

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

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 IIIWs 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.

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

4.1. Only 5 out of the planned 135 staff nurses and about a third of 28 Lab Technicians planned to be recruited on contractual basis are in position. The state so far had no success in contracting services of anesthesiologists as per revised RCH guidelines and only 11 safe motherhood consultants could be identified that too in two districts. The state has sought Federation of Obstetricians and Gynecologists, India (FOGSI) to encourage its members to take part in the program. The ongoing pilot in Purulia district to provide 24 hrs. delivery services in 40 facilities has reported about 460 deliveries eligible for incentives to the providers between April to

DO 2 Improve quality, coverage and effectiveness of existing FWP

3.2. Out of the planned 5 state level consultants, so far only 3 (Maternal Health, Personnel and Administration and Finance) have been appointed. Interviews for the remaining two consultants were completed and it was agreed that these consultants would be in position by Feb, 28, 2000 and a monthly review mechanism be institutionalized to monitor the performance of consultants on a regular basis and six monthly report be prepared and forwarded to GOI and the Bank.

3.1. District plans were prepared for 67 out of 68 districts and 5 districts started reporting performance in Form 9. Most of the key staff at state and district FW bureaus are in position. However, it was observed that designating District Immunization Officer as RCH nodal officer in some districts has created integration problems and the mission is pleased to note that state has initiated steps to designate District FW officer as the nodal officer for RCH in all the districts.

DO 1. Improve management performance:

needed to focus on service delivery, and social mobilization activities.

in Murshidabad by June 2000. With substantive part of procurement completed, the sub project authorities centers by March 2000 and project authorities agreed to expedite contracts for 45 sub Implementation pace of the sub projects has increased. Forty new sub centers will be handed over oversight, outcomes of ongoing pilot for 24 hrs. delivery services are not yet known.

not be submitted on quarterly basis as envisaged. Due to irregular reporting and inadequate behind. Due to operational constraints, claims for the funds released for Minor civil works could CSSM programs during past three years was expended (Annex 1). The RCH training also lagged So far, less than a fifth of Rs. 6.4 Crores released by GOI under RCH National component and 2. Summary: The implementation progress of RCH program continues to be slow in the state.

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

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

6.3. Though none of the sanctioned posts of ANMs were vacant, it was noticed that nearly a third of sanctioned posts of Medical officers and more than three fourths of male workers posts are vacant. It was noticed that some block PHCs which are well utilized for institutional deliveries are a very poor state of maintenance. It was agreed that the project authorities would review utilization rates of the Block PHCs not supported under State Health Systems Project and submit proposals by March 31, 2000 for improving the quality of services those with higher utilization adopting low cost approaches used in DIFD supported projects.

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. 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.

Coordination with SHSP:

Donor Coordination in the State:

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

**Annex
I**

RCH Schemes - Status of Funds Release and Expenditures (Rs. Lakh)										
RCH	Component/ Scheme	Details	Funds released by GOI				Funds released		Expenditure incurred till 30 Sept.99	% Expenditure
			1997-98	1998-99	99-2000	Total	Districts	State		
	Minor Civil Works		670.00	0.00	0.00	670.00	670.00	0.00	108.04	16.13
	Consultant/Staff		50.00	0.00	0.00	50.00	0.00	50.00	7.83	15.66
	Additional ANMs		150.00	0.00	0.00	150.00	148.13	0.00	103.70	69.13
	PHN/ Staff Nurses		70.00	0.00	0.00	70.00	36.82	0.00	17.09	24.41
	Lab Technicians		15.00	0.00	0.00	15.00	3.32	0.00	2.53	16.87
	Safe Motherhood Con.		0.00	8.40	0.00	8.40	0.42	0.00	0.31	3.69
	24 hrs. delivery services		0.00	32.26	0.00	32.26	3.09	0.00	0.96	2.98
	Referral Transport		30.00	0.00	0.00	30.00	30.00	0.00	0.04	0.13
	Procurement	RCH drugs	35.00	0.00	0.00	35.00	35.00	0.00	26.43	75.51
		Cotton & Bandages	80.48	0.00	0.00	80.48	80.48	0.00	66.14	82.18
		RTI/STI consumables	0.00	8.04	0.00	8.04	5.52	0.00	0.27	3.36
		Pathidine	0.00	3.20	0.00	3.20	0.61	0.00	0.00	0.00
	Contingency for computer & furniture		0.00	7.00	0.00	7.00	0.00	7.00	3.02	43.14
	IEC activities by ZSS		0.00	43.18	31.95	75.13	65.63	0.00	0.00	0.00
	Sub Project		0.00	225.00	0.00	225.00	217.95	0.00	19.73	8.77
CSSM	Printing	Immunization cards	0.00	36.80	0.00	36.80	0.00	0.00	0.00	0.00
		E C registers	0.00	12.41	0.00	12.41	0.00	0.00	0.00	0.00
	Cold chain maintenance		0.00	27.39	0.00	27.39	17.70	0.00	4.04	14.75
	Others		76.00	0.00	0.00	76.00		76.00	76.20	100.26
			1176.48	403.68	31.95	1612.11	1314.87	133.00	436.33	27.07

Status of Contractual Staff		
	Planned	In position
Consultants	5	3
Addl. PHN/Staff Nurses	135	5
Lab Technicians	28	9

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

6.3. Though none of the sanctioned posts of ANMs were vacant, it was noticed that nearly a third of sanctioned posts of Medical officers and more than three fourths of male workers posts are vacant. It was noticed that some block PHCs which are well utilized for institutional deliveries are a very poor state of maintenance. It was agreed that the project authorities would review utilization rates of the Block PHCs not supported under State Health Systems Project and submit proposals by March 31, 2000 for improving the quality of services those with higher utilization adopting low cost approaches used in DIFD supported projects.

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. 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.

Coordination with SHSP:

Donor Coordination in the State:

September 1999. However, this expenditure could not be reflected as district failed to forward the claims.

4.2. Due to operational constraints, the State training coordination cell could not effectively monitor the implementation of training activities and expenditures at district level. Implementation of awareness generation training has lagged behind. Out of ????? lakh functionaries/community representatives planned to be trained, only ????? have been trained so far and only Rs. 12.90 Lakhs out of Rs. 123 Lakhs received for this activity 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 and submission of claims should be on 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 by March 31, 2000 the state would immediately initiate steps to a) expedite the remaining awareness generation training and submit claims for expenditures incurred; and b) initiate steps to start for foundation skill training.

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 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. *Since most lab technician positions at FRUs are already filled, it was agreed that the state could consider placing the contractual lab technicians at district hospital RTI/STI clinics with an assurance that these posts are not supported under HIV/AIDS project and already sanctioned positions by the state are not duplicated. While services of some Lady Doctors trained in MTP from the private sector could be obtained on contractual basis, the state could not get anesthesiologists.*

5.2. The state has started a district 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 pilot is currently being implemented in 40 facilities. During the review undertaken by state FW department about 450 deliveries (between April and September 1999) were reported to be eligible for this scheme. However, no expenditure claims have been received from the district so far and no monitoring reports are being sent to state. Since no results from pilot are available, further funds could not be released. It was agreed that the state authorities would forward a comprehensive report on the pilot to GOI by March 2000.

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 Cores 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 works 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. It was agreed that the project authorities would immediately expedite distribution of furniture and report to GOI and Bank.

MINUTES OF THE RCH SUB-PROJECTS REVIEW MEETING HELD
ON 9th - 12th AUGUST, 1999

A Review Meeting was held from 9th - 12th August, 1999 under the Chairmanship of Smt. Meenakashi Datta Ghosh, Joint Secretary (Policy) to review the progress of implementation of the 24 Sub-projects being implemented in 17 States. The meeting was attended by Secretaries, Nodal Officers and other concerned officials of the State Government and Dr. G.N.V. Ramanna and Dr. Anu Bhardwaj from the World Bank. A list of participants is enclosed.

Giving a little background of the subject, JS(1st) stated that the RCH Sub-Projects were undertaken with specific focus to bridge the gaps in the delivery of Family Welfare and Health Care Services in the backward districts/cities so as to enable them to achieve an overall status equivalent to the State. Though two years have passed since implementation of the Sub-Projects, yet the pace of progress of implementation in many of the Sub-Projects is still very tardy because of various reasons which inter-alia included:

- (i) Delay in the release of funds by the State Finance Departments to the district/city implementation authorities.
- (ii) Delay in identification of sites for civil works.
- (iii) Appointment of Nodal Officers and other Staff.
- (iv) Staff non-conversant with the World Bank procedures etc.

JS stated that the current review meetings are being held precisely to identify the reasons for slow progress in implementation so as to initiate appropriate remedial action. This is also when we should evaluate what difference the Sub-Projects have made to the community. JS further also referred to the flexibility provided in the project, design to meet the specific needs of the districts/cities and advised the states to suggest modifications in the activities planned earlier, wherever necessary. There was a need for decentralisation supported by corresponding devolution of financial and administrative powers. She requested the States to regularly monitor the projects in terms of outreach, outcomes and impacts.

Thereafter, some of the critical issues identified in the World Bank Aide Memorie of May, 1999 were taken up for detailed discussion. Various benchmarks were agreed to with the States for follow up action. A State-wise position of agreements reached on various issues is enclosed in Annexure-1.

JS stated though most of the States have started incurring expenditures, they are not filing their claims and nor they are forwarding the physical and financial reports regularly. Government of India would now depute officials to Orissa & Gujarat. All the States were requested to ensure timely submission of physical and financial reports as well as their claims. It was also clarified that expenditure claims should not be submitted in respect of advances. Concerning restoration of reduced allocation of funds for U.P., Karnataka, Gujarat, Rajasthan & Punjab, JS requested the State Governments to

demonstrate improvement in the progress of implementation and most certainly we will try and ensure that the World Bank does not insist upon curtailing funds.

The meeting concluded with the vote of thanks to the chair.

<p>West Bengal: Asansole</p>	<p>i) Bidding of tenders approved and tenders will be called.</p> <p>ii) Construction will start</p> <p>iii) Amount released Rs. 1 crore (expenditure as on 31st July 99 - Rs. 5 lakhs for baseline survey & Rs. 68 lakhs procurement etc.)</p>	<p>i) 15th September, 1999.</p> <p>ii) 31st October' 99.</p> <p>iii) No claim submitted. To be submitted immediately.</p>
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Mr. Jhala & Ms. Chatterjee

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02/13/99

It is necessary to monitor the quality of services at maternity homes to avoid unnecessary surgical interventions, especially caesarean sections. As agreed during the mission I look forward to hearing from you about the introduction of quality assurance mechanisms and rationalization of fee structures.

4. I also wish to bring to your notice the need for rationalizing the package of services to be provided at ESOPD and maternity homes based on the need, catchment population and existing public and private services.

Population VIII – Proposed Additional Cities:

5. The mission is pleased to note that preparatory activities by SUDA are in an advanced stage and we have conveyed the concerns of the project implementing agency to MOHFW to facilitate early EFC clearance. Meanwhile, it was agreed that SUDA would proceed with identification and training of IIIWs and preparation of bid documents for civil works.

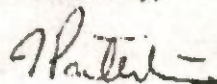
Reproductive and Child Health Sub-projects (Murshidabad and Asansol):

6. The mission noted that progress in Murshidabad has been very slow. Some activities in the proposal might be redundant because similar inputs are being provided under other projects like STD/AIDS and Social Safety Net. There is adequate flexibility in the project for revising the proposed activities to avoid duplication, and revisions should be urgently submitted to MOHFW. Further, I would like to alert you that financing under this project is performance linked. Consequently, the funds are not earmarked for particular sub-projects, and would be transferred to better performing activities/states.

7. Asansol has made satisfactory progress in employing the required service delivery staff and link workers whose training is in progress, and completed sham census to identify beneficiaries. Details are given in Annex II. Intensive action is now required to complete the proposed civil works, and to start providing services and IEC.

With best personal regards.

Sincerely,



Indra Pathmanathan
Senior Public Health Specialist
Health, Nutrition and Population
South Asia

Attachment: Aide Memoire

11. **Population VIII: Proposed additional cities:** The mission is pleased to note that the preparatory activities are in an advanced stage. The State Urban Development Authority (SUDA), implementing agency for the project, has indicated that the final report of the baseline survey is expected by March 31 and the process of identification and training of IIIWs has already started. All sites for civil works have been identified and types designs have been approved by the Bank. It was agreed that (a) Municipality level co-ordination committees consisting of elected persons from local bodies, representatives of SUDA, District Magistrate, local hospitals and health officers would review the annual action plans and forward for SUDA's approval (b) MOHFW would once again write to EFC requesting an early clearance.

12. **Reproductive and Child Health Sub-projects (Murshidabad and Asansol):** The mission noted that progress in Murshidabad has been very slow. It appears that several activities in the proposal might be redundant because of duplication, and therefore no action has been taken. Examples of this are the proposed training of health workers in STD/AIDS which will be done by the AIDS project, and responsibilities of the proposed village health workers that would overlap with those of ICDS workers. The mission stressed that the state has flexibility in revising the proposed activities, but that performance would be measured by achievements in terms of increased coverage of the beneficiary population in immunization, contraception and institutional deliveries. Funds would not be car-marked for particular sub-projects, and would be transferred to other activities based on performance.

13. Asansol has made satisfactory progress in employing the required service delivery staff and link workers whose training is in progress, and completed slum census to identify beneficiaries. Details are given in Annex II. Intensive action is now required to complete the proposed civil works, and to start providing services and IEC.

14. Agreement was reached on benchmarks to be achieved during the next six months, and the mission alerted the state that failure to achieve agreed benchmarks would result in reduction of the funds.

December 13, 1999

Mr. N. K.S. Jhala
Principal Secretary (Health & Family Welfare)
Govt. of West Bengal
Writer's Building
Calcutta 700 001

Ms. Nandita Chatterjee
Secretary, Calcutta Metropolitan Development Authority &
Project Director, Family Welfare Urban Slums Project Calcutta
3 A, Auckland Place
Calcutta 700 017

Dear Mr. Jhala and Ms. Chatterjee,

*Subject: Family Welfare Urban Slums Project (Cr. 2394-IN) Calcutta - Aide Memoire of
Review Mission held on 24 and 25 Nov. 1999*

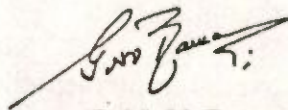
1. I would like to thank you, your staff, the Calcutta Metropolitan Development Authority (CMDA), project staff and Government of West Bengal for discussions, organization of field visits and support extended to the World Bank mission during November, 1999. I attach the Aide Memoire which summarizes the issues discussed and agreements reached on actions to be implemented during the next six months. For your ease of reference, I am summarizing the main points.
2. The mission is pleased to note that overall implementation progress of the project in West Bengal has been highly satisfactory and the development objectives are being met. Out reach services are being provided in 90% of blocks and sub centers planned in the project while nearly half of the maternity homes and Essential Specialty Out Patient Departments (ESOPD) are operational.
3. As it is unlikely that the project period will be extended, the project authorities need to ensure that all civil works are completed by December 2000. To ensure quality of RCH services, it was agreed during Feb 99 mission that GOWB would help the project authorities to appoint staff nurses as second tier supervisors. This bench mark could not be achieved so far due to labor market shortages. It was agreed that the project authorities with support of GOWB would ensure at least one full time staff nurse and one doctor (preferably lady doctor) in each of the 40 municipalities.

*9PP-VIII (EA) Health
file at SWA
16/12*
*May be placed before
M + Secretary for
this kind of
to COH &
other officials
of the Project.
16/12/99*

4. The mission is pleased to note that project officials have put in commendable effort to ensure high levels of ownership from the local bodies. Innovative approaches such as introduction of user charges, cross subsidizing the poor and partnership with private sector for specialist doctors are being successfully implemented. Now that most of project the inputs are in place, it would be most appropriate to undertake independent assessment of the effectiveness of some of the project initiatives such as vocational training in achieving the project development objectives and develop sustainability plans for successful activities.
5. Disbursements have improved and the Project City has so far spent Rs.533.88 million out of an outlay of Rs.925.96 million. During the next 18 months the project will need to disburse about Rs.392.08 million and GOI has already released its share to the State. GOWB will need to ensure adequate funds flow during remainder of the project to sustain the current pace of implementation.
6. Implementation of additional city component of the project in the state of West Bengal agreed by after MTR came to a stand still as GOI is yet to issue clearance for this component. As the project is unlikely to be extended, GOI has to quickly reassess the situation regarding inclusion of this component and forward its recommendation to the Bank by 31 December 1999.

With best personal regards

Sincerely,



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

Attachment: Aide Memoire

CC:

1. Mrs. Meenakshi Datta Ghosh, Joint Secretary, MOHFW, Nirman Bhavan New Delhi
2. Mr. A. K. Mehra, Director, AP Division, MOHFW, Nirman Bhavan, New Delhi

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

November, 1999

Aide Memoire

1. A review of implementation progress of the Family Welfare Urban Slums Project was undertaken by a team consisting of Drs./Messers. G.N.V. Ramana (Task leader IPP VIII), Anu Bharadwaj (Service Delivery & Training), Subhash Chakravarty (Civil Works) and Supriya Mukherjee (IEC). The mission would like to thank Government of West Bengal, Mrs. Nandita Chattarjee, Secretary, Calcutta Metropolitan Development Authority, Chief of health, officials and various staff for discussions and warm hospitality that was extended to the mission. The team would also like to thank the chairpersons, municipal health officers and project staff for facilitating field visits to Naihati, Barrackpore and Panihati municipalities.
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:** Overall implementation progress of the project in West Bengal has been highly satisfactory and the development objectives are being met. Service delivery has started in 90% of blocks and sub centers planned in the project. Ten out of 23 maternity homes and 16 out of 25 Essential Specialty Out Patient Departments (ESOPD) are operational. 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 officials have put in commendable effort to ensure high levels of ownership from the local bodies. Innovative approaches such as introduction of user charges, cross subsidizing the poor and partnership with private sector for specialist doctors are being successfully implemented. As it is unlikely that the project period will be extended, the project authorities need to ensure that all civil works are completed by December 2000. Most of the training programs planned in SAR are completed and the project authorities have started special training to address specific skill gaps such as IUD insertion, inter-person communication etc. The project authorities have established systems to routinely monitor the utilization of services by project beneficiaries. Now that most of project the inputs are in place, it would be most appropriate to undertake independent assessment of the effectiveness of some of the project initiatives such as vocational training in achieving the project development objectives and develop sustainability plans for successful activities. Disbursements have improved and the Project City has so far spent Rs.533.88 million out of an outlay of Rs.925.96 million. During the next 18 months the project will need to disburse about Rs.392.08 million and GOI has already released its share to the State (Annex I). GOWB will need to ensure that flow of funds is adequate as it is unlikely that the project period will be extended. The agreed benchmarks for next 6 months are presented in Annex II.

BCC:

Tawhid Nawaz, Patmanathan, Heywood, Sadia, Bharadwaj, Chakravarty, Mukherjee,
Project files (NDO)

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)

Improve access to FW and MCH services:

5. **Community Workers:** More than 90% of the planned HHWs are in position and the mission is pleased to note that they are quite conversant with their roles and responsibilities. However, to update their knowledge there is need for constant on the job training. While first tier supervisor is a promoted HHW, most of the current second tier supervisors are male sanitary inspectors. It was agreed during the last mission that staff nurses would be posted as second tier supervisors, and GOWB would help to facilitate this process. But so far, no progress has been made and the project authorities did not receive favorable response to their advertisements. It was agreed that by March 31, 2000 at least one qualified nurse and one full time lady doctor would be posted in each of the 40 municipalities to conduct outreach clinics and provide supportive supervision for field functionaries including on the job training.

6. **Civil Works:** All the approved civil works have been awarded. Closer coordination and guidance by CMDA engineers is now required to ensure timely completion (Annex V) and proper linkage of utility services - such as power points, plumbing connections etc., - with the equipment. It was agreed that by December 2000 all civil works awarded are completed and facilities are made operational.

7. **Provision of services:** The mission is pleased to note that social mobilization activities at block level (1000 population) and regular antenatal and immunization clinics at sub centers (5000 population) have started in 90% of the locations planned in the project. Two thirds of the planned ESOPDs and a more than a third of the maternity homes are operational and referral linkages are well established (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 has established a precedence by contracting the services of local private practitioners rather than employing full time specialists. It is now critical for the project authorities to ensure the remaining facilities are made operational according to the agreed bench marks (Annex III). Also, the project authorities need to use clinical and referral protocols to improve quality of RCH services. In order to ensure complete antenatal care the project authorities should emphasize on routine urine and hemoglobin examination without insisting payment from the beneficiaries. It was agreed that project authorities would replace the non functional equipment of CUDP project using expected savings from allocations made under procurement of goods. To this extent the project authorities by January 31, 2000 would forward a detailed proposal indicating the savings and list of equipment proposed to be procured.

Improve quality of FP and MCH Services:

8. **Training:** Now that most of the training activities planned in the SAR have been completed, efforts are needed to identify and address the critical gaps during the remaining period of the project to ensure skills required for effective implementation of activities envisaged under national RCH program. It was observed that most of the Part Time Medical Officers were not inserting IUDs and consequently the beneficiaries have to be referred to nearby maternity home/hospital for this service. The mission is pleased to note in that project authorities are organizing trainers training as well as training in infection control by National Teacher's Training Center (NTTC), Pondicherry. It was agreed that project authorities would organize training for the PTMOs in IUD insertion by March 2000 and monitor their use of skills.

9. **Healthcare waste management:** The health care waste management practices in the facilities require attention. Right now the wastes are being regularly collected by the local municipal authorities and dumped at land fills. The mission advised project authorities to consult concerned officials in State Health Systems project and initiate short-term measures such as segregation of waste, colour coding by type of waste, and proper disposal of infectious wastes through deep burial pits.

Enhance demand for FW and MCH services:

10. Following the discussions during July 99 IEC workshop, the project authorities have developed a revised IEC strategy. Though there has been overall improvement, still too many activities are being undertaken and too many messages are being given. Target segmentation needs further refinement. Qualitative improvements in communication strategy - such as two way interaction, messages sensitive to local needs and effective use of existing communication material - is needed. Based on the Mid Term Review study findings on resistant groups of migrants the project authorities have started special IEC efforts to mobilize these groups. It was agreed that by March 2000 a) an external evaluation of utility of some innovations such as cooking demonstrations and reproductive health education of adolescent girls towards achieving project development objectives b) implement regular field monitoring of the IEC activities and messages by the project staff.

Improve management:

11. The project authorities are constantly reviewing the progress by undertaking field visits as well as monthly review meetings with the chairpersons of the 37 local municipalities. The mission is pleased to note that facility level monitoring systems have been established and utilization by project beneficiaries is being constantly monitored. To map under served areas, and develop special strategies for social mobilization, it would be beneficial if project authorities transform ward-wise data in GIS format. From the beginning, conscious efforts by the project authorities to promote partnership with local bodies. Despite resulting in delayed implementation of civil works, this initiative, nevertheless, resulted in strong local ownership. Considerable planning has been done to ensure the sustainability project initiatives after the project period. Taking advantage of

availability of specialists in private sector, the project authorities encouraged local bodies to contract their services on unit cost basis. Facility level health development fund has been 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 state is in an advanced stage of preparation. Out of planned 1405 HHWs, 1289 were identified, trained and are in position. State level management and supervision cell is made operational and base line survey is completed in 8 towns. Sites for the proposed civil works have been identified and bidding documents are ready. The entire implementation came to a stand still pending clearances from GOI. As the project is unlikely to be extended, GOI has to quickly reassess the situation regarding inclusion of this component and forward its recommendation to the Bank by 31 December 1999.

8/1/2000
by me
HPP - 2 (Exh.) is info
Cabinet on state
Communicated
RA 8/1/2000

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	196.63	126.67	82.95	127.63	533.88
c) Balance expenditure	116.44	121.07	88.3	66.27	392.08
d) Expenditure during last 6 months (April -Sept 99)	38.16	29.12	13.44	22.84	103.56
e) Average Expenditure per month since inception (c/64)	3.07	1.98	1.30	1.99	8.34
f) Average Expenditure per month during past 6 months	6.36	4.85	2.24	3.81	17.26
g) Required Expenditure per month (c/21)	5.54	5.77	4.20	3.16	18.67
h) Expenditure Acceleration factor (g/e)	1.80	2.91	3.24	1.58	2.24

Annex II

Benchmarks for Nov. 1999 to March 2000	
<i>Component 1 : Improve supply of FW Services</i>	Target date
Appoint at least one staff nurse and one full time medical officer per municipality to provide quality outreach services and supportive supervision including on the job training for the HHWs	March 31, 2000
Ensure timely completion of all civil works already awarded	As per bench marks in Annex IV
Operationalize the completed facilities	As per bench marks in Annex III
<i>Component 2: Improve quality of FW services</i>	
Complete the planned training of trainers	March 31, 2000
Train PTMOs in IUD insertion and monitor the use of skills developed	March 31, 2000
Initiate short-tem measures for managing healthcare wastes at the facility level in consultation with concerned SHS officials	June 30, 2000
Forward proposal for replacement of equipment at CUDP facilities using project savings under procurement of goods	January 31, 2000
<i>Component 3: Enhance demand for FW services</i>	
Conduct external evaluation of utility of cooking demonstrations and reproductive health education of adolescent girls towards achieving project development objectives	March 31, 2000
Regular field monitoring of the IEC activities and messages by the project staff.	March 31, 2000
<i>Component 4: Improve program management</i>	
Forward proposal for GIS software to map under served areas to develop special social mobilization strategies	March 31, 2000
Develop a sustainability plan to ensure continuity of the project initiatives	June 30, 2000
GOI to reassess the expanded scope of the project and forward its recommendations to the Bank	December 31, 1999

Status of facilities/services operationalized					
Facility/ Service	Project Target	Operational by Sept 99		Planned to be operational by March 2000	
		No	%	No	%
ESOPD	25	15	60	22	88
Maternity Home	23	9	39	16	70
Sub Center	763	687	90	707	93
Blocks	3815	3506	92	3656	96

Status of Process Indicators			
Component	Indicator	Planned	Achievement
Improve access to FP and MCH services	Critical Service delivery staff in position:		
	a) HHWs		
	b) 1st Tier supervisors	3815	3506
	c) Part Time Medical Officers	763 218	687 208
Improve quality of FW services	Facilities Operational:		
	a) ESOPD	25	15
	b) Maternity Homes	23	9
Generate demand for FW services	Utilization of services:		
	a) Women using Oral Pills for more than 6 months		57,708
	b) Women using IUD for more than 6 months		23,358
	c) Assisted deliveries at the maternity homes		212
Improve Program Management	Training of key staff		
	a) Inservice training for HHWs	3815	1644 (performing)
	b) Training in IUD insertion to PTMOs		
Improve Program Management	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	1092	932
	b) Group discussions with AV presentations on care of new born child	360	142
	c) Adolescent girls workshops on RTI/STI	104	97
Improve Program Management	a) Municipality level committee to provide coordination between different agencies implementing MCH and FW activities	40	40
	b) Rationalization of services provided by ESPOD and Maternity homes		

Status of outcome indicators (April – Sept 1999)			
Indicator	Estimated Number (Annual)	Achievement till Oct 99	
		No.	% of estimated number
Contraceptive prevalence among couples having less than 2 children	1,73,124	79,230	45.8
Pregnant women having 3 Antenatal visits	29,180	25,970	89.0
Institutional deliveries	28,685	25,673	89.5
Measles Immunization	27,900	21,790	78.1

Civil Works Summary Status Matrix					
Sl. No.	Project Activity	Revised Target	Work in Progress	Work Completed	Remarks
I.	Health Administrative Unit	96	22	74	17 Nos. to be completed by March 2000
					5 Nos. to be completed by December 2000
II.	ESOPD- HAUs	7	1	6	To be completed by March 2000
III.	ESOPD- Maternity Home	17	7	10	To be completed by December 2000
IV.	Composite Services Building	1	1	0	To be completed by December 1999
V.	Maternity Home with Clinic	5	5	0	To be completed by December 2000
VI.	Central Medical Store	1	0	1	
VII.	Sub Centers	114	23	91	23 Nos. to be completed by May 2000

Civil Works Status Matrix up to Oct. 99 – Health Administrative Units							
S No.	Category of units	Remarks	Completed	Under Progress	Total	Target date of	
						Commencement	Completion
1	Konnagar	Type-I	Yes			Apr-94	Sep-95
2	Rishra	Type-I	Yes			Jun-94	Sep-95
3	Uttarpara - I	Type-I	Yes			May-94	Jun-96
4	Serampore - I	Type-I	Yes			Jan-95	Sep-96
5	Champdani -I	Type-I	Yes			May-94	Sep-96
6	Bhadreswar - I	Type-I	Yes			Nov-95	May-98
7	Bansberia - I	Type-II	Yes			Jan-96	Aug-97
8	Barrackpore - I	Type-II	Yes			Feb-96	Oct-97
9	Naihati - I	Type-II	Yes			Apr-96	Apr-97
10	Halisahar - I	Type-II	Yes			Apr-96	Jul-97
11	Halisahar - II	Type-II	Yes			Apr-96	Jul-97
12	Madhyamgram - I	Type-II	Yes			Dec-95	Nov-97
13	Panihati - I	Type-II	Yes			Dec-95	Oct-97
14	Panihati - II	Type-II	Yes			Dec-95	Oct-97
15	New Barrackpore - I	Type-II	Yes			Oct-95	Jul-97
16	North Barrackpore - I	Type-II	Yes			Sep-95	Jul-97
17	Titagarh - I	Type-II	Yes			Nov-95	Jul-97
18	Baranagar - I	Type-II	Yes			Dec-95	Oct-97
19	Howrah - I	Type-II	Yes			Mar-96	Dec-97
20	Howrah - II	Type-II	Yes			Mar-96	Dec-97
21	Titagarh - II	Type-II	Yes			Nov-96	Jun-98
22	Budge Budge - I	Type-II	Yes			Mar-96	Mar-98
23	Bhatpara - I	Type-II	Yes			Sep-96	Jun-98
24	Kanchrapara - I	Type-II	Yes			Mar-96	Feb-98
25	Rajpur Sonarpur - II	Type-II	Yes			Nov-96	Feb-98
26	Uluberia - I	Type-II	Yes			Feb-97	Mar-98
27	Kalyani	Type-II	Yes			Feb-97	Jun-98
28	Gayeshpur	Type-II	Yes			Dec-95	Jul-98
29	North Barrackpore (Ward-22)	Type-II	Yes			Sep-97	Oct-98
30	Khardah - I	Type-I	Yes			Jun-96	Dec-98
31	Baidyabti - I	Type-II	Yes			Dec-97	Dec-98
32	R/Gopalppur (Gopalpur)	Type-II	Yes			Feb-97	Dec-98
33	R/Gopappur (Krisnapur)	Type-II	Yes			Feb-97	Dec-98
34	R/Gopalpur (Jyangra)	Type-II	Yes			Aug-97	Dec-98
35	R/Gopalpur (Haityara)	Type-II	Yes			Jul-97	Dec-98
36	Naihati (Adhata Road)	Type-II	Yes			Dec-97	Dec-98
37	R/Sonarpur - I (Sonarpur)	Type-II	Yes			Aug-96	Dec-98
38	Howrah M.C. (Jatadhari Park)	Type-II	Yes			Nov-98	Jan-99
39	Howrah M.C. (G.T.Road)	Type-II	Yes			Nov-97	Jan-99
40	North Dum Dum (Ambedkar Park)	Type-II	Yes			Feb-97	Jan-99
41	New Barrackpore (Kodalia)	Type-II	Yes			Feb-97	Jan-99
42	Pujali	Type-II	Yes			May-98	Mar-99
43	Bhadreswar (Nasibpur)	Type-II	Yes			Feb-98	Mar-99
44	Dum Dum - I	Type-II	Yes			Jan-98	Apr-99
45	Bansberia (Chak Bansberia)	Type-II	Yes			May-98	Apr-99
46	Kamarhati (Feeder Road)	Type-II	Yes			Mar-96	Apr-99

Civil Works Status Matrix up to Oct. 99 – Health Administrative Units Contd.							
S No.	Category of units	Remarks	Completed	Under Progress	Total	Target date of	
						Commencement	Completion
47	Kamarhati (Ariadah)	Type-II	Yes			Mar-96	Apr-99
48	Kamarhati (Nandan nagar)	Type-II	Yes			Feb-98	Apr-99
49	Kamarhati (A.C.Sarkar Road)	Type-II	Yes			Feb-98	Apr-99
50	H/Chinsufah (U. Chandannagar)	Type-II	Yes			May-98	May-99
51	H/Chinsurah (Keota)	Type-II	Yes			May-98	May-99
52	Serampore (Tarapukur)	Type-II	Yes			May-98	Jun-99
53	Srampore (Water Complex)	Type-II	Yes			May-98	Jun-99
54	Howrah (Round Tank Lane)	Type-II	Yes			Jul-98	Jun-99
55	Bhatpara (Mondalpara)	Type-II	Yes			Sep-96	Jun-99
56	Bhatpara (Kantapukur)	Type-II	Yes			Jul-98	Jun-99
57	South Dum Dum (Kalindi)	Type-II	Yes			Apr-98	Jul-99
58	South Dum Dum (N.N. Road)	Type-II	Yes			May-98	Jul-99
59	Bhatpara (Ward - 28)	Type-II	Yes			Apr-98	Jul-99
60	Khardah (Ruiya)	Type-II	Yes			Jul-98	Jul-99
61	Howrah M.C. (Buxarah)	Type-II	Yes			Jul-98	Jul-99
62	Khardah (Dopere)	Type-II	Yes			Oct-98	Aug-99
63	Budge Budge (M.Azad Road)	Type-II	Yes			Jul-98	Aug-99
64	Maheshtala (Ganipur)	Type-II	Yes			Oct-97	Aug-99
65	Maheshtala (Nungi)	Type-II	Yes			Oct-97	Aug-99
66	Maheshtala (Chak Krishnagar)	Type-II	Yes			Oct-97	Aug-99
67	Madhyamgram (Chakraghata)	Type-II	Yes			Jun-98	Aug-99
68	Barrackpore (Nona)	Type-II	Yes			Jul-98	Aug-99
69	Chandannagar	Type-II	Yes			Aug-98	Sep-99
70	Bally (Ward -4)	Type-II	Yes			Mar-98	Sep-99
71	Bally (Ward - 29)	Type-II	Yes			Mar-98	Sep-99
72	R/Sonarpur (Sreepur Borai)	Type-II	Yes			Nov-97	Sep-99
73	Madhyamgram (Guchuria)	Type-II	Yes			Jul-98	Sep-99
74	South Dum Dum (Jawpur Road)	Type-II		Yes		Sep-98	Nov-99
75	Maheshtala (Makalhati)	Type-II	Yes			Jan-99	Nov-99
76	Uluberia (Burikhali)	Type-II		Yes		Mar-98	Dec-99
77	Uttarpara Kotrung (Makhla)	Type-II		Yes		May-98	Dec-99
78	Barasat - I	Type-II		Yes		Jun-97	Dec-99
79	Howrah M.C. (N.S.D. Road)	Type-II		Yes		Jul-97	Dec-99
80	Rishrah (Natungram)	Type-II		Yes		Jun-98	Dec-99
81	Titagarh (A.P.Devi Road)	Type-II		Yes		Nov-98	Dec-99
82	South Dum Dum (N.S. Avenue)	Type-II		Yes		Sep-98	Dec-99
83	Howrah M.C. (Unsani)	Type-II		Yes		Jul-98	Dec-99
84	Uluberia (Chengail)	Type-II		Yes		Mar-98	Dec-99
85	Maheshtala (Hentalkhali)	Type-II		Yes		Jan-99	Dec-99
86	Maheshtala (Akra)	Type-II		Yes		Jan-99	Dec-99
87	Chamdani - II(Gourhati)	Type-II		Yes		May-98	Dec-99
88	Barasat (Baluria - 530)	Type-II		Yes		Jun-98	March,2000
89	Sotuh Dum Dum (Dighipar Road)	Type-II		Yes		Jan-99	March,2000
90	Rishra - III	Type-II		Yes		Jun-98	March,2000
91	North Dum Dum	Type-II		Yes		Nov-99	Oct,2000
92	R/Gopalpur (Hatiyara D/N 4446)	Type-II		Yes		Nov-99	Oct,2000
93	R/Gopalpur (Hatiyara D/N 4518)	Type-II		Yes		Nov-99	Oct,2000
94	Panihati (Bhola)	Type-II		Yes		Nov-99	Oct,2000
95	Howrah (Belgachia)	Type-II		Yes		Nov-99	Oct,2000
96	Kanchrapara (Jonepur Road)	Type-II		Yes		Nov-99	Subjudice
Category: Total			74	22	96		

Civil Works Status Matrix up to Oct. 99 Contd.							
Sl. No.	Category of units	Remarks	Completed	Under Progress	Total	Target date of	
						Commencement	Completion
II. ESOPDs - HAU's							
1	Hooghly Chinsurah	Std design	Yes				
2	North Dum Dum	Std design	Yes			Jan-96	Dec-97
3	Panihati	Std design	Yes			Mar-96	Dec-97
4	Serampore	Std design	Yes			Nov-95	Dec-97
5	Garulia	Std design	Yes			Mar-97	Aug-98
6	Bally	Std design	Yes			Jan-97	Oct-98
7	Rajpur Sonarpur	Std design		Yes		Feb-97	Jan-99
Category Total			6	1	7	Mar-97	Subjudice
III. ESDOPs- Maternity							
1	Bansberira	Site specific		Yes		May-98	Dec-99
2	Bhadreswar	Std design	Yes			Dec-96	Mar-99
3	Baranagar	Std design		Yes		Mar-98	Mar,2000
4	Barrackpore	Std design	Yes			Dec-95	Dec-98
5	Budge Budge	Std design	Yes			Oct-96	Sep-99
6	Bhatpara	Std design	Yes			Apr-96	Apr-99
7	Chandannagar	Std design		Yes		Aug-98	Dec-99
8	Dum Dum	Std design		Yes		Dec-97	Dec-99
9	Madhyamgram	Std design	Yes			Jan-98	Mar-99
10	New Barrackpore	Std design	Yes			Jan-96	Oct-98
11	North Barrackpore	Site specific	Yes			Dec-96	Dec-98
12	Rishra	Std design	Yes			Apr-97	Dec-98
13	South Dum Dum	Std design		Yes		May-98	Feb,2000
14	Titagarh	Std design		Yes		Dec-98	Mar,2000
15	Uluberia	Std design		Yes		Mar-98	Dec-99
16	Uttarpara Kotrung	Site specific	Yes			Jul-97	Mar-99
17	Naihati	Std design	Yes			Nov-95	Dec-98
Category Total			10	7	17		

Civil Works Status Matrix up to Oct. 99 Contd.								
Sl. No.	Category of units	Remarks	Completed	Under Progress	To be Grounded	Total	Target date of	
							Commencement	Completion
IV. Composite Services Building								
1	Bidhan Nagar	Spl design		Yes			May-98	Dec-99
Category Total				1				
V. Maternity Home with Clinic								
1	Mahestala	Std design		Yes			Nov-99	Dec,2000
2	Gayeshpur	Std design		Yes			Nov-99	Dec,2000
3	Rajpur Sonarpur	Std design		Yes			Nov-99	Dec,2000
4	Champdani	Std design		Yes			Nov-99	Dec,2000
5	Rajarhat Gopalpur	Std design		Yes			Nov-99	Dec,2000
Category Total				5				
VI. Central Medical Store								
1	Ground floor of 'L' block of Unnayan Bhavan, Salt lake	Existing big	Yes				Jun-94	Aug-96
Category Total			1					

RCH Review meeting (Asansol RCH) with
GOI & World Bank on 12.8.99 at New Delhi

The undersigned with Ms. Indrani Bagchi (from Asansol) participated in the above meeting.

Highlights:

A. Civil construction:

1. Rebidding from the original Bidders (as proposed by MED) is to be completed by 15.9.99 positively.
2. Construction works are to be started by 30.10.99.
3. Identification with permissive possession of sites for remaining Facilities (i.e. 5-HAUs, Medical Store) are to be completed by 31.12.99.)

(A). Site plan of these are to be transmitted to GOI by 28.2.00.

B. Fiscal monitoring:

1. Bank Draft (in favour of Society for H&FW in Voluntry Sector, West Bengal) worth Rs. 2.5 Crores for RCH-Asansol Sub Project for IInd year obtained from GOI; and handed over the same to Dr. Gharai, Secretary of said Society with the request to transfer the said fund to S.U.D.A. immediately.
Acctts' Sec/
2. Apropos suggestion of /... Sri. Mehra, Director (AP), henceforth direct requisition for Fund/Submission of S.O.E from SUDA may be made for smooth and easy transaction. Proposal to this effect may be mooted from M.A. Deptt.
3. S.O.E for the year (1998-99) is to be submitted to MO H & FW in proper format by 31.8.99 positively.
(A). Subsequently SOE to be submitted to GOI for the remaining period upto July'1999(i.e. April'99 to July'99) at the earliest.
(B). Following this, S.O.E is to be submitted on monthly basis.
4. As suggested by the undersigned, an Accounts'-team from GOI will be sent to Calcutta for imparting training of the Accounts' personnel of both Asansol and Murshidabad RCH.

- C. Action Plan- for IInd year is to be submitted with quarterly split to GOI.
- D. Procurement Plan- for IInd year is to be submitted to GOI.
- E. E.S.O.P.D - may function in hired accommodation. In that case, procurement of goods to be done by October'99 and ESOPD made operational by December'99.
- F. Institutional Delivery at Private Institutions:

Target set for 1st^{Year} by Bank/GOI is 5% increase of institutional deliveries. Construction of Maternity Homes will take some more time (say 1 year). As such a proposal was mooted for permitting institutional deliveries in private hospitals to certain percentage, as accepted in IPP-VIII-(Extension). Bank opined for review of the Universal Base Line Survey (by HHWs)-finding in regard to profile of institutional confinements.

Proposal to this effect with justification and Financial requirement alongwith findings OpCit may be submitted to the Bank/GOI by 30.9.99.

- G. Allopathic composite Drug packets for HHWs- Procurement of:

Procurement may be done as packet and not itemwise (as suggested by Dr. Ramana, World Bank in the meeting dated 10.7.99 at Calcutta). Dr. Ramana agreed for procurement as packets. However, care should be taken to prevent short supply.

(Dr. N.G.Gangopadhyay)
Adviser (Health)
SUDA

Memo no. SUDA-120/96(Pt-II)/106

dated 19.8.99

C.C.

1. Secretary, M.A. Deptt & Chairman, S.U.D.A.
2. Special Secretary, M.A.Deptt.
3. Director & CE, S.U.D.A
4. Chief Engineer, M.E.D
5. SFWO & Secretary, State Society for Health & Family Welfare, in Voluntary Sector, West Bengal.

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12. Dr. S. Goswami, HM, SUDA.
13. Sri. J. K. Chakraborty, Jt. Director, ILGUS.

_____ for information and necessary action.

(Dr. N.G.Gangopadhyay)
Adviser(Health) SUDA

RCH Review meeting (Asansol RCH) with
GOI & World Bank on 12.8.99 at New Delhi

The undersigned with Ms. Indrani Bagchi (from Asansol) participated in the above meeting.

Highlights:

A. Civil construction:

1. Rebidding from the original Bidders (as proposed by MED) is to be completed by 15.9.99 positively.
2. Construction works are to be started by 30.10.99.
3. Identification with permissive possession of sites for remaining Facilities (i.e. 5-HAUs, Medical Store) are to be completed by 31.12.99.)

(A). Site plan of these are to be transmitted to GOI by 28.2.00.

B. Fiscal monitoring:

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MINUTES OF THE RCH SUB-PROJECTS REVIEW MEETING HELD
ON 9th - 12th AUGUST, 1999

A Review Meeting was held from 9th - 12th August, 1999 under the Chairmanship of Smt. Meenakashi Datta Ghosh, Joint Secretary (Policy) to review the progress of implementation of the 24 Sub-projects being implemented in 17 States. The meeting was attended by Secretaries, Nodal Officers and other concerned officials of the State Government and Dr. G.N.V. Ramanna and Dr. Anu Bhardwaj from the World Bank. A list of participants is enclosed.

Giving a little background of the subject, JS(I) stated that the RCH Sub-Projects were undertaken with specific focus to bridge the gaps in the delivery of Family Welfare and Health Care Services in the backward districts/cities so as to enable them to achieve an overall status equivalent to the State. Though two years have passed since implementation of the Sub-Projects, yet the pace of progress of implementation in many of the Sub-Projects is still very tardy because of various reasons which inter-alia included:

- (i) Delay in the release of funds by the State Finance Departments to the district/city implementation authorities.
- (ii) Delay in identification of sites for civil works.
- (iii) Appointment of Nodal Officers and other Staff.
- (iv) Staff non-conversant with the World Bank procedures etc.

JS stated that the current review meetings are being held precisely to identify the reasons for slow progress in implementation so as to initiate appropriate remedial action. This is also when we should evaluate what difference the Sub-Projects have made to the community. JS further also referred to the flexibility provided in the project, design to meet the specific needs of the districts/cities and advised the states to suggest modifications in the activities planned earlier, wherever necessary. There was a need for decentralisation supported by corresponding devolution of financial and administrative powers. She requested the States to regularly monitor the projects in terms of outreach, outcomes and impacts.

Thereafter, some of the critical issues identified in the World Bank Aide Memorie of May, 1999 were taken up for detailed discussion. Various benchmarks were agreed to with the States for follow up action. A State-wise position of agreements reached on various issues is enclosed in Annexure-1.

JS stated though most of the States have started incurring expenditures, they are not filing their claims and nor they are forwarding the physical and financial reports regularly. Government of India would now depute officials to Orissa & Gujarat. All the States were requested to ensure timely submission of physical and financial reports as well as their claims. It was also clarified that expenditure claims should not be submitted in respect of advances. Concerning restoration of reduced allocation of funds for U.P., Karnataka, Gujarat, Rajasthan & Punjab, JS requested the State Governments to

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demonstrate improvement in the progress of implementation and most certainly we will try and ensure that the World Bank does not insist upon curtailing funds.

The meeting concluded with the vote of thanks to the chair.

West Bengal: Asansole	i) Bidding of tenders approved and tenders will be called.	i) 15 th September, 1999. →
	ii) Construction will start	ii) 31 st October '99. →
	iii) Amount released Rs. 1 crore (expenditure as on 31 st July 99 - Rs. 5 lakhs for baseline survey & Rs. 68 lakhs procurement etc.)	iii) No claim submitted. To be submitted immediately.

tenders called on 12-8-99

Construction will start on receipt of Approval from SOI of Bid Evaluation Report sent on 7-10/99

Statement upto 276 lakhs submitted to SOI. Recd. Rs. 2.5 crores dt. 9/99.

Mr. Jhala & Ms. Chatterjee

-2-

02/13/99

It is necessary to monitor the quality of services at maternity homes to avoid unnecessary surgical interventions, especially caesarean sections. As agreed during the mission I look forward to hearing from you about the introduction of quality assurance mechanisms and rationalization of fee structures.

4. I also wish to bring to your notice the need for rationalizing the package of services to be provided at ESOPID and maternity homes based on the need, catchment population and existing public and private services.

Population VIII – Proposed Additional Cities:

5. The mission is pleased to note that preparatory activities by SUDA are in an advanced stage and we have conveyed the concerns of the project implementing agency to MOHFW to facilitate early EFC clearance. Meanwhile, it was agreed that SUDA would proceed with identification and training of IIIWs and preparation of bid documents for civil works.

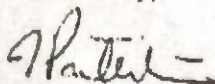
Reproductive and Child Health Sub-projects (Murshidabad and Asansol):

6. The mission noted that progress in Murshidabad has been very slow. Some activities in the proposal might be redundant because similar inputs are being provided under other projects like STD/AIDS and Social Safety Net. There is adequate flexibility in the project for revising the proposed activities to avoid duplication, and revisions should be urgently submitted to MOHFW. Further, I would like to alert you that financing under this project is performance linked. Consequently, the funds are not earmarked for particular sub-projects, and would be transferred to better performing activities/states.

7. Asansol has made satisfactory progress in employing the required service delivery staff and link workers whose training is in progress, and completed slum census to identify beneficiaries. Details are given in Annex II. Intensive action is now required to complete the proposed civil works, and to start providing services and IEC.

With best personal regards.

Sincerely,



Indra Pathmanathan
Senior Public Health Specialist
Health, Nutrition and Population
South Asia

Attachment: Aide Memoire

11. **Population VIII: Proposed additional cities:** The mission is pleased to note that the preparatory activities are in an advanced stage. The State Urban Development Authority (SUDA), implementing agency for the project, has indicated that the final report of the baseline survey is expected by March 31 and the process of identification and training of IIIWs has already started. All sites for civil works have been identified and types designs have been approved by the Bank. It was agreed that (a) Municipality level co-ordination committees consisting of elected persons from local bodies, representatives of SUDA, District Magistrate, local hospitals and health officers would review the annual action plans and forward for SUDA's approval (b) MOHFW would once again write to EFC requesting an early clearance.
12. **Reproductive and Child Health Sub-projects (Murshidabad and Asansol):** The mission noted that progress in Murshidabad has been very slow. It appears that several activities in the proposal might be redundant because of duplication, and therefore no action has been taken. Examples of this are the proposed training of health workers in STD/AIDS which will be done by the AIDS project, and responsibilities of the proposed village health workers that would overlap with those of ICDS workers. The mission stressed that the state has flexibility in revising the proposed activities, but that performance would be measured by achievements in terms of increased coverage of the beneficiary population in immunization, contraception and institutional deliveries. Funds would not be car-marked for particular sub-projects, and would be transferred to other activities based on performance.
13. **Asansol** has made satisfactory progress in employing the required service delivery staff and link workers whose training is in progress, and completed slum census to identify beneficiaries. Details are given in Annex II Intensive action is now required to complete the proposed civil works, and to start providing services and IEC.
14. Agreement was reached on benchmarks to be achieved during the next six months, and the mission alerted the state that failure to achieve agreed benchmarks would result in reduction of the funds.

AD(M)

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



June 7, 1999

Mrs. Meenakshi Datta Ghosh
Joint Secretary, Family Welfare
Ministry of Health and Family Welfare
Nirman Bhavan
New Delhi

*Dr. R. Kar & S. Gopin
may pl study and
identify our action point
before we put it up to
the M & Secretary.
14/6*

*RCM-ASL
P/L*

Dear Mrs. Ghosh,

India: Reproductive and Child Health – Local Capacity Enhancement (LCE) component
(Cr. No-018-IN)

I would like to thank you, officials of area projects division of Ministry of Health and Family Welfare and the state governments for the meetings, discussions and warm hospitality accorded to the recent mission during April 17- May 25, 1999 to review the above referenced project. Further to the letter dated 7 June addressed to Mr. Y.N. Chaturvedi from Mr. E. Lim, Country Director, India and the overall Aide Memoire for the project, I am forwarding to you the more detailed Aide Memoire which summarizes the critical findings and agreements related to the LCE component. For ease to follow-up I would like to highlight the critical issues related to the LCE component.

Overall Year I implementation progress in 8 sub projects is satisfactory. While start up activities have been slow in 10 sub projects despite funds being made available, progress in remaining 6 projects is not satisfactory. So far, baselines surveys have been completed only in 6 sub projects and it was agreed that MOHFW would coordinate with IIPS to cover base line surveys of remaining subprojects under the household surveys by expanding the scope.

Expenditure performance has been poor. Out of the planned year one expenditure of Rs. 938 million, so far, only a tenth (Rs. 94 million) was expended and claims were presented for Rs. 55 million.

The critical issues identified for tardy implementation include a) delays in funds flow, b) inadequate management capacity, c) non delegation of financial and administrative powers, d) labor market shortages and e) non availability of sites, especially in urban sub projects. I summarize the agreements reached to address these bottlenecks.

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First, the MOHFW would undertake a critical review of the projects and consider cancellations for those, which still continue to experience funds flow problems.

Second, MOHFW would write to state authorities responsible for Bellary, Rai Bareli, Firozaband and Murshidabad sub projects to (a) identify a senior officer at local level to closely coordinate the implementation and (b) nominate appropriate staff with right skill mix for procurement training.

Third, the subprojects which could not fill the planned posts and lack specialist services would submit proposals to address these constraints to MOHFW and Bank .

Fourth, the project implementing entities of four sub projects (Khozikode , Palakkad, Municipalities of Hyderabad and Kinnaur) which had problems with some of the originally identified sites would review these civil works in consultation with the local bodies and suggest cancellation of those in dispute by August 31, 1999.

The mission was pleased to note that the MOHFW has agreed to immediately look into the capacity limitations of Area Projects division – both in terms of infrastructure and human resources - and develop a strategic plan to improve the effectiveness of area project division by August 31, 1999.

With best personal wishes

Sincerely,



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

Attachment

Copy to: Director, Donor Coordination, MOHFW
Secretary/Commissioner, Family Welfare, Sub-project states.

**India: World Bank Review Mission
Reproductive and Child Health: (Cr N0180)**

May, 1999

Aide Memoire

1. A World Bank mission consisting of Drs./Messrs. Indra Pathmanathan (mission leader), G.N.V. Ramana, Sadia Chowdury and A. Bharadwaj (public health specialists), Nirmala Murthy (decentralized planning and monitoring), Rashmi Sharma (NGO component), Suneeta Singh and Avik Ghosh (IEC), R. Narula (financial management), and Mam Chand (procurement), reviewed the implementation progress of the Reproductive and Child Health (RCH) project and discussed re-structuring of the project to improve implementation progress and accommodate a request to include Polio eradication activities within the project scope. In conjunction with ICDS and Population IX missions, various mission members visited Madhya Pradesh, Assam, Rajasthan and Karnataka.

2. The mission also participated in a series of review meetings organized by the Ministry of Health and Family Welfare (MOHFW) in New Delhi: (a) for 30 States and for official of 24 sub-projects to review progress in achieving project indicators, identify implementation bottlenecks and propose modifications to the implementation arrangements; (b) for key NGOs to provide feedback on implementation issues; (c) for states to develop IEC strategies. Mission members also joined the International Coordinating Committee (ICC) for polio eradication in India, and participated in discussions with WHO, UNICEF, DFID, UNFPA and USAID.

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

4. The mission would like to thank the Government of India, and all state governments for facilitating field visits and discussions, and for the warm hospitality that was extended to the mission.

Summary: progress and achievements: October 1997 to March 1999

5. **Review process.** The mission congratulated MOHFW on the wealth of timely and good quality data made available through the surveys and MOHFW records, and the participatory interactive review process involving all states which greatly facilitated the review, identification of bottlenecks and re-structuring exercise.

6. **Program performance.** The major achievement of the project for the period under review is the successful and timely *strengthening of program monitoring*. This has provided provisional data from the RCH household surveys covering 250 districts and from facility

surveys in 17 states. As indicated by key performance indicators, program performance has improved since the previous large scale household survey (NFHS, 1993):

	NFHS, 1993	RCH survey (1998)	Others (1996/7)
Contraceptive prevalence	41	47.5	45.4 (SRS)
Childhood measles immunization	35	56.7	66 (CES)
Percent women with AN registration	62	awaited	

A separate report is available providing data from the surveys as well as from MOHFW records on progress on project indicators, and state specific performances.

Project re-structuring

7. It was agreed to re-structure the project, taking into consideration performance of each project component, absorptive capacity of various activities and states, and the shortfall in funds required for the enhancement of polio eradication during 1999. For this purpose, it was agreed to (a) establish a few critical benchmarks for assessing progress during the next six months, (b) reallocate funds between expenditure categories to accommodate procurement of polio vaccine for national immunization days and associated social mobilization, and (c) adopt a more flexible and region-specific approach in implementation of the RCH schemes. (See Annex 1 for key benchmarks and summary of achievements, Annex 2 for revised cost allocation and Annex 3 for revisions to RCH Schemes).

Project components

8. **Implementation of the policy change (removal of contraceptive targets).** Feedback from states, NGOs and mission observations during field visits indicate this component is progressing well. It was agreed that, (a) states would be involved in improving reporting of completed plans, and (b) quality of plans would be assessed through desk reviews to compare needs assessed through the plans with needs assessed through the household surveys.

9. **RCH surveys and MIS.** It was agreed that (a) timely submission of reporting formats (Form 9) would be expedited by strengthening the role of states in monitoring and providing districts with computers and link-up with NICNET; and (b) MOHFW would organize a review in October, 1999 to assess the RCH surveys and data, and performance of regional organizations. Bank would be invited to participate in the review.

Institutional strengthening.

10. **Expenditure and financial management.** Only about 12% of planned first year budget has been expended and a further 55% has been committed. Major components that were unable to meet expected expenditure performance are shown in the table below:

	Proportion of total Year 1 budget allocation	Percent of budget allocation expended
Drugs and medical equipment	15%	Nil
Contractual service delivery staff	10 %	3 %
Incremental and operating cost	10%	10%
Minor civil works	8 %	2 %
Training	7 %	34 %
Salaries for additional staff	4 %	Nil
Sub-projects	27 %	13%

Main *contributory factors* included (a) delays in first year procurement of drugs and equipment; (b) procedural delays in start up activities and release of funds for sub-projects in most states; (c) procedural delays in appointment of contractual service delivery staff in most states and non-availability of desired staff categories in the marketplace in some states; (d) poor monitoring and non-submission of claims for civil works and operating costs; (e) delay in training start up due to poor capacity at NIHFW and (f) decision not to create additional staff positions. In addition, there were funds flow problems in some states where funds were routed through the state finance department. **Agreements reached** include (a) addressing implementation bottlenecks through benchmarking and intensified monitoring (see Annex 1 for details), (b) implementation of performance linked financing and adjustment of year two budgets for all project activities and states on the basis of year one performance (see Annex 2 for details), and (c) establishment of SCOVA mechanism in Punjab, Rajasthan and Gujarat because of delay in release of funds for project by state governments.

11. **Procurement of goods.** Delay in procurement has been due partly to difficulties in establishing efficient work-flow processes between MOHFW and its procurement agent, and partly due to the complex nature of procuring and supplying drug kits to a very large number of consignees. While recognizing that procurement delays occurred prior to the appointment of HSCC in late 1998, it was agreed that (a) HSCC would strengthen its management oversight of the procurement process and upgrade its procurement skills, (b) the procurement process would be streamlined to ensure not more than 45 days interval between bid opening and submission of evaluation reports, and not more than 30 days between receipt of Bank agreement and award and signing of contracts, and (c) as was the practice in the CSSM project, the recommendations of the bid Evaluation Committee would be submitted to the World Bank in the prescribed format by HSCC, with no requirement for prior approvals by any other authority. Further, MOHFW would establish a mechanism to monitor and provide regular reports on the uptake of the kits from medical stores. (See Annex 4 for details of agreements and benchmarks).

12. **Enhanced program management capacity.** Although there has been significant improvement in information dissemination to and monitoring of state performance during the past six months, capacity for trouble-shooting, financial management and upgrading technical quality remain weak. **Agreements reached** include (a) review and strengthen capacity of the Area Project Unit whose workload in monitoring the enhanced Population VIII project as well as projects from several donors has increased greatly; (b) award of contracts to a much larger panel of part-time consultants whose services should be made available to NIHFW, various technical

units in MOHFW, and to those states who wish to utilize their expertise; (c) expedite the award of contract to financial management specialist to upgrade and computerize financial management and monitoring in MOHFW.

Essential package of RCH services

13. **RCH schemes for improving outreach, essential and emergency obstetric care.** In order to improve implementation and be more responsive to local needs and capacity, it was agreed to adopt a more flexible and regional approach by (a) modifying implementation details for several existing schemes and (b) for Southern and Western states consider single comprehensive annual proposals (inclusive of several items) within a pre-determined financial envelope excluding a specified list of non-eligible items such as civil works, vehicles etc.). (See Annex 3 for details). The mission noted pending issues on **child health** (a) RCH survey data on program performance on issues other than immunization, and (b) review of the Vitamin A quantity in the ANM kits.

14. **Training.** Benchmarks were agreed to expedite (a) monitoring of RCH awareness training, (b) start up of skill training courses and specialized courses, (c) completion of review and upgrading of model curriculum for six categories, (d) improvement of training quality, and (e) replacement of poor performing collaborating centers. The mission emphasized that replacement of Collaborating Centres should be in accordance with actions and dates agreed in November, 1998. (See Annex 5 for training benchmarks.)

15. **IEC.** Benchmarks were agreed to (a) develop a media plan for the materials that have been developed, (b) review the technical content and gender perspective of currently used IEC materials and messages; (c) appoint a specialized institution for training of national and state IEC bureau staff; (d) identify and appoint NGO and private sector institutions to provide expertise in interpersonal communication skill training to district training centers; (e) complete the IEC strategy development workshops, and (f) collaborate with the SRCs to explore mechanisms for appointing panels of part time IEC consultants and NGOs to assist states upgrade quality and implementation of IEC proposals funded through the ZSS. (See Annex 8 for IEC benchmarks).

16. **NGO component.** The mission noted that good progress in this component: more than 350 NGOs have been appointed in 19 states, and a healthy and open dialogue established between NGOs, MOHFW and some states. Agreements include providing suitable clarifications to NGOs regarding model contracts and TORs agreed with the Bank, and providing to Bank copies of the signed contracts. (See Annex 6 for details).

17. **LCE component.** Implementation progress has been satisfactory in 8 sub projects, slow in 10 sub projects despite funds being made available, and unsatisfactory in the remaining six. It was agreed that the principles of performance linked financing would be applied to sub-projects where implementation progress had been hampered by (a) delay in release of funds to the sub-project district either by the State Finance department or the State Family Welfare department; (b) delay in civil works either due to non availability of sites originally identified or failure of local authorities to implement agreed guidelines. Relevant remedial measures have been agreed

to address (a) inadequate management authority in project districts, (b) improving procurement capacity, (c) inability to recruit key service delivery staff, (d) mobilize and train community volunteers, (e) implement baseline surveys. Also, MOHFW has agreed to review capacity of the Area Project Unit and ensure that procurement documents are quality checked prior to submission to the Bank and more regular trouble-shooting at district and state level is implemented. (See Annex 7 for specific benchmarks).

18. **Polio eradication.** It was agreed that the proposed re-structuring would enlarge the project scope to include (a) procurement of polio vaccine through UNICEF for National Immunization Days in the winter of 1999/2000 and (b) related social mobilization activities (transport, workshops, local IEC). It was also agreed that MOHFW would ensure conformity with all funds flow, financial management procedures and procurement conditions agreed for the RCH project, and coordinate such Bank funds for social mobilization activities are concentrated in a limited number of pre-determined states in order to enable timely submission of claims and audit certificates.

Reproductive and Child Health
World Bank Review Mission
May, 1999

Critical issues and agreed key benchmarks

Issues	Agency	Benchmarks	Agreed timeframe
1. <i>Restructure project: re-allocate funds between expenditure categories.</i>	MOHFW	1. Sign amendments to DCA.	15 July, 1999
Polio eradication			
2. <i>Implement national polio immunization days in winter 1999.</i>	MOHFW	2.1 Provide polio vaccine for NIDs starting September 1999, 1999 2.2 Inform Bank of limited number of states to be financed for social mobilization and ensure acceptable financial records and reports	30 September, 1999 30 June, 1999
Institutional strengthening			
3. <i>Timely completion of procurement of drugs and medical equipment</i>	MOHFW and HSCC	3.1 Commence delivery of Kits A and B to consignees. 3.2 Provide Pharmaceutical and non pharmaceutical items to medical stores. 3.3 Award contract for audit procurement process and quality of drugs procured.	October, 1999 31 December, 1999
4. <i>Improve funds utilization</i>	MOHFW	4.1 Submit expenditure claims for all expenditure incurred prior to 31 March 1999 4.2 Require Rajasthan and Gujarat to establish SCOVA mechanism prior to release of any further funds. 4.3 Submit to Bank revised action plan and estimated expenditure for the period April 1999 to March 2000, based on feedback from states and MOHFW activity plan.	30 September, 1999 31 October, 1999 15 June, 1999
5. <i>Improve availability of adequate technical expertise</i>	MOHFW	5.1 Appoint much larger panels of part-time consultants and monitor utilization of such consultants for training and IEC	30 June, 1999

Issues	Agency	Benchmarks	Agreed timeframe
RCH package of services			
6. <i>Introduce greater flexibility in RCH Schemes as listed in Annex 3</i>	MOHFW	6.1 Inform states and Bank of revisions to RCH schemes.	October, 1999
Training			
7. <i>Delay in start-up of training</i>	NIHFW and states	7.1 Start RCH integrated training (also known as Foundation Skills)	31 August, 1999
8. <i>Weak collaborating centres</i>	NIHFW and MOHFW	8. Replace weak collaborating centres in accordance with criteria and dates agreed in November 1998.	31 August, 1999.
IEC			
9. <i>Need to align IEC materials to specific priority messages aimed at behavior change</i>	NIHFW and MOHFW	Complete review of IEC materials by expert group including technical and gender perspectives	31 August, 1999
Sub-projects.			
9. <i>Implement performance linked financing</i>	MOHFW	9.1 Inform Punjab, Gujarat, Uttar Pradesh, Kerala H.P. and Rajasthan of reduced allocation (see Annex 7 for details) and inform Bank of revised cost. 9.2 Ensure technical and procurement review by MOHFW of all documents from sub-projects prior to submission to Bank.	31 August, 1999 15 June, 1999

Reproductive and Child Health
World Bank Review Mission
May, 1999

Expenditure October 1997 – March 1999
and Budget Plan April 1999 – March 2000

Project Component	Activity	October 1997 – March 1999			April 99 – March 2000		
		Planned Expenditure Rs. Lakh	% Distribution of Planned expenditure	Expenditure reported till March 99 Rs. Lakh	Actual as % of Planned expenditure	MOHFW estimate	Bank assessment
A) Improved Management Performance	Monitoring & Evaluation	698	2.04	950	136.10	2302.06	2302.06
	Institutional consultants	250	0.73	150	60.00	830.00	830.00
	Consultants for MOHFW and SCOVA	1044	3.06	50	4.79	183.00	183.00
	Salaries for additional staff	1175	3.44	0	0.00	0	0
	RCH research	500	1.46	50	10.00	125.00	125.00
B) Improved quality, coverage and effectiveness	Civil works	2761	8.08	62	2.25	100.00	100.00
	Drugs & Equipment	5198	15.22	63	1.21	14589.30	7294.65
	Furniture & Non medical equip.	200	0.59	93	46.50	0	0
	Contractual staff	3547	10.38	113	3.21	2221.38	2221.38
	Referral transport	350	1.02	0	0.00	25.00	25.00
	Training	2500	7.32	850	34.00	9361.00	9361.00
	IEC	1500	4.39	200	13.33	1929.00	1929.00
C) Improve access for selected disadvantaged Districts and Cities (LCE)	NGO	1770	5.18	205	11.58	2375.00	2375.00
	Incremental Op costs	3285	9.62	315	9.62	190.00	190.00
		9380	27.46	1205	12.85	5000.00	3750.00
Polio eradication						21250.00	14875.00
Total		34158	100.00	4307	12.61	60480.74	45561.09

Proposed reallocation of funds between Expenditure Categories

According to the proposed amendments, the US\$50 million needed for additional polio eradication activities would be mobilized as follows: US\$25 million for the purchase of vaccines would be obtained by reallocating funds from expenditure categories "Civil works", "Consultants' services, including IEC", "Incremental salaries and operating expenses" and "Unallocated" to the expenditure category "Drugs" (please see attached table for details). US\$25 million for social mobilization and transport activities, on the other hand, would not require reallocation of funds, but would be provided from the "Training and workshops" and "Incremental salaries and operating expenses" expenditure categories. Schedule I to the Interim Fund Development Credit Agreement would be amended to reflect this reallocation. This amendment would not interfere with the attainment of the original project objectives. Some procurement and consultant services and civil works originally envisaged in this project are now being financed by the Borrower and through Bank-financed State Health Systems projects. In addition, labor market shortages have delayed recruitment of contractual staff in some states. This has resulted in unexpected savings of funds earmarked for Year 1. These additional funds could be allocated to the polio eradication program without hampering the progress of other project activities.

Category	Current Allocations (in SDR mn equivalent)	Proposed Allocations (in SDR mn equivalent)
1. Civil works	26.5	22.9
2. Vehicles, furniture equipment and other goods	16.1	16.1
3. Drugs	24.6	42.6
4. Consultants' services, including IEC	30.9	23.6
5. Training and workshops	24.7	24.7
6. Surveys and studies	4.4	4.4
7. Pilot Program for referral transport	0.9	0.9
8. Incremental salaries and operating expenses	35.8	32.2
9. Unallocated	15.6	12.1
TOTAL	179.5	179.5

Summary of achievements

(Extracted from a separate Report "RCH Performance Indicators" based on household and facility surveys and mission observations during field visits)

Program performance (overall)

- CPR has increased from 40.6 (NFHS, 1993) to 47.5 (RCH, 1998)
- Immunization coverage has increased from 35.4 (NFHS, 1993) to 56.7 (RCH, 1998)
- AN coverage has decreased from 43 (NFHS, 1993) to 38 (RCH, 1998) [Note: comparability of definitions used for this data is being verified]

Project Component: Planning based on community needs assessment (instead of contraceptive targets)

Achievement during the 1998-99 has surpassed benchmarks expected for Year 1:

- ◆ 17 state plans and 148 (29% districts) individual district plans were received compared to expected performance of 20 % districts.

Assessment of quality of the plans has not yet been completed.

Mission observations.

- States are using *different methods* to assess community needs including client surveys, consultation with community members, health workers' judgement, past performance, and norms set by the state to develop district plans.
- There is *under-reporting* of the number of districts that have completed plans. For example, five of the 15 major states had not reported their plans to GOI. However, mission members noted that in two of those states (Karnataka and Rajasthan) workers had developed plans and were working according to those plans.
- ◆ District Action Plans were also developed but not by compiling the subcenter plans because district plans needed to include areas where ANMs were not in position or did not develop the plan

Project Component: Strengthened monitoring system

Achievement:

- ◆ **Household surveys:** 252 districts were covered surpassing the original year one benchmark of 100 districts.
- ◆ **Survey results:** Estimates of CPR and CBR from RCH surveys corresponds closely with SRS data; preliminary review indicates that surveys have failed to capture mortality data.
- ◆ **Facility surveys:** 38 district reports have been received, although about 96 are reported to have been completed compared to the original benchmark of 100 districts.
- ◆ **Modified MIS:** No benchmark has been agreed. However, only 23% districts submitted data – giving a performance not as high as would be expected.

Project component: Institutional strengthening

(a) Individual consultants to strengthening technical support and program monitoring.

Although the number of consultants appointed at national level is satisfactory. Program monitoring has improved. However, trouble shooting at state level and technical inputs have not improved; there has been little improvement in technical support to states.

At state level: number appointed is low, and most states have not yet understood how to utilize consultants.

Panels of part time consultants to provide expert technical inputs have not yet been appointed.

(b). Survey Institutions appointed and their performance

Overall performance has been good.

National: timely completion and good technical inputs; limited field supervision

Regional: varied quality is reported regarding compliance with instructions and quality of data.

(c) Procurement agents

National level: the first agent appointed was unable to perform the requisite functions. A second agent was appointed during late 1998, and performance is beginning to improve.

State level: capacity remains weak. No state level agency has been appointed. Some states have decided to utilize procurement units established under State Health Systems projects.

Procurement training has begun. However, selection of appropriate candidates needs to improve.

(d) Financial management

Funds flow: in all SCOVA states, there has been no delays in transfer of funds. However, in three non-SCOVA states (Punjab, Rajasthan and Gujarat) transfer of funds from state to district has been delayed. See Annex 2 for financial performance

NGO Participation

- Establishment of a system for increased NGO participation has resulted in appointment of 46 MNGOs and 308 FNGOs in 19 states.
- NGOs are partners in defining the process for selection, capacity building and monitoring of NGO activities.
- HealthWatch, a national NGO network, has completed case studies on the policy implementation of RCH and provided feedback to GOI.
- In West Bengal, MNGOs have held a wide range of meetings with state government and NGOs to promote collaboration in RCH program.

Project component: Essential package of RCH services.

(a) Availability of critical inputs for service delivery (Percent SC, PHC, FRU equipped with trained staff, equipment, drugs):

[Note: This indicator is intended to assess the management performance in the RCH program in terms of convergence of inputs at service facility level and assess whether FRU, CHC, PHCs and Sub-centers, are staffed and equipped sufficiently to enable them to provide good quality care.]

- At the time of the mission this Indicator had been estimated on limited data from only 30% of 90 districts completed to date.
- No facility had all the critical inputs.
- About half of the facilities had less than 60% of the defined critical inputs.

(b) Implementation of facility strengthening inputs through RCH Schemes

Achievement: Progress has been slow.

- less than 30% of planned additional contractual staff have been appointed
- none of the funds earmarked for honorarium for part time doctors, anaesthetists, referral transport have been utilized
- uptake of funds for EOC drugs (to be procured by states) and minor civil works is low.
- Labor market shortages have contributed to low recruitment of additional staff (ANMs) in some states and honorarium for anesthetists in all states was too low to attract private sector anesthetists

(c) Childbirth and safe motherhood

Achievements and observations:

- RCH household surveys have produced the first ever large scale district level estimates providing community based data on a wide range of safe motherhood indicators
- State specific variation is very high, indicating need for state specific strategies
- In some states, proportion by “untrained TBA and relatives” is very high including Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, and NE States (except Manipur)
- Overall, institutional deliveries is about 40% with about 20% occurring in the private sector
- State specific variation is very large:
 - Ten states have more than 50% institutional deliveries, and in five of these states, more than 40% occur in the private sector (including Kerala, Tamil Nadu, Delhi)
 - Seven states have less than 25% institutional deliveries including, Bihar, Rajasthan, Orissa, Madhya Pradesh, Uttar Pradesh, and 16 states have less than 10% occurring in the private sector

(d) Utilization of PHC and FRU for RCH care

Data on this indicator is awaited from the **Facility Surveys** and is expected to show

- proportion of facilities actually providing services for deliveries, complicated deliveries, MTP, treatment of RTI / STI, FP side effects and severe ARI;
- average utilization by type of service.
- Equivalent data from MIS has not yet been generated, and many facilities do not maintain adequate records to generate the data.

Observations during mission visits indicate:

- Over all facility utilization is very low as they lack in critical inputs and specialists in these facilities. Where these were available (Karnataka, FRU) facility utilization was improving rapidly.
- Training in MTP and mini-lap is urgently needed.
- Utilization of facilities varies significantly when staff are transferred, specially when specialist staff are promoted in to administrative positions

Mission Recommendation:

- *Improve recording and reporting of RCH services from FRUs and hospitals in all states*
- *State level monitoring of facilities would help improve their utilization performance*

Project component: Training

Achievements

- Progress in establishing the training system has been poor:
 - curriculum development is delayed,
 - orientation for staff of collaborating centers has been completed
 - no data is available on functioning of collaborating centers; however, review of capacity of the centers showed that all except 2 required significant improvement before they could provide acceptable levels of support to states

- communication and reporting is poor;
 - strategies for mobilizing available private and NGO resources to improve training quality has not been established
- Progress in implementing training has been very poor:
 - RCH awareness training is on-going data on coverage is incomplete, and expenditure claims are very low
 - Integrated RCH training with emphasis on clinical skill training has not started
 - Specialized clinical skills training (MTP, mini-lap, laparoscopy, IUD) has started recently only for MTP and mini-lap in a few centers; this component needs urgent upscaling
 - Specialized management training: arrangements for are nearing finalization
 - Specialized communications training: needs to be developed

Surveys and MIS: Agreements reached to improve implementation feasibility and responsiveness (based on feedback from states)

Project Component	Benchmark	Agency	
<p>Objective: Expand monitoring system and decentralize planning</p> <p>1. C.N.A. and MIS</p> <ul style="list-style-type: none"> ▪ Block, District plans (Forms 1 – 5) ▪ Revised MIS Formats (Forms 6 – 9) 	<p>1.1 Provide clarification on preparation of district plans and formats</p> <p>1.2 Improve quality of plans</p> <p>1.3 Require budget for register printing (?)</p> <p>1.4 State to be made accountable for validation, consolidation and timely submission of MIS reports</p>	<p>MOHFW</p> <p>States and MOHFW</p> <p>MOHFW and states</p>	
<p>2. Surveys</p> <ul style="list-style-type: none"> ▪ Household surveys ▪ Facility surveys by independent agencies 	<p>2.1 Regional review of household data quality by states and IIPS to reach consensus on validity.</p>	<p>MOHFW, IIPS</p>	

RCH Schemes: Agreements reached to improve implementation feasibility and responsiveness (based on feedback from states)

Project objective and relevant RCH Schemes	Issues	Agreement	
To improve outreach to households and communities			
1. Additional ANMs Proposed new scheme: RCH Camps	<ul style="list-style-type: none"> • Trained ANMs not available for appointment, - awaiting production of next batch of ANMs (Madhya Pradesh, Rajasthan, Karnataka) • Bottlenecks in recruitment procedures (Bihar) 	<p>1.1 Several short term alternatives were considered and rejected. Issue is unlikely to be resolved until June 2001.</p> <p>1.2 Reduce budget allocation on this item.</p> <p>1.3 Develop new scheme for support to RCH Camps on model developed by SIFSA and SEWA and obtain Bank agreement.</p>	<p>June, 1999</p> <p>September 1999</p>
2. Moped loan	<ul style="list-style-type: none"> • Scheme is considered attractive 	<p>2.1 Allow all states to be eligible for scheme</p>	<p>July 1999</p>
3. NGOs and Community mobilization	<ul style="list-style-type: none"> • Appointment of NGOs needs to be in accordance with Bank Guidelines. • Need RCH scheme for financing Jan Mangal couples and Swathy Karmi schemes (Rajasthan) • Need scheme for training and involvement of Panchayat members (U.P.) 	<p>3.1 Ensure NGOs sign model contract forms, and provide explanation regarding tax-exemption status</p> <p>3.1 Re-distribute guidelines to some states (see State review and feedback Report for details)</p> <p>3.2 Review state feedback and consider suggestions.</p>	<p>See Annex 6</p>

Essential and Emergency obstetric care				MOHFW	September 1999
<p>4. Unsafe deliveries</p> <ul style="list-style-type: none"> High proportion of deliveries by family members and untrained dais (All states except West Bengal) 	<p>4.1 Obtain Bank agreement to a new scheme for districts with high rate of deliveries by family members and untrained dais Critical elements of scheme to include. (a) Information on profile of sample of persons who conducted deliveries during past 3 months; (b) Design training package for such persons and mechanism to attract such persons for training; (c) Design IEC and community mobilization package for such communities., (d) referral system to FRU</p>			MOHFW	
<p>5. SM consultant</p>	<ul style="list-style-type: none"> Difficult to get Gynecologist 			MOHFW	July 1999
<p>6. 24 hour service</p>	<ul style="list-style-type: none"> Requires greater flexibility to respond to local conditions 			MOHFW	June 1999
<p>7. Operationalizing FRUs: (a). Honorarium for anesthetist, and other essential categories. (b) Monitoring</p>	<ul style="list-style-type: none"> Scheme not attractive to private Anesthetists (all states) Requires greater flexibility 			MOHFW	June 1999
<p>8. Increase responsiveness of schemes to local needs</p>	<ul style="list-style-type: none"> For Southern and Western states North-eastern states and islands 			MOHFW	November 1999
					To be determined
				MOHFW	November 1999

* Software package for monitoring FRUs has to be developed for which a consultancy agency will have to be hired. Benchmark is subject to approval of this condition by GOI.

Review of Year One experience and proposals for strengthening performance

Procurement through HSCC

1. **Mission observations.** There is a need to improve quality of procurement and streamline the process of interaction between MOHFW, HSCC and the Bank in order to improve quality and timeliness of procurement.

Agreements reached

2. **Preparation of procurement documents** (Procurement plans, bid documents).
 - 2.1 MOHFW will provide list of items, quantity to be procured during the financial year together with consignee list. MOHFW would also indicate the name of the technical officer to be consulted on technical issues.
 - 2.2 HSCC will draft the required documents, if necessary, after discussions with technical officers of MOHFW, and submit to the Bank, whenever prior review by the Bank is required;
 - 2.3 Bank will provide comments to HSCC on (a) scope of supply and technical specifications and (b) commercial aspects.
 - 2.4 HSCC will discuss with MOHFW, the Bank comments on scope of supply and technical specifications and make appropriate modifications to documents.
 - 2.5 For standard bid documents, Bank comments on commercial aspects of documents do not require MOHFW clearance, because standard bid documents have been agreed between GOI and the Bank. HSCC will make modifications in accordance with Bank comments.
3. **Evaluation process.** The mission informed MOHFW and HSCC that to ensure quality of procurement, it is essential that the process is completed within specified periods:
 - **Less than 45 days:** from bid opening to submission of evaluation report to the Bank
 - **Less than 30 days:** from Bank "no objection" letter to award and signing of contract

In order to conform to these quality benchmarks, actions required are:

- 3.1 *Within 1 week after* bid opening, HSCC will: (a) compile data using the summary bid evaluation data sheet, and (b) request missing historical data from bidders.
- 3.2 *Within 7-10 days* of requesting historical data, HSCC will complete the data sheets and convene Bid Evaluation Committee meeting.
- 3.3 Within 20 days, HSCC will prepare Bid Evaluation report and submit to the Bank.
- 3.4 No further internal MOHFW evaluation procedures should be required – mission recommends that the procedures previously used in the CSSM project and currently used in the Women and Child Department be adopted.

4. **HSCC capacity.** It's agreed that: (a) the next ICB document using SBD would be used as a test of HSCC capacity with regard to document preparation; (b) HSCC would send staff for the short course procurement training conducted in local institutions; (c) HSCC management would intensify management supervision of quality of procurement for RCH.

5. **Complaints management.** The procedure agreed is:

- 5.2 when Bank receives a complaint, it will be sent to MOHFW and HSCC for comments;
- 5.2 HSCC will respond to all complaints pertinent to commercial issues and will coordinate with MOHFW on issues pertinent to technical issues, prepare comments and provide to the Bank;
- 5.3 Bank review of the comments provided by HSCC and respond to HSCC and MOHFW;
- 5.4 HSCC will prepare a draft response to the complainant, and provide for MOHFW to send to complainant.

Agreed Benchmarks for procurement of drugs and equipment

S. No.	Status	Kit A (RCH)	Kit B (RCH)	Kitting Documents (RCH)
1.	Submission of bid document to World Bank	Jan. 5, 1999	Jan. 5, 1999	Mar. 18, 1999/May 25, 1999
2.	No objection from World Bank on document	Jan. 11, 1999	Jan. 11, 1999	May 31, 1999
3.	Publication of ITB in press	January 31, 1999	Jan. 31, 1999	NA
4.	Receipt of bids and its opening	May 5, 1999	May 6, 1999	July 8, 1999
5.	Preliminary examination	Over	Under Process	July 14, 1999
6.	Obtain historical data	Not Required	Under Process	July 15, 1999
7.	Bid evaluation	May 29, 1999	June 7, 1999	July 23, 1999
8.	Submission to World Bank after Ministry approval	June 15, 1999	June 26, 1999	August 16, 1999
9.	Clearance from World Bank	June 24, 1999	July 6, 1999	August 25, 1999
10.	Signing of Contract	July 23, 1999	August 5, 1999	Sept. 24, 1999
11.	Delivery of Pharmaceuticals/goods at the required destination			
	a. Phase I	50% qty. by August 30, 1999	50% qty. by Sept. 10, 1999	Sept. 1999

Agreed Benchmarks for procurement of drugs and equipment

S. No.	Status	Equipment Kits	Kitting Documents	Pharmaceutical Kits	Price Contract (Pharmaceuticals)	Price Contract (Medical Accessories)
1.	Submission of bid document to World Bank	June 10, 1999	June 3, 1999	June 2, 1999	May 25, 1999	May 28, 1999
2.	No objection from World Bank on document	June 17, 1999	June 10, 1999	June 8, 1999	May 31, 1999	June 4, 1999
3.	Publication of ITB in press	July 16, 1999	NA	NA	NA	NA
4.	Receipt of bids and its opening	Sept. 3, 1999	July 16, 1999	July 16, 1999	July 8, 1999	July 12, 1999
5.	Preliminary examination	Sept. 9, 1999	July 22, 1999	July 22, 1999	July 14, 1999	July 19, 1999
6.	Obtain historical data	Sept. 10, 1999	July 23, 1999	July 23, 1999	July 15, 1999	July 20, 1999
7.	Bid evaluation	Sept. 20, 1999	July 31, 1999	July 31, 1999	July 15, 1999	July 20, 1999
8.	Submission to World Bank after Ministry approval	Sept. 20, 1999	July 31, 1999	July 31, 1999	July 23, 1999	July 28, 1999
9.	Clearance from World Bank	Oct. 13, 1999	Aug. 28, 1999	Aug. 24, 1999	Aug. 16, 1999	Aug. 20, 1999
10.	Signing of Contract	Oct. 22, 1999	Sept. 2, 1999	Sept. 2, 1999	Aug. 25, 1999	Oct. 31, 1999
11.	Delivery of Pharmaceuticals/goods at the required destination					
	a. Phase I	50% qty. by Dec. 15, 1999	50% qty. by Nov. 11, 1999	50% qty. by Oct. 22, 1999	Oct. 1999 to Sept. 2000	Oct. 1999 to Sept. 2000

Reproductive and Child Health
World Bank Review Mission
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Training: critical issues and agreed key benchmarks

	Agreement reached	Agency	Target date
Training development			
1. Curriculum review	1.1 Provide to states, model curriculum and manuals for RCH Integrated training (also known as Foundation Skills) for ANMs, MOs, LHVs	NIHFW	31 July, 1999
2. Improve monitoring through collaborating centers	2.1 Replace Collaborating Centers in accordance with agreements reached with Bank in November, 1998. 2.2 Provide report to Bank on performance of Collaborating Centers.	NIHFW	31 August, 1999
3. Improve financial management of training.	2.3 Provide report on review of clinical training sites. 3.1 Strengthen financial management capacity at NIHFW and provide report to Bank.	NIHFW	31 July, 1999
4. Strengthen capacity for improving training quality.	4.1 Appoint enlarged panel of part-time consultants provide report to Bank. 4.2 Inform states to appoint panel of part time consultants to provide inputs for curriculum review and TOT.	MOHFW	30 September, 1999
		NIHFW	31 July, 1999
		NIHFW and MOHFW	31 July, 1999

Training implementation	Agreement reached	Agency	Target date
5. RCH Awareness training	5.1 Submit SOEs and training coverage data for funds released upto 31 March 1999.	NIHFW	31 July, 1999
6. RCH integrated training (also known as Foundation Skills)	6.1 Start training courses in at least 6 states, and provide report to Bank. 6.2 Identify NGO and private sector institutions to provide inputs to district training centers for upgrading interpersonal skill training	NIHFW and selected states NIHFW and selected states	31 August, 1999 31 August, 1999
7. Specialized skill training for doctors (mini-lap, MTP, IUD laproscopic sterilization, NSV)	7.1 Start training in at least __ states, and provide report to Bank.	MOHFW and NIHFW	30 September, 1999
8. Specialized management training	8.1 Complete at least __ courses and provide report to Bank.	NIHFW and appointed institutions	30 September, 1999
9. Specialized IEC training	9.1 Award contract to specialized institution to provide training for MOHFW and state IEC staff	MOHFW	31 August, 1999

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May, 1999

NGO component

Achievements

- Establishment of a system for increased NGO participation - appointment of 46 MNGOs and 308 FNGOs in 19 states.
- NGOs are partners in defining the process for selection, capacity building and monitoring of NGO activities.
- HealthWatch, a national NGO network, has completed case studies on the policy implementation of RCH and provided feedback to GOI.
- In West Bengal, MNGOs have held a wide range of meetings with state government and NGOs to promote collaboration in RCH program.

Observations of mission

- NGOs are planning pilots in microplanning and integrating participatory approaches in CNA in close collaboration with government field staff. These could provide "best practice" examples for replication.
- NGOs are working towards strengthening the image and credibility in the community and identifying indicators to measure their performance.

Benchmarks for next steps

1. Invite more Innovative Projects including social marketing and contracting of specified services.
2. TORs and contents of the Bank sample contract form to be incorporated in the Bond that MOHFW currently utilizes when sanctioning payment to NGOs.
3. Institutionalize the excellent consultative process that has been established and develop system of follow-up on observations/recommendations made at meetings.

To have
by 30.9.99

Reproductive and Child Health
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May, 1999

LOCAL CAPACITY ENHANCEMENT COMPONENT (SUB-PROJECTS)

Critical issues identified and agreements reached

Issue	Agreement reached	Date
<p>Implement Performance-linked financing</p>		
<p>1. Delayed funds release by State Finance department(s). Despite repeated reminders, the funds not yet released in Punjab; significantly delayed release in Rajasthan (Tonk and Jaipur) and Gujarat (Vadodra).</p>	<p>1.1. <u>Cancel Punjab sub-project.</u> 1.2. Reduce total sub-project cost in Rajasthan and Gujarat by amounts reduced by the amounts of Year One allocation for which expenditure claims not submitted by 31 May 1999. 1.3. Inform Bank of revised cost allocation. 2.1 Reduce total sub-project cost in Karnataka and Uttar Pradesh by the amounts of Year One allocation for which expenditure claims not submitted by 31 May 1999. 3.1 Delete all Year 1 and 2 civil works for which sites are not confirmed. 3.2 Inform Bank of revised sub-project cost allocation. 4.1 Delete from sub-project all items for which dispute is not resolved, and submit to Bank for review and agreement the revised sub-project description. Cancellation of non-rational sub-projects will be recommended.</p>	<p>1.1 Immediate 1.2 June 15 Inform Bank 30 June, 1999. June 15, 1999 Inform Bank: 30 June, 1999 31 August Inform Bank: 31 August 30 June Submit revised proposal to Bank: 31 August.</p>
<p>2. Delayed release of funds by state FW Directorate. Karnataka (Bellary) and Uttar Pradesh (Rei bareilly and Firozabad).</p>		
<p>3. Non-availability of some originally identified sites. Khozikode (3UPHs & 17 MCH Centres; Palakkad (24 SCs); Municipalities of Hyderabad (1 UHP) and Kinnor (6 SC and 1 PHC)</p>		
<p>4. Panchayats reluctant to conform to agreed civil works and procurement guidelines. Kerala (Palakkad) and Gujarat (Vadodra).</p>		

Issue	Agreement reached	Date
Address critical bottlenecks		
5. Management capacity in sub-project district. Inadequate management authority at district level: Bellary, Rai Bareli, Firozabad and Murshidabad	5.1 Ensure appropriate officer at district level is responsible for sub-project implementation. 5.2 Delegate financial, administrative and recruitment authority to district level nodal officer.	30 June
6. Procurement capacity. Officers with no procurement experience are being sent for procurement training courses, thereby rendering the training ineffective.	6.1 Enforce entry qualification for the procurement training: procurement experience of at least 12 months in GOI or state procurement procedures would be	Immediate
7. Critical service delivery personnel. (a) Unable to fill the planned ANM posts as a result of labour market shortages: Rajgarh (MP), Jaipur and Tonk (Rajasthan). Awaiting outputs of newly started ANM training. (b) Inability to recruit obstetricians, Kinnur and Mizoram.	7.1 Delete affected posts for Years 1-3 while awaiting qualified ANMs. Proposed alternate strategy for outreach services during interim period, and revise budget allocation accordingly. 7.2 Propose alternate strategy with budget.	Submit alternate strategy to Bank: 31 August
8. Delay in community mobilization. Community volunteers not recruited and trained either through NGOs or other acceptable mechanisms.	8.1 Appoint NGOs using model TOR and procedure agreed for RCH MNGO or FNGOs. 8.2 Alternately, utilize any existing GOI agreed mechanism for community volunteers.	31 August
9. Non-implementation of baseline surveys.	9. Award contract. By 30 September, 1999, any sub-project for which baseline survey is not at least 70 % completed will be recommended for cancellation.	30 June 1999
10. Inadequate MOHFW capacity: (a) Infrequent and inadequate trouble-shooting. (b) MOHFW not assessing quality of sub-project procurement plans and documents prior to submission to Bank. (c) MOHFW not reviewing technical content of action plans and procurement plans.	10.1 Review and upgrade capacity of Area Project Unit. 10.2 Ensure that all Procurement Plans and documents are quality checked MOHFW prior to submission to Bank.	31 August Immediate

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IEC Component

Present Status

- 112 proposals from ZSS sanctioned and funds have been released. Quarterly monitoring formats sent to the ZSS.
- National Workshop to construct the framework for RCH IEC strategy development held in January. Two Regional Workshops held subsequently and the Eastern Regional Workshops are scheduled in June-July. States briefed to prepare state-specific IEC strategy and action plan focusing on audience segmentation and behaviour change indicators.
- Production of 12 TV spots, a series of 12 Interactive Panel Discussions and installation of Hoardings initiated. The productions will be completed later this year. NFDC has been approached to schedule the telecast of the TV programmes.

Actions Proposed

- State Resource Centres (SRC) for Adult Education to support the ZSS in preparing and implementing District IEC Plans.
- All critical IEC Staff vacancies at State and District level to be filled up at the earliest by the States.
- The IEC Expert Committee to review all RCH media materials for technical content and quality and gender perspective. If necessary, subject matter specialists may be asked to attend as special invitees.
- NFDC to submit media plan and budget.
- A specialized training institution to be appointed urgently to develop a training module and curriculum for MOHFW and State IEC staff.
- Training of District and Block level IEC personnel to be carried out by appropriate MNGOs.
- States to submit IEC strategy and action plans indicating how district household survey data has been used to identify priority issues, and ZSS proposals have been coordinated to address those priority issues. A panel of IEC Consultants may be awarded contracts to assist the States in preparation of the plans.

Benchmarks

IEC

Agreement reached	Agency	Target date
Expert Committee on IEC to review all RCH media materials and make recommendations	IEC Division MOHFW	31 July 1999
States to be required to provide a time bound plans for filling critical IEC staff vacancies at state and district level as a condition for receiving IEC funds	IEC Division MOHFW	?
Orientation meeting of SRCs	MOHFW/MHRD	?
National Consultation to finalize the RCH IEC Strategy	IEC Division MOHFW	31 December 1999
Finalization of training module and curriculum for MOHFW and State IEC Bureau staff	NIHFW & IEC Division MOHFW	31 August 1999

A.K. MEHRA
Director (Area Projects)
Telephone No.3019131



GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
NIRMAN BHAWAN, NEW DELHI-110 001.
D.O.No. 19013/1/99-API
June 18th, 1999

Dear *Sir,*

I enclose a copy of the minutes of Review Meeting of RCH sub-projects held in Delhi on 5th-7th May, 1999 with the request that action be initiated quickly on the points identified during the meeting. Kindly forward an updated progress report indicating action taken/being taken on the issues pertaining to your State.

Progress in respect of the sub-projects was also reviewed by the World Bank Mission during their visit in April-May, 1999. It was observed that States are not devoting sufficient attention to the implementation of the sub-projects despite the money released by this Ministry. The World Bank has taken a serious view regarding the slow progress in the implementation of the Sub-Projects. Further, the World Bank in their Aide-Memoire has pointed out that officers with no procurement experience are being sent for procurement training courses thereby rendering the training ineffective. It was accordingly agreed that the States may be asked to enforce entry qualification for the procurement training i.e. procurement experience of at least 12 month in Government of India or State procurement procedures. The World Bank has also expressed their serious concern in delays in community mobilisation. It was pointed out that the community volunteers are not recruited and trained either through NGOs or other acceptable mechanisms. To overcome such delay it was agreed that the project may appoint NGOs using model TORs and procedures agreed for RCH MNGO or FNGOs. Alternatively project may consider utilising any existing GOI agreed mechanising for community volunteers.

I request you to kindly review and expedite the implementation of the Sub-Projects. Project authorities may also kindly be instructed to send the physical and financial reports every month by the 10th of the following month. It is also essential that reimbursement claims for expenditure incurred under the sub-projects are submitted regularly every month to this Ministry in the prescribed form for forwarding to the Ministry of Finance and World Bank. Kindly convey quickly if any items need clarification/clearance from the Deptt. Of Family Welfare.

With regards.

Yours sincerely,

A.K. Mehra
(A.K. MEHRA)

Dr. N.G. Gangopadhyay
Adviser (Health) SUDA
H.C. Block (ILGUS Bhawan)
Sector-3
Salt Lake
Calcutta-700 091.

*Dr. R.N. Kar
of SUDA
CE MED
Jm 20/6*

*Dr. Kar &
Mr. Pal
may Pl note
for action*

**MINUTES OF THE MEETING OF RCH SUB-PROJECTS HELD ON
5-7TH MAY, 1999 IN DELHI WITH THE STATE GOVERNMENTS
AND WORLD BANK REVIEW MISSION.**

A meeting to review the progress of RCH sub-projects was held from 5 to 7th May, 1999 at World Bank premises. The meeting was chaired by Smt. Meenakshi Datta Ghosh, Joint Secretary MOHFW and was attended by the World Bank Review Mission led by Mrs. Indira Pathmanathan and representatives of the project States and the officers of this Ministry. The representatives from all the 17 project States except UP participated in this review as per the schedule mentioned below.

Date	States
5 th May, 1999	Gujarat, Rajasthan, Punjab, Kerala, Orissa
<u>6th May, 1999</u>	<u>Tripura, Mizoram, Manipur, West Bengal,</u> <u>Karnataka, Andhra Pradesh</u>
7 th May, 1999	Tamil nadu, Haryana, UP, MP

2. While addressing the participants the chairperson referred to the need for sub-projects, with a specific focus on backward cities/districts to bring them at par with the others. However, keeping in view the slow progress of most of the sub-projects, it was necessary to identify reasons for such slow progress and initiate appropriate remedial measures. She referred to the flexibility provided in the project design to meet the specific needs of the districts/cities and advised the States for modifications of the activities planned earlier. There was need for decentralization supported by corresponding devolution of financial and administrative powers. She also requested the participants to learn from the best practices such as neighbourhood groups and community development societies as in Kerala. Only by organising the beneficiary groups, the activities initiated can be sustained. She requested the participants to regularly monitor the projects in terms of outreach, outcomes and impacts. The

representatives of the World Bank pointed out that the funding under the project is performance linked and there is need for constant monitoring of the project implementation. Mr. A.K. Mehra, Joint Director, Ministry of Health & Family Welfare mentioned that from most of the States, expenditure reports and progress reports have not been received and the Ministry was not in a position to assess the progress of the project in number of States.

3. ~~After detailed project-wise discussion,~~ the progress of specific sub-projects was taken up for detailed discussion especially in relation to implementation of civil works procurement, appointment of consultants, service delivery, IEC training etc. Issues like need for training on procurement procedures, non-availability of sites for buildings proposed under the project, recruitment of community volunteers was also discussed during the meeting. It was observed that though there has been improvement in fund flow and start up activities in most of the States, the general progress has been slow. In States like Punjab, Rajasthan, Gujarat, Karnataka and UP, the release of funds to the project implementing authorities has been delayed considerably and no project activities has started in these States. Shri Mam Chand from procurement division of World Bank explained the procurement procedures to be followed under these projects on all the three days.

4. ~~The~~ Various benchmarks were agreed with the States for follow-up action. These are indicated in the Annex. The Baseline survey has been entrusted to PRCs in most of the States except in Punjab, Manipur, Tripura and Mizoram. In the case of north-eastern States, the base line survey could not be undertaken as the agency entrusted with the survey did not start the survey due to reason of security. The matter would be considered further in the Ministry and appropriate decision would be taken to re-entrust the survey to suitable agencies. The States were requested to take follow up action on the benchmarks agreed within the time schedule indicated.

Issues Identified and agreements reached during the current mission

Kerala: Khozikode	Complete bidding and start construction of 6 UHPs: a) Submit MBD b) Start construction	a) 31 May 99 b) 1 August 99
	Confirm the availability of sites/alternate locations for remaining 3 UHPs and 17 MCH centers	31 August 99
	Start delivery of services in 44 rented locations in MCH using the savings from incremental operational costs for year I	31 July 99
	Start construction of 27 MCH centers for which sites free from legal encumbrances are available	1 October 99
	Start work on add on Lab (1) and add on OT/LD (2) at district hospital	30 September 99
	Appoint 10 medical officers and 6 LHI on contractual basis	31 May 1999
	Complete appointment of additional staff a) 19 Jr. PHN b) Project officer c) support staff on contractual basis	31 July 99
Kerala: Palakkad	Start construction of 30 SCs for which sites have been identified with the approved model plans	30 September 99
	Confirm the availability of sites/alternate locations for	31 December 99

	remaining 24 SCs	
	Complete the adds-on, upgrading, repairs	31 March 2000
	Complete recruitment of approved on contractual basis	31 July 1999
Gujarat	Start construction of 48 SC planned in year I	31 August 1999
	Complete site selection of 52 SC planned during FY 1999-2000	31 December 99
	Review the option of add on delivery rooms to SCs and communicate the decision to MOHFW and Bank	30 June 99
	Submit MBD documents with detailed drawings and technical specifications for warehouse	31 July 99
	Start repairs and Renovation work	30 June 99
	Submit baseline survey report	31 August
Rajasthan: Jaipur	Submit MBD for 4 UHPs with identified sites	31 July 99
	Complete appointment of additional staff approved for the project	31, August 99
Rajasthan – Tonk	Submit (a) preliminary plans and (b) MBD documents for ANMTC	(a) 20 May 99 (b) 31 July 99
	Undertake facility-wise assessment to list specific repairs and upgradations and prepare estimates	31, August 99
	Complete appointment of additional staff approved for the project (ANMs and LHV's)	31, August 99
	Submit Baseline survey report	31, August 99
Himachal Pradesh - Kinnur	Start construction in 5 Sub centers for which sites have been identified	31 July 99
	Confirm availability of sites/alternate locations for remaining 6 Sub Centers	30 September 99
	Submit site specific preliminary drawings and MBD for 2 PHCs contracting the services of consultant architect if required	31 August 99
	Confirm the availability of site/alternate location for remaining one PHC	30 June 99
	Obtain estimates for add-on, major and minor repairs and start work	30 September 1999
	Submit Baseline survey report	30 June 1999
AP	Complete construction of 6 UHPs for which sites have been identified and works awarded	31 December 99
	Complete procurement of Drugs, equipment and furniture	30 June 99
	Ensure contractual staff are in position	31 May 99
	Forward Baseline survey report to GOI and Bank	Immediately
	Forward action plan and budget to GOI and Bank	31 May 99
Mizoram	Complete procurement of drugs	31 December 99
	Undertake a technical review of appropriateness of UPS to maintain cold chain and report to MOHFW and Bank	30 June 99
	Submit preliminary plans for district ware house	31 December 99
	Submit proposals to ensure availability of Obstetrician and Anesthesiologist at the 4 district hospitals to MOHFW and Bank	31 August 99
	Submit proposal for longer duration training (3-4 months) for general duty medical officers to improve technical skills in MCH	31 August 99
	Review the need for ANMTC hostel and report to	31 May 1999

	MOHFW and Bank	
Tripura	Complete the civil works started during 1998-99	30 June 1999
	Start planning the remaining civil works for year 1999-2000	30 June 1999
	Complete procurement of vehicles using DGS& D rate contract	31 August 1999
	Develop curricula and training plan for CHW and forward to GOI and Bank	31, August 1999
	Project officers from Tripura and Manipur to undertake study tour to Mizoram	30 June 1999
Maharashtra	Complete construction of add on delivery rooms in all 100 SC and 100 minor repairs	31 December 99
	Complete all the civil works	30 June 2000
	Complete procurement of furniture and remaining drugs	31 August 99
	Submit procurement plans for Year II	31 May 99
	Complete appointment of 2 lab technicians and 32 medico-social workers	31 December 99
Karnataka	Identify nodal officer for the sub project and communicate the information to MOHFW and Bank	Immediately
	Complete procurement of Vehicles (2 ambulances, 15 jeeps), drugs and equipment	30 June 99
	Complete bidding and start construction of 43 SCs for year I a) Complete bidding b) Start construction	a) 30 September 99 b) 15 October 99
	Ensure that all posts of ANMs at sub centers are filled	30 September 99
	Submit plans for IInd phase of civil works for review	31 August 99
Orissa	Depute accountant to MOHFW to familiarize with the procedures for claims	20 May 99
	Submit to MOHFW all the pending claims	31 May 99
	Review the availability of 25 ANMs and report back to MOHFW	31 May 99
	Under take a detailed review of the utility of Village health posts and report to MOHFW and Bank	31 August 99
	MOHFW to undertake a detailed review of the scope of the project by undertaking a field visit	30 June 99
	MOHFW to write to the state asking for a status report and next year action plan for civil works	31 May 99
	Submit baseline survey report	31 August 99
Asansol	Respond to Bank's queries on bid evaluation	31 May 99
Manipur	MOHFW to release the balance funds for year I	15 June 99

	Submit MBD for PHC with revised plan, Technical specifications, BOQ	31 May 99
	Start construction of at least 8 sub centers	30 June 99
	Start procurement of goods approved under National Shopping	31 July 99
Madhya Pradesh	Submit proposal for staff quarters for the 9 new sector PHCs, remaining 9 sector PHCs, repair, and up-gradation to MOHFW	31 May 99
	Complete all the 59 civil works started (50 SC and 9 PHCs)	31 March 2000
	Fill the existing vacancies of 43 posts of ANMs	30 June 99
	Operationalize two more FRUs	31 March 2000
	Forward baseline survey report to MOHFW and Bank	31 August 99
Tamil Nadu Madhurai (Rural)	Forward formal request to MOHFW and Bank (a) to use the services of TNMSC as procurement support agency without paying any consultancy fee (b) with assurance that TNMSC will follow all Bank procurement procedures	31 May 99
	Complete the procurement of medical equipment	31 July 99
	Complete procurement of vehicles	30 June, 99
	Pilot using services of contractual driver for Ambulances provided by the State	Immediately
	Pilot hiring services of contractual anesthetist either from private sector or FRU	Immediately
Madhurai (urban)	Complete recruitment of ANMs and start service delivery in rented premises	30 June 99
	Obtain clearance for (a) preliminary drawings of 7 new UHPs and plan for add on UHP (b) MBD documents of new UHP	(a) 31 May 99 (b) 31 July 99
Haryana – Faridabad and Bhiwani	Forward action plan & procurement plan for year 1999-2000	31 May 99
	Submit MBD documents with final plans for approval (Faridabad)	30 June 99
	Complete all planned minor 129 (SC), and major PHCs (7), CHCs (4) civil works	31 March 2000
	Substitute proposed additional posts of 8 LHV positions with that of Staff Nurses	Immediately
	Explore the option of contracting the	30 June 1999

	services of NGOs for the adolescent girl's activities	
	Establish linkages with City/district family welfare bureaus and Urban poverty alleviation schemes	Immediately
	Start service delivery at the 32 mini health centers and operationalize the FRUs in the premises of ESI hospital/dispensary	30 June 1999
	Start the IEC activities originally planned under the project and broaden the strategy based on the comments from the IEC division of MOHFW	Immediately
	Start third D type health post at Bhawani town	31 July 1999
MOHFW	Review funds flow in Punjab and communicate recommendations to Bank	30 May 1999
	Forward copies of Equipment Technical specifications collated by Tamil Nadu to all project states	31 July 1999
	Review the progress of a) Orissa b) Bellary and Tripura	a) 30 June 1999 b) 31 August 99
	Inform all states to forward action plan including civil works, procurement and service delivery activities for year 1999-2000	10 June 1999
	Ensure all the pending base line survey are completed and draft reports available	31 August 1999

[Handwritten signature]
A.K. MEHRA
 Director (Area Projects)
 Telephone No. 3019131

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
NIRMAN BHAWAN, NEW DELHI-110 001.
 D.O.No. 19013/1/99-API
 June 18th, 1999

Dear Sir,

I enclose a copy of the minutes of Review Meeting of RCH sub-projects held in Delhi on 5th-7th May, 1999 with the request that action be initiated quickly on the points identified during the meeting. Kindly forward an updated progress report indicating action taken/being taken on the issues pertaining to your State.

Progress in respect of the sub-projects was also reviewed by the World Bank Mission during their visit in April-May, 1999. It was observed that States are not devoting sufficient attention to the implementation of the sub-projects despite the money released by this Ministry. The World Bank has taken a serious view regarding the slow progress in the implementation of the Sub-Projects. Further, the World Bank in their Aide-Memoire has pointed out that officers with no procurement experience are being sent for procurement training courses thereby rendering the training ineffective. It was accordingly agreed that the States may be asked to enforce entry qualification for the procurement training i.e. procurement experience of at least 12 month in Government of India or State procurement procedures. The World Bank has also expressed their serious concern in delays in community mobilisation. It was pointed out that the community volunteers are not recruited and trained either through NGOs or other acceptable mechanisms. To overcome such delay it was agreed that the project may appoint NGOs using model TORs and procedures agreed for RCH MNGO or FNGOs. Alternatively project may consider utilising any existing GOI agreed mechanising for community volunteers.

I request you to kindly review and expedite the implementation of the Sub-Projects. Project authorities may also kindly be instructed to send the physical and financial reports every month by the 10th of the following month. It is also essential that reimbursement claims for expenditure incurred under the sub-projects are submitted regularly every month to this Ministry in the prescribed form for forwarding to the Ministry of Finance and World Bank. Kindly convey to the States the need for clarification/clearance from the Deptt. Of Family Welfare.

With regards.

Yours sincerely,
[Handwritten signature: Ajay Mehra]
 (A.K. MEHRA)

[Handwritten checkmark]
 Dr. D.K. Ghorai
 State FW Officer & Jr. Director of Health Services (FW)
 Deptt. of Health & FW
 Govt. of West Bengal,
 CIT Anildij, (5th Floor)
 P-16, India Exchange Place Bldg.
 Calcutta-700 073

**MINUTES OF THE MEETING OF RCH SUB-PROJECTS HELD ON
5-7TH MAY, 1999 IN DELHI WITH THE STATE GOVERNMENTS
AND WORLD BANK REVIEW MISSION.**

A meeting to review the progress of RCH sub-projects was held from 5 to 7th May, 1999 at World Bank premises. The meeting was chaired by Smt. Meenakshi Datta Ghosh, Joint Secretary MOHFW and was attended by the World Bank Review Mission led by Mrs. Indira Pathmanathan and representatives of the project States and the officers of this Ministry. The representatives from all the 17 project States except UP participated in this review as per the schedule mentioned below.

Date	States
5 th May, 1999	Gujarat, Rajasthan, Punjab, Kerala, Orissa
6 th May, 1999	Tripura, Mizoram, Manipur, West Bengal, Karnataka, Andhra Pradesh
7 th May, 1999	Tamil nadu, Haryana, UP, MP

2. While addressing the participants the chairperson referred to the need for sub-projects, with a specific focus on backward cities/districts to bring them at par with the others. However, keeping in view the slow progress of most of the sub-projects, it was necessary to identify reasons for such slow progress and initiate appropriate remedial measures. She referred to the flexibility provided in the project design to meet the specific needs of the districts/cities and advised the States for modifications of the activities planned earlier. There was need for decentralization supported by corresponding devolution of financial and administrative powers. She also requested the participants to learn from the best practices such as neighbourhood groups and community development societies as in Kerala. Only by organising the beneficiary groups, the activities initiated can be sustained. She requested the participants to regularly monitor the projects in terms of outreach, outcomes and impacts. The

representatives of the World Bank pointed out that the funding under the project is performance linked and there is need for constant monitoring of the project implementation. Mr. A.K. Mchra, Joint Director, Ministry of Health & Family Welfare mentioned that from most of the States, expenditure reports and progress reports have not been received and the Ministry was not in a position to assess the progress of the project in number of States.

3. After detailed project-wise discussion, the progress of specific sub-projects was taken up for detailed discussion especially in relation to implementation of civil works procurement, appointment of consultants, service delivery, IEC training etc. Issues like need for training on procurement procedures, non-availability of sites for buildings proposed under the project, recruitment of community volunteers was also discussed during the meeting. It was observed that though there has been improvement in fund flow and start up activities in most of the States, the general progress has been slow. In States like Punjab, Rajasthan, Gujarat, Karnataka and UP, the release of funds to the project implementing authorities has been delayed considerably and no project activities has started in these States. Shri Mam Chand from procurement division of World Bank explained the procurement procedures to be followed under these projects on all the three days.

4. The Various benchmarks were agreed with the States for follow-up action. These are indicated in the Annex. The Baseline survey has been entrusted to PRCs in most of the States except in Punjab, Manipur, Tripura and Mizoram. In the case of north-eastern States, the base line survey could not be undertaken as the agency entrusted with the survey did not start the survey due to reason of security. The matter would be considered further in the Ministry and appropriate decision would be taken to re-entrust the survey to suitable agencies. The States were requested to take follow up action on the benchmarks agreed within the time schedule indicated.

Annex 3

Issues Identified and agreements reached during the current mission

Kerala: Khozikode	Complete bidding and start construction of 6 UHPs: a) Submit MDD b) Start construction	a) 31 May 99 b) 1 August 99
	Confirm the availability of sites/alternate locations for remaining 3 UHPs and 17 MCH centers	31 August 99
	Start delivery of services in 44 rented locations in MCHI using the savings from incremental operational costs for year 1	31 July 99
	Start construction of 27 MCH centers for which sites free from legal encumbrances are available	1 October 99
	Start work on add on Lab (1) and add on OT/LD (2) at district hospital	30 September 99
	Appoint 10 medical officers and 6 LHI on contractual basis	31 May 1999
	Complete appointment of additional staff a) 19 Jr. PHN b) Project officer c) support staff on contractual basis	31 July 99
Kerala: Palakkad	Start construction of 30 SCs for which sites have been identified with the approved model plans	30 September 99
	Confirm the availability of sites/alternate locations for	31 December 99

	remaining 24 SCs	
	Complete the add on, upgrading, repairs	31 March 2000
	Complete recruitment of approved on contractual basis	31 July 1999
Gujarat	Start construction of 48 SC planned in year I	31 August 1999
	Complete site selection of 52 SC planned during FY 1999-2000	31 December 99
	Review the option of add on delivery rooms to SCs and communicate the decision to MOHFW and Bank	30 June 99
	Submit MBD documents with detailed drawings and technical specifications for warehouse	31 July 99
	Start repairs and Renovation work	30 June 99
	Submit baseline survey report	31 August
Rajasthan: Jaipur	Submit MBD for 4 UHPs with identified sites	31 July 99
	Complete appointment of additional staff approved for the project	31, August 99
Rajasthan - Tonk	Submit (a) preliminary plans and (b) MBD documents for ANMTC	(a) 20 May 99 (b) 31 July 99
	Undertake facility-wise assessment to list specific repairs and upgradations and prepare estimates	31, August 99
	Complete appointment of additional staff approved for the project (ANMs and LHVs)	31, August 99
	Submit Baseline survey report	31, August 99
Himachal Pradesh - Kinnaur	Start construction in 5 Sub centers for which sites have been identified	31 July 99
	Confirm availability of sites/alternate locations for remaining 6 Sub Centers	30 September 99
	Submit site specific preliminary drawings and MBD for 2 PHCs contracting the services of consultant architect if required	31 August 99
	Confirm the availability of site/alternate location for remaining one PHC	30 June 99
	Obtain estimates for add-on, major and minor repairs and start work	30 September 1999
	Submit Baseline survey report	30 June 1999
AP	Complete construction of 6 UHPs for which sites have been identified and works awarded	31 December 99
	Complete procurement of Drugs, equipment and furniture	30 June 99
	Ensure contractual staff are in position	31 May 99
	Forward Baseline survey report to GOI and Bank	Immediately
	Forward action plan and budget to GOI and Bank	31 May 99
Mizoram	Complete procurement of drugs	31 December 99
	Undertake a technical review of appropriateness of UPS to maintain cold chain and report to MOHFW and Bank	30 June 99
	Submit preliminary plans for district ware house	31 December 99
	Submit proposals to ensure availability of Obstetrician and Anesthesiologist at the 4 district hospitals to MOHFW and Bank	31 August 99
	Submit proposal for longer duration training (3-4 months) for general duty medical officers to improve technical skills in MCH	31 August 99
	Review the need for ANMTC hostel and report to	31 May 1999

	MOHFW and Bank	
	Complete the civil works started during 1998-99	30 June 1999
	Start planning the remaining civil works for year 1999-2000	30 June 1999
	Complete procurement of vehicles using DGS& D into contract	31 August 1999
	Develop curricula and training plan for CIW and forward to GOI and Bank	31, August 1999
	Project officers from Tripura and Manipur to undertake study tour to Mizoram	30 June 1999
Maharashtra	Complete construction of add on delivery rooms in all 100 SC and 100 minor repairs	31 December 99
	Complete all the civil works	30 June 2000
	Complete procurement of furniture and remaining drugs	31 August 99
	Submit procurement plans for Year II	31 May 99
	Complete appointment of 2 lab technicians and 32 medico-social workers	31 December 99
Karnataka	Identify nodal officer for the sub project and communicate the information to MOHFW and Bank	Immediately
	Complete procurement of Vehicles (2 ambulances, 15 jeeps), drugs and equipment	30 June 99
	Complete bidding and start construction of 43 SCs for year I a) Complete bidding b) Start construction	a) 30 September 99 b) 15 October 99
	Ensure that all posts of ANMs at sub centers are filled	30 September 99
	Submit plans for IInd phase of civil works for review	31 August 99
Orissa	Depute accountant to MOHFW to familiarize with the procedures for claims	20 May 99
	Submit to MOHFW all the pending claims	31 May 99
	Review the availability of 25 ANMs and report back to MOHFW	31 May 99
	Under take a detailed review of the utility of Village health posts and report to MOHFW and Bank	31 August 99
	MOHFW to undertake a detailed review of the scope of the project by undertaking a field visit	30 June 99
	MOHFW to write to the state asking for a status report and next year action plan for civil works	31 May 99
	Submit baseline survey report	31 August 99
Asansol	Respond to Bank's queries on bid evaluation	31 May 99
Manipur	MOHFW to release the balance funds for year I	15 June 99

Re bidding done
on 12-8-99.
Bid Evaluation Report
sent to GOI on 7th 99
for approval.

February 27, 2002

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

Dear Mr. Nanda:

INDIA: Urban Slums Project-Population VIII (Cr. 2394-IN)

I would like to thank you, Mr. Gautam Basu, state governments, project cities, and Project Directors and their teams for the discussions, field visits and hospitality accorded to the World Bank mission that reviewed the above-referenced projects during January-February, 2002. I confirm the key findings of the attached Aide-Memoire.

Overall project implementation is satisfactory and the development objectives are being met in the original 4 project cities. We are pleased to note that during the past 6 months Delhi has increased focus on achieving development outcomes. Together the project cities have spent 99% of the project cost for this component. I am pleased to note that services for the urban poor started under the project are being sustained. It would be important to ensure continuity of software activities in these cities.

The additional city component is scheduled to close on June 30, 2002. Implementation progress of this component continues to be satisfactory in Andhra Pradesh (AP) and West Bengal (WB). Since the last mission, implementation in Karnataka has picked-up. To date, about 50% of Rs. 123 Crore planned for this component has been spent. Making warehouses fully functional and timely reporting of expenditure are critical under logistic component of the project being implemented in the states of Tamil Nadu and Uttar Pradesh.

To date, the project has disbursed US\$ 59.2 million. This is about 77% of the Credit. In order to complete the agreed program, about US\$ 16.3 million still needs to be disbursed. The remaining program is ambitious but can be accomplished by June 30, 2002 with continuous monitoring and support from MOHFW. Please note that Bank financing can be used only for works completed or goods and services delivered up to June 30, 2002. The Bank team will be continuously reviewing progress against the benchmarks noted below.

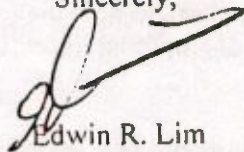
I request your attention to achieve the following benchmarks which need to be monitored for successful completion of the project:

- MOHFW will organize monthly review meetings of the project during the next 4 months to closely monitor the implementation progress in additional city and logistic components and ensure timely submission of SOEs.
- MOHFW will undertake a detailed review of the projected activities and expenditure and send a comprehensive proposal including reallocation of available resources across the categories (if required) by March 31, 2002.
- The states of Andhra Pradesh, Karnataka and West Bengal will finalize the implementation arrangements after project closure and initiate the transition process by April 1, 2002.
- The end-line surveys in the 4 project cities will be completed by April, 2002 and the nodal agency will submit the final report by May 10, 2002.
- The project states will submit the Implementation Completion Report in the agreed format to MOHFW by April 30, 2002 based on which, MOHFW will prepare and forward the draft ICR report to the Bank during the first week of May, 2002.

I am pleased to note that Implementation Completion Reporting (ICR) process for the project began during this mission with an experience sharing workshop at Kolkata which was attended by several key stakeholders. I am confident that lessons from this project would be very useful for designing Reproductive and Child Health programs for urban slum residents.

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

Sincerely,



Edwin R. Lim
Country Director
India

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

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

February 2002

Aide Memoire

Key Project Data		Current Ratings and Flags	
Effectiveness Date	05/31/1994	Development Objectives	Satisfactory
Closing Date	06/30/2002	Implementation Progress	Satisfactory
Project Age	7 years and 7 months	Problem Flags	
Disbursed	77.2 %		

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

Development Objectives.

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

ups during pregnancy. The corresponding proportion in Delhi was about 70%. Except for Delhi, where less than a fifth of the beneficiaries had institutional delivery, in rest of the project cities close to 90% of the deliveries among the project beneficiaries are institutional. Nearly two thirds of eligible children in all the project cities received measles immunization. These findings corroborate with the results of MTR studies and RCH rapid household surveys. The end line surveys being undertaken by independent agencies in the project cities would provide data on status of output and outcome indicators and the contribution of the project to these indicators.

Overview

3. *Project City Component.* Overall implementation progress of the project continues to be highly satisfactory in Kolkata and satisfactory in Bangalore and Hyderabad. The project implementation has significantly improved in Delhi since September 2001 and the mission now rates the implementation progress satisfactory in Delhi. All facilities built under the project have been completed and made operational except for one maternity home each in Delhi and Hyderabad. Together, the four original project cities have spent 99% of the total project cost (Rs. 264 Crore). As agreed, claims for all activities that closed by June 30, 2001 were to be submitted by October 31, 2001 and eligible expenditures were reimbursed by the Bank. All project cities have sustained the activities started under the project after the closure and regular budget allocations for the project activities have been made by the respective states. Based on the lessons learnt from the project an international training program on "Urban Reproductive Health" has been started by Partners in Population and Development in collaboration with the Administrative Staff college of India.

4. *Additional City Component.* Utilization of RCH services is gradually increasing in 94 new cities. Outreach and social mobilization activities are taking place. The implementation progress in Andhra Pradesh and West Bengal continues to be satisfactory. During the past 6 months the implementation pace in Karnataka has improved and as agreed service delivery has started in the remaining 5 cities. However, civil works progress continues to be slow in Karnataka. In all the three states service delivery is being shifted to project facilities, as they are getting ready. Functional linkages with existing urban primary health services and referral linkages with district or sub divisional hospitals and transition arrangements after the project closure need attention by all project cities. To date, about 50% of Rs. 123 Crore allocated for the additional city component has been spent. MOHFW and project teams need to ensure close monitoring the implementation progress and expeditious submission of reimbursement claims. The mission agrees to the proposal from MOHFW to retain a skeletal management team for a period of four months after the project closure to submit pending claims and complete transition arrangements including the final auditing.

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

Critical Benchmarks and Disbursements

6. The critical benchmarks agreed for February 2002 have been substantively achieved. Since September 2001 the project has disbursed US\$ 9.7 million which is close to the US \$ 10 million bench mark agreed. The project still needs to disburse about US\$ 15.5 million before project closure (June 30, 2002). The MOHFW and project cities assured the mission that the implementation progress will be expeditiously monitored to ensure timely disbursements. As agreed: (a) Karnataka has started service delivery in all 11 new project cities; (b) all pending

claims for the original project cities were submitted; (c) final procurement plans were cleared, and (d) the end line surveys are currently in progress.

Implementation Completion Reporting

7. As agreed during the September 2001 mission, KMDA organized a two day experience sharing workshop on February 14 and 15, 2002. Strong ownership to the project was demonstrated by GOWB with active participation of cabinet ministers of Finance, Urban Development & Municipal Affairs, and Health as well as Minister of State for Municipal Affairs and more than 10 chair persons of municipalities where the project has been implemented. Representatives from European Union, DFID, GTZ, UNICEF, UNFPA and WHO also participated in the workshop. Ownership by the community, provision of RCH services at doorstep, partnerships with NGOs and private sector, and strong focus on improving outcomes were identified as major attributes for successful family welfare programs for urban slum residents by the workshop participants. The mission is pleased to note that all speakers emphasized on achieving outcomes – especially reducing infant and maternal mortality and fertility. A presentation on Kokata innovations was made by Dr. B. Duza, Consultant (World Bank) and Ms. R. Sen, Project Director and Special Secretary KMDA followed by presentations from Bangalore, Delhi, Hyderabad and Lucknow. Based on the lessons from IPP VIII, Ms. Nandita Chatterjee (WHO) presented a framework for Urban RCH programs in India.

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

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

Activity Status

Project City Components:

9. Sustainability: Allocations have been made in the FY 2001 budget of the project cities to sustain the activities closed on June 30, 2001. The project activities have been integrated with the respective city municipal corporations and urban family welfare bureaus in Bangalore, Delhi and Hyderabad. In Kolkata, the management has been decentralized to urban local bodies and the chair persons/mayors of the 39 local bodies are now managing the program with technical oversight from the KMDA. 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 MCD, Delhi have assured the mission that all contractual ANMs will be continued till regular staff are posted.
10. Delhi. All the initiatives started under the project are being continued and utilization of services at the facilities built under the project is gradually increasing. The excellent MIS established under the project is helping the project team to monitor the performance facility-wise and take appropriate decisions. Similarly, the innovative IEC activities are also being continued. The Civil works program in the extended component of the project has been completed. The Commissioner, Municipal Corporation of Delhi (MCD) has assured the mission that all innovations stated in the project would be sustained and MCD would ensure that all amenities for the facilities built under the project would be provided. Badarpur Maternity Home will be provided with water and electricity immediately to make it operational. The services of all contractual staff including honorary services of Basti Sevikas would be continued till alternative arrangements are made. The mission was informed that requisite allocations have been made in the MCD budget for FY 2002-03 to sustain the project activities. The commissioner has also agreed to the mission's suggestion to develop comprehensive referral system for health services in MCD. The mission reviewed details of cost escalation of about Rs. 4.07 Crore in renovation work and agreed to finance it under the project.
11. Bangalore. The original Bangalore component of the project as approved in SAR closed on June 30, 2001. Additional activities approved during Mid Term Review that have been extended up to June 30, 2002 are now being implemented. Currently, end line surveys are in progress and are scheduled to be completed by early April 2002. The project management has now been transferred to the Bangalore Municipal Corporation (BMC). The major challenge now is to sustain the project initiatives, especially the service delivery and software activities including social mobilization. The BMC continues to implement the activities of extended component in 7 city municipal council areas adjoining Bangalore which include 16 health centers and 3 maternity homes. GOK needs to take final policy decision on agency responsible for implementation of the services started under the project outside the operational area of corporation. The mission is pleased to note that the training institute built under the project is carrying out several training programs in urban development. The institute has been recently selected to partner with Administrative Staff College of India to provide an international training on urban reproductive health issues in conjunction with Partners in Population Development. The State Level Project Advisory and Coordination Committee has given formal approval to register this institute as an autonomous society and provide financial support till it becomes self sustaining. This action is still pending and requires expeditious follow-up by GOK.
12. Hyderabad. With the re-posting of contractual ANMs the staffing problems have been substantively overcome and the outreach activities are being undertaken regularly. The GOAP is providing resources for additional staff salaries and the Municipal Corporation of Hyderabad has provided allocations in FY 01-02 budget for non salary recurring expenditures. The link

volunteers continue to take active interest in the program and NGOs are now taking part in HIV/AIDS awareness creation activities supported under the AIDS control project. Except for one, all the 6 maternity homes built under the project have been made operational and there has been a gradual increase in the utilization of these facilities for deliveries. It was agreed that the remaining maternity home would be made fully operational by February 28, 2002.

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

Additional cities Components:

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

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

16. The mission is pleased to note that allocations have been made in FY 2002-03 state budget for continuing the project initiatives. About two thirds of the health centers are also

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

17. *Karnataka:* Under the project about 0.6 million slum residents in 11 cities are being provided essential RCH services. As agreed during September 2001 review mission, service delivery has started in all the 45 health centers. However, in some towns these services are limited only to clinic based services as final demarcation of the field area is yet to be completed. Most of the Lady Medical Officer (42 out of 45) and ANM (50 out of 70) positions sanctioned at Health Centers have been filled up through a decentralized district based recruitment and efforts are being made to fill the remaining positions including posts sanctioned for Maternity Homes by February 28, 2002. All the newly recruited doctors and ANMs are given induction and RCH training. In addition, some of the medical officers are also given management training. It was agreed that the proposed IEC plans for the project would focus on creating awareness among the urban slum residents about the services being offered at the newly created health centers and maternity homes. The mission observed that frequent transfer of key officials (commissioners and health officers) has affected the implementation pace.

18. Cumulative expenditure of the project till December 31, 2001 is Rs. 8.5 Crore. Since last mission an additional expenditure of Rs. 5.6 Crore has been incurred. Out of Rs. 7.42 Crore expenditure eligible for reimbursement, claims for Rs. 5.3 Crore have been submitted to GOI and claims for Rs. 4.15 Crore have been accepted. GOK has agreed to submit claims for remaining Rs. 2.12 Crore to MOHFW by March 31, 2002. As this component of the project is closing on June 30, 2002, planned activities need to be expeditiously implemented and claims should be submitted in time. Only activities completed by June 30, 2002 will be eligible for reimbursement. The civil works progress continues to be slow. Due to site problems construction of one health center has been dropped. To date 18 health centers have been handed over and construction of 6 centers is complete. It was agreed that (a) by February 28, 2002 another 15 health centers and 3 maternity homes will be handed over; (b) by March 31, 2002 another 4 health centers and 5 maternity homes handed over; and (c) by April 30, 2002, remaining 7 health centers will be handed over. GOK and MOHFW need to closely monitor these benchmarks. It was agreed that for facilities where municipal water supply is inadequate, alternate stand alone water supply arrangements will be made. Procurement actions are progressing as per the approved plan. The additional procurement plan for the remainder of the project has been reviewed and agreed to during the mission.

19. The mission had detailed interaction with the medical officers from all the project cities on implementation issues. Based on the operational problems identified during the interaction it was agreed that by March 31, 2002 (a) final demarcation of the field areas in each town would be completed taking in to consideration the services being offered by existing UFWCs and PP Units; (b) remaining vacancies of staff will be filled; (c) a workshop for DHO, District Surgeon and district RCH officer will be organized to improve local coordination and supervision; and (d) survey of the allocated area will be completed. The mission agrees to the suggestion made by the medical officers to offer basic laboratory services at the health centers such as hemoglobin and urine testing. Though it is too early to expect any major impact of the project, it was agreed that a rapid assessment would be undertaken through a 30 cluster survey in the project slums utilizing

the services of the local medical colleges. This will help to validate the field survey data as well as help to link the project with local medical colleges. The mission was informed that allocations for sustaining the project activities have been made in the FY 2002-03 state budget. Learning from the operational constraints in transition arrangements in Bangalore component of the project, the mission strongly urges GOK to take a final decision early on about the agency responsible for taking over the project so that transition arrangements can start from April, 1, 2002. The mission agreed to proposal from GOK to continue skeletal PMU structure created under IPP 9 project to manage the project till its closure and submission of final accounts and audits.

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

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

Logistic Support Component:

22. Tamil Nadu: The project supports Tamil Nadu Medical Services Corporation (TNMSC) to build and equip 11 regional warehouses. TNMSC runs a very successful public sector drug logistics program in the state of Tamil Nadu. After the inception of TNMSC there has been steady decline in procurement prices despite increase in prices of similar products in branded segment in private sector. TNMSC follows stringent measures to assure quality and services of reputed private labs are being used for quality testing. Several governance issues related to procurement are being addressed, such as publication of bid evaluations on web site and black listing of suppliers whose products fail the quality tests. As agreed, contracts for 6 new warehouses agreed to during the September 2001 mission have been awarded and all these works are scheduled to be completed before June 30, 2002. To date, an expenditure of Rs. 4.4 Crore has been incurred and claims for Rs. 3.5 Crore have been forwarded to MOHFW. Bills for Rs. 8 Crore are pending and TNMSC has agreed to follow them expeditiously to ensure their submission by March 31, 2002. Works not completed by the project closing date will not be

financed by the project. The mission reiterates its earlier recommendation to give more focus on promoting rational use of drugs. The potential activities include introduction of prescription audit, state antibiotic policy, establishment of poison information center etc. It was agreed by March 31, 2002, TNMSC would engage a consultant to document the experiences and lessons learnt from the project.

23. Uttar Pradesh: Under the project a network of 15 regional warehouses are to be built. Out of these works one work at Jhansi has been dropped due to site problems. Three facilities are in Uttaranchal state and remaining 11 in UP. 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 entered in to consultancy contract with Indian Institute of Management, Lucknow (IIML) for undertaking training needs assessment, developing training modules and overseeing the training. The training needs assessment has been completed and draft modules are ready. Out of the 14 works allocated, 8 have been completed and more than 80% of the construction has been completed at 4 sites. The work at Banda has been started and the Rourkee work has been reactivated after resolving the contract problem. During the next two months handing over of the completed facilities and making them functional by providing equipment and staff requires attention by Governments of UP and Uttaranchal. It was agreed that by March 31, 2002 all the 13 regional warehouses built under the project would be made operational. The Banda warehouse will be made operational by June 30, 2002. Works not completed by project closing date will not be financed under the project. The agreed benchmark for posting managers and support staff for the 10 regional warehouses has not been met and GOUP needs to expeditiously address this.

Procurement

24. Procurement agents were appointed in Tamil Nadu for civil works (Tamil Nadu Medical Services Corporation), in Uttar Pradesh for procurement of goods/equipment (Hospital Services Constancy Corporation Ltd.) and in the city of Delhi for procurement of good/equipment (Hospital Services Constancy Corporation Ltd.). Rest of the projects procured on their own. Procurement has been carried out as per the revised procurement schedule agreed and is satisfactory in the project cities. Procurement is not satisfactory in the Logistics component of UP. Although past experience does not generate much confidence, agreed bench marks are achievable with close monitoring by MOHFW/States/Cities.

Legal Covenants

25. The legal covenants are being met by the project states and all project cities have submitted the audit certificates for FY 2000-2001. Audit reports are overdue from AP, Karnataka and Delhi and a warning letter to these states was issued during the first week of February 2002.

Key Benchmarks

26. The following critical benchmarks are agreed:
- MOHFW will organize monthly review meetings of the project during the next 4 months to closely monitor the implementation progress in additional city and logistic components and ensure timely submission of SOEs.
 - MOHFW will undertake a detailed review of the projected activities and expenditure and send a comprehensive proposal including reallocation of available resources across the categories (if required) by March 31, 2002.

- The states of Andhra Pradesh, Karnataka and West Bengal will finalize the implementation arrangements after the project closure and initiate transition process by April 1, 2002.
- The end-line surveys in the 4 project cities will be completed by April, 2002 and the nodal agency will submit the final report by May 10, 2002.
- The project states will submit ICR in the agreed format to MOHFW by April 30, 2002 based on which MOHFW will prepare and forward draft ICR report to the Bank during the first week of May, 2002.

Family Welfare Urban Slums (Population VIII) Project

Annex I

	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	2591.2	3096.88	2815.02	1277.86	9780.96
	Procurement	919.5	2220.54	1276.72	1045.92	5462.68
	Consultant Training	513.1	1388.49	537.66	1015.34	3454.59
	Incremental Operating Costs	1202.3	2630.57	2562.13	1271.83	7666.83
	Total	5226.1	9336.48	7191.53	4610.95	26365.06
Balance to be spent before Project Closure	Civil Works	-99.01	184.12	-430.02	-12.93	-357.84
	Procurement	45.4	405.8	-133.92	-100.01	217.27
	Consultant Training	40.1	-322.33	77.3	50.06	-154.87
	Incremental Operating Costs	70.9	227.95	199.34	48.43	546.62
	Total	57.39	495.54	-287.3	-14.45	251.18

	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	2205.41	575.3	1507	4287.71
	Procurement	18.09	168.5	491.06	677.65
	Consultant Training	357.92	84.3	101.11	543.33
	Incremental Operating Costs	28.35	22.7	526.44	577.49
	Total	2609.77	850.8	2625.61	6086.18
Balance to be spent before Project Closure	Civil Works	848.59	624.5	-44.17	1428.92
	Procurement	533.66	330.1	724.41	1588.17
	Consultant Training	1492.1	108.3	337.63	1938.03
	Incremental Operating Costs	229.37	325.4	756.52	1311.29
	Total	3103.72	1388.3	1774.39	6266.41

	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	672.84	335.86	1008.7
	Procurement	0	20.33	20.33
	Consultant Training	0	0	0
	Incremental Operating Costs	0	79.74	79.74
	Total	672.84	193	865.84
Balance to be spent before Project Closure	Civil Works	483.76	489.14	972.9
	Procurement	700.58	143.42	844
	Consultant Training	0	26.7	26.7
	Incremental Operating Costs	125	154.38	279.38
	Total	1309.34	813.64	2122.98

Family Welfare Urban Slums (Population VIII) Project

Annex II

Category	Category Description	Disbursed	Un-disbursed
1-A	Civil Works	26,324,725	2,293,848
1-B	Procurement	12,807,756	2,649,629
1-C	Consultants & Training	6,995,096	2,995,701
1-D	Incremental Operating Costs	12,112,397	1,150,523
3-A	Civil Works	0	2,653,710
3-B	Procurement	0	663,427
3-C	Consultants & Training	0	200,280
3-D	Incremental Operating Costs	0	613,357
	Special Account	1,040,752	-575,117
	Unallocated	0	3,731,850
	TOTALS	59,280,726	16,351,469

Family Welfare Urban Slums (Population VIII) Project

Benchmarks

Annex III
Page 1 of 2

Benchmark	By When	By Whom
Organize monthly review meetings of the project to closely monitor the implementation progress in additional cities and logistic components and ensure timely submission of SOEs.	Starting from March 2002	MOHFW
Undertake a detailed review of the projected activities and expenditure and send a comprehensive proposal including reallocation of available resources across the categories (if required)	March 31, 2002	MOHFW
Finalize the implementation arrangements after the project closure and initiate transition process	April 1, 2002.	The states of Andhra Pradesh, Karnataka and West Bengal
Complete all awarded works and start service delivery at completed facilities	March 31, 2002	GOK
Complete all regional warehouses and equip them	June 30, 2002	GOUP and GOTN
Complete the end-line surveys in 4 project cities	April 2002	Project Teams in Bangalore, Delhi, Kolkata and Hyderabad
Submit the final summary report	May 10, 2002	MOHFW
Project states to submit ICR in agreed format to MOHFW	April 30, 2002	Project Teams in Bangalore, Delhi, Kolkata and Hyderabad
Forward draft borrower's report in agreed format to the Bank	May 7, 2002	MOHFW

Benchmark	By When	By Whom
<i>Andhra Pradesh</i>		
Establish a system to regularly review maternal deaths and provide feedback on avoidable deaths to service providers and community	March 31, 2002	Project Team and Regional Coordinators
Complete all procurement actions	June 30, 2002	Project team
Complete the remaining 4 health centers including the compound walls and water supply arrangements	March 31, 2002	APHMIDC
Expedite the SOEs from the districts and submit additional claims for Rs. 10 Crore to MOHFW	March 31, 2002	Project team
Finalize the transition arrangement at district and municipality level and start implementation	April 1, 2002	GOAP
<i>Karnataka</i>		
Take final decision on agency responsible for implementation of project in (a) 7 CMC areas and (b) 11 municipalities and initiate transition arrangements	March 31, 2002	GOK
Register the Urban Health Research & Training Institute as an autonomous society as approved by SLPACC	March 31, 2002	GOK & BMP
Submit the end-line survey report and draft ICR report in standard format to MOHFW	April 30, 2002	BMP
Civil works a) handover 15 health centers and 3 maternity homes by b) hand over another 4 health centers and remaining 5 maternity homes c) hand over remaining 7 health centers	February 28, 2002 March 31, 2002 April 30, 2002	GOK
Demarcate the field areas for health centers in each town taking in to consideration the services being offered by existing UFWCs and PP Units and complete the survey of the allocated area	March 31, 2002	GOK and municipalities of 11 Cities
Fill remaining vacancies of staff	March 31, 2002	GOK and district authorities
Develop guidelines for improving supervision by different district officials and organize a workshop to sensitize DHOs, District Surgeons and district RCH officers	March 31, 2002	GOK
<i>West Bengal</i>		
Collect the SOEs form the municipalities and ensure timely submission to MOHFW	Continuous	SUDA
Start service delivery at OPD and Maternity Home at Alipurduar	February 28, 2002	SUDA
Complete the planned procurement actions	As per the approved procurement plan	SUDA

Family Welfare Urban Slums (Population VIII) Project

Annex IV

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

Family Welfare Urban Slums (Population VIII) Project

Annex V
Page 1 of 4

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

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.	
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	
4. Repair of existing Maternity Homes	22	21		21	All repairs Completed	
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	1	To make the remaining maternity home fully operational by Feb 28, 2002
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	191	4	187	187	Finishing 4 Operationalize by Feb. 28, 2002

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	44	44	18	18	One work dropped	
						Finishing 15	Hand over by February 28, 2002
						Roof level - 4	Hand over by March 31, 2002
						Lintel/plinth level - 7	Handover by April 2002
Construction of New Maternity Homes	8	8	8	0	0	Finishing - 3 Hand over by February 28, 2002	
						Lintel level - 5	Hand over 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		10	10	
II	Construction of Urban Health Posts	25	25		25	25	
III	OPD cum Maternity Home	11	11		11	10	To make remaining MH operational by February 28, 2002

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 January – February 2002.
2. The mission, consisting of G.N.V. Ramana (Task Leader), Badrud Duza, A. Bharadwaj, Subash Chakravarthy, Mam Chand and Manoj Jain, will review implementation progress and disbursements since October 2001. In consultation with GOI and project states, the mission will review plans for utilizing the remaining credit proceeds and final procurement arrangements prior to project closing in June 2002. In addition, the team will initiate the ICR process and participate at a workshop organized by MOHFW in Calcutta on February 14-15, 2002.
3. 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 present Kolkata initiatives as a part of ICR process during the experience sharing workshop.
 - 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.
 - Agnelo Gomes (Team Assistant) will be responsible for organizing the logistics of the mission and also participate in the field visits in West Bengal.
3. The mission will discuss and leave aide-memoires Contributions to the aide-memoires will be made by all members of the team who are responsible for reviewing their respective components and areas of expertise and interfacing with overall implementation. Upon completion of the mission, the team will prepare Project Status Reports for projects which are supervised during the mission. Review the overall implementation progress.
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 – January 2002 – Municipal Corporation of Hyderabad (MCH);
b) Status Report - Urban Slum Health Care Project February. 2002 – Commissioner FW, GOAP, Hyderabad;

Delhi: a) Progress Review – January 2002 – Municipal Corporation of Delhi (MCD); b) Quarterly Monitoring Report on MIS activities January 2002 – MCD;

Karnataka: a) Project Review Status January, 2002 - Bangalore Mahanagar Palike (BMP); b) Status Report on Additional City Project – February, 2002 - Government of Karnataka;

West Bengal: a) Project Review Status February 2002 – Kolkata Metropolitan Development Authority (CMDA); b) Status Report for IPP VIII extension to 10 Additional Cities – February, 2002- State Urban Development Agency, West Bengal.



IPP - VIII. **CMDA**

Dr. S. Ganguly
20/2/99

FAMILY WELFARE (US) PROJECT

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

No. 0252/CMDA/FW(US)/IPP-8/A-13/97

Dated : 18.2.99

To : Shri A.M. Chakrabarti, IAS.
Secretary,
Municipal Affairs Department,
Govt. of West Bengal.

Sub : Aide Memoire of the World Bank's Review Mission 27-31 January, 1999 dt.13.2.99.

Sir,

Please find enclosed a copy of the Aide Memoire of the World Bank's Review Mission 27-31, January 1999.

Para 5 of the forwarding memo of Indra Pathmanathan, Senior Public Health Specialist as well as para 11(Page 3) of the attached Aide Memoire and Annex.II (Page 3 of 3) refer to additional cities to be covered under IPP-8.

The Aide Memoire also refers to the Asansol RCH Sub Project in para 7 of the forwarding letter, para 14 of the Aide Memoire & Annex.II (Page 2 of 3).

This is for your record & necessary action please .

Yours faithfully,

[Signature]
Secretary, CMDA.
& Project Director,
IPP-VIII, Calcutta

Encl: as stated.

DM - Jalpaiguri

February 13, 1999

Mr. N.K.S. Jhala
Principal Secretary (Health)
Government of West Bengal
Writer's Building
Calcutta 700 001

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

Dear Mr. Jhala and Ms. Chatterjee :

*World Bank projects in Family Welfare in West Bengal
Population VIII (Cr. 2394-IN) – Calcutta and proposed additional cities
Reproductive and Child Health sub-projects (Cr. N-018-IN).
Aide Memoire of Review mission.*

1. I would like to thank you, your staff, the Calcutta Metropolitan Development Authority, project staff and the Government of West Bengal for the excellent support and discussions with the World Bank Review mission during our visit to West Bengal during 27-31 January. I attach the Aide Memoire which summarizes the issues discussed during the mission, and provides a table listing critical issues that need to be addressed in your state for each of the above referenced projects, and the agreements reached on actions to be implemented during the next six months. For your ease of reference, I am summarizing the main points. Since this is part of a broader mission, an Aide Memoire covering cross cutting issues applicable to all project states will be issued later.

Population VIII: Calcutta

2. The mission is pleased to note that outreach coverage by Honorary Health Workers (HHWs) was good, and performance indicators show significant improvement. Several of the facilities planned have now been completed with strong participation by local community organizations, and good community ownership is demonstrated. However, there is need to rationalize CUDP and IPP VIII services and monitor the utilization of services by the urban poor.

3. The mission appreciates the GOWB's willingness to appoint staff nurses as second tier supervisors to improve the service quality. I wish to bring to your notice that,

it is necessary to monitor the quality of services at maternity homes to avoid unnecessary surgical interventions, especially caesarean sections. As agreed during the mission I look forward to hearing from you about the introduction of quality assurance mechanisms and rationalization of fee structures.

4. I also wish to bring to your notice the need for rationalizing the package of services to be provided at ESOPD and maternity homes based on the need, catchment population and existing public and private services.

Population VIII – Proposed Additional Cities:

5. The mission is pleased to note that preparatory activities by SUDA are in an advanced stage and we have conveyed the concerns of the project implementing agency to MOHFW to facilitate early EFC clearance. Meanwhile, it was agreed that SUDA would proceed with identification and training of HHWs and preparation of bid documents for civil works.

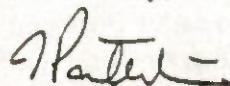
Reproductive and Child Health Sub-projects (Murshidabad and Asansol):

6. The mission noted that progress in Murshidabad has been very slow. Some activities in the proposal might be redundant because similar inputs are being provided under other projects like STD/AIDS and Social Safety Net. There is adequate flexibility in the project for revising the proposed activities to avoid duplication, and revisions should be urgently submitted to MOHFW. Further, I would like to alert you that financing under this project is performance linked. Consequently, the funds are not earmarked for particular sub-projects, and would be transferred to better performing activities/states.

7. Asansol has made satisfactory progress in employing the required service delivery staff and link workers whose training is in progress, and completed slum census to identify beneficiaries. Details are given in Annex II. Intensive action is now required to complete the proposed civil works, and to start providing services and IEC.

With best personal regards.

Sincerely,



Indra Pathmanathan
Senior Public Health Specialist
Health, Nutrition and Population
South Asia

Attachment: Aide Memoire

Mr. Jhala & Ms. Chatterjee

-3-

02/13/99

cc: Mr. A.K.Mehra,
Director, Area Project Unit, MOHFW

India: World Bank Review Mission
Population VIII (Urban Family Welfare) Cr. 2394-IN
Reproductive and Child Health: sub-projects

West Bengal

January, 1999

Aide Memoire

1. As part of a combined Population VIII/Reproductive and Child Health World Bank review mission, a team consisting of Drs./Messrs. Indra Pathmanathan (mission leader), G.N.V. Ramana (Task Leader, Population VIII and LCE component), Sadia A. Chowdury and A. Bharadwaj (public health), Supriya Mukherjee (IEC), and Z. Thomas reviewed the implementation progress of Calcutta city, the Reproductive and Child Health (RCH) sub-projects in Murshidabad and Asansol, and the preparation for the additional cities to be supported by the proposed re-structuring of Population VIII. The mission was accompanied by officials from the Ministry of Health and Family Welfare (MOHFW).

2. The mission would like to thank the Government of West Bengal, the Secretary Health and Family Welfare, the Calcutta Municipal Development Authority, project officials and various staff for facilitating field visits and discussions and for the warm hospitality that was extended to the mission.

3. This Aide Memoire is specific to issues in West Bengal. Subsequently, an Aide Memoire dealing with issues covered by the combined mission that are cross-cutting across several project states and at national level also will be issued.

Population VIII: Calcutta

4. **Increasing the supply of FW services to slum population:** The mission is pleased to note that outreach coverage by Honorary Health Workers (HHWs) was good, and performance indicators show significant improvement. Several of the larger facilities (Maternity homes and ESOPDS) have now been completed and are beginning to provide services. These facilities have been constructed with strong participation by local community organisations, and effective community ownership is demonstrated. The mission noted an example where an IPP VIII health post is located adjacent to a CUDP health post though they are serving different slums. It was agreed that in order to rationalize and optimize the impact of the expanded services the project authorities would: (a) review the responsibilities of HHWs and reduce activities which are being done by other programs such as growth monitoring which is also not being done effectively by them (b) co-ordinate and rationalise CUDP and IPP VIII service structures and functioning; (c) monitor the utilisation of maternity homes and ESOPDs to assess the use by slum populations.

5. **Improving the quality of FW services:** The mission is pleased to note that there has been appreciable improvement in MCH and FW coverage levels. However, more emphasis is now required for improving the quality of care and to facilitate this it was agreed that : (a) staff nurses would be appointed as second tier supervisors (d) hospital MIS systems would be introduced to monitor occupancy rates, length of stay and cost of services (e) quality assurance systems in clinical care would be developed and implemented.
6. It was agreed that the ongoing training programs for HHWs and PTMOs would be reviewed to assess (a) optimal trainer trainee ratio (b) effectiveness of training methodology adopted (c) use of appropriate resource persons (d) capacity of the core group of trainers at municipality level. It was also agreed that (a) orientation regarding correct use of temporary contraceptives specially oral pills would be arranged for the HHWs, (b) skill development training would be offered to Part Time Medical Officers (PTMOs) in IUD insertions and MTP and (c) training in infection control would be offered to the staff working at the Maternity homes.
7. **Increasing demand for FW services:** The mission is pleased to note that the project could generate good demand for Institutional deliveries, immunization and oral pills. However, the needs of other groups, such as males and adolescent girls have not been adequately addressed. Also, MTR findings suggest that language has been one of the barriers of communication for some sections of population and the print media has a limited use. The IEC workers used on pilot basis in 11 municipalities did not seem to be more effective as they are of the same calibre and background as HHWs. It was agreed that taking these aspects in to consideration, a revised IEC strategy would be developed by the project.
8. **Improve management and administration:** The mission appreciates the concept of cross subsidising the urban poor by levying graded user fee at Maternity homes and ESOPDs. It was agreed that quality assurance mechanisms and rationalization of fee structure would be undertaken to reduce unnecessary surgical interventions especially caesarean sections.
9. To facilitate better interaction and co-ordination between political, bureaucratic and technical stakeholders in the planning and execution of the project, it was agreed that CMDA would make effort to set-up a mechanism at municipality level.
10. It was agreed that CMDA would submit a proposal to rationalize the package of services to be provided at ESOPD and maternity homes covering (a) general outpatient care including preventive and emergency services (b) in patient care covering essential and emergency obstetric care (c) other speciality services to be determined by the need, catchment population and existing public and private services.

11. **Population VIII: Proposed additional cities:** The mission is pleased to note that the preparatory activities are in an advanced stage. The State Urban Development Authority (SUDA), implementing agency for the project, has indicated that the final report of the baseline survey is expected by March 31 and the process of identification and training of HHW's has already started. All sites for civil works have been identified and types designs have been approved by the Bank. It was agreed that (a) Municipality level co-ordination committees consisting of elected persons from local bodies, representatives of SUDA, District Magistrate, local hospitals and health officers would review the annual action plans and forward for SUDA's approval (b) MOHFW would once again write to EFC requesting an early clearance.
12. **Reproductive and Child Health Sub-projects (Murshidabad and Asansol):** The mission noted that progress in Murshidabad has been very slow. It appears that several activities in the proposal might be redundant because of duplication, and therefore no action has been taken. Examples of this are the proposed training of health workers in STD/AIDS which will be done by the AIDS project, and responsibilities of the proposed village health workers that would overlap with those of ICDS workers. The mission stressed that the state has flexibility in revising the proposed activities, but that performance would be measured by achievements in terms of increased coverage of the beneficiary population in immunization, contraception and institutional deliveries. Funds would not be ear-marked for particular sub-projects, and would be transferred to other activities based on performance.
13. **Asansol** has made satisfactory progress in employing the required service delivery staff and link workers whose training is in progress, and completed slum census to identify beneficiaries. Details are given in Annex II. Intensive action is now required to complete the proposed civil works, and to start providing services and IEC.
14. Agreement was reached on benchmarks to be achieved during the next six months, and the mission alerted the state that failure to achieve agreed benchmarks would result in reduction of the funds.

Benchmark	Target due
<i>Increase supply of FW services</i>	
Complete award of all contracts for approved civil works	March 31, 1999
Review the functions of HHW and reduce activities which are not being done efficiently	March 31, 1999
Rationalize and co-ordinate the service structures and functioning of IPP 8 and CUDP health posts	June 30, 1999
Monitor the utilization of Maternity Homes and ESOPDs by slum populations and provide feedback to MOHFW and Bank	June 30, 1999
MOHFW would provide standard list of equipment for Maternity Homes to the project cities	March 15, 1999
<i>Improve quality of FW services</i>	
<i>Training:</i>	
Establish refresher training for HHWs to address knowledge gaps identified on a regular basis starting immediately with retraining on use of oral contraceptives	Immediate
Establish a core group of trainers in each municipality	April 30, 1999
Establish training of PTMOs in clinical skills such as IUD insertions and MTP	Overdue
Start new training program in infection control for staff working in the Maternity Homes and ESOPDs	June 30, 1999
<i>Clinical Services and Quality of Care</i>	
Appoint Nurses as IIInd tier supervisors (to improve technical supervision, quality of AN care and provide IUD services)	April 30, 1999
Submit proposals to establish MIS in maternity homes and municipal hospitals	June 30, 1999
Prepare a plan for developing quality assurance in clinical care and if necessary appoint consultant to provide technical assistance	August 31, 1999
Prepare a strategy to rationalize Obstetric surgery in Maternity homes and Municipal hospitals	August 31, 1999
<i>Improve demand for FW services</i>	
Submit revised IEC strategy and action plan based on MTR and mission findings	March 31, 1999
<i>Improve management and administration</i>	
Establish mechanism at municipality levels for improving co-ordination between different agencies implementing MCH and FW activities	March 31, 1999
Submit a proposal to the Bank for the rationalization of services provided at ESOPD and Maternity Homes	June 30, 1999
<i>RCII sub projects</i>	
Murshidabad	
Award tender for 12 sub centres with delivery rooms	March 31, 1999
Identify sites for remaining 44 sub centres	October 31, 1999
Complete procurement of furniture and equipment for sub centres not covered under Social Safety Net project	March 31, 1999
Install telephone connections at 14 Block PHCs	March 31, 1999

Asansol	
MOHFW to ensure that the agency awarded baseline survey completes data collection before March 31, 1999	Immediately
SUDA to appoint Community Development Officer to design and monitor innovative schemes	March 31, 1999

Review of Sub project Murshidabad

The SCOVA has released Rs. 14.4 million to the district during October 1998. The mission noted that implementation progress has been very slow. Since some of the activities planned under the project are now redundant due to inputs from HIV/AIDS and social safety net projects, the mission stressed that the project authorities have flexibility in revising proposed activities within the overall RCH frame work. However, the funding would be performance based.

After the discussion the following agreements were reached:

1. All Village health workers proposed would be women
2. The proposed training for medical and paramedical staff under the sub project in RTI/STI will be funded under AIDS control program and the consequent savings could be used for innovative activities.
3. The Block PHN would be made responsible for preparing an action plan in consultation with ICDS functionaries for fixed day immunization schedules in all the villages.
4. In view of large presence of ICDS network in the district (18 ongoing and 5 sanctioned projects) the activities of the proposed village health workers should be clearly defined to avoid overlap with anganwadi workers. This helps the project authorities also to monitor the effectiveness of the VHWs.
5. The Project authorities would develop guidelines for use and placement of referral funds.
6. The project would develop innovative schemes for involvement of private sector, participation of NGOs.

The following objectives and indicators were agreed to monitor the sub project progress:

Objective	Indicator
Increase institutional deliveries	5% increase in institutional deliveries from baseline
Improve referral services	At least 10% of institutional deliveries to be constituted of complicated cases referred by village functionaries
Improve immunization coverage of children	15% increase in measles coverage
Reduce unmet need for laproscopic sterilization and oral pill.	25% decrease in unmet need for sterilization and 50% in case of OP

Review of Sub-project Asansol

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

Agreements reached:

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

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

check spelling

Why only laproscopic ster.
& OP. ?

IPP 8- Additional cities

SUDA will be the implementing agency. SUDA is a parastatal organization with a mandate to reduce urban poverty. It has a governing board and Secretary, Municipal Affairs is the chairman of the Board. A full time director supported by several specialists like Engineers, Doctors, Computer professionals etc. implement various schemes – both Govt. and donor supported – to improve the status of urban poor.

Implementation arrangements by SUDA:

- The health team headed by Advisor, health has 3 members and it will be further strengthened to provide overall guidance, monitoring and training support.
- SUDA is planning to recruit one procurement officer under the project to ensure timely procurement of goods and services.
- The civil works will be handled by Municipal Engineering Directorate which has regional offices in all major towns.
- At municipality level a local coordination committee consisting of elected representatives, representatives from SUDA, District Magistrate, Local hospitals and health officers will be constituted. This committee approves the annual action plan and budget and forwards to SUDA. It meets once a month to review the financial and physical progress of the project.

Issues:

Start up activities have already started. HHW were identified and training was completed in some towns. Sites for civil works have been identified and model plans received clearance. In view of the short life span of the project, SUDA authorities expressed great concern regarding the clearance from GOI for implementation.

CONSTRUCTION STATUS OF CIVIL WORKS - December -1998
Calcutta

No	Type of Units	SAR Target	Cumulative Target as of Sept. 30.1998	Present Status	Immediate Tasks/Recommendations Agreements /Time frame
A .Service delivery Buildings					
A1	HAU	109	109	1. Completed - 36 Units 2. Under construction - 62 units a) Advanced Stage - 24 units b) Various stages of construction- 38 Units c) In bidding process - 8 Units d) Disputed Land -1 Unit Total - 107	2. Schedule: a) To be completed by December 31,1998 b) To be completed by December 31,1999 c) Award all contracts by March 31, 1999 d) <u>NO NEW CONTRACT TO BE AWARDED AFTER MARCH 31, 1999</u>
A2	E. S. O. P. D.	18	25	1. Completed - 6 Units 2. Under construction -19 Units Total -25 Units	All 19 units are at different stages of construction. To be completed by December 31,1990
A3	Maternity Homes	23	23	1. Completed - 1 Unit 2. Under construction -17 Units 3. In pre bid stage (Delhi Type) - 5 Units Total -23 Units	1. - 2. To be completed by December 31,1999 3. Construction to start by March 31, 2000. NO NEW CONTRACT TO BE AWARDED AFTER MARCH 31, 1999