	25	25
	b) Maternity Homes	23	18
		Oct 99 – March 00	April 00- August 00
Utilization of services:	a) Women using Oral Pills for more than 6 months	61,824	62,091
	b) Women using IUD for more than 6 months	25,061	25,203
	c) Assisted deliveries at the maternity homes	236	201
Improve quality of FW services	Training of key staff		
	a) Inservice training for HHWs		980
	b) Training in IUD insertion to PTMOs		10
Stock-out of essential supplies:	a) Oral pill	None	None
	b) Measles Vaccine	None	None
	c) Iron Folic Acid (large) tab	None	None
Generate demand for FW services	a) Group discussions on Safe motherhood	750	720
	b) Group discussions with AV presentations on care of new born child	310	240
	c) Adolescent girls workshops on RTI/STI	180	171
Improve Program Management	Municipality level committees constituted to improve coordination between different agencies implementing MCH and FW activities	40	40

Status of output indicators (April - Sept 1999) - Calcutta			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,79,828	84,159	46.8
Pregnant women having 3 Antenatal visits	25,615	23,309	91.0
Institutional deliveries	23,288	22,425	92.0
Measles Immunization	22,576	17,835	79.0

Civil Works Summary Status Matrix					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	6	91	6 Nos. to be completed by December 2000
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	5	0	To Submit bid evaluation report to Bank by October 15, 2000
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	5	109	5 Nos. to be completed by June 2000
VIII.	Sub Centers (Repair and renovation)	159	0	159	All works completed

Annex V b

Summary of Civil Works Status – WB Additional Works - September 2000								
S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
	1	2	3	4	5	6	7	8
I	Construction of Urban Health Posts with Medical Stores	10	10	10	0	0	Roof level for First Floor: 8 Foundation: 2	Operationalize by 31, March, 2001 Operationalize by 31, May, 2001
II	Construction of Urban Health Posts	25	25	25	0	0	Roof for 1st Floor: 24 Foundation: 1	Operationalize by 31, March, 2001 Operationalize by 31, May, 2001
III	OPD cum Maternity Home	11	11	11	0	0	Ground Floor Roof: 9 Foundation level: 2	Operationalize by 31, March, 2001 Operationalize by 31, May, 2001

Roof - 12
 Latel - 3
 Finishing - 5

Plinth level - 1
 Roof level - 8
 Finishing - 2

Plinth level
 Latel
 Roof level
 Finishing level - 2
 Complete by May 2001
 2 Operate by 31-April 2001

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

September 2000

Aide Memoire

Key Project Data		Current Ratings & Flags	
Effectiveness Date	May 1994	Development Objectives	S
Closing Date	June 2001	Implementation Progress	S
Project Age	8 years from Board approval	Problem Flags	None
% Disbursed	47%		

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Mmes./Messers. G. N.V. Ramana (Mission leader), Sadia Chowdhury, Preeti Kudesia (Sr. Public Health Specialists), Supriya Mukherjee (IEC and Social Mobilization), Anu Bharadwaj (Training), Subhash Chakravarthy (Civil works), Mam Chand (Procurement) and Rajat Narula (Financial Management) during the period September 14 to October 4, 2000. Mr. Tawhid Nawaz (Team leader) joined the mission between September 28-October 4, 2000. The mission 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 undertook field visits to the states of Andhra Pradesh, Karnataka, West Bengal and the national capital Delhi. The mission would like to thank the officials and project staff for facilitating field visits and for their hospitality. This Aide-Memoire summarizes cross-cutting issues across all the project cities and highlights the mission's assessment on the feasibility of completing the program which was restructured during the Mid Term Review (MTR). The Aide-Memoire was discussed with GOI during the wrap-up meeting on October 3, 2000. 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.

Background:

2. The project provides credit to support GOI's National Family Welfare Program by assisting four municipalities (Bangalore, Calcutta, Delhi and Hyderabad) to reduce fertility and improve maternal and child health in slum populations. The MTR of the project undertaken during May/June 1998 estimated savings of about US\$ 38 million mainly due to depreciation of Indian Rupee against the SDR and implementation of IDA assisted nationwide Reproductive and Child Health Project that overtook the need to utilize about US \$ 10 million for preparation of state-specific projects in additional states. The MTR mission appraised GOI's proposal to restructure the Project to:

- expand successful activities in current four metropolitan areas so as to increase coverage by additional 1.5 million beneficiaries
- expand the geographic scope of the Project to 94 additional smaller municipalities and cities in the current Project States of Andhra Pradesh, Karnataka, and West Bengal covering an additional population of about 4 million; and
- strengthen the logistics system to improve the quality of urban family welfare services in the additional States of Uttar Pradesh and Tamil Nadu.

3. The Country Portfolio Performance Review of June 1998 reviewed this proposal and concurred with the restructuring. However, several factors, including two national elections, resulted in significant delays in obtaining GOI clearance for the revised scope of the project. Cabinet clearance was finally obtained only in January 2000. The Board cleared the expanded scope of the project subsequently and the legal amendments were signed on August 21, 2000. Due to delays in obtaining GOI clearance, the May 2000 review highlighted concerns regarding the feasibility of completing the agreed additional activities before project completion. It was agreed that GOI would undertake a detailed assessment and discuss the feasibility of completing these activities during the September 2000 mission. The Aide-Memoire summarizes the main findings and recommendations.

Development Objectives:

4. 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 47% 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, other project cities had close to 90% safe deliveries. Nearly two-thirds of eligible children in all the project cities received measles immunization. These findings are corroborated by MTR studies and RCH rapid household surveys.

Completing the Remaining Project Activities:

5. The feasibility of completing the remaining project activities was discussed in detail with each state and GOI. The mission notes that the work program including civil works and service delivery for:

- (i) the program for the project cities can be completed in the remaining time, provided the state governments ensure the funds for this fiscal year are released in time and monitor implementation closely. The civil works in Hyderabad and Delhi need considerable acceleration but are doable;
- (ii) the program for the additional cities in all the three states can also be completed by June 2001 provided that all works are grounded by November 30, 2000; and
- (iii) the logistic support component can also be completed by June 2000, provided that all works are grounded by October 31, 2000.

6. Although this program can be accomplished within this time frame, it will require considerable acceleration. This is an optimal scenario and some delays may result which are yet unforeseen at this time. All state governments and GOI have affirmed their fullest support and committed to monitoring the program during the next nine months. The Bank team will also be continuously monitoring progress against very firm benchmarks and deadlines. Should any slippage occur, it will advise the government to cancel those parts of the program that are not meeting these deadlines. The following is the status of activities in these components.

Activity Status:

Project cities Component:

7. Overall implementation progress of the project continues to be satisfactory in Calcutta, Bangalore and Hyderabad. GOI has expeditiously addressed the funds flow problems in Delhi and Hyderabad highlighted in the May, 2000 review. Consequently, implementation progress in Delhi has improved during the past 6 months and the mission rates it as marginally satisfactory. In the case of Hyderabad, the State needs to provide Rs. 12 Crores without which the agreed commitments cannot be met.

8. More than three-fourths of the planned community based workers are in position and are acting as social mobilizers to inform and motivate the slum residents to access FP and MCH services offered in the project. Outreach and clinical services are being provided to slum residents as planned and service records indicate increased utilization of facilities. Calcutta continues to demonstrate good public-private partnerships. Staffing of maternity homes, especially staff nurses and specialists, need urgent attention in the remaining project cities. Most training programs planned in the project have been completed (see state specific Aide-Memoires). Training of trainers provided in the project cities improved the effectiveness of the medical officers as trainers of community based volunteers. All cities are implementing decentralized hands on training for the community volunteers and outreach workers. 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. All project cities continue to implement IEC activities based on agreements reached in the July 1999 workshop giving attention to improve behaviors relevant to project development objectives. Delhi continues to lead in IEC efforts with strong focus on monitoring outcomes after IEC inputs.

9. Management Information Systems (MIS) established under the project continue to function well in Delhi and Calcutta. Bangalore and Hyderabad, which lagged behind, have also started generating disaggregated data on the status of project beneficiaries. However, this data needs to be regularly validated. With 9 months remaining in the project, steps now are needed to integrate the project activities with that of the primary health care program and referral hospitals in the project cities. Specific agreements were reached with the project authorities towards this end.

10. In both Hyderabad and Delhi nearly 50% of the major works are in different stages of completion which need to be closely monitored. Both Calcutta and Bangalore have made good progress in completing most of the originally approved works. The major pending works include maternity homes approved during the MTR. Delhi has completed only 10 out of the 21 health centers and 2 out of 6 maternity homes. Hyderabad has completed half of the 62 urban family welfare centers and 3 of the 5 maternity homes. Site visits were undertaken to review progress and agreements were reached to complete all the facilities by April 2001 (Tables 1-4 Annex V). The mission is satisfied with the progress of procurement actions which are in accordance with the approved procurement plans for FY 2000-01. To fully utilize IDA funds, the project cities need to spend about Rs. 90 Crores during the next 9 months. Both GOI and the states need to ensure adequate availability of funds and closely monitor the implementation and the agreed benchmarks.

Additional Cities Component:

11. As per the agreed benchmark, GOI has assessed the feasibility of completing activities approved during the MTR. All three states have made good start on both the service delivery and civil works components since May 2000. Andhra Pradesh has entered in to innovative turn-key

contracts with NGOs to provide service delivery and social mobilization. RCH services are being provided in 145 locations operating from rented premises and civil works progress is good. The project management needs to be strengthened at the state and regional levels to effectively monitor a program which is spread over 73 smaller towns. So far, 187 sites were handed over to the construction agency, six works have been completed and work is in progress in 107 facilities. It has been agreed to cancel the works for which sites will not have been identified by October 31, 2000 or for which work orders have not been issued by November 7, 2000. In West Bengal, community based volunteers have started outreach activities in 1,075 out of the 1,090 blocks and plans have been prepared to start services in 35 health posts by November 30, 2000 and 11 specialty OPDs by February 2001. Contracts for all 36 works approved under the project (25 urban health posts and 10 OPD cum maternity homes) have been awarded and specific benchmarks for operationalization of these facilities have been agreed. Karnataka has obtained state cabinet clearance for the project including the new posts. As per the agreed benchmark, consultancy services have been procured to implement the civil works program and contracts for all the 53 works (45 health centers and 8 maternity homes) will have been awarded by October 15, 2000. Recruitment of staff is currently in progress and service delivery is expected to be started by December 31, 2000. The mission strongly recommends the project authorities focus on mapping project beneficiaries and monitor utilization of services. Another important area that needs to be addressed is the establishment of referral linkages with hospitals in respective towns. Taking in to consideration the average time required for completion of each work, specific deadlines have been reached to cancel the works will not have been awarded by the dates noted above. Procurement plans have been cleared for AP and WB, while Karnataka is finalizing its plan

Logistic Support Component:

12. Both Uttar Pradesh (UP) and Tamil Nadu (TN) have made good progress with start-up of implementation. UP has constituted a sub-committee under the state RCH society to manage the program while the existing medical supplies corporation will be responsible for management in TN. UP has entered in to consultancy arrangements with 3 corporations to help in design and supervision of 13 warehouses. In TN, the corporation is directly implementing the construction of 5 warehouses. Both states will be awarding the contracts for civil works by September 30, 2000. Procurement plan for TN was cleared by the Bank and UP has submitted revised plan based on discussion with the Bank recently. Following up the agreements reached at the MTR, MOHFW had organized a meeting with USAID, Bank and UP State officials in August, 2000 where it was agreed that USAID would provide technical support for training and software development for the logistic management information system.

Disbursements and Savings:

13. There are three main reasons for the low level of disbursement to date. First is the delayed effectiveness of the project. Second is the slow start-up of civil works, especially in Delhi and Hyderabad, due to difficulties in acquiring urban metropolitan sites which were not foreseen at the time of project preparation. As a result, the procurement of goods and furniture, which needs to be synchronized with the works, was also delayed. While these two factors led to the low level of disbursement in the early phase of the project, the exchange rate decline as well as non-utilization of large amount of funds which had been earmarked for future project preparation resulted in substantial savings by the mid term. However, a decision taken early on to focus on social mobilization and service delivery from rented premises provided good outcomes and substantial justification of project objectives as noted in the MTR.

14. Out of the total credit available of US\$ 77 million, the project has disbursed US\$ 36.3 million by September 2000. Project cities so far spent about Rs. 182 Crores out of an original outlay of Rs. 223 Crores. With the restructuring, the outlay for the project cities have increased to Rs. 272 Crores (Table 1 Annex I). Based on GOI review, the revised outlay for the additional cities and logistic support components will be about Rs. 107 Crores and Rs. 25 Crores respectively (Tables 2 and 3 Annex 1). Thus, during the next 9 months the project has to spend Rs. 240 Crores -- an average of around Rs. 27 Crores per month. SOEs of about US\$ 3.3 million need to be submitted to IDA every month (Annex II) during the remaining project period. This is a tall order and the mission requested GOI to closely monitor whether this pattern of expenditure and disbursements are taking place in the coming months.

Key Benchmarks:

15. It was agreed that the following benchmarks are critical for completion of the restructured program.

- GOI should ensure release of funds to Hyderabad and provide bi-monthly feedback on availability of funds to project implementing agency
- GOI and the states should monitor the agreed civil works benchmarks (Annex IV), especially in Hyderabad and Delhi and cancel major works not awarded by October 31, 2000 and minor works by December 31, 2000
- GOI and the states should expeditiously follow-up the implementation progress, including SOE reimbursement by undertaking monthly reviews and site visits
- GOI should ensure that at least an additional disbursement of US \$ 15 million takes place by March 31, 2001.
- GOI and states should ensure that all critical positions of specialists and staff nurses are filled by October 31, 2000

Progress in achieving these benchmarks, to reviewed with the Bank by March 31, 2001, should determine the amount of cancellations of funds that may be required. The Bank team will also be continuously monitoring progress against these benchmarks and deadlines.

Implementation Completion Report (ICR):

16. The mission discussed the ICR process with GOI and states. It was agreed that by December 31, 2000 GOI would assign a senior officer familiar with operations as formal contact with the Bank for the ICR process and award contracts for the studies/reviews being planned.

	Category	Bangalore	Calcutta	Delhi	Hyderabad	Total
Revised Estimate	Civil Works	2492.19	3290.7	2746.67	1538.91	10068.47
	Procurement	1220.27	2558.45	1149.12	1293.51	6221.35
	Consultant Training	528.48	1025.27	389.88	1106.44	3050.07
	Incremental Operating Costs	1415.6	2750.59	2440.27	1237.02	7843.48
	Total	5656.54	9625.01	6725.94	5175.88	27183.37
Expenditure	Civil Works	2038.18	2604.84	1217.69	961.77	6822.48
	Procurement	776.6	1737.72	617.35	601.1	3732.77
	Consultant Training	363.18	753.29	259.39	822.34	2198.2
	Incremental Operating Costs	876.85	1924.05	1666.67	968.5	5436.07
	Total	4054.81	7019.9	3761.1	3353.71	18189.52
Balance to be spent before Project Closure	Civil Works	454.01	685.86	1528.98	577.14	3245.99
	Procurement	443.67	820.73	531.77	692.41	2488.58
	Consultant Training	165.3	271.98	130.49	284.1	851.87
	Incremental Operating Costs	538.75	826.54	773.6	268.52	2407.41
	Total	1601.73	2605.11	2964.84	1822.17	8993.85

	AP	Karnataka	WB	Total
Civil Works	2900	1400	1457	5757
Procurement	551.75	799.39	1137.82	2488.96
Consultant Training	626	105.4	235.09	966.49
Incremental Operating Costs	475	270.57	787.55	1533.12
Total	4552.75	2575.36	3617.46	10745.57

To check

	UP	TN	Total
Civil Works	914	425	1339
Procurement	560	82.5	642.5
Consultant Training	95	26.7	121.7
Incremental Operating Costs	180	234.12	414.12
Total	1749	768.32	2517.32

Disbursement Category	Disbursed	Undisbursed
Civil Works	12948269.69	2411844.04
Procurement	7615245.07	22313037.40
Consultants & Training	3978962.92	6582032.34
Incremental Operating Costs	7781364.90	7024505.20
Special Account	3972304.65	-3577556.83
Unallocated	0.00	5725500.00
	36296147.23	40479362.15

	Balance Expenditure – Project Cities	Pipeline Expenditure- Project cities	Projected Expenditure - Addl. Cities	Projected Expenditure - Logistic support Projects	Total Estimated Expenditure	IDA share		IDA funds available as of May 2000
	Rs. Million	Rs. Million	Rs. Million	Rs. Million	Rs. Million	Rs. Million	USD Million	USD Million
Civil Works	324.60	76.89	575.70	133.9	1111.09	999.98	21.74	2.41
Procurement	248.86	0.00	248.90	64.25	562.00	449.60	9.77	22.31
Consultants and training	85.19	57.21	96.65	12.17	251.21	251.21	5.46	6.58
Incremental Operating Costs	240.74	40.25	153.31	41.412	475.72	309.22	6.72	7.02
Special Account								-3.58
Unallocated								5.73
	899.39	174.35	1074.56	251.73	2400.03	2010.02	43.70	40.48

Benchmark	Target date
GOI should ensure release of funds to Hyderabad and provide bi-monthly feedback on availability of funds to project implementing agency	October 31, 2000 December 31, 2000 February 28, 2001
GOI and the states should monitor the agreed civil works benchmarks (Annex IV), especially in Hyderabad, and Delhi and cancel a) major works not awarded by and b) minor works by	a) October 31, 2000 b) December 31, 2000
GOI and the states should expeditiously follow-up the implementation progress, including SOE reimbursement by undertaking monthly reviews and site visits	Till the end of the project
GOI should ensure that at least an additional disbursement of US \$ 15 million takes place by	March 31, 2001
GOI and states should ensure that all critical positions of specialists and staff nurses are filled by	October 31, 2000
GOI to assign a senior officer for ICR process and award contracts for ICR studies/review	December 31, 2000

Status of Selected Output Indicators

Bangalore – July– Sept 2000			
Indicator	Estimated Number (Annual)	Achievement till Sept. 00	
		No.	% of estimated number
Contraceptive prevalence among eligible couples	4,16,362	226,779	54.45%
Pregnant women having 3 Antenatal visits	95,558	95,279	99.7 %
Measles Immunization	88,101	82,487	93.6 %

Calcutta July– Sept 2000			
Indicator	Estimated Number (Annual)	Achievement till Sept. 00	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,79,828	84,159	46.8
Pregnant women having 3 Antenatal visits	25,615	23,309	91.0
Institutional deliveries	23,288	22,425	92.0
Measles Immunization	22,576	17,835	79.0

Delhi July– Sept 2000			
Indicator	Estimated Number	Achievement	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	26,278	4370	16.6
Pregnant women having 3 Antenatal visits	8,153	7,890	88.3
Institutional Deliveries	8,153	1313	16.1
Measles Immunization	8,153	6,767	83.0

Hyderabad April 2000			
	Planned	Achievement	
		No.	%
Contraceptive – Permanent	4797	3472	72.4
Contraceptive use – IUD	1917	990	51.6
Pregnant women having 3 AN visits	9344	5904	63.2
Institutional deliveries	7330	4217	57.5
Measles Immunization	8383	4827	57.6
* Higher % due to Campaign			

Summary Status of Civil Works

Bangalore						
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	0	54	54	To cancel the remaining work is there is no decision is received by October 31, 2000
2. Renovation of Maternity Home	27	25	4	24	21	1 works to be completed by October 31, 2000 and remaining 3 works to be completed by December 31, 2000
3. Renovation of UFWC	26	23	3	20	20	Balance 3 to be completed by December 31, 2000
4. Construction of Staff Quarters	7	7	1	6	6	To complete the electrical and water connections and hand over remaining 2 quarters by October 31, 2000
5. Construction of new Maternity Homes	5	5	5			Three centers to be completed by December 31, 2000 and remaining 2 centers by March 31, 2001
6. Construction of Staff Quarters attached to new Maternity Homes	5	5	5			Quarters in 3 centers to be completed by December 31, 2000 and remaining 2 centers by March 31, 2001
7. Construction of Training Center	1	1	1			Finishing and furnishing to be completed by October 31, 2000
8. Renovation of Stores	1	1		1		

Calcutta					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit (HAU) Exclusive	97	6	91	6 Nos. to be completed by December 2000
II.	ESOPD- HAUs	7	0	7	All Completed
III.	ESOPD cum Maternity Home	17	0	17	All Completed
IV.	HAU, ESOPD and Maternity Home	1	0	1	Completed
V.	Maternity Home with Clinic	5	5	0	To Submit bid evaluation report to Bank by October 15, 2000
VI.	Central Medical Store	1	0	1	Completed
VII.	Sub Centers (New)	114	5	109	5 Nos. to be completed by June 2000
VIII.	Sub Centers (Repair and renovation)	159	0	159	All works completed

Delhi						
Project Activities	Project Target	Sites Identified	Work in Progress	Work Completed	Remarks, If any	Agreed Actions
1	2	3	4	5	7	
1. Construction of Health Centers	21	21	9	10	Completed- 10	To complete: Three facilities by October 15, 2000 One by December 31, 2000 One by January 31, 2001 and Four by March 31, 2001
					Work under progress - 9	
					To be grounded - 2	
2. Construction of UHC cum Maternity Home	6	6	4	2	Completed - 2	To complete and operationalize by November 30, 2000
					Work under progress - 4	
3. Construction of Health Post	105	105	18	67	Completed - 67	Last date for issue of work orders December 15, 2000

Hyderabad																				
PROJECT ACTIVITIES	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY														
1	2	3	4	5	6	7														
I) Construction of new Urban Family Welfare Centers	26	26	7	19	18	<table border="1"> <tr><td>Completed</td><td>19</td></tr> <tr><td>Basement</td><td>1</td></tr> <tr><td>Brick work</td><td>4</td></tr> <tr><td>Finishing</td><td>2</td></tr> <tr><td colspan="2">To complete and operationalize 5 facilities by 31 October, 2000 and one by November 2000</td></tr> <tr><td colspan="2">To agree on follow-up action for the site with legal problems by October 31, 2000</td></tr> </table>	Completed	19	Basement	1	Brick work	4	Finishing	2	To complete and operationalize 5 facilities by 31 October, 2000 and one by November 2000		To agree on follow-up action for the site with legal problems by October 31, 2000			
Completed	19																			
Basement	1																			
Brick work	4																			
Finishing	2																			
To complete and operationalize 5 facilities by 31 October, 2000 and one by November 2000																				
To agree on follow-up action for the site with legal problems by October 31, 2000																				
II) Renovation of UFWCs into 'D' type Health Posts.	36	36	18	18	16	<table border="1"> <tr><td>Completed</td><td>18</td></tr> <tr><td>Excavation</td><td>2</td></tr> <tr><td>Basement</td><td>2</td></tr> <tr><td>Roof Level</td><td>1</td></tr> <tr><td>Finishing</td><td>13</td></tr> <tr><td colspan="2">To complete and operationalize 8 facilities by October 31, 2000, 4 facilities by November 30, 2000 and 2 by March 2001.</td></tr> <tr><td colspan="2">To agree on follow-up action for the 3 sites with problems by October 31, 2000.</td></tr> </table>	Completed	18	Excavation	2	Basement	2	Roof Level	1	Finishing	13	To complete and operationalize 8 facilities by October 31, 2000, 4 facilities by November 30, 2000 and 2 by March 2001.		To agree on follow-up action for the 3 sites with problems by October 31, 2000.	
Completed	18																			
Excavation	2																			
Basement	2																			
Roof Level	1																			
Finishing	13																			
To complete and operationalize 8 facilities by October 31, 2000, 4 facilities by November 30, 2000 and 2 by March 2001.																				
To agree on follow-up action for the 3 sites with problems by October 31, 2000.																				
III) Upgradation/ Construction of Maternity Centers (with 30 beds) and Neo-natal care room.	3 (in two phases)	3	2 (Phase-II)	2 (Phase-I) 1 (Phase I & II)	3	Finishing states of Phase II 2														
	2 (in one phase)	2	2	0	0	<table border="1"> <tr><td>Brick work</td><td>1</td></tr> <tr><td>Finishing stage</td><td>1</td></tr> </table>	Brick work	1	Finishing stage	1										
Brick work	1																			
Finishing stage	1																			
IV) Construction of quarters for staff nurses of Maternity Centers	4	4	1	3	3	Roof level 1														
V) Augmentation of Office accommodation for City Family Welfare Bureau.	1	1	--	1	1	Completed 1														
VI) Construction of 9 new Type D Health Posts (UHPs: 6, UFW:2, Health Centre:1)	9	9				<table border="1"> <tr><td>Sites not yet handed over 5 facilities. Tendering completed and work orders to be issued.</td><td>9</td></tr> <tr><td colspan="2">To Cancel the works for which sites are not identified</td></tr> </table>	Sites not yet handed over 5 facilities. Tendering completed and work orders to be issued.	9	To Cancel the works for which sites are not identified											
Sites not yet handed over 5 facilities. Tendering completed and work orders to be issued.	9																			
To Cancel the works for which sites are not identified																				

AP Additional Works - September 2000							
ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
1	2	3	4	5	6	7	8
Construction of Urban Health Centers	192	187	113	6	1	Completed: 6	Immediately operationalize
						Basement :40	Operationalize by 31, Dec, 2000
						Lintel: 9	Operationalize by Nov. 30, 2000
						Roof: 26	Operationalize by November 30, 2000
						Finishing: 32	Operationalize by October 31, 2000

	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
S. No	1	2	3	4	5	6	7	8
I	Construction of New Urban Health Centers	45	45	0	0	0	Cancel works for which contracts are not awarded by Operaionalize	October 15, 2000 May 2001
II	Construction of New Maternity Homes	8	8	0	0	0	Cancel works for which contracts are not awarded by Operaionalize	October 15, 2000 May 2001
III	Repair of Health Centers	21					Complete by	March 2001
IV	Repair of Maternity Homes	14					Complete by	March 2001

WB Additional Works - September 2000								
S. No	ACTIVITY	REVISED TARGET	SITES IDENTIFIED	WORK IN PROGRESS	WORK COMPLETED	ALREADY OPERATIONALISED	REMARKS, IF ANY	
	1	2	3	4	5	6	7	8
I	Construction of Urban Health Posts with Medical Stores	10	10	10	0	0	Roof level for First Floor: 8	Operationalize by 31, March, 2001
							Foundation: 2	Operationalize by 31, May, 2001
II	Construction of Urban Health Posts	25	25	25	0	0	Roof for 1st Floor: 24	Operationalize by 31, March, 2001
							Foundation: 1	Operationalize by 31, May, 2001
III	OPD cum Maternity Home	11	11	11	0	0	Ground Floor Roof: 9	Operationalize by 31, March, 2001
							Foundation level: 2	Operationalize by 31, May, 2001

Mission Objectives

The objectives of the mission are to:

- a) review implementation progress in project cities and additional activities which became effective on August 21, 2000 by undertaking site visits to Delhi, Andhra Pradesh, Karnataka and West Bengal states and review meetings at MOHFW
- b) to review detailed assessment undertaken by MOHFW on feasibility of implementing the approved activities and reach agreement on cancellation of project savings that may not be spent before project closure and
- c) to discuss the ICR process and reach agreement on preparatory activities including the end line surveys.

Documents/Reports received during the mission

The following documents/reports received during the mission are available at NDO.

Andhra Pradesh : a) Project Status Report – April 2000- 31 August 2000 – Municipal Corporation of Hyderabad(MCH); b)) Report on Performance Indicators June 2000 – Hyderabad c) Status Report - Urban Slum Health Care Project Sept. 2000 – Commissioner FW, GOAP, Hyderabad d) Reference Manual – Andhra Pradesh Urban Slum Health Care Project – Sept. 2000 – Commissioner FW, GOAP, Hyderabad;

Delhi: a) Progress Review – August 31, 2000 – Municipal Corporation of Delhi (MCD); b) Report on MIS activities – August 31, 2000 – MCD c) Report on Rapid Assessment of critical inputs in IEC strategy of IPP-VIII Project– Disha, New Delhi;

Karnataka : a) Project Review Status April 2000 to August 2000 - Bangalore Mahanagar Palike (BMP) b) Status Report on Additional City Project – Sept. 2000 - Government of Karnataka;

West Bengal: a) Project Review Status August 2000 – Calcutta Metropolitan Development Authority (CMDA) b) Status report on IPP VIII extension to 10 Additional Cities – State Urban Development Agency, West Bengal c) Baseline Survey in 10 additional cities – Draft – Institute of Local Government and Urban Studies, GoWB d) Guidelines for implementation of Reproductive Health Education Program – IPP VIII Calcutta

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

Ref No. SUDA-15/98(Pt-IV)/320

Date 31.8.2000

From: Adviser(Health)
SUDA

To: Mayor/ Chairman,
Siliguri/ Darjeeling| Jalpaiguri MC/ MPL.

Project Director, IPP-VIII(Extn)
Siliguri/ Darjeeling/ Jalpaiguri

CE, MED

Sub: Joint World Bank Mission to West Bengal-
July 19-22, 2000; Back To Office Report

Sir,

Enclosed, kindly find herewith a copy of the above
Report for your information and necessary action.

Enclo: as stated

Yours faithfully,
[Signature] 31/8
Adviser(Health)

Pe - IFA VIII Ext
K.S. Sanyal
28/8/2000

**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 5th round and SOEs for 6th 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.

**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) 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 remainder 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 to be 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 remainder 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

Benchmarks for Nov. 1999 to March 2000	
Calcutta – CMDA	
<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
Additional City component – SUDA	
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

Annex III

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) 1st 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
	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
	Stock-out of essential supplies:		
	a) Oral pill	None	None
	b) Measles Vaccine	None	None
	c) Iron Folic Acid (large) tab	None	None
Generate demand for FW services	a) Group discussions on Safe motherhood	932	925
	b) Group discussions with AV presentations on care of new born child	142	268
	c) Adolescent girls workshops on RTI/STI	97	94
Improve Program Management	Municipality level committees constituted to improve coordination between different agencies implementing MCH and FW activities	40	40

F.W.(US) Project – IPP – VIII, Calcutta Revised Project Estimate

Item of Expenditure	Project Estimate	Total since inception to 31.3.2000	Anticipated total Expenditure till the end of the Project	Excess (+) Savings(-) Compared to Project Estimate
	(2)	(3)	(4)	(5) = (4-2)
A. Construction				
1. Civil Works	3130.70	2357.15	3290.70	(+160.00)
2. Consultancy				
Total : Construction	3130.70	2357.15	3290.70	(+160.00)
B. Non recurring				
1. Procurement				
a) Equipment	882.93	474.37	969.37	(+86.44)
b) Furniture	299.98	255.79	363.79	(+63.81)
c) Vehicles	153.94	132.81	132.81	(-)21.13
d) Drugs	1140.51	465.85	825.85	(-)314.66
Total : Procurement	2477.36	1328.82	2291.82	(-)185.54
2. Training including V.T.	521.21	511.02	611.02	(+89.81)
3. IEC	320.48	267.75	320.48	-
4. Consultancy	55.05	35.24	55.05	-
5. Innovative Scheme	815.78	146.31	323.51	(-)492.27
Total : Non recurring other than procurement	1712.52	960.32	1310.06	(-)402.46
Total : Non recurring	4189.88	2289.14	3601.88	(-)588.00
C. Recurring				
1. Salaries	269.68	188.32	269.68	-
2. Honorarium	1289.42	1234.97	1950.97	(+661.55)
3. Rent	92.15	59.16	92.15	-
4. Consumables	24.46	9.98	24.46	-
5. Operation & Maintenance	263.26	140.91	395.16	(+131.90)
Total : Recurring	1938.97	1633.34	2732.42	(+)793.45
Grand Total	9259.55	6279.63	9625.00	(+)365.45

24/02/2000
obtained from
SP no of - initial
at his office on
date*
(draft) Aide Memoire
may kindly be prepared
2, 2, 6:5

February 1, 2000

Dr. D. K. Ghorai
State Family Welfare Officer & Joint Director of Health Services
Project Director, RCH
State Family Welfare Bureau
P - 16, India Exchange Place Extension, CIT Building
CALCUTTA - 73

Dear Dr. Ghorai,

Subject: RCH mission to West Bengal - January 2000

Thank you very much for the facilitating World Bank RCH mission's visit to West Bengal and useful discussions. We are herewith attaching draft Aide Memoire for your comments.

With kind regards,

Sincerely,



G. N. V. Ramana
Public Health Specialist
HNP Division

CC:

Mr. N. N. Sinha, Director, Donor Coordination, MOHFW, Nirman Bhavan, New Delhi

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

24/02/2000
Aide Memoire (H) 5:8
RCH Seen, wants
copy maybe sent
A) Pradyumn
2) CE, MED
also send 4A
for info
24/2

India Reproductive and Child Health Project (ITF 018 IN)

West Bengal

January 27-29, 2000

Aide Memoire

1. An IDA mission consisting of Drs. Sadia Chowdhury and Ramana reviewed the implementation progress of RCH program in the State of West Bengal between January 27 to 29, 2000. Dr. S. Sarkar from GOI and Dr. Ranjana Kumari from DFID also participated in the mission. The mission held discussions with the state authorities and undertook field visit to Murshidabad district to review the RCH sub project. A donor coordination meeting was held with DIFD, GTZ and Unicef to discuss ongoing projects and future options for intensified collaboration. The mission would like to thank Mrs. Neera Saggi, Commissioner Family Welfare & Special Secretary, Mrs. Mandira Das Gupta, Joint Secretary, Dept. of Health & FW, Dr. D. K. Ghorai, State Family Welfare Officer, Dr. B. R. Satpathi, ADHS (MCH), Director, SIHFW, West Bengal and other officers from State Headquarters for facilitating discussions. The mission is thankful to Mr. H. K. Dwidevi, District Magistrate, Mr. Satchidananda Kandari, Sabhadipathi, CMOH, Murshidabad and various officials for the discussions, field visits and the excellent hospitality extended to the mission.

2. **Summary:** The implementation progress of National component of RCH program continues to be slow in the state. So far, less than a fifth of Rs. 6.4 Crores released by GOI under RCH National component and CSSM programs during past three years was expended (Annex 1). The RCH training also lagged behind. Vacancies of critical staff in state family welfare bureau adversely affected oversight by State level officials. Due to operational constraints, claims for the funds released for minor civil works could not be submitted regularly. The state authorities need to focus developing sustained linkages between RCH and West Bengal State Health Systems projects for referral care and follow-up. The Implementation pace of the sub projects has increased. Forty new sub centers will be handed over in Murshidabad by March 2000 and project authorities agreed to expedite contracts for 45 sub centers by June 2000. Asansol will be completing all civil works by March, 2001 and service delivery has started in 114 urban health posts. With substantive part of procurement completed, the sub project authorities need to focus on service delivery, and social mobilization activities.

DO 1. Improve management performance:

3.1. For the year 1999-2000 district plans based on community needs assessment were prepared for all 19 districts. However, the state family welfare bureau could not effectively provide the required oversight due to vacancies of critical staff. Key positions such as state EPI officer are currently filled by staff on deputation. It was agreed that state officials from March 2000 onwards would organize 6-7 region level consultations every quarter to enhance interactions with district bureaus. These interactions would facilitate effective implementation of RCH program and timely submission of expenditure claims.

3.2. Out of the planned 5 state level consultants, so far only 3 (Maternal Health, Personnel and Administration and Finance) have been appointed and one of the consultants has resigned recently. Interviews for two consultants were completed and it was agreed that these consultants

would be in position by Feb. 28, 2000 and the consultant for Maternal health would be appointed by March 31, 2000. The mission has advised the state authorities to institute a monthly review mechanism to monitor the performance of consultants on a regular basis and forward six monthly report to GOI and the Bank.

DO 2 Improve quality, coverage and effectiveness of existing FWP

4.1. Among the contractual staff, only 5 out of the 81 staff nurses and 9 out of 15 lab technicians planned for first two years in State Implementation Plan are in position. Since the state has recently filled the existing vacancies of lab technicians, there is no immediate need for additional lab technicians to support RTI/STI clinics. Instead, the state authorities suggested the option of hiring counselors on contractual basis to interact with clients attending these clinics. So far, 11 safe motherhood consultants have been identified in two districts. To address this, based on GOI suggestion, the state has sought the support of Federation of Obstetricians and Gynecologists, India (FOGSI) to utilize services of its members as SM consultants. It was agreed that state would reassess the requirement of additional contractual staff for the remainder of the project and forward a detailed proposal to GOI by March 31, 2000.

4.2. Due to lack of effective coordination between state family welfare bureau and SIHFW the implementation of awareness generation training could not be effectively monitored and expenditure claims could not be obtained from the districts. So far, only Rs. 12.90 Lakhs out of Rs. 123 Lakhs received for awareness generation training have been spent. During the field visit it was noticed that there is considerable delay in reporting of training expenditure incurred at the district level. This is partly due to insistence on audit certificate while submitting claims. The mission clarified that audit certificates are to be submitted only once a year while claims should be submitted on a monthly basis. So far, only two districts (Murshidabad and Birbhum) have submitted training plans for foundation skill and specialized clinical skill development training. The training of trainers for foundation skills has started and 122 trainers were trained. Though thirteen institutions have been identified for specialized clinical skill training, only 7 medical officers have been trained so far. It was agreed that the state would a) forward district training plans to NIHFW by March 15, 2000 b) complete the remaining awareness generation training by March 31, 2000 and c) submit claims for expenditures incurred for AGT by June 2000.

4.3. For IEC activities, the state has released Rs. 47.66 lakhs to 10 district literacy missions (ZSS) based on GOI's recommendations. So far, no expenditure has been reported. The mission is pleased to note that the state has initiated steps to make District Family Welfare Officer (Dy. CMOH III) as a member of District Literacy Mission to promote inter department coordination. It was agreed that State Family Welfare department would review implementation of IEC activities by ZSS and report back to GOI and the Bank by March 31, 2000.

DO 3. Progressively expand the scope and content of FW services:

5.1. The state has started a pilot in Puralia district to assess operational feasibility of 24hrs delivery services. Out of Rs. 83.3 Lakhs released by GOI for this pilot, Rs. 30 lakhs have been made available to district authorities. The district authorities are concerned about sustainability of such incentives since presently Staff Nurses conduct deliveries usually at Block PHCs and most of these facilities have adequate staff nurses to do shift duties. Consequently, they did not submit any expenditure claims though about 900 institutional deliveries were conducted between April to September 1999. Since no results from pilot are available, further funds could not be released under this scheme by GOI. It was agreed that the state authorities would forward a comprehensive report on the pilot to GOI by March 2000 explaining the current status and indicating whether they need any specific changes in the scheme to suit the existing situation.

DO 4. Improve access of FWP in selected disadvantaged districts and cities: Sub Project – Murshidabad

6.1. The sub project has so far has incurred an expenditure of Rs.1.1 Crores and has committed about Rs.1.75 Crores by March 31, 2000. All the 40 new sub centers planned for phase I will be completed by March 2000. Among the remaining 59 sub centers, sites have been identified for fourteen. It was agreed that the project authorities would a) confirm the availability of remaining sites by March 31, 2000, b) award contracts for 45 sub centers by June 2000; and c) award the remaining 14 sub centers by March 2001. The block PHC visited by the mission could not distribute the furniture procured for the sub centers due to operational constraints. It was agreed that the project authorities would immediately expedite distribution of furniture and report to GOI and Bank.

6.2. The mission is pleased to note effective implementation of training for Village Health Volunteers. However, considering the inputs provided to this cadre in the project, the mission recommends introduction of a simple monitoring system to assess their effectiveness in achieving the RCH objectives.

6.3. Though none of the ANM's posts were vacant in the district, nearly a third of Medical officer's and more than three fourths of male worker's posts are vacant which requires urgent attention. It was noticed that some block PHCs which are well utilized for institutional deliveries are a very poor state of maintenance. The mission suggested project authorities to consider adopting approaches used in SHS and DIFD supported projects such as maintenance contracts and flexible funds with block medical officer for minor repairs to improve quality of services in Block PHC with high utilization. It was agreed that the project authorities would review utilization rates of the Block PHCs not supported under State Health Systems Project and submit proposal for improving quality of services by March 31, 2000.

6.4. There are considerable delays in reporting expenditure on referral funds and which calls for continuous oversight and appropriate follow-up by district authorities. To improve the referral services there is strong need to establish linkages of SC/PHC/BPHC network with FRUs and district hospital. It was agreed that by June 2000 the project authorities would map the facilities for emergency obstetric care and organize quarterly review meetings for the staff. The mission strongly recommends development of formal linkages between family welfare bureau and State Health Systems Project under the umbrella of district health committee. It was observed that project funds are being used to support routine family planning activities such as compensation and drugs for sterilization cases which is against the legal covenants of the project and hence will not be reimbursed.

6.5. The mission had a brief meeting with Secretary SUDA and officers implementing the Asansol sub project. All the planned 114 Honorary Health Workers (HHWs) in the Phase I have been selected, trained and started service delivery. Training of HHWs selected for second phase is currently in progress and project authorities have initiated steps to select HHWs for third phase as well as First Tier Supervisors. Specific agreements were reached regarding civil works phasing and appointment of Second Tier Supervisors and honorary private practitioners.


Donor Coordination:

7.1. The mission is thankful to Directorate of Family Welfare for organizing a meeting of all partner agencies supporting RCH initiatives in the state (Unicef, DFID, GTZ). This provided an excellent opportunity to exchange information on focus areas of partners and also helped to identify areas of further collaboration. Issues such as increasing access to RCH services through strengthening and formalizing the linkage between the AWW and the ANM, and of enhancing the quality of services through upgrading the skills of the ANMs were discussed. Dr. Satish Kumar, UNICEF state project officer has agreed to extend all support to proposed immunization project, especially technical review of proposals and cluster surveys. The need for better coordination between the partner agencies was identified and it was agreed that this would be done through joint missions, sharing reports of studies, analysis and strategies with each other, and ensuring each others participation in key planning activities. GTZ invited the partners to participate in planning a workshop proposed in mid March to choose the monitoring indicators for their Family Care Project in 5 districts of West Bengal. GTZ and UNICEF have agreed to share reports on Situation Analysis of the district health management, Behavior Change Communication on the basic service delivery for sexual health in Asansol and the study on Maternal Morbidity/ Mortality, Infant and Child Mortality in 3 districts of West Bengal. UNICEF has volunteered to organize a workshop for the partners to take stock of the situation and interventions for reduction of maternal mortality in the state.

Annex I

Expenditure Item	Allotment (Rs Lakhs)	Expenditure (Rs Lakhs) SOEs	Balance (Rs Lakhs)	Committed	Status	Agreed Actions
1. Civil Works	180,00,000	17,41,000	162,59,000	40,00,000 (by March 2000)	Funds were released to PWD. For small works Block Medical Officers were authorized to award contracts. Most works are in progress but till they are completed PWD can not submit claims	To submit remaining SOEs by May/June 2000
2. Cotton Wool & Bandages	32,63,000	31,36,000	1,27,000		All procurement for item completed.	To return balance to GOI
3. Drugs	21,60,000	6,32,000	15,28,000			To complete the remaining procurement by March 2000
Contractual Staff						
4. ANMs	Not Applicable					
5. SN (5 out of 81 planned in SIP for Years I & II in place.)	7,00,000	1,81,000 (Total expenditure for all contractual staff)			One district (Birbhum) would not require any contractual staff as all positions are filled. Other districts could not fill these posts as qualified candidates are not available	State will submit status report to GOI on availability of qualified staff nurses in the districts by March 31, 2000.
6. Lab Tech (9 out of the planned 15 in place.)	3,00,000				Most positions in the state are currently filled through WBSHS and GOWB recruitment and there may not any requirement	State to submit proposal to GOI to appoint counselors at RTI/STI clinics on contractual basis instead of lab technicians
7. S M Consultant (11 of 103 in place)	15,00,000				State has reached agreement with FOGSI for its members to provide services through 5 visits	State will submit a status report on progress to GOI by March 31, 2000.

Expenditure Item	Allotment in (Rs Lakhs)	Expenditure (Rs Lakhs)	Balance (Rs Lakhs)	Committed	Status	Agreed Actions
8. Referral Transport	Not Applicable					
9. Appointment of State Consultants (3 out of 5 appointed; 1 has just resigned)	25,00,000	5,36,000	19,64,000	3,20,000	IEC Consultant qualifications needs revision;	State to seek approval of GOI regarding relaxation of qualifications of IEC Consultant and appoint IEC and child health consultants by Feb. 28, 2000 Maternal Health Consultant to be recruited by March 31, 2000
10. Twenty four hour delivery service	83,30,000			30,00,000 to Purulia for pilot in 40 centres	No expenditure claims received from the pilot district. New Proposals received from Tamluk and Cooch Bihar on 38 centers.	Currently Staff Nurses attend deliveries in the night and the scheme may disrupt the existing practice. State to discuss with GOI regarding modification of scheme.
11. Anesthetist					Not applicable	
12. Office Equipment	7,00,000	5,14,000	1,86,000		SOE for remaining amount expected by end of February	
13. ZSS/ IEC	47,66,000	47,66,000 released in 10 districts		No expenditure reported from districts	Co-ordination between ZSS and Dist. Family welfare bureau not effective	Dist. Family Welfare Officer (CMOH III) to be made member of ZSS
14. Cold Chain	50,94,000	25,34,000	26,00,000		Available funds not adequate.	To submit SOE for 26,00,000 by March 31, 2000.
15.M & E	11,60,000 (Imm. Cards) 8,45,000 for EC Registers)	5,00,000	3,45,000	11,60,000 SOEs expected by end of Feb		
16. Comm Needs Assessment	16,09,000		16,09,000			To submit SOE for Rs. 16,09,000 by March 31, 2000
17. Training	123,34,000	12,90,000	110,44,000		Money released to districts. Expenditure statements received from only two districts	SOEs (AGT) to be reported by end Februray

	Allocation - Rs in Lakhs	Expenditure (Rs. lakhs)	Balance Rs lakhs	Committed	Status	Agreed actions
	7,47,000 for int. RCH		7,47,000		TOT completed	
	13,31,000 for Specialized clinical skills		13,31,000		TOT completed. Seven persons trained	
17. Sub Project - Murshidabad	200,00,000	110,74,402	1,75,06,154			Sub project authorities to review the activities and submit a revised proposal by March 31, 2000
Asansol	500,00,000 					Sub project authorities to submit details of incurred, committed and projected expenditure by Feb. 15, 2000

Bench Marks for November 1999 to March 2000		
Development Objective	Activity	Target date
<i>DO 1. Improve management performance</i>	Appoint two state level RCH consultants (IEC & Child health) using approved TORs	February 28, 2000
	Appoint maternal health consultants using approved TORs	March 31, 2000
	Establish monthly review mechanism to monitor the performance of Consultants	March 31, 2000
	Provide 6 monthly feedback to GOI and Bank	March 31, 2000 onwards
<i>DO 2. Improve quality, coverage and effectiveness of existing FWP</i>	Complete the planned awareness generation training in remaining 7 districts and submit claims for expenditures incurred	June 30, 2000
	Expedite submission of district training plans for foundation skill and specialized clinical skill training and forward to NIHFV	March 15, 2000
	Report GOI and Bank the feasibility of appointing additional Staff Nurses and Lab Technicians on contractual basis	March 31, 2000
	Review implementation of IEC by ZSS and provide report to GOI and Bank	June 30, 2000
<i>DO 3. Progressively expand the scope and content of FW services</i>	Forward a comprehensive report of on going pilot to provide 24 hrs delivery services to MH division of GOI	March 31, 2000
<i>DO 4. Improve access of FWP in selected disadvantaged districts/cities</i>	Confirm the availability of legal possession of sites for the remaining 59 sub center buildings	March 31, 2000
	Award contracts for 45 sub centers	June 30, 2000
	Award contracts for 14 sub centers	March 31, 2001
	Distribute furniture procured for Sub centers and report to GOI and Bank	Immediately
	Establish a quarterly review mechanism to facilitate coordination and monitor project outcomes	Immediately
	Forward proposal for consideration of GOI and Bank for interventions to improve service quality and maintenance at Block PHCs with high utilization rates	March 31, 2000

24/02/2000
obtained from
Smo of - office on
at his date.

(draft) Aide Memoire
may kindly be passed
(M.A.S. 2, 2-6-5)

February 1, 2000

24/02/2000

Dr. D. K. Ghorai
State Family Welfare Officer & Joint Director of Health Services
Project Director, RCH
State Family Welfare Bureau
P - 16, India Exchange Place Extension, CIT Building
CALCUTTA - 73

Dear Dr. Ghorai,

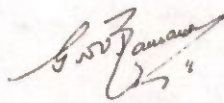
Subject: RCH mission to West Bengal - January 2000

Amber (H), S:8
Di-RCH, Seen, Tharis
copy maybe sent
A) Project Director
2) CE, MED
also sent 4A
for info
24/2

Thank you very much for the facilitating World Bank RCH mission's visit to West Bengal and useful discussions. We are herewith attaching draft Aide Memoire for your comments.

With kind regards,

Sincerely,



G. N. V. Ramana
Public Health Specialist
HNP Division

CC:

Mr. N. N. Sinha, Director, Donor Coordination, MOHFW, Nirman Bhavan, New Delhi
Mr. A. K. Mehra, Director, AP Division, MOHFW, Nirman Bhavan, New Delhi