

STATUS REPORT
FOR
REVIEW OF
RCH-SUB-PROJECT
ASANSOL

BY GOI
ON 01.09.2003

(July - 2003)

SUDA
Health Wing

World Bank assisted RCH-Sub Project Asansol

Date of launching : **August-1998**

End of Project with World Bank's Assistance : **March 31, 2004**

Overall status

1. Population under the project : 2,53,501
2. No. of Blocks : 387
3. Health Man Power :

SL. No.	Particulars	Target	Achievement
A. <u>At Block Level</u>			
	Honorary Health Worker	387	387
B. <u>At S.C. Level</u>			
	First Tier Supervisor	97	97
C. <u>At H.A.U. Level</u>			
	MO (Part time)	26	26
	STS	26	26
	Clerk Cum Store Keeper	13	13
D. <u>At O.P.D. cum M.H. Level</u>			
	M.O.	4	4
	Nurse	6	6
	Laboratory Technician	2	2
	Specialist Doctors (General Medicine, Paediatrics, Obs. & Gyn.)	6	6
E. <u>At Medical Store Level</u>			
	Store Keeper	1	1
F. <u>At Management and Supervision Cell at ULB Level</u>			
	Assistant Health Officer	1	1
	Medical Supervisor	1	1
	PHN Training	1	1
	Account Assistant	1	1
	Statistical Assistant	1	1

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PART - A : Physical & Financial Progress Report

I. Physical Progress Report

Sl. No.	Component	Activities envisaged	Original Target	Revised Target	Present Status	Reason for shortfall / delay
1.	Civil Works	Construction of HAU (PHC)	13	Nil	13	Nil
		Construction of ESOPD cum Maternity Home (FRU)	2	Nil	2	Nil
		Construction of Medical Store	1	Nil	1	Nil

II. Financial Progress Report

Sl. No.	Component	Original Allocation	Revised Allocation approved by GOI	Expenditure incurred so far (upto July, 03)	Likely expenditure by the end of the project	Short fall / additional expenditure	If amount diverted, approval of GOI / World Bank	Remarks, if any
1.	Civil Works	165.00	334.74	334.74	339.19	- 4.45	Approval obtained for revised budget of Rs. 305.00 lakhs from 165.00 lakhs and of Rs. 334.74 lakhs from Rs. 305.00 lakhs vide GOI letter no. L. 19012/44/96-API/Vol. III dt. 15 th March, 2002 and dt. 18 th Dec., 2002 respectively.	Actual completion cost will fall short by Rs. 4.45 lakhs due to escalated bid cost which is within the permissible limit.

(Rs. in lakhs)

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2.	Equipment	82.57	49.78	38.95	50.92	- 1.14	Approved by GOI letter no. L. 19012/40/96-API dt. 3 rd July, 2003.	Higher bid cost received for USG machine in the re-tender.
3.	Furniture	42.40	21.88	21.93	21.93	- 0.05	Do	Negligible short fall of Rs. 0.05 lakhs.
4.	Vehicles	12.00	8.30	8.30	8.30	Nil	Do	Nil
6.	I.E.C.	7.46	10.18	6.60	10.18	Nil	Do	Nil
9.	Innovative Schemes	41.91	9.91	1.88	9.91	Nil	Do	Nil
10	NGO support & Community Participation	9.00	6.28	1.28	6.28	Nil	Do	Nil
12.	Salaries, TA, DA & Honorarium	251.84	251.84	204.55	268.67	- 16.83	-	Service facilities under the project have been extended beyond previous closing period of Sept., 03 upto March, 04. Hence, the tenure of service providers at all levels had to be continued and their Salaries & Honorarium are to be paid till March, 2004. Moreover, for effective supervision & monitoring budget provision for TA, DA have been kept. This has caused shortfall of Rs. 16.83 lakhs.

Sl. No.	Component	Original Allocation	Revised Allocation approved by GOI	Expenditure incurred so far (upto July, 03)	Likely expenditure by the end of the project	Short fall / additional expenditure	If amount diverted, approval of GOI / World Bank	Remarks, if any
14.	Drugs & Supplies	98.00	55.35	52.56	56.65	- 1.30	Approved by GOI letter no. L. 19012/40/96-API dt. 3 rd July, 2003.	Due to unforeseen higher rates of some of the drugs.
16.	Operating Cost	146.77	109.86	92.89	110.86	- 1.00	Do	More strengthening at weaker areas and consolidation of services before closing of the project.
	TOTAL	856.95	858.12	763.68	882.89	- 24.77		Under the circumstances explained, the budget of Rs. 882.89 lakhs may be allocated to cover up short falls of Rs. 24.77 lakhs. There is no scope for inter component revision to make up this short fall.

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PART - B :

1. Components where achievement has been significant :

- Achievement has been significant under the following component heads :

- a) Civil Works.
- b) Procurement of various logistics for Health Facilities.
 - Equipment
 - Furniture
 - Vehicle (Ambulance)
 - Drugs for FRU
- c) Operation of services at PHC / Sub-Centre and FRU level.
- d) Community participation.

2. Components where achievements could not be made along with reasons which impeded attainment of the goals :

- Nil.

3. Improvements in the Health and RCH-indicators since launching of the Sub-Project with reference to the base line data :

A) Achievement of Development objectives of :

- i) Reducing fertility among slum population.

(Fig in %)

Indicator	Base line 1998 -1999	Present Status 2002 - 2003
Family planning practices :		
Sterilisation	19.3	22.3
IUD	0.8	1.4
OCP	16.1	32.4
CC Users	5.2	13.0
Eligible Couples according to order of live births :		
	Base Line 2000 - 2001	Present Status 2002 - 2003
With 1 child	14.9	18.7
With 2 children	24.1	26.6
With 3 and above children	51.0	48.1
Eligible couples according to interval between last two successive live births :		
1 - 2 years	33.1	32.5
2 - 3 years	36.4	39.0
>3 years	30.5	28.5

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

(Fig. in %)

Indicator	Base line 2000 - 2001	Present Status 2002 - 2003
Maternal Health :		
Early Antenatal registration	38.4	75.2
Detected as high risk pregnancies	3.9	1.2
High risk pregnancies referred to Maternity Home / District Hospitals	3.9	1.2
At least 3 Antenatal Check ups	43.8 (1998 - 1999)	91.5
TT Pregnant Women	51.8 (1998 - 1999)	92.7
Antenatal mother given IFA	52.5	74.8
Institutional Delivery	57.3 (1998 - 1999)	84.2
Detection & treatment of RTI / UTI cases	5.7	2.1

(Fig. in %)

Indicator	Base line 2000 - 2001	Present Status 2002 - 2003
Child Health (Under 5) :		
Diarrhoea cases	23.6	13.5
Diarrhoea cases treated with ORS	65.3	88.8
Diarrhoea cases referred to	34.7	11.2
ARI cases	32.4	11.9
ARI cases treated with co-trimoxazole	62.7	93.2
ARI cases referred to	37.3	6.8
First dose of vit-A	77.8	91.6

B) **Key Impact Indicators :**
i) **Demographic Indicators.**

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

ii) Immunisation Coverage.

(Fig. In %)

Indicator	Base line 1998 - 1999	Present Status 2002 - 2003
BCG	42.6	93.6
DPT III	40.9	92.8
OPV III	41.9	92.8
Measles	30.9	85.3

C) Process and Output Indicators.

(Fig. In %)

Indicator	Target	Achievement
Health Facilities :		
Blocks	387	387
Sub-Centres	97	97
PHCs	13	13
FRUs	2	2

4. Major bottlenecks observed in the implementation of the project activities :

- Nothing as such.

5. Level of community involvement in the programme. Give details, if any :

Community involvement and participation are high order at different levels as given under :

- CBOs have provided accommodation for sub-centre.
- All the female honorary health workers and first tier supervisors are community women of the concerned localities.
- Local leaders of the community specially the Mother Leaders take keen interest and play active role in various awareness campaigns & I.E.C. activities.
- Tribal community took lead role in formation of performer groups with regard to dissemination of different health messages aiming towards Behaviour change communication.
- Community boys and elderly male members actively participating immunisation camps as and when organized.
- Contribution towards health fund @ Rs. 2/- per family per month.

6. **Suggestions for bringing improvement in the implementation of the sub-project and health and RCH indicators :**

- Provision of adequate manpower at FRU level
- Enhancement of salaries and honorarium for the man power at FRU as well as grass-root level.
- Satellite centre for detection and treatment of RTI / UTI cases closed to the community
- Integration with existing different national health programmes for betterment of Maternal and Child Health.
- Paediatric preparation of drugs may be included in the list of drug items for FRU.

7. **Mechanism for sustainability of the sub-project activities after the project period :**

- Maintenance of service facilities created.
- Creation of Health Fund at Municipal Level through user charges at family level and other sources like service charges at O.P.D., M.H., Diagnostic Centre etc.
- Mobilisation of Health Fund from NSDP as permissible.
- Financial supplementation from State Government.
- Consolidation of linkage with State Health.
- Developing more Peer groups.
- Linkage and partnership with private and NGO sector.
- For effective field supervision and performance monitoring after the project period, a skeleton Supervisory Cell both at ULB and State Level be established.
- Services may be extended to APL with proper user fees which will be higher than that of BPL.
- Extensification of other speciality services at FRU to provide opportunity for the community in need under one umbrella.

8. **Extent of involvement of NGOs along with evaluation with on their performance. Can the NGOs sustain the activities after the project period is over :**

- 2 to 3 NGOs were tried to involve in the programmes like awareness generation on Health issues, family planning etc. But perhaps, without adequate substantial financial support NGOs may not be able to sustain the programme.

- 9 **Number of SC / PHC / Sub Centre Buildings constructed or renovated under the sub-project, fully operational with posting of staff and supply of furniture, equipment etc.**
- Sub-Centres not at all constructed renovated under the project. Accommodations have been provided either by the community or by the municipality.
 - 13 nos. PHCs and 2 nos. of FRUs were constructed under the project which are fully operational with full complement of staff, supply of furniture, equipment and drugs.
10. **Number of such building which could not be fully utilised along with reason therefore :**
- All the facilities are being fully utilised
11. **Whether procurements have been completed against the approved procurement plans and items have been supplied to the concerned Health Facilities :**
- Yes. Except USG machine and drug kits for sub-centre. For USG machine re-tender has been finalized. For drugs, approval has recently been received from GOI, procurement process will be completed by December, 2003.
12. **Items of furniture, equipment, drugs etc. required to be procured urgently :**
- Drugs of Paediatric preparation - felt need of the service provider have not been provided in the approved procurement list of drugs for FRU. If agreed in principle by GOI, item of drugs along with procurement plan will be submitted to GOI for approval, after which necessary procurement will be done.

STUDY ON PREVALENCE OF ANAEMIA IN PREGNANT WOMEN OF THE PROJECT

About 50% of all maternal deaths in India is due to anaemia and haemorrhage, miscarriage, pregnant mother's health determines new born's health. It is related to maternal ~~and~~ foetal death, congenital anomalies, premature foetus, low birth weight etc.

~~8 different surveys (in India) revealed that 1 in every 8 mothers are severely anaemic (15%)~~

This point was kept in ~~mind~~ ^{view} while ~~single~~ planning and implementing the RCH sub project ~~through~~ and due care ~~and measures~~ ^{and measures} were taken ~~to ensure that~~ in the form of IFA supplementation and adequate nutritional care ~~through~~ ^{through} during pregnancy ~~through~~ by raising ~~nutritional~~ ^{nutritional} awareness ~~among~~ ^{among} pregnant women on nutritional diet and cooking demonstration ~~with~~ ^{with} the prescription of various recipes having nutritional values which are locally available ~~and~~ ^{and} comparatively cheaper to combat anaemia.

~~A synopsis of the study is given below~~
A snap shot presentation of the study is given below

Table 1 }
Table 2 } ^{Vol} Status Report

কি ভাবে নিয়ন্ত্রণ করবেন :

- * যেখানে সেখানে মল ত্যাগের অভ্যাস ছাড়তে হবে;
- * সেনেটারি পায়খানা ব্যবহার করতে হবে;
- * খালি পায়ের মাঠে ময়দানে যাওয়া ঠিক নয়;
- * পায়ের জুতো থাকলে লার্ভা শরীরে ঢুকতে পারে না;

গ) কেঁচো কৃমি বা সূতো কৃমি :

এই কৃমি থাকে খাদ্য নালীর শেষ দিকে। এই কৃমি বেঁচে থাকতে পারে ৩ মাস। কৃমির ডিম পাড়তে খাবারের নালী বেয়ে মলদ্বারের বাইরে নেমে আসে। সেখানে চামড়ার উপর ও তার আশেপাশে ডিম পাড়ে। ঐসব জায়গা চুলকায়। চুলকাবার সময় ডিম নখে লেগে যায়। আঙুল মুখে দিলে ডিম পেটে যায়। সেখানে ডিম থেকে লার্ভা বের হয়। তারা ১৫ দিন থেকে ১ মাসের মধ্যে কৃমিতে পরিণত হয়। আঙুলে লেগে থাকা ডিম অন্যের মুখে যেতে পারে। রাতে পড়া কাপড় চোপড়ে ও বিছানার চাদরে ঐ ডিম লেগে থাকতে পারে। মিশে থাকতে পারে ঘরের ধূলায়। ফলে মুখ দিয়ে ডিম পেটে ঢুকতে পারে।

লক্ষণ :

মলদ্বারে চুলকানোর ফলে ঘা হতে পারে। জন্মের ভিতর (বিশেষ করে শিশুদের বেলায়) কৃমি নেমে আসতে পারে ও চুলকায়। সাদাটে রস বের হয়। শিশুর খিদে লাগে না। পেটে ব্যথা হয়। ওজন কমে ও খিটখিটে হয়ে যায়। অজান্তে প্রস্রাব করেও ফেলে।

নিয়ন্ত্রণ :

- * নখ ছোটো রাখতে হবে;
- * খাওয়ার আগে ভালকরে সাবান দিয়ে হাত ধুতে হবে;
- * শিশুর মলদ্বারে রাতে ভেজলিন বা নারকেল তেল লাগানো যেতে পারে। এতে কৃমির নিচে নামলে অক্সিজেনের অভাবে মারা যায়।

কৃমির চিকিৎসা :

সব রকম কৃমির চিকিৎসার জন্য ওষুধ আছে।

- * অ্যালবেনডাজোল ট্যাবলেট (Albendazole tablet) ১টি বড়ি খাওয়াতে হবে।
- * মল পরীক্ষা করতে হবে;
- * ডাক্তারের পরামর্শ নিয়ে দরকার হলে ঐ ট্যাবলেট পুনরায় খাওয়ানো যেতে পারে।

Below ~~Table 1~~ ⁽²⁾ Table 1 Riches

It appears that the rate of anaemia among female population in New Sub City is reason is little higher i.e. 97% but severely anaemic ~~poor~~ ^{less} cases are too low. A reason of high prevalence of rate of anaemic cases could be that the beneficiary group are residents of coal mine area and it is known that haemoglobin is more in coal mines and tea plantation areas than elsewhere. However, severely anaemic cases are fewer and mild cases are too many.

Below Table 2

It is seen that ~~the~~ there is no child birth below 19 yrs of age. Reason is ~~poor~~ health and family planning education is imparted to beneficiary group through HHVs for about 3 years.

Severe anaemic cases are found to be more among young women than elderly mothers. The reason could be that Adolescent Girls enter reproduction period with poor iron & store in body, besides early marriage and early child birth. This warrants needs for health education for Adolescent Girls and young mothers.

ব্যবস্থা :

- * সব ধরনের জ্বরের ক্ষেত্রেই ৩ - ৪ বার রক্ত পরীক্ষা করতে হবে;
- * ডাক্তারের পরামর্শ অনুযায়ী ম্যালেরিয়া ট্যাবলেট খাওয়াতে হবে।

রক্তাল্পতা (এনিমিয়া) :

আমাদের দেশে শিশু, বাড়ন্ত ছেলে-মেয়েদের ও গর্ভাবতী মহিলাদের মধ্যে রক্তাল্পতার পাদুর্ভাব অত্যন্ত বেশী। প্রধান কারণগুলি হল : (১) হুক-ওয়ার্ম, (২) অপুষ্টি, (৩) নানা রকমে ক্রমাগত ভোগা, (৪) মহিলাদের বার বার সন্তান ধারণ।

লক্ষণ :

রক্তাল্পতার জন্য রোগীর শরীর ফ্যাকাসে ও দুর্বল হয়। সে বেশি কাজ করতে পারে না। গর্ভাবতী মহিলাদের মধ্যে অনেকেই রক্তাল্পতার দরুন মারা যায়। জন্মের সময় শিশুর ওজন কম হতে পারে। রক্তাল্পতা শিশু মৃত্যুর অন্যতম কারণ।

এর জন্য -

- * উপযুক্ত ডোজে ফলিফার ট্যাবলেট খাওয়াতে হবে;
- * গর্ভাবতী মহিলাদের ১০০ টি ফলিফার বডি দিতে হবে রোগ ১টি করে খাওয়ার জন্য।
- * হুক-ওয়ার্ম বা অন্য ওষুধ থাকলে এর চিকিৎসা করাতে হবে;
- * পুষ্টিকর খাদ্য খেতে হবে - সবুজ শাসসজ্জি, ডুমুর, খোড়, ডাল, গুড়, যকৃত, মাছ ও মাংস খাওয়া দরকার।

খোষ পাঁজরা (Scabies) :

অপরিষ্কার ও অপরিচ্ছন্ন থাকার জন্য এই চামড়ার রোগ হয়। প্রত্যক্ষ বা পরোক্ষ ভাবে রোগীর রক্তরস বা পুঁজ লাগলে ইহা ছড়ায়।

কি করেবেন ?

- * রোগীকে আলাদারেখে চিকিৎসা করান;
- * রোগীর জামা-কাপড়, গামছা, বিছানা আলাদা করে দিন। জামাকাপড় রোজ কেচে রোদে শুকিয়ে নিন;
- * বেনজিল বেনজয়েড লোশন (Benzyl Benzoate Lotion) লাগান;
- * সাবান দিয়ে স্নান করে গলা থেকে নিচের দিকে সাড়া শরীরে লাগিয়ে দিন। ২৪ ঘন্টা পরে আবার স্নান করিয়ে এই ভাবে লাগান। ৩-৪ দিনে ভাল হয়ে যাবে;
- * পাঁজরায় সংক্রমন ঘটলে ডাক্তারের পরামর্শ নিয়ে চিকিৎসা করান;

(2) (3)

Different survey in India revealed that 1 in every 8 mothers are severely anaemic (13%). The survey at RCH Sub Centre Assam shows that the rate of severely anaemic mother is about 1.1%.

the ~~high~~ ^{low} ~~rate~~ ^{level} of anaemia is due to ~~lack~~ ^{lack} of regular health care services ~~at door steps~~ ^{at door steps} of the beneficiaries through regular home visits by the HHWs, arranging specialised services at OPD of HHWs and generation of awareness on maternal nutrition through educational IEC.

It may be assumed that anaemia rate in pregnant women of the beneficiary group ~~is~~ ^{is} more or less similar to that of anaemia rate in other parts of the country i.e. 9.3%. (Bankura dist 94.8% in 1998 survey)

কৃমি :

মাটির মাধ্যমে যে সব কৃমি ছড়ায় তাদের ভিতর আছে গোল কৃমি, হুক-ওয়ার্ম, চাবুক কৃমি বা ফিতা কৃমি। কেঁচো বা কুঁচো কৃমির ডিম, দূষিত খাদ্য, পানীয়, হাত, নখ, বাসন প্রভৃতি থেকে মুখের ভিতর দিয়ে শরীরে প্রবেশ করে। হুক-ওয়ার্ম-এর বীজানু লার্ভা আকারে পায়ের পাতা ফুঁটো করে শরীরে ঢোকে ও পেটের অন্তঃদেশে বাসা বাঁধে। অসুস্থ রোগীর পায়খানার সঙ্গে এদের ডিম মাঠে ঘায়ে ছড়িয়ে পড়ে এবং অনেকদিন মাটিতে বেঁচে থাকে। খালি পায়ে কেউ চলাফেরা করলে তার পা ফুঁটো করে শরীরে ঢোকে এবং শরীরের ভিতর থেকে রক্ত খেয়ে ফেলে।

ক) গোল কৃমি :

দেখতে বড় কেঁচোর মতো। থাকে খাদ্য নালীতে। মলের সঙ্গে কৃমির ডিম মাটিতে পড়ে। ঐ ডিম নানা ভাবে পেটে যেতে পারে। শিশুরা মাটিতে খেলা করে, মাটি আঙুলে লাগে, সেই আঙুল কখনও মুখে লাগায়। তাতে ডিম পেটে যায়। শাকসজ্জিতে ঐ মাটি লেগে থাকতে পারে। ভালকরে না ধুয়ে খেলে ডিম পেটে যায়। আরশোলা ঐ ডিম খায়। তাদের মলের সঙ্গে বের হয়ে ডিম খাবারে মিশতে পারে।

কিভাবে নিয়ন্ত্রণ করবে :

- * যেখানে সেখানে মল ত্যাগের অভ্যাস ছাড়তে হবে;
- * সেনেটারি পায়খানা ব্যবহার করতে হবে;
- * শিশুরা এমন জায়গা খেলবে না যেখানে মাটিতে মল আছে;
- * সবার আগে হাত ভালভাবে সাবান দিয়ে ধুতে হবে;
- * শাসসজ্জিও ভালভাবে ধুয়ে নিতে হবে।

খ) হুক-ওয়ার্ম (বক্র কৃমি) :

এই কৃমি হকের মতো দেখতে। পেটের ভিতর যে নালী আছে তার ভিতরের দেওয়ালে দাঁত দিয়ে আটকে থাকে ও রক্ত খায়। কৃমির ডিম মলের সঙ্গে মাটিতে পড়ে। ঐ সব জায়গায় খালি পায়ে কেউ হাঁটলে লার্ভা পায়ের চামড়া ফুঁটো করে শরীরে ঢোকে।

লক্ষণ :

হুক-ওয়ার্ম রক্ত খায়। ফলে শরীরে রক্ত কমে যায়। হজমে গোলমাল হয় ও পেটে ব্যথা হয়। কারো কারো রুচি বিকৃত হয়। যেমন মাটি বা চুন খায়। চামড়া ফ্যাকাসে হয়। মুখ, পায়ের পাতা, গোড়ালি এমনকি সাড়া শরীর ফুলে উঠতে পারে। একটুতে হাঁক ধরে। বেশি রক্তাঙ্গতা হলে হার্ড ফেল করার সম্ভাবনা থাকে।

Asanole

1. Total Cost

Rs. 8.57 crore

Summary of Cost

(Rs. in lakhs)

Items	Total Cost (for five years)	
I. Investment Costs		
Capital		
1. Civil Works	165.00	155.00 25L committed
Other non-Recurring		
2. Equipment	82.57	
3. Furniture	42.40	
4. Vehicles	12.00	
5. Revolving funds for mobility	--	
6. IEC	7.46	} → 25.32L int.
7. Monitoring and Evaluation	--	
8. Consultancies	--	
9. Innovative Schemes	41.91	
10. NGO Support & Community Participation	9.00	
11. Others - Non-recurring	--	
Sub-total	360.34	
II. Recurring		
12. salaries, TA/DA & Honorarium	251.84	234.
13. Contractual Services	--	
14. Drugs & supplies	98.00	✓
15. Rent	17.00	✓
16. Operating Cost	146.77	141.04L
Total	496.61	
Grand Total	856.95	

The sub project has requested for enhancement of the allocation for the civil works to Rs.305.00 lakhs from the present allocation of Rs.165 lakhs. The issue has not been decided as yet because the performance of the sub project has not been found very satisfactory. Against the allocation of Rs.8.57 crores, the expenditure reported till April 2001 is only Rs.3 crores.

RCH SUB-PROJECT Asansol



STATUS REPORT

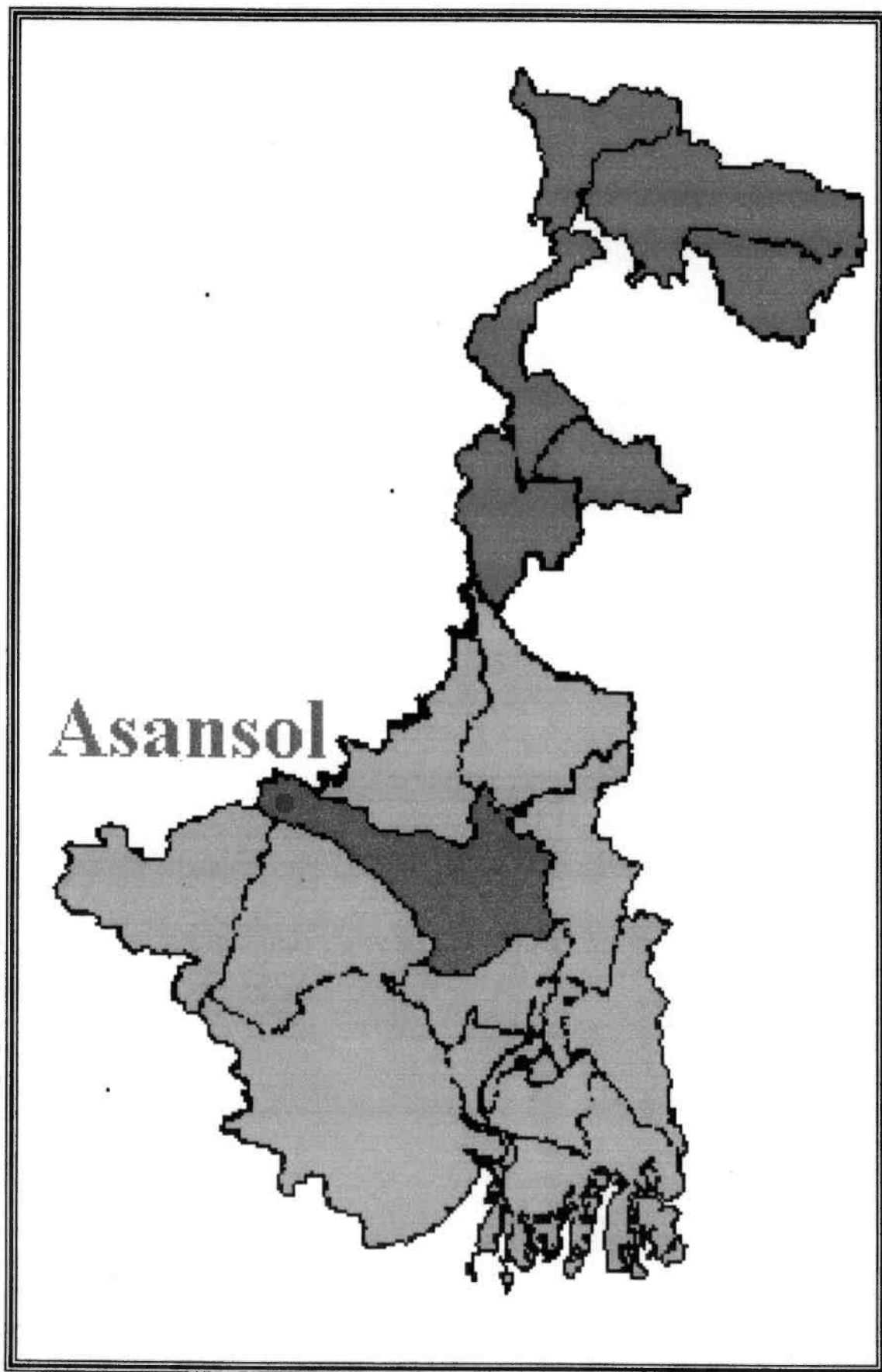
OCTOBER-2001

SUDA
Health Wing

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RCH-Sub-Project Asansol West Bengal



PREFACE

RCH Sub-Project Asansol was launched at Asansol in the state of West Bengal with a project cost estimate of Rs.857.00 Lakhs. The Project was floated since August 1998.

Aim of the Project is to address Health & Family Welfare issues of the urban poor population living in slums and scattered pockets in the Municipal Corporation Area of Asansol. The focus of the health aspect of the project are pregnant / lactating mothers and under five children.

Above all, the inner core idea of the project is to implement life cycle approach i.e care of the individual from womb to tomb. Keeping this in perspective, the care package starts as soon as the woman becomes pregnant. In addition the adolescents are being taken care of as they are the future parents of the nation.

Community participation at different tiers are the essence of this project which indicate a paradigm shift from " Top Down " to " Bottom Up" approach. Community participation in terms of community empowerment will strengthen the community's capacities to initiate and manage their own health related priorities on a sustainable basis.

Grass-root level workers (Honorary Health Workers), all women, selected from community itself are the primary health care providers in generating and emphasising Reproductive & Child Health, Family Welfare and Nutrition Awareness. The HHWs visit the scheduled households fortnightly , keep records in the Family Schedules designed for the purpose, treat the cases at the door- steps of the clientele and build-up inter personal communication on various health related issues. The net work of Health Facilities starts from Block/ H.H.W. > Sub Health Centre (SC) / F.T.S. > Health Post (H.P.) / PT. Medical Officer, Second Tier Supervisor (STS) , coupled with referrals viz. Extended Specialised Out Patient Department (ESOPD) and Maternity Home (MH). SubHealth Centre , the venues contributed by the local PVOs / local schools/ clubs are the nerve centres for catering service delivery.

The service components stress on preventive and promotive supported by curative care.

Service Components at a glance:

For Mother

- i. Registration of all pregnancies
- ii. At least 3- ante natal check-ups, intra & post natal care
- iii. T.T coverage
- iv. Prophylaxis and treatment of anaemia
- v. Identification of high risk pregnancies and its referrals
- vi. Promotion of institutional deliveries
- vii. Management of unwanted pregnancies
- viii. Referral to F.R.Us for emergency obstetric care

For Children

- i. Essential New born care
- ii. Exclusive breast feeding
- iii. Primary immunisation coverage
- iv. Vit-A prophylaxis
- v. O.R.T
- vi. Treatment of A.R.I
- vii. Treatment of Anaemia

For Eligible Couples

- i. Promoting small Family Norm- use of contraceptive methods
- ii. Safe services for M.T.P

Other Services

- i. Prevention and management of RTIs/ STIs
- ii. Adolescent Girls' Care
- iii. Surveillance of communicable Diseases

Innovative Activities

- i. Nutrition Counselling
- ii. Action Research Studies:-
 - a. Universal Base Line Survey
 - b. Prevalence of anaemia in Pregnant Women, Under Five Children & Adolescent Girls
 - c. Profile of contraception adoption by methods ,switch over from one to another, including gender differential
 - d. Immunisation coverage of infants and pregnant women
 - e. Awareness level on RTIs/ STIs
 - f. Utilisation of Health Infrastructure

Outcome expected :

For Mother

- i. Enhanced pregnancy care
- ii. Uncomplicated/ clean & safe delivery
- iii. Increased institutional delivery
- iv. Increased T.T coverage
- v. Reduction maternal morbidity & mortality
- vi. Reduction of Low Birth Weight Babies (LBWs)

For Children

- i. Reduction in Infant Mortality
- ii. Promotion of Breast Feeding
- iii. Proper Weaning and feeding practices
- iv. Immunisation coverage of infant i.e B.C.G, DPT-III, OPV- III & measles
- v. Decrease in anaemia
- vi. Reduction in morbidity from Diarrhoeal Dehydration, A.R.I and Vaccine Preventable Diseases

For Eligible Couples

- i. Enhanced Eligible Protection Rate
- ii. Decrease in unsafe M.T.P
- iii. Increased awareness level of the reference community in Reproductive & Child Health ,Family Welfare, and Nutrition
- iv. Enhanced Adolescent Girls' Car

Others

- i. Increased awareness on RTIs / STIs
- ii. Reduction in Malnutrition of Under Five Children

**HEALTH MAN-POWER
AT GRASS-ROOT LEVEL**

Category	Project Target	Status	<i>Remarks</i>
<u>At Block Level</u>			
HHWs	387	387	
<u>At SC Level</u>			
FTSs	97	97	
<u>At HP Level</u>			
M.O (Pt-time)	26	11	<i>→ Rest by hiring of Services</i>
STSs	26	7	

**HEALTH MAN-POWER
MANAGEMENT & SUPERVISION CELL AT ULB LEVEL**

Posts	Project Target	Status
Assistant Health Officer	1	1
Medical Supervisor	1	1
Junior Training Officer (PHN)	1	1
Statistical Assistant	1	1
Accounts assistant	1	1

**HEALTH MAN-POWER
AT SUDA, H,Q LEVEL**

Posts	Project Target	Status
Adviser	1	1
Project Officer	1	1
Assistant Statistician	1	1

HEALTH FACILITIES

Health Facilities	Project Target	Achievement	Remarks
Blocks	387	387	
Sub Centre	97	97	
HP	13	13	6-functioning from constructed building. 7- in hired accommodation, under construction
ESOPD cum MH	2	1	1- Functioning from H.P. 1- under construction
Medical Store	1	-	Under construction

RCH - ASANSOL - CIVIL CONSTRUCTION

Salient Points

1) Scope of Work	HAU	13 nos.
	OPD cum MH	2 nos.
	Medical Store	1 nos.
	Total	16 nos.

2) Approved Cost

The original approved cost was Rs. 165.00 lakhs and the unit costs considered were Rs. 8.5 lakhs for HAU Rs. 23.00 lakhs for OPD cum MH and Rs. 8.5 lakhs Medical Store.

There were certain errors in the above mentioned unit costs and a revised estimated amount of Rs. 305.00 lakhs for Civil Construction Work as per the following break up was sent to the Govt. of India/World Bank for their approval and the programme is being executed in anticipation of approval of the above estimated amount -

8 nos. HAU(Phase - I)	@ Rs. 15.00 lakhs	-	Rs. 120.00 lakhs
2 nos. OPD cum MH (Phase - I)	@ Rs. 42.00 lakhs	-	Rs. 84.00 lakhs
5 nos. HAU (Phase - II)	@ Rs. 17.50 lakhs	-	Rs. 87.50 lakhs
1 no. MS (Phase - II)	@ Rs. 13.50 lakhs	-	Rs. 13.50 lakhs
TOTAL			Rs. 305.00 lakhs

This upward revision in the cost of Civil Works from Rs. 165 lakhs to Rs. 305 lakhs consequently raises the total cost of this programme from Rs. 857 lakhs to Rs. 997 lakhs.

GOI/World Bank are to be requested to convey their formal concurrence to the upward revision in cost.

3) Status of Bidding

Bids were invited for 8 HAU and 2 OPD cum MH in the first phase. The Bid Evaluation reports for the first three groups (6 nos. HAU) were sent to the Bank and they had approved the lowest bid price received. With subsequent Govt. approval, work orders were issued in Feb, 2000 and works in respect of the 6 HAUs are Completed.

Govt. approval for the remaining 2 HAUs and 2 OPD cum MH in the first phase had been obtained .Works in respect of 1 OPD cum MH has been completed &2 HAUs are in progress.. The total sum of the lowest bid prices received in respect of 8 HAU and 2 OPD cum MH is Rs. 201.30 lakhs.

Bidding for the second phase comprising of 5 HAUs and 1 MS have been completed&Work started for 4 HAUS & 1 MS unit. The total sum of the lowest bid prices received in respect of 5 HAUS and 1 MS is Rs 94.03 lakhs.

4) Status of Land

All sites have been handed over.

5) Status of Construction

Phase -1

Construction works of 6 HAUS & 1 OPD cum MH have been completed. Construction works of 2 HAUS &1 OPD cum MH are in progress.

Phase -II

Construction works of 5 HAU &1MS have been started. Due to problems of handing over of land for 1 HAU the work has started late.

6) Status of Expenditure

So far Rs. 155.00 lakhs have been received for the civil construction work . 100% utilisation of the full amount of fund has been made as on 30.09.01

7) Proposed date of completion

2 nos. HAU (Phase - I)	-	December, 2001
1No. OPD cum MH(Phase -I)	-	December -2001

5 nos. HAU & 1 no. MS (Phase - II) - March -2002

8) Action Plan for 2000 - 2002

- a) Completion of 2 HAU (Ph. I) - December 2001
- c) Completion of 1 no OPD cum MH (Ph -1) - December 2001
- d) Completion of 5 Nos HAU & 1 no MS (Ps -II) - March 2002

9) Points for Attention

- a) Formal approval of upward revision of cost for civil works from 165 lakhs to 305 lakhs need to be obtained without further delay, since the already committed bid value is Rs. 295.33 lakhs.
- b) Site for one HAU in phase -II being low land ,will need considerable filling. Approximately an additional cost of Rs 5.00 Lakhs will be necessary for this work. Formal proposal with estimate has already been sent for approval.

STATUS OF THE PROGRAMME OF CIVIL CONSTRUCTION
R.C.H. ASANSOL

30.10.01

PHASE - I						
SL. NO.	UNIT	LOCATION	IN PROGRESS	COMPLETED	HANDED OVER	REMARKS
1	HAU	Surya Nagar		Yes	Yes	
2	HAU	Chinnamasta		Yes	Yes	
3	HAU	Dhrupdanga		Yes	Yes	
4	HAU	Mohisila		Yes	Yes	
5	HAU	Ghusic		Yes	Yes	
6	HAU	Ranganipara		Yes	Yes	
7	HAU	Nabaghanty	Finishing works are in progress	-	-	To be completed by December, 2001
8	HAU	South Dhadka	Finishing works are in progress	-	-	To be completed by December, 2001
9	ESOPD CUM MH	Rahamat Nagar		Yes	-	To be handed over soon. Dec
10	ESOPD CUM MH	O.K. Road	Finishing works are in progress	-	-	To be completed by December, 2001
PHASE - II						
SL. NO.	UNIT	LOCATION	IN PROGRESS	COMPLETED	HANDED OVER	REMARKS
1	HAU	Narsingha Bandh	G.F roof casting in progress			To be completed by March 2002
2	HAU	Narsingha Bandh	Foundation casting complete			To be completed by March 2002
3	HAU	Sitla	Foundation casting complete			To be completed by March 2002
4	HAU	Mouza-Asansol	Foundation works in progress			To be completed by March 2002
5	HAU	Mauzuri	Work started.			To be completed by March 2002
6	MS	Asansol Ward no.19	Foundation works in progress			To be completed by March 2002

PROCUREMENT SCHEDULE FOR EQUIPMENT & MATERIALS

Description of item And Qty.	Method of Procurement	Estimated cost (Lakhs)		1999												2000		
				Jan	Feb	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Printing of Family Schedule	NS	5.00	APPRAISAL															
			REVISED	8	11													
Drugs & MSR for 5 HAU's with SCS.	NS	3.00	APPRAISAL						8									
			REVISED								8		11					
Furniture for Mang. & Supv. Cell.	NS	1.70	APPRAISAL														11	
			REVISED	8	9	11												
			ACTUAL			8		11			8		11					

PROCUREMENT SCHEDULE FOR EQUIPMENT & MATERIALS

Description of item And Qty.	Method of Procurement	Estimated cost (Lakhs)		2000			2000 - 2001											
				Jan	Feb	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Equipments for 3 HAUs	NS	6.00	APPRAISAL REVISED ACTUAL	8 8	9 9	11 8	9	11										
Equipments for 2 HAUs	NS	4.00	APPRAISAL REVISED ACTUAL	8	9	11 8	9	11										
Equipments for 33 SCs	NS	6.77	APPRAISAL REVISED ACTUAL	8	9	11 8	9	11										
Equipments for Mang. & Supv. Cell.	NS	3.50	APPRAISAL REVISED ACTUAL	8 8	9 9	11 11												
IEC Equipments	NS	0.38	APPRAISAL REVISED ACTUAL	8	9	11 8	9	11				8	11					
Furniture for 33 SCs	NS	3.47	APPRAISAL REVISED ACTUAL	8	9	11 8		9	11									
Furniture for 5 HAUs	NS	4.75	APPRAISAL REVISED ACTUAL	8	9	11 8		9	11									

L.19012/40/96-AP.I(Vol.IV)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
(AP.I Desk)

Nirman Bhawan, New Delhi.

To

24 August 2001

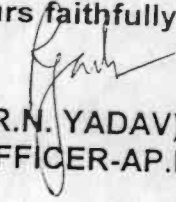
Dr. N.G. Gangopadhyay,
Adviser (Health), SUDA,
H.C. Block, (ILGUS Bhawan), Sector-3,
Vidhan Nagar,
Calcutta-700091.

**Subject : RCH Sub-project, Asansole – Approval of Procurement Plan for the
year 2001- 02.**

Sir,

I am directed to refer to your letter no.SUDA-120/96(83)-297 dated 7th August, 2001 and to convey approval of the Government of India to the revised procurement plan submitted by you along with the above mentioned letter. It may please be noted that the procurements should be made according to the norms and procedure laid down by the Government of India and the World Bank and by following the approved guidelines. It may also please be noted that the estimated value of each contract and the aggregate value of the items do not exceed the ceiling stipulated in the Development Credit Agreement.

Yours faithfully,


(R.N. YADAV)

DESK OFFICER-AP.I

RCH Programme - PROCUREMENT PLAN UNDER RCH Sub-Project Asansol (URBAN)

Sub Project Distt. Name : Burdwan , West Bengal							
Procurement Plan for Year : 2001 - 2002 (April 2001 to March 2002)							
Type of Health Facility : FRU							
Estimated Requirement of Equipments, Drugs & Furniture							
Sl. No.	Name of the Item	Qty. Req. per Centre	No. of Health Facility (urban)		Estimated Total Req. (Units) during the year	Estimated Unit Cost (In Rs.)	Estimated Total Cost (Rs. In Lakhs)
			Total in the District	Total for which the item is reqd.			
1	Equipment for FRU						
	Normal Delivery Set	1 per year	4	4	4	1250	0.05
	Instrumental Delivery Kit	Do	4	4	4	11500	0.46
	Set for artificial rupture membrane	Do	4	4	4	450	0.02
	MTP Set	Do	4	4	4	6300	0.25
	LSCS Set	Do	4	4	4	6400	0.26
	General / Cervical Suture Set	Do	4	4	4	9450	0.38
	Mini Lap Abdominal Ligation Set	Do	4	4	4	5050	0.20
	RTI / STI Laboratory Diagnosis	Do	4	4	4	38000	1.52
	IUD Insertion Kit	Do	4	4	4	1300	0.05
	Essential New Born Kit	Do	4	4	4	16000	0.64
	Anaesthetic Kit	Do	4	4	2	237000	4.74
2.	Drugs for FRU	1 per year	4	4	4	1132000	5.51

The Procurement plan to be submitted in two parts :

Part - I : Facility wise (Specifying for each facility) required for each item.

Part - II : Completion of procurement schedule (World Bank prescribed format)

RCH Programme
PROCUREMENT PLAN UNDER RCH Sub-Project Asansol (URBAN)

Sub Project Distt. Name : Burdwan , West Bengal							
Procurement Plan for Year : 2001 – 2002 (April 2001 to March 2002)							
Type of Health Facility : PHC							
Estimated Requirement of Equipments & Furniture							
Sl. No.	Name of the Item	Qty. Req. per Centre	No. of Health Facility (Urban)		Estimated Total Req. (Units) during the year	Estimated Unit Cost (In Rs.)	Estimated Total Cost Rs. In Lakhs
			Total in the District	Total for which the item is reqd.			
1	Equipment for PHC						
	IUD Insertion Kit	Do	13	13	13	1300	0.17
	Essential New Born Kit	Do	13	13	13	8000	1.04

The Procurement plan to be submitted in two parts :

Part – I : Facility wise (Specifying for each facility) required for each item.

Part – II : Completion of procurement schedule (World Bank prescribed format)

RCH Programme
PROCUREMENT PLAN UNDER RCH Sub-Project Asansol (URBAN)

Sub Project Distt. Name : Burdwan , West Bengal							
Procurement Plan for Year : 2001 – 2002 (April 2001 to March 2002)							
Type of Health Facility : Sub Centre							
Estimated Requirement of Equipments, Drugs & Furniture							
Sl. No.	Name of the Item	Qty. Req. per Centre	No. of Health Facility (Urban)		Estimated Total Req. (Units) during the year	Estimated Unit Cost (In Rs.)	Estimated Total Cost Rs. In Lakhs
			Total in the District	Total for which the item is reqd.			
1	Equipment for Subcentre :						
	Mid-wifery kits for ANMs	1 per year	97	64	64	3700	2.37
	Sub-Centre Equipment kit	Do	97	64	64	4300	2.75
2.	Drugs for Sub-Centre :						
	Kit – A & Kit – B	1 per year	97	97	97	4214	4.09
3.	Furniture	1 per year	97	64	64	19000	12.16

The Procurement plan to be submitted in two parts :

Part – I : Facility wise (Specifying for each facility) required for each item.

Part – II : Completion of procurement schedule (World Bank prescribed format)

Proc.RCH/p-549

Approved. Actual

Equip - 14.9 - 14.98

Furn - 12.16

Drug - 9.60 / 15.73

Pharma

NIA-1 Pharma (S) - 1,32,525 Cost ST
NIA-3 " " - 14,40,725 "

15,73,250

S.C - 72,750 FRU 59,775
S.C - 3,70,364 FRU 12,02,886

Equip
NIA-2

PITC - 55,289
FRU - 10,94,025
S.C - 3,48,480

14,97,794

RCH Sub-Project Asansol

REVISED PROCUREMENT SCHEDULE FOR EQUIPMENTS DURING PERIOD April - 2001 To March -2002

(WEST BENGAL)

Description of item & quantity	Method of procurement	Estimated cost (In Lakhs)		2001						2002					
				July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
1	2	3	4	5											
Equipments For 4 FRUs	NS	8.57	APPRAISAL			8	9		11						
			REVISED												
			ACTUAL												
Equipments For 13 PHCs	NS	1.21	APPRAISAL			8	9		11						
			REVISED												
			ACTUAL												
Equipment For 64 S.C.	NS	5.12	APPRAISAL			8	9		11						
			REVISED												
			ACTUAL												

NS = National Shopping

Legend :-

- 8. Award Contract
- 9. Initial Delivery at site
- 11. Final Delivery at site.

RCH Sub-Project Asansol

REVISED PROCUREMENT SCHEDULE FOR DRUGS DURING PERIOD April - 2001 To March -2002

(WEST BENGAL)

Description of item & quantity	Method of procurement	Estimated cost (In Lakhs)		2001						2002					
				July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
1	2	3	4	5											
Drugs For 4 FRUs	NS	5.51	APPRAISAL			8	9				11				
			REVISED												
			ACTUAL												
Drugs For 97 S.Cs. (Kit-A & Kit-B)	NS	4.09	APPRAISAL			8	9				11				
			REVISED												
			ACTUAL												

NS = National Shopping

Legend :-

- 8. Award Contract
- 9. Initial Delivery at site
- 11. Final Delivery at site.

RCH Sub-Project Asansol

REVISED PROCUREMENT SCHEDULE FOR FURNITURE DURING PERIOD April - 2001 To March -2002

(WEST BENGAL)

Description of item & quantity	Method of procurement	Estimated cost (In Lakhs)		2001						2002					
				July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
1	2	3	4	5											
Furniture For 64 S.C.	NS	12.16	APPRAISAL			8	9		11						
			REVISED												
			ACTUAL												

NS = National Shopping

Legend :-

- 8. Award Contract
- 9. Initial Delivery at site
- 11. Final Delivery at site.

Gos.RCH-Planni/Mater/p6

SERVICE PERFORMANCE BASE LINE VS ACHIEVEMENT

CENSUS POPULATION ASANSOL MUNICIPAL CORPORATION 2001(PROV) = 4,86,304

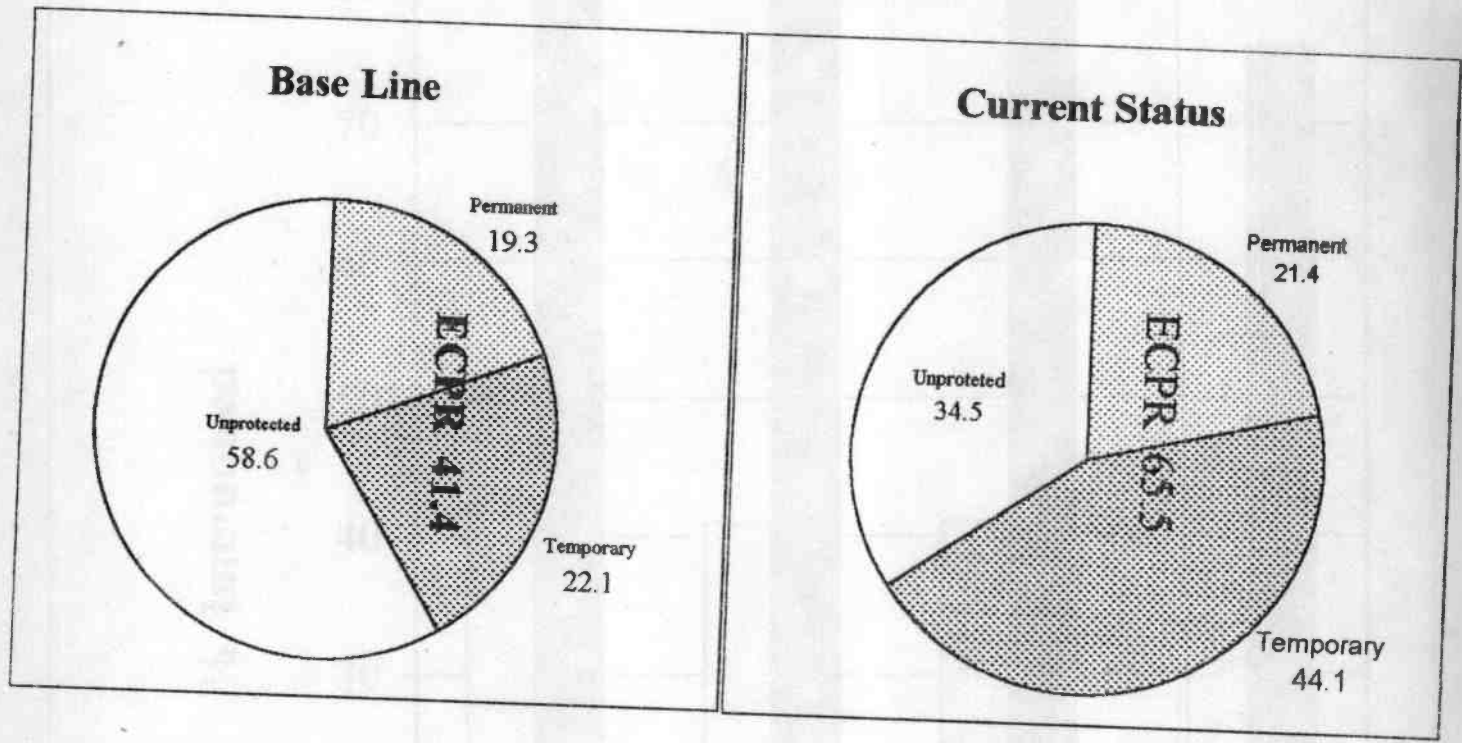
Sl. No.	Parameters	Base Line		Status upto September-2001	
		No.	%	No.	%
1.	Population (enumerated in lakhs)	1.62	100.0	2.49	100.0
	Male	0.83	51.2	1.25	50.2
	Female	0.79	48.8	1.24	49.8
2	Sex Ratio : Female /000 Male	943		990	
3	Infant (under 1 year)	3870	2.4	5787	2.1
4	Children (under 5 years)	21251	13.1	33075	13.2
5	Eligible Couple	29137	18.0	50484	20.3
DELIVERIES					
6.	Institutional Deliveries	2218	57.3	4253	73.5
7.	Domiciliary	1652	42.7	1534	26.5
8	Low Birth Wt. Babies (in relation to institutional deliveries)	255	11.5	370	8.7
IMMUNISATION OF PREGNANT WOMEN					
9.	No. of Pregnant women	4257	2.6	6963	2.8
10.	T.T.(P.W.)	2005	51.8	5282	75.8
11.	Pregnant women having 3- ante-natal check-ups.	1666	43.8	5118	73.5
IMMUNISATION STATUS OF INFANTS					
12.	BCG	1649	42.6	4902	84.7
	DPT (III)	1583	40.9	4815	83.2
	OPV (III)	1591	41.9	4867	84.1
	MEASLES	1196	30.9	4375	75.6

13. CONTRACEPTION		Base Line		Status upto September'2001	
		No.	%	No.	%
13A.	Permanent Method :				
	Vasectomy	116	0.4	387	0.8
	Tubectomy	5507	18.9	10424	20.6
	TOTAL	5623	19.3	10811	21.4
13B.	Temporary Method :				
	IUD	236	0.8	729	1.4
	C.C. USERS	1525	5.2	5705	11.3
	O.P. USERS	4695	16.1	15852	31.4
	TOTAL	6456	22.1	22286	44.1
E.C.P.R. (%)			41.4		65.5

VITAL INDICATORS (2000—2001)			
Sl. No.	Indicators	Base Line	Current Status
1.	CBR	23.9	21.6
2.	CDR	12.4	10.6
3.	MMR	3.0	1.9
4.	IMR	60.0	38.1

Gos/service performance/p2

RCH Sub-Project Asansol Contraception Coverage (%)



I.E.C. (during April'01 to March '02)

Component	Target Participants	Behaviour Objective	Key Message	Channel of Communication (Media)	Sessions	
					Planned	Held
Safe Motherhood	Mother Leader & Married Woman	<ul style="list-style-type: none"> - Age at Marriage & First Pregnancy - Contraception - Antenatal Care - Institutional Delivery - Wanted Pregnancy 	<ul style="list-style-type: none"> - Safe delivery - Small family norm 	<ul style="list-style-type: none"> -Interpersonal communication -different folk media viz. Choreography, Drama, Magic, Kirtan, Baul , Talking Doll etc.) 	1164	$\begin{array}{r} 679 \\ 280 \\ \hline 959 \end{array}$
Care of new born	Mother	-Child rearing Immunisation	Healthy Child	-do-	1164	$\begin{array}{r} 575 \\ 902 \end{array}$
RTIs / STIs	Eligible Couple	-Safe Sex Reproductive Health	Prevention, Immediate diagnosis & treatment	-do-	400	$\begin{array}{r} 175 \\ 265 \end{array}$
Adolescent Care	-Adolescent Girls	<ul style="list-style-type: none"> - Age at Marriage & First Pregnancy - Reproductive Health - Unwanted Pregnancy 	<ul style="list-style-type: none"> -Reduction of teen age marriage & pregnancy -Reduction in RTIs & STIs 	<ul style="list-style-type: none"> -Interpersonal communication -different folk media viz. Choreography, Drama, Magic, Kirtan, Baul , Talking Doll etc.) 	300	$\begin{array}{r} 134 \\ 125 \end{array}$

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

PROFILE OF LIGATION CASES

The profile attaches due importance on sterilisation operation as a method of contraception. The enthusiasm and demand for male sterilisation is bleak. Need for female sterilisation, however, has gained momentum. Laparoscopic ligation is not popular in the area. Of late, 136 nos. of cases have undergone ligation in the recent months.

The Socio- economic- demographic profile of the ligation cases are given under:

Table: 1 Ligation Cases According To Age Of Mother

Age of Mothers (in years)	Number	% to Total
15-19	-	-
20-24	8	5.9
25-29	67	49.3
30-34	47	34.5
35-39	14	10.3
40-44	-	-
TOTAL	136	100.0

Mothers belonging to 25-34 age group have accepted ligation to a major extent.

Table: 2 Ligation Cases According To Living Children Status

Status of Living Children	Number	% to Total
1	1	0.7
2	42	30.9
3	51	37.5
4	22	16.2
5 & Above	20	14.7
TOTAL	136	100.0

Major percentage of the ligation cases have 2-3 nos. of living children.

Table: 3 Ligation Cases According To Age Of Last Child

Age of Last Child	Number	% to Total
Less than 6 Months	37	27.2
6-11 Months	44	32.4
1-2 Years	23	16.9
2-3 Years	21	15.4
3 Years >	11	8.1
TOTAL	136	100.0

By status of age of last child, the ligation cases are maximum where such age is 6-11 months.

Table: 4 Ligation Cases According To Educational Status Of Women

Educational Status	Number	% to Total
Illiterate	65	47.8
Primary	44	32.4
Above Primary	27	19.8
TOTAL	136	100.0

Educational status of mothers accepting sterilisation is maximum upto educational level of primary.

Table: 5 Ligation Cases According To Monthly Family Income

Monthly Family Income (Rs.)	Number	% to Total
600-700	25	18.4
701-800	27	19.9
801-900	35	25.7
901-1000	34	25.0
1001 & above	15	11.0
TOTAL	136	100.0

Income status in the range of Rs.801-1000 records highest percentage.

Table: 6 Ligation Cases According To Occupational Pattern Of The Family

Occupational Level	Number	% to Total
Family		
Service	16	11.8
Business	28	20.6
Daily Labour	35	25.8
Casual Labour	18	13.2
Hawkers	10	7.3
Others	29	21.3
TOTAL	136	100.0

Business and daily labour occupation groups bear maximum percentage.

Impact of "Reproductive Health Education for Adolescent Girls"

Training programme on Reproductive Health Education for Adolescent Girls' are continuing.
 Out of 300 programme targeted during the year, 134 Nos. already held covering 3350 participants.
 The Pre & Post Course Evaluation of the training programme are documented below.

31

Sl. No.	Questions to participants	Pre-course (%)	Post Course (%)		
			Good	Satisfactory	Poor
1.	What is the age of Adolescent Girls?	0	92	0	8
2.	What is Reproductive Health ?	0	15	19	66
3.	Why knowledge about reproductive health is important ?	0	2	79	19
4.	Why conception before 20 years of age is undesirable?	0	27	56	17
5.	Why repeated pregnancy is harmful?	8	11	73	16
6.	What is the age of marriage as per Law?	38	94	0	6
7.	Why ante-natal check up is important ?	0	3	88	9
8.	Why institutional delivery is important?	0	2	78	20
9.	Mention 4 signs of at-risk mothers.	0	0	79	21
10.	Why they are identified separately?	0	4	77	19
11.	Mention 4 signs of high-risk babies.	0	3	77	20
12.	Why they are identified separately?	0	5	71	24
13.	Which couple should accept permanent sterilisation method?	19	94	0	6
14.	Mention 2 physical and 2 Mental Changes occurring in Adolescent Girls.	0	2	64	34
15.	What is the role of elderly females of the family for the Adolescent Girls at this time.	0	2	71	27
16.	Mention 4 causes of RTI (including white discharge).	0	0	92	8

Sl. No	Questions to participants	Pre-course (%)	Post Course (%)		
			Good	Satisfactory	Poor
17	Mention 6 signs of RTI / STI.	0	0	89	11
18	Whether OCP causes too much weight gain?	66	98	0	2
19	What is the ideal time for Cu-T insertion?	2	93	6	1
20	Whether Cu-T can cause Cancer?	69	99	0	1
21	Does vasectomy cause loss of physical strength ?	48	93	0	7
22	Does vasectomy cause loss of sexual vigour?	53	91	9	9
23	Who is responsible for birth of girl child?	1	100	0	0
24	Can addiction or drug abuse by mother lead to birth of a disabled child?	8	93	0	7
25.	What are causes of HIV infection and what are its protective measures ?	2	5	84	11

Post-course opinion survey of participants (%)

Sl. No.	Question	Yes	No
1.	The subject is obscene	1	99
2.	The language /words used are objectionable.	0	100
3.	Married women know about this.	28	72
4.	We are too young to learn this	11	89
5.	We need this sort of education.	98	2
6.	We shall communicate to our Adolescent Girls-friends about this in course of discussion.	100	0

Good = > 75% correct answers // Satisfactory = > 50 % correct answers // Poor = < 50 % correct answers.

SNAP SHOT OBSERVATION

ACTION RESEARCH STUDY ON PREVALENE OF ANAEMIA IN PREGNANT WOMEN

Table : 1 Percent Frequency Of Haemoglobin Level

Sl.No.	Hb% Level (g/dl)	Grade of Anaemia	Number	%
1	< 7	Severe	4	1.1
2	7 - 9	Moderate	61	16.4
3	9 - 12	Mild	295	79.5
		Total Anaemia detected	360	97.0
		Total Pregnant Women Examined	371	100.0

Table : 2 Grade of Anaemia In Pregnant Women According To Age In Years

Age Group of Pregnant Women	Grade of Anaemia			
	Severe	Moderate	Mild	Total
19-24	2	35	164	201
25-29	1	17	82	100
30-34	1	4	36	41
35-39	-	5	11	16
40-44	-	-	2	2
TOTAL	4	61	295	360

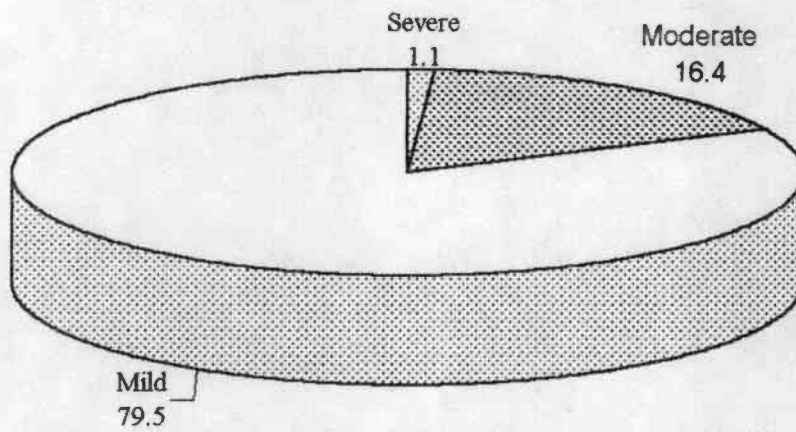
Table No- 3 Prevalence of Anaemia amongst Pregnant women according to Gravida

Present Gravida	Grade of Anaemia			Total	
	Severe	Moderate	Mild	No	%
1St	2	20	92	114	31.6
2nd	--	20	87	107	29.7
3rd	1	10	57	68	18.8
4 th +	1	11	59	71	19.8
Total	4	61	295	360	100.0

Table No. -- 4 Anaemia of Pregnant women vis-à-vis Educational Status

Educational Status of Pregnant Women	Grade of Anaemia			Total	
	Severe	Moderate	Mild	No	%
Illiterate	1	28	83	112	31.1
Literate	1	19	107	127	35.3
Primary	2	12	80	94	26.12
Above Primary	--	2	25	27	7.5
Total	4	61	295	360	100.0

Percent Prevalence of Anaemia Hemoglobin Level (%)



RE-ORIENTATION TRAINING PERFORMANCE

Plan Vs Achievement

Sl. No.	Training for	Number	
		Planned (April '01 to March'02)	Achieved (April'01 to October'01)
1.	HHWs	387	150
2	FTSs	97	65
3.	Medical Officer	26	11
4.	S.T.S	26	4
5.	Nursing Personnel	6	2
6.	Other (Includes Elected Representatives/ Opinion Leaders / NGOs)	2	1
7.	Acctts. Personnel / Store Keeper / Lab. Technician	2	-
TOTAL		546	233

RCH Sub-Project Asansol

Work Plan During The Period April-2001 to March-2002

Sl. No.	Description of Programmes	Apr-June 2001	july-Sept 2001	Oct-Dec 2002	Jan-March 2002
1	Operationalisation of EsOPD cum MH		1 ●————→	1 ●————→	
2	Action Research Studies		●————→		
3	Hospital Waste Management		●————→	1	1
4	Group Discussion By HHWs	900	950	950	975
5	I.E.C. Programmes	15	15	20	25
6	Nutrition Awareness Programme	30	30	40	45
7	Adolescent Programmes	150	300	300	250
8	RTI/STI Awareness	150	300	300	250

Gos/Status Rep. June-01/p-23

Sl. No.	Description of Programmes	Apr- June 2001	July-Sept 2001	Oct-Dec 2001	Jan-Mar 2002
Training & Consultancy					
9	Training of HHWs at local level	●—————▶			
10	Training of FTSS	●—————▶			
11	Training of Trainers	●—————▶			
12	Training of STSs	●—————▶			
13	Training of Managerial Staff	●—————▶			
14	Training of PT MOs, PHN		●—————▶		
15	Training of Laboratory Assistants		●—————▶		
16	Experience Sharing with Councillors-in-charge	●—————▶			
17	Inclusion of Male Partners in acceptance of FW	●—————▶			
Procurement of					
18	Equipments for 4 FRUs			●—————▶	
19	Equipment for 13 PHCs			●—————▶	
20	Equipment for 64 SCs			●—————▶	
21	Furniture for 64 SCs			●—————▶	
22	Drugs for 4 FRUs			●—————▶	
23	Drugs for 97 SCs			●—————▶	

Gos/Status Rep. June-01/p-24

RCH - Sub Project Asansol, SUDA

Financial Status

As on September-2001

(Rs. In Lakhs)

I. Item of Expenditure	Project Estimate	Expenditure		
		Upto 31.03.2001	1.4.2001 to 30.09.2001	TOTAL
A. Construction :				
Civil Works	165.00	155.00	0.00	155.00
TOTAL	165.00	155.00	0.00	155.00
B. Non-recurring				
1. Procurement				
a. Equipment	82.570	9.295	4.172	13.467
b. Furniture	42.400	13.985	0.092	14.077
c. Vehicle	12.000	0.000	12.000 =	0.000
d. Drugs	98.000	5.604	9.510	15.114
e. Family Schedule	5.000	10.564	0.000	10.564
Total Procurement...	239.970	39.448	13.774 } 81	53.222
2. Training & Consultancy	19.110	7.136	0.079	7.215
3. I.E.C. & Innovative Sch.	25.320	3.761	1.128	4.889
Total Non-recurring other than Procurement....	44.430	10.897	1.207	12.104
Total Non-recurring	284.400	50.345	14.981	65.326
C. Recurring				
1. Salaries	63.850	14.041	4.441	18.482
2. Honorarium	170.110	50.926	27.399	78.325
3. Rent	17.880	2.656	2.188	4.844
4. Consumables	14.720	0.054	0.048	0.102
5. Operation & Maintenance	141.040	(12.337)	3.394	15.731
Total Recurring	407.600	80.014	37.470	117.484
GRAND TOTAL	857.000	285.359	52.451	337.810

do not show separately.
25.784

?

to be included in 02.11

II Fund Release schedule from GOI :

(Rs.. In Lakhs)

1. On 25.09.1998	100.00 *
2. On 09.09.1999	250.00
3. On 15.02.2001	83.30
4. On 02.05.2001	216.70
TOTAL	650.00

* Including Rs..5.00 Lakhs released to MODE by State Family Welfare Department.

Bofferman @ 601
to be maintained

R.C.H. Sub-Project, Asansol.

Expenditure Vis-à-vis Reimbursement as on 30.09.2001 Dec, 2001
(Rs. in Million)

Category	Expenditure upto 30.09.2001	Reimbursement Claim submitted to G.O.I. upto 30.09.2001	Reimbursement Claim admitted by G.O.I. upto 31.07.2001 till now
Civil Works	15.500	13.950	13.950 ✓
Vehicle, Furniture, Equipment, and other goods	3.299	2.638	2.632 ✓
Drugs	1.511	1.360	1.360 ✓
Consultants Services including IEC	0.494	0.494	0.419 ✓
Training & workshop	1.218	1.218	1.218
Surveys and Studies	0.007	0.007	0.007
Incremental Salaries and Operating Expenses	11.752	6.711	5.866
TOTAL	33.781	26.378	25.452

B.S.SHARMA
ACCOUNTS OFFICER
AREA PROJECT



D.O.No.G.21011/23/2001-AP (A/c)
Government of India
Ministry of Health & Family Welfare
Deptt. of Family Welfare
Nirman Bhavan, New Delhi
19th October 2001

Dear Shri.Krishan Chand,

NOV 2001

Enclosed please find in triplicate the reimbursement claim application in respect of expenditure reported by the Project Director, RCH Sub-Project, Asansole, West Bengal as summarized below:-

Credit No.	Period	Appl.No.	Expenditure Incurred	(Rs. in million) Reimbursement Claimed
018-IN	1.7.2000 to 31.7.2001		Rs.0.593	Rs.0.342

2. It is requested that the amount may please be claimed from RBI Bombay Revolving Fund Scheme at an early date and a copy of the recoupment claim submitted to the IDA Washington and reimbursement received in US \$ equivalent may be endorsed to this Ministry for keeping our records upto date.

Yours Sincerely

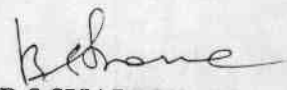
(B.S.SHARMA)
ACCOUNTS OFFICER (AP)

To

Shri.Krishan Chand
Accounts Officer
Deptt. of Economic Affairs
Ministry of Finance
5th Floor, 'B' Wing, IndianOil Bhavan
Janpath, New Delhi

No.G.21011/ 23 /2001-AP (A/c)

1. Copy with a copy of reimbursement claim forwarded for information to the Under Secretary, Ministry of Finance, Deptt. of Economic Affairs, North Block, New Delhi.
2. Copy to:-The Advisor (Health), State Urban Development Agency, Health Wing, "ILGUS BHAVAN", H-C Block, Sector-III, Bidhannagar, Calcutta-700 091, West Bengal w.r.t. his letter No.SUDA/120/96/Pt.III/357 dated 7.9.2001.


(B.S.SHARMA)
AO (AP)

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No.
SUDA-120/96(Pt.-IV)/492

Date **6.11.2001**

From : Adviser (Health)
SUDA

To : B. S. Sharma
Accounts Officer (A.P.Division)
Room No. 516-A
Ministry of Health and Family Welfare
Nirman Bhavan
New Delhi-110 011

**Sub: Submission of reimbursement claim of expenditure for the period
from 01.08.2001 to 30.09.2001 in respect of R.C.HSub-Project, Asansol.**

Sir,

Four copies of statement of expenditure in the prescribed format in connection with R.C.HSub-project, Asansol for the period as mentioned above are enclosed herewith.

Kindly acknowledge receipt of the communication.

Encl: As stated above

Memo. No.SUDA-120/96(Pt.-IV)/492(c)

Yours faithfully,

N.S. Sangupta
Adviser (Health), SUDA

6/11/01
Date. **6.11.2001**

C.C.

Mr.A.K.Mehra, Director (Area Project), Govt. of India, Ministry of Health & Family Welfare-for
favour of kind information.

N.S. Sangupta
Adviser (Health), SUDA *6/11/01*

MN/RCH/LH/3

Abstract of Summary sheet

Name of the project - R.C.H Sub-Project, Asansol

IDA CREDIT NO. 018-IN

IBRD LOAN NO. _____

APPLICATION NO. _____

DATE 05.11.2004

Reference period 01.08.2001 to 30.09.2004

(Rs. in Million)

Summary sheet No.	Category No.	Total Expenditure	Percentage of Reimbursement	Amount claimed for Reimbursement	Remarks
1	2	0.008	80%	0.006	
2	4	0.075	100%	0.075	
3	8	1.537	55%	0.845	
4	-	-	-	-	
5	-	-	-	-	has not been
6	-	-	-	-	previously claimed
7	-	-	-	-	
8	-	-	-	-	
TOTAL		1.620		0.926	

1. Certified that the amount has been utilized for which it was meant for, and
2. That the Audit for the period from 01.08.2001 to 30.09.2004 is yet to be done and report in question will be sent in due course.

Project Authority

(Dr. N. G. GANGOPADHYAY)
Adviser (Health)
S. U. D. A.

For Govt of India

[Handwritten Signature]
01/11/01

REPRODUCTIVE AND CHILD HEALTH PROJECT

FORM 1 C

STATEMENT OF EXPENDITURE (SOE)

Payments made during the period from 01.08.2001 to 30.09.2001

For expenditure under:

- * Goods contracts less than US \$ 3,00,000 equivalent
- * Works controls less than US \$ 3,00,000 equivalent
- * Consulting firms contracts less than US \$ 2,00,000 equivalent and individual consultant contracts less than US \$ 50,000 equivalent
- * Vehicles contract under US \$ 1,00,000 equivalent
- * Training and Workshops
- * Surveys and Studies
- * Referral Transport
- * Incremental salaries and operating expenses

Date: 6-11-2001
 IFC Credit No.: 018-IN
 Application No.:
 Summary Sheet No.:

(Rs. in Million)

1	2	3	4	5	6	7	8	9	10	11
Item No.	Category No. 2/	Country of Supplier 3/	Name & Address of supplier/ Contractor 4/	Total Amount of invoices covered by Application (net of retention)	Eligible % of credit agreement	Amount eligible for financing	Currency & Amount Paid from the Special Account (if applicable)	Exchange Rate (amount in Col.5 divided by amount in column 6)	Project State	Remarks
	2			0.008	80%	0.006			Asansol, West Bengal	
TOTAL				0.008		0.006				

Supporting documents for this SOE retained at State Urban Development Agency
 (insert location)

(Signature)
 (DR. N. G. GANGOPADHYAY) 6/11/01
 Adviser (Health) (Authorised Signature)
 S. U. D. A.

- 1/ A separate SOE form should be used for retroactive financing.
 - 2/ Items should be grouped by category or alternately, a separate SOE form may be used for each category.
 - 3/ Consolidate payments by Country of Supplier except for US suppliers.
 - 4/ Column 4 should be filed in respect of all suppliers/contractors from the U.S. the address should include the city and the state.
- It is certified that detailed information on expenditure incurred by each district is available at a central location in the State Government.

REPRODUCTIVE AND CHILD HEALTH PROJECT

FORM 1 C

STATEMENT OF EXPENDITURE (SOE)

Payments made during the period from 01.08.2001 to 30.09.2001

For expenditure under:

Date: 6.11.2001
 IFC Credit No.: 018-1N
 Application No.:
 Summary Sheet No.:

- * Goods contracts less than US \$ 3,00,000 equivalent
- * Works contracts less than US \$ 3,00,000 equivalent
- * Consulting firms contracts less than US \$ 2,00,000 equivalent and individual consultant contracts less than US \$ 50,000 equivalent
- * Vehicles contract under US \$ 1,00,000 equivalent
- * Training and Workshops
- * Surveys and Studies
- * Referral Transport
- * Incremental salaries and operating expenses

(Rs. in Million)

1	2	3	4	5	6	7	8	9	10	11
Item No.	Category No. 2/	Country of Supplier 3/	Name & Address of supplier/ Contractor 4/	Total Amount of invoices covered by Application (net of retention)	Eligible % of credit agreement	Amount eligible for financing	Currency & Amount Paid from the Special Account (if applicable)	Exchange Rate (amount in Col.5 divided by amount in column 6)	Project State	Remarks
	4			0.075	100%	0.075			Asansol,	
TOTAL				0.075		0.075			West-Bengal	

Supporting documents for this SOE retained at Asansol Municipal Corporation
 (insert location)

(Signature)
 (Dr. N. G. GANGOPADHYAY) 6/11/01
 Adviser (i) (a) (b)
 S. U. D. A. (Authorised Signature)

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- 2/ Items should be grouped by category or alternately, a separate SOE form may be used for each category.
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REPRODUCTIVE AND CHILD HEALTH PROJECT

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- * Training and Workshops
- * Surveys and Studies
- * Referral Transport
- * Incremental salaries and operating expenses

Date: 6.11.2001
 IFC Credit No.: 018-1N
 Application No.:
 Summary Sheet No.:

(Rs. in Million)

1	2	3	4	5	6	7	8	9	10	11
Item No.	Category No. 2/	Country of Supplier 3/	Name & Address of supplier/ Contractor 4/	Total Amount of invoices covered by Application (net of retention)	Eligible % Schedule 1 of credit agreement	Amount eligible for financing	Currency & Amount Paid from the Special Account (if applicable)	Exchange Rate (amount in Col.5 divided by amount in column 6)	Project State	Remarks
	8			1.537	55%	0.845			Asansol,	
				1.537		0.845			West Bengal	
TOTAL				1.537		0.845				

Supporting documents for this SOE retained at State Urban Development Agency & Asansol Municipal Corporation.
 (insert location)

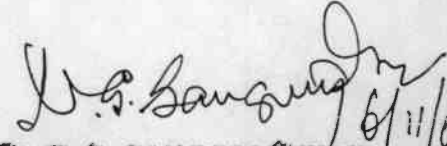
(Signature)
(Dr. N. G. GANGOPADHYAY)
 Adviser (Health)
 S. U. D. A.
 (Authorised Signature)
 6/11/01

- 1/ A separate SOE form should be used for retroactive financing.
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- It is certified that detailed information on expenditure incurred by each district is available at a central location in the State Government.

**Statement of Detailed Expenditure
for the period from 01.08.2001 to 30.09.2001**

(Rs. In Million)

Category	Classification of Expenditure	Expenditure Incurred	Percentage of Reimbursement	Amount Claim for Reimbursement
1.	Civil Works	--	90%	--
	TOTAL	--	--	--
2	Vehicles	--	80%	--
	Furniture	--		--
	Equipments	0.008		0.006
	Other Goods	--		--
3.	Drugs	--	90%	--
	TOTAL	0.008	--	0.006
4	Consultants' Services including LE.C.	0.075	100%	0.075
5	Training & Workshop	--	100%	--
6.	Surveys & Studies	--	100%	--
	TOTAL	0.075	--	0.075
7.	Pilot Programme for Referral Transport	--	90%	--
	TOTAL	--	--	--
8.	Incremental Salaries and Operating Expenses :			
	Salaries	0.122	55%	0.067
	Honorarium	1.211		0.666
	Rent	0.073		0.040
	Consumable	0.002		0.001
	Operation & Maintenance	0.129		0.071
	TOTAL	1.537		0.845
Grant Total		1.620	--	0.926


(Dr. N. G. GANGOPADHYAY)
 Adviser (Health)
 S. U. D. A.

G.20011/2/2001/AP.I
Government of India
Ministry of Health & Family Welfare
(Department of Family Welfare)
(AP.I Desk)



24 JUL 2001

Nirman Bhawan, New Delhi.

Dated the 12 July 2001.

To,

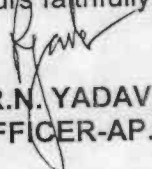
Dr. N.G.Gangopadhyay,
Adviser (Health), SUDA
H.C.Block, (ILGUS Bhavan),
Sector-3, Salt Lake,
Calcutta-700091.

Subject : Audit Observations in respect of the RCH sub- projects.

Sir,

I am directed to enclose a copy of the audit observations in respect of the RCH sub-project - under implementation in your State for your perusal and immediate comments along with details of steps taken to bring an overall improvement in the progress of implementation of the sub-project and utilization of funds.

Yours faithfully,


(R.N. YADAV)
DESK OFFICER-AP.I

and medicines valued Rs 41.09 lakh. were purchased for which approval was awaited. Rs 31.46 lakh were utilised in excess on equipment, furniture, and survey, which was allocated for the purchase of medicines. In Tamil Nadu (Madurai city and Madurai District), Rs 3.54 crore out of Rs 7.25 crore released by Government of India during 1997-2000 remained unutilised (March 2000). In Uttar Pradesh (Rai Barreilly and Firozabad), Rs 4.36 crore (Rai Bareilly: Rs 3.46 crore and Firozabad Rs 0.90 crore) were released by Government of India during 1998-2000. Both physical and financial progress reports were not furnished to audit by DGFW. (In West Bengal (Asansol and Murshidabad). Only Rs 0.36 crore was spent (1998-2000) out of Rs 1.55 crore released to Asansol Municipality for construction of 10 units. Only 6 units were being constructed.) while the work was completed partially in 6 units only. Out of Rs 3.34 crore required to be spent during 1998-2000 on construction of 40 sub-centres within 2 months only Rs 1.57 crore were released. Only 3 sub-centres were constructed (Rs 11.03 lakh) possession of which was not handed over. 20 to 80 percent work at a cost of Rs 19.46 lakh completed in 6 sub-centres. No progress was reported for rest of the 31 sub-centres. The balance amount of Rs 1.27 crore remained unutilised. Furniture costing Rs 83.82 lakh remained dumped in PHCs due to non-construction of 40 sanctioned sub-centres; and non availability of space in 410 rented sub-centres.

Information Education and Communication (IEC)

The main focus of the IEC strategy is on promoting behavioural changes rather awareness generation and to introduce well defined and culturally appropriate programmes for specific regions and population segments. The department of family welfare has been implementing a comprehensive IEC strategy to give publicity through extensive use of Doordarshan, All India Radio, Song and Drama division,

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

SUDA— 120/96/Pt.III/ 331

28.08.2001

Ref No.

29 Date

From : -- Adviser (Health)
SUDA

To : ✓ R.N.Jadav
Desk Officer - AP.I
Govt. of India
Ministry of Health & Family Welfare
(Department of Family Welfare)
Nirman Bhawan, New-Delhi.

Sub : -- Audit Observation in respect of R.C.H. Sub-Project Asansol

Sir,

Reference is invited to your communication bearing No. G-20011/2/2001/AP.I dated 12 July, 2001 on the above subject. As desired, the comments thereof along with steps taken to bring the overall improvement in the progress of implementation of the sub-project and utilization of funds is placed hereunder :

A. Position of construction of Health Units :-

16 Nos. Health units envisaged in the project were proposed to be constructed in 2 phases. In the phase-I, 10 Health units were undertaken. Work order for 6 HAU's were issued in Feb, 2000 and the same have been completed and handed over to the Asansol Municipal Corporation. For the rest 4 Health units consisting of 2 HAU's and 2 ESOPD's, work order could be issued in August 2000 after obtaining approval of the Govt. The works in these units are in progress and it is expected that 1 HAU will be completed by September 2001 and 1 HAU & 2 ESOPD's will be completed by December, 2001.

In phase II, 6 Health units comprising of 5 Nos. HAU's and 1 No. MS are proposed to be constructed. Acceptance letters have already been issued for all the units and work order will be issued by 1st week of September, 2001 and these will be completed by June, 2002.

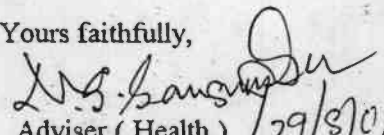
B Financial Progress :-

Out of Rs. 155 lakhs received by MED for this project Rs. 121.65 lakhs have been spent upto July, 2001.

In spite of some delay in handing over of land by A.M.C. the physical progress has been reasonably in order and all the works be completed by June, 2002 i.e. within the approved project period. As such, the apprehension of time over run in this case is not likely to occur.

This is for your kind information.

Yours faithfully,


Adviser (Health) 29/8/01

Tel/Fax No.: 359-3184

SUDA--- 120/96/Pt.III / 331 (U)

28.08.2001
29

C.C.

] State Family Welfare officer & Jt. Director of Health services, West Bengal
-- For kind information with reference to his office memo no.
H/SFWB/2A-1-2000/1611/1(4) dated 28.08.2001.

L.S. Ganguly
Adviser (Health) 29/8/01

Replies to Audit query in connection with civil
construction works in respect of RCH Project - Asansol
=====

A. Report on Civil Works - position of construction of HAU

Out of 16 units (13 Nos. HAU, 2 Nos. OPD-cum-MH & 1 No. MS) in Phase-I, Bids for 8 Nos. HAU & 2 Nos. OPD-cum-MH were invited. With Government approval work orders for 6 Nos. HAU were issued in February, 2000 and the physical progress in respect of the said 6 units is as follows :-

1. HAU Units at Suryanagar : Ground floor roof casting completed - Brickwork in ground floor completed - brickwork in first floor in progress.
2. HAU at Ranganiapara : First floor roof casting completed - Brickwork in ground floor & first floor completed.
3. HAU at Chinnamasta : Ground floor civil works in progress.

On receipt of Govt. approval work orders for the remaining two HAUs & 2 OPD-cum-MHs are being issued (August, 2000).

It is proposed that Bidding process for the remaining 5 HAU and one MS in Phse-II will be completed by March, 2001.

B. As per agreement with the Contractors the dates of handing over of the units to AMC on completion are as follows :-

1. HAU at Surianagar : 24-11-00
2. HAU at Dhrupdanga : 22-11-00
3. HAU at Mohishila : 22-11-00
4. HAU at Ghusic : 22-11-00
5. HAU at Ranganiapara : 22-11-00
6. HAU at Chinnamasta : 24-11-00

NOTE :- As the land for the Health Unit at Chinnamasta was obtained late, there may be, some time - overrun in completion of works in respect of this units.

C. Financial Progress :-

Out of Rs.155 lakhs received by MED so far Rs.36 lakhs (approx.) has been utilised. Payment for another Rs.15 lakhs (Approx.) towards RA Bills is expected to be made within one week. The physical progress of works are reasonably in order and there appears to be no scope of apprehension that there will be time over-run (except Chinnamasta as mentioned earlier). In any case, all efforts are being taken by MED to ensure timely completion and also to see that financial progress bears parity with physical progress at any point of time.

S. K. Mukherjee
(S. K. Mukherjee)
Chief Engineer, MED

sb/16-8-2000

16.8.00

Audit query on the a/c of SUDA
for the period 1998-99 to 1999-2000 ~~1999~~ 2000-2001
(upto June 2000) in connection with RCH Sub-Project
Asansol Municipal Corporation.

Position of Fund - SUDA had received fund Rs 345.00 lakh from SCOA for implementation RCH Sub-Project Asansol. out of Total Cost Project. Rs 888.52 lakhs for 5 years.

Expenditure upto June 2000 :- upto June 2000, total expenditure incurred was Rs 213.427 lakh towards different sub-heads, but mainly on advance to MED Asansol - 155 lakhs, Asansol Municipal Corporation towards salary, training, purchase of furniture etc Rs. 23.00 lakh and by SUDA H.B. for purchase of medicine Rs 5.60 lakh, salary of 3 members of staff and hiring charges of 2 vehicles. SUDA has retained Rs 345 - 213.43 = 131.57 lakh as on 1.7.2000.

The following points were observed in audit.

- 1) In last 2 years though SUDA had received Rs 345 lakh, but expenditure could not be made upto the max as a result Rs 1.31 crore was lying in hand. Kindly refer Comment
- 2) The main components were medicine Rs 98.00 lakh, equipment Rs 82.57 lakh and ambulance purchase Rs 12.00 in 5 years. but in 2 years only 5.604 and 1.776 lakh towards medicine and equipment have been incurred which was very meagre in comparison to total amounts allotted as to be allotted in 5 years. Pl. refer Comment
- 3) no report of civil works regarding the position of Health Administrative Units from MED obtained. The agreement with the contractor and date of handing over of the unit to AMC/SUDA by MED may be stated. So far only Rs 36 lakhs (approx.) have been utilized out of Rs 155 lakh received by MED, Asansol. As it is at a point that when the works are in slow progress there is possibility of time overrun? Whether any supervising or monitoring has been taken up from the SUDA to take up slack of working position. If so, the physical progress report of work may be furnished. After release of funds SUDA has a role in this matter.
- 4) In Headquarters for RCH Sub-Project 3 officers & staff have been appointed but for these staff officer 2 vehicles (Ambulance) have been hired and it has been seen that hiring charge per month was varying from Rs 9500 to Rs 15000 per vehicle. This cost is on very much higher side. The justification of hiring 2 vehicles for such small establishment could not be understood in audit. Further to be pointed out that Rs 340 hiring charge per day for ~~ambulance~~ ^{ambulance} was not in conformity with the

order of Transport Deptt, Govt of West Bengal. If there
from any such order the same may please be produced.
~~At Asansol Municipal Corporation the hiring rate of early 19~~
few days. Whether the rate was fixed through tender/understand
if so, the copy of tender papers may be produced. A copy of Govt
of hiring charge of vehicle may be produced

5) There was a provision of revolving fund of
Rs 69.77 lakh. Whether any such fund has
been created. Whether for revolving fund any
amount was sought for from Govt of India. If not
then the revolving fund will be created. The
purpose of revolving may also be stated

Kindly offer comment on above points.

Forwarded to the
Advisor Health, SUDA
RCH Sub-Project Asansol
Municipal Corporation for
favour of early reply

AA. NO. 1/REH
RCH Project/SUDA
13/7/2000

Paranure
13/7/2000 Asst. Audit officer
of the AS(AU) I, NB.
BOPA
4, Brabourne Road
Cal - 700001

SUDA

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

SUDA-120/96(Pt.III)/

21.8.2000

Ref No.

Date

From : Adviser, (Health)
SUDA

To : The Sr. Audit Officer,
ECPA,
Office of the Accountant General
(Audit) - I, WB.
4, Brabourne Road, (5th Floor)
Calcutta - 700 001.

Sub : Audit queries on the A/C. of SUDA for the period
from 1998-99 to 2000-20001 (upto June 2000)
in connection with RCH- Sub Project Asansol .

Sir,

Kindly refer to your AQ NO.1/RCH/SUB-PROJECT/SUDA dt.13.7.2000 on the above subject.

Reply to your queries is furnished below seriatim :

1. Steps have been taken for speedy implementation of the Project and it is expected that more progress will be achieved soon including fiscal aspect.
2. As we have kept waiting for progress of civil works of Health Facilities, we could not procure full quota of medicines, equipments etc. Now we are in a position to procure more medicines, equipments etc. keeping pace with civil construction and action accordingly in process
3. Progress report on civil procurement is annexed. MED is a self contained Govt. organisation, having monitoring infrastructure. World Bank will have post review of civil procurement.
4. Two vehicles are essential for smooth and speedy implementation of the project. As regards rate of hiring charges for non-a/c motor vehicle with diesel engine, it is stated that the rate of Rs.340.00 per day has been fixed by Govt. of West Bengal, Transport Deptt. Notification dt..30.10.1998 (copy enclosed for ready reference).

Tel No. : 358 6403/6421/5767, Fax No. 358 5800

5. The details of the fund in question are giving below :

a) Service charges for SHP @ Rs.500.00	Total Rs. 6.24 lakhs
-- Hiring Charges for H.P. @ Rs.2000.00	" Rs. 20.37 "
-- Training Hall Hiring Charges	" Rs. 1.25 "
	<hr/>
	Rs. 27.86 "
b) Innovative Schemes	
-- Nutrition Awareness Programme	" Rs. 41.91 "
	<hr/>
TOTAL	Rs.69.77 Lakhs

Hope that the above information will serve the purpose. It is requested that the queries raised by you may kindly be treated as dropped.

Encl: As stated

Yours faithfully,

L.S. Sanghvi
Adviser (Health),
SUDA

21/8/2000

OUTSTANDING ISSUES

1. Escalation of total construction cost from Rs.165 Lakhs to Rs. 305 Lakhs. He extra Rs.140 Lakhs may be accommodated within the total approved cost estimate of Rs.857 Lakhs.
Communications under memo no. SUDA-120/96 (Pt-II)/163 & 16 dt. 28.9.99 & 26.04.2000 respectively sent to Govt. of India (copy enclosed-annexure-I). Reply is still awaited.
2. Site for 1 HAU in phase-II being ~~low~~ land need additional Rs.5.00 lakhs for land filling. Necessary format for the purpose is under preparation for submission to Govt.of India and World Bank.
3. Mid-term Review by World Bank Mission during September 2000, AIDE MEMOIRE is yet to be received.
e-mail by Ms. Chatterjee
4. Training in RCH skill development to be arranged at National Institute of Health & Family Welfare, Delhi and the like. Letter already initiated (copy enclosed-vide annexure-II).
5. Experience Sharing tour to other RCH and allied projects.

STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

Ref No.SUDA-120/96(Pt-II)/16

Date26.4.2000

From: Col.N.G.Gangopadhyay
Adviser, Health
SUDATo: Ms.Meenakshi Datta Ghosh
Jt.Secretary, Ministry of Health & Family Welfare
Deptt. of Family Welfare
Govt. of India
New Delhi-110 011sub: RCH Sub Project, Asansol

Madam,

I am to invite reference to this office communication bearing no.SUDA-120/96(Pt-II)/163 dated 28.9.99 on the above subject (copy enclosed for ready reference). The issue was also discussed subsequently during the meeting sessions held with the Govt. of India and World Bank.

This pertains to revision of project cost from Rs.857lakhs to Rs.997 lakhs incorporating Rs.305 lakhs for civil works.

Your kind approval of the said total outlay of Rs.997lakhs is still awaited. Civil works for 4-HAUs have already started and are in progress, being approved by the World Bank/ Govt. of India. Regarding works for remaining 2-HAUs approved by World Bank will be started shortly.

May I request you kindly to approve the said outlay of Rs.997 lakhs incorporating Rs.305 lakhs for civil works. We are however proceeding with the civil works in anticipation of your kind approval.

Enclo: as stated above

Yours faithfully
N. S. Gangopadhyay
Adviser(Health) 26/4

Memo no.SUDA-120/96(Pt-II)/16(2)

dated 26.4.2000

1.The Secretary, Govt. of West Bengal, Deptt. of MA
2.Chief Engineer, MED*N. S. Gangopadhyay*
Adviser(Health) 26/4



STATE URBAN DEVELOPMENT AGENCY

"ILGUS BHAVAN"

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

Ref No. SUDA-120/96(Pt-II)/163

Date 22.9.99

From: Col. N.G.Gangopadhyay
Adviser, Health
S. U. D. A

To: Ms. Meenakshi Datta Ghosh
Jt. Secretary, Ministry of Health & Family Welfare
Deptt. of Family Welfare
Govt. of India
New Delhi-110011

Sub: RCH Sub Project in Asansol

Madam,

I am to invite a reference to your D.O letter bearing No. L-19013/1/99-AP.I dated 30.8.99 addressed to Ms.N. Saggi, Secretary (Family Welfare), Govt. of West Bengal with copy endorsed to the undersigned in connection with revision of project cost.

It may be recalled that civil works in Asansol Sub-Project was originally earmarked at Rs. 165 lakhs out of approved total project out lay of Rs. 857 lakhs. Subsequently Model Bid Documents (MBD) with revision in the lay out of buildings were prepared from this end and sent to the Ministry and World Bank and the cost approved in the approved MBD was Rs. 232 lakhs (approx) @ Rs. 11.40 lakhs per HAU, Rs. 57.55 lakhs per ESOPD cum MH and Rs. 3.50 lakhs for the Medical Store.

The MBD were approved in the year 1997 and during the last two years we have been in correspondence with Govt. of India/Bank towards finalization of formalities. By this time the price index for civil works has escalated by 30% (@ 15% per year). The escalation elements on the base price of 232 lakhs as per approved MBD works out to Rs. 75 lakhs (approx) and the total estimated cost for civil works hence comes to Rs. 305 lakhs.

Contd..2/-



To justify the increase in the cost, it may be mentioned that we had adopted the lay out of buildings duly approved by the World Bank and the Ministry and this revision in the building lay out as mentioned above caters for an increase of Rs. 67 lakhs. Further, time period of two years has already elapsed towards finalization of formalities and to obtain the clearance from Govt. of India/Bank for issuance of work order, the price escalation @ 15% per year has justifiably required to be incorporated.

Hence the total additional fund requirement on account of civil works comes to Rs. 140 lakhs and the total project out lay will stand revised to Rs. 997 lakhs instead of Rs. 857 lakhs.

Incidentally, it may be mentioned that in IPP-VIII(Extn) which is understood to have been approved by the E F C, the lay out plan and plinth area of the buildings are the same as the ones adopted in RCH Sub-Project in Asansol.

It may also be mentioned that while the percentage cost to civil works to total cost for IPP-VIII(Extn) is 33%, the same for RCH Asansol comes to approximately 30%.

Your letter was received here on 13th Sept'99 and instead of our best efforts we could not send the reply by the 15th as envisaged therein. The inadvertent delay is deeply regretted.

I would now request you kindly to approve the total out lay of Rs. 997 lakhs incorporating Rs. 305 lakhs for civil works for the RCH Sub Project, Asansol inconsideration of ^{price} ~~escalation~~ of civil works as elaborated above.

With regards.

Yours sincerely,

(Adviser, Health)
S. U. D. A

To
Ms. Meenakshi Datta Ghosh,
Jt. Secretary, Govt. of India

....3/-

SUDA

Memo No. SUDA-120/96(Pt-II)/163(1) dated 28.9.99

Copy forwarded for information to:-

1. Sri. A. M Chakrabarti, Secretary to the Govt. of West Bengal, Department of Municipal Affairs - This has reference to discussion on date.
2. Ms. N. Saggi, Secretary(Family Welfare), Govt. of West Bengal.
3. Sri. S.K Mukherjee, Chief Engineer, M.E.D

Adviser (Health)
S. U. D. A

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

SUDA-15/98(Pt-V)/ 341

West Bengal

5.9.2001

From: Dr.N.G.Gangopadhyay
Ref No. Adviser(Health)

Date

To: Dr. D.K.Ghorai
State Family Welfare Officer &
Jt. Director of Health Services
West Bengal
State Family Welfare Bureau
CIT Building, P-16 India Exchange Place Extension
Calcutta 700 073Sub: Inclusion of ANMs under IPP-VIII-(Extn.)/RCH Sub-Project Asansol
In on-going Skill Development Training.

Sir,

Reference is invited to Bench Marks at Annexure II of the Aide Memoire of World Bank Review Mission during August 2001 (copy Enclosed *).

As desired by the World Bank Mission, you are requested to include ANMs under IPP-VIII-(Extn.)/RCH Sub-Project Asansol in on-going RCH Skill Development Training. The NO. of ANMs under IPP-VIII-(Extn.)/RCH Sub-Project Asansol are 103 and 26 respectively.

This is for our kind information and necessary action. The dates , venue etc. may kindly be intimated well in advance so that necessary arrangement from this end be undertaken for deputation of the ANMs to the training courses.

Enclo: *

Yours faithfully,

Adviser(Health)
5.9.2001

SUDA-15/98(Pt-V)/341 (4)

C.C

Assistant Commissioner. Training Divn. Ministry of Health & Family Welfare, Nirman Bhavan,
New Delhi 110 011

Director, National Institute of Health & Family Welfare, Munirka, Delhi

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COVERAGE EVALUATION SURVEY
ON
IMMUNIZATION AND FERTILITY BEHAVIOUR
RCH SUB-PROJECT, ASANSOL

SEPTEMBER - 2002

Sponsored by :

STATE URBAN DEVELOPMENT AGENCY
HEALTH WING
DEPARTMENT OF MUNICIPAL AFFAIRS
GOVT. OF WESTBENGAL

Conducted by :

ECONOMIC INFORMATION TECHNOLOGY
(Affiliated to UNICEF)
S-4 METROPOLITAN CO-OPERATIVE HOUSING SOCIETY LTD.
SECTOR-A, LANE NO - 8,
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PREFACE

Cheap labour from different villages flock to nearby towns/cities for their livelihood. Development of these towns/cities and unhygienic slums began to coexist. Slum-dwellers and their likes belonging to the low income groups have had little knowledge about health care and personal hygiene. As such, ailments are rampant, resulting in health hazards and environmental pollution.

RCH sub-project in Asansol is a people oriented health care and family welfare urban slums programme.

State Urban Development Agency, Kolkata has been implementing the Project in low income neighbourhood in municipal areas of Asansol in West Bengal. Project is World Bank financed.

It was felt necessary by authorities to have a Coverage Evaluation Survey (CES) of immunization and impact assessment of the programme in terms of coverage of the target groups (currently married women aged 15-44 years, mothers having the last child under 1 year and children between 12-23 months) under the RCH sub-project, Asansol.

We are happy to present the survey results and finding of the CES study in Asansol of West Bengal. We hope that the report will provide helpful insights into the project programmes and will provide policy makers and programme managers with up-to-date information and data.

21st October, 2002

Dr. A. K. Roy
Chief Executive
Economic Information Technology
Kolkata

FACT SHEET

(RCH SUB-PROJECT - ASANSOL)

SINo.	ITEM	ASANSOL	
		Number	Percentage
A.	IMMUNIZATION STATUS		
	I. Children	108	-
	BCG	98	90.7
	OPV3	100	92.6
	DPT3	100	92.6
	Measles	91	84.3
	II. TT(PW) / Booster	122	89.7
B.	OUTPUT INDICATORS		
	a. Pregnant Women	136	-
	b. Women receiving at least 3 - antenatal check-ups	104	76.5
	c. Institutional births	100	73.5
	d. Domiciliary births	36	26.5
	e. Low birth weight (in relation to institutional deliveries)	15	15.0
C.	IFA THERAPY		
	Initiated	127	93.4
	Continued	80	58.8
	Completed	27	19.8
D.	DEATHS		
	a. Children (0 to 28 days) (per'000 live births)	1	4
	b. Children (29 to 365 days) (per'000 live births)	3	8
	c. Maternal death (per'000 live births)	3	2
	d. Deaths of other members (Out of total family members above 1 year of age and excluding currently married women age 15-44 years)	29	0.5
E.	CONTRACEPTION		
	a. Permanent Method	291	26.8
	b. Temporary Method		
	IUD	11	1.0
	CC Users	60	5.5
	OP Users	344	31.6
	c. CPR	-	64.9
F.	VITAL INDICATORS (RATE)		
	a. CBR (per ' 000 population)	-	22.0
	b. CDR (per ' 000 population)	-	6.0
	c. IMR (per ' 000 infants)	-	22.0
	d. MMR (per 100,000 women)	-	300.0

IFA Therapy : Initiated - Consumed any number of IFA Tablets
 Continued - Consumed between 31 and 90 IFA Tablets
 Completed - Consumed 91 and more IFA Tablets

EXECUTIVE SUMMARY

State Urban Development Agency (SUDA) of Department of Municipal Affairs, Govt. of West Bengal has been implementing the RCH sub-project in low income neighbourhood in municipal area of the Asansol town through Asansol Municipal Corporation.

Objective

The primary objective of the study is to have a Coverage Evaluation Survey (CES) on Immunization of under 1 year children and pregnant mothers under RCH subproject. The study results will address the question of Impact Assessment of the programme in terms of coverage of the target groups and its efficacy.

In addition, the study will also look into the following objectives :-

- a) For mothers having the last child under 1 year – antenatal care (i.e. pregnancy check-up for 3 or more) received.
- b) Places of delivery (whether home or institutional) for mothers having the last child under 1 year.
- c) Contraceptive behavior of currently married women aged 15-44 years.
- and d) Netting of vital rates viz. CBR, CDR, IMR and MMR

It was ex-ante, decided to cover all the urban slum areas of Asansol town where RCH sub-project is being implemented.

Sample Size

UNICEF 30 cluster survey methodology has been followed in the Coverage Evaluation Survey (CES). In each block/slum/clusters, a total of 40 households were to be covered.

Sample Selection

A two stage sampling procedure has been followed. In the first stage, Primary Sampling Units (PSUs) i.e. Project blocks/slums/clusters have been selected with probability proportion to total number of beneficiaries in each block/slum. The second stage involves selection of Secondary Sampling Units (SSUs) i.e. BPL households under RCH sub-project. Selection of 40 households in each selected block/slum has been done following Systematic Sampling procedure. In each of the selected households, all the children aged 12-23 months and women (15-44 years) who have delivered a child during last 12 months have been covered.

Survey Instruments

The following survey instruments have been developed :-

- a) Form1 - Household Questionnaire
- b) Form2 - Questionnaire for children between 12-23 months
- c) Form3 - Questionnaire for women (15-44 years) who had delivered a child during last one year.

Recruitment, Training and Field Work

Economic Information Technology has deployed Supervisors from its own staff. Some of the field interviewers had to be recruited for the purpose of the survey. A 2-day Training Programme was organized for Supervisors and Field Interviewers.

Data Processing

Data processing was done using a Computer.

Age Group Composition

The distribution of 6124 members of a total of 1200 households interviewed show that more than half (62 percent) of them are in the age-group 15 years and above. The average household size works out to 5.1 while the sex ratio (number of females per 1000 males) works out to 934, which is the same as the 2001 census figure of 934 for West Bengal.

Education of Mothers and Fathers

Around 40 percent of mothers of children of both the age-groups 12-23 months and less than one year are illiterates. We have observed an illiteracy rate of 22.2 percent for fathers of children between 12-23 months and 25.7 percent for fathers of children less than one year.

Religion

Eighty percent of the households are Hindus.

Caste

Around 27 percent of the households belong to scheduled caste and scheduled tribes.

Type of House

More than one-third (35 percent) of households in Asansol RCH sub-project have pucca houses.

Source of drinking water

Public tap is the most important source of drinking water accounting for 87 percent of the total households.

Toilet / Latrine used by households

Most important type of toilet/latrine with the households is the flush to sewerage system/septic tank (44 percent). Only one-third (31 percent) of the households have exclusive toilets.

Death of children

Only one child has died during last one year within 28 days of birth. Three children (two male and one female) have died between 29-365 days of birth.

Death of currently married women aged 15-44 years

Three cases of death among currently married women aged 15-44 years have been reported. All of them died of anaemia.

Death of other household members

A total of 29 deaths of other family members has been reported from 1200 households.

The most important causes of death are Old age (24 percent), Heart (21 percent), Hepatitis (14 percent) and TB (14 percent).

Immunization

A total of 108 children age 12-23 months have been covered in Asansol town consisting of 66 male and 42 female children.

HHWs / FTSS of RCH sub-project, Asansol is the most important source of knowledge about immunization of children with an average of 95 percent households knowing about immunization from this source.

The respondents were requested by the Field Team members to show the immunization cards of children aged 12-23 months. The table shows that 90 percent of the children's cards could be shown.

The two important places of immunization are :-

- i) RCH health centre (around 90 percent)
- ii) Govt. health facility (around 9 percent)

The total number of children who have received vaccination (either recorded from card or from recall) are the following :-

Sl. No.	Immunization	Children Receiving Vaccination From			
		Card	Recall	Total	%
	Total Number of Children			108	100
1.	BCG	92	6	98	91
2.	DPT1	96	6	102	94
3.	DPT2	95	6	101	94
4.	DPT3	95	5	100	93
5.	OPV1	96	6	102	94
6.	OPV2	95	6	101	94
7.	OPV3	95	5	100	93
8.	MEASLES	87	4	91	84

Of the total 102 children aged 12-23 months who have received the 1st dose of Polio, 101 children have received the 2nd dose while 100 children have received the third dose of Polio. Of the 2 children not taking the complete Polio doses, 1 child could not complete because of "family problem".

It is observed that 6 children aged 12-23 months (6 percent) have not received any DPT injection. Mother too busy is the main reason cited for not taking any DPT doses.

Compared to other forms of vaccination, the number of children aged 12-23 months not receiving measles vaccination is higher. It is observed that 17 children (16 percent) have not received measles vaccination. The major reasons cited are 'not aware of need for immunization', 'child ill, not brought' and 'place of immunization too far to go'.

The DPT drop out rate (DPT1 to DPT3) works out to 2 percent. Polio drop out rate (OPV1 to OPV3) shows similar pattern.

Fertility

It is observed that 71 percent of women who have delivered a child during last 12 months belong to the age-group 20-29 years.

Of the total of 136 births, 51 births (38 percent) are *First Births*. There are 38 (28 percent) *Second* births for women. There are 47 births (34 percent) which are *Third or higher births*.

There is no case of Still Birth in RCH sub-project, Asansol.

Maternal and Reproductive Health

It is observed that 61 percent of the women have reported for checkup within 3 months of pregnancy with an additional 35 percent of women reporting between 4-6 months of pregnancy. However, there are 3 women (2 percent) who have reported only between 7-9 months. It is observed that 97 percent of women have received advice for antenatal check-up.

It is heartening to note that 97 percent of women have received antenatal check-up. Almost half of women (49 percent) have had first antenatal check-up within 3 months of pregnancy.

Most of the women (76 percent) have had 3 ANC's or more. RCH health centre is the main (76 percent) place for antenatal check-up.

It is observed that 132 women (97 percent) have received TT immunization.

IFA therapy has been initiated by a total of 127 women (93 percent). Out of all women 80 women (59 percent) have consumed between 31 and 90 IFA tablets whereas 27 women (20 percent) have consumed between 91 and more IFA tablets.

It is observed that 100 (74 percent) out of a total of 136 deliveries have been institutional deliveries, consisting of 86 deliveries in Government hospitals and 14 deliveries in Private hospitals.

Of the 36 home deliveries, 24 deliveries (67 percent) have been assisted by Trained Dai, followed by 9 deliveries (25 percent) by Untrained Dai and 3 (8 percent) by doctors.

It is observed that 88 women (64 percent) have had check-up within 42 days after delivery by doctors/health workers (other than RCH) and 49 women (36 percent) by RCH doctors/health workers.

It is observed that 99 (99 percent) of children have been weighed at birth (in case of institutional deliveries).

Fifteen percent (15) of children were under weight (weighed less than 2500 grams), 84 percent (84) of children weighed 2500 grams and above.

The main source of knowledge about ANC /PNC check-up of women was HHW/FTS (83 percent), followed by neighbours (10 percent) and doctor (7 percent).

Contraception Use

The total number of eligible couples identified and interviewed is 1087.

Out of the three temporary methods of Pill, Nirodh and IUD, pill is the most commonly used contraceptive. However, most of the women are aware about these temporary methods but have not used them.

Most of the women who have gone for tubectomy have done so before one year or more from the date of survey.

Couple Protection Rate (CPR) works out to 64.9 percent .

Vital Indicators

The vital indicators work out to	:-	
CBR (per'000 population)	-	22.0
CDR (per'000 population)	-	6.0
IMR (per'000 infants)	-	22.0
MMR (per 100,000 women)	-	300.0

ACKNOWLEDGEMENTS

They study on Coverage Evaluation Survey (CES) of RCH, Sub-Project implemented by Asansol Municipal Corporation through State Urban Development Agency could be successfully completed due to the efforts and involvement of numerous organizations and individuals. It is extremely difficult to thank each of them individually for all the support and help. However, we would like to thank everyone who was involved in the survey and made it a success.

We are indebted to Dr. N. G. Gangopadhyay, Advisor (Health), SUDA for reposing confidence on Economic Information Technology to carry out the study. We gratefully acknowledge the tremendous help and guidance received from Dr. R. N. Kar and Dr. Shibani Goswami. But for their continued support in all stages, it would have been difficult to complete the study. We are also thankful to Shri Salil Kumar Lahiri, MIES officer, SUDA for sparing quite sometime to discuss methodology, tabulation programme etc.

We are immensely thankful to the Chairman of the Municipal Corporation of Asansol and Shri Manish Jain, IAS, Addl. DM and Project Director, RCH sub-project without whose help and cooperation, it would have been impossible to complete the field work. We are deeply indebted to Dr. Ujjal Mukherjee, Health Officer, Asansol Municipal Corporation who helped the conduction of the survey in all stages. We must also thank Ms K. Sanyal and Ms Savita Dutta for the continuous support.

We are also thankful to all the FTSs and HHWs of the RCH sub-project who took personal interest in helping the field staff members.

My personal thanks are due to all my senior colleagues and all my other staff members who made it possible to complete the study in time.

Last but the most important, credit goes to all the beneficiaries visited by the Research teams. We shudder to think what would have happened if they did not cooperate wholeheartedly.

21st October, 2002

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Chapter 1

PREAMBLE

1.1 BACKGROUND OF THE PROJECT

State Urban Development Agency (SUDA) has been implementing the RCH sub-project in low income neighborhood in municipal area of Asansol through Asansol Municipal Corporation.

Focus has been stretched on the pregnant and lactating women and under 5 children. Primary Health Care and Family Welfare Services are implemented for urban slum population below poverty line. The essence of the strategy of service operation is providing door step health care services through community drafted grass-root level workers, the female Honorary Health Workers (HHWs). The domiciliary service is also coupled with institutional care including referrals. Community participation is an unique feature aiming at making the project people oriented.

The components of Health Care Services are --

- a. Generation of Awareness on Health, Family Welfare and Nutrition Issues.
- b. Antenatal, Natal & Post Natal Care.
- c. Contraception Coverage for Eligible Couples.
- d. Immunization of Pregnant Women.
- e. Identification of High Risk Pregnancies and its management.
- f. Management of unwanted pregnancies.
- g. Ensuring Institutional Deliveries.
- h. Immunization of children.
- i. Surveillance of communicable diseases particularly vaccine preventable diseases, Acute Respiratory Infection and Diarrhoeal Diseases.
- j. Detection and management of Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs).
- k. Periodical Growth Monitoring of children aged below 5 years.
- l. Treatment of minor ailments at the door steps of the Beneficiaries by HHWs.
- m. Curative services at Sub-Health Post, Health Post.

The pivot of Health Care Services for the Urban Poor are Honorary Health Workers. One H.H.W. is assigned for 750 to 1000 population. She visits each of the households at fortnightly interval and posts relevant information in the family schedule designed for the purpose. These family schedules form the nuclei of Management Information and Evaluation System (MIES).

Chapter 2

THE STUDY

2.1 OBJECTIVE

The primary objective of the study is to have a Coverage Evaluation Survey (CES) on Immunization of under 1 year children and pregnant mothers under RCH sub-project, Asansol.

The study result will address the question of Impact Assessment of the programme in terms of coverage of the target groups and its efficacy.

In addition, the study will also look into the following objectives :-

- a) For mothers having the last child under 1 year – antenatal care (i.e. pregnancy check-up for 3 or more) received.
- b) Places of delivery (whether home or institutional) for mothers having the last child under 1 year.
- c) Contraceptive behaviour of currently married women aged 15-44 years
- and d) Netting of vital rates viz. CBR, CDR, IMR and MMR.

2.2 COVERAGE

It was ex-ante, decided to cover all the urban slum areas of Asansol town where RCH sub-project is being implemented by SUDA .

Table 2.1 (annexed) presents the quantitative values of coverage i.e., Number of households, total population, number of children between 12-23 months and number of women (15-44 years) who have delivered a child in last one year for Asansol town.

2.3 SAMPLE SIZE

UNICEF 30 cluster survey methodology has been followed in the Coverage Evaluation Survey (CES).

In each block/slum/clusters, a total of 40 households were to be covered. A total of 30 clusters and 1200 households, therefore, was surveyed.

2.4 SAMPLE SELECTION

A two stage sampling procedure has been followed.

In the first stage, **Primary Sampling Units (PSUs)** i.e. Project blocks/slums/clusters have been selected with probability proportion to total number of beneficiaries in each block/slum.

The second stage involves selection of **Secondary Sampling Units (SSUs)** i.e. BPL households under RCH sub-project. Selection of 40 households in each selected block/slum has been done following Systematic Sampling procedure.

In each of the selected households, all the persons in the following categories have been covered :-

- a) Children aged 12-23 months (Table 2.1)
- b) Women (15-44 years) who have delivered a child during last 12 months (Table 2.1)

2.5 SURVEY INSTRUMENTS

The following survey instruments have been developed :-

- a) Form1 - Household Questionnaire
- b) Form2 - Questionnaire for children between 12-23 months
- c) Form3 - Questionnaire for women (15-44 years) who had delivered a child during last one year.

All these Forms were pre-tested and discussed with SUDA before finalization.

2.6 RECRUITMENT, TRAINING AND FIELD WORK

Economic Information Technology has deployed Supervisors from its own staff. Some of the field interviewers had to be recruited for the purpose of the survey.

A 2-day Training Programme was organized for Supervisors and Field Interviewers on the following subjects.

- a) Objective
- b) Methodology
- c) Definitions used in each of the 3 Forms.

Fieldwork was supervised by a team of officials including the Chief Executive of Economic Information Technology.

2.7 DATA PROCESSING

Data processing was done using a Computer.

TABLE 2.1 : COVERAGE

Sl. No.	Particulars	Number	
1.	Households selected	1200	
2.	Households interviewed	1200	
3.	Response Rate (Percent)	100	
4.	Children between 12-23 months	a) Male	66
		b) Female	42
		c) Total	108
5.	Women (15-44 years) who have delivered a child during last one year	136	
6.	Number of Women (15-44) years	1485	
7.	Total number of family members under survey	6124	
8.	Eligible Couples	1087	
9.	Infants less than one year		
	Male	61	
	Female	75	
	Total	136	

Chapter 3

BACKGROUND CHARACTERISTICS OF HOUSEHOLDS

3.1 AGE-GROUP COMPOSITION

The distribution of 6124 members of a total of 1200 households (average household size being 5.1) interviewed in Asansol town (RCH sub-project) show that 62 percent of them are in the age-group of 15 years and above (49 percent in the age-group 15-44 years and 13 percent in the age-group 45 and above). The sex ratio works out to 934 females per 1000 males - exactly the same (934) as per Census 2001 figure for West Bengal. The population of children in the age-group 0-5 years (completed) works out to 14.0 percent, marginally higher than 13.88 percent of 0-6 age population of West Bengal for 2001 Census.

Age-group wise composition is shown below :-

Sl. No.	Age-group (years)	Male		Female		Total	
		Number	%	Number	%	Number	%
1.	Up to 11 months	61	1.9	75	2.5	136	2.2
2.	12-23 months	66	2.1	42	1.4	108	1.8
3.	2 - 5	309	9.8	306	10.3	615	10.0
4.	6-14	750	23.7	687	23.2	1437	23.5
5.	15-44	1536	48.5	1485	50.2	3021	49.3
6.	45 and above	444	14.0	363	12.3	807	13.2
	Total	3166	100.0	2958	100.0	6124	100.0

The total number of women of age-group 15-44 years is 1485, out of which 136 women (9.1 %) have delivered a child during last one year (more details in chapter 5).

3.2 EDUCATION LEVEL

We have considered the following educational levels :-

- a) of mother of children between 12-23 months
 - b) of father of children between 12-23 months
 - c) of mother of children less than one year
 - d) of father of children less than one year
- and

Detailed figures are presented below :-

Sl. No.	Literacy Level	Education Levels of			
		mothers of children 12-23 months	Fathers of children 12-23 months	mothers of children less than one year	Fathers of children less than one year
1.	Illiterate	45 (41.7)	24 (22.2)	58 (42.6)	35 (25.7)
2.	Below primary	10 (9.3)	9 (8.3)	15 (11.0)	12 (8.8)
3.	Primary	23 (21.3)	33 (30.6)	30 (22.1)	39 (28.7)
4.	Secondary	11 (10.2)	18 (16.7)	8 (5.9)	22 (16.2)
5.	Higher secondary	4 (3.7)	NIL	3 (2.2)	2 (1.5)
6.	Graduate	1 (0.9)	6 (5.6)	3 (2.2)	5 (3.7)
7.	Post Graduate / Professional qualification	NIL	NIL	NIL	NIL
8.	Non-formal	14 (13.0)	17 (15.7)	18 (13.2)	20 (14.7)
9.	Don't know / Missing	NIL	1 (0.9)	1 (0.7)	1 (0.7)
	Total	108 (100.0)	108 (100.0)	136 (100.0)	136 (100.0)

(Figures within bracket indicate percentage)

Illiteracy among mothers is slightly more than 40 percent while it is around 22-26 percent among fathers. However, it is observed from the above table that around 13-15 percent of the parents have had non-formal education. Although there are no post graduates among the parents, there are a number of graduates.

3.3 RELIGION

Majority of the households are Hindus as can be seen from the following distribution of households as per religion :-

<u>Religion</u>	<u>Percentage of households</u>	
Hinduism	80.0	(960)
Islam	19.7	(236)
Christianity	0.3	(3)
Sikhism	0.1	(1)
Buddhism	NIL	
Jainism	NIL	
Other	NIL	
Total	100.0	(1200)

(Figures within bracket show numbers)

3.4 CASTE

More than one-fourth (27 percent) of the households belong to scheduled caste and scheduled tribe community. Others are 62 percent.

Distribution of households as per caste is shown below :-

<u>Caste</u>	<u>Percentage of households</u>	
Scheduled Caste	23.1	(277)
Scheduled Tribe	3.7	(44)
OBC	10.8	(130)
Others	62.4	(749)
Total	100.0	(1200)

(Figures within bracket show numbers)

3.5 HOUSING CHARACTERISTICS

3.5.1 TYPE OF HOUSE

Pucca houses belong to only 35 percent of the households as can be seen from the following figures :-

<u>Type of house</u>	<u>Percentage of households</u>	
Pucca	34.6	(415)
Semi-pucca	31.0	(372)
Kachcha	34.4	(413)
Total	100.0	(1200)

(Figures within bracket show numbers)

3.5.2 SOURCE OF DRINKING WATER

Most of the households (87 percent) depend on public tap for drinking water. Distribution of households as per the source of drinking water is shown below :-

<u>Source of drinking water</u>	<u>Percentage of households</u>	
Tap exclusively to household	6.5	(78)
Public tap	87.3	(1047)
Tubewell	2.3	(27)
Unprotected dugwell	2.8	(33)
Other	1.3	(15)
Total	100.0	(1200)

(Figures within bracket show numbers)

3.5.3 TOILET / LATRINE USED BY HOUSEHOLDS

Less than half (44 percent) of the households use "flush to sewerage system/septic tank" type of latrine :-

<u>Type of Toilet/Latrine</u>	<u>Percentage of households</u>	
Flush to sewerage system/septic tank	44.3	(532)
Water seal type	7.5	(90)
Improved pit	0.8	(9)
Simple pit	2.2	(26)
Service/Bucket type	7.1	(85)
Drain/Open field	38.2	(458)
Total	100.0	(1200)

(Figures within bracket show numbers)

3.5.4 EXCLUSIVE USE OF TOILETS

Only one-third (31 percent) of the households have exclusive use of toilets. This is clear from figures presented below :-

<u>Toilet used by households</u>	<u>Percentage of households</u>	
Toilets exclusively used by households	31.2	(375)
Toilets shared with others	21.1	(253)
Public toilet	2.4	(29)
Service/Bucket/Drain/Open field	45.3	(543)
Total	100.0	(1200)

(Figures within bracket show numbers)

3.6 DEATH IN THE HOUSEHOLDS

3.6.1 DEATH OF CHILDREN

A) WITHIN 28 DAYS

Only one child (a male) has died during last one year within 28 days of birth.

B) BETWEEN 29-365 DAYS

Three children (two male and one female) have died within 29-365 days after birth..

One male child has died because of diarrhoea while the other male child died of low birth weight.

Cause of death of the female child has been recorded as "others".

3.6.2 DEATH OF CURRENTLY MARRIED WOMEN AGED 15-44 YEARS

Three cases of death among currently married women aged 15-44 years have been reported. All the three have died because of "anaemia". These three women belonged to the following age-groups :-

- i) 20 - 24
- ii) 30 - 34
- iii) 40 - 44

3.6.3 DEATH OF OTHER MEMBERS

A total of 29 deaths of other family members (other than a child less than one year and currently married women aged 15-44 years) has been reported from 1200 households. Out of 29 deaths, males are 17 and females 12.

Causes of death of these 29 members are shown below :-

<u>Cause of death</u>	<u>Number</u>	<u>Percentage</u>
Old age	7	24.1
Heart attack	6	20.7
Hepatitis	4	13.8
T.B.	4	13.8
Infectious disease	3	10.3
Cancer	2	6.9
Sepsis	1	3.4
Respiratory disease	1	3.4
Other (snake bite)	1	3.4
Total	29	100.0

Chapter 4 IMMUNIZATION

As indicated in Chapter 2, a total of 108 children (12-23 months) has been covered, consisting of 66 male and 42 female children.

4.1 SOURCE OF KNOWLEDGE

Figures presented in the following table shows that the HHWs/FTSs of the RCH sub-project is almost the only (95 percent) source of knowledge about immunization of children :-

Sl. No.	Source Of Knowledge	Number
1.	HHW / FTSs	103 (95.4)
2.	ANM	1 (0.9)
3.	Doctor	3 (2.8)
4.	Radio / TV	NIL
5.	Neighbours	NIL
6.	Newspaper / Magazine	NIL
7.	IEC shows	NIL
8.	Leaflet	NIL
9.	Don't know / Missing	1 (0.9)
	Total	108 (100.0)

(Figures within bracket show percentages)

4.2 CHILD IMMUNIZATION

4.2.1 CHILDREN HAVING IMMUNIZATION CARD

Out of the 108 children, immunization card could be seen for 97 (90 percent) children. The main reason for not being able to see the card is "card under lock & key" (67 percent).

4.2.2 PLACE OF IMMUNIZATION

It is very clear from figures presented below that the RCH sub-project health centre is almost the only (90 percent) place of immunization of children in the project area :-

Sl. No.	Immunization	Number of children whose immunization recorded from card	Place of immunization			
			RCH health centre	Govt. health facility	Anganwadi	Others
1.	BCG	92	82	9	1	0
2.	DPT1	96	87	8	1	0
	DPT2	95	86	8	1	0
	DPT3	95	86	8	1	0
3.	OPV1	96	87	8	1	0
	OPV2	95	86	8	1	0
	OPV3	95	85	9	1	0
4.	MEASLES	87	78	8	1	0

The place of immunization for those children whose information was based on recall is RCH health centre for all immunizations.

4.2.3 CHILDREN RECEIVED VACCINATION

All the 108 children have received vaccination, out of which 97 children (58 male and 39 female) had cards while information for other 11 children (8 male and 3 female) was on the basis of "recall".

Table 4.1 (annexed) show that 91 percent of children have received BCG, 94 percent DPT1 and OPV1, while only 84 percent have received measles.

However, if the CARD is the basis, the percentages improve 95 percent for BCG, 99 percent for DPT1 and OPV1 and 90 percent for measles.

4.2.4 BCG VACCINATION

Out of 108 children, 98 children (91 percent) have received BCG vaccination. Of the 98 children, 92 had cards while information for 6 children are on the basis of recall.

Most of the households where children did not receive BCG vaccination (10 children) could not give any specific reason for not giving the vaccination. Only one household said "the child is too young".

4.2.5 POLIO VACCINATION

Polio vaccination has been taken by 102 (94 percent) children out of 108. Out of 108 children, 101 children (94 percent) have received 2 doses of Polio while 100 children (93 percent) have received 3 doses of Polio vaccination.

It has been observed that the 6 children who were not given any Polio vaccination did not get such advice from HHW/FTS.

Complete Polio vaccination was not taken by 2 children. Reasons for not taking the complete dose were "family problem" and "others".

Reasons for not giving any Polio dose are :-

<u>Reason</u>	<u>Number</u>	<u>Percentage</u>
Not aware of all three doses	2	33.0
Child is too young	1	17.0
No specific reason	2	33.0
Don't remember	1	17.0

4.2.6 DPT VACCINATION

Out of 108 children, 102 children (94 percent) have received DPT injection. Of all these 108 children, 101 children have received 2 doses (94 percent) while 100 children have received 3 doses (93 percent). The reasons for the 2 children not receiving all the 3 doses of DPT injection are :-

- a) child is too young - 1 child
- b) child was ill - 1 child

Out of the 6 children not receiving any DPT dose, "mother too busy" is the major reason (33 percent) followed by "child is too young" (17 percent) and "family problem" (17 percent). For 2 children, no specific reason could be given.

4.2.7 MEASLES VACCINATION

Out of 108 children, 91 children (84 percent) have received measles vaccination – 87 children (96 percent) had cards.

Of the 17 children who did not take measles vaccine, only 2 children were advised by HHW/FTS etc. to get measles vaccination.

The reasons for not taking measles vaccines are :-

<u>Reason</u>	<u>Number</u>
Child ill not brought	6
Not aware of need for immunization	3
Mother too busy	2
Family problem	2
Time of immunization inconvenient	1
Fear of side effect	1
Other	2
Total	17

4.2.8 IMMUNIZATION DROP-OUT RATES

The immunization drop-out rates (percentage) works out as :-

- a) DPT1 to DPT3 - 1.96
- b) Polio1 to Polio3 - 1.96

4.2.9 IFA THERAPY

Only 6 out of 108 children (6 percent) reported to have taken IFA tablets. The average number of IFA tablets given was 30 while 24 tablets were consumed.

4.2.10 VITAMIN A SUPPLEMENTATION

Number of children getting Vitamin A prophylaxis is 62 out of 108 children (57 percent). Average number of doses given is 1. A total of 86 children have received ALL vaccinations (BCG, DPT, OPV, Measles). Out of these 86 children, 60 are Hindus, 25 Muslims and 1 belong to other category. In terms of caste distribution there are 14 scheduled caste children, 1 scheduled tribe child and 71 children belong to other category.

Break-up of education of mothers and fathers of these 86 children is shown below :-

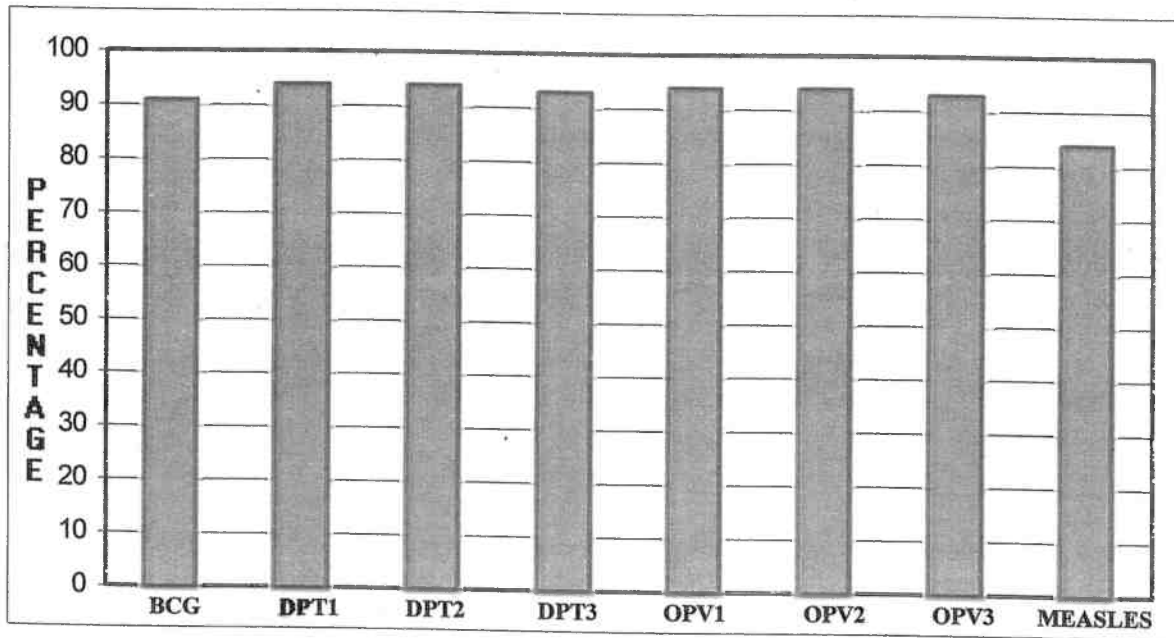
Sl. No.	Literacy Level	Education of mother	Education of father
1.	Illiterate	34	16
2.	Literate upto primary	38	50
3.	Secondary and above	14	20
	Total	86	86

TABLE 4.1 : CHILDREN RECEIVED VACCINATION

SL NO.	IMMUNIZATION	FROM CARD			FROM RECALL			TOTAL		
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
1.	BCG	56 (96.6)	36 (92.3)	92 (94.8)	4 (50.0)	2 (66.7)	6 (54.5)	60 (90.9)	38 (90.5)	98 (90.7)
2.	DPT1	58 (100.0)	38 (97.4)	96 (99.0)	4 (50.0)	2 (66.7)	6 (54.5)	62 (93.9)	40 (95.2)	102 (94.4)
3.	DPT2	58 (100.0)	37 (94.9)	95 (97.9)	4 (50.0)	2 (66.7)	6 (54.5)	62 (93.9)	39 (92.9)	101 (93.5)
4.	DPT3	56 (96.6)	39 (100.0)	95 (97.9)	4 (50.0)	1 (33.3)	5 (45.5)	60 (90.9)	40 (95.2)	100 (92.6)
5.	OPV1	58 (100.0)	38 (97.4)	96 (99.0)	4 (50.0)	2 (66.7)	6 (54.5)	62 (93.9)	40 (95.2)	102 (94.4)
6.	OPV2	58 (100.0)	37 (94.9)	95 (97.9)	4 (50.0)	2 (66.7)	6 (54.5)	62 (93.9)	39 (92.9)	101 (93.5)
7.	OPV3	56 (96.6)	39 (100.0)	95 (97.9)	4 (50.0)	1 (33.3)	5 (45.5)	60 (90.9)	40 (95.2)	100 (92.6)
8.	MEASLES	51 (87.9)	36 (92.3)	87 (89.7)	3 (37.8)	1 (33.3)	4 (36.4)	54 (81.8)	37 (88.1)	91 (84.3)
NO. OF CHILDREN		58	39	97	8	3	11	66	42	108

NOTE : FIGURES IN () SHOW PERCENTAGE

IMMUNIZATION COVERAGE



Chapter 5

FERTILITY

5.1 AGE DISTRIBUTION OF RESPONDENT WOMEN (15-44 YEARS) WHO HAVE DELIVERED A CHILD DURING LAST 12 MONTHS

Around 71 percent of the respondent women are in the age-group of 20-29 years as can be seen from figures presented below :-

Sl. No.	Age-group (years)	Number of respondent women
1.	15-19	5 (3.7)
2.	20-24	55 (40.4)
3.	25-29	42 (30.9)
4.	30-34	18 (13.2)
5.	35-39	15 (11.0)
6.	40-44	1 (0.8)
	Total	136 (100.0)

(Figures within bracket show percentages)

5.2 BIRTH ORDER

For women aged 15-19 years, all the 5 births are *first births*. For women aged 30 years and above, majority of the last child born were the *fourth child* or above.

Of 136 births, there are 51 (38 percent) *first order births*, 38 (28 percent) *second order births*, 20 (15 percent) *third order births* and 27 (19 percent) *fourth and above order births*.

Age-wise distribution of order of birth of the last child is shown in the figures below :-

Sl. No.	Age-group (years)	Birth order	Number of births
1.	15-19	1	5
		2	0
		3	0
		>=4	0
2.	20-24	1	27
		2	22
		3	5
		>=4	1
3.	25-29	1	14
		2	14
		3	8
		>=4	6
4.	30-34	1	2
		2	2
		3	6
		>=4	8
5.	35-39	1	3
		2	0
		3	1
		>=4	11
6.	40-44	1	0
		2	0
		3	0
		>=4	1
	Total	1	51
		2	38
		3	20
		>=4	27

5.3 OUTCOME OF THE DELIVERY WITHIN LAST 12 MONTHS

Out of the 136 live births, all the children (136) were alive at the time of interview.
No STILL BIRTH has been reported.

Chapter 6

MATERNAL AND REPRODUCTIVE HEALTH

6.1 ANTENATAL CHECK-UP

More than 60 percent of women (15-44 years) who have delivered a child during last one year have reported to HHW/FTS/RCH health centre within 3 months of pregnancy as is revealed by the following figures :-

Sl. No.	Months of pregnancy at which a woman reported to HHW/FTS etc.	Number of women
1.	Within 3 months	83 (61.0)
2.	4-6	48 (35.3)
3.	7-9	3 (2.2)
4.	Don't know / Missing	2 (1.5)
	Total	136 (100.0)

(Figures within bracket show percentages)

Out of these 136 women, 132 women (97 percent) had received advice for checkup.

Ninety seven percent (132 women) have received ante-natal check-up. Most of them (76 percent) received 3 or more ANC check-ups as can be seen from the following table :-

Sl. No.	Women receiving ante-natal check-up	Number of women
1.	Not received ANC	4 (2.9)
2.	Only 1 time	4 (2.9)
3.	2 times	24 (17.6)
4.	3 times and more	104 (76.5)
	Total	136 (100.0)

(Figures within bracket show percentages)

For almost half (49 percent) of the women, first ante-natal check-up was done within 3 months as is revealed by the following figures :-

Sl. No.	Months of pregnancy at which a woman first had ante-natal check-up	Number of women
1.	Within 3 months	67 (49)
2.	4-6	60 (44)
3.	7-9	5 (4)
4.	Not received ANC	4 (3)
	Total	136 (100)

(Figures within bracket show percentages)

However, if one considers the women who have received ANC check-up 3 times or more, 46 percent (62 women) have had their first ANC check-up within 3 months :-

Sl. No.	Months of pregnancy for First ANC check-up by women receiving 3 times or more ANC	Number of women
1.	Within 3 months	62 (46)
2.	4-6	41 (30)
3.	7-9	1 (1)
	Sub Total	104 (77)
4.	Women receiving less than 3 ANC	32 (23)
	Total	136 (100)

(Figures within bracket show percentages)

Three – fourths of the women go to “doctor” at RCH health centre for ANC check-up. Detailed figures are presented below :-

Sl. No.	Women going for ANC check-up to	Number of women
1.	RCH health centre	Doctor 103 (76)
		ANM 0 (0)
2.	Other than RCH health centre	Doctor 26 (19)
		Nurse 3 (2)
3.	Not receiving ANC	4 (3)
	Total	136 (100)

(Figures within bracket show percentages)

Most of the women get advices on diet (75 percent) and warning signs (60 percent) during ante-natal check-up as can be seen from figures presented below :-

Sl. No.	Women getting different advices during ANC check-up	Number of women
1.	Diet	99 (75)
2.	Warning sign	79 (60)
3.	Place of institutional delivery	71 (54)
4.	Post natal care	64 (48)
5.	New born care	59 (45)
6.	Family planing	5 (4)
7.	Women not receiving ANC	4 (3)
	Total	136 (100)

(Figures within bracket show percentages)

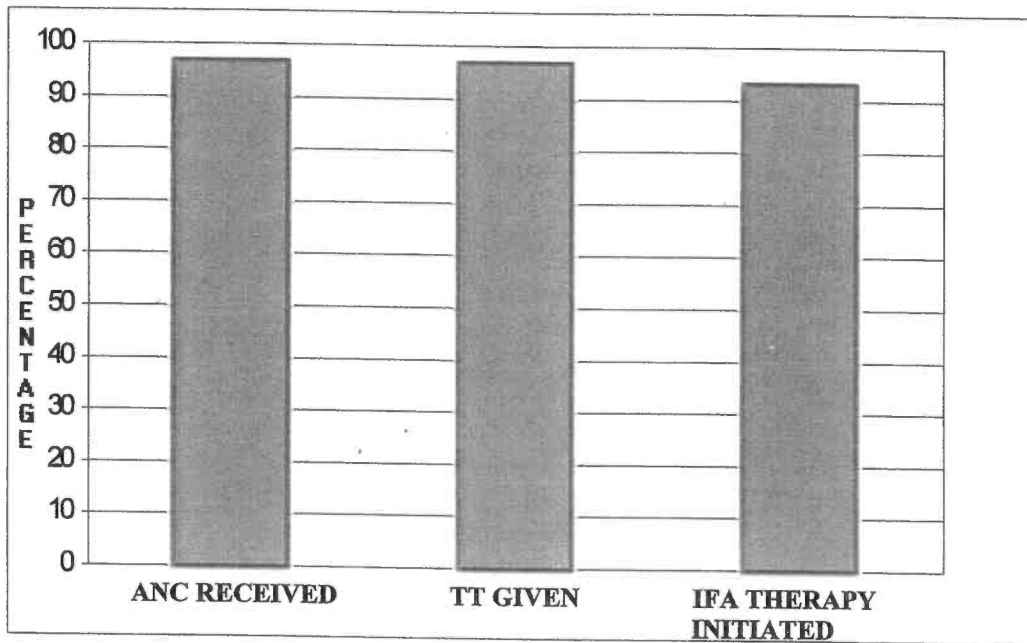
(Note – multi-response possible)

Out of the 4 women not receiving ANC check-up, 2 women did not do so because “family does not allow”. Other 2 women gave the reasons as “no time to go” and “no facility available”.

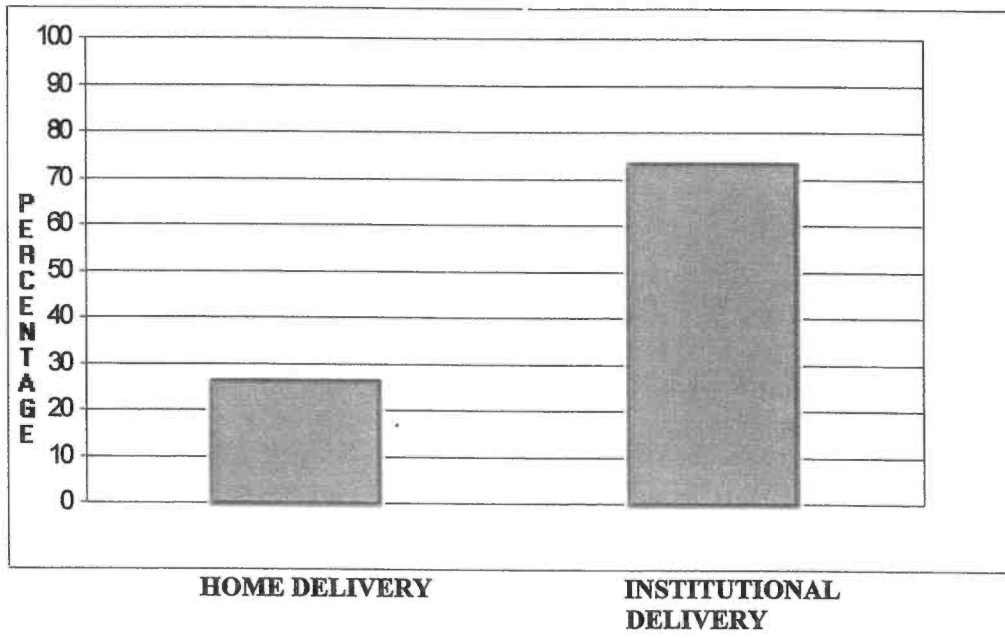
The religion-wise break-up of the 4 women are 2 Hindus and 2 Muslims. The place of delivery of these 4 women are home (3) and institutional (1).

The break-up of 132 women receiving ANC check-up as per religion, caste and education is shown below :-

ANC, IMMUNIZATION OF TT, IFA THERAPY



PLACE OF DELIVERY



Sl. No.	Particulars		Number of women	Percentage
1.	Religion	Hindu	91	99
		Muslim	41	93
		Others	0	-
2.	Caste	SC	32	94
		ST	4	100
		Others	96	98
3.	Education	Illiterate	56	97
		Literate up to primary	62	97
		Secondary and above	14	100

6.2 TT IMMUNIZATION

A total of 132 women (97 percent) have received TT immunization. Out of 136 women, 122 (90 percent) have received 2 TT injections/booster, 10 (7 per cent) women have received only one injection and the remaining 4 (3 percent) women did not receive TT injections at all.

6.3 IFA THERAPY

IFA therapy has been initiated (i.e. those women who have consumed some number of IFA tablets) by 127 (93 percent).

Eighty women (59 percent) have continued IFA therapy (i.e. consumed between 31 and 90 IFA tablets).

Only 27 women (20 percent) have completed (i.e. consumed at least 91 tablets) the IFA therapy.

6.4 DELIVERY CARE

Around one-fourth (27percent) deliveries (for 36 women) were home deliveries. Institutional deliveries are 73 percent (for 100 women). 63 percent (for 86 women) in Govt. hospitals and 10 percent (for 14 women) in private hospitals.

Out of 100 women who had institutional deliveries, 87 women were assisted during delivery by doctors while 13 women were assisted by ANM/Nurse.

Of the 36 home deliveries, 24 (67 percent) were assisted by trained dais followed by 9 (25 percent) untrained dais and 3 (8 percent) by doctors.

Ninety six percent deliveries have been reported to be "normal".

Distribution of place of delivery as per some key factors like religion, caste and education is shown below :-

Sl. No.	Particulars		Place of delivery		
			Govt. hospital	Pvt. hospital	Home
1.	Religion	Hindu	64 (70)	8 (9)	20 (21)
		Muslim	22 (50)	6 (14)	16 (36)
		Others	0 (-)	0 (-)	0 (-)
2.	Caste	SC	18 (53)	2 (6)	14 (41)
		ST	3 (75)	0 (-)	1 (25)
		Others	65 (66)	12 (12)	21 (22)
3.	Education	Illiterate	38 (66)	1 (2)	19 (32)
		Literate up to primary	41 (64)	9 (14)	14 (22)
		Secondary and above	7 (50)	4 (28)	3 (22)

(Figures within bracket show percentages)

6.5 POST-NATAL CHECK-UP

A total of 110 women (81 percent) have had post-natal check-up – 64 in RCH health centre, 34 in Government hospital, 10 in Private hospital, 1 in NGO/Trust hospital and 1 woman reported having post-natal check-up at home.

Eighty women have had check-up within 42 days after delivery by doctors other than RCH while 49 women had such check-up by RCH doctors.

HHW/FTS is the main source of knowledge (for 83 percent of women) about ANC/PNC check-up followed by “neighbours” (10 percent) and “doctors” (7 percent).

6.6 BIRTH WEIGHT (Institutional)

Ninety nine out of the 100 children who were delivered in an institution (Govt. hospital and Pvt. Hospital) were weighed at birth.

Low birth weight babies (i.e. weighing less than 2500 gms) were 15. Birth weight-wise distribution of the 100 children is shown below :-

Sl. No.	Birth weight (gms)	Babies	
		Number	Percentage
1.	Less than 2500	15	15
2.	2500 and above	84	84
3.	Don't know / Missing	1	1
	Total	100	100

Chapter 7

CONTRACEPTION USE

7.1 TEMPORARY METHOD

A total number of 1087 eligible couples were identified and interviewed personally .

It is observed from the collected data that most of the women are aware of Pills, Nirodh and IUD .

The Table below presents awareness about use of contraceptives by women.

Status	Method (Number)		
	Pill	Nirodh	IUD
Aware	1014 (93.3)	1006 (92.5)	952 (87.6)
Not aware	73 (6.7)	81 (7.5)	135 (12.4)
Total	1087 (100.0)	1087 (100.0)	1087 (100.0)

(Figures within bracket show percentages)

The following Table provides current use of contraceptives by currently married women (15 - 44 years).

Since when using	Method (Number)		
	Pill	Nirodh	IUD
less than 6 months	81 (7.5)	24 (2.2)	6 (0.6)
6 months to less than 12 months	66 (6.1)	8 (0.7)	0 (0.0)
12 months and above	197 (18.1)	28 (2.6)	5 (0.5)
Total	344 (31.6)	60 (5. 5)	11 (1.0)

(Figures within bracket show percentages)

Contraception use (temporary method) by a few key indicators (religion, caste, education of women, education of husband) are shown in the following table :-

Sl. No.	Factor	Category	Temporary Method (Number of women)		
			Pill	Nirodh	IUD
1.	Religion	Hindu	255	48	9
		Muslim	88	12	2
		Others	1	0	0
		Total	344	60	11
2.	Caste	SC	58	6	2
		ST	10	1	0
		Others	276	53	9
		Total	344	60	11
3.	Education (Women)	Illiterate	111	-	3
		Literate up to primary	158	-	6
		Secondary and above	75	-	2
		Total	344	-	11
4.	Education (Husband)	Illiterate	-	9	-
		Literate up to primary	-	26	-
		Secondary and above	-	25	-
		Total	-	60	-

(Figures within bracket show percentages)

7.2 PERMANENT METHOD

The following permanent methods have been considered :-

- i) Tubectomy
- ii) Vasectomy

The total number of tubectomy performed in the respondent households are 291. There is no case of vasectomy.

Duration and places of conducting tubectomy are indicated below :-

Sl. No.	Particulars	Number	Percentage
1.	Duration	291	26.8
	Less than 6 months	9	0.8
	6 months to less than 12 months	18	1.7
	12 months and above	264	24.3
2.	Place	291	26.8
	Govt. hospital	258	23.7
	Govt. health centre	5	0.5
	RCH health centre	0	0.0
	Anganwadi	0	0.0
	NGO/Pvt. health centre/clinic/hospital	28	2.6

Contraception use (permanent method) by a few key indicators are given below :-

Sl. No.	Factor	Category	Contraception Use (Permanent Method)	
			Number	Percentage
1.	Religion	Hindu	259	29.8
		Muslim	30	14.0
		Others	2	50.0
2.	Caste	SC	66	25.8
		ST	24	58.5
		Others	201	25.4
3.	Education (Women)	Illiterate	125	28.9
		Literate up to primary	145	28.7
		Secondary and above	21	14.2

7.3 CONTRACEPTION USE BY NUMBER OF LIVING CHILDREN STATUS

The table below presents current use of contraceptive methods by women according to the number of living children at the time of the survey.

Number of living children	Contraception ratio (in percentage)			Number of women having a number of children
	Permanent method	Temporary method	Total	
No living children	0	10.4 (11)	10.4 (11)	106
1	2.6 (6)	59.7 (139)	62.2 (145)	233
2	33.8 (100)	39.2 (116)	73.0 (216)	296
3	46.5 (94)	31.2 (63)	77.7 (157)	202
> = 4	36.4 (91)	34.4 (86)	70.8 (177)	250
Total	26.8 (291)	38.1 (415)	64.9 (706)	1087

(Figures within brackets indicate number of women currently using contraceptives)

Couple Protection Rate (CPR) works out to 64.9 per cent

7.4 MEDICAL TERMINATION OF PREGNANCY

The number of currently married women aged 15-44 years who have medically terminated their pregnancies is 18.

Out of 18, 13 women (72 percent) have terminated their pregnancy medically within 12 weeks. However, there are 5 women (28 percent) who have done so after a period of 13 weeks,

The reasons for termination of pregnancies medically are :-

<u>Reasons for MTP</u>	<u>Number</u>	<u>ercentage</u>
Family situation etc.	9	50
Failure of contraceptive device or method	4	22
Danger to life of the pregnant women	3	17
Reason not known	2	11

Chapter 8

VITAL INDICATORS

The vital indicators calculated from the figures collected from 1200 households in RCH sub-project, Asansol, show the following :-

A. CRUDE BIRTH RATE (CBR)

CBR works out to 22.0 per 1000 population. The corresponding figure for West Bengal, as per SRS 1999, is 21.3.

B. CRUDE DEATH RATE (CDR)

CDR works out to 6.0 per 1000 population. The corresponding figure for West Bengal, as per SRS 1999, is 7.5.

C. INFANT MORTALITY RATE (IMR)

IMR works out to 22.0 per 1000 infants. This is much below the figure of 53.0 for West Bengal (SRS 1999).

D. MATERNAL MORTALITY RATE (MMR)

MMR works out to 300 per 100,000. As the sample size is extremely low, this figure should be treated with extreme caution. It is merely indicative in nature.

RCH SUB PROJECT - ASANSOL

- STATUS AS ON 27.10.99

1.	Project Area	Asansol Municipal Corporation – Slums	
2.	Target Population	2.90 lakhs	
3.	Beneficiaries Characteristic	Low income group of slums.	
4.	Total number of slums	194	
5.	Duration of the Project	5 years (1998-99 to 2002-03)	
		<u>Sanctioned</u>	<u>Status</u>
6.	Total number of Health Facilities to be constructed	a) Health Post – 13	8 for 1st year. MED already sent re-bid evaluation report to G.O.I. / Bank on 7.10.99 for approval.
		b) ESOPD cum MH (Combined) - 2	
		c) Medical Store – 1	Revised Plan sent to G.O.I. for approval.
7.	Total Project Cost	<p style="text-align: center;">As per Project Report – Rs.882.52 lacs (Year wise break-up)</p> <p>1st year - Rs.174.31 lacs 2nd year- Rs.205.42 lacs 3rd year - Rs.194.93 lacs 4th year – Rs.156.80 lacs 5th year – Rs.157.06 lacs</p>	

N/B: Raised project cost worked out to be 997.00 lacs – submitted to Govt. of India on 28.9.99. (Civil construction cost revised from 165.00 lacs to 305.00 lacs.) . The said revision is due to revision of lay out of buildings and price escalation.

8.	Health manpower to be recruited	Project Target	Status 1 st year
	a) Total number of HHWs	387	158 Nos. engaged in 4 HAUs (temporary accommodation) May-June, 1999.
	b) Total number of FTSS	97	Time period not yet matured
	c) Total number of part-time Medical Officer	26	Under process of selection
	d) Total number of STS	26	Under process of selection
	e) <u>Management/ Supervision Cell – ULB level</u> Assistant Health Officer Medical Supervisor Junior Training Officer (PHN) Statistical Assistant Accounts Assistant	 1 1 1 1 1	 Initially engaged but subsequently left. 1 1 Initially engaged but subsequently left. -
	f) <u>Management / Supervision Cell at State Level (SUDA)</u> Advisor Project Assistant Project Officer Assistant Statistician	 1 1 1 1	 1 1 1 1

9.	Fund Position	1 st Year	2 nd year
		Received Grant in aid worth of Rs.100 lacs, out of which 5 lacs have been kept by Health Deptt., Govt. of West Bengal for baseline survey.	Received Grant in aid worth of Rs.250 lacs.
		Expenditure 76.00 lacs as on August, 1999.	
10.	Induction workshop for Councillors, Nodal Officers, Health Officers etc. already planned. This will be followed by induction workshop of local NGOs and Indian Medical Association .		
11.	Municipal Engineering Directorate who have been entrusted with the construction works have submitted re-bid evaluation report to Govt. of India / Bank on 7.10.99 for approval. Construction will start after receipt of approval.		
12.	Baseline survey by MODE – Report received.		
13.	Universal Baseline survey have also been conducted by the Honorary Health Workers – Compilation / tabulation under process.		
14.	Work plan (Tentative) for 2 nd year have been chalked out :		
	<ul style="list-style-type: none"> a) Establishment of 6 HAUs in temporary accommodation. b) Selection of HHWs for 6 HAUs c) Procurement of logistic for 10 HAUs d) Training of HHWs for 6 HAUs e) Establishment of linkage with NGOs / Govt. Institution f) Identification of accommodations (Clubs / CBOs) for establishment of 48 SHCs for 6 HAUs. g) Extension of IEC services – Printed media (Flash card) developed h) Service implementation thorough linkage with district Health department. 		
15.	RCH Project office at ULB level : Functioning		
16.	Family Schedules / MIS format : Family Schedule printed and distributed. Design for MIS formats re-designed as per latest specification of World Bank/ Govt. of India and distributed.		
17.	Kit bag with contents distributed.		
18.	Procurement of composite allopathic drug packets for HHWs under process.		

8 HAV - @ 120 kwhrs. @ 11.40 x5 57.00

2 ESOTD @ 84 @ 37.55

1 med. shoe
12.50
Med. shoe 8.50

STATUS REPORT

R.C.H. Sub-Project, Asansol

As on March, 2004

- Date of Launching : August, 1998
- Project cost : Rs. 854.57 Lakhs
- World Bank's Assistance has ended on : 31st March, 2004
- GOI has sanctioned 4 months beyond end of project from April 2004 to July, 2004 for consolidation of the activities and settlement of accounts.
- Total Population covered : 2.53 lakhs

- Broad Objectives
 - ✓ Improve Maternal and Child Health by reducing Maternal and Under 5 Children morbidity and mortality.
 - ✓ Reduce fertility.

• Health Facilities and Health Manpower under the project :

Facilities	Nos.	Health Manpower	Nos.	Remarks
Blocks	387	Honorary Health Worker (HHW)	387	• 1 Block cover 650 to 700 population.
Sub Health Centre	97	First Tier Supervisor (FTS)	97	• No new construction. • Community / Municipal Accommodation.
Health Centre	13	- Part time Medical Officer (PTMO) - Second Tier Supervisor - Clerk cum Store Keeper - Attendant - Sweeper	26 26 13 13 13	• New construction created under the project.

Contd. to P-2.

Facilities	Nos.	Health Manpower	Nos.	Remarks
Out Patient Dept. cum Maternity Home	2	- Full Time Medical Officer - Nurse - Specialist Doctors in 3 disciplines (i.e. Obs. & Gyn., Paediatrics and General Medicine) - Attendant - Sweeper - Night Guard	4 6 6 4 4 2	• New constructions under the project.
Diagnostic Centre along with one OPD cum Maternity Home	1	- Laboratory Technician cum Store Keeper	1	

• **Services Rendered** :

- ◆ Treatment of minor ailments at the door steps of the beneficiaries by the HHW.
- ◆ Preventive, promotive and curative health care services are provided at Sub Health Post, Health Post, Out Patient Dept.
- ◆ Awareness generation on different Health Issues.
- ◆ Antenatal / Intranatal / Postnatal services.
- ◆ Promotion of Family Planning services.
- ◆ Care of new born and under 5 children.
- ◆ Immunisation services.
- ◆ Laboratory investigations at Diagnostic Centre.
- ◆ Referral services at Maternity Home / Govt. Hospital.
- ◆ Linkage and coordination with different National Health Programmes.

- **Health Fund raised by the ULBs during the period 2003 - 2004 through imposition of user charges, and realisation of user fees.**

: Rs. 175,000/-

Contd. to P-3.

A. Improving Maternal and Child Health

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004 (%)
Maternal Health		
At least 3 Antenatal Check Ups	43.8	93.2
TT (Pregnant Women)	51.8	92.9
Institutional Deliveries	57.3	86.9
Immunisation Coverage of Infant		
BCG	42.6	97.3
DPT III	40.9	96.6
OPV III	41.9	96.6
Measles	30.9	87.2

B. Reducing Fertility

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004
Sterilisation	19.3	22.9
IUD	0.8	1.5
CC Users	5.2	13.1
OP Users	16.1	31.8

C. Vital Statistics

Parameter	Base Line (1998 - 1999)	Achievement during the year 2003 - 2004
CBR (Per 1000 Population)	23.9	18.1
CDR (Per 1000 Population)	12.4	6.2
MMR (Per 1000 Live Births)	3.0	1.0
IMR (Per 1000 Live Births)	60.0	26.3
CPR (Per 100 Eligible Couple)	41.4	69.3

- O & M Budget for FY 2004 - 2005 for an amount of Rs. 93.59 Lakhs has been submitted to the M.A. Dept.

STATUS REPORT
IPP-VIII-(Extn.) - O & M
As on March, 2004

- **Date of Launching** : January, 2000
- **Project cost** : Rs. 3527.42 Lakhs
- **World Bank's Assistance has ended on** : June, 2002
- **On O & M Phase** : With effect from July, 2002

- **The Municipalities covered under the Project** : Alipurduar, Darjeeling, Jalpaiguri, Siliguri,
Raiganj, Balurghat, English Bazar,
Bardhaman, Durgapur, Kharagpur.

- **Total Population covered** : 8.13 lakhs

- **Broad Objectives**
 - ✓ Improve Maternal and Child Health by reducing Maternal and Under 5 Children morbidity and mortality.
 - ✓ Reduce fertility.

- **During Operation and Maintenance phase of IPP-VIII-(Extn.) one Urban Health Improvement Organiser has been engaged at each ULB to assist the Health Officer in monitoring the implementation of services.**

Contd. to P-2.

• Health Facilities and Health Manpower under the project :

Facilities	Nos.	Health Manpower	Nos.	Remarks
Blocks	1090	Honorary Health Worker (HHW)	1090	<ul style="list-style-type: none"> • 1 Block cover 750 to 1000 population.
Sub Health Post	250	First Tier Supervisor (FTS)	250	<ul style="list-style-type: none"> • 1 SHP cover 3500 to 5000 population. • No new construction. • Community / Municipal Accommodation.
Health Post	35	<ul style="list-style-type: none"> - Part time Medical Officer (PTMO) - Auxiliary Nurse Midwife (ANM) - Clerk cum Store Keeper - Attendant - Sweeper 	<ul style="list-style-type: none"> 70 70 35 35 35 	<ul style="list-style-type: none"> • 1 HP cover 30000 to 35000 population. • New construction created under the project.
Out Patient Dept. cum Maternity Home including Diagnostic Centre	11	<ul style="list-style-type: none"> - Full Time Medical Officer - Nurse - Specialist Doctors in 3 disciplines (i.e. Obs. & Gyn., Paediatrics and General Medicine) - Laboratory Technician cum Store Keeper - Attendant - Sweeper - Night Guard 	<ul style="list-style-type: none"> 22 33 33 11 22 22 11 	<ul style="list-style-type: none"> • Two such facilities are at Durgapur. • All 11 are new constructions under the project.

Contd. to P-3.

• **Services Rendered :**

- ◆ Treatment of minor ailments at the door steps of the beneficiaries by the HHW.
- ◆ Preventive, promotive and curative health care services are provided at Sub Health Post, Health Post, Out Patient Dept.
- ◆ Awareness generation on different Health Issues.
- ◆ Antenatal / Intranatal / Postnatal services.
- ◆ Promotion of Family Planning services.
- ◆ Care of new born and under 5 children.
- ◆ Immunisation services.
- ◆ Laboratory investigations at Diagnostic Centre.
- ◆ Referral services at Maternity Home / Govt. Hospital.
- ◆ Linkage and coordination with different National Health Programmes.

- **Health Fund raised by the ULBs since 2001 till March, 2004 through imposition of user charges, mobilisation of NSDP Fund and realisation of user fees : Rs. 117,94,058/-**

A. Improving Maternal and Child Health

Parameter	Base Line (1999 - 2000)	(%)
		Achievement during the year 2003 - 2004
Maternal Health		
At least 3 Antenatal Check Ups	43.1	95.8
TT (Pregnant Women)	47.2	95.6
Institutional Deliveries	46.8	93.3
Immunisation Coverage of Infant		
BCG	36.8	97.3
DPT III	34.4	94.5
OPV III	37.5	94.6
Measles	22.4	89.4

Contd. to P-4.

B. Reducing Fertility

Parameter	Base Line (1999 - 2000)	Achievement during the year 2003 - 2004
Sterilisation	22.1	26.6
IUD	0.8	2.2
CC Users	3.2	12.7
OP Users	12.5	28.0

C. Vital Statistics

Parameter	Base Line (1999 - 2000)	Achievement during the year 2003 - 2004
CBR (Per 1000 Population)	20.3	15.4
CDR (Per 1000 Population)	7.6	4.0
MMR (Per 1000 Live Births)	6.0	2.1
IMR (Per 1000 Live Births)	54.0	22.5
CPR (Per 100 Eligible Couple)	16.5	69.5

- Financial Status :**

Fund released by MA Dept. During :	July, 2002 - March, 2003	FY 2003 - 2004
Amount (Rs.)	198.32 Lakhs	317.64 Lakhs

- O & M Budget for FY 2004 - 2005 for an amount of Rs. 323.31 Lakhs has been submitted to the M.A. Dept.

Status Report
DFID assisted HHW scheme in 11 new municipalities
As on June, 2004

Preamble :

On receipt of sanction from GOI vide their memo no. L. 19012/46/02-APS dt. 02.12.2003, DFID assisted HHW scheme has been launched as a pilot project in 11 new municipalities for a period of one year from 01.02.2004 to 31.01.2005.

Project Towns :

Name of the District	Name of the Municipality
Cochbihar	1. Cochbihar
Murshidabad	2. Jangipur
	3. Berhampur
Birbhum	4. Suri
	5. Bolpur
Purulia	6. Purulia
Bankura	7. Bankura
	8. Bishnupur
Bardhaman	9. Kalna
Nadia	10. Krishnagar
West Medinipur	11. Medinipur

Project Budget : Rs. 6.00 Crores (Approx.)

Total BPL population to be covered under the project : 2.58 Lakhs

Contd. to P-2.

Proposed Health facilities and Health Manpower at Grass-root Level are as under :

Health Facilities	No.	Health Manpower	No.
Block	260	Honorary Health Worker (HHW)	260
Sub Health Post (SHP)	55	First Tier Supervisor(FTS)	55
Health Post (HP)	11	PTMO	27
		ANM	27
		Clerk cum Store Keeper	11

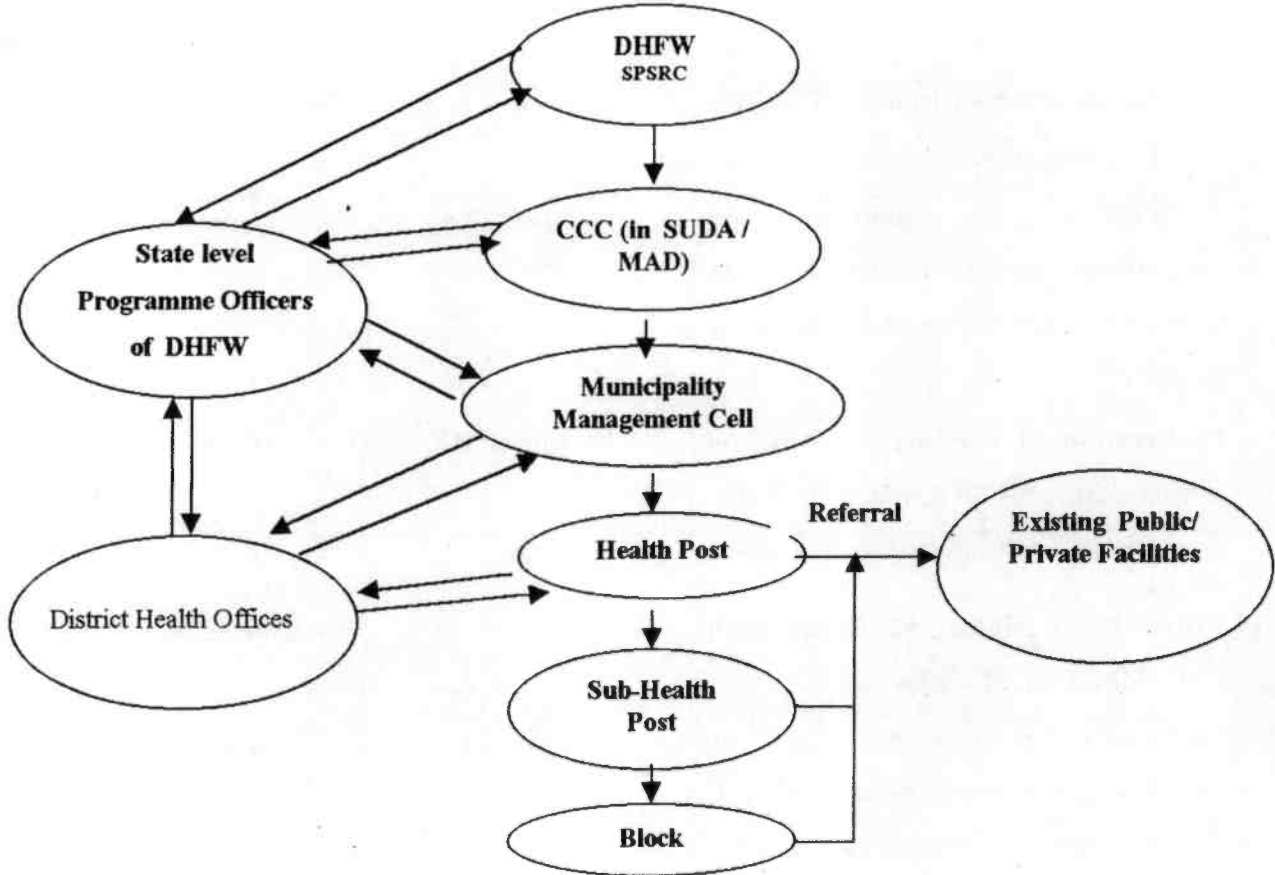
- * *There will be no new construction for health facilities. The ULBs are to arrange for the accommodation.*
- * *Process for selection of HHWs have been initiated in all the ULBs.*
- * *Linkage and coordination with District and Sub Division Hospital are to be established and strengthened for referral services and implementation of National Health Programmes.*

AIMs :

- Standard of Health services of the BPL population, with focus to the mother and children to be raised through community based Honorary Health Worker.
- The HHW will serve as first contact point for the target population and link between BPL population with primary health care and referral services in urban areas.
- Integrate the municipal health services with District Health Services rendered by the District Health Offices and hospitals of the DHFW, GOWB.
- The pilot support will provide an opportunity to draw the lessons with regard to its Cost Effectiveness. This will build platform for evidence based investments.
- The positive lessons learnt from the modified HHW scheme would facilitate the inclusion of this approach in the Vision Statement or Strategic Framework for providing health services to the urban poor.
- It will create an opportunity for lesson learning about the priorities and modalities for DFID/ other Donor Agencies for long term programme support.

Contd. to P-3.

4. Organisational structure of the pilot project



Contd. to P-4.

- 4 -

Status on Preliminary Actions undertaken during February - June , 2004

Sl.No	Actions	Target	Achievement
1.	Sensitisation on project at different levels	To be completed in 11 ULBs within March'04	Completed in 11 ULBs
2.	Formation of Municipal level Health & F W Committee	-do-	Completed in 11 ULBs
3.	Preparation of guideline on preliminary actions by the ULB in vernacular and forwarding the same to ULBs	By March'04	Completed
4.	Preparation of training schedule on sensitisation and forwarding to ULBs	By March'04	Completed
5.	Detailment of Project Director at 11 ULBs	-do-	Completed
6.	Formation of Municipal Management Cell (MMC) at 11 ULBs	-do-	Completed in 11 ULBs
7.	Issuance of directive by DHFW to ACMOH & Superintendent of S D Hospital for participation in the MMC	-do-	Completed
8.	Opening of Separate Bank A/C for the project by MMC	-do-	Completed in 10 ULBs
9.	Formation of Central Co ordinating Cell (CCC) at SUDA	-do-	Completed
10.	Opening of Separate Bank A/C for the project by CCC	To be completed by March'2004	Completed
11.	Receipt of Fund by CCC from DHFW		1 st installment of Rs. 87.82 Lakhs has been received in March'04
12.	Release of Fund to ULBs by CCC		1 st installment have been released to 6 ULBs based on requisition

Contd. to P-3.

Sl.No	Actions	Target	Achievement
13.	Identification of new list of BPL families	To be completed in 11 ULBs within April'04	Completed in 11 ULBs
14.	Preparation of format and approval by DHFW for writing project proposal by ULBs	By March,04	Approval received from DHFW
15.	Sensitisation of ULBs on format for writing project proposal by ULBs	By April'04	<input type="checkbox"/> Completed for 11 ULBs
16.	Preparation of micro plan and formulation of project proposal by ULBs	-do-	<input type="checkbox"/> 3 ULBs (Suri, Kalna, Medinipur) submitted 1 st draft of project proposal in May '04. <input type="checkbox"/> 1 st draft by rest of the ULBs are under preparation.
17.	Development of Indicators for process monitoring of the project	By April'04	Developed and approved by DHFW
18.	Preparation of Family Schedule and HMIS Format by CCC and approval of DHFW	By May '04	Approved by DHFW
19.	Preparation of list on furniture, equipment and Drugs for MMC, SHP and HP by CCC and approval by DHFW	By May '04	Approved by DHFW
20.	Base line Survey and process documentation by DHFW		Under process

- Extension of end date of the Pilot Project - DFID has forwarded the communication to the Under Secretary, Dept. of Economic Affairs, Ministry of Finance, Govt. of India seeking GOI's approval to extend the end date of this Pilot Project to June, 2005.

RCH-SUB-PROJECT

ASANSOL

STATUS REPORT

September-2003

SUDA
Health Wing

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PREFACE

RCH Sub-Project Asansol was launched at Asansol in the state of West Bengal with a project cost estimate of Rs.857.00 lakhs which has been subsequently revised to Rs. 880.77 lakhs. The Project was floated since August 1998. Likely end of the project with World Bank's assistance is March, 2004.

Aim of the Project is to address Health & Family Welfare issues of the urban poor population living in slums and scattered pockets in the Municipal Corporation Area of Asansol. The Project is focussed at pregnant / lactating mothers and under five children.

Above all, the inner core idea of the project is to implement life cycle approach i.e care of the individual from womb to tomb. Keeping this in perspective, the care package starts as soon as the woman becomes pregnant. In addition the adolescents are being taken care of as they are the future parents of the nation.

Community participation at different tiers are the essence of this project which indicate a paradigm shift from "Top Down" to "Bottom Up" approach. Community participation in terms of community empowerment will strengthen the community's capacities to initiate and manage their own health related priorities on a sustainable basis.

Grass-root level workers (Honorary Health Workers), all women, selected from community itself are the primary health care providers in generating and emphasising Reproductive & Child Health, Family Welfare and Nutrition Awareness. The HHWs visit the scheduled households fortnightly, keep records in the Family Schedules designed for the purpose, treat the cases at the door-steps of the clientele and build-up inter personal communication. The net work of Health Facilities starts from Block/ H.H.W. > Sub Health Centre (SC) / F.T.S. > Health Administrative Unit (H.A.U.) / PT. Medical Officer, Second Tier Supervisor (STS), coupled with referrals viz. Extended Specialised Out Patient Department (ESOPD) and Maternity Home (MH). Sub-Health Centre, the venues contributed by the local PVOs / local schools/ clubs, are the nerve centres for catering service delivery.

Population coverage – 2.54 lakhs.

The service components stress on preventive and promotive health care supported by curative care.

Service Components at a glance:

For Mother

- i. Registration of all pregnancies
- ii. At least 3- ante natal check-ups, intra & post natal care
- iii. T.T coverage
- iv. Prophylaxis and treatment of anaemia
- v. Identification of high risk pregnancies and its referrals
- vi. Promotion of institutional deliveries
- vii. Management of unwanted pregnancies
- viii. Referral to F.R.Us for emergency obstetric care

For Children

- i. Essential New born care
- ii. Exclusive breast feeding
- iii. Primary immunisation coverage
- iv. Vit-A prophylaxis
- v. O.R.T
- vi. Treatment of A.R.I
- vii. Treatment of Anaemia

For Eligible Couples

- i. Promoting small Family Norm- use of contraceptive methods
- ii. Safe services for M.T.P

Other Services

- i. Prevention and management of RTIs/ STIs
- ii. Adolescent Girls' Care
- iii. Surveillance of communicable Diseases

Innovative Activities

- i. Nutrition Counselling
- ii. Action Research Studies:-
 - a. Universal Base Line Survey
 - b. Prevalence of anaemia in Women
 - c. Immunisation coverage of infants and pregnant women
 - d. Hospital Waste Management
 - e. School Health Programme

Outcome expected :

For Mother

- i. Enhanced pregnancy care
- ii. Uncomplicated/ clean & safe delivery
- iii. Increased institutional delivery
- iv. Increased T.T coverage
- v. Reduction maternal morbidity & mortality
- vi. Reduction of Low Birth Weight Babies (LBWs)

For Children

- i. Reduction in Infant Mortality
- ii. Promotion of Breast Feeding
- iii. Proper Weaning and feeding practices
- iv. Immunisation coverage of infant i.e B.C.G, DPT-III, OPV- III & Measles
- v. Decrease in anaemia
- vi. Reduction in morbidity from Diarrhoeal Dehydration, A.R.I and Vaccine Preventable Diseases

For Eligible Couples

- i. Enhanced Eligible Protection Rate
- ii. Decrease in unsafe M.T.P
- iii. Increased awareness level of the reference community in Reproductive & Child Health, Family Welfare, and Nutrition

HEALTH FACILITIES

Health Facilities	Project Target	Achievement	Remarks
Blocks	387	387	---
Sub Centre	97	97	Accommodation have been provided by Municipal Corporation / CBOs.
H.A.U. (PHC)	13	13	Constructed under the project by Municipal Engineering Directorate. Construction completed and fully functioning.
ESOPD cum MH including Diagnostic Centre (FRU)	2	2	Do.
Medical Store	1	1	Do.

HEALTH MAN-POWER AT GRASS-ROOT LEVEL

Category	Project Target	Achievement
<u>At Block Level</u> Honorary Health Worker	387	387
<u>At SC Level</u> First Tier Supervisor	97	97
<u>At HAU (PHC) Level</u> M.O (Pt-time) Second Tier Supervisor Clerk Cum Store Keeper	26 26 13	26 26 13
<u>At OPD cum MH (FRU) Level</u> Medical Officer Nurse Laboratory Technician Specialist Doctors (General Medicine, Paediatrics, Obs & Gyn.)	4 6 2 6	4 6 2 6
<u>At Medical Store Level</u> Store Keeper	1	1

**HEALTH MAN-POWER
MANAGEMENT & SUPERVISION CELL AT ULB LEVEL**

Posts	Project Target	Achievement
Assistant Health Officer	1	1
Medical Supervisor	1	1
Junior Training Officer (PHN)	1	1
Statistical Assistant	1	1
Accounts assistant	1	1

**HEALTH MAN-POWER
AT SUDA, H.Q. LEVEL**

Posts	Project Target	Achievement
Adviser	1	1
Project Officer	1	1
Finance Officer	1	1
Statistician	1	1
Clerk	1	1

PROCUREMENT

Component	Strategies	Target	Achievement	Remarks
Equipment	Equipping FRU, PHC, Sub-Centres.	Procurement of equipments approved by GOI, after maintaining prescribed norms and placement of the same at different facilities.	Completed	NIL
Furniture	Do	Procurement of furniture approved by GOI, after maintaining prescribed norms and placement of the same at different facilities.	Completed	NIL
Vehicles	Equipping FRU for strengthening referral services.	Procurement of 2 nos. of vehicles (Ambulance) approved by GOI done after maintaining prescribed norms and placement of the same at FRU.	2	NIL
Drugs	<ul style="list-style-type: none"> • Treatment of minor ailments at door steps of primary stake holders by the grass root level worker towards prompt medical attention. Drugs are given only for 3 days. If not cured or intensity of suffering not reduced, the patients are referred to SC/ PHC /FRU. • Treatment provided at SC and PHC level by the Medical Professionals. • Wherever necessary the cases are sent to FRU for specialist advice and treatment. • Essential and Emergency Obstretic Care drugs & RTI /STI Drugs are provided to deal with the essential and emergency obstretic cases as also RTI /STI cases 	Apropos approved Drug schedule, procurement plan for SC, PHC & FRU submitted to GOI. After getting approval, procurement done observing World Bank / GOI norms and placement of these procured drugs to different service centre.	Completed except one procurement for Sub-Centre	Process initiated and will be completed by Jan., 04

SERVICE PERFORMANCE

i) Reducing fertility among slum population :

(Fig. in %)

Indicator	Base line 1998 -1999	Present Status 2002 - 2003
Family planning practices :		
Sterilisation	19.3	22.3
IUD	0.8	1.4
OCP	16.1	32.4
CC Users	5.2	13.0

ii) Improving Maternal and Child Health :

(Fig. in %)

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

(Fig. in %)

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

iii) **Immunisation Coverage :**

(Fig. in %)

Indicator	Base line 1998 - 1999	Present Status 2002 - 2003
BCG	42.6	93.6
DPT III	40.9	92.8
OPV III	41.9	92.8
Measles	30.9	85.3

iv) **Demographic Indicators :**

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

I.E.C.

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

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

Target groups :

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

Communication Channel :

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

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

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

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

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