

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

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

Contd. to P-2.

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

TRAINING

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

Training performance :

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

INNOVATIVE SCHEMES

In addition to action research Studies on Universal Base Line Survey, Prevalence of Anaemia in Women, Immunisation Coverage of Infants and Pregnant Women, two Innovative schemes i.e. Hospital Waste Management and School Health Programme have been taken up during the year 2003 – 2004.

Hospital Waste Management

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

The apparent risks include :

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

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

The components of hospital waste management are :

- Construction of burial pits (2 units per FRU at a time).
- Purchase of disposables like plastic bags (inner lining) of 4 colours.
- Purchase of chemical disinfectants, kerosene oil.
- Purchase of rubber gumboots, rubber gloves.

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

School Health Programme

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

Target groups :

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

Methodology :

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

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

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

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

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

Expected outcomes :

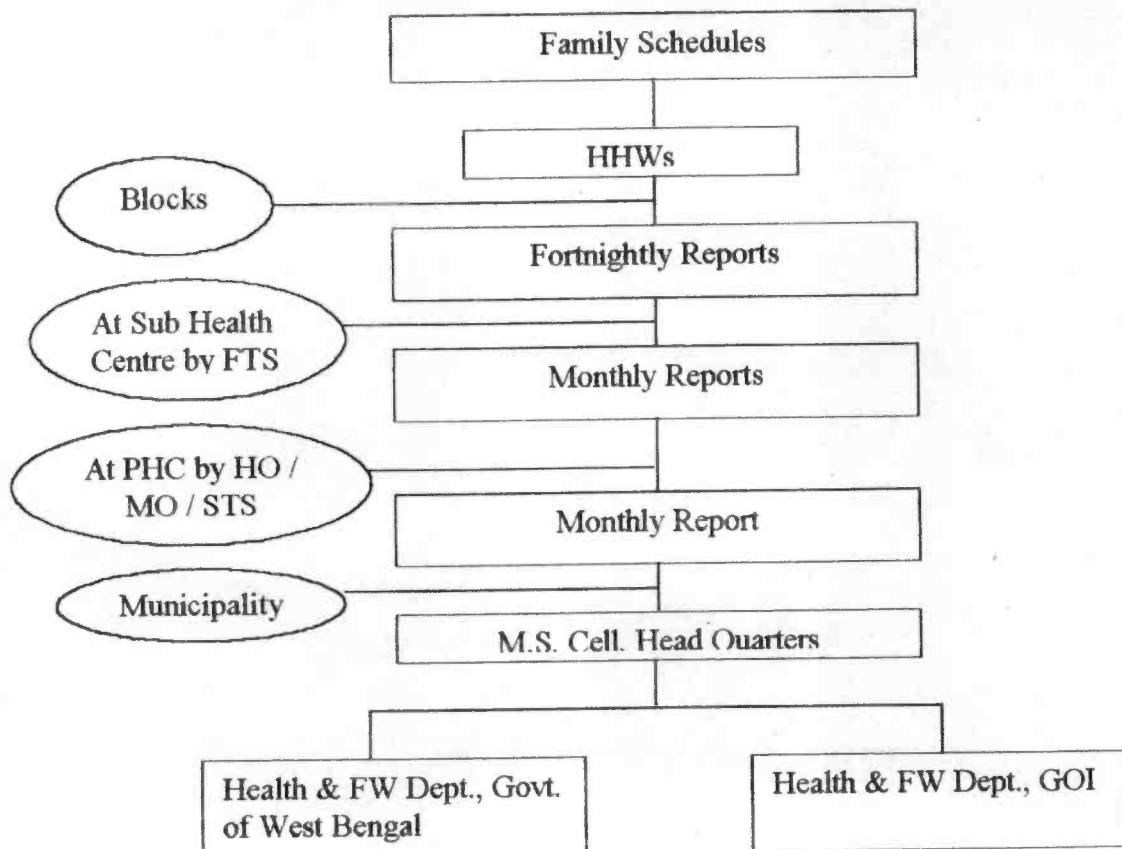
1. Early detection and treatment of preventable disease.
2. Containment of communicable disease among the school children.
3. Effective health care service delivery by the teachers and guardians specially on personal health and hygiene of the students.

MANAGEMENT INFORMATION SYSTEM (MIS)

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

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

MIES : Flow Chart



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.

FINANCIAL STATUS
As on 30.09.2003

(Rs. in lakhs)

Components	Original Approved Allocation	Revised allocation by GOI (as agreed in review meeting held on 01.09.2003.)	Expenditure incurred upto 30.09.2003	Expenditure Status +/- (Balance)
INVESTMENT COST				
CAPITAL				
Civil Works	165.00	334.74	335.60	+ 0.86
OTHER NON-RECURRING				
Equipments	82.57	54.33	43.86	- 10.47
Furniture	42.40	21.93	21.93	0.00
Vehicles	12.00	8.30	8.30	0.00
Revolving funds for mobility				
I.E.C.	7.46	10.18	6.75	- 3.43
Monitoring & Evaluation				
Consultancies				
Innovative Schemes	41.91	9.91	2.49	- 7.42
NGO Support and community participation	9.00	6.28	1.28	- 5.00
Other Non-recurring				
SUB-TOTAL INVESTMENT COST	360.34	445.67	420.21	- 25.46
RECURRING				
Salaries, TA / DA & Honorarium	251.84	268.67	217.97	- 50.70
Contractual Services				
Drugs & Supplies	98.00	56.57	52.56	- 4.01
Rent				
Operating Cost	146.77	109.86	92.89	- 16.97
SUB-TOTAL	496.61	435.10	363.42	- 71.68
TOTAL	856.95	880.77	783.63	- 97.14

Fund Release Schedule from GOI thro SCOVA	(Rs. in Lakhs)
On 25.09.1998	95.00
On 09.09.1999	250.00
On 15.02.2001	83.30
On 02.05.2001	216.70
On 27.11.2002	100.00
On 22.07.2003	50.00
TOTAL	795.00

RCH-SUB-PROJECT

ASANSOL

STATUS REPORT

December-2001

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' Care

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	Remarks
<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	Rest done by hiring of services
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	
H.P.	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

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

15.2.02

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 February, 2002.
8	HAU	South Dhadka	Finishing works are in progress	-	-	To be completed by February, 2002
9	ESOPD CUM MH	Rahamat Nagar		Yes	-	To be handed over soon.
10	ESOPD CUM MH	O.K. Road	Finishing works are in progress	-	-	do
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

(S.K. MUKHERJEE)
CHIEF ENGINEER

SERVICE PERFORMANCE

BASE LINE *vs* ACHIEVEMENT

Sl. No.	Parameters	Base Line		Status upto December-2001	
		No.	%	No.	%
1.	Population (enumerated in lakhs)	2.41	100.0	2.49	100.0
	Male	1.23	51.2	1.25	50.2
	Female	1.18	48.8	1.24	49.8
2.	Sex Ratio : Female /000 Male	959		990	
3.	Infant (under 1 year)	5782	2.4	6320	2.5
4.	Children (under 5 years)	31564	13.1	33075	13.2
5.	Eligible Couple	43370	18.0	50484	20.3
DELIVERIES					
6.	Institutional Deliveries	3313	57.3	4953	78.4
7.	Domiciliary	2469	42.7	1367	21.6
8.	Low Birth Wt. Babies (in relation to Institutional deliveries)	655	11.5	410	6.5
IMMUNISATION STATUS OF PREGNANT WOMEN					
9.	No. of pregnant women	6257	2.6	8280	3.3
10.	T.T. (P.W.)	3241	51.8	6533	78.9
11.	Pregnant women having 3 - ante-natal Check-ups	2741	43.8	6417	77.5
IMMUNISATION STATUS OF INFANTS					
12.	BCG	2463	42.6	5385	85.2
	DPT (III)	2365	40.9	5315	84.1
	OPV (III)	2423	41.9	5359	84.8
	MEASLES	1787	30.9	4797	75.9

CONTRACEPTION		Base Line		Status upto December-2001	
13A.	Permanent Method :	No.	%	No.	%
	Vasectomy	173	0.4	467	0.9
	Tubectomy	8197	18.9	10824	21.4
	TOTAL	8370	19.3	11291	22.3
13B.	Temporary Method :				
	IUD	347	0.8	729	1.4
	C.C. USERS	2255	5.2	6512	12.9
	O.P. USERS	6983	16.1	16205	32.1
	TOTAL	9585	22.1	23446	46.4
	E.C.P.R. (%)		41.4		68.7

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

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	959
Care of new born	Mother	-Child rearing Immunisation	Healthy Child	-do-	1164	902
RTIs / STIs	Eligible Couple	-Safe Sex Reproductive Health	Prevention, Immediate diagnosis & treatment	-do-	400	265
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	125

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 quarter (October-December-2001), 280 Nos. held covering 5120 participants. The Pre & Post Course Evaluation of the training programme are documented below.

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 seperately?	0	4	77	19
11.	Mention 4 signs of high-risk babies.	0	3	77	20
12.	Why they are identified seperately?	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.

**ACTION RESEARCH STUDY
ON
PREVALENCE 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 : 3 Prevalence of Anaemia amongst Pregnant women according to Gravida

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

Table : 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

The anaemic mothers have been placed under Folifer Therapy conjugated with Nutrition Education. Follow-up survey will be done to ascertain the correction status during the month of March-2002.

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 2001	Jan-March 2002
1	Operationalisation of EsOPD cum MH		1	1	2
2	Action Research Studies				
3	Hospital Waste Management			1	1
4	Group Discussion By HHWs	900 875	950 889	950 892	975 1225
5	I.E.C. Programmes	15 15	15 12	20 17	25 14
6	Nutrition Awareness Programme	30 25	30 28	40 37	45 28
7	Adolescent Programmes	150 100	300 255	300 280	250 140
8	RTI/STI Awareness	150 100	300 265	300 275	250 125

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

————→ Target
●————→ Achievement

RCH Sub-Project Asansol, SUDA

Financial Status // As on.. 31.12.2001

A. Expenditure :

(Rs./Lacs)

Sl. No.	Category of Expenditure	Budget	Revised Budget	Expenditure		
				Upto 31.03.01	1,4.01-31.12.01	TOTAL
I	INVESTMENT COST					
	CAPITAL					
1	Civil Works	165.00	305.00	155.00	10.00	165.00
	OTHER NON-RECURRING					
2	Equipment	82.57	42.57	9.30	4.17	13.47
3	Furniture	42.40	42.40	13.99	0.09	14.08
4	Vehicle	12.00	12.00	0.00	8.30	8.30
5	Revolving Fund for Mobility	0.00	0.00	0.00	0.00	0.00
6	I.E.C.	7.46	7.46	3.76	0.03	3.79
7	Monitoring & Evaluation	0.00	0.00	0.00	0.00	0.00
8	Consultancies	0.00	0.00	0.00	0.00	0.00
9	Innovative Schemes	41.91	21.91	0.00	1.18	1.18
10	NGO Support & Community participation	9.00	4.00	0.00	0.48	0.48
11	Other Non-Recurring	0.00	0.00	0.00	0.00	0.00
	Sub-Total Investment Cost	360.34	435.34	182.05	24.25	206.30
II	RECURRING					
12	Salaries, TA, DA & Honorarium	251.84	229.84	64.97	44.94	109.91
13	Contractual Services	0.00	0.00	0.00	0.00	0.00
14	Drugs & Supplies	98.00	40.00	5.60	9.51	15.11
15	Rent	0.00	0.00	0.00	0.00	0.00
16	Operating Cost	146.77	151.77	32.75	11.94	44.69
	SUB-TOTAL	496.61	421.61	103.32	66.39	169.71
	TOTAL	856.95	856.95	285.37	90.64	376.01

B. 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.

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

Expenditure Vis-à-vis Reimbursement as on 31.12.2001

(Rs. in Million)

Sl. No.	Category	Expenditure Upto 31.12.2001	Reimbursement Claim submitted to G.O.I. upto 31.12.2001
1	Civil Works	16.500	14.850
2	Vehicle, Furniture, Equipment, and other goods	3.585	3.302
3	Drugs	1.511	1.360
4	Consultants Services including IEC	0.379	0.494
5	Training & workshop	0.000	0.000
6	Surveys and Studies	0.000	0.000
7	Pilot Programme for referral transport	0.000	0.000
8	Incremental Salaries and Operating Expenses	15.626	8.433
	TOTAL	37.601	28.439

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No.

Date

SUDA-120/96/(Pt.IV)/950

Date 24.12.2001

From : Adviser (Health), SUDA

To : Sri R. N. Yadav
Desk Officer (Area Projects),
Ministry of Health & FW.
Govt. of India
Nirman Bhavan , New Delhi - 110 011

Sub : Inter-component cost revision within the approved overall
project cost for R.C.H. Sub-Project, Asansol.

Sir,

The undersigned has forwarded a communication on the above subject under
memo No. SUDA-120/96/(Pt.IV)925 dt..14.12.2001.

There is no fund with Municipal Engineering Directorate (MED) to progress
further regarding ongoing constructions which has come almost to a halt.

You are earnestly requested for approval of the said inter-component cost
revision of the total budget to enable us to release fund to MED without further
delay, so that constructional works progress further.

Yours faithfully,

[Signature]
For Adviser (Health), SUDA 24/12/01

SUDA-120/96/(Pt.IV)/950(i)

Date 24.12.2001

Copy to Ms. Nandita Chattarjee, WHO Consultant, R.C.H. Sub-Project, Asansol,
Banga Bhavan, Room No.101, 3 Hailey Road, New Delhi - 100 001, for favour of
kind information and with the request to pursue the matter with GOI for early
clearance.

[Signature]
For Adviser (Health), SUDA 24/12/01
Date 24.12.2001

SUDA-120/96/(Pt.IV)/950(2)

CC

CE, MED

Tel/Fax No.: 359-3184

[Signature]
For Adviser (Health), SUDA 24/12/01
SUNIL K. ADHYAY,
Adviser (Health) 24/12/01

SUDA

STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING
"ILGUS BHAVAN"**

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

Ref No.

Date

SUDA-120/96(Pt-IV)/ 925

14.12.2001

From : Adviser (Health),
SUDA

To : Sri. R. N. Yadav
Desk Officer (Area Projects),
Ministry of Health & Family Welfare
Govt. of India
Nirman Bhavan,
New Delhi - 110 011

Sub : Review meeting of RCH sub projects held on 20.10.2001-
Forwarding Minutes there of.

Sir,

Reference is invited to your communication bearing No.L19012/12/2001-AP.1 dated
Nov. 12,2001.

As desired, Component wise expenditure till the end of financial year, likely
expenditure during the current year and the next year i.e 2002 - 2003 is placed at
Annexure -I.

Reasons for inter-component cost revision within the approved overall project
cost is enclosed at Annexure- II.

You are requested kindly to accord approval of the revised budget as also
inter-component cost revision. Till receipt of the said approval, we are unable to provide
fund to MED to meet up the committed expenditure incurred and thus hindering further
progress of construction works initiated.

Encl: As stated

Yours faithfully,

N. S. Sanyal
Adviser (Health)

14/12/01

O/C

SUDA-120/96(Pt-IV)/ 925 (1)

C.C.

The Secretary , Health & F.W. , Govt. of West Bengal

14.12.2001

L. G. Sangupta
Adviser (Health) / 14/12/01

SUDA-120/96(Pt-IV)/ 925 (2)

C.C.

Sri. A. K. Mehra, Director (Area Projects), Govt. of India, Ministry of Health & Family Welfare, Nirman Bhavan, Room No.525A, New Delhi - 110 011

14.12.2001

L. G. Sangupta
Adviser (Health) / 14/12/01

SUDA-120/96(Pt-IV)/ 925 (3)

C.C

Ms. Nandita Chatterjee, WHO Cosultant, RCH , Banga Bhavan, (Room No. 101) 3, Hailey Road, New Delhi -110 001

14.12.2001

L. G. Sangupta
Adviser(Health) / 14/12/01

Reasons for inter component cost revision
within the overall Project Cost
for R.C.H. Sub-Project, Asansol.

1. Civil Works

Cost revision proposed is from Rs.165.00 Lakhs to Rs.305.00 Lakhs.

Revision is due to modification of the lay out of the buildings of the Health Facilities and escalation of price index. The modified lay out along with drawings and cost estimate were approved by the World Bank. The enclosed copy of communications from the Bank dt. Nov. 1 and Nov. 15, each of 1999 will show that the Bank has granted its no objection in awarding contract to the lowest bidder at a cost of approx. Rs.15.00 Lakhs (against Rs. 8.5 Lakhs originally approved per HAU - at annexure IIa & IIb) and the same clearly indicate that the Bank has no objection as regards the escalation of civil works under R.C.H. Sub-Project, Asansol.

The current status (annexure-IIc) of civil construction under the said sub project is enclosed. Release of fund is required immediately as the payment of bills to the bidders of phase II has come to the forefront and without timely payment ,litigation may arise as per World Bank's contract procedure.

2. Equipment

The cost revision proposed is from Rs.82.57 Lakhs to Rs. 42.57 Lakhs.

Items of equipments, essential for implementing the services at Asansol enlisted in the approved project document were subsequently changed by GOI as per Rural R.C.H. Sub-Project model , Asansol is an Urban model where new health facilities have been created. The procurement plan 2002 - 2003 reflects essential equipments necessary for operationalisation of those health facilities in the true sense of the term.

3. Innovative Schemes

The cost revision is estimated from Rs. 41.91 Lakhs to Rs. 21.91 Lakhs.

Supplementary Nutrition Packets costing bulk amount was in the Nutrition programme. This item was subsequently deleted and only nutrition awareness programme continued. Host of action programmes such as Hospital Waste Management, inclusion of male partner towards accepting F.P methods , Adolescents' care, addressing RTI/ STI issues, operational research on action components, nutrition awareness programme, Legal Literacy , redefining IEC activities through participatory interpersonal communication and the like. During the last review meeting held on Nov. 26, 2001, these were discussed in length.

4. NGO support & community participation

The cost revision has been done from Rs. 9.00 Lakhs to Rs. 4.00 Lakhs.

No suitable local NGO could be identified by the ULB as yet. Suitable NGO in and around the town is under process of identification. Due to short period available the cost has been reduced to make it more realistic.

A number of NGOs have been contacted and short list prepared with the expectation that NGOs could be involved in project activities within short time.

5. Drugs & Supplies

The cost revision is from Rs. 98.00 Lakhs to Rs. 40.00 Lakhs.

Early procurement could not be done due to late receipt of approval of procurement plan as also delayed construction of ESOPD cum MH. Prior procurement of drugs for ESOPD and MH was not advisable to have full span of life of the procured drugs.

SUMMARY OF COST

CITY - ASANSOL (West Bengal)

(Rs./Lacs)

Sl. No.	Category of Expenditure	Budget	Revised Budget	Expenditure Upto Mar-01	Budget for	
					2001-2002	2002-2003
I	INVESTMENT COST					
	CAPITAL					
1	Civil Works	165.00	305.00	155.00	150.00	0.00
	OTHER NON-RECURRING					
2	Equipment	82.57	42.57	9.30	14.90	18.37
3	Furniture	42.40	42.40	13.99	18.98	9.43
4	Vehicle	12.00	12.00	0.00	12.00	0.00
5	Revolving Fund for Mobility	0.00	0.00	0.00	0.00	0.00
6	I.E.C.	7.46	7.46	3.76	2.55	1.15
7	Monitoring & Evaluation	0.00	0.00	0.00	0.00	0.00
8	Consultancies	0.00	0.00	0.00	0.00	0.00
9	Innovative Schemes	41.91	21.91	0.00	12.00	9.91
10	NGO Support & Community participation	9.00	4.00	0.00	2.00	2.00
11	Other Non-Recurring	0.00	0.00	0.00	0.00	0.00
	Sub-Total Investment Cost	360.34	435.34	182.05	212.43	40.86
II	RECURRING					
12	Salaries, TA, DA & Honorarium	251.84	229.84	64.97	81.43	83.44
13	Contractual Services	0.00	0.00	0.00	0.00	0.00
14	Drugs & Supplies	98.00	40.00	5.60	9.60	24.80
15	Rent	0.00	0.00	0.00	0.00	0.00
16	Operating Cost	146.77	151.77	32.75	59.02	60.00
	SUB-TOTAL	496.61	421.61	103.32	150.05	168.24
	TOTAL	856.95	856.95	285.37	362.48	209.10

RCH-SUB-PROJECT

ASANSOL

STATUS REPORT

FEBRUARY, 2003

**HEALTH WING
SUDA**

WORLD BANK ASSISTED RCH-Sub Project Asansol

Date of launching : August-1998

Likely end of Project with World Bank's Assistance : September 30, 2003

Overall status

1. **Population under the project** : 2.54 Lakhs
2. **No. of Blocks** : 387
3. **No. of Health Facilities** :

SL. No.	Particulars	Target	Achievement
1.	Blocks	387	387
2.	Health Administrative Unit	13	13
3.	Sub Health Centre	97	97
4.	O.P.D. cum M.H.	2	2
5.	Medical Store	1	1

4. **Health Man Power** :

SL. No.	Particulars	Target	Achievement
A.	At Block Level		
	Honorary Health Worker	387	387
B.	At S.C. Level		
	First Tier Supervisor	97	97
C.	At H.A.U. Level		
	MO (Part time)	26	11
	ANM	26	10
	Clerk Cum Store Keeper	13	Under Process
D.	At O.P.D. cum M.H. Level		
	M.O.	4	2
	Nurse	6	3
	Laboratory Technician	2	2
	Specialist Doctors (General Medicine, Paediatrics, Obs. & Gyn.)	6	6

E.	At Medical Store Level		
	Store Keeper	1	1
F.	At Management and Supervision cell at ULB Level		
	Assistant Health Officer	1	1
	Medical Supervisor	1	1
	P.H.N. training	1	1
	Account Assistant	1	1
	Statistical Assistant	1	1

5. Civil Construction

Health facilities	Target	Achievement
HAU	13	9 – Construction completed and handed Over 4 – Completed awaiting handing over
O.P.D. cum M.H.	2	2
MS	1	1

6. Achievement of Development Objectives

A. Improving maternal and child health

Parameters	Base Line		2001 – 2002		Upto Feb., 03	
	No.	%	No.	%	No.	%
Maternal Health						
At least 3 Antenatal Check ups	2741	43.8	4473	78.2	5102	91.4
TT(P.W.)	3241	51.8	4536	79.3	5214	93.5
Institution Deliveries	3313	57.3	3741	79.2	4142	88.1
Immunisation Coverage of Infant						
BCG	2463	42.6	4025	86.3	4400	93.6
DPT III	2365	40.9	3973	85.3	4480	95.3
OPV III	2423	41.9	4006	85.8	4480	95.3
Measles	1787	30.9	3586	76.2	4128	87.8

B. Reducing Fertility Among Slum Population

Parameters	Base Line		2001 – 2002		Upto Feb., 03	
	No.	%	No.	%	No.	%
Sterilisation	8370	19.3	11321	22.4	11744	22.6
IUD	347	0.8	729	1.4	779	1.5
CC Users	2255	5.2	6512	12.9	6755	13.0
OP Users	6983	16.1	16306	32.3	16837	32.4
C.P.R. (%)		41.4		69.0		69.5

C. Vital Statistics

Demographic Indicators	Base Line	2001 - 2002
CBR (Per 1000 population)	23.9	19.0
CDR (Per 1000 population)	12.9	6.8
MMR (Per 1000 Live Births)	3.0	1.1
IMR (Per 1000 Live Births)	60.0	32.4
ECPR (Per 100 Eligible Couple)	41.4	69.0

7. **Approved project cost estimate** : Rs. 8.57 Crores
Fund received till date : Rs 7.50 Crores
Expenditure upto February, 2003 : Rs. 6.72 Crores 6.72 Crores

SUPPLEMENTARY INFORMATION

A. Procurement Status :

Supply of Furniture, equipments, drugs etc. already started and completed likely by June'03.

[N.B. : Procurement process has been delayed due to late receipt of approval from G.O.I.]

B. Man Power Position :

The remaining man power (as shown in the report) is under process of selection & engagement. Difficulty in obtaining Doctors and Nurses.

C. Functioning of Specialist O.P.D. :

O.P.D. functioning for 3 specialists viz Obs. & Gyn. Paediatrics & General Medicine. M.H. to function soon.

D. Imposition of users Charges / Creation of Health Fund :

Realisation of user charges under process of implementation. Rate schedule already circulated.

RCH SUB - PROJECT
ASANSOL

STATUS REPORT
(UPTO SEPTEMBER 2000)

State Urban Development Agency
West Bengal

SUDA

18-10-2000

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PREFACE

RCH sub-project 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 provide primary health care services for the urban poor living in slums in the Municipal Corporation area of Asansol with special focus to women and under five children.

Existing vacuum in the sphere of Reproductive and Child Health prevailing in the urban poor has been addressed by providing need based Health & Family welfare services originating at the door-steps of the clientele.

Gross-root level workers (Honorary Health Workers), all women, selected from the community itself are the primary health care providers in generating and emphasising health, family welfare and nutrition awareness. The network of health facilities starts from Block / HHW > Sub Health Centre (S.C) > Health Administrative Unit (HAU) coupled with referrals viz Extended Specialised Out Patient Department (ESOPD) and Maternity Home (MH). The service components stressed on preventive and promotive supported by curative care.

Service components at a glance :-

- (i) Safe motherhood and child survival.
- (ii) Awareness generation on Health, Family Welfare and Nutrition.
- (iii) Immunisation.
- (iv) Family welfare.
- (v) Surveillance of communicable diseases.
- (vi) Ante / intra / post-natal care.
- (vii) Identification of high-risk pregnancies and its referral.
- (viii) Management of unwanted pregnancies.

- (ix) Promotion of institutional deliveries.
- (x) Detection and management of Reproductive Tract / Sexually Transmitted Infections.

Outcome expected :-

- (1) Enhanced pregnancy care.
- (2) Uncomplicated / safe delivery.
- (3) Increased institutional delivery.
- (4) Universal immunisation coverage.
- (5) Enhanced contraception adoption.
- (6) Proper feeding and weaning of infants.
- (7) Effective MIES.
- (8) Increased awareness level of the reference community in health, family welfare, and nutrition.

Within this time period, already the project has given dividend in terms of the said expected outcome / indicators.

Overall, the programmes have sensitised the people in such a way that –they claim the programmes as of their “own”.

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

Category	Project Target	Status
HHWS	387	312 engaged. 75 selected and under basic training.
FTSs	97	40 engaged. 20 selection by october 2K Remaining by March 2001.
M.O. (Pt-tine)	26	15 engaged.
STSs	26	4 engaged.

**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
Advisor	1	1
Project Officer	1	1
Assistant Project Officer	1	1
Assistant Statistician	1	1

HEALTH FACILITIES :

Health Facilities	Project Target	Achievement
Blocks	387	312
Sub centre	97	60
Health Administrative Unit	13	10 (in hired accommodation)

(Rs. in lakhs)

CIVIL WORKS REQUIREMENT UNDER RCH SUB PROJECT (ASANSOL)

Sl. No.	Type of Facility	Target	Approved Cost	Committed Units												Likely Expenditure on committed units (Completed + Under Construction + Yet to Start)	Remaining to be committed		Difference in total cost	Reason for difference	Total Cost
				Completed		Under Construction					Yet to start						No.	Estimated cost			
				Total	Handed Over	Plinth Level	Lintel Level	Roof Level	Finishing Level	Likely Date of Completion	BOQ/MB D Stage	Award of Tender	Award of Contract	Likely date of							
														Starting	Completion						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1)	HAU PH - 1	8	120.00	-	-	1	-	2 F.F. 3 G. F.	-	5 NOS 01/2001 1NO 03/2001	-	-	-	2 NOS 11/2000	09/2001	120.00+18.00 =138.00	-	-	45.74	For unforeseen additional works	350.74
	HAU PH - 2	5	87.50	-	-	-	-	-	-	-	01/2001	03/2001	03/2001	04/2001	02/2002	'87.50+13.12 =100.62	-	-			
2)	M.S. PH-2	1	13.50	-	-	-	-	-	-	-	01/2001	03/2001	03/2001	04/2001	01/2001	'13.50+2.02 = 15.52	-	-			
3)	O.P.D. CUM M.H.	2	84.00	-	-	-	-	-	-	-	-	-	-	10/2000	03/2001	84.00+12.60 =96.60	-	-			

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															
			REVISED															
Furniture for Mang. & Supv. Cell.	NS	1.70	APPRAISAL															
			REVISED	8	9	11												
			ACTUAL	8	11				8		11							
			ACTUAL								8		11					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	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									

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 5 HAUs	NS	10.00	APPRAISAL REVISED ACTUAL											8 8		11		
Equipments for 35 SCS	NS	7.18	APPRAISAL REVISED ACTUAL											8 8		11		
Equipments for 1 ESOPD	NS	3.00	APPRAISAL REVISED ACTUAL												8	9	11	
Equipments for Training	NS	3.85	APPRAISAL REVISED ACTUAL												8	9	11	
Equipments for IEC	NS	0.30	APPRAISAL REVISED ACTUAL												8	11		
Furniture for 5 HAUs	NS	4.75	APPRAISAL REVISED ACTUAL												8		11	
Furniture for 35 SCS	NS	3.68	APPRAISAL REVISED ACTUAL												8		11	
Furniture for 1 ESOPD	NS	1.25	APPRAISAL REVISED ACTUAL												8	9	11	
Furniture for Training	NS	1.35	APPRAISAL REVISED ACTUAL												8	9	11	
Furniture for Mang. & Supv. Cell	NS	0.30	APPRAISAL REVISED ACTUAL													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.	
Drugs for 10 HAUs	NS	14.30	APPRAISAL REVISED ACTUAL										8 8		11				
Drugs for 1 ESOPD	NS	2.50	APPRAISAL REVISED ACTUAL												8	9	11		
Printing for instruction books and forms etc.	NS	5.70	APPRAISAL REVISED ACTUAL												8	9	11		
Ambulance	NCB	12.00	APPRAISAL REVISED ACTUAL										1	4	5		8		11

1. Initiate preparation of specifications and BID documents.
4. Issue invitation to BID.
5. Open BIDs.
8. Award contract.
9. Initial Delivery at site.
11. Final Delivery at site.

**UNIVERSAL BASE LINE
SURVEY BY HHW_s**

TABULATION DESIGN

ASANSOL PROJECT AREA

TABLE - 1**DEMOGRAPHIC FEATURE, 1991 CENSUS
ASANSOL MUNICIPAL TOWN**

Item No.	Category	Asansol Municipal Town
1	Population – 1991 Census (in '000) * Person Male Female	 262 143 119
2.	Area in Sq. Kms.	25.02
3.	Density of population per sq. km.	10479
4.	Sex ratio (females per 1000 males)	832
5.	Total literates (in '000) (7 yr. +)	171
6.	Literacy rate (%)	76
7.	Total main workers (in '000)	69
8.	Main workers (in %)	26.4
9.	Scheduled caste population (in '000)	22
10	Scheduled tribe people (in '000)	2

* Due to conversion into Municipal Corporation since 1994, 1991 census population in Asansol M.C. stands at 4,78,000 with inclusion of areas by 127.24 sq kms.

TABLE - 2**GENERAL OUT-LAY - PROJECT AREA**

Item No.	Category	Number
1	Total no. of Hony. Health workers (HHW)	144
2.	Total families surveyed	21600
3.	Av. Family Load Per HHW.	150
4.	Total Family members enumerated :	
	Person	99,971
	Male	51,213
	Female	48,753
5.	Family Size	
	Person	4.6
	Male	2.4
	Female	2.2
6.	Sex ratio (enumerated)	952

TABLE - 3**AGE-SEX DISTRIBUTION (IN %)**

Sex / Age (Yrs.)	Male	Female	Total
<1 Yr.	1.2	1.0	2.2
1 - 2	2.5	2.4	4.9
3 - 5	4.8	4.6	9.4
6 - 14	10.9	9.8	20.7
15 - 45	19.3	18.3	37.6
46 & over	12.5	12.7	25.2
Total	51.2	48.8	100.0

TABLE - 4**SCHOOL ENROLMENT OF CHILDREN AGED 6-14 YRS.**

Sex	Enrolment rate (%)	Not attending school (%)	Total
Male	7107 (65.0)	3827 (35.0)	10934 (100.0)
Female	4898 (50.0)	4897 (50.0)	9795 (100.0)
Total	12005 (57.9)	8724 (42.1)	20729 (100.0)

TABLE - 5**OUTCOME OF PREGNANCIES**

Sl. No.	Item	Number	%
1.	Pregnancy outcome		
	(a) Live birth (LB)	2217	97.1
	(b) Still birth (SB)	67	2.9
	TOTAL	2284	100.0
2.	Place of delivery (LB)		
	(a) Institutional	1271	57.3
	(b) Domiciliary	946	42.7
	TOTAL	2217	100.0
3.	Low Birth Wt. (LBW) Babies		
	< 2.5 kg.	255	11.5
4.	Age at Delivery of mother		
	(a) below 20 yrs	739	33.3
	(b) 20 yrs & above	1479	66.7
	TOTAL	2217	100.0

TABLE - 6

DISTRIBUTION OF LIVE BIRTHS BY ORDER (%)

Total Live Births	Order of Live Births			
	First	Second	Third	Fourth & Above
2217 (100.0)	662 (29.8)	614 (27.7)	498 (22.5)	443 (20.0)

TABLE - 7

DISTRIBUTION OF LAST TWO SUCCESSIVE LIVE BIRTHS (%)

BY INTERVAL OF			
12 - 24 months	24 - 36 months	36 + months	Total
37.0	33.0	30.0	100.0

TABLE - 8**ANTE - NATAL CARE (ANC)**

Item No.	Category	Number	%
1.	Attendance of mothers at maternity centres for ANC		
	(a) Attended Total	1204	54.3
	(i) < 3 times	584	26.3
	(ii) 3 times & above	620	28.0
	(b) Not attended Total	1013	45.7
2.	Immunisation (TT) to pregnant women		
	(i) Protected	1299	51.8
	(ii) Un-protected	918	48.2
3.	Folifer tabs consumed by mothers	1184	53.4

TABLE - 9**PROFILE ON MATERNAL COMPLICATION**

Item no.	Category	Number	%
1.	Mothers on maternal complication during antenatal period.	122	5.5
2.	Mothers on maternal complication sent to Hospital during antenatal period.	85	3.8
3.	Mothers in maternal complication during intranatal period.	25	1.1
4.	Mothers on maternal complication sent to Hospital during intranatal period.	25	1.1

TABLE - 10

ELIGIBLE COUPLE & ITS CHARACTERISTICS

Item	Category	Number	%
1.	Total no. eligible couple (15 – 45 yrs)	18281	---
2.	Eligible couple having break up age at marriage		
	(a) below 18 yrs.	8080	44.2
	(b) 18 yrs. & above	10201	55.8
	TOTAL	18281	100.0
3.	Total no. of pregnant women (enumerated on the day of survey)		
	(a) below 20 yrs.	689	27.5
	(b) 20 years & above	1817	72.5
	TOTAL	2506	100.0

TABLE - 11**CONTRACEPTION ADOPTION**

Item No.	Category	Number	%
1	Total no. eligible couple (survey date) (15 - 45 yrs)	18281	X
2.	Sterilisation		
	Male	67	0.4
	Female	3470	18.9
	Total (A)	3537	19.3
3.	Oral pill users (OP)	2116	11.6
4.	Condom users	582	3.2
5.	I.U.D	126	0.7
	TOTAL (B)	2834	15.5
	Total (A) + (B)	6371	---
	Eligible Couple Protection Rate (ECPR)	----	34.9

TABLE - 12**STERILISATION VIS-À-VIS LIVING CHILDREN**

LIVING CHILDREN	NUMBER OF STERILISATION	%
1	120	3.4
2	1090	30.8
3	1132	32.0
4	686	19.4
5 +	509	14.4
TOTAL	3537	100.0
Average no. of Living children of a sterilised couple.	Project Area	3.10
	West Bengal	3.07 (1993 - 94)

TABLE - 13**IMMUNISATION STATUS OF CHILDREN**

(in %)			
BCG	DPT (III)	Polio	Measles
944 (42.6)	906 (40.9)	911 (41.1)	685 (30.9)

TABLE - 14**CHIEF VITAL / HEALTH STATISTICS**

Item	Rate/s	India (1996)	West Bengal (Urban 1996)	Asansol Project Area	Unit
1.	Crude Birth Rate (CBR)	21.6	16.0	22.2	Per mille
2.	Crude Death Rate (CDR)	6.5	7.2	12.4	-- Do --
3.	Infant Mortality Rate (IMR)	46	44	60	Per '000 LB
4.	Natural growth Rate	15.1	8.8	9.8	Per mille
5.	Maternal Mortality Rate (MMR)	NA	NA	3	PER '000 LB
6.	Eligible Couple Protection Rate (ECPR)	45.4	37.9	34.9	Percentage
7.	Low Birth Wt. babies	NA	25	11.5	Percentage
	Immuniisation Status (% coverage)				
	a) Pregnant women (TT)	NA	NA	51.8	Percentage
	b) DPT	NA	NA	40.9	Percentage
	c) Polio	NA	NA	41.1	Percentage
	d) BCG	NA	NA	42.6	Percentage

SERVICE PERFORMANCE :- BASE LINE VS. ACHIEVEMENT.

	PARAMETERS	BASELINE	ACHIEVEMENT
1.	Population (enumerated)	99,971	1,03,118.
2.	Under 1 Yr.	2,217.[2.2%]	3060 [2.9%]
3.	Under 5 Yrs.	12380. [12.3%]	13240. [12.8]
4	No. of Eligible Couples	18281 [18.3%]	19105. [18.5%]

5. DELIVERY :

a)	Institutional :	1271. [57.3%]	1939. [66.3%]
b)	Domiciliary :	946. [42.7%]	1143. [33.7%]

6. IMMUNIZATION OF PREGNANT MOTHERS :

No of Pregnant women :	2506.	5122.
T.T (P.W)	1299. [51.8%]	3624.[70.7%]

7. IMMUNIZATION OF INFANTS :

	Vaccine	Baseline	Achievement
a)	BCG.	944. [42.6%]	2022. [66.1%]
b)	DPT (III)	906. [40.9%]	1941. [63.4%]
c)	OPV (III)	911. [41.1%]	1993 [65.1%]
d)	Measles	685. [30.9%]	1429. [46.7%]

8. CONTRACEPTION :

A. PERMANENT METHOD :

	Method	Baseline	Achievement
a)	Vasectomy	67. [0.4%]	150. [0.8%]
b)	Tubectomy	3470. [18.9%]	3676. [19.2%]

B. TEMPORARY METHOD :

	Method	Baseline	Achievement
a)	IUD	126. [0.7%]	224. [1.2%]
b)	CC Users	582. [3.2%]	1019 [5.3%]
c)	OP Users	2116. [11.6%]	3125 [16.4%]

9. IEC :

Component	Target Audience	Behavior Objective	Key Message	Channels of communication (Media)	Sessions	
					Planned	Held
Safe motherhood	Mother leader & married women	<ul style="list-style-type: none"> Institutional delivery Contraception Age at marriage & first pregnancy 	<ul style="list-style-type: none"> Safe delivery Small family norm. 	Group discussion (use of flash cards, charts, posters) Choreography by IEC group NGO	300	278

Care of new born	Mother	<ul style="list-style-type: none"> • Child rearing • Feeding 	<ul style="list-style-type: none"> • Healthy child • Breast Feeding 	-- Do --	300	255
RTIs /STIs	Eligible Couples	<ul style="list-style-type: none"> • Safe sex • Reproductive health 	<ul style="list-style-type: none"> • Prevention of STDs • Immediate diagnosis & treatment 	-- Do --	75	68

10. INNOVATIVE PROGRAMMES :-

- (i) Nutrition Awareness - At regular frequency done by HHWs at block level.
- (ii) Early Detection of Breast & Uterine Cancer - Under process. Awareness campaigning started.

RCH- Sub Project Asansol
Management Information System (MIS)
Monthly Progress Report

for the month of

(A) Population by Age - Sex
 (as stood on 1st April of the Year under Report)

Age (In Years)	Male	Female	Total
< 1 Year			
1 - 4			
5 - 14			
15 - 44			
45 & Above			
TOTAL			

(B) Eligible Couple
 (as stood on 1st April of the Year under Report)

According to order of Live Birth						According to Interval Between Last Two Successive Live Births			
TOTAL	0	1	2	3	> 3	1-2 Yr.	2-3 Yr.	> 3 Yr.	TOTAL

(C) Outcome of Pregnancy

Items			Performance			
			During the month under Report		Cumulative since April	
Deliveries						
i. Live Birth	At Home	Male				
		Female				
	Conducted by Trained Dai					
	At Institution	Male				
Female						
ii. Still Birth						
iii. Pregnancy Outcome (order of birth)	1st					
	2nd					
	3rd					
	3rd +					
iv. Age of Mother In Years	At home deliveries	Below 20 Yrs.				
		20 Yrs. & above				
	At Institutional deliveries	Below 20 Yrs.				
		20 Yrs. & above				
v. Complication	During delivery					
	Referred to					
vi. Abortion						
D. Post Natal Care						
New born with < 2.5 kg. Weight						
E. Mortality			M	F	M	F
Infant Deaths (0 to 1 yr.)	0 - 7 days					
	8 days - 1 month					
	1 month - 1 Yr.					
	TOTAL					
Children Deaths (1 to 5 yrs.)						
Maternal Deaths	During Pregnancy					
	During Deliveries					
	Within 42 days of Delivery					
	TOTAL					
All other Deaths (> than 5 years)						

Items		Performance			
		During the month under Report		Cumulative since April	
		M	F	M	F
F. Causes of Infant Death	< 2.5 kg wt.				
	A.R.I.				
	Tetanus				
	Diarrhoea				
	Infection				
	Others				
	TOTAL				
G. Causes of Maternal Death	Toxemia				
	Anaemia				
	Bleeding during delivery				
	Infection out of Pregnancy				
	Bleeding within 42 days of delivery				
	Infection during delivery				
	TOTAL				

H. Infectious Diseases – Morbidity & Mortality

ITEMS		During the month under report			Cumulative since April		
		< 1 Yr.	1-5 Yr.	>= 5 Yr.	< 1 Yr.	1-5 Yr.	>= 5 Yr.
T.B.	Attack						
	Death						
Measles	Attack						
	Death						
Diphtheria	Attack						
	Death						
Tetanus	Attack						
	Death						
Whooping Cough	Attack						
	Death						
Poliomyelitis	Attack						
	Death						
Malaria	Attack						
	Death						

ITEMS		During the month under report			Cumulative since April		
		< 1 Yr.	1-5 Yr.	>= 5 Yr.	< 1 Yr.	1-5 Yr.	>= 5 Yr.
Acute Diarrhoeal Diseases	Attack						
	Treated						
	Referred						
	Death						
A.R.I.	Attack						
	Treated						
	Referred						
	Death						
S.T.D.	Attack	/	/		/	/	
	Treated	/	/		/	/	
	Referred	/	/		/	/	

I. Immunisation

ITEMS		During the month under report		Cumulative since April	
		At H.P. / SHP	Others	At H.P. / SHP	Others
Immunisation (0 - 1 yr.)	B.C.G.				
	D.P.T. - I				
	II				
	III				
	O.P.V. - I				
	II				
	III				
	Measles				
Vitamin A- in Oil (0 - 5 yrs)	I				
	II				
	III				
Anaemia					
Night Blindness					
Malnutrition	Gr. I				
	Gr. II				
	Gr. III				
	Gr. IV				

J. Matrimangal

ITEMS		During the month Under report	Cumulative since April
Detection of Pregnant Women	Total		
	TT - I		
	II		
	Booster		
High Risk Pregnancies			
Complication	During Preg.		
	During Delivery		
Referral of complicated cases	During Preg.		
	During Delivery		
AN/PN Cases with at least 3 check ups	During Preg.		
	After Delivery		
Mothers received IFA tabs.	During Preg.		
	After Delivery		

K. Family Welfare

ITEMS		During the month under report		Cumulative since April	
		At H.P. / SHP	Others	At H.P. / SHP	Others
Permanent Method	Vasectomy				
	Tubectomy				
Temporary Method	I.U.D.				
	O.P. Users				
	C.C. Users				

L. Reproductive Tract Infection

ITEMS		During the month Under report	Cumulative since April
Male	Urethral Discharge		
	Ulcer-External Genetalia		
	Swelling of Testis		
Female	Vaginal Discharge		
	Ulcer-External Genetalia		
	Abdominal Pain		

M. Treatment Facilities Provided

By	During the month Under report	Cumulative since April
By HHWs		
MO		
OPD		
Hospital		

RCH/health Prog.(MIS)



Financial Status - RCH - Sub Project Asansol

As on 31st August-2000

I.	Item of Expenditure	Project Estimate Approved \ Revised (Rs.. In Lakhs)	Expenditure upto 31.08.2000 (Rs.. In Lakhs)
	A. Construction		
	Civil Works	165.00	155.00
	TOTAL	165.00	155.00
	B. Non- recurring		
	1. Procurement		
	a. Equipment	82.57	5.53
	b. Furniture	42.40	10.52
	c. Vehicle	12.00	0.00
	d. Drugs	98.00	5.60
	e. Family Schedule	5.00	5.70
	Totoal Procurement...	239.97	27.35
	2. Training & Consultancy	19.11	6.76
	3. I.E.C.	6.78	1.45
	4. Innovative Schemes	18.54	0.00
	Total Non-recurring other than Procurement....	44.43	8.21
	Total Non-recurring	284.40	35.56
	C. Recurring		
	1. Salaries		
	2. Honorarium		
	3. Rent	251.84	31.91
	4. Consumables	14.72	0.00
	5. Operation & Maintenance	141.04	7.30
	Total Recurring	407.60	39.21
	GRAND TOTAL	857.00	229.77

II. Fund Release schedule from GOI :

	(Rs.. In Lakhs)
1. On 25.09.1998	100.00 ✱
2. On 09.09.1999	250.00
TOTAL	350.00

✱ Including Rs..5.00 Lakhs released to MODE under State Family Welfare Department.

Statement of Expenditure upto August-2000

(Rs. in Lakhs)

Sl. No.	Activity	Upto 31.3.1999	1.4.1999 to 31.3.2000	1.4.2000 to 30.6.2000	For July,2000	For Aug.,2000	TOTAL
1	Construction (Civil Work)	50.000	0.000	105.000	0.000	0.000	155.000
2	Referral Transport & Mobility	0.750	1.853	0.901	0.134	0.280	3.918
3	I. E. C.	0.000	0.749	0.107	0.528	0.069	1.453
4	Innovative Scheme	0.000	0.000	0.000	0.000	0.000	0.000
5	Salaries / T.A. / D.A. / Honorarium	1.814	14.702	7.074	2.161	2.380	28.131
6	Contractual Services	0.000	2.098	0.907	0.439	0.331	3.775
7	Operating Cost	0.000	1.576	0.756	0.387	0.663	3.382
8	Base Line Survey	0.000	0.078	0.000	0.000	0.000	0.078
9	Training	1.301	5.009	0.312	0.060	0.000	6.682
10	Repair of Vehicle	0.000	0.000	0.000	0.000	0.000	0.000
11	Procurement :						
	a. Vehicle	0.000	0.000	0.000	0.000	0.000	0.000
	b. Family Schedule	0.000	5.130	0.570	0.000	0.000	5.700
	c. Furniture & Fixture	0.000	10.490	0.000	0.034	0.000	10.524
	d. Medicine	0.000	0.000	5.604	0.000	0.000	5.604
	e. Equipment	0.000	0.000	1.776	0.035	3.717	5.528
	TOTAL	53.865	41.685	123.007	3.778	7.440	229.775

**EXPENDITURE VIS-À-VIS
REIMBURSEMENT CLAIM UPTO AUGUST 2000**

[Rs. In million]

Category No.	Description of Category	Expenditure incurred	Reimbursement claim admitted
1.	Civil works	15.500	13.950
2.	Vehicle, furniture, Equipment & other goods	1.665	1.332
3.	Drugs	0.560	0.504
4.	Consultancy services including IEC.	0.144	0.144
5.	Training & Workshops	1.179	1.179
6.	Surveys and studies	0.007	0.007
7.	Pilot programme for referral transport.	---	---
8.	Incremental Salaries & operating cost.	3.923	2.406
	TOTAL	22.978	19.522

POINTS FOR DISCUSSION

1. In view of far flung and scattered slums, there may be a wide variation in the block size.
2. Proposal for GIS submitted to Bank is to be approved at par with that of IPP-VIII Extn.
3. Organising experience sharing tours.

Modified

**UNIVERSAL BASE LINE
SURVEY BY HHWs**

TABULATION DESIGN

ASANSOL PROJECT AREA

TABLE - 2.

GENERAL OUTLAY - PROJECT AREA

Item No.	Category	Number
1.	Total no. of Hony. Health workers (HHWs)	423
2.	Total families surveyed.	52397
3.	Av. Family Load per HHW	150
4.	Total Family members enumerated	
	Person	2,41,025
	Male	1,23,537
Female	1,17,548	
5.	Family Size	
	Person	4.6
	Male	2.4
Female	2.2	
6.	Sex ratio (enumerated)	952

TABLE -- 1**DEMOGRAPHIC FEATURE, 2001 CENSUS
ASANSOL MUNICIPAL TOWN**

Item No.	Category	Year of Reference	Asansol Municipal Town
1	Population	1991 Census	4,75,119
		*2001 Census	4,86,304
2.	Area in Sq. Kms.	2001	127.24
3.	Density of population per sq. km.	2001	3822
4	Decadal growth rate in %	2001	2.35
5.	Sex ratio (female per 1000 males)	1991	832
6.	Total literates (in '000) (7 yrs. +)	1991	171
7.	Literacy rate (%)	1991	76
8.	Total main workers (in '000)	1991	69
9	Scheduled caste population (in'000)	1991	22
10	Scheduled tribe population(in'000)	1991	2

Note :- 1. Conversion into Municipal Corporation since 1995.

- 2. 2001 census data are provisional.

TABLE – 3.

AGE- SEX DISTRIBUTION

Age groups (in yrs.)	Sex				Total	
	Male		Female		No.	%
	No.	%	No.	%		
< 1 Yr.	2892	1.2	2890	1.2	5782	2.4
1–2	6026	2.5	5785	2.4	11811	4.9
3–5	11569	4.8	11087	4.6	22656	9.4
6–14	26272	10.9	23620	9.8	49892	20.7
15–45	46518	19.3	44108	18.3	90626	37.6
46 & over	30128	12.5	30130	12.5	60258	25.0
Total	123405	51.2	117620	48.8	241025	100.0

TABLE - 4.**OUTCOME OF PREGNANCIES**

Sl No.	Item	Number	%
1.	Pregnancy outcome.		
	(a) Live birth (LB)	5782	97.1
	(b) Still birth (SB)	67	1.1
	Total	5849	100.0
2.	Place of delivery (LB)		
	(a) Institutional	3313	57.3
	(b) Domiciliary	2469	42.7
	TOTAL	5782	100.0
3.	Low Birth Wt (LBW) Babies < 2.5 kg.	655	11.5
4.	Age at Delivery of mother		
	(a) below 20 yrs.	1925	33.3
	(b) 20 yrs & above	3857	66.7
	TOTAL	5782	100.0

TABLE - 5

DISTRIBUTION OF LIVE BIRTHS BY ORDER

Total Live Births	Order of Live Births			
	First	Second	Third	Fourth & Above
5782	1723	1602	1301	1156
(100.0)	(29.8)	(27.7)	(22.5)	(20.0)

TABLE - 6

DISTRIBUTION OF LAST TWO SUCCESSIVE LIVE BIRTHS (%)

BY INTERVAL OF			
12--24 Months	24--36 Months	36 + Months	TOTAL
37.0	33.0	30.0	100.0

TABLE - 7**ANTE - NATAL CARE (ANC)**

Item No.	Category	Number	%
1.	Total no of pregnant women enumerated	6257	
	Attendance of mothers at M.C. for ANC		
	i) < times	657	10.5
	ii) 3 times & above	2741	43.8
	Total	3398	54.3
	(b) Not attended	2859	45.7
2.	Immunisation (TT) to pregnant women		
	i) Protected	3241	51.8
	ii) Un- protected	3016	48.2
3.	IFA tabs consumed by mothers	3341	53.4

TABLE – 8**PROFILE ON MATERNAL COMPLICATION**

Item No.	Category	Number	%
1.	Mothers on maternal complication during antenatal period	344	5.5
2.	Mothers on maternal complication sent to Hospital during antenatal period	238	3.8
3.	Mothers in maternal complication during intranatal period	69	1.1
4.	Mothers on maternal complication sent to Hospital during intranatal period	69	1.1

TABLE -- 9**PROFILE ON MATERNAL COMPLICATION**

Item No.	Category	Number	%
1.	Total no. eligible couple (15--45 yrs)	43370	18.0
2.	Eligible couple having break up age at marriage	238	3.8
	i) below 18 yrs	19170	44.2
	ii) 18 yrs & above	24200	55.8
	Total	43370	100.0
3.	Total no. of pregnant women (enumerated on the day of survey)		
	i) below 20 yrs.	1721	27.5
	ii) 20 years & above	4536	72.5
	Total	6257	100.0

TABLE – 10

CONTRACEPTION ADOPTION

Item No.	Category	Number	%
1.	Total no. Eligible couple (survey data) (15-- 45yrs.)	43370	
2.	Sterilisation		
	Male	173	0.4
	Female	8197	18.9
	Total (A)	8370	19.3
3.	Oral pill users (OP)	6983	16.1
4.	Condom users	2255	5.2
5.	I U D	347	0.8
	Total (B)	9585	22.1
	Total (A) + (B)	17955	--
6.	Eligible couple protection Rate (ECPR)	--	41.4

TABLE - 11**STERILISATION VIS-À-VIS LIVING CHILDREN**

LIVING CHILDREN	NUMBER OF STERILISATION	%
1	285	3.4
2	2578	30.8
3	2678	32.0
4	1624	19.4
5 +	1205	14.4
TOTAL	8370	100.0
Average no. of living children of a sterilised couple	Project Area	3.10
	West Bengal	3.07 (1993-94)

TABLE -- 12

IMMUNISATION STATUS OF CHILDREN

BCG	DPT (III)	OPV (III)	MEASLES
2463	2365	2423	1787
(42.6)	(40.9)	(41.1)	(30.9)

TABLE -- 13

CHIEF VITAL / HEALTH STATISTICS

Item	Rate/s	West Bengal (URBAN) 1999	Asanso I Project Area (1999)	Unit
1.	Crude Birth Rate (CBR)	14.3	23.9	Per mille
2.	Crude Death Rate (CDR)	6.8	12.4	- do-
3.	Natural growth Rate	7.5	11.5	- do-
4.	Infant Mortality Rate (IMR)	40.0	60.0	Per'000' LB
5.	Maternal Mortality Rate (MMR)	* 2.66	3.0	- do-
6.	Eligible Couple Protection Rate (ECPR)	* 35.3	41.4	% to EC
7.	Immunisation Status (% coverage)			
	a) Pregnant women (TT)	* 90.4	51.8	% to (PW)
	b) Infants- B C G	*100.0	42.6	% to Infants
	D P T (III)	*98.7	40.9	-do-
	OPV (III)	*100.0	41.1	-do-
	MEASLES	*84.8	30.9	-do-

* Combined (Urban & Rural)

UNIVERSAL BASE LINE
SURVEY

TABULATION DESIGN

ASANSOL PROJECT AREA

Universal Base Line Survey

Asansol Municipal Town

R. CH Sub-Project

Demographic feature, 1991 Census.

Item No.	Category	Asansol Municipal Town.
1.	<u>Population - 1991 Census</u> (in '000)	
	<u>Person*</u>	262
	<u>male</u>	143
	<u>Female.</u>	119.
2.	<u>Area in Sq. Kms.</u>	25.02
3.	<u>Density of population per</u> <u>Sq. Km.</u>	10479
4.	<u>Sex ratio (females per 1000 males)</u>	832
5.	<u>Total literates (in '000)</u> [7 yr. +]	171
6.	<u>Literacy rate (%)</u>	76
7.	<u>Total main workers</u>	69
8.	<u>p.e. of main workers</u>	26.4
9.	<u>Scheduled Caste popln. (in '000)</u>	22
10.	<u>Scheduled tribe popln. (in '000)</u>	2

* Due to conversion into Municipal Corporation since 1994, 1991 Census popln in Asansol M.C stands at 4,78,000 with inclusion of areas by 127.24 sq. Kms.

Universal Baseline Survey.

Asansol Municipal Town

R.C.H Sub project

General outlay. Project Area.

Item no.	Category	Number
1.	Total no. of Hony. Health Workers (HHW)	144
2.	Total families surveyed.	21608
3.	Av. no. Family load per HHW.	150-
4.	Total Family members enumerated:	
	Person	99971
	mal	51,213
	female	48,753
5.	Family Size	
	Person	4.6
	mal	2.4
	female	2.2
6.	Sex ratio (enumerated)	952

Universal Baseline Survey

Asansol Municipal Town
R. C. H. sub-project

Age - Sex break up in p.c.

Age (yrs) \ Sex	male	female	Total.
< 1 yr.	1.2	1.0	2217 (2.2)
1 - 2	2.5	2.4	4900 (4.9)
3 - 5	4.8	4.6	9398 (9.4)
6 - 14	10.9	9.8	20729 (20.7)
15 - 45	19.3	18.2	37488 (37.5)
46 & over	12.5	12.7	25239 (25.2)
Total.	51.2	48.8	(99971) 100.0

Universal Bas Line Survey.

Asansol Municipal Town.

R.C.H Sub-project

School enrolment of Children of 6-14 yrs age

Sex	Enrole- ment rate %	Not attend ing School %	Total
Male	7107 (65.0)	3827 (35.0)	10934 (100.0)
Female	4898 (50.0)	4897 (50.0)	9795 (100)
Total	12005 (57.9)	8724 (42.1)	20729 (100.0)

Universal Baseline Survey

Asansol Municipal Town

R.CH Sub-project

Outcome of total pregnancies

Sl. No.	Item	Number	%
1.	<u>Pregnancy outcome</u>		
	(a) Live birth (LB)	2217	97.1
	(b) Still birth (SB)	67	2.9
	TOTAL	2284	100.0
2.	<u>Place of delivery (LB)</u>		
	(a) Institutional	1271	57.3
	(b) Domiciliary	946	42.7
		2217	100.0
3.	<u>Low birth wt. status (LBW)</u>		
	Birth wt. of babies < 2.5 kg.	255	11.5
4.	<u>Age at Delivery of mother</u>		
	(a) below 20 yrs	1655 738	43.5 33.3
	(b) 20 yrs & above	1479	56.5 66.7
		2217	100.0

Universal Base Line Survey

Asansol Municipal Town.

R.C.H sub project

Percent Distribution of live births by live Birth
order

TOTAL LIVE BIRTHS.	Order of Live birth			
	First	Second	Third	fourth & Higher
2217	662	614	478	443
(100.0)	(29.9)	(27.7)	(22.5)	(20.0)

Universal Baseline Survey

Asanool Municipal Town

R.E.H. Sub-project

Percent Distribution of 2nd & Higher order of
Live birth by interval

Interval between current & previous live birth by interval			
12-24 months	24-36 months	36+ months	Total
37.0	33.0	30.0	100.0

Universal Baseline Survey

Asansol Municipal Town
R.C.H Sub-project

Ante-natal Care (ANC) to mother

Item No.	Category	Number	%
1.	<u>Attendance of mothers at maternity centres for ANC</u>		
	(a) <u>Attended</u> TOTAL	1204	54.3
	(a) <u>below 3 times</u>	584	48.5
	(b) <u>3 times & above</u>	620	25.8
	(b) <u>Not attended</u> ... TOTAL	1013	45.7
2.	Immunisation (TT) to mothers (having < 1 yr child)		
	(a) protected	1299	57.7
	(b) Un-protected	938	42.3
3.	folic acid tabs. consumed by mothers	1184	53.4

Universal Base line Survey

Profile on Maternal Complication months

Item nr.	Category	Number	%
1	Mothers on maternal complication during pre-natal stage.	122	5.5
2	Mothers on maternal complication sent to Hospl. during pre-natal stage	85	3.8
3	Mothers on maternal complication while on delivery	25	1.1
4	Mothers on maternal complication sent to Hospl. while on delivery	25	1.1

Universal Base Line Survey

Asansol Municipal Town

R.E.H - Sub-project

Eligible Couple & its characteristics

Item no.	Category	Number	%
1.	Total no. of eligible couple (15-45 yrs)	18281	✓
2.	Eligible couple having break up of age at marriage		
	(a) below 18 yrs.	8030	44.2
	(b) 18 yrs. & above	10201	55.8
	Total.	18281	100.0
3.	Total no. of pregnant women (enumerated on the day of Survey)		
	(a) below 20 yrs.	139	27.5
	(b) 20 yrs. & above	367	72.5
	Total	506	100.0

Universal Base line Survey

Asansol Municipal Town

R.E.H - Sub-project

Contraception coverage under F.W.

Item no.	Category	Number	%	
1	Total no. of eligible couple (Survey data) (15-45 yrs)	18281	x	
2	Sterilisation	Total (A)	3537	55.5
		Male	67	1.1
		Female	3470	54.4
3	Oral pill users (OP)	2116	33.4	
4	Condom users	582	9.1	
5	I. U. D	126	2.0	
	Total (B)	2834	44.5	
	Total. (A)+(B)	6371	-	
	Eligible Couple protection (ECPR) rate	-	34.9	

Universal Base line Survey

Asansol Municipal Town

Sterilisation vrs-a-vis Living Children

Living Children	Number of Sterilisation	%
1	120	3.4
2	1090	30.8
3	1132	32.0
4	686	19.4
5+	509	14.4
TOTAL	3537	100.0
Average no. of Living Children of a sterilisation	Percent Area West Bengal.	3.10
		3.07 (1993-94)

Universal Base Line Survey

Asansol Munel. Town.

Immunisation Status of Children (12-23 months)

Percentage to total children (<2y)			
BCG	DPT (III)	Polio (III)	measles
2088	2005	2014	1513
(42.6)	(40.9)	(41.1)	(30.9)

Universal Basic Line Survey

Asansol Municipal Corporation R.C.H - Sub-project

Morbidity profile of Children (< 5 yrs of age)

Sl. No.	Category	Number	%
1.	<u>Six preventable Diseases</u>		
	(a) T.B	20	12.3
	(b) Diphtheria	4	2.5
	(c) Tetanus	15	9.2
	(i) < 28 days		
	(ii) 29 days & >		
	(d) Whooping Cough	23	14.2
	(e) Poliomyelitis	11	6.7
	(f) Measles	47	28.8
2.	<u>Other Infectious diseases</u>		
	(a) Antrick	25	15.3
	(b) Pneumonia	18	11.0
	Total.	163	100.0

Universal Baseline Survey

Asansol Municipal Corpn.

R.C.H Sub project.

Chief Vital/Health Statistics

Item	Rate/s	India (1996)	West Bengal (Urban) 1996	Asansol project Area	unit
1.	Crude Birth rate (CBR)	21.6	16.0	22.2	per mille
2.	Crude Death rate (CDR)	6.5	7.2	12.4	- Do -
3.	Infant Mortality rate (IMR)	46	44	60	per 1000 LB
4.	Natural growth rate	15.1	8.8	9.8	per mille
5.	Maternal Mortality rate (MMR)	NA	NA	3	per 1000 LB.
6.	Eligible couple protection rate (ECPR)	45.4	37.9	34.9	percentage of EC
7.	Low Birth wt. rate in%. (LBW)	NA	25	41.5	percentage of LB
<u>Immunisation status (% coverage)</u>					
(a)	TT (Women) (1-2)	NA	NA	59.9	percentage
(b)	DPT (1-2 yrs)	NA	NA	40.9	- Do -
(c)	Polio (1+2 yrs)	NA	NA	41.1	- Do -
(d)	BCG (1+2 yrs)	NA	NA	42.6	- Do -
(e)	Measles (1-2 yrs)	NA	NA	30.9	- Do -

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 Obstetric Care drugs & RTI /STI Drugs are provided to deal with the essential and emergency obstetric 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, Drama, 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 & 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

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

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

Contd. to P-2.

Components	Target Participants	Behaviour Objective	Key Message	Channel of Communication (Media)	Sessions Planned
Awareness on National Health Programmes for linkage and interruption	Male Female Adolescent	<ul style="list-style-type: none"> Acceptance of available health services on National Health Programmes. 	<ul style="list-style-type: none"> Different National Health Programmes Availability of services. 	<ul style="list-style-type: none"> Interpersonal communication different folk media viz. Choreography, Drama, Magic, Kirtan, Baul, Talking Doll etc.) 	9
Involvement of Male partners	Male	<ul style="list-style-type: none"> More effective family welfare services. 	<ul style="list-style-type: none"> Components of family welfare services. Active participation. 	<ul style="list-style-type: none"> Interpersonal communication. Group discussion. 	13
Baby Shows	Children	<ul style="list-style-type: none"> Child Care. 	<ul style="list-style-type: none"> Healthy baby 	<ul style="list-style-type: none"> Baby shows 	2
Development of printed materials	Community	<ul style="list-style-type: none"> Reproductive and child health. 	<ul style="list-style-type: none"> Safe motherhood. Reproductive Health Child Health 	<ul style="list-style-type: none"> Folder/Pamphlets / flipcharts etc. 	

TRAINING

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

Training performance :

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

INNOVATIVE SCHEMES

In addition to action research Studies on Universal Base Line Survey, Prevalence of Anaemia in Women, Immunisation Coverage of Infants and Pregnant Women, two Innovative schemes i.e. Hospital Waste Management and School Health Programme have been taken up during the year 2003 – 2004.

Hospital Waste Management

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

The apparent risks include :

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

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

The components of hospital waste management are :

- Construction of burial pits (2 units per FRU at a time).
- Purchase of disposables like plastic bags (inner lining) of 4 colours.
- Purchase of chemical disinfectants, kerosene oil.
- Purchase of rubber gumboots, rubber gloves.

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

School Health Programme

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

Target groups :

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

Methodology :

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

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

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

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

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

Expected outcomes :

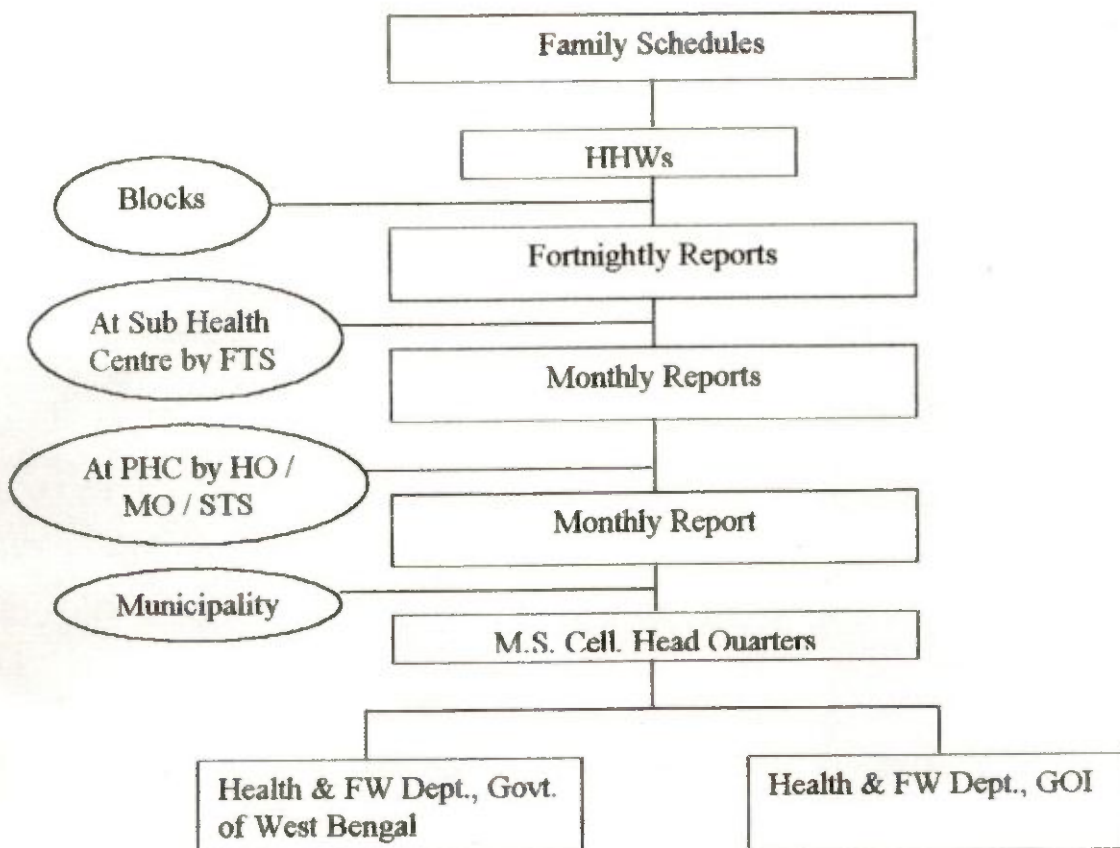
1. Early detection and treatment of preventable disease.
2. Containment of communicable disease among the school children.
3. Effective health care service delivery by the teachers and guardians specially on personal health and hygiene of the students.

MANAGEMENT INFORMATION SYSTEM (MIS)

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

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

MIES : Flow Chart



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.

FINANCIAL STATUS

As on 30.09.2003

(Rs. in lakhs)

Components	Original Approved Allocation	Revised allocation by GOI (as agreed in review meeting held on 01.09.2003.)	Expenditure incurred upto 30.09.2003	Expenditure Status + / - (Balance)
INVESTMENT COST				
CAPITAL				
Civil Works	165.00	334.74	335.60	+ 0.86
OTHER NON-RECURRING				
Equipments	82.57	54.33	43.86	- 10.47
Furniture	42.40	21.93	21.93	0.00
Vehicles	12.00	8.30	8.30	0.00
Revolving funds for mobility				
I.E.C.	7.46	10.18	6.75	- 3.43
Monitoring & Evaluation				
Consultancies				
Innovative Schemes	41.91	9.91	2.49	- 7.42
NGO Support and community participation	9.00	6.28	1.28	- 5.00
Other Non-recurring				
SUB-TOTAL INVESTMENT COST	360.34	445.67	420.21	- 25.46
RECURRING				
Salaries, TA / DA & Honorarium	251.84	268.67	217.97	- 50.70
Contractual Services				
Drugs & Supplies	98.00	56.57	52.56	- 4.01
Rent				
Operating Cost	146.77	109.86	92.89	- 16.97
SUB-TOTAL	496.61	435.10	363.42	- 71.68
TOTAL	856.95	880.77	783.63	- 97.14

Fund Release Schedule from GOI thro SCOVA	(Rs. in Lakhs)
On 25.09.1998	95.00
On 09.09.1999	250.00
On 15.02.2001	83.30
On 02.05.2001	216.70
On 27.11.2002	100.00
On 22.07.2003	50.00
TOTAL	795.00

VAMBAY

SJSRY

[self employment.
The above group. (60% labor, 40% material)
major equipment. (60% labor, 40% material)
MSDP 60/80/20 Share 20%

1PP-VII

IDSMT

-60/40/1 Share 40%

GLS

KOSA

ILCS

RCH-SUB-PROJECT

ASANSOL

STATUS REPORT

May-2003

SUDA
Health Wing

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RCH - Sub Project Asansol

The World Bank aided RCH Sub-Project has been launched at Asansol since August 1998 with a project cost estimate of Rs.857.00 Lakhs. The population under the project is 2.54 Lakhs belonging to low income - group and scattered in 194 slums. The assistance of World Bank is upto March, 2004.

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

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 capacity 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 service components stress on preventive and promotive supported by curative care through door-step, Sub-Health Centre, Health Administrative Unit along with referral services at Extended Specialised Out Patient Department Cum Maternity Home.

Maternal & Child Health aspects of the reference population have been improved in the mean time. The indicators like Antenatal Care, Institutional deliveries, Immunisation of infants, and Family Planning coverage are on the rise.

Health Fund has been created recently towards sustainability of the project. A separate bank A/C has been opened.

WORLD BANK ASSISTED RCH-Sub Project Asansol

Date of launching : August-1998

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

Overall status

1. Population under the project : 2.54 Lakhs
2. No. of Blocks : 387
3. No. of Health Facilities :

SL. No.	Particulars	Target	Achievement
1.	Blocks	387	387
2.	Health Administrative Unit	13	13
3.	Sub Health Centre	97	97
4.	O.P.D. cum M.H.	2	2
5.	Medical Store	1	1

4. Health Man Power :

SL. No.	Particulars	Target	Achievement
A.	At Block Level		
	Honorary Health Worker	387	387
B.	At S.C. Level		
	First Tier Supervisor	97	97
C.	At H.A.U. Level		
	MO (Part time)	26	11
	ANM	26	10
	Clerk Cum Store Keeper	13	Under Process
D.	At O.P.D. cum M.H. Level		
	M.O.	4	2
	Nurse	6	3
	Laboratory Technician	2	2
	Specialist Doctors (General Medicine, Paediatrics, Obs. & Gyn.)	6	6
E.	At Medical Store Level		
	Store Keeper	1	1
F.	At Management and Supervision cell at ULB Level		
	Assistant Health Officer	1	1
	Medical Supervisor	1	1
	P.H.N. training	1	1
	Account Assistant	1	1
	Statistical Assistant	1	1

RCH-Sub Project Asansol

SERVICE PERFORMANCE

BASE LINE VS ACHIEVEMENT
(YEAR - WISE)

Sl. No	Parameters	Base Line		Achievement during					
		No.	%	2000 -- 01		2001-- 02		2002-- 03	
				No.	%	No.	%	No.	%
1.	Population (enumerated in lakhs)	2.41	100.0	2.45	100.0	2.49	100.0	2.54	100.0
	Male	1.23	51.2	1.24	50.6	1.25	50.2	1.31	51.7
	Female	1.18	48.8	1.21	49.4	1.24	49.8	1.23	48.3
2.	Sex Ratio : Female /000 Male	959	--	--	--	--	--	934	--
3.	Infant (under 1 year)	5782	2.4	5392	2.2	4724	1.9	4691	1.9
4.	Children (under 5 years)	31564	13.1	32354	13.2	33075	13.3	34223	13.5
5.	Eligible Couple	43370	18.0	46376	18.9	50484	20.3	51968	20.5
DELIVERIES									
6.	Institutional Deliveries	3313	57.3	3435	63.7	3741	79.2	3950	84.2
7.	Domiciliary	2469	42.7	1957	36.3	983	20.8	741	15.8
8.	Low Birth Wt. Babies (in relation to Institutional deliveries)	655	19.8	618	18.0	598	16.0	572	14.5
PREGNANCY STATUS									
9.	No. of pregnant women	6257	2.6	5942	2.4	5720	2.3	5324	2.1
10.	T.T. (P.W.)	3241	51.8	4314	72.6	4536	79.3	4935	92.7
11.	Pregnant women having 3 - ante-natal Check-ups	2741	43.8	4344	73.1	4473	78.2	4871	91.5
IMMUNISATION STATUS OF INFANTS									
12.	BCG	2463	42.6	3861	71.6	4025	86.3	4391	93.6
	DPT (III)	2365	40.9	3780	70.1	3973	85.3	4353	92.8
	OPV (III)	2423	41.9	3812	70.7	4006	85.8	4353	92.8
	MEASLES	1787	30.9	3731	69.2	3586	76.2	4001	85.3

Sl. No	Parameters	Base Line		Achievement during					
				2000--01		2001-- 02		2002-- 03	
		No.	%	No.	%	No.	%	No.	%
CONTRACEPTION									
13A.	Permanent Method :								
	Vasectomy	173	0.4	262	0.6	467	0.9	467	0.9
	Tubectomy	8197	18.9	9289	20.0	10854	21.5	11121	21.4
	TOTAL	8370	19.3	9551	20.6	11321	22.4	11588	22.3
13B.	Temporary Method :								
	IUD	347	0.8	600	1.3	729	1.4	748	1.4
	C.C. USERS	2255	5.2	4459	9.6	6512	12.9	6755	13.0
	O.P. USERS	6983	16.1	14037	30.3	16306	32.3	16837	32.4
	TOTAL	9585	22.1	19096	41.2	23547	46.6	24340	46.8
	C.P.R. (%)		41.4		61.8		69.0		69.1

VITAL INDICATORS					
Sl. No.	Indicators	Base Line	2000-2001	2001-2002	2002-2003
1.	CBR	23.9	21.6	19.0	18.5
2.	CDR	12.4	10.6	6.8	6.7
3.	MMR	3.0	1.9	1.1	1.1
4.	IMR	60.0	38.1	32.4	30.1

R.C.H. Sub-Project, Asansol.
Service Performance
During the Month of April - May, 2003

Project Population	Preg-nancies	ANC (3-Check ups)	T.T.-2 / B	Deliveries		L.B.W.	Infants	Immunisation			
				Inst.	Home			BCG	DPT3	OPV3	Mea-sles
254000	1033	257	244	466	85	9	4691	540	706	706	608

Eligible Couples	Use of Contraception				
	Sterilisation		IUD	OCP	Nirodh
	M	F			
51968	1	52	-	1050	769

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

During the month of February - April, 2003

Date of Functioning - from February, 2003

Speciality-wise cases treated in OPD

Obstetrics & * Gynaecology	Paediatrics *		Medicine *		Others **									
					Eye		ENT		Surgery		Dental		Dermatology	
B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	B	N-B	
58	0	33	0	495	0	26	0	0	0	8	0	0	0	0

N.B. : * These specialities are included in the project.

** The ULB given option to run these additional specialities.

RCH-Sub Project Asansol, SUDA, West Bengal
Revised Budget

&
Statement of Expenditure upto April, 2003

Sl. No.	Category of Expenditure	Revised Budget (Prov.)	(Rs. in Lakhs.)		
			Expenditure		Total
			Upto March, 03	For April, 2003	
I	INVESTMENT COST				
	CAPITAL				
1	Civil Works	334.74	333.73	0.00	333.73
	OTHER NON-RECURRING				
2	Equipment	49.78	49.78	0.00	49.78
3	Furniture	21.88	21.88	0.00	21.88
4	Vehicle	8.30	8.30	0.00	8.30
5	Revolving Fund for Mobility	0.00	0.00	0.00	0.00
6	I.E.C.	10.18	5.68	0.60	6.28
7	Monitoring & Evaluation	0.00	0.00	0.00	0.00
8	Consultancies	0.00	0.00	0.00	0.00
9	Innovative Schemes	9.91	1.85	0.00	1.85
10	NGO Support & Community participation	6.28	1.28	0.00	1.28
11	Other Non-Recurring	0.00	0.00	0.00	0.00
	Sub-Total Investment Cost	441.07	422.50	0.60	423.10
II	RECURRING				
12	Salaries, TA, DA & Honorarium	270.35	184.64	5.19	189.83
13	Contractual Services	0.00	0.00	0.00	0.00
14	Drugs & Supplies	55.35	51.34	0.00	51.34
15	Rent	0.00	0.00	0.00	0.00
16	Operating Cost	109.86	75.74	1.54	77.28
	Sub-Total Recurring	435.56	311.72	6.73	318.45
	TOTAL	876.63	734.22	7.33	741.55

II Fund Release 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
5. On 27.11.2002	100.00
Total	750.00

RCH-SUB-PROJECT

ASANSOL

STATUS REPORT

March-2002

SUDA
Health Wing

RCH-SUB-PROJECT

ASANSOL

STATUS REPORT

March-2002

SUDA
Health Wing

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PREFACE

~~Date of launching~~

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. Likely end of the project with World - Bank's assistance by 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 focus of the health aspect of the project are pregnant / lactating mothers and under five children. p.100

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 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.

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

1
Population coverage 2.59 lacs.

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

*Hosp waste Management
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
- iv. Enhanced Adolescent Girls' Care.

~~Others~~

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

HEALTH MAN-POWER
AT GRASS-ROOT LEVEL

*To be reviewed
by S.I.R
Feb 2003*

Category	Project Target	Status	Remarks
<u>At Block Level</u>			
HHWs	387	387	---
<u>At SC Level</u>			
FTSs	97	97	---
<u>At HAU Level</u>			
M.O (Pt-time)	26	11	Rest done by hiring of services
STSs	26	10	

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 <i>Finance Officer</i> <i>clerk cum typist</i>	1	1

N.B. Other supporting man power viz. for procurement, finance, ministerial job etc. are managed from the own resources.

HEALTH FACILITIES

Health Facilities	Project Target	Achievement	Remarks
Blocks	387	387	—
Sub Centre	97	97	<i>Accommodation have been provided by NPE cups/COG</i>
H.A.U. <i>(PHC)</i>	13	13	6 - functioning from constructed building. 7 - functioning in hired accommodation, civil works on the verge of completion and handing over process will be completed by May-2002. <i>Construction completed</i>
<i>(FRV)</i> ESOPD cum MH <i>including Diagnostic centre</i>	2	1	1- Process started for Functioning. 1- Awaiting handing over. <i>do</i>
Medical Store	1	1	Will be handed over soon. <i>do</i>

STATUS OF THE PROGRAMME OF CIVIL CONSTRUCTION
RCH ASANSOL
 As on .. 25.04.2002

Phase – I

Sl. No	Unit	Location	In Progress	Completed	Handed Over	Remarks
1.	HAU	Surya Nagar		Yes	Yes	
2.	HAU	Chinnamsta		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 in progress			To be completed by May,2002
8	HAU	South Dhadka	Finishing works in progress			-do-
9.	ESOPD cum MH	Rahmat Nagar		Yes	Yes	
10.	ESOPD Cum MH	O.K.Road		Yes	-	To be handed over soon

Phase – II

Sl. No	Unit	Location	In Progress	Completed	Handed Over	Remarks
1.	HAU	Narsingha Bandh	--	Yes	Yes	To be handed over soon
2.	HAU	Rahamat Nagar	Shuttering for mummy room roof in progress	Structural works completed upto 2 nd floor level	Yes	To be completed by May,2002
3.	HAU	Sitla	Finishing works in progress	-	Yes	To be completed by April,2002
4.	HAU	Beldanga	Boundary Wall in progress	Structural works completed	Yes	To be completed by May,2002
5.	HAU	Mauzuri	-do-	-do-	Yes	-do-
6.	MS	Ranganipara	Finishing works in progress	-	Yes	To be completed by April,2002

SERVICE PERFORMANCE
BASE LINE VS ACHIEVEMENT
(YEAR- WISE)

Sl. No.	Parameters	Base Line		Achievement during			
				2000--01		2001-- 02	
		No.	%	No.	%	No.	%
1.	Population (enumerated in lakhs)	2.41	100.0	2.45	100.0	2.49	100.0
	Male	1.23	51.2	1.24	50.6	1.25	50.2
	Female	1.18	48.8	1.21	49.4	1.24	49.8
2.	Sex Ratio : Female /000 Male	959		976		990	
3.	Infant (under 1 year)	5782	2.4	5392	2.2	4724	1.9
4.	Children (under 5 years)	31564	13.1	32354	13.2	33075	13.3
5.	Eligible Couple	43370	18.0	46376	18.9	50484	20.3
DELIVERIES							
6.	Institutional Deliveries	3313	57.3	3435	63.7	3741	79.2
7.	Domiciliary	2469	42.7	1957	36.3	983	20.8
8.	Low Birth Wt. Babies (in relation to Institutional deliveries)	655	19.8	275	8.0	224	6.0
PREGNANCY STATUS							
9.	No. of pregnant women	6257	2.6	5942	2.4	5720	2.3
10.	T.T. (P.W.)	3241	51.8	4314	72.6	4536	79.3
11.	Pregnant women having 3 - ante-natal Check-ups	2741	43.8	4344	73.1	4473	78.2
IMMUNISATION STATUS OF INFANTS							
12.	BCG	2463	42.6	3861	71.6	4025	86.3
	DPT (III)	2365	40.9	3780	70.1	3973	85.3
	OPV (III)	2423	41.9	3812	70.7	4006	85.8
	MEASLES	1787	30.9	3731	69.2	3586	76.2

Sl. No.	Parameters	Base Line		Achievement during			
				2000--01		2001-- 02	
		No.	%	No.	%	No.	%
CONTRACEPTION							
13A.	Permanent Method :						
	Vasectomy	173	0.4	262	0.6	467	0.9
	Tubectomy	8197	18.9	9289	20.0	10854	21.5
	TOTAL	8370	19.3	9551	20.6	11321	22.4
13B.	Temporary Method :						
	IUD	347	0.8	600	1.3	729	1.4
	C.C. USERS	2255	5.2	4459	9.6	6512	12.9
	O.P. USERS	6983	16.1	14037	30.3	16306	32.3
	TOTAL	9585	22.1	19096	41.2	23547	46.6
	E.C.P.R. (%)		41.4		61.8		69.0

VITAL INDICATORS				
Sl. No.	Indicators	Base Line	2000-2001	2001-2002
1.	CBR	23.9	21.6	19.0
2.	CDR	12.4	10.6	6.8
3.	MMR	3.0	1.9	1.1
4.	IMR	60.0	38.1	32.4

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SERVICE PERFORMANCE
BASE LINE VS ACHIEVEMENT
(YEAR- WISE)

Sl. No.	Parameters	Base Line		Achievement during			
				2000-01		2001-02	
		No.	%	No.	%	No.	%
1.	Population (enumerated in lakhs)	2.41	100.0	2.45	100.0	2.49	100.0
	Male	1.23	51.2	1.24	50.6	1.25	50.2
	Female	1.18	48.8	1.21	49.4	1.24	49.8
2.	Sex Ratio : Female /000 Male	959		976		990	
3.	Infant (under 1 year)	5782	2.4	5392	2.2	4724	1.9
4.	Children (under 5 years)	31564	13.1	32354	13.2	33075	13.3
5.	Eligible Couple	43370	18.0	46376	18.9	50484	20.3
DELIVERIES							
6.	Institutional Deliveries	3313	57.3	3435	63.7	3741	79.2
7.	Domiciliary	2469	42.7	1957	36.3	983	20.8
8.	Low Birth Wt. Babies (in relation to Institutional deliveries)	655	19.8	275	8.0	224	6.0
PREGNANCY STATUS							
9.	No. of pregnant women	6257	2.6	5942	2.4	5720	2.3
10.	T.T. (P.W.)	3241	51.8	4314	72.6	4536	79.3
11.	Pregnant women having 3 - ante-natal Check-ups	2741	43.8	4344	73.1	4473	78.2
IMMUNISATION STATUS OF INFANTS							
12.	BCG	2463	42.6	3861	71.6	4025	86.3
	DPT (III)	2365	40.9	3780	70.1	3973	85.3
	OPV (III)	2423	41.9	3812	70.7	4006	85.8
	MEASLES	1787	30.9	3731	69.2	3586	76.2

@ delantilla
 Mr. Niranjan
 Ramy...
 SE...
 Admin divn / M.E.
 10/09/02

STATUS OF THE PROGRAMME OF CIVIL CONSTRUCTION
RCH ASANSOL
 As on .. 25.04 2002
 June

Phase - I

Sl. No	Unit	Location	In Progress	Completed	Handed Over	Remarks
1.	HAU	Surya Nagar		Yes	Yes	fund deposited for EC
2.	HAU	Chinnamsta		Yes	Yes	- do -
3.	HAU	Dhrupdanga		Yes	Yes	- do -
4.	HAU	Mohisila		Yes	Yes	- do -
5.	HAU	Ghusic		Yes	Yes	- do -
6.	HAU	Ranganipara		Yes	Yes	- do -
7.	HAU	Nabaghanty	Finishing works in progress	Yes		To be completed by May, 2002
8.	HAU	South Dhadka	Finishing works in progress			- do -
9.	ESOPD cum MH	Rahmat Nagar		Yes	Yes	- do -
10.	ESOPD Cum MH	O.K.Road		Yes	-	To be handed over soon - do -

Phase - II

Sl. No	Unit	Location	In Progress	Completed	Handed Over	Remarks
1.	HAU	Narsingha Bandh	--	Yes	Yes	To be handed over soon
2.	HAU	Rahamat Nagar	Shuttering for mummy room roof in progress	Structural works completed upto 2 nd floor level	Yes	To be completed by May, 2002
3.	HAU	Sitla	Finishing works in progress	-	Yes	To be completed by April, 2002
4.	HAU	Beldanga	Boundary Wall in progress	Structural works completed	Yes	To be completed by May, 2002
5.	HAU	Mauzuri	- do -	- do - Yes	Yes	- do -
6.	MS	Ranganipara	Finishing works in progress	Yes	Yes	To be completed by April, 2002

Sl. No.	Parameters	Base Line		Achievement during			
				2000-01		2001-02	
		No.	%	No.	%	No.	%
CONTRACEPTION							
13A.	Permanent Method :						
	Vasectomy	173	0.4	262	0.6	467	0.9
	Tubectomy	8197	18.9	9289	20.0	10854	21.5
	TOTAL	8370	19.3	9551	20.6	11321	22.4
13B.	Temporary Method :						
	IUD	347	0.8	600	1.3	729	1.4
	C.C. USERS	2255	5.2	4459	9.6	6512	12.9
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	TOTAL	9585	22.1	19096	41.2	23547	46.6
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I.E.C. (during April'01 to March '02)

10R

Component	Target Participants	Behaviour Objective	Key Message	Channel of Communication (Media)	Sessions	
					Planned	Held
Safe Motherhood	Mother & 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	1098
Care of new born	Mother	-Child rearing Immunisation	Healthy Child	-do-	1164	1025
RTIs / STIs	Eligible Couple	-Safe Sex Reproductive Health	Prevention, Immediate diagnosis & treatment	-do-	400	372
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	285

RE-ORIENTATION TRAINING PERFORMANCE

Plan Vs Achievement

Sl. No.	Training for	Number	
		Planned (April '01 to March '02)	Achieved (April '01 to March '02)
1.	HHWs	387	387
2	FTSs	97	97
3.	Medical Officer	26	11
4.	S.T.S	26	7
5.	Nursing Personnel	6	4
6.	Other (Includes Elected Representatives/ Opinion Leaders / NGOs)	2	2
7.	Accts. Personnel / Store Keeper / Lab. Technician	2	2
TOTAL		546	510

RCH Sub-Project Asansol

Work Plan During The Period April-2002 to March-2003

Sl. No.	Description of Programmes	Apr-June 2002	July-Sept 2002	Oct-Dec 2002	Jan-March 2003
1.	Completion of Civil Construction of 7 HAUs and handing over.				
2.	Completion of Civil Construction of 1 ESOPD cum MH and handing over.	●————→			
3.	Completion of Civil Construction of 1 Medical Store and handing over.	●————→			
4.	Operationalisation of ESOPD cum MH.	●————→ 2			
5.	Procurement of Equipment for FRUs and PHCs		●————→		
6.	Procurement of Drugs For SCs & FRUs		●————→	→	
7.	Procurement of Furniture for FRUs		●————→		
8.	Action Research Studies	●————→		●————→	
9.	Hospital Waste Management	●————→	→		
10.	Group Discussion By HHWs	● 900	950	950	975
11.	I.E.C. Programmes	● 15	15	20	25
12.	Nutrition Awareness Programme	● 30	30	40	45
13.	Adolescent Programmes	● 150	300	300	250
14.	RTI/STI Awareness	● 150	300	300	250

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