MID-TERM REVIEW
INDIA POPULATION PROJECT –VIII
BANGALORE MAHANAGARA PALIKE

CENTRE FOR RESEARCH IN HEALTH
AND SOCIAL WELFARE MANAGEMENT
861, BANASHANKARI II STAGE, BANGALORE- 560070
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List of Abbreviations

A.E.E	-	Assistant Executive Engineer.
A.V	-	Audio Visual.
AC	-	Air – Conditioner.
AE	-	Assistant Engineer.
AFP	-	Associated Flaccid Polio
ANC	-	Antenatal care.
ANM	-	Auxiliary Nurse Mid Wife.
ANMTC	-	Auxiliary Nurse Mid Wife Training Centre.
ARI	-	Acute Respiratory Infection.
Asst	-	Assistant.
Avg.	-	Average.
AWW	-	Anganwadi Worker.
B.C.C	-	Bangalore City Corporation.
B.D.A	-	Bangalore Development Authority.
BCCTC	-	Bangalore City Corporation Training Centre.
BMC	-	Bangalore Municipal Corporation.
BMP	-	Bangalore Mahanagar Palike.
BMRDA	-	Bangalore Metropolitan Development Authority.
B.Sc.	-	Bachelor of Science.
BWSSB	-	Bangalore Water Supply & Sewerage Board
C.C cubes	-	Cement Concrete Cube.
CC	-	Conventional Contraceptive.
CREST	-	Christian Missionary Organization.
CSSM	-	Child Survival and Safe Motherhood.
CUT	-	Copper – T
DD	-	Deputy Director.
Demo	-	Demonstration.
DGO	-	Diploma in Gynecology and Obsterctics.
DHO	-	District Health Officer.
DHS	-	District Health Superintendent.
DIO	-	District Immunisation Officer.
Dir (Try)/ Dir(T)	-	Director Training.
Disc	-	Discussion.
DNS	-	District Nursing Superintendent.
DPHN	-	District Public Health Nurse.
DPT	-	Diphtheria, pertussis, (Whooping cough), Tetanus.
DTP	-	Desk Top Printer.
EC	-	Eligible Couple.
Eval.	-	Evaluation.
Ext – ED	-	Extension Educator.

F.P	-	Family Planning.
F.W	-	Family Welfare.
GOI	-	Government of India.
GOK	-	Government of Karnataka.
Gynaec / Gynec	-	.Gynecologist.
H.C	-	Health Centre.
HIV/AIDS	-	Human Immuno Virus/Acquired Immuno – Deficiency Syndrome.
HO	-	Health Officer.
HOs	-	Head Office.
Hosp	-	Hospital.
HQ	-	Head Quarters.
HS	-	Health Supervisor.
HFPTC	-	Health and Family Planning Training Centre.
ICP	-	Infection Control Practices.
IEC	-	Information, Education and Communication.
IFA tabs	-	Iron and Folic Acid Tablets.
IPP IX	-	India Population Project – IX.
IPP –VIII	-	India Population Project – VIII.
IUD	-	Intro-Uterine Contraceptive Device.
KAP	-	Knowledge Attitude and Practice.
KEB	-	Karnataka Electricity Board.
KSCB	-	Karnataka Slum Clearance Board.
Lab. T	-	Laboratory Technician.
Lady Med. Off. / L.M.O-		Lady Medical Officer.
LHV	-	Lady Health Visitor
LW	-	Link Worker.
Mat. Homes / M.H	-	Maternity Homes.
MBBS	-	Bachelor of Medicine and Bachelor of Surgery.
MCH	-	Maternal & Child Health.
Min	-	Minimum.
MIS	-	Management Information System.
MO I/C	-	Medical Officer In – Change.
MOHFW	-	Medical Officer of Health and Family Welfare.
MPW	-	Multi Purpose Worker.
MSc.	-	Master of Science.
MTP	-	Medical Termination of pregnancy
MTR	-	Mid term Review.
NA	-	Not Applicable.
NFE	-	Non-Formal Education.
NGO	-	Non-Governmental Organisation.
NIHFW	-	National Institute of Health and Family Welfare.
No	-	Number.
NSV	-	No Scalpel Vasectomy.
O&M	-	Operation & Maintenance.
O.T	-	Operation Theater.

OBG	-	Obstetrics and Gynecology.
OCPs	-	Oral Contraceptive Pills.
OP	-	Oral Pills.
OPD	-	Out Patient Department.
OPV	-	Oral Polio Vaccine.
Org	-	Organisation.
ORS	-	Oral Rehydration Solution.
ORT	-	Oral Rehydration Therapy.
Paed	-	Pediatrics.
PHN	-	Public Health Nurse.
PK	-	Pourakarmikas
PMP	-	Private Medical Practitioners.
PPU	-	Post – Partum Unit.
Progr. Officer / P.O	-	Programme Officer.
Proj. Cord	-	Project Co-ordinator.
Pvt .	-	Private.
Pvt. M.P	-	Private Medical Practitioners.
Qurts	-	Quarters.
R.C.C	-	Reinforced Cement Concrete.
RCH	-	Reproductive and Child Health.
Re.trg.	-	Retraining.
Ref. Hospital	-	Referral Hospital.
Ref.	-	Referral.
RO (FW)	-	Research Officer Family Welfare.
Rs	-	Rupees.
S.R	-	Schedule of Rates.
SC	-	Scheduled Caste.
Sco.W	-	Social Worker.
SDC	-	Skill Development Centre.
SHE C.M	-	SHE Club Member.
SHE	-	Social, Health and Environment.
SIHFW	-	State Institute of Health and Family Welfare.
Sl. No.	-	Serial number.
Sq ft		Square Feet.
Sq m	-	Square meter.
Sr.	-	Senior.
ST	-	Scheduled Tribe.
STD	-	Sexually Transmitted Disease.
Surv	-	Survey.
T.C	-	Training Centre.
T.T	-	Tetanus Toxoid.
TBA	-	Trained birth attendant.
TO	-	Tubectomy Operation.
Trg. / Try	-	Training.
TV	-	Television.
U.F.W.C	-	Urban Family Welfare Centre.

U/P	-	Under Progress/Processing.
UNICEF	-	United Nations Children's Fund.
VCR	-	Video Cassette Recorder.
VHAI	-	Voluntary Health Association of India.
Vit – A	-	Vitamin A.
WHO	-	World Health Organization.
Yrs	-	Years.

EXECUTIVE SUMMARY

1.Background

The National Health policy aims at taking services nearer to the door steps of the people and ensuring the full participation of the community in the process of health development.

With this in background, Government of India with the aid of World Bank have targeted to provide basic health and family welfare services to the urban poor especially the slum dwellers by the turn of the century. Consequently India Population Project-VIII (IPP-VIII) was formulated and implemented in the slums of Bangalore Mahanagara Palike. With the ultimate goal of providing Family welfare (FW), Maternal & Child Health (MCH) services, the project is to focus on the reduction of fertility levels in the area.

The broad objective of the Project were to deliver Family Welfare and Maternal & Child health services to almost all the urban poor in Bangalore City.

The specific objectives were to:

- Improve maternal and child health
- Reduce the fertility among the urban poor

In order to suitably plan and implement the strategies of this programme it is planned to undertake a Midterm Review of the Project Activities through the Consultancy services of M/s. Center for Research in Health and Social Welfare Management, Bangalore.

2. Objectives of present Review

i. To review the physical and financial progress of all the components of the project, objectively and critically and suggest ways and means for effective implementation in the remaining duration of the Project.

ii. To review the innovative programmes undertaken through SHE Club, Link Workers and Health Centers staff and assess their impact on improving the services delivered by the Health Centres.

iii. To Compare the Base line survey results done in the year 1992 with the results of Multi Indicator Survey conducted in 1997 and assess the impact of the Project interventions undertaken in the first three years.

3. Methodologies for the review

The review was carried out under the following components.

i. Review of the achievements under the component civil works in terms of completion rates and steps taken for construction, quality assessments.

ii. Review of the activities of MCH centers

iii. Review of the activities under Training programmes in terms of content, quality and impact

iv. Review of the IEC programmes in terms of content, utility and accomplishments

v. Review of Innovative programmes and community participation activities undertaken in the Project.

vi. Review of Project management activities accompanied by updated expenditure projections for each component of the project viz., Civil Works, Procurement, IEC, Innovative Schemes, Training, MIES and MCH & FW services.

4. Review period

The review was carried out during the period April to June 1998 and covered all the activities undertaken by the Project since its inception.

5. Review Team

The review team consisted of Specialists in the areas of Civil Engineering, Community Health, Medical Education, Health Management, Community Development, Survey Operations and Health Education assisted by qualified field Investigators.

6. Methodologies adopted for review

The review was carried out by following procedures.

a. Civil Works

i. Review of various documents available in IPP VIII office such as reports of physical progress, financial progress, identification of sites, problems related to land acquisition, cost estimates, test results of bricks, cement, steel and concrete, soil investigations, check list and drawings.

ii. Field survey of sample of buildings to check the deviations from working drawings/ observations of aide memories as well as the defects in the buildings.

iii. Visits to architect and other consultants.

iv. Meetings with the staff of IPP VIII to review the requirement of staff and reasons for shortfall in progress, and actions taken for quality control measures at site, and to estimate the realistic programme for completion of civil works

b. MCH & F.P. Services

i. Records analysis of progress of establishment of Health Centres viz. Numbers, status, staffing and activities as well as programme performance in terms of output indicators.

ii. Service delivery assessments through:

a. Facility survey at Health Centres, U.F.W.Cs, and Maternity Homes.

b. Beneficiaries' survey at Maternity Home /Referral Health Centres.

c. FP beneficiaries' survey in slums.

d. Assessment of Quality of care at Female sterilisation camps.

c. Training

i. Assessment of achievements in Physical targets of training programmes for each category of service providers like Medical officers, Paramedical staff, Community workers. This was carried out through a Desk review of Progress reports of the Centre.

ii. An Assessment of the Quality of training was carried out for Content of training, Duration of training, Methods and Media used for training, Materials prepared for training and Capabilities of trainers.

iii. An assessment of the impact of training was done on the basis of pre and post training evaluation records maintained at the Centre.

iv. Further the MTR process adopted a participatory approach and a feedback was given to the Project Co-ordinator and Director of the Training Centre.

d. IEC Programmes

i. Desk review of assessment of achievements in Physical targets of IEC programmes in terms of :

a. Analysis of targets with actual achievements.

b. Content analysis of all IEC material for Validity of messages, Completeness, Message transmission.

ii. Focus group interviews with community and analysis of results from the mid term survey on *IEC.*

iii. Exit interviews of clients on a sample of clients in 50% MCH centres and 30 sub centres for 15 days.

iv. Assessment of Impact of IEC programmes at the Health centre level.

v. Review of the observations of *IEC* Consultants.

e. Innovative programmes

i. Desk review of Progress reports.

ii. Analysis of targets with actual achievements and reasons for shortfalls.

iii. Facility survey as per standard techniques.

iv. Random sample surveys of Institutions and beneficiaries for assessing the impact of the innovations under the different components.

v. Focus group discussions in the slums to assess the impact of Link workers, SHE clubs, and involvement of NGOs and Community in the activities of the project.

f. Project achievements

The indicators worked out in the baseline survey in 1992 and multi-indicator survey in 1997 have been used here for the assessment of the impact. Comparisons are also made on the basis of NFHS data for rural and urban areas.

7. Findings of Review

7.1. Civil Works

Management of Civil Engineering unit

The staff working on the Civil Engineering unit were from Bangalore City Corporation or on deputation from public works department. All the posts sanctioned were not filled up.

Since available Assistant Engineers are busy in achieving physical progress and are available at site only, they do not have time to follow up on other preparatory work like approvals, change of location of site, change orders and evaluation of tenders, which has lead to delay in implementation of the targets.

Target achievement

There was no physical progress in the first two years of the project, main reasons for which were the problems associated with the acquisition of land from Corporation and other Government agencies, which varied from 15 to 28 months. There was considerable delay in other stages of

planning relating to soil investigation, preparation of drawing, approval of drawing, preparation and approval of cost estimates, tendering process and of work order, ranging from 24 to 36 months. The first work order was issued only on 8th May 1996, 24 months after the initiation of the project. It was observed that the period between approval of drawing to issue of work order varied from 15 to 36 months, which should have been completed in 6 months (24 weeks) as per the project proposals. The period taken form notification of tender to issue of work order varied form 4 ½to 6 months which should have been completed in 2 ½ months.

The tenders for civil works were called for in the local newspapers.

The participation in the first and second tender was less. The participation from the third notification onwards was good and on an average the participation ranged between 1.75 to 11 for different tender notifications. In few cases single tenders were also considered.

Status of Civil Works

By the end of this review period 12 Health Centers, 4 Staff Quarters, 5 renovation of existing UFWCs and Maternity Homes were completed. The other buildings were under construction / renovation. Still the process of planning have to start for 10 UFWCs and 9 Maternity homes. ·

The reasons for delay were:

Land problems, Protest by local residents and change of location for Health Centres.

Insufficient contract period of 6 months, release of work front in stages, absence of construction programme of contractor and restriction on stacking of contractors material and plant and M/C for renovation of MH & UFWC.

Implementation for Quality of Work

a. Actions taken and findings

No Contractor has furnished any programme for execution of work. The soil investigation was being done through M/S Nagadi Consultants and reports were available. The bricks were tested by the contractors and the test certificates were available. For reinforcement, the contractors were submitting the manufacturer's test certificates. The contractors were arranging for sampling and testing of cube strength of concrete from reputed laboratory.

There was no documentation of the modifications done at job sites. Though the site order books were available, complete instructions were not recorded. No records of permission to go ahead with concrete works were available.

The construction sites were regularly visited by the Project Co-ordinator and the Programme Officer. However, these visits were unscheduled. The visits of the Architect/ his representative were notified to project authorities.

The contractors were not conducting the following tests, which were mandatory.

1. Pressure testing of G.I Pipes.
2. Testing of sewer lines.
3. Testing of Electrical works.

Check lists for taking over of buildings from contractors were not available, while only inventory list was prepared, signed by the L.M.O.

"As built drawings" of plumbing and sanitary and electrical works have not been prepared.

Field Assessment of quality of Buildings

Buildings completed

In general the quality of construction of buildings was satisfactory. The quality of general works like brickwork, plaster, painting, flooring was satisfactory. The quality of form work and concrete for columns and slabs were satisfactory and the sample cubes for concrete were taken from all the work spots.

The sanitary fittings in all the units were found to be in working condition.. All the taps were working and no leakage was found in most of the cases.

The Form work for lintel, lofts and sides of beams was not satisfactory. Providing covers to reinforcement was also not satisfactory.

In some of the buildings there were deviations from the approved drawings as well as in the constructions. Some of them are highlighted below.

1. Sinks in minor OT not provided in the location as per drawing.
2. Elbow operated taps not provided in minor OT.
3. Floor traps provided in minor OT in spite of specific contra instructions.
4. Pumps provided inside the buildings in spite of specific contra instructions.
5. Change of location and number of electrical points.
6. The necessity of certain basic provisions for delivery of efficient services overlooked in

the constructions.

7. Defects in the constructions impeding the delivery of services.
8. Difficulty in closing door and window shutters.
9. Ramp to emergency room not provided.
10. Approach to the terrace not provided.
11. Drinking water facilities not provided.
12. No provision for maintenance of buildings.

Realistic Estimates for completion of Civil works

The realistic estimates for the completion of the Civil Works is as below.

a. Health Centers

i. For 30 units where work is in progress: *June-98 to March-99.*

ii. For 13 units where work is expected to start by July-98: *September-99.*

b. Staff Quarters

For the 3 units, where work is expected to start by July 98: *June-99.*

c. Training Centre

Work is in progress and completed up to plinth level, the scheduled completion is December-99.

d. Renovation of Existing UFWCs

i. For 4 units where work is in progress and are in the finishing stage: 15th July 1998.

ii. For 7 units for which tender evaluation is in progress, work is expected to start from August-98: *August-99.*

iii. For 5 units tenders are expected to be notified by July-98 and the work is programmed from: *Jan-99 to Dec-99.*

iv. Fo r 5 units for which drawings are to be prepared from June to August 98. Notification for this is being planned in October-98 and the programme for work is: *March-99 to March-2000.*

e. Renovation of Existing Maternity Homes

i. For 2 units for which work is in progress are in finishing stage: *July-98*

ii. For 8 units for which tender evaluation is in progress, work is expected to start from ***July-98*** *June-99.*

iii. *For 4 units tenders are expected to be notified by July-98 and the work is programmed* *Jan-99 to Dec-99.*

iv. *For 5 units for which Architectural drawings are to be prepared is expected by Aug-98. Notification for the same is being planned in October-98* *March-99 to March-2000*

Review of Escalation of cost

The project proposal envisaged the following expenditure for civil component.

Civil work	705.13 lakhs
Departmental Charges	84.62 lakhs
Total	789.75 lakhs

The realistic cost estimate based on the work orders issued and the forecast based on the present schedule of rates and market scenario is Rs 2188 lakhs.

The increase in cost over Project Proposal is 177%.

The reasons for increase were;

i. Time gap of 4 years between execution and proposal
ii. Change in specifications
iii. Increase in the scope of work
iv. Increase in the deposit rates of KEB and BWSSB
v. Increase in cost of building materials and labour due to large scale construction for National Games

Maintenance of Buildings

The newly constructed and renovated buildings will be under the custody of IPP-VIII till the tenure of the project, which will be ultimately handed over to Bangalore Mahanagara Palike.

As on date, no maintenance work has started. Since some of the building were completed over an year back, maintenance has become necessary. As such it is suggested to provide maintenance work "on contract basis" following regular departmental procedures. The LMOs of the centers may be made responsible for coordinating maintenance work with the Civil Works unit. There is already a provision in the budget for maintenance. An annual budget of Rs.5000/- towards minor repairs per building may be allocated. For all newly constructed buildings which will be completing 3 years of

completion before the tenure of the project, annual maintenance work as per the departmental regulations are to be done.

Review of Consultancy Services

The following consultants were engaged to provide services for different aspects.

a. ***M/S Susri Associates for Architectural and Structural consultations.***

b. ***M/S Nagadi Consultants for Soil investigation works.***

c. ***M/S Doddamma Enterprise for*** *providing Group 'D' staff for supervising the building works.*

d. ***M/S Tiger Services for*** *providing security and cleaning services to Health Center and Maternity Homes.*

Generally the task accomplished by them were satisfactory.

Recommendations

a. Recommendations on Management aspects

1. Recruitment of staff on contract basis to be done. Retired engineers may also be considered for these jobs.
2. An undertaking to be taken for staff on deputation from the concerned departments that they will not be disturbed during the tenure of the project.
3. One Engineer to be earmarked for planning activities and follow up action with Architect and Consultants. His duties to include progress-monitoring, preparation of cost estimates, obtaining approval for cost estimates, tendering and evaluation and reports.

b. Recommendations for Quality assessments

1. Strict adherence to drawings and specifications.
2. Proper supervision and pour cards for concrete work.
3. Access for cleaning terrace to be provided in Health centers and staff quarters.
4. Requirements for providing basic services like elbow operated taps.
5. Modifications to be done only after written instruction of Architect.
6. Combined services drawing for renovation work.
7. Engaging services of consultants for quality control.
8. Maintenance wing to be established.
9. All defects pointed out must be rectified and documented.

c. Recommendations for quality improvements

1. Construction programme for individual structure to be submitted by the contractor with mil stone achievements and should be monitored every month.
2. Check list for taking over buildings from contractors to be prepared and shall be signed by P.C, only after which the building will be handed over.
3. Check lists for concrete work, brickwork, flooring plastering and painting to be prepared.
4. As built drawings to be prepared and preserved properly.

d. Recommendations for completion of civil works in time

1. Master plan for all the activities of construction like identification of site, preparation of Architectural drawings, preparation and approval of cost estimates, tender notification and evaluation, issue of work orders, contractors programme including milestone events to be prepared.
2. Tender evaluation to be done with the aid of computers.
3. In case of land problems, relocation of sites and issue of change order to be expedited.

e. Recommendations for reducing cost escalation

1. The notification for tender to be given in all leading local and national news papers in local language and English.
2. The requirements of electrical points for Health Centre and Maternity Home to be rechecked.

f. Recommendations for Proper Maintenance of buildings

The present scenario is that maintenance funds are not readily available. It is therefore suggested to explore the possibility of finding funds for maintenance through alternate channels such as:

a. Sponsorship by individuals and other private sectors.
b. Creating a Corpus fund for maintenance.
c. Collection of nominal fee from patients.

7.2.Maternal & Child Health and Family Planning Services

Earlier to the initiation of the project, there were 31 Maternity Homes, 32 Urban Family Welfare Centres (U.F.W.C) and 5 Post Partum Units (PPUs) in the City. In the Project, it was planned to have in all 97 Health Centres and 24 Referral Health Centres under the project by strengthening or converting the existing 32 U.F.W.Cs and 5 PPUs (total 37) on par with the proposed Health Centres and set up, build and operate and maintain, in a phased manner, 60 new Health Centres.

Status of Health Centres

There was no integration and co-ordination between the Public health and Engineering Units as was indicated by the fact that in a few Health Centres basic physical infrastructure and facilities, which are essential for delivering good and acceptable health services to the people, were not provided.

Staff Position

It was seen that a few of the posts of the Medical Officers were vacant affecting the programme performance. Further staff were on deputation from BCC/State Govt. and were less motivated/committed/interested in work aggravated by frequent transfers of deputed staff.

Programme Performance

A few changes were made in the activities of the Centres and also in the job responsibilities of ANM and Link workers (field staff) from the original project proposals which have been smoothly implemented.

The FP performance has been consistent for sterilisation (female) and IUD but more efforts are needed to popularise and increase usage of spacing methods of oral pills and condoms. The male participation (vasectomy) is practically nil. Though ANC registration is improving there is considerable drop in the proportion of deliveries conducted in Government institutions (62% to 53%). This trend was noticed for immunisation services also, could be due to renovations in maternity homes affecting delivery and extension of services.

Facilities at Health Centres

The general physical facilities like "waiting area" "drinking water" facilities needed improvements. The OPDs needed adequate equipment viz. Weighing machine, BP apparatus, etc. In the wards of maternity homes the existing costs/beds needed replacements with adequate facility for post operative care. The stores needed "closed cupboards" for storing drugs and FP supplies.

The ANC services need improvements by providing weighing machines, IFA tabs. Supplies, etc. the laboratory services may include Hepatitis B screening and in select centres facilities for HIV testing with counselling to be provided.

The supplies of IFA tabs, vitamin A, ORS and vaccines (in case of U.F.W.Cs/New centres) need improvement. Similarly facilities for STD and AIDS control is needed under the project.

Waste disposal facilities are needed in the U.F.W.Cs / new centres and solar water heater maintenance to be ensured.

A careful reorganisation of ambulance services is recommended.

Beneficiaries at Maternity Homes / Referral Health Centres

The proportion of beneficiaries from the slums was only 41%.

Majority of them visited for MCH services (86%) and around 11% for F.P. services. They had to wait for about 25 minutes on an average, with a range of 5 to 60 minutes, for getting the desired services and expressed satisfaction of services.

Majority expressed their willingness to pay 'user fees' for various MCH services viz. OPD, laboratory services, wards, delivery and medicinal costs.

Quality of services for Family Planning

There were some gaps in the knowledge and practice of uses of spacing methods There is a need to ensure adequate stock and supply at house hold level by the link workers/field staff.

There was a need to screen and identify a correct case for IUD.

For female sterilisation there was a need to look into the system of incentive distribution and a proper medical follow up of operated cases.

Quality Standards at the Female Sterilisation Camps

The beneficiaries of tubectomy were young with an average age of 25 years, comprising of Hindus and Muslims, almost similar to the religious pattern of the area. There were 17% who were educated above High School. Two-thirds had two or less number of children reflecting good performance of the programme.

Informed consent was very poor, with only 18% being informed of the contents of the 'Consent Form'. 28% of them did not know that tubectomy is a permanent method of contraception and 32% did not have their bath before coming for the operation reflecting on the lack of "Interpersonal communication" between the clients and health personnel.

The observations at tubectomy camps in the Maternity Homes/U.F.W.Cs revealed that there were gross deficiencies in the maintenance of aseptic standards inside Operation Theatres, with regard to OT sanitation, OT dress linen, satisfactory disinfecting of Laproscope in cidex solution and undesirable movement of non theatre personnel into operation theatres.

Key Recommendations

1. To accelerate the construction of new health centers and renovation of existing maternity homes/U.F.W.Cs.
2. To fill up staff vacancies, popularize No Scalpel Vasectomy and spacing methods viz. oral pills and IUDs.
3. To improve logistics of supplies of IFA tabs, ORS and vitamin A, provide air conditioner and generator to select OTs conducting FP camps regularly.
4. To improve coverage and utilization of services by slum population, to introduce on experimental basis "user charges" for select services in a few maternity homes.

7.3. TRAINING

Skills improvement of the service providers is one the important objectives of the Project. To fulfil this objective a residential Training Centre was established.

Infrastructure

Presently the Training Centre is operating in a Corporation building without any residential facilities with inadequate facilities. The new building proposed for the Centre with a adequate accommodation is under construction in the present premises and is expected to be completed only by the end of 1999.

Two of the senior posts meant for training activities are vacant, adversely affecting the training programmes. There is a need for additional staff viz. one Senior Consultant, a Steno-typist and an Asst. statistical Officer to bring about improvements in the quality of training particularly with reference to content, skill development, monitoring and post training performance evaluation.

Training Programmes

A tentative Training calendar was proposed which however was revised in subsequent years of implementation, due to delays, without much changes in the content of the programme, and training programmes actually started in 1995-96, due to non establishment of the facilities.

Progress in training

A total of 17 types of training programmes have been conducted covering 2763 trainees in the last 2 years. The most frequently conducted training programmes were "Pre Service Training"

for Link Workers (690) followed by CSSM training (397 persons) and Baby Friendly Hospital (305 persons), besides concentrating on Lady Medical Officers on different aspects.

The envisaged training programmes for Municipal Councillors and Local leaders has been a non starter, besides the coverage being very poor for the categories of School teachers, Private Medical Practitioners, and the administrative staff of the Project. The availability of suitable training material to make the training more effective is also a felt need of the Centre.

The training programmes were hampered mainly due to lack of trainers and adequate facilities.

There is a need for more emphasis to improve and strengthen clinical skills and competencies of field staff viz. LMOs and ANMS and Link Workers, besides improving the quality of training programmes.

It is important to ensure proper monitoring of the training activities as well as trainees participation.

Content Analysis of Training programmes

On the whole, the training programmes were satisfactorily conducted with available resources. However, the documentation with regard to the content and follow-up of the training programmes is poor.

Training Materials

a) *Link workers module*: More information on FP methods; Maternity care with emphasis on institutional care; immunisation including pulse polio campaign; AFP surveillance; Job chart of LWs and services and facilities at HCs and maternity homes. This may be provided as an addendum (DTP and photocopies) to the existing module as a cost saving measure.

b) *Extension Approach Module*: Areas on Pulse Polio Campaign, AFP surveillance; facilities available and services provided in Health Centres/UFWCs/Maternity Homes.

c) *RCH guidelines (in kannada)*: The training of TBAs & DD kits are to be substituted with information for promoting institutional deliveries besides including more details on FP methods viz. Nirodh, OCPs, IUD, Sterilisation including NSV.

d) *IUD insertion guidelines for LMOs (GOI version)*: A checklist of evaluation (for post training performance evaluation) to be prepared by the Training Centre and provided to benefit both the trainers and trainees.

The library maintenance was poor and unsatisfactory. Adequate reading materials to suit the needs of the trainees are lacking. Any further purchases of books and journals should be made in consideration of the needs of trainees.

Evaluation and Follow-up Action of Training programmes

An effort has been made by the Training Centre through a "Standard Format" to systematically evaluate the impact of CSSM training through post training evaluation of ANMs, LHVs and Staff \nurses at their work places. Inspite of limitations, the Training Centre has organised "retraining" following these evaluations, which is quite commendable.

But similar efforts are needed for Link Workers and LMOs and for other types of training programmes (major ones) as well as on Management. Besides there is a need to organise a current 'training needs assessment' (quick and simple) and revise the training plan accordingly. It was also informed that there is a lack of interest and passive participation of trainees viz. LMOs during training programmes. They need to be oriented to the importance of training by the programme officers and post training follow-up by Training Officers / Senior Consultant should improve the situation.

Integration with other Training Institutions

An integration and co-ordination mechanism does not exist for training both IPP-VIII and other health staff of BMP at the Training Centre to avoid duplication and multiplication of training programmes for all health staff of BMP. In this direction as a first step towards integration, it is desirable to rename the Centre as "Bangalore Mahanagara Palike Training Centre" to bring a sense of ownership of the Centre from the Bangalore Mahanagar Palike.

Co-ordination and linkage of the activities of the Training Centre with SIHFW, does not exist for sharing information, facilities and trainers.

No concrete plans were developed to promote the Centre as the nodal training Centre for medical and health staff of Municipal Corporations of other cities in the State.

Key Recommendations

1. To immediately fill up the staff vacancies at the training center and recruit additional staff viz. senior consultant etc. on contract basis and accelerate the training activities.
2. To identify additional territory hospitals as skill development centers and organize training to strengthen clinical competencies of medical and paramedical staff.

3. To improve the facilities in the training center and to strengthen the monitoring, documentation and evaluation of training programmes.

7.4. INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES

The planning of IEC activities are done on the basis of micro plans at Health Centre Level and action plans at the community level.

Varied types of media were used in the propagation of messages. Educational materials comprising of all the important messages on MCH and F.P. were prepared.

Recently conducted survey on IEC has brought out certain changes in the needs of strategies of IEC. The focus group discussions held in the Community has highlighted that propagation of messages through A.V. vans has been the most effective, but the timings of shows are to be modified according to the needs of some special groups like working men and women. The group meetings at Health centres have benefited only women and that the Folk media programmes are not properly propagated. Pamphlets and display boards were not known to many.

Funds Earmarked for IEC activities have been fully utilised and part of the funds available with Innovative Programmes have been diverted for IEC programmes.

The following recommendations emerged out of the above survey for improving IEC component.

- Slums being inhabited by three major religions Hindus, Muslims and Christians with differences in knowledge, attitude and practices, the approaches and messages for each aspect of the program should confirm to these differences. In other words the messages are to be tailored as per the religious compositions of the slums.
- Couples in the slums being young, the messages should suit their needs and should be in an acceptable manner.
- Since the slums have got working groups mostly engaged in day time labour, the timings of the programs should fit into their leisure hours may be late evenings.
- Co-ordination with different agencies involved in improving the status of women should be considered as such agencies have more expertise in these specific areas.
- Co-ordination with population education cells especially for adolescents both in the school and out of school would enhance the efficiency of adolescent education programmes.

- Co-ordination with private practitioners for educational programmes should be incorporated. They are to be equipped with necessary materials and incentives along with an orientation in imparting the messages.
- Television being a popular media in the community, as compared to others, utilisation of this media in a bigger way should be explored.
- Group orientation programme which are at present covering only a scanty proportion of population should be given a top priority.
- Literacy amongst both male and female being considerably satisfactory, increased propagation of messages through print media should be considered. Simple brochures and booklets prepared in an interesting and appealing manner should be distributed.
- Age at menarche being low especially with Muslim communities, population and sex education through schools should be emphasised. The concerned departments engaged in population educational programmes at the district level should be co-ordinated.
- Environmental Sanitation education programmes especially amongst Hindus and Muslims have to concentrate on messages pertaining to hygienic methods of disposal of garbage, waste water and use of community latrines.
- Messages to improve the personal hygiene habits regarding bathing etc., especially among Muslims and Christians require emphasis.
- Importance of obstetrical care especially for antenatal and post natal checkup amongst Christian women needs emphasis in messages.
- Importance of institutional deliveries in reducing maternal complications needs to be stressed in the messages.
- Breast feeding habits and its importance in the child care and prolonging amenorrohea should be incorporated in the messages especially with Muslims.
- Messages on management of dirrohea in terms of increased food and fluid intake and administration of ORS especially amongst Christians need to be included.
- To reduce malnutrition amongst under fives which is very high in the community messages on nutritional supplementation, using locally available food in sufficient quantities and concepts of balanced diet require attention.
- Messages on risks of teenage pregnancy need to be emphasised especially amongst Muslims.

- Messages on legal age at marriage requires emphasis with Hindus and Muslims.
- Messages on different family planning methods their importance, contra indications and availability needs to be spread especially amongst Hindus and Muslims.
- Information on spacing methods especially with Muslims is to be reinforced.
- Women autonomy needs to be improved by incorporating messages on rights of women and co-ordinating with agencies involved in such activities.

Recommendations

1. Before developing any new IEC materials an assessment has to be done for the effectiveness of the media which are being used at present in propagating the messages. This should be one of the tasks to be undertaken by the Consultants who are engaged with the Unit.
2. Cost effectiveness in terms of coverage of different media should also be assessed by the consultants who should also provide a feed back on suitable mix of media.
3. Follow-up should be done at Health Centres' level for effective utilisation of materials which are supplied to them.
4. Some of the messages recommended by the survey undertaken in Mid July 1998, should get priority in the materials to be prepared from now on.
5. Grass root level workers especially ANMs, SHE club members and Link workers are to be provided a better orientation of the health messages to be propagated by them as well as using the materials in an effective manner.

7.5. Innovative Programmes

To make the programme more community based, several innovative schemes have been incorporated in the present Project. The main objective of these innovative schemes is to strengthen the NGO and Community Participation in the programmes besides improving the status of women ultimately aiming at the sustainability of the programmes.

The unit is managed by one Programme Officer assisted by a few Social Workers, appointed recently.

Important activities initiated under the scheme are:

- Involving Link workers from the community for effective implementation of the project.
- Establishing Social, Health and Environmental (SHE) clubs as a resource group for planning, implementation and monitoring of the programmes.
- Providing educational opportunities to adolescent girls through non-formal schools.
- Providing care for the children of working women through Crèches.
- Income generation activities.

a. LINK WORKERS

Even though these workers were to belong to the same slums of their area of duty, only a third of them were the residents of their work area, contrary to the concept of selecting workers from the same slums.

Religion wise 92% of the workers were Hindus, 2.9% Muslims and 5.1% Christians adequately representing the religious composition of the slums.

Most of the workers were young with a little less than two thirds of the workers aged up to 29 years (61.5%) and another about a quarter from 30-34 years age group (24.6%).

Education wise all workers were educated with a majority with education up to middle school (85.5%) and the rest were with higher secondary education.

94.2% were married while only 1.4% were unmarried. 84.2% of the currently married link workers were practising family planning method. 63.8% of the link workers had undergone female sterilisation, while 0.7% have adopted male sterilisation. 15.2% had IUD, 1.4% were using oral pills and another 3.6% nirodh.

Level of awareness of workers on health and family planning

Only 23.9% of the workers had complete knowledge of the duties they were to perform.

Knowledge on identification of either eligible couples for F.P. or pregnant women was very poor with only 10.9% and 44.9 % having complete knowledge on these two aspects respectively.

Knowledge on calculation of expected date of delivery or factors of risk during pregnancy was better (79% for both).

89.9% knew the correct dose of T.T to be administered to pregnant mothers.

Only 37.7% of workers had complete knowledge on advises to be given to pregnant women while only 56.5% knew about all the danger signs of new born and another 62.3% knew all the advises to be given to mother immediately after delivery.

However their knowledge on different family planning method was 100% with all of them having knowledge on male sterlisation, female sterlisation IUD, oral pills and nirodh.

All the link workers were aware of the complete immunisation schedule for infants.

91.3%. of the workers were aware as to when a women is to be advised to adopt a permanent F.P method while 97.8% were aware of spacing methods.

Only 57.2% had complete knowledge of vitamin A deficiency while another 52.9% had knowledge of iodine deficiency and 23.2% for causes of anemia.

Their knowledge on advises to be given to diarrhoea cases was very good (97.8%), but only 17.4%% had knowledge on the danger signs of diarrhoea. All the workers were aware about the method of preparation of ORS.

Only 59.4% knew what are the advises to be given regarding personal hygiene.

The knowledge on STD was almost nil and it was informed by Project authorities that there was no component of either STD or HIV/ AIDS in the training curriculum to the workers.

Activities performed by the workers

Link workers during the previous year, on average had referred 101 children for immunisation, motivated 120 cases for adopting various family planning methods. They were successful in motivating couples for spacing methods as out of the cases motivated nearly two thirds were for spacing methods.

Majority of workers were practising family planning **(84.7%).**

Community opinion on the programme

Almost all the females, except for a few working women, knew who was the link worker in their area and also what activities were being performed by her and were of the opinion that she is working effectively and that she visits their area regularly and distribute oral pilis, condoms and ORS packets on need basis. However only a few of the males were aware of her existence that too through their wives.

Recommendations

1. Link workers should be recruited from the same slums of their area of work, which will enable community members to use their services in a better manner.
2. Emphasis on STD/AIDS as well as identifying eligible couple and pregnant women in training programme is required.
3. Since identification cards and uniforms were desired by the workers, the feasibility of providing them these facilities can be explored.
4. The project should look into sustainability of their services.
5. To improve upon better male participation in the programme a few male link workers may be enlisted.

b. SHE CLUBs

The pace of establishment of the clubs is rather slow. During the year 1994-95 only 12 clubs were formed while by the end of 1995-96, there were only 36 clubs which increased to 70 by the end of 1996-97. However, during the year 1997-98, 67 clubs could be added to take the number of clubs to 137. The target of establishing 401 clubs is still far behind.

Most of the members (97%) resided in the slums of the respective clubs and majority of them were from the elderly age group of over 35 years (43.4%) and another 19.2% from 30-34 years. However, there were about a third of the members from younger age group 20-29 years of age (36.4%). Adequate representation of some of the older age groups especially from "mothers-in-law" who influence certain decision-making would help the programmes.

73.7% were Hindus, 20.2% Muslims and another 6.1% were Christians representing the religious composition of the slums.

Education wise majority were educated beyond middle school (72.7%) and there were substantial proportion of graduates (40.4%) amongst them.

Majority (90.9%) were currently married and of the married 83.8% had adopted different family planning methods mostly tubectomy (72.7%). The proportion practising IUD was 6.1%, oral pills 4.0% and only 1.0% Nirodh.

Level of awareness of members on MCH and F.P.

Knowledge on legal age at marriage of girls was quite satisfactory (97.0%), but not so on legal age at marriage of boys (82%).

Knowledge on different methods of family planning for prevention of pregnancy was almost universal (99.0%). While female sterilisation was known to majority of members (93.9%), knowledge on male sterilisation was very poor (29.3%) but on spacing methods of family planning was not high except for Oral pills (93.9%), (85.9% for Nirodh and 72.7% for IUD).

All the members had knowledge on the immunisation schedule for children.

Knowledge on prevention of HIV/AIDS was fairly good (81.7%) but on STD was known only to a few (34.3%). Even though the media had contributed well (93%) for this, training programmes had also equally contributed (84%),

Activities of the Clubs

Average number of programmes conducted through the clubs were mostly related to the Immunisation (11) and Family planning programmes (9). The other programmes relating to environmental hygiene & personal hygiene or disease prevention were not many ranging only between 8 to 6. The number of camps or competitions conducted were not many (7 in all) and mostly for Immunisation or Health Check-up.

Community opinion on the programme

Majority of the females were aware of the existence of the Club and the activities carried out by them but not so with males. Many of the women had participated in the programmes of the club. Both males and females, who were aware of the Clubs were of the opinion that they were working effectively and are useful to them.

Recommendations

1. The formation of the Clubs should be accelerated to meet the targets of the Project and the composition of members should have due representation for **mothers-in-law**.

2. Reorientation programmes to the members on Spacing methods of family planning , STD and environmental sanitation including personal hygiene should be done, besides training them on organising more and more innovative programmes.
3. The awareness programmes and camps organised by the Clubs should be more on programmes on different components of the Project besides concentrating on Family Planning.
4. More Innovative meetings should be arranged in the community by the Clubs
5. Prior announcement of programmes in the community should be ensured.
6. Proper usage of pamphlets and exhibits by the staff should be ensured.

c. NON-FORMAL EDUCATION

Progress of establishment of the centers

Till 1995-96 there were no activities for the establishment of the centers. During the year, 1996-97 9 centers were established at different slums and another four centers were added in 1997-98. Thus there were only 12 centers functioning with students. All the centers were operated by NGOs.

Infra Structure facilities at the Centers

Most of them had enrolled only up to ten students (87.9%) and the demand was around only 58%. The centers were to cater mostly to the young girls in the age group 6-16 years. But only 12 % of the beneficiaries were over 10 years of age. The main reason behind this is that most of the older girls go out for work and the working hours of the centers were not suitable to them.

Position of staff was adequate. Majority of the centers functioned in single rooms (75%) while a few centres share there accommodation with other innovative programmes like Creche. The ventilation and natural lighting conditions were not satisfactory in majority of the centers (50 % to 67%). The basic amenities like toilet facilities were lacking in 50% of the centers while the cleanliness of toilets was also poor (41.7%). Drinking water facility was available only in 33.3% of the centers.

Most of the girls sit on the floor and only 25% of the centers provide mats for the purpose.

Proficiency of teachers and standard of teaching methods

All the teachers were found to be educationally qualified and two thirds of them had professional qualifications. Majority of the centres were adopting standard teaching methods.

Majority (75%) of the centers had adopted flexibility in curriculum according to the needs of the beneficiaries. But still there were areas of improvement like incorporating vocational training and teaching of different languages as per needs.

75% of the teachers felt that the priority should be given to environmental and personal hygiene while teaching health education. Only 8% of the teachers felt the priority of imparting menstrual hygiene while a similar proportion for nutrition. 83.3% of the teachers felt the need for further orientation training on various health topics.

Recommendations

1. Infrastructure facilities should be ensured while sanctioning NFE centers.
2. Teachers should be oriented to impart MCH and reproductive health education to the girls.
3. Vocational component of non-formal education should be incorporated.
4. Timings should be accommodated as per the requirement of the students.

d. CRÈCHES

Demand for the Crèches

The project envisaged establishment of 50 crèches in different slums of Bangalore by the end of the project period, out of which 33 crèches have already been established. 3 crèches were established in 1995-96, followed by 11 in the subsequent year 1996-97 and 19 during the year 1997-98.

All the Crèches had a good demand for admission of children. 60% of the crèches had enrolled more than the optimum number of children (25 children). The age group of the children enrolled varied between 2 to 6 years.

Even though the main objective of establishing the crèches was to cater to the needs of the working mother it was found that only 76% of the children were of working mothers and the remaining were of housewives.

Infrastructure facilities

Staff position in the all the crèches was found to be adequate. but the continuity of the workers was not satisfactory as only 73.3% of the staff were working in the same crèche for the last two years. Only about half of the (53.2%) caretakers were professionally qualified with Balsevika or Child development training.

Majority of crèches were accommodated in single rooms (86.6%) and about half of them did not have the recommended space for accommodating the children (46.7%).

Ventilation and natural light facilities were available in only 60% to 80% of the crèches. Toilet facilities were glaringly lacking in nearly half of the institutions (46.5%) and children used the roadside for their needs. Even though water supply facilities were adequate, only 73.4% were storing the drinking water properly in container with lid or water filter.

Availability of mats for children to sit and sleep was very poor in most of the crèches (33.3%). There were no cradles in any of the crèches.

Play materials were available in only 53.5%. Outdoor playing space was inadequate in more than two thirds of the crèches.

Only 13.3% of the crèches had first aid box with essential medical kit and only 26.6% of the caretakers were trained in first aid.

Health Activities at the Crèches

In most of the creche (80%) health check-up camps were held regularly once in 3 months However health cards were available in only 46.6% of the crèches.

Since one of the aims of the crèche was to promote F.P methods amongst the mothers, the percentage of mothers who have accepted F.P methods was quite satisfactory (72.7%). In almost every crèche mothers meetings were held regularly once every month where different topics on MCH and F.W were discussed. Awareness of mothers on causes and prevention of HIV/AIDS was satisfactory (80%).

Impact of Health activities at Crèche on mothers

The health activities conducted in the crèches such as mother's meetings etc. have influenced the knowledge and practices of the mothers, especially on spacing methods for F.P. Even the adoption of these spacing methods for F.P. was higher with crèche beneficiaries. Knowledge on HIV/AIDS and STD was better with crèche beneficiaries.

Recommendations

1. More crèches should be started, as there is great demand for it.
2. Since the grant given for crèche is found to be insufficient as expressed by many NGOs, feasibility of increasing this amount should be looked into and an undertaking should be taken from organisation that they would provide necessary infrastructure and training.

3. The staff of crèche should be given periodical training on MCH aspect including STD/AIDS.
4. First aid box should be provided in all the crèches with training to Care takers in First aid.

e. INCOME GENERATION ACTIVITIES.

Progress of achievements

The programmes started only in the year 1995-96 with the starting of a Radio and T.V repair training center and gradually picked up in the year 1996-97 and 1997-98 and at present 24 units are operating.

Characteristics and opinion of beneficiaries

There were a mix of all religious groups amongst the beneficiaries, however Muslims constituting a higher proportion (35.7%).

Age wise majority were adolescent girls aged between 15-19 years (54.8%). Unmarried girls constituted the majority of beneficiaries (67.1%). Even though majority of the beneficiaries were from the same locality (86.3%), there were a few from other slums, indicating the need for starting similar programmes in other slums also. Majority (98.6%) of the beneficiaries were satisfied with the training programme, and with the training materials supplied to them (79.5%).

Health awareness of beneficiaries

Most of the (89%) beneficiaries had attended awareness programme on various health topics. Except for a small proportion of 9% of beneficiaries all had knowledge on legal age at marriage for boys and girls. Knowledge on menstrual cycle before its onset was found to be very low (28.7%). 86.3% were knowledgeable about different methods of family planning. 72.6% knew about tubectomy/Lap, 58.9% about IUD/Copper T, 67.1% about Oral pills and 53.4% about Nirodh. However, knowledge on vasectomy was very low (27.4%).

Only 21.9% beneficiaries had heard about STD and another 90.4% about HIV/AIDS. Their main source of information was through print media, 57.7% through health personnel and 67.6% through relatives, friends, neighbours, social workers etc.

Recommendations

1. The scheme should be extended to all other slums where it is available however after a need based survey.
2. Centers should propagate messages on reproductive health to adolescent girls.

7.7. PROJECT MANAGEMENT

A Steering committee at the State level chaired by the Chief Secretary of Government of Karnataka and another Project implementation committee at the Corporation level, chaired by the Commissioner, Bangalore City Corporation, guide and control all the management aspects of the project. The Project Co-ordinator has the overall responsibility of implementation of the programme and is assisted by all the Programme Officers. Since the inception of the Project the Steering Committee has met 6 times while the Project Implementation Committee 11 times.
The decisions were taken fast by these committees and have been conducive to the implementation of the Project.

Staff Position

Many of the personnel were on deputation either from Bangalore City Corporation or from other Departments of GOK, posing some problems of frequent transfers and non commitment from the deputed persons because of uncertainties.

A few of the key posts like Training Officers, Engineering staffs and a Statistician were vacant hampering the programmes. There is no full time post of Programme Officer for MCH and FP delivery services and one of the Senior Medical Officers of the Maternity Hospital was on additional duty.

Procurement & Logistics of Supplies

The purchases in the Project for equipment, medicines and supplies were done through a Project Purchase committee which meets as per requirements. The supplies are procured on the basis of tenders. The FP supplies, Vaccines, ORS, Vitamin A were procured from the State Family Welfare Bureau on quarterly basis and issued to the Maternity Homes/U.F.W.C's/NHC's on indents. The general drugs required for IPP VIII Health Centers were procured through public tendering (through leading News papers) annually and stores at the IPP VIII stored at a central Stores of the Project presently located at the Training center, Malleswaram. There was no regular Warehouse building for the Project. Generally in most of the Centers proper storage equipment were not adequate.

Management Information System

The Project has a Management Information System Unit with one Demographer, Statistician and Computer operators. The unit is well equipped with Computers and Accessories.

Even though the unit was collecting regularly information on programmes directly undertaken by the Project, such as IEC, Training, Civil Works and Innovative Programmes, information on Service delivery through Health Centres, was being collected and compiled at Dasappa Maternity Home under the Municipal Corporation. The reporting formats, although confirm to the Government of India requirements did not completely reflect the Project activities.

Recently an attempt has been made to develop MIS system for the Project through a Consultant. The pace work by Consultants was rather slow, they have now committed that they would complete the task by the end of July 1998.

Regarding monitoring of Project activities, it seems that no formal meetings were held every month with the Medical Officers I/C of Health Centres to review the performance on the basis of the reports. The MIS Unit has compiled some interesting reports on Status of Girls' Education. The Unit has also brought out periodical status reports on the Project.

Receipt and Utilisation of Funds

The project funds are received by Government of Karnataka from Government of India and then to the Project. Even though, GOK has received Rs 3431 lakhs from GOI, only Rs 1807.11 lakhs have been released to the project and the surplus amount is retained at GOK level. The Project Co-ordinator in a recent request has asked GOK to release the balance with them to the Project.

The cumulative percentage spending out of the total outlay were respectively 1.3%, 3.3% and 16.4% in the first three years. However during 1997-98 it touched 34.4%. The low spending was mainly due to non-completion of Civil Works resulting in slow pace of spending in other components like Procurement and Supplies. The ratio of average monthly expenditures over the corresponding figure of previous year shows that during 1995-96 it was 1.68, which raised to 6.16 in 1996-97 indicating that the utilisation gathered momentum in 1996-97. This was very appreciable for Civil Works with a ratio of 30.72. The Cumulative Percentage of expenditure over the allocated budget is lowest for Training and Consultancy activities (only 14.6%) even though for IEC activities it has exceeded the budgeted amount, mainly because of under spending under Innovative programmes. It is heartening that operating costs have not shotup.

The cost of Civil works have escalated as already reviewed under Civil Works. Based on these cost escalation and probable expenditures on other components, realistic estimates of

expenditure for the remaining period of the project was discussed in the Review meeting of the Project with GOI and World Bank Officials.

It is estimated that the project would require an outlay of Rs 3831 lakhs in the remaining period of execution to undertake all envisaged activities. This amounts to an additional requirement of 1260 lakhs for the project

Recommendations

1. Ensure retaining deputed persons on various Posts till the completion of Project.
2. Additional posts sanctioned are to be filled up immediately.
3. Project Co-ordinator to be assisted by a technical Consultant in Management for speedy implementation of Management aspects.
4. Expenditure position to be improved by speeding up Civil Works.

7.8 OVER VIEW OF PROJECT IMPACT

The impact of the programme is appreciable in the areas of MCH and F.P. The targets set forth for the projects are on the way for achievement. However educational programmes on age at marriage, propagation of spacing methods amongst young couples, motivation for institutional deliveries and service programmes on diarrhoea management, nutritional supplementation to underfives should receive priority attention.

INTRODUCTION

1. INTRODUCTION

1.1. Background

The family welfare programmes in India have been in operation for well over 40 years and despite additional inputs the progress has been well below the targeted goals. The progress especially in the urban slums are much below the desired levels. Urban slums have been growing at an alarming rate and the implementation of different programmes have not been catching up with this growth and thus the health care available to urban slums, especially with respect to family welfare programmes have been far below the desired standards. The National Health policy aims at taking services nearer to the doorsteps of the people and ensuring the full participation of the community in the process of health development.

In this background, Government of India with the aid of World Bank have targeted to provide basic health and family welfare services to the urban poor especially the slum dwellers by the turn of the century. Consequently India Population Project-VIII (IPP-VIII) was formulated and implemented in the slums of Bangalore Mahanagar Palike. With the ultimate goal of providing Family welfare (FW), Maternal & Child Health (MCH) services, the project is to focus on the reduction of fertility levels in the area.

The broad objective of the programme as per the Project document is to deliver family welfare and maternal and child care services to almost all the urban poor in Bangalore City.

The specific objectives are to:

- Improve maternal and child health.
- Reduce the fertility among the urban poor.

The strategies to be adopted for the implementation are:

i. Improving the quality of family welfare and maternal & child health care services provided by the Corporation.

ii. Strengthening the existing health and family welfare delivery services in the city.

iii. Expanding the coverage of care for the urban poor by establishing new facilities. Providing selected family welfare and maternal & child care services at the door steps of the poor.

iv. Developing close co-ordination with Government agencies involved in water supply, sanitation, child development, female education and employment.

v. Involving community leaders, private medical practitioners in health education and delivery of comprehensive health services.

In order to suitably plan and implement the strategies of this programme it is planned to undertake a Midterm Review of the Project Activities through the Consultancy services of M/s. Center for Research in Health and Social Welfare Management, Bangalore.

1.2 Objectives of present Review

i. To review the projects physical and financial progress of all the components objectively and critically and suggest ways and means for effective implementation in the coming months.

ii. To compare the indicators revealed in the Multi-Indicator survey undertaken in Bangalore Slums with the Base line survey results which was done in the year 1992 and suggest improvements in the system for better delivery of FW services.

iii. To undertake a detailed analysis of several Innovative Schemes under the project, like crèches, non-formal school for female school dropouts, Zeri & Embroidery training and Computer training etc, and to assess the impacts of the programme.

1.3 Methodologies for the review

The review was carried out under the following components and the details of the methodologies followed have been spelled out under each component.

i. Review of the achievements under the component civil works in terms of completion rates and steps taken for construction, quality assessments.

ii. Review of the activities of MCH centers.

iii. Review of the activities under Training programmes in terms of content, quality and impact.

iv. Review of the IEC programmes in terms of content, utility and accomplishments.

v. Review of the project management activities.

vi. Review of Women's development and community participation activities under innovative Schemes.

vii. Preparation of revised implementation plan accompanied by updated expenditure projections for each component of the project viz., Civil Works, Procurement, IEC,

innovative Schemes, Training, MIES and FW services, including Realistic Annual/ Quarterly Projections of future expenditures.

viii. Preparation of a comprehensive Mid-Term review report with a critical analysis incorporating the findings of Baseline survey conducted in 1992, recent reports of MIES & IEC consultants, available records and reports including official, World Bank Aid-Memories and special reports.

1.4. Review period

The review was carried out during the period April to June 1998 and covered all the activities undertaken by the Project since its inception.

1.5. Review Team

The Review team consisted of Specialists in the areas of Civil Engineering, Community Health, Medical Education, Health Management, Community Development, Survey Operations and Health Education assisted by qualified field Investigators. The details of the Specialists are given here under.

1. Dr. N.Suryanarayana Rao	Team Leader Consultant for Review of Project Management and IEC component	Overall guidance Review of Management aspects Review of IEC component
2. Dr. M.K.Sudarshan	Consultant for Review of Training and MCH centres	Training programmes Review of Health Centre activities
3. Mr. M.C.Keshava Murthy 4. Mr. M.V.Satish	Consultant for Review of Civil works	Review of Civil works activities
5. Ms. Vasanthi Satish	Consultant for Review of schemes under Innovative programmes	Review of schemes under Innovative programmes

6. Mr. A. Prakash Rao	Consultant for Organising Surveys and Statistical Analysis	Planning and Supervision of surveys
7. Mr. M.K. ChandraSekhar	Consultant for IEC activities	Assist in field Review of IEC component

1.6. Acknowledgements

The Team Leader and other Consultants of The Review Team convey their sincere thanks to The Project Co-ordinator Dr.M.Jayachandra Rao and Other Programme Officers Mr. S. Rajanna, Dr. Mala Ramachandran, Dr. H.R.Kadam, Mr.H.B. Subbe Gowda, Mr. Muniyappa, Ms. Shobana Kolothungan, Mr.S.Balaraju and other staff members of IPP VIII, Bangalore Mahanagar Palike, who whole heatedly co-operated with the review team in accomplishing the mission.

The Team members gratefully acknowledge the suggestion offered by World Bank Officials during the preliminary presentation of the review observations.

CIVIL WORKS

2. CIVIL WORKS

2.1 Background

The project envisages to strengthen the existing health and family welfare services in the city by expanding the coverage of urban poor through establishing new facilities. In this direction it was proposed to establish new health centres, renovation of existing U.F.W.C and Maternity home and providing residential accommodation to staff besides establishing a training centre.

As such a substantial proportion of funds allocated for project activities were proposed under Civil works component of the project.

The Mid Term Review of the Civil works component of the project was to be carried out to assess the following aspects.

1. Assessment of achievements in physical targets of construction and renovation of buildings.
2. Implementations taken for quality assurance.
3. Field assessment of buildings for quality of construction.
4. Assessment of functional utility of buildings constructed.
5. Realistic projections for the physical achievement of targets in remaining duration of the project.
6. Estimation of cost escalation for the remaining constructions.

2.2 Methodologies adopted for the review

The review was carried out by following methods.

i. Review of various documents available at IPP VIII office such as reports of physical progress, financial progress, identification of sites, problems related to land acquisition, cost estimates.

ii. Review of documents available in IPP VIII office regarding test results of bricks, cement, steel and concrete, soil investigations, check list and drawings.

iii. Field survey to check the deviation from working drawings/aide memories and the defects in the constructions.

iv. Visit to architect and other consultants.

v. Meetings with the staff of IPP VIII to review the requirement of personnel, reasons for shortfall in progress and actions taken for quality control measures at site.

A sample of buildings both completed as well as those still under construction were randomly selected on zonal basis for field review. The stages of construction was kept in mind in the selection of the sample.

The Programme Officer and his team were interviewed to find out the tests and other checks carried out for implementation of the quality checks as envisaged in the tender documents. Records at site level and correspondence of IIP VIII and Architect were also referred.

The field assessment of buildings were done as per the standards prescribed for construction and recorded on a format.

The programme of field visit was finalised after discussions with the Programme Officer and his Engineers.

For all the field visits, the consultants and their team were accompanied by the concerned Assistant Engineer and Contractor. The Project Coordinator and the Assistant Executive Engineers also accompanied the Team for some of the visits.

For buildings still under construction, the review concentrated on assessing the work procedure. The quality of plinth fill, brick work, form work and concrete were assessed as per the provisions in technical specifications.

In the completed buildings, the field inspection was carried on to assess mainly on the deviations from the approved plan which affected the functioning of the unit besides assessing the working of sanitary and water supply fixtures, condition of doors and windows, seepage/dampness and maintenance.

The number of buildings included in the sample are detailed in Table 2.1.

The Mid -Term review was carried out by two consultants, both civil Engineers by profession.

The consultants were assisted by two Civil Engineering Graduates and an Electrical Engineer.

The estimates for the realistic programme for completion of civil works was done on the basis of discussions held with the Project Coordinator, Project Officer and his team about the future programme for completion of the civil works. The opinion of the Architect and the Contractors who are executing the project were also taken.

Table 2.1. Details of sample selected for field assessment of quality.

Sl No	Description	No. Completed	Sample size	Number of buildings included in the sample
	Completed Buildings			
a.	Health Centre	12	100%	12
b.	Staff Quarters.	4	50%	2
c.	Renovation of Existing U.F.W.C & Maternity homes.	5	40%	2
	Buildings in progress			
a.	Health Centre	30	25%	8
b.	Renovation of Existing U.F.W.C & Maternity homes	4	50%	2
c.	Training Centre	1	-	1

2.3. Findings of Review

2.3.1. Management of Civil Engineering unit

a. Organisational arrangements

The Civil Engineering unit is headed by a Programme Officer (P.O.) of Executive Engineer cadre reporting to Project Coordinator. The P.O is assisted by two Assistant Executive Engineers (A.E.E.) & one Technical Assistant. Each A.E.E. has two Assistant Engineers.

The staff working on the Civil Engineering unit were on deputation from Bangalore City Corporation or Public Works Department of GOK.

All the posts sanctioned were not filled up and the status of staffing at the time of review is furnished in Table 2.2.

Table 2.2. Staff position of Civil works unit

Designation	Sanctioned	Filled
Executive Engineer	1	1
Asst. Executive Engineer	2	2
Assistant Eng.	8	4
Drafts man	1	1
Work inspector	10	10

Discussions with the Project Coordinator, P.O. & A.E.E. revealed that there has been a shortfall of engineers from the inception of the project. Even during the course of the present Mid-

Term review, all the civil engineering staff sparing one A.E were transferred. This has led to a situation where in there was no Engineer who had worked in the project since inception. As there were only a few Assistant Engineers, there was no proper supervision and the quality of work suffered. The engineers did not have time to follow up on approvals, change of location of site, change of work orders and evaluation of tenders, which has led to delays in implementation of the project.

To overcome the shortage of Engineering staff work inspectors were engaged through a manpower Agency.

b. Reporting system

Every month a report of progress of work was sent to Ministry of Health and Family welfare, New Delhi, besides reporting to World Bank twice a year.

c. Schedule of Meetings

Meetings of Civil Engineering unit, Architect and the Project Coordinator were held every month to review the progress of work.

2.3.2. Achievements in Physical targets of Construction and Renovation of buildings

a. Target achievement

The total Project targets and the proposed construction schedule in the first two years were as in Table 2.3.

Table 2.3. Targets for construction of buildings

Category of building	Total target for the Project	Target for first two years
New Health Centre	60	45
Training Centre	1	1
Staff quarters	7	5
Renovation of existing U.F.W.C	37	22
Renovation of existing Maternity Homes	24	17

There was no physical progress in the first two years of the project during 1994–95 and 1995–96. One of the main reasons for the delay was the problems associated with the acquisition of land from Corporation and other Government agencies. The period of delay varied from 18 to 24 months. There was considerable delay in other stages of planning relating to soil investigation,

preparation of drawing, approval of drawing, preparation and approval of cost estimates, tendering process and issue of work order, ranging from 24 to 36 months. The first work order was issued only on 8th May 1996, 24 months after the initiation of the project.

All the records about the identification and investigation of sites were not available with the Project office particularly for the initial stages of construction.

The milestone events in the civil component of the project up to the work order stages are detailed in Table 2.4.

It is observed from the above data that the period between approval of drawing to issue of work order varied from 15 to 28 months, which should have been completed in 6 months (24 weeks) as per the project proposals

The period taken from notification of tender to issue of work order varied form 4 ½to 6 months which should have been completed in 2 ½ months.

Table 2.4. Details of progress of preparatory activities for construction

Sl. No.	Activity	Health Center	Staff Quarters	Training Center	Renovat existing Materni homes a U.F.W.C
1.	Identification of location	September 1995	———	November 1994	———
2.	Approval of drawing	December 1994	December 1994	October 1995	March 1
3.	Approval of estimates	September 1995	September 1995	January 1996	Decemb
4	Approval of bid documents	———	———	January 1997	
5.	Notification for tender	October 1995	October 1995	May 1997	Octobe
6.	Issue of work order	May 1996	May 1996	January 1998	May 19
7.	***Time taken for issue of work order from initiation of Project***	**24 months**	**24 months**	**44 months**	**24 mon**

b. Notification for tender.

The tenders for civil works were called for in the local newspapers. The date of notification and units covered were as in Table 2.5

Table 2.5 Notification for tender.

Date	Notification	Health Centres	Staff quarters	Training centres	M.H & U.F.W.C.	U.F.W.C
31-10-95	1ST	18	4	-	7	-
13-03-96	2ND	5	-	-	-	2
26-05-97	3RD	-	-	1	-	-
25-08-97	4TH	19	-	-	-	-
14-02-98	5TH	13	3	-	8	7

The participation in the first and second tender was less. The reason was the construction of facilities for National Games which were in full swing. The participation from the third notification onwards was good and the findings are as follows

1. In the first notification the average participants were 1.75 per tender.
2. 13 bidders tendered for the first notification.
3. In the second notification the average participants were 1.92 per tender.
4. For the second notification 14 bidders tendered which included 13 bidders of first notification.
5. In the third notification there were 11 participants for one tender.
6. In the fourth notification the average participants were 2.5 per tender.
7. 11 out of 20 bidders who tendered for the fourth notification were new.
8. For the fifth notification, the average participants were 3.19 per tender.
9. 8 new bidders have tendered for the fifth notification.
10. Works were awarded to single bid tenders.

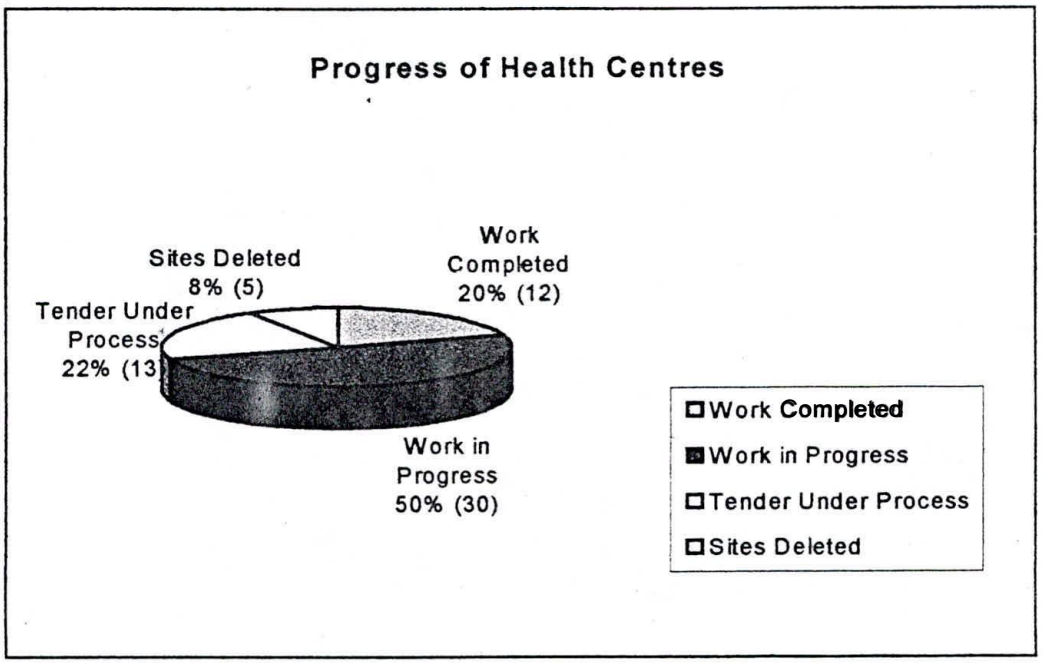
2.3.3. Status of Civil Works

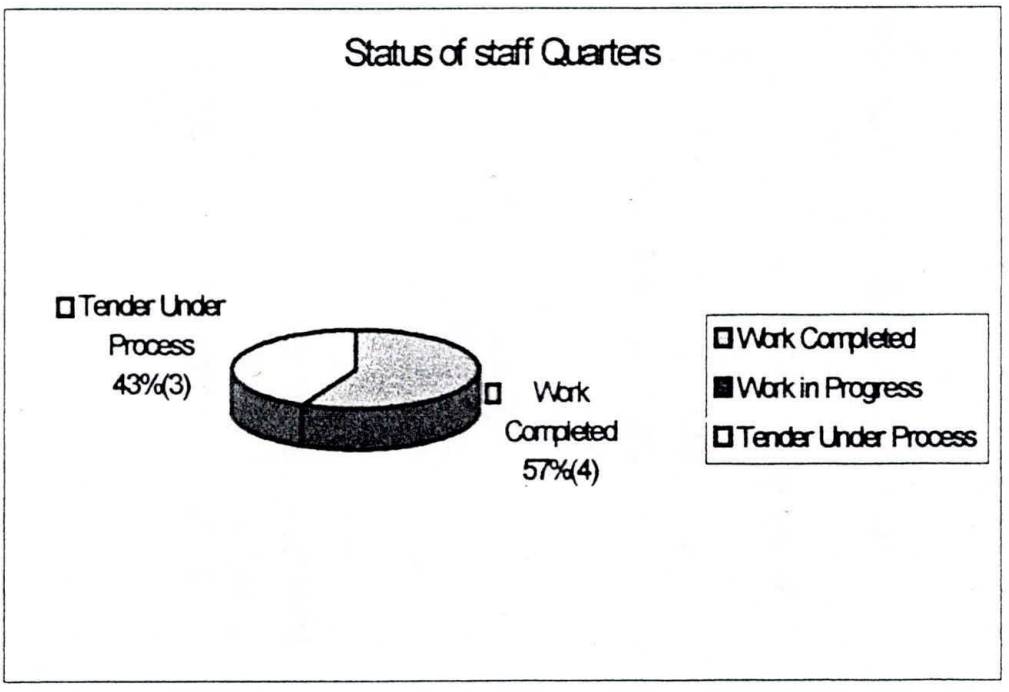
Table 2.6. Status of Civil Works

Unit Description	Target	1994 – 95	1995 – 96	1996 – 97	1997 – 98	1998 –99	Remarks
Health Centres Handed Over	60	-	-	2	10	-	(i) 30 Units under Construction Completion by March. 99 (ii) 13 Units Tender under process, will be finalised by June 30th 1998 (iii) 5 Units deleted
Staff Quarters Handed Over	07	-	-	4		-	(i) 3 Units tender under process will be finalised by 30th June 1998
Training Center	01	-	-	-	-	-	Construction under progress, anticipated date of completion Dec 31 St 1999.
Renovation of existing UFWCs Handed over	37	-	-	05	-	-	i. 4 units under construction expected to complete by July 1998 ii. 7 units tendering process is on, to be finalised by August 1998 iii. 5 units tender to be invited by July 1998 iv. Drawing to be prepared for 5 units in batches from June to August 1998 v. 11 units deleted
Renovation of Maternity homes Handed over	24	-	-	5	-	-	i. 2 units under construction to be completed by July 1998 ii. 8 units under tendering, to be finalised by June 1998 iii. 4 units tender to be invited by July 1998 iv. 5 units architectural drawings to be submitted to bank for review by August 1998

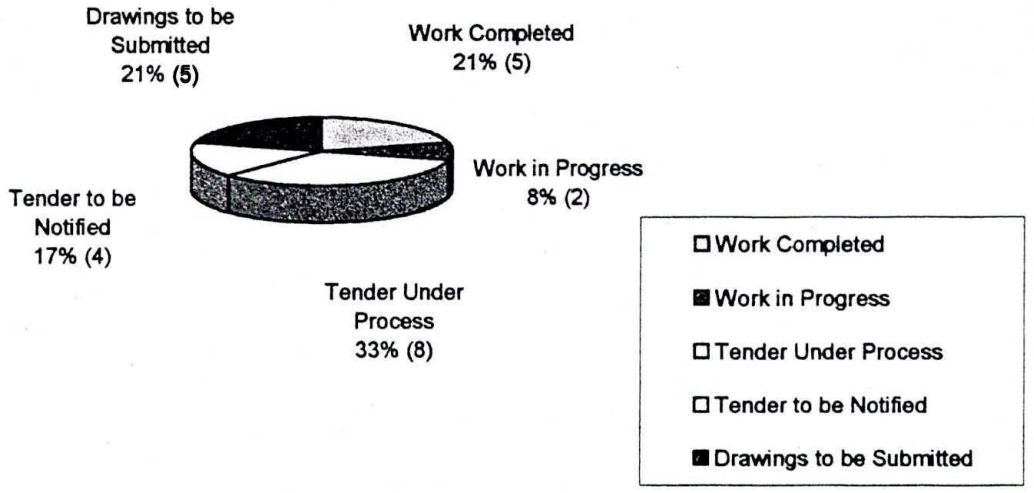
STATUS OF CIVIL WORKS

SL NO	DESCRIPTION	TOTAL QUANTITY	NOS	IDENTIFICATION	ARCHCITURAL DRAWINGS	TENDER NOTIFICATION	CONSTRUCTION START	PLINTH LEVEL	LINTEL LEVEL	ROOF LEVEL
1	TRAINING CENTRE	1	1							
2	HEALTH CENTRE	55	13							
			5							
			6							
			6							
			5							
			8							
			12							
3	STAFF QUARTERS	7	3							
			4							
4	RENOVATION OF MATERNITY HOMES	24	5							
			4							
			8							
			2							
			5							
5	RENOVATION OF U F W C	26	5							
			5							
			7							
			4							
			5							

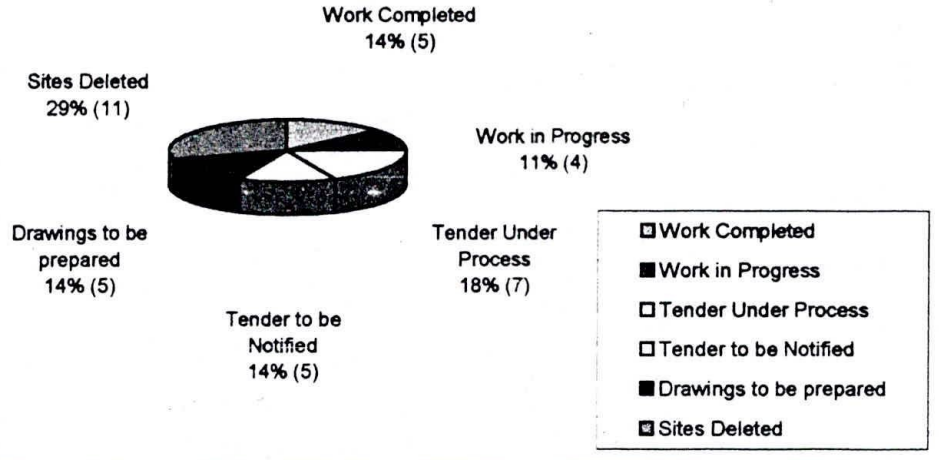

Progress of Health Centres
Sites Deleted
8% (5)
Work
Completed
20% (12)
Tender Under
Process
22% (13)
Work in
Progress
50% (30)
Work Completed
Work in Progress
Tender Under Process
Sites Deleted


Status of staff Quarters
Tender Under
Process
43%(3)
Work
Completed
57%(4)
Work Completed
Work in Progress
Tender Under Process

Status of Renovation of Existing Maternity Homes



Status of Renovation of Existing U.F.W.C's



Performance of works with reference to time frame as per contract is furnished in Table 2.7.

Table 2.7.Performance of works:

Health Center

Work order issued	No. of buildings	Completed in time	Completed with delay	Delayed & still not handed over
May 96	18	11	2	5
Sept 96	5	-	-	5

Staff Quarters

Work order issued	No. of buildings	Completed in time.
May 96	4	4

Renovation of existing maternity homes and U.F.W.Cs.

Work order issued	No. of buildings	Completed in time	Completed with delay	Delay & still not handed over
May 96	3	-	2	1
Sept 96	4	-	2	2

Renovation of existing U.F.W.C

Work order issued	No. of buildings	Completed In time	Completed with delay	Delayed & still not handed over
Nov. 96	2	Nil	1	1

The reasons for delay were.

Health centres

- Land problems
- Protest by local residents.
- Change of location.

Renovation of M.H & U.F.W.C.

- Insufficient contract period of 6 months.
- Release of work front in stages.
- Absence of construction programme of contractor.
- Restriction on stacking of contractors material and plant and M/C.

2.3. 4. Implementation for Quality of Work

a. Actions taken and findings

The discussion with the Project Officer and his team revealed that no Contractor has furnished any programme for execution of work. The soil investigation was being done through M/S Nagadi Consultants and reports were available. The bricks were tested by the contractors and the test certificates were available. For reinforcement, the contractors were submitting the manufacturer's test certificates. The contractors were arranging for sampling and testing of cube strength of concrete from reputed laboratory.

There was no documentation of the modifications done at job sites. Though the site order books were available, complete instructions were not recorded. No records of permission to go ahead with concrete works were available.

The construction sites were regularly visited by the Project Coordinator and the Programme Officer. However, these visits were unscheduled. The visits of the Architect/ his representative were notified to project authorities.

The contractors were not conducting the following tests which were mandatory.

1. Pressure testing of G.I Pipes.
2. Testing of sewer lines.
3. Testing of Electrical works

Check lists for taking over of buildings from contractors were not available, while only inventory list was prepared, signed by the L.M.O.

"As built drawings" of plumbing and sanitary and electrical works have not been prepared.

A brief summary of the desk review of quality is enclosed is furnished in Table 2.8.

Table 2.8 Desk review of quality

1. Construction Programme of Contractor	Not Furnished
2. Testing of materials and certificate i. SBC of soil ii. Bricks iii. Reinforcement	 Available Available Available
3. Site record books	Available All the instruction and changes not recorded. Clearance given for concrete not recorded
4. Reports	Monthly sent to Ministry of Health and Family Welfare.
5. Testing during the progress of work and documents i. Cube strength ii. Test of G.I. pipes iii. Test for sewer iv. Tests for Electrical works	 Available Not carried out Not carried out Not carried out
6. Tests during take over of buildings i. Completion report of Electrical works ii. Check list for taking over from contractors iii. Inventory list	 Available Not available Available
7. As built drawings i. Sanitary and plumbing ii. Electrical works	 Not available. Not available.

2.3.5.Field Assessment of quality of Buildings

a. Buildings completed

In general the quality of construction of buildings were satisfactory. The quality of general works like brickwork, plaster, painting, flooring were satisfactory. The quality of form work and concrete for columns and slabs were satisfactory and the sample cubes for concrete were taken from all the work spots.

The sanitary fittings in all the units were found to be in working condition. All the taps were working and no leakage was found in most of the cases.

The following deficiencies were observed:

The Form work for lintel, lofts and sides of beams was not satisfactory. Providing covers to reinforcement was also not satisfactory.

In one Health Centre, the ramp was not provided even though specified in the drawing. This deviation was due to the fact that there was no alternate place available in the locality to construct the health center and the slum is one of the largest in Bangalore.

In one Maternity Home cracks are observed in beams and slabs of ward. In another plastering of ceiling of about 1 Sq m area has fallen down and reinforcement is visible.

In joinery work, it was observed that there were difficulties of closing of doors at some units. In 90% of the units the top and bottom of the shutter was not painted. Gaps between doorframe and wall and between particleboard and panel were observed in most places. Closure of steel windows was difficult at some units.

Regarding sanitary fittings, the sinks in the minor O.T. were not placed in the location as per the drawing in all the Health Centres. Floor traps were provided inside the minor OT in the Health Centres in spite of specific instructions. Elbow operated taps were not provided in sinks of minor OT. The sinks/WHB in all the Health centres were also not provided as per drawing.

The sewage and the waste lines were laid but not tested. The gully traps were not provided outside the buildings for waste pipes as per drawing. The G.I lines laid were not tested for pressure as mentioned in the specification. Manhole covers in few units were too big and set in flogging concrete. The pumps have been provided inside the LMO/ANM's room causing lot of disturbance.

There was no provision of drinking water supply at any of the units. It is now envisaged to provide *Aqua guards* for the buildings.

Even though the Electrical work was generally satisfactory, there were some deviations from drawings, in numbers and position of the fittings, particularly in Maternity Homes. Exhaust fans in some of the health centers were not properly fixed and were tied to ventilators with binding wire. No records were available for the testing of electrical circuits and completion as per the tender documents.

As built drawings for sanitary and plumbing work and electrical work were not prepared.

The maintenance work has not started so for resulting in inconveniences. In all the

Health Centers and Staff Quarters, no access was provided for the terrace causing difficulty in cleaning of roofs and water tanks etc.

No ventilation was provided in the OT. Provision for A.C opening was also not provided. Provision for back up power was not available in any unit.

The condition of sump was far from satisfactory. In most of the places, the automatic level controller were not working. The slope of the pavement was towards the cover at some locations and locks were not provided for sump at many places.

Details of the quality assessment of units is furnished in table 2.9.

b. Buildings under Execution

The following are the findings of the review on buildings under construction.

1. Earth filling in plinth is not being done in layers.
2. In 50% of units, observed soaking of bricks.
3. 230 mm thick brickwork workmanship satisfactory.
4. In 50% of units , 115 mm thick brickwork reinforcement not provided as per Specifications.
5. In 33% of units, 115 mm thick brickwork not in plumb.
6. Internal plastering work is satisfactory.
7. In 100% of units, bulging of concrete observed in plinth beams.
8. Bonding provided properly in 50% of units for subsequent pour of concrete.
9. In 33% of units, sides of roof beams bulged.
10. In 50% of units, cover to reinforcement of lintels and lofts not satisfactory and visual exposure of reinforcement and aggregate observed.
11. Concrete surfaces in contact with filled up soil not painted with bitumen.
12. Trenches were filled with filled up soil.
13. R.C. Works of columns and roof slab satisfactory.

Table 2.9. Details of Field Assessment of Quality

Particulars	Nos.(12)
Health centers (Functioning) 1.Door and Window shutters difficult to close, sagging and warping observed	9
2.Top and bottom of door shutters not painted	12
3.Gap between door and window frame and wall	12
4.Reverse slope in the corridor at ramp entry	12
5.Stains and dampness in walls due to seepage	10
6.Surface cracks in walls	12
7.Glazed tile Dadoing a. Out of plumb b. Chippings and cracks observed	 1 7
8.Racks out of plumb	2
9.Ramp not provided for emergency as per drawing	1
10.Floor traps provided in Minor-OT	12
11.Pump provided inside the building	12
12.Automatic water controller not working	6
13.I.W.C.level not proper	7
14.Corporation water supply through mains	10
15.Corporation water supply through tankers	2
16.Gully traps not provided for sewage lines as per drawing	11
17.Inspection chamber covers set in flogging concrete	1
18.Exhaust fans loosely fixed (tied with binding wire)	7
19.Change of location of points	12
20.Portico and bulkhead fittings not working	10
21.No. of switches not working	12
22.Maintainance a. Glasses broken b. Sump cover not proper/stolen c. Cleaning of tank not done	 7 6 7
Renovation of M.H. and U.F.W.C	Nos (4)
1.Window locking arrangement not proper	4
2.Joints between old and new masonry not proper	2
3.Collapsible gate track between wards and labour filled with mortor	1
4.All the screws not provided for the door hinges	2
5.Gap between door frame and wall	4
6.Dampness in wall due to seepage	2
7.Cuddappa platform for seating not provided in waiting hall	2
8.Cracks along the length of the slab in ward	1
9.Ceiling plaster fallen off and reinforcement is visible in waiting hall	1

Particulars	Nos.(12)
10.Existing wall not removed in examination room leading to no ventilation in attached toilet	1
11.Wardrobe shown in drawing not provided in change room	1
12.Toilet between Labour ward and Enema room not provided	1
13.Dadoing – Tiles are broken and falling in some places	1
14.No ventilation in O.T rooms	4
15.Flooring level not proper	1
16.Wash basin provided instead of sink in Minor-OT	1
17.Elbow operated tap not provided in Minor-OT	3
18.I.W.C. level and grouting between IWC and floor not proper	3
19.Aluminium plates not provided in toilet door	4
20.In wards, 15 Amp heating point not provided by the bed side	1
21.Electrical points are provided above mirror in toilets	1
22.Solar heaters provided	4
23.15 Ampere heater points provided in waiting hall	1
24.Electrical points deviated from drawing in numbers and location	4
25.Maintainance a. Glasses broken b. Tube lights not working c. Fans not working d. Panels of solar heater broken e. C.P.Grating for trap missing f. Window and ventilator stays missing	 3 2 2 1 3 3
26.Corporation water supply	4
27.Bore well water supply	2
STAFF QUARTERS	Nos(2)
1.Door shutters not closing and top and bottom not painted	2
2.Gaps between wall and frame	2
3.Dampness is observed in walls	1
4.Aluminium plate not provided for toilet shutters	2
5.Joints between Dado and floor not proper	1
6.Cracks in living room walls	2

2.3.6. Realistic Estimates for completion of Civil works

Realistic estimates for the completion of the Civil Works is summarised below.

a. Health Centers

Health Center: Target – 60 Nos - Revised Target – 55 Nos

Handed over – 12 Nos

Work in progress – 30 units

i. Finishing stage - 8 Nos
ii. Roof level - 5 Nos
iii. Lintel level - 6 Nos
iv. Plinth level - 6 Nos
v. Just started - 5 Nos

Tender Evaluation Stage – 13 units

Construction of 5 Health centers were cancelled due to non-availability of land and problems in some of the locations where work is in progress.

The estimated dates of completion of construction would be:

For 30 units where work is in progress: *June-98 to March-99.*

For 13 units where work is expected to start by July-98: *September-99.*

b. Staff Quarters

Target – 7 Nos

Completed - 4 Nos

Tender Evaluation Stage – 3 Nos

The estimated dates of completion of construction would be:

For the 3 units, where work is expected to start by July 98: *June-99.*

c. Training Centre

Target – 1 no.

Work is in progress and completed up to plinth level, the scheduled completion is December-99.

d. Renovation of Existing UFWCs

Target - 37 Nos

Handed over – 5 Nos

Work in progress – 4 Nos (finishing stage)

Tender evaluation stage – 7 units

Tenders to be invited - 5 units

Architectural drawing to be prepared – 5 units

Deleted - 11 units

The estimated dates of completion of construction would be:

i. For 4 units where work is in progress and are in the finishing stage: 15th July 1998.

ii. For 7 units for which tender evaluation is in progress, work is expected to start from August-98: August-99.

iii. For 5 units tenders are expected to be notified by July-98 and the work is programmed from: Jan-99 to Dec-99.

iv. For 5 units for which drawings are to be prepared from June to August 98. Notification for this is being planned in October-98 and the programme for work is: March-99 to March-2000.

e. Renovation of Existing Maternity Homes

Target – 24 Nos

Completed - 5 Nos

Work in progress – 2 Nos

Tender Evaluation stage – 8 Nos

Tenders to be invited – 4 Nos

Architectural drawing to be prepared – 5 Nos

For 2 units for which work is in progress are in finishing stage: July-98

For 8 units for which tender evaluation is in progress, work is expected to start from July-98 June-99.

For 4 units tenders are expected to be notified by July-98 and the work is programmed Jan-99 to Dec-99.

For 5 units for which Architectural drawings are to be prepared is expected by Aug-98. Notification for the same is being planned in October-98. March-99 to March-2000.

The programme for balance civil works are shown in the bar chart.

PROGRAMME FOR BALANCE CIVIL WORKS

SL NO	DESCRIPTION	TOTAL QUANTITY	NOS	IDENTIFICATION	ARCHCITURAL DRAWINGS	TENDER NOTIFICATION	CONSTRUCTION START	CONSTRUCTION FINIS
1	TRAINING CENTRE	1	1				Jan-98	Dec-9
2	HEALTH CENTRE	45	30					Mar-9
			13			Feb-98	Jul-98	Sep-9
3	STAFF QUARTERS	3	3			Feb-98	Jul-98	Sep-9
4	RENOVATION OF EXISTING MATERNITY HOMES	19	2					Jul-9
			8			Feb-98	Jul-98	Jun-9
			4			Jul-98	Jan-99	Dec-9
			5		Aug-98	Oct-98	Mar-99	March -
5	RENOVATION OF EXISTING U F W C	20	7					Jul-9
			7			Feb-98	Aug-98	Aug-9
			5			Jul-98	Jan-99	Dec-9
			5		Aug-98	Oct-98	Mar-99	March -

೭.3.7. Review of Escalation of cost

The project proposal envisaged the following expenditure for civil component.

Civil work	705.13 lakhs
Departmental Charges	84.62 lakhs
Total	789.75 lakhs

The realistic cost estimate based on the work orders issued and the forecast based on the present schedule of rates and market scenario is furnished in Table 2.10.

The assumptions made in estimating the realistic cost were:

1. The tendered cost has been considered for all works which were issued work orders
2. The works for which tender evaluation were in progress, margin over sanctioned estimate assumed.
3. For the remaining works of renovation of Maternity Homes and U.F.W.C. an average of 25 lakhs per building assumed.

Table 2.10: Realistic Cost Estimate for Civil Works

Sl. No	Category and Details	Nos	Estimated amount (In lakhs)	Tender Amount (In lakhs)	Remarks
1	Health Center-Revised Target 55				
	i.Work orders issued	42	639.80	849.45	
	ii.Tender Evaluation in progress	13	248.62	296.84	20% margin assumed
2	Staff Quarters-Target 7 Nos				
	i. Work order issued	4	72.50	103.42	
	ii.Tender Evaluation in progress	3	76.89	88.42	15% margin assumed
3	Training Center-Target 1 No.				
	i. Work order issued	1	195.00	199.41	-
4	Renovation of existing Maternity Homes and UFWC-Target 24 Nos				
	i.Work orders issued	7	106.00	139.60	
	ii.Tender Evaluation in progress	8	257.61	306.93	20% margin assumed
	iii. In architectural drawing stage	9	225.00	225.00	25 lakhs per unit assumed
5	Renovation of UFWC				
	i. Work order issued	2	12.95	17.62	
Total estimate for civil works after considering escalation in cost.				2226.69	

The increase in cost with respect to project proposal is 182%.

The reason for cost escalation in general were:

1. Time gap of 4 years between proposal and execution.
2. Change in specifications.
3. Increase in the scope of work.
4. Increase in the deposit rates of KEB and BWSSB.
5. Increase in cost of building materials and labour due to large scale construction for National Games.

The details of reasons for cost escalation for each category were as follows:

a. Health Center

1. The structure was changed from conventional size stone masonry foundation and load- bearing walls to R.C framed structure.
2. Change of specifications like Marble flooring in O.T, Tandur blue flooring and dado, Aluminum Entrance doors, Windows and partitions.
3. Items like sanitary & plumbing, electrical works & compound wall might not have been considered while estimating.

Increase in cost between project proposal and sanction estimate was 229% (Refer Table 2.11).

The cost of Health Center Sq m. = Rs.9050.10
sq. ft. = Rs.841.

b. Staff quarters

1. Additional items were later included like compound wall for individual quarters.

Increase in cost between project proposal and sanctioned estimate was 123% (Refer Table 2.11)

Cost per Sq m = Rs.8382.
per Sq ft = Rs.779.

c. Renovation of Existing maternity homes and U.F.W.C

1. Increase in the scope of work
2. Replacement of damage flooring, dadoing, plastering and weather proof course

Increase in the cost between the project proposal and the sanctioned estimate was 340% (Refer Table 2.11)

Table 2. 11. Comparison Between Project Proposal & Schedule of Rates

Sl No	Category	Cost as per project proposal in lakhs	Cost as per SR 92-93 in lakhs.	Sanctioned estimate (96-97)	Increase in percentages %.		
					PP to 92-93	92-93 to 96-97	PP to 96-97
1.	Health Center	5.70	11.50	18.75	102%	63%	229%
2.	Staff Quarters	11.47	15.50	25.63	35%	65%	123%
3.	Training Center	79.50	NA	195.00	NA	NA	145%
4.	Renovation of Existing Maternity Homes & U.F.W.C	5.5 lakhs	NA	24.24 (AVG)	NA	NA	340%

2.3.8. Maintenance of Buildings

The newly constructed and renovated buildings will be under the custody of IPP-VIII till the tenure of the project. After the completion of the project, these buildings will be handed over to Bangalore Mahanagara Palike.

As on date, no maintenance work has started. Since some of the building were completed over an year back, maintenance has become necessary. As such it is suggested to provide maintenance work "on contract basis" following regular departmental procedures. The LMOs of the centers may be made responsible for coordinating maintenance work with the Civil Works unit. There is already a provision in the budget for maintenance. An annual budget of Rs.5000/- towards minor repairs per building may be allocated. For all newly constructed buildings which will be completing 3 years completion before the tenure of the project, annual maintenance work as per the departmental regulations are to be done.

2.3.9. Review of Consultancy Services

Consultants were engaged to provide services for different aspects. The objectives, the status and work accomplished by them is reviewed here under.

a. M/S Susri Associates

Objectives:

i. To carry out Architectural, structural and services drawings & obtaining approval.
ii. Preparation and approval of cost estimate.
iii. Preparation of tender documents.

iv. Periodic sites visits to ensure that works are carried out as per drawings and specifications.
v. Modification of drawings to suit site condition.

Status:

The Architect has prepared the following drawings and estimates.

1.	Health Centre	55Nos.
2.	Staff Quarters	7Nos.
3.	Renovation of Maternity homes	19Nos.
4.	Renovation of U.F.W.C	21Nos.
5.	Training Centre	1No.

Findings:

1. The Architect has given the drawings and documents on time.
2. The architect / representative were visiting sites regularly.
3. The defects / deviations pointed out by architect were not being attended.
4. The site visits of architect were not always attended by IPP VIII Engineers.
5. The details of opening in the plinth beam for sanitary lines not given.
6. Provision for A.C opening in O.T not given.
7. In the first batch of health centers, floor trap was shown in Minor O.T
8. Combined services drawing not prepared for Health Centre and Maternity homes.
9. The reinforcement provided for health center was high.

b. M/S Nagadi Consultants.

Objective: Soil investigation for works under IPP VIII.

Status: Soil tests conducted at 81 locations earmarked for buildings.

Findings: The work was satisfactory.

c. M/S Doddamma Enterprise.

Objectives: Providing Group 'D' staff for supervising the building works.

Status: 10 personnel provided at building sites.

Findings: The personnel engaged did not have experience in construction of buildings.

d. M/S Tiger Services

Objectives: Providing security and cleaning services to health center and maternity Homes.

Status: Service provided at 25 centers.

Findings: 1. The service is satisfactory.

2. The sump tanks were not cleaned at all centers.

2.4. Recommendations

a. Recommendations on Management aspects

1. Recruitment of staff on contract basis to be done. Retired engineers may also be considered for these jobs.
2. An undertaking to be taken for staff on deputation from the concerned departments that they will not be disturbed during the tenure of the project.
3. One Engineer to be earmarked for planning activities and follow up action with Architect and Consultants. His duties to include progress monitoring, preparation of cost estimates, obtaining approval for cost estimates, tendering and evaluation and reports.
4. One staff to be earmarked for liaison work only. His duties to include identification of sites, clearance from BDA/BCC/BMRDA, liaison with police, KEB & BWSSB.

b. Recommendations for Quality assessments

1. Strict adherence to drawings and specifications.
2. Proper supervision and pour cards for concrete work.
3. Use of cover blocks to reinforcement.
4. Seasoned timber to be used for door shutters, provision of Architraves for door frames and shutters.
5. Access for cleaning terrace to be provided in Health center and staff quarters.
6. Elbow operated taps to be provided in O.T
7. Provision of bottle trap to sinks in O.T
8. Pumps to be shifted outside the building and grills to be provided for safety.
9. All exhaust fans to be fixed with frames.
10. Modifications of drawing and approval of the same in case of any restrictions.
11. Modifications to be done only after written instruction of Architect.
12. Combined services drawing for renovation work.
13. Provision of AC openings in OT of Maternity Homes.
14. Engaging services of consultants for quality control.
15. Maintenance wing to be established.

16. All defects pointed out must be rectified and documented.
17. Training to work inspectors on specifications of work and quality control.
18. Back up power for Maternity Homes and Health Centers.

c. Recommendations for quality improvements

1. Construction programme for individual structure to be submitted by the contractor with mile stone achievements & should be monitored every month.
2. All modifications, sites instructions for quality and permission for concrete and other activities to be documented.
3. All tests to be carried out as per specifications and documented.
4. Visit of Architect, P.O and Assistant Engineers to be co-ordinated and minuted.
5. Check list for taking over buildings from contractors to be prepared and shall be signed by P.O, only after which the building will be handed over.
6. Check lists for concrete work. Brick work, flooring plastering and painting to be prepared.
7. As built drawings to be prepared and preserved properly.

d. Recommendations for completion of civil works in time

1. Master plan for all the activities of construction like identification site, preparation of Architectural drawings, preparation and approval of cost estimates, tender notification and evaluation, issue of work orders, contractors programme including milestone events to be prepared.
2. Monitoring of the progress of the project regularly is required with respect to Master plan.
3. Before deciding on the location of the site, the likely hood of any problem has to be ascertained.
4. Tender evaluation to be done with the aid of computers.
5. In case of land problems, relocation of sites and issue of change order to be expedited.

e. Recommendations for reducing cost escalation

1. The notification for tender to be given in all leading local and national news papers in local language and English.
2. Tenders to be re notified in case of lowest bid rates higher than 25% of estimates amount.

3. The folding type MS shutters for Health Centres to be reduced to the width of door and grills to be provided for window.
4. Economy in structural design to be enforced.
5. The requirements of electrical points for Health Centre and Maternity Home to be rechecked.
6. Grey mosaic may be used for flooring instead of Tandur blue.

f. Recommendations for Proper Maintenance of buildings

The present scenario is that maintenance funds are not readily available. It is therefore suggested to explore the possibility of finding funds for maintenance through alternate channels such as :

a. Sponsorship by individuals and other private sectors

b. Creating a Corpus fund for maintenance

c. Collection of nominal fee from patients

MATERNAL & CHILD HEALTH
AND
FAMILY PLANNING SERVICES

3. MATERNAL & CHILD HEALTH AND FAMILY PLANNING SERVICES

3.1. Background

The present project was planned to deliver MCH & FP services to the urban poor particularly in slums of Bangalore Mahanagara Palike through a network of Health Centres and Referral Health Centres. Earlier to the initiation of the project, there were 31 Maternity Homes, 32 Urban Family Welfare Centres (U.F.W.C) and 5 Post Partum Units (PPUs) in the City. On the basis of one Health Centre for 50,000 population and a Referral Health Centre for 200,000 population (1:4 ratio), it was planned to have in all 97 Health Centres and 24 Referral Health Centres under the project. Consequently it was decided to strengthen and convert the existing 32 U.F.W.Cs and 5 PPUs (total 37) on par with the proposed Health Centres and set up, build, operate and maintain, in a phased manner, 60 new Health Centres. Of the existing 31 maternity homes, 24 were to be upgraded as Referral Health Centres. Besides, a recent proposal (1998) of starting five Maternity Hospitals with a provision of 12 beds, in fringe areas of Bangalore, is under consideration.

The present Mid Term Review (MTR) conducted during April-June 1998 reviewed the following aspects for this component.

i. Progress of Health Centres viz. status, staffing position and provision of services.

ii. Programme performance in terms of output indicators.

iii. Service delivery in terms of:

   a. Facilities at Health Centres, U.F.W.Cs, and Maternity Homes.
   b. Profile of beneficiaries using services at Maternity Home /Referral Health Centres.
   c. Profile of FP beneficiaries in the slums.
   d. Quality of care at Female sterilization camps.

3.2. Methodologies adopted for the Review

The following methods were adopted for the present review.

i. Desk review of the reports and records at the Project Office and discussions with Programme Officer and Project Co-ordinator.

ii. Facilities at Service delivery Centres were assessed through observations at the Centres and their different sections & subsequent discussions with the Lady Medical Officers (LMOs) and staff of the Centres by the Consultant and his team.

A pre tested, structured, interview cum observation schedule was used for data collection.

A random sample of the Health Centres were selected for the purpose and the sample sizes o different categories of Centres selected for the purpose are given below.

Table 3.1. Details of Sample size for Facility Survey

	Category of Centres		Existing Number		Sample Size (%)
1.	Maternity Homes (old)		24		12 (50)
2.	Existing (old) U.F.W.Cs		37		18 (50)
3.	New Health Centres(under IPP-VIII)		32		16 (50)
	a) Reporting Centres	7		4	
	b) EC Survey Completed	14		7	
	c) Survey in Progress	11		5	
	Total		93		46 (50)

While choosing the sampled centres due consideration was given to the construction programme obtained from Civil Works Unit and appropriate geographical representation an location of centres.

iii. Survey of beneficiaries at Maternity Homes/ Referral Health through exit interview were conducted to obtain information on their profiles and opinions on the quality of services, payment for services etc. Interviews were conducted by trained wome investigators and recorded on pre-designed and pre-tested proforma. These interviews were done at ten Maternity homes (out of 24), which were randomly chosen with du considerations of geographical scatter. The interviews were conducted for a day at each of the centres covering up to 10 women per Centre per day.

iv. Survey of F.P. beneficiaries in the slums were done through door to door survey fo information on profile of acceptors and some aspects of quality of services received. These surveys were carried out by trained women field investigators and me

investigators (for condom beneficiaries only) and information recorded on a structured pre tested interview schedules. The sample for this survey comprised of a sub sample of ten slums selected out of randomly chosen U.F.W.Cs / HCs for the facility survey. These slums were visited by trained investigators as per the convenience/availability of beneficiaries and a door to door survey was conducted. A list of F.P. acceptors was obtained from Link workers and ten acceptors of each FP method viz. IUD, oral pills, tubectomy and condom, from each of the selected slums were randomly chosen. The desired information were collected on a pre-designed and pre-tested proforma. In all 99 oral pills users, 100 women sterilised, 102 IUD (CUT) acceptors and 101 men using nirodh (condom) were interviewed.

v. Standards maintained for Quality of care at Tubectomy camps were assessed by a trained medical person, with work experience in a medical college hospital. Observations were made in the operation theatre (OT) on the maintenance of aseptic conditions and remarks of the Operating Surgeon/ Lady Medical Officer 1/C of Maternity Homes / RHC were obtained wherever possible. Ten Operation camps were visited on different days for observations and in each of these visits five consecutive operations were observed (total 50 cases). A minimum of 60 minutes were spent for observation in each visit.

One hundred beneficiaries were also interviewed to know some of their socio-demographic profiles as well as on some aspects of communication they had about the operation they are undergoing.

The entire review process adopted a "participatory approach" and a feed back was given to the Project Coordinator and Programme Officer (MCH and FW).

The reviews were carried out by the Consultant and his team consisting of two medically qualified personnel with Public Health experience.

3.3. Findings from the Review

3.3.1. Status of Health Centres:

On the overall there was progress of construction of buildings for new centres and renovation of old centres (Table 3.2), even though with some delays, which were mostly due to the problems faced by the Engineering Unit. During the visits to the Health Centres (new and

under renovation) it was revealed that integration and co-ordination between the Health delivery Units and Engineering Units was lacking, as indicated by the fact that in a few Health Centre basic physical infrastructure and facilities, which are essential for delivering good and acceptable health services to the people, were not provided. More details of these are provided in the findings of Facility survey and Civil works component of this report.

Table 3.2. Status of completion of Health Centres

	Types of work	Target	Status	Remarks
1.	New Health Centres construction	60	12 completed 30 works in progress	Delay due to site location, drawing approval, tendering water & electricity connections, etc.
2.	Staff Quarters construction	7	4 completed 3 under progress	-
3.	Renovation of existing Mat. Homes	24	5 completed 2 work in progress	Some delays due to engineering problems.
4.	Renovation of U.F.W.Cs	37	6 completed 2 work in progress	Slightly delay due to phased implementation.

3.3.2. Staff Position

It was seen that a few of the posts of the Medical Officers were vacant (Table 3.3) affecting the programme performance. Further staff were on deputation from BCC/State Govt. and in the case of few of them necessary motivation and commitment/ interest was lacking. There were frequent transfers of deputed staff.

Table 3. 3. Staff Position at Health Centres

Post	Sanctioned	Working	Vacant
1.***UFWCs / Health Centres***			
i. Medical Officers	60	48(80%)	12
ii. Paramedical workers	58	40(69%)	18*
iii. Link workers	970	734(75%)	236*
2.***MAT. HOMES / REF. HEALTH CENTRES***			
i.Medical Officers	14	8(57%)	6
ii.Paramedical workers	106	86(81%)	20*
iii.Drivers	12	4(33%)	8

* These vacancies are due to non-starting of centres

3.3.3. Health Centres Activities

A desk review and discussions with the Project Coordinator and Programme Officer revealed that a few changes from the original proposals were effected in the activities of the Centres (Table 3.4.). Similarly a review of job responsibilities of ANM and Link Workers (field staff) of the programme also revealed a few changes from the original proposal (Table 3.5). These changes which were intended for improvement in the efficiency were smoothly implemented after due thought, careful consideration and proper planning by the project authorities and programme officers.

3.3.4. Programme Performance

The FP performance has been consistent for sterilization (female) and IUD but the coverage for spacing methods of oral pills and condoms were poor. The male participati (vasectomy) was practically nil as no vasectomies were performed and needs a tremendous boost and all out efforts to popularize 'No Scalpel vasectomy'. Even though the number of AN registrations have improved there was considerable drop in the proportion of deliveries in Government institutions (62% to 53%). A similar trend was noticed for immunization servic also (Table 3.6). This could be due to disruption of services at some of the Maternity Homes due to renovation work being carried out, affecting delivery and extension of services. These we also perhaps due to 'Settling down' problems with the new Centres as well as expansion coverage and creation of facilities with inexperienced new/transferred staff. These problems were further aggravated by the fact that there was no full time Programme Officer (MCH FW), accountable for results and performance. Besides logistics of supply of equipment such as refrigerator and electrical connectors, vaccines, etc. were not given due attention especially new centres/located on the outskirts of Bangalore City.

The break up of information on the utilisation of services by the 'slum' & 'non-slum' populations was lacking in all the reports and records maintained.

Table 3.4. Services provided at the Health Centres

Services	UFWC / Health Centres	Mat. Home / Referral Health Centres
A.PROMOTIVE		
1.Health & Nutrition Education	Yes	No
2.Knowledge of VPDs & Diarrhoea	Yes	No
3.Family Planning	Yes	No
B.HEALTH CARE		
1.Antenatal Care	Yes	Yes
2.Normal Deliveries	No*	Yes
3.Highrisk Deliveries	Yes	Yes
4.Postnatal Care	Yes	Yes
5.Immunisation of mother and child	Yes	Yes
6.Nutritional care of under fives	Yes	No
7.Medical check-up & follow up of school children	Yes	No
8.Treatment of minor ailments	Yes	Yes
9.Non Surgical Care of children by specialists	No	Yes
10.Minor Gynac. Procedures	No	Yes
11.Laboratory Tests:		
a) Basic	No*	Yes
b) Comprehensive	No	Yes
C.FAMILY PLANNING		
1.Advice on methods	Yes	Yes
2.Supply of condoms/pills		
- Initial	Yes	Yes
- Subsequent	Yes	Yes**
3.Insertion of IUD (CUT)	Yes	Yes
4.Sterilisation	No	Yes
5.MTP	No	Yes
6.Domicilliary follow up of acceptors	Yes	No

* Yes} in Original Proposal **No}

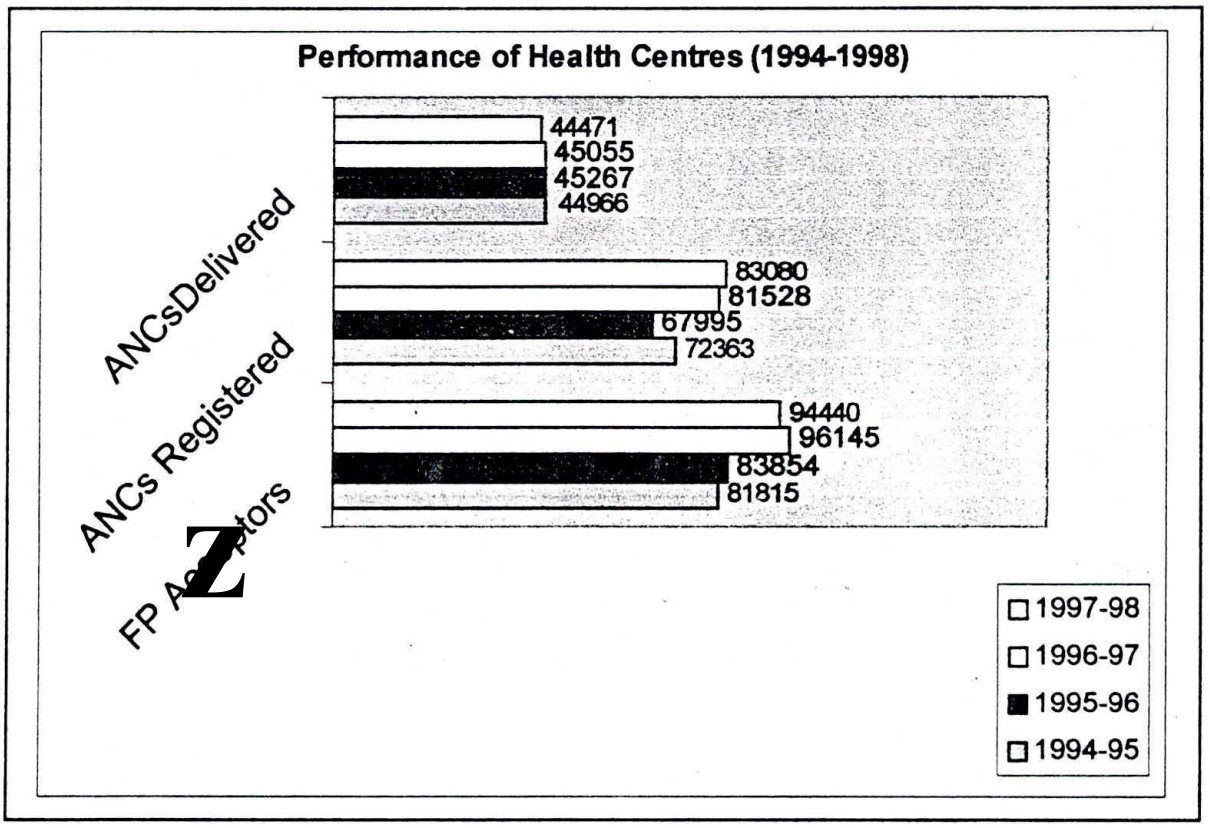
Table 3.5. Job Responsibilities of Field Workers

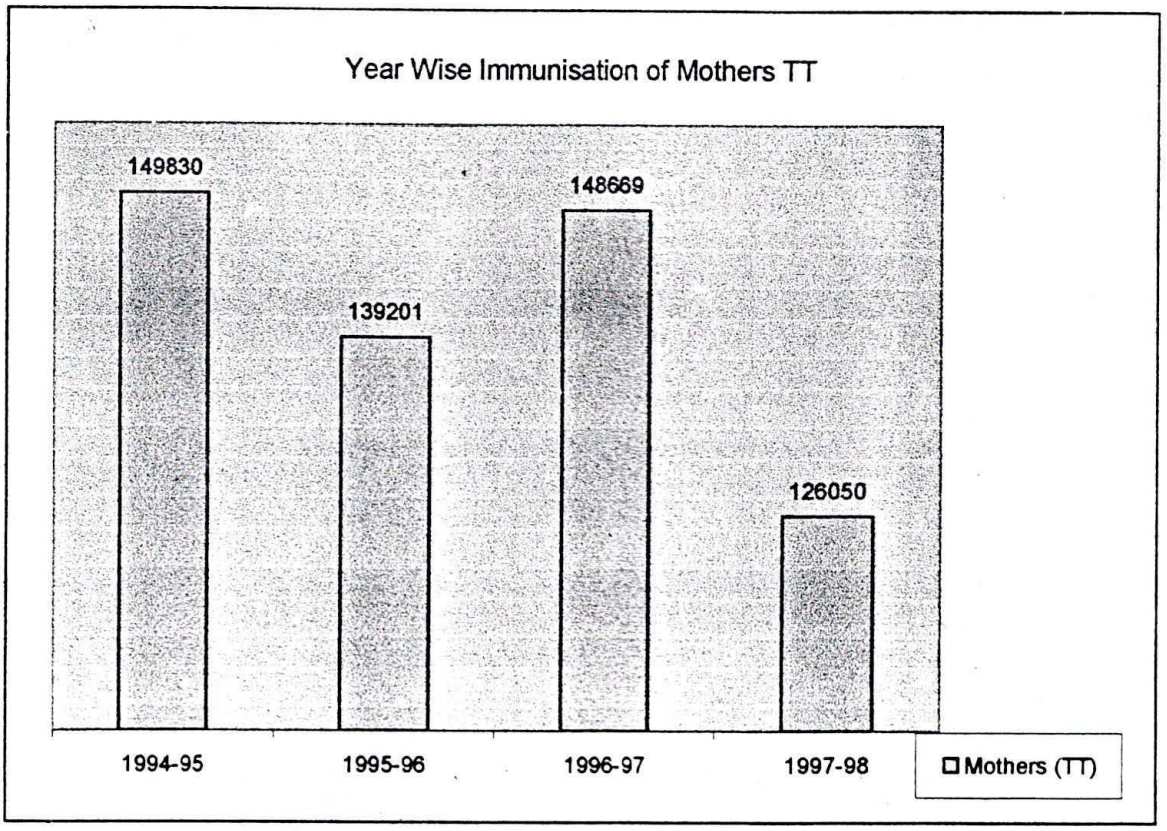
Job Responsibility / Activity	ANM	Link Workers
1.Detection of antenatal cases	No	Yes
2.Registration of antenatal cases	Yes	No
3.Antenatal & Postnatal care	Yes	No*
4.Immunisation	No*	No*
5.Conducting deliveries	Yes	No
6.Primary curative services for mother and children	Yes	Yes
7.Health education	Yes	Yes
8.Nutrition education	Yes	Yes
9.Motivation of cases for FP	Yes	Yes
10.Depot holder for condom, oral pills & ORS packets	Yes	Yes
11.Supervision & training of Link workers	Yes	NA
12.Referral to next level	PHN/LHV	ANM

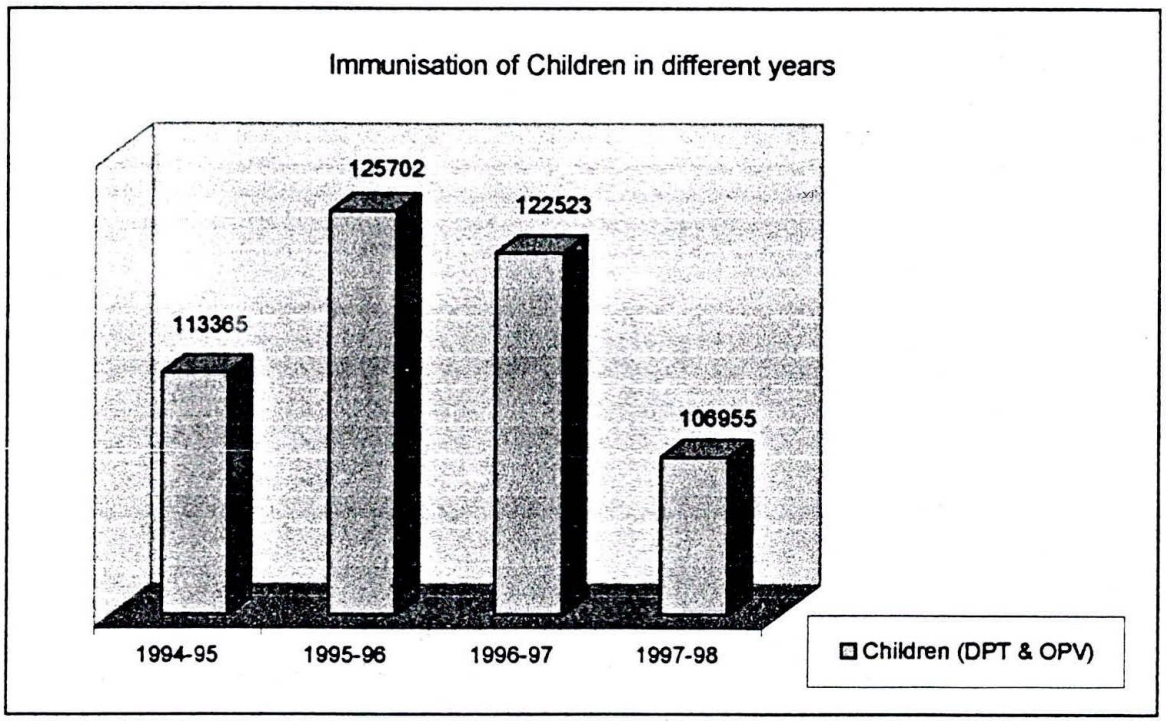
*Yes – In original proposal NA – Not applicable

Table 3.6. Performance Statistics Of Health Centres (1994 – 98)

Particulars		1994 – 95	1995 –96	1996 – 97	1997 – 98
1.	No. of Reporting units	37	37	37	44
2.	Family Planning				
	a. Sterilization	29065	30645	37260	37478 (39.7%)
	b. IUD	25841	27354	34143	35104 (37.2%)
	c. Oral Pills	7885	8823	9221	7109 (7.5%)
	d. Condoms	19024	17032	15521	14749(15.6%)
	Total	81815	83854	96145	94440
3.	ANCs Registered	72363	67995	81528	83080
4.	ANCs Delivered in Govt. Instit.(%)	44966 (62.1)	45267 (66.5)	45055 (55.3)	44471 (53.5)
5.	Immunization services				
	Children(DPT & OPV)	113365	125702	122523	106955
	TT for pregnant Mothers	149830	139201	148669	126050


Performance of Health Centres (1994-1998)
ANCsDelivered
ANCs Registered
FP Acceptors
44471
45055
45267
44966
83080
81528
67995
72363
94440
96145
83854
81815
1997-98
1996-97
1995-96
1994-95


Year Wise Immunisation of Mothers TT
149830
139201
148669
126050
1994-95
1995-96
1996-97
1997-98
Mothers (TT)


Immunisation of Children in different years
113365
125702
122523
106955
1994-95
1995-96
1996-97
1997-98
Children (DPT & OPV)

3.3.5. Facilities at Health Centres

The main thrust of the project was to augment the facilities in the existing Centres viz. Maternity homes & U.F.W.Cs besides starting new ones to provide efficient MCH & FP services to urban poor/ slum population. Hence during the present Review a detailed facility survey at the Service delivery centres was conducted. The findings of the survey is presented hereunder (Table 3.7).

Table 3.7.Facility Survey at Health Centers

.	Facility status(adequate)	Maternity Homes(n=12)	Existing U.F.W.C(n=18)	New Health Centre (n=16)
1.	General			
	a) Physical facilities (general)	5(41%)	9(50%)	10(62%)
	b) OPD facilities	8(66%)	12(66%)	10(62%)
	c) Wards	6(50%)	NA	NA
	d) Stores	5(41%)	5(27%)	11(68%)
	e) Record keeping	12(100%)	18(100%)	14(87%)
	f) IEC Materials	12(100%)	18(100%)	14(87%)
2.	Staff	8(66%)	15(83%)	10(62%)
3.	Antenatal services	12(100%)	18(100%)	10(62%)
4.	Laboratory services.	9(75%)	8(44%)	-
5.	Post natal services	12(100%)	18(100%)	6(37%)
6.	Family planning	11(91%)	17(94%)	13(81%)
7.	Operation theatre	11(91%)	7(38%)	2(12%)
8.	Labour room (Delivery)	6(50%)	4(22%)	-
9.	New born care (basic)	12(100%)	5(27%)	-
10.	Nutrition, etc.			
	- IFA tabs	8(66%)	8(44%)	14(87%)
	- Vitamin A solution	8(66%)	6(33%)	8(50%)
	- ORS Supplies	11(91%)	6(33%)	12(75%)
11.	ARI management	7(58%)	1(5%)	-

	Facility status(adequate)'	Maternity Homes(n=12)	Existing U.F.W.C(n=18)	New Health Centre (n=16)
12.	Immunization services	12(100%)	17(94%)	10(62%)
13.	STD &AIDS control	Nil	Nil	-
14.	Inf. Control practices	7(58%)	15(83%)	5(31%)
15.	Waste disposal	12(100%)	13(72%)	10(62%)
16.	Solar water heater	10(83%)	NA	NA
17.	Ambulance	6(50%)	12(66%)	7(43%)

NA = Not Available and Not Applicable.

It was revealed that the general physical facilities like "waiting area" "drinking water" facilities needed improvements. The OPDs needed adequate equipment viz. Weighing machine, BP apparatus, etc. In the wards of maternity homes the existing costs/beds needed replacements with adequate facility for postoperative care. The stores needed "closed cupboards" for storing drugs and FP supplies.

At the new Health Centres in particular the ANC services needed improvements by providing weighing machines, IFA tabs. Supplies etc., the laboratory services such as Hepatitis B screening and in select centres facilities for HIV testing with counseling. There was need for vitamin A, ORS and vaccines at U.F.W.Cs/new centres. Similarly facilities for STD and AIDS control is needed under the project in selected Centres.

Improvement of 'infection control' practice in all the centres is a matter of concern to be looked into. Waste disposal facilities were lacking in the U.F.W.Cs / new centres. A careful reorganization of ambulance services was also needed.

LMOs desired facilities like adequate piped water supply, security services and laundry services and these need consideration by the Programme officer on individual merit. Similarly providing AC and generator facilities to select OTs of FP camps need attention of the project authorities (Table 3.7.a).

Table 3.7 (a). Facilities Requested By LMOs.

	Facilities Requested	Maternity Homes (n=12)	Existing U.F.W.Cs(n=18)	New Health Centre (n=16)
1.	Water supply	3	7	3
2.	Security services	3	3	-
3.	OP equipment	-	1	5
4.	Ultrasound scanner	2	1	-
5.	AC and generator to OT	3	-	-
6.	Refrigerator	-	3	5
7.	Autoclave	-	2	-
8.	Sterilizer	-	-	3
9.	Laundry services	3	2	-
10.	Ambulance	1	-	2

A rapid assessment conducted by the Training Centre also revealed similar findings (Table 3.8).

Table 3.8. Profile of Facilities at Health Centres as per Training centres Survey

Facilities		No. of Institutions with satisfactory facilities	
		Maternity Homes (n=31)	UFWCs including New Health Centres(n=60)
I. Maternal & Reproductive Health			
1.	Normal Delivery	31(100%)	NA
2.	Forceps Delivery	31(100%)	NA
3.	Caesarean Section	2(6.4%)	NA
4.	Canur cervix Examination	31(100%)	19(31.6%)
5.	Reproductive Tract Infections Recognition	31(100%)	43(71.6%)

Facilities		No. of Institutions with satisfactory facilities	
		Maternity Homes (n=31)	UFWCs including New Health Centres(n=60)
II. Family Planning			
1.	Nirodh Distribution	31(100%)	60(100%)
2.	Oral Pills Distribution	31(100%)	60(100%)
3.	IUD	31(100%)	22(36.6%)
4.	Tubectomy Operation	31(100%)	NA
5.	Laproscopic Female Sterilization.	9(29%)	NA
6.	No Scalpel Vasectomy	1(3.2%)	NA
7.	MTP	31(100%)	NA
Iii. Child Health Services			
1.	New born Care	31(100%)	NA
2.	Resuscitation	31(100%)	NA
3.	Asphyxia neonatum	10(32%)	NA
4.	Care of premature baby	10(32%)	NA
IV. Others			
1.	Laboratory Services	25(80.6%)	NA
2.	IEC	31(100%)	60(100%)

3.3.6. Profiles of beneficiaries at Maternity Homes / Referral Health Centres

In all 93 women were interviewed of which 38 were from slums. The findings from theses surveys are presented below (Table 3.9 and 3.10).

Table 3.9. Profiles of beneficiaries attending Maternity Homes / Referral Health Centres.

Socio–Demographic & other details		% (n=93)
1.	***Age***	
		Mean 24 / 3 years
		Range 18 - 38 years
2.	***Religion***	
	Hindu	72.0%
	Muslim	20.4%
	Christian	7.6%
3.	***Caste (If Hindu)***	
	SC	22.4%
	ST	13.4%
	Others	64.2%
4.	***Residence***	
	Slum	40.9%
	Non – Slum	59.1%
5.	***Travel To Mat. Home***	
	By Foot	54.8%
	Public conveyance	36.6%
	Others	8.6%
	Cost	
	Cost of travel	Mean : Rs 5/- to Rs 50/-
6.	***Purpose Of Visit***	
	MCH	86.0%
	FP	11.8%
	Medical care & Others	2.2%
7.	***Waiting Time At Mat. Home***	
	Mean	25 minutes
	Range	5 – 60 minutes

Majorities of the beneficiaries were Hindus (70%) and were young. The proportion of the beneficiaries attended from the slums was only 41%.

The accessibility of maternity home from their residences was satisfactory, and were within walking distances in about 55%. Those who had used a conveyance for reaching the Centre had spent amounts ranging between Rs 5 to 50.

Majority of them visited for MCH services (86%) while 11% for F.P. services. They had to wait for about 25 minutes on an average, with a range of 5 to 60 minutes, for getting the desired services.

Most of the beneficiaries expressed that maternity service and child health services were satisfactory and the staff were courteous (ranging between 86% to 95%). However for Family planning services, even though majority were satisfied with the staff, quite a significant proportion were not satisfied with the services (31%).

Table 3.10. Opinion of beneficiaries on services at Mat. Homes / Referral Health Centres

Services		% women beneficiaries
I.	*MATERNITY SERVICES*	*(N=93)*
1.	ANC Services availed	92.5%
2.	ANC Services Had availed ANC services With Adequate services availed (3ANC+2TT+100IFA) With satisfaction about services	 92.5% 88.2% 87.1%
3.	Natal services (Delivery services) Had availed Natal Services With Satisfactory opinion on services availed With satisfaction about Courtesy of staff	 94.6% 86.0% 92.5%
4.	Post natal services Had Post natal follow up visit to Mat. Home With satisfaction about Courtesy of staff	 97.8% 92.5%
II.	*FAMILY PLANNING SERVICES*	
1.	FP services advised at HC	84.9%
2.	CC (Nirodh) availed	7.5%
3.	Oral pills availed	5.4%
4.	IUD availed	26.9%
5.	Sterilization (Female) availed	71.0%
6.	Satisfied with FP services provision	68.8%
7.	Satisfied with Courtesy of staff	89.2%
III.	*CHILD HEALTH & OTHERS*	
1.	Child Immunization services (& card given) availed	95.7%
2.	Satisfied with Courtesy of staff	94.6%
3.	Provided with advice on	
a.	Motivation for FP	93.5%
b.	Breast feeding	96.8%
c.	Weaning	95.7%
d.	ORT	94.6%
e.	Immunization Schedule	97.8%

3.3.7 Opinion on Payment for services

An attempt was made to explore information on the willingness and affordability of beneficiaries to pay "user charges/fees" for services at maternity homes. Interestingly and surprisingly majority of the beneficiaries both from slums and otherwise expressed their willingness to pay 'user fees' for various MCH services viz. OPD, laboratory services, wards, delivery and medicinal costs. This finding suggests the possibilities of introducing on experimental basis a graded payment of 'user fees' for some services in selected Maternity Homes (dual system of free and payment both on the basis of affordability from clients) in a phased manner after proper administrative approvals (Table **3.11**).

Table 3.11. Opinion on Willingness & Affordability To Pay User Fees

Opinion		Particulars	
		All Beneficiaries (n=93)	Beneficiaries from slums(n=38)
1.	Willingness (& affordability)to pay user fees for hospital services (yes)	71.0%	63.2%
2.	Willingness (& affordability) to pay out patient consultation charges (yes)	71.0%	63.2%
	- Amount specified	Mean Rs 11/-	Mean Rs 8/-
		Range Rs Nil to 100/-	Range Rs Nil to 50/-
3.	Willingness(& affordability) to pay for Laboratory services charges (yes)	69.9%	60.5%
	- Amount specified	Mean Rs 10/-	Mean Rs 6/-
		Range Rs Nil to 60/-	Range Rs Nil to 25/-
4.	Willingness(& affordability) to pay for Ward charges (yes)	71.0%	63.2%
	- Amount specified	Mean Rs 11/-	Mean Rs 7/-
		Range Rs Nil to 100/-	Range Rs Nil to 20/-
5.	Willingness(& affordability)to pay for Delivery charges (yes)	68.8%	60.5%
	- Amount specified	Mean Rs 54/-	Mean Rs 30/-
		Range Nil to Rs 500/-	Range Nil to Rs 300/-

Opinion		Particulars	
		All Beneficiaries (n=93)	Beneficiaries from slums(n=38)
6.	Willingness(& affordability)to pay for Medicines cost (yes)	68.8%	60.5%
	- Amount specified	Mean Rs 10/- Range Nil to Rs 100/-	Mean Rs 7/- Range Nil to Rs 25/-

3.3.8. Quality of Family Planning services availed by beneficiaries

The results of the review of the acceptors in the community reveal certain technical and management actions to be followed up by the service providers to make the family planning programme more acceptable (Table 3.12). The details of the findings are described below.

Table 3.12. Results of House Hold Survey of Family Planning Beneficiaries

(Supplies from BCC Health Centres)

Oral pills		Beneficiaries (n=99)
1.	Age of beneficiary	Mean 25 years
2.	Duration of use (in months)	Mean 8.5 months
3.	Satisfied with the courteous behaviour of providers	100%
4.	Adequate & satisfactory knowledge about OP use	80.8%
5.	Satisfied with adequacy of OP supplies (from BCC)	79.8%
6.	Purchased OPs from market	21.2%
IUD		Beneficiaries (n=102)
1.	Age of Beneficiary	Mean 24 years
2.	Duration of use (in months)	Mean 6.4 months
3.	Satisfied with the courteous behaviour of providers	98.0%
4.	Adequate & satisfactory knowledge about IUD use	93.1%
5.	Satisfactory & proper screening of IUD beneficiaries by MO-BCC	

	- Clinical history & examination	88.2%
	- Use of IEC materials	65.7%
6.	Adequate counselling & advice given during IUD insertion by L MO	90.2%
Condoms		Beneficiaries (men) (n=101)
1.	Age of beneficiary	Mean 31 years
2.	Duration o f use (months)	Mean 12 months
3.	Satisfied with the courteous behaviour of providers	100%
4.	Adequate and satisfactory knowledge about condom use	90.1% (However, 55.4% were not aware of expiry date)
5.	Adequacy of supplies from Health Centres	91.1%
6.	Purchased condoms from market	58.4%
7.	Affordable to purchase of condoms	96.6%
Sterilization (female)		Beneficiaries (n=100)
1.	Age of beneficiary (years)	Mean 25.8
2.	Duration of use of the method (months)	Mean 12(1year)
3.	Satisfied with the Courteous behaviour of service providers	99%
4.	Incentives received in time	63%
5.	Had Medical Complaints* after sterilization (yes) (Mostly backache, abdominal pain, white discharge, menstrual bleeding, leg pain, etc.)	37%
6.	Had prompt Follow up action (symptoms Treated / Cured / Relived) for post operative complaints	17%

a. Oral pill users

The average age of pill users was 25 years and were using the method on average for only 8.5 months which seems to be in right direction. The information obtained from oral pills beneficiaries revealed gaps in the knowledge and method of use of pills, especially on the action to be taken for missed pill and as to conditions of side effects for which a doctor is to be consulted. The correct knowledge was available with only 81% of users. This reflects on the interpersonal contacts of health workers with the users. The stock and supply position was also deficient. Nearly 20% users complained about inadequate supplies.

b. IUD users

The average age of the users was 24 years and have been using the method for about 6 months on an average. Even though the age of acceptors seems to be all right the duration of use suggests possible dropouts. Even though overall knowledge of use was satisfactory (93.1%), some of them did not know about feeling of the thread and when to contact Medical Officer, etc.

But the most important observation which came out of the data was that there was a need to screen and identify cases for IUD correctly. Cases needing treatment for gynecological problems need to be cured first before IUD insertion. Failing this any symptom/ aggravation (which is generally present due to poor health, personal hygiene and sanitation) will be attributed to IUD insertion bringing the FP method to disrepute in the community through adverse opinion. Hence, the Lady Medical Officers at Maternity Homes should be given adequate training on screening the cases correctly before its insertion and then provide complete advice and follow up services.

c. Condom users

The average age of condom users was around 31 years indicating that the younger couples, especially newly married ones, might not have been motivated adequately for the use of this method. Even though the knowledge on the correct use of the method was with 91%, and more than half of the users (55.4%) were not aware about the expiry date of condoms. It was also observed that there is a need to educate them about proper disposal of condoms after use. Even though majority procured condoms from the market, those who procured from the Health Centre had complaints about irregular supplies (9%).

d. Female Sterilisation

The mean age of the acceptor was around 25 years. The acceptors had complaints about incentive payments (37%). About 37% of acceptors had some complaints after operation and only 17% of them were followed up for the complaints.

3.3.9. Standards of Quality maintenance at the Female Sterilization Camps

Results of the entry surveys of the clients at the Tubectomy camps are detailed hereunder.

The clients were young with an average age of 25 years, in age range of 18- 37, comprising of Hindus (87%) and Muslims (16%), almost similar to the religious pattern of the area. There were 17% who were educated above High School. Two-thirds had two or less number of children reflecting on the appropriate selection of clients (Table 3.13).

Table 3.13. Profile of Beneficiaries at Female Sterilization Camps

	Particulars	(n=100)
1	Age a) mean	25 years
	b) range	18-37 years
2	Religion a) Hindu	87%
	b) Muslim	16%
	c) Christian	3%
3	Caste a) SC	17%
	b) ST	4%
	c) others	79%
4.	Education – 10^{th} Class and above	17%
5.	Living children	
	a) (two or less)	67%
	b) (one only)	4%
6.	Age of youngest child:	
	a) Mean	1 ½ years
	b)Range	0-10 years
7.	Age of spouse	
	a) Mean	31 years
	b)Range	24-46 years

However, 'Informed consent' was very poor with the clients and only 18% were informed of the contents of the 'Consent Form'. The fact that 28% of them did not know that tubectomy is a permanent method of contraception and also that 32% did not have their bath

before coming for the operation reflects on the lack of "Interpersonal communication" between the clients and health personnel.

Table 3.14. Asepsis Standards at Female Sterilisation Camps

	Particulars observed	% OTs with Unsatisfactory standards
1.	Theatres having personnel with satisfactory attire (cap + mask + gown)	100.0
2.	Adequate scrubbing by surgeon and assistants (3-5 minutes)	30.0
3.	Undesirable movement by non- theatre personnel	50.0
4.	Change of glove after each case	Nil
5.	Satisfactory disinfection of Laproscope	60.0
6.	Satisfactory sedation/analgesia	Nil
7.	Satisfactory local anaesthesia	Nil
8.	Satisfactory in sufflation (pheumuperitoneum) for laproscope	Nil
9.	Satisfactory OT sanitation	80.0

The observations at the Operation Theatres of the camps in the Maternity Homes/ U.F.W.Cs revealed that there were gross deficiencies in the maintenance of aseptic standards inside Operation Theatres. It was observed that in all the OTs, the attendants did not have the necessary complete attire (100%). The disinfection of Laproscope after every operation was also lacking (60.0%). There was undesirable movement by non-theatre personnel in 50% of the camps. OT sanitation was not satisfactory in 80% of the OT camps (Table 3.14).

3.4. Recommendations.

1. Improvement in the coverage of slum population attendance for utilisation of services.
2. Acceleration of construction of new Health Centres and renovation of existing U.F.W.Cs and Maternity Homes.
3. Early recruitment for staff vacancies, avoid deputation and ensure the availability of senior staff (avoid transfers) till the project completion. Doctors may be appointed on contract basis.
4. Improvement in the coverage of spacing method viz. Oral pills, copper T and nirodh and to strongly promote male participation through 'No scalpel vasectomy' through popularisation of methods.

5. Improvement in the general physical facilities at the Health Centres, facilities in the OPDs, ward and stores.
6. Improvement of laboratory services, facilities for IUD insertion in the new centres.
7. Improvement of OT facilities in the U.F.W.Cs and new centres.
8. Improvement in the supplies of IFA tabs, vitamin A and ORS and vaccines particularly in the new centres.
9. Streamlining of the ambulance services.
10. Provision of Air conditioners and generators for select OTs conducting FP camps regularly.
11. Provision of adequate drinking water supply, security services and laundry services.
12. Introduction of "user fees" for selected services in a few Maternity Homes on dual system (free and payment).
13. Adequate training of LMOs to screen cases carefully for IUD.
14. Proper and adequate follow up medical care for tubectomy beneficiaries.
15. Improvement in sanitation conditions in OTs, provision of adequate OT linen, prevent undesirable movement of non – theatre personnel in the OTs and satisfactory disinfection of Laproscope in cidex solution. Besides proper "signed informed consent" of tubectomy beneficiaries has to be obtained.
16. Provision of adequate training to peripheral health workers in Interpersonal communications

TRAINING

4. TRAINING

4.1. Background

Improvement of skills of the service providers is one of the important objectives of the Project. To fulfil this objective a residential Training Centre was to be established. It was planned that the Centre was initially to cater the needs of Bangalore City Corporation (Bangalore Mahanagara Palike-BMP) and to subsequently provide training facilities to health staff of other Municipal Corporations in Karnataka. A team of core staff at the training Centre was provided while other faculty is to be drawn from health department of BMP and other educational and training institutions in the City. The main functions of the Training Centre was to impart training to the service providers to develop skills, consistent with their job descriptions through an appropriate mix of various training methods and modules. The Centre was also expected to evaluate their training programmes periodically and make suitable modifications and improvements.

4.2. Methodologies adopted for Review

The present Mid Term Review of the Training component was carried out through the following methods.

i. Assessment of achievements in Physical targets of training programmes for each category of service providers like Medical officers, Paramedical staff, Community workers. This was carried out through a Desk review of Progress reports of the Centre.

ii. An Assessment of the Quality of training was carried out for content of training, Duration of training, Methods and Media used for training, Materials prepared for training and Capabilities of trainers.

iii. An assessment of the impact of training was done on the basis of pre and post training evaluation records maintained at the Centre.

iv. Further the MTR process adopted a participatory approach and a feedback was given to the Project Co-ordinator and Director of the Training Centre.

4.3. Findings of the Review

4.3.1. Infrastructure

a. Building for the Centre and other facilities

The Training Centre planned under the Project was to provide residential training facilities and cater to the needs of the Bangalore City Corporation initially and subsequently to provide training facilities to health staff of other municipal corporations in Karnataka State. However, presently the Training Centre is operating at Malleswaram (Kodandarampura) in a Corporation building without any residential facilities with the following facilities:

Office accommodation for Training Centre Staff.

One Training Hall with Audio-Visual facilities for training.

Library.

One Mini Bus (32 seater) with only a parking space (without shed facility).

The new building proposed for the Centre with adequate accommodation consisting of a ground and additional two floors with a provision of residential accommodation for trainees is under construction in the present premises and is expected to be completed only by the end of 1999.

b. Staff at the Centre

Two of the senior posts meant for training activities were vacant, adversely affecting the training programmes (Table 4.1).

Table 4.1. Staff position of the Centre

Designation	Sanctioned	In position	Vacant
1. Director	1	1	Nil
2. LMO with DGO Qualification	1	0	1
3. Training officers	3	2	1 (Nursing Tutor)
4. Clerks	2	2	Nil
5. Driver	1	1	Nil
6. Watchman	3	2	1
7. Sweepers	2	2	Nil

Immediate efforts are needed to fill up these vacancies. Besides, the present sanctioned staff is inadequate to cater to all the training programmes. Additional staff viz. one Senior Consultant, a Steno-typist and an Asst. statistical Officer were required, who may be appointed

on "contract basis" in consideration of the quantum of work and to bring about improvements in the quality of training particularly with reference to content, skill development, monitoring ar post training performance evaluation.

4.3.2. Training Programmes

a. Progress and Achievements

The plan of training for various categories of staff proposed as per the Project proposals was to be undertaken to cover the following components.

1. Management Development.
2. Planning and Organisation.
3. Monitoring and Supervision.
4. Communication.
5. Motivation.
6. Clinical Update.
7. Health Care and FW Update.
8. Promotive and Preventive Health Care including Family Welfare for Link Workers.
9. Management and Operation of Laboratory for Laboratory Technicians.
10. Maintenance of Stock Records and Compilation of Statistics for Clerks.
11. Promotive Health Care and Motivation for Family Welfare.
12. Orientation on Extension Approach.

A tentative Training calendar (Table 4.2) was proposed which however was revised i subsequent years of implementation, due to delays, without much changes in the content of the programme.

Table 4.2. Annual Training Plan/Calendar

Type of Training*	Categories of staff to be trained	Location of Training	Curriculum Content	Duration of Course	1994-95 (1992)	1995-96 (1993)	1996-97 (1994)	1997-9 (1995)
I	Project Head Quarter staff	NIHFW, Delhi	1,2,3,4	3	12			
I	Health Officer Deputy.H.O	NIHFW	1,2,3,4	3	8			
I	M.O.H	NIHFW	1,2,3,4	3	16			
0	Municipal Councillors	BCCTC	12	1	43	44		
I	Senior Medical Officers/ Gynae.	BCCTC	2,3,4,5	2		24		
I	Paediatricians	BCCTC	2,3,4,5	2		12		
I	Extension Education Officers	BCCTC	2,3,4,5	2		4		
I	LMOs	BCCTC	2,3,4,5, 6	5		37	30	15
I	Staff Nurses	BCCTC	2,3,4,5, 6	5		38	30	16
I	ANMs	BCCTC	2,3,4,5, 7	5		111	90	45
I	Laboratory Technicians	BCCTC	9	5		9	8	7
I	Pvt. Medical Practitioner	BCCTC	12	1		120	90	45
0	NGOs	BCCTC	12	1		90	50	30

0	Local Leaders	BCCTC	12	1		150	120	6
0	KSCB Personnel	BCCTC	12	1		30		
0	Anganwadi Workers	BCCTC	11	1		75	60	3
0	School Teachers	BCCTC	12	1		50	50	5
Grand Total					79	1211	886	4

* (P=Pre- service; 0=Orientation, 1=In- service

Note: 1. The years in parenthesis indicate the originally proposed years of undertaking the training activities.

2. The numbers in the column 4 refer to the Sl. No. of the components of training stated earlier.

Table 4.3. Type, Duration, Category of Personnel Trained

SL No	Type of Training	Duration (days)	Category of Personnel & No. trained (1994 – 98)	Total
1	New born care	1-2	LMO (23),Staff Nurse (14),LHV (23), ANM (112)	172
2	IPP 8 Aims & Objectives	1	LMO (91), Paed.(10),Gynae.(22),Staff Nurse (37) LHV (17), ANM (53)	230
3	Baby Friendly Hospital	1	LMO (81), Ayah PK 224	305
4	Health Aware-ness	1	AWW (188), SHE Club Members (87)	275
5	CSSM	5-6	LMO (34), Staff Nurse (53),LHV (52), ANM (258)	397
6	Reproductive Health (clinical)	2	LMO (79), Paed.(3),Staff Nurse (17), LHV(40) ANM (185)	321
7	Natural FP methods	1	LMO (47)	47
8	Endocrinology (Clinical)	1	LMO (29)	29
9	Management Training	2-3	LMO (57)	57
10	Pre Service Training	5-6	Link Workers (690)	690
11	Induction Training	1	LMO (12)	12
12	Extension approach	1-2	School Teachers (12), Pvt. Med. Pract. (55) Social Workers (Bal. Sevikas)(38)*	105
13	O&M of Laboratories	2	Laboratory Technicians (23)	23
14	Medicinal Plants	½	LMO (12)	12
15	Neonatalogy	1	LMO (87)	87
16	RCH Programme	2	LMO (87), Staff Nurse (18),LHV (9)	114
17.	Orientation Training	2	LMO (28)	28

Note: Number in the parenthesis indicates number of personnel trained

From the review of this calendar of training activities it can be seen that the training programmes should have been started from 1994-95. However, they did not start till 1995-96, due to non-establishment of the facilities.

4.3.3. Personnel trained since project inception

The number and category of staff trained since project inception is given in Table 4.3. Even though training programmes have been conducted in large numbers, the envisaged training programmes for Municipal Councillors and Local leaders has been a non starter besides the coverage being very poor for the categories of School teachers, Private Medical Practitioners, and the administrative staff of the Project. The availability of suitable training material to make the training more effective is also a felt need of the Centre.

4.3.4. Progress of Training programmes/ activities

A review of progress of training programmes revealed that (Table 4.4) most of the training programmes were conducted mostly from 1996 onwards which is after recruitment of a limited staff and provision of facilities at the present Training Centre. Thus the training programmes were hampered mainly due to lack of trainers and adequate facilities.

Table 4.4. Category-wise Number of Personnel Trained in different Years

Trainees			Year wise achievement				
		Project Target	1994 – 95	1995 – 96	1996 – 97	1997 – 98	Total(%)
1	Project. HQ. Staff	12	5	2	Nil	Nil	7(58.0)
2	Municipal Councillors	87	Nil	Nil	Nil	Nil	Nil
3	Sr. MOs / Gynae	24	Nil	Nil	20	2	22(91.6)
4	Paediatricians	12	Nil	3	Nil	7	10(83.0)
5	Ext. Ed. Officers	4	Nil	4	Nil	Nil	4(100.0)
6	Lady Med. Off.	97	Nil	Nil	56	35	91(93.8)
7	Staff Nurses	96	Nil	Nil	22	56	78(81.0)
8	LHV/PHN	97	Nil	Nil	45	10	55(62.5)
9	ANM/MPW	291	Nil	150	96	23	269(92.4)
10	Private. Med. Practitioner.	300	Nfi	55	Nil	Nil	55(18.3)
11	Clerks/Computers	84	Nil	Nil	Nil	16	16(21.6)
12	Link Workers	970	Nil	Nil	390	300	690(71.4)
13	NGOs.	200	15	62	12	113	202(101.0)
14	Local leaders	400	Nil	Nil	Nil	Nil	Nil
15	Anganwadi workers	200	Nil	Nil	188	Nil	188(94.0)
16	Lab. Technicians	24	Nil	Nil	Nil	23	23(95.8)

			Year wise achievement				
	Trainees	Project Target	1994 – 95	1995 – 96	1996 – 97	1997 – 98	Total(%)
17	School Teachers	200	Nil	Nil	12	Nil	12(6.0)
18	Social Workers	15	Nil	Nil	Nil	15	15(100.0)
19	Trainers viz. Addl. Hos. / Sr. MOs / Paed. / LMOs	12	Nil	Nil	Nil	12	12(100.0)
20	She Club members	Nil	Nil	Nil	33	54	87

A total of 17 types of training programmes have been conducted covering 2763 trainees in the last 2 years. The most frequently conducted training programmes were "Pre Service Training" for Link Workers (690) followed by CSSM training (397 persons) and Baby Friendly Hospital (305 persons) (Table 4.5), besides concentrating on Lady Medical Officers on different aspects.

Table 4.5. Type, Duration and Year Wise Distribution of Persons Trained

		Year Wise Distribution Of Persons Trained					
SL NO.	Types of Training	Duration (days)	1994 – 95	1995 – 96	1996 – 97	1997 – 98	Total
1.	New born care	1-2	172	-	-	-	172
2.	IPP 8 Aims & objects	1	-	-	-	230	230
3.	Baby Friendly Hospital	1	305	-	-	-	305
4.	Health Awareness	1	-	-	275	-	275
5.	CSSM	5-6	-	173	199	25	397
6.	Reproductive Health (Clinical)	2	-	38	227	-	265
7.	Natural FP methods	1	-	-	47	-	47
8.	Endocrinology (Clinical)	1	-	-	29	-	29
9.	Management Training	2-3	-	-	-	57	57
10.	Pre Service Training	5-6	-	-	390	315	705
11.	Induction Training	1	12	-	-	-	12
12.	Extension approach	1-2	55	-	12	38	105
13.	O&M of laboratories	2	-	-	-	23	23
14.	Medicinal Plants	½	-	-	-	12	12
15.	Neonatalogy	1	-	-	-	87	87
16.	RCH Programme	2	-	-	-	114	114
17.	Orientation Training	2	-	28	-	-	28
	Total		544	239	1179	801	2763

There is a strong need for filling up existing vacant posts and provide other facilities (as per recommendations made in this report else where) to improve training facilities, without which the Training Centre will not be able to accomplish the set targets during the remaining period of the project. This is more so as there is already an accumulated backlog (viz. Municipal councillors, Private Medical Practitioners and School Teachers) in addition to the present targets. Further, a quick review of the training programmes conducted reveal that there is a need for more emphasis to improve and strengthen clinical skills and competencies of field staff viz. LMOs and ANMS and Link Workers. Besides improving the quality of training programmes, it is important to ensure proper monitoring of the training activities as well as trainees participation. As such additional inputs in terms of staff supplementation, part-time/honorary and other facilities like transport/communications are very crucial. This will provide adequate time for the Director of the Centre to assume more managerial and academic responsibilities of organising the training programmes with in built monitoring, evaluation and feed back instead of actually functioning as a regular trainer which presently is the case due to staff shortage and other factors.

4.3.5. Content Analysis of Training programmes

Each training programme/activity conducted till date was critically reviewed along with Director (Training) and other staff on the following criteria:

Content, Duration, Methods, Media, Material, Trainers' competencies Trainees' participation, Evaluations, Feedback, Follow up action taken.

Based on this evaluation and specific remarks (for a particular training programme) the following general remarks/observations are made:

Table 4.6. Analysis of Training Programmes

Sl. No	Training, venue Duration (days)	Trainees	Trainers	Content & Materials	Methods & Media	Ev
1.	*New Born Care* Try. Centre & Hospital (1 day)	LMOs	Paediatricians	Content recorded material NA	Lecture, Discussions, OHP, SP, Case demonstration	-
2.	*Orientation to IPP VIII* Try. Centre & field visit (2 days)	LMOs, LHVs ANMs	Project. Co-ordinator Dir.(Try) Other Officers	Module	Lecture, OHP, SP.	-
3.	*Baby Friendly Hospital* Try. Centre , Mat. Hops. (1 day)	LMOs, Ethos & Class IV	Paediatricians	Content recorded Material NA	Lecture / Talk & Discussions	-
4.	*MCH & FW & IPP 8 Orientation to NGOs on IPP** Try. Centre, (1 day)	NGO Reps.	Project Co-ordinator IPP 8, Director Try. Centre	Content recorded Material NA	Lecture & Disc OHP	-
5.	*CSSM* Try. Centre & field visits (5-6 days)	LMOs, LHVs, ANMs & staff Nurses	DIO, DD(MOH) RO(FW): Dir(Try), DNS, HS(HFPTC) Principal (ANMTC)	Modules	Lectures, Discs, Modules, Demonstrate, Role Play, etc.	Pr & ev D
6.	*Orientation to Anganwadi workers MCH & FW & IPP 8* Try. Centre, (1 day)	AWWs	Dir(Try) & Try officers	Modules	Lectures, Disc, Video	-N

Sl. No	Training, venue Duration (days)	Trainees	Trainers	Content & Materials	Methods & Media	Evaluat
7.	*Natural FP methods* Try. Centre, (½ day)	LMOs & Sr. Gynae.	Christian Mission organisation. (CREST)	Handout given (not available)	Lecture & Disc	Yes
8.	*Extension approach orientation* Try. Centre (1 day)	Crèche Teachers; NGOs	Dir(Try) Try. Off.	Modules	Lectures, Disc video & Gr. Disc.	NO
9.	*Endocrinology disorders in women (clinical)*; Try. Centre (½ day)	LMOs; Paed; Gynae.	Endocrinologist (Super speciality Hospital)	NA	Lecture & Disc	NO
10.	*School / Teachers Orientation to IPP 8 & MCH & FW* Try. Centre; (2 days)	School Teachers	Dir (Try.) Try. Officers	Module	Lecture, G Disc, video	Yes
11.	*Neonatology* Try. Centre & children Hosp. (1 day)	LMOs & Paediatrician s	Sr. Paediatricians	Not available	Lecture & Discussion; case Demo	NO
12.	*Training in management* Try. Centre, (3days)	LMOs	Faculty of Community Health Cell(NGO, Professional body)	Content Not available; Handouts given	Lecture, Disc, SP, OHP, Group Disc.	Yes

13.	*MCH & FW & IPP 8 Orientation* Try Centre (5 days)	Social workers	Dir(Try); faculty from ISEC(GOK); Prog. Officers	Handouts	Lecture, Disc, video field visit	Pre test eval done
14. a)	*RCH* Try Centre (½ day)	LMOs	Add/ Dir. (FW) GOK.	Handout & Modules	Lecture ; Disc. OHP	Pre test
b)	Try. Centre & Mat. Home (5 days)	LHV/ANM/ Staff nurses	DHS/ANM Try. Staff	Modules	Lecture; Gr. Disc	Pre test
15.	*IUD skills Training* Try Centre & Disp(Health Centre) (1 day)	LMOs	Sr. Gynaecologist	Modules contra sample	Lecture: IUD insertion Demonstrations. Hands on Training given	Pre test & feed give
16.	*Reproductive Health (screening for cancer cervix)* Mat. Home & Kidwai Cancer Hospital (2 days)	LMOs Paramedical staff	Sr. Gynaecologist	Not available	Lectures & case demonstration	NO

Note: OHP = Over head Projector; SP = Slide Projector; Disc = **Discussion;**

In general, the training programmes were satisfactorily conducted with available resources However, the documentation with regard to the content and follow-up of the training programmes is poor. It is necessary to ensure proper documentation of the training programmes through a structured format and to orient the honorary/visiting trainers on the feedback of the training programmes to improve upon the quality of training. A Senior Consultant and the Director of the Centre shall ensure content analysis of training programmes and provide feedback to trainers and as well as trainees whenever needed.

4.3.6. Training Materials

The following training materials have been developed by the Centre:

(a) Link Workers module (in Kannada).

(b) RCH guidelines (in English and Kannada).

(c) Extension Approach (in Kannada) (module).

(d) Clinical skill in FP methods for LMOs.

(e) IUD insertion guidelines for LMOs (Booklet).

(f) Material on no scalpel vasectomy (NSV, in Kannada) is under preparation.

From a scrutiny and critical evaluation of the contents of the training materials, it is revealed that the following additional features in the modules would make them more useful.

a) *Link workers module*: More information on FP methods; Maternity care with emphasis on institutional care; immunisation including pulse polio campaign; AFP surveillance; Job chart of LWs and services and facilities at HCs and maternity homes. This may be provided as an addendum (DTP and photocopies) to the existing module as a cost saving measure.

b) *Extension Approach Module*: Areas on Pulse Polio Campaign, AFP surveillance; facilities available and services provided in Health Centres/UFWCs/Maternity Homes.

c) *RCH guidelines (in kannada)*: The training of TBAs & DD kits are to be substituted with information for promoting institutional deliveries; besides including more details on FP methods viz. Nirodh, OCPs, IUD Sterilisation including NSV.

d) *IUD insertion guidelines for LMOs (GOI version)*: A checklist of evaluation (for post training performance evaluation) to be prepared by the Training Centre and provided to benefit both the trainers and trainees.

From a review of the functioning of the library of the Training Centre, it was found that the library maintenance was poor and unsatisfactory. Adequate reading materials to suit the needs of the trainees are lacking. Hence, any further purchases of books and journals should be made in consideration of the needs of trainees.

4.3.7 Evaluation and Follow-up Action of Training programmes

An effort has been made by the Training Centre through a "Standard Format" to systematically evaluate the impact of CSSM training through post training evaluation of ANMs, LHVs and Staff nurses at their work places. Inspite of limitations, the Training Centre has organised "retraining" following these evaluations, which is quite commendable.

But similar efforts are needed for Link Workers and LMOs and for other types of training programmes (major ones) as well as on Management issues. Besides there is a need to organise a current 'training needs assessment' (quick and simple) and revise the training plan accordingly. It was also informed that there was a lack of interest and passive participation of trainees viz. LMOs during training programmes. Orientation by the Programme officers to the trainees on the importance of the training as well as post training follow-up by the Training Centre through a Senior Consultant would improve the situation.

Table 4.7. Impact Evaluations & Follow Up action taken for CSSM training programmes

Post Try. Evaluation Scores	Category of personnel				Follow up action taken
	ANMs (n=140)	LHVs (n=21)	Staff Nurses. (n=15)	Total (176)	
> 75%	24(17%)	14(67%)	5(34%)	43(24%)	Reorientation for 1 day
50-74%	57(41%)	3(14%)	4(26%)	64(36%)	Retraining for 2 days
< 50%	59(42%)	4(19%)	6(40%)	69(40%)	Retraining for 3 days
Total	140(100%)	21(100%)	15(100%)	176(100%)	

The following reporting format may be followed for follow-up of training activities

Table 4.8. Progress of Training Component

(From DD/MM/YY TO DD/MM/YY)

Trainees	Type of Training	SAR Training (# of people)	Revised target (# of people) (Biannual from dd/mm/yy to dd/mm/yy)	People # of Trained		% of Biannual from	Achievement Since inception
				Biannual from dd/mm/yy to dd/mm/yy) Since the inception of project		dd/mm/yy to dd/mm/yy	
1	2	3	4	5	6	7	8

4.3.8. Integration with other Training Institutions

An integration and co-ordination mechanism does not exist for training both IPP-VIII and other health staff of BMP at the Training Centre to avoid duplication and multiplication of training programmes for all health staff of BMP. In this direction as a first step towards integration, it is desirable to rename the Centre as "Bangalore Mahanagara Palike Training Centre" to bring a sense of ownership of the Centre by Bangalore Mahanagara Palike.

Co-ordination and linkage of the activities of the Training Centre with SIHFW, at Magadi Road, Bangalore (about 7 kms away) does not exist for sharing information, facilities and trainers.

No concrete plans as yet were developed to promote the Centre as the nodal training Centre for medical and health staff of Municipal Corporations of other cities in the State.

4.4. Recommendations

A review of the programmes of the Centre and in the light of the present activities and planned future activities, the following measures are to be under taken immediately to make the functioning of the Centre more effective.

1. Take measures to complete the construction of the proposed Training Centre.
2. Fill up the vacant posts of Training Officer (Lady with DGO qualification) and Nursing tutor (Lady with DPHN qualification or equivalent).
3. Appoint one stenographer on contract basis to improve office efficiency.
4. Appoint one Assistant Statistical Officer (MSc or BSc. With experience) on contract basis for compilation, analysis and evaluation of training programmes.

5. Appoint a Senior Consultant (Lady, DGO with atleast 10 years training experience) for organising and evaluating training programmes including field visits and for liaison work with skill development Centres (SDCs).
6. Hire one Matador van (on contract basis as it is economical) for visits to SDCs and transport to trainers / trainees (in small numbers).
7. Purchase a Xerox machine, Duplicator, Fax machine and an additional telephone receiver (at office) to improve training facilities.
8. Purchase an additional Slide Projector, Overhead Projector (with spare bulbs) and videocassettes from WHO/UNICEF/VHAI/Other organisations on MCH & FW for MOs and other staff.
9. Shift the stores from the second training hall and make it available for training purposes.
10. Identify additional bigger tertiary care hospitals (both Govt. and willing private) as skill development Centres for LMOs, LHVs, ANMs, Staff Nurses and Lab Technicians ex. Vanivilas Hospital, KC General Hospital, KIMS Hospital, MS Ramaiah Hospital, St.Johns Hospital etc. This is particularly required for clinical skill updating in MCH & FW viz. Newborn care, complicated deliveries, MTPs, IUD insertion, TO & LTO etc. It is important to prepare a list of academic counsellors (senior specialists) from these hospitals to function as honorary trainers (part-time) from the departments of OBG, Paediatrics and Laboratory medicine and the trainer: trainee ratio shall not exceed 1:5. It is recommended to increase the honorarium to these trainers in these hospitals to Rs.250/- per session (of up to 90 minutes) and to Rs.400/- per session (up to 3 hours) including conveyance.

INFORMATION, EDUCATION
&
COMMUNICATION ACTIVITIES

5. INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES

5.1. Background

In order to achieve the overall objective of the Project, apart from initiating various activities, IEC component has been planned as one of the major components with the following objectives under the component.

- To create awareness for higher age at marriage.
- To enhance male participation in the programmes.
- To motivate younger couples to accept small family norm and adopt different methods especially spacing methods.
- To motivate for acceptance of referral services for programmes.
- To create awareness on the importance of environmental sanitation.
- To educate mothers to accept immunization services and improve nutritional status by consuming locally available food.
- To involve local organizations and private practitioners for improving IEC activities.

5.2. Methodologies adopted for the review

The review was carried out by the following methodology

i. Desk review of assessment of achievements in Physical targets of IEC programmes in terms of :
   a. Analysis of targets with actual achievements.
   b. Content analysis of all IEC material for Validity of messages, Completeness, Message transmission.

ii. Focus group interviews with community and analysis of results from the mid term survey on IEC.

iii. Exit interviews of clients on a sample of clients in 50% MCH centres and 30 sub centres for 15 days.

iv. Assessment of Impact of IEC programmes at the Health centre level.

v. Review of the observations of Mid-Term Review Consultants.

5.3. Findings of the review

5.3.1. Staff position

The Unit is headed by a Director, a person with long years of experience in organising and supervising IEC activities. He is assisted by four Extension Educators, whose duties consist of organising and supervising the activities. All IEC activities were implemented through Service delivery centres and at the level of slums by SHE club members and Link workers, while the planning and monitoring were done by the project staff .The supervision of programmes was lacking due to shortage of supervisory staff.

5.3.2. Achievements of activities

No targets were fixed for the activities. The planning and implementation of IEC activities started only from 1995-96 and a large number of activities have been undertaken in the last three years, the details of which are given in the tables below (Tables 5.1 & 5.2).

The planning of IEC activities were done in a systematic manner. *Micro plans* for the activities at the Health Centre level were formulated which were then transformed into *Action plans* at the level of slums. However these plans were not completed for all the Health Centres and Slums.

The important Media used in the propagation of messages were:

- Audio- Visual media like Screening of Films.
- Exhibitions.
- Door Darshan and Radio broad casting.
- Print Media Interms Of Posters, Leaflets, Hoardings, Folders, Metal Sheets , Labels for School Children.
- Interpersonal Communications.
- Group and Mass education Programmes For Adolescents, mothers-in-law and Satisfied Acceptors
- Folk Media Programmes

Television programmes were sponsored through some of the Corporate sector agencies. Video films produced by the unit had taken local culture in to consideration and also had some popular artists.

Table 5.1. Year-wise Planning Activities Undertaken

Activities	Cumulative Performance			
	1994-95	1995-96	1996-97	1997-98
Action Plans				
Preparation Of Micro Plans For H.Cs		20	12	23
Preparation Of Action Plan For Slums		82	70	68
Audio-Visual material developed				
U-Matic Video Films		3	4	8
Cinema Slides (200 Each)		4	2 Types	4 Types
Print materials developed				
Posters(5,000 Copies Each)		1		1
Leaf Lets				1 Type
Printing Of Flip Books(Nos)			2000	
Stickers (10,000 Each)		3	3	
Folders (3,000) Each		2	1 Type	2
Brouchers				2 Types
School Labels				6 types
Exhibition materials developed				
Hoardings			4	4
Metallic Thin Sheets Small				4 Types
Banners			20	577
Models(On FW Methods) Nos			450	
Exhibition Panels With Photos				50 Sets

The number of activities undertaken are given table 5.2.

Table 5.2. Details of IEC materials prepared

Sl. No.	Materials	Messages
1	Video cassettes	Age at marriage Care of pregnancy Small Family Norm Child care Family planning methods Project profile Fillers on project Female Education Adolescent Girl Community participation Environmental sanitation T.V Spots on pulse polio Nutrition Male participation Fillers
2	Metallic sheets- Big size	Age at Marriage Small Family Norm Care of Pregnancy
3	Metallic sheets- Small size	Age at Marriage Small Family Norm No scalpel vasectomy
4	School labels	Small family Age at marriage Care of pregnancy
5	Folders	Female education Project profile Male participation Adolescent girl
6	Stickers	Age at marriage Small family Care of pregnancy

Table 5.2. Details of IEC materials prepared - continued

Sl. No.	Materials	Messages
7	Flip Book	Project profile Small family Care of pregnancy Breast feeding Immunisation six killer diseases F.W. methods Vocational training Implementation Health Education
8	Exhibition sets	Age at marriage Temporary methods T.M.(Temporary methods) ANC check up Nutritional Education Hospital delivery Breast feeding Primary immunisation B.C.G. polio, D.P.T Measles Infant weaning Vitamin 'A' ORS demonstration One child norm (Male or Female) No scalpel vasectomy Tubectomy
8	Desk Calenders	Age at marriage Nirodh Oral pills T.T. Injection A.N.P. for ANC Prima Immunisation Infant weaning Vitamin ORS Demonstration One child NSV TRO & LTO Project Profile glance
9	Pamphlets	50 Years of Independence No scalpel Vasectomy Rajalaxmi scheme pamphlets Pulse polio Immunisation

Table 5.3. Year-Wise Performance of IEC Activities

Activities	Year wise Performance		
	1995-96	1996-97	1997-98
Screening Of Video Films	260	624	624
Posters distributed	5000		5000
Stickers distributed	10,000		
Metallic Tin Boards distributed		3000	
Folders distributed	6000	6000	6000
Hoardings exhibited		4	8
School Labels distributed	50000	50000	
Awareness Programme For Adolescents			5 HCs
Satisfied Customer Contact programmes			5 HCs
Mother-In-Laws Motivation Programme			5 HCs
Public Meetings	32	18	
Folk Media Programmes	20	39	165
Telecast programmes		6	
Radio broad casting programmes		5	

Important messages which were covered by these activities are given in table 5.2.

5.3.3. Monitoring of IEC activities at peripheral level

Even though a stock register was maintained at the project level for the materials procured and distributed to the Health Centres, a follow up of these materials from the Project IEC unit was lacking. Consultancy services were made available to the Unit since August 1997, to monitor and give feed back on the implementation of IEC activities. These consultants besides monitoring the performance from reports, have also monitored the implementation of IEC activities at the Health Centre and field level on a sample basis and have provided feed back every month to the Director in writing. The IEC unit has taken suitable follow up actions based on these reports.

Major observations of the Consultants during the yearlong monitoring were:

1. The materials produced by the unit were available at the Health centres.
2. The most popular media was video film.
3. Selection of media was to be done keeping the language barriers in to consideration.
4. Male participation in the community awareness programmes was lacking.

5. Advance announcement of different types of programmes in the community required improvements.
6. Proper accounting of educational materials at the peripheral centres was lacking.

5.3.4. Community opinion on IEC programmes

A.V Vans

Almost all the females were aware of the programmes and many of them had viewed the films on different topics. They could recall the topics like age at marriage, small family norm, childcare, care at pregnancy, AIDS awareness, female empowerment, female education etc. However, few of them were of the opinion that the time was not suitable while some suggested more of such shows. Most of them expressed that they liked this particular programme more than any other IEC activity.

Meetings

Some of the women had participated in the Awareness meetings held by U.F.W.C's on various topics of family welfare and M.C.H during the clinic hours. Many of the male participants expressed the need for such meetings with them also.

Folk media

Most of the participants were unaware of the programmes like Harikatha, Bhavgeetha, puppet show etc, which were held in the community. Many of them said they were never informed of such programmes.

Pamphlets and display boards

Most of the males as well as females expressed unawareness regarding the availability of pamphlets. However, a few of them had seen the pamphlets on pulse polio and AIDS.

Regarding display boards and exhibits, many of them have seen it in the U.F.W.C's and read them.

5.3.5. Findings from IEC baseline study done during 1997

A mid term survey was conducted in the month of July 1997 by the above Consultancy Services to redefine the strategies of IEC programmes. The major findings from the study on knowledge, attitude and practices as detected during the survey highlighted below.

Environmental sanitation conditions and personal hygiene

- Less than one third of the households (61.0%) washed the floor of their house everyday.
- The storage of drinking water was not satisfactory in majority of the households, as majority did not wash their drinking water containers daily (46.7%).
- Of those without toilets, there are substantial proportion using agricultural fields (11.1%), front/back yard (10.3%) and roadside (5.1%) as toilets.
- Hygienic disposal of garbage was practised only in 51% of the households and habit of throwing them indiscriminately existed with nearly a fifth of the households.
- Habit of taking bath daily was only with a quarter of the mothers and 41% of children. There were mothers and children who bathed once in three days or more.

Media exposure

- Newspaper reading habit amongst the women is as low as 22%.
- Orientation programmes through health workers was not effective as messages on nutrition, family planning, child care, immunization and disease prevention, had reached only around 16 to 21% of the women through these programmes.
- Only around 21 to 26% had accessed some messages on nutrition, family planning, childcare, immunisation or disease prevention through radio broadcast.
- Television seems to be more accessible media than any of the other ones. The percentage women who had watched one or the other health programmes related to nutrition, family planning, childcare, immunization or disease prevention was around 56 to 58%.

Nuptiality

- About 58% of the women had married before the age of 18 years. The mean age at marriage in the sample was 16.9 years, with 16.8 years for Hindus, 16.7 years for Muslims and 18.0 years for Christians.
- More than three fourths (77.4%) of women had their consummation of marriage before 18 years of age.
- Majority had their first pregnancy before the age of 19 years (67.2%).

Fertility

- Majority of the women (57.3%) had conceived for more than two times. There were also 16.2% who had more than four pregnancies. However only 11.7% 'viewed the latest pregnancy as unwanted. This observation indicates that that about 12% of births could have been averted if these women were properly motivated to adopt some family planning method.
- The proportion of women who had induced abortions was 4.7%. It is a matter of concern that 10% of abortions are still being performed by unqualified persons.
- Majority of the women who had delivered during the previous one year were in the younger age group (66.0% in aged 19-24 years). However, there were about 9% of the mothers, comprising of only Hindus and Muslims, who were below the marriageable age of 18 years, which is a matter of concern.

Obstetrical care during pregnancy

- Except for about 5% of mothers all had antenatal check up during pregnancy, most of them had initiated the same in the first trimester.
- Significantly only a small proportion of the check up (7.6%) was done by the peripheral workers while the remaining were from doctors (90.3%). A third of the mothers utilise private practitioners. About 8% of the mothers did not have tetanus toxoid immunisation during pregnancy comprising mostly of Christian women.
- About 84% of the mothers had iron and folic acid supplementation during pregnancy but only about a fifth of them had full course of 60-90 tablets.
- There were still 14.5% home deliveries which were mostly done by unqualified personnel.
- Availing postnatal check up was not very common as only 30.5% of the mothers had such a care.

Management of diarrhoea

- Nearly 45% of the children had reduced food intake during the episode while the rest had the same quantum as usual.

- Only 18.8% children were offered more fluids during the episode and in 30.0% of the children the quantum of fluid intake had reduced. Further ORS was administered in only 51.2% of the episodes.

Malnourishment in children

- In the community only 26.4% of the children were nutritionally normal as per WHO standards of MAC (MAC >14.0 cms.). There were 35.8% of children moderately malnourished (MAC between 12.6 to 14.0 cms.) and 26.4% severely malnourished (MAC< 12.5 cms).

Opinion on Age at marriage of children

- There were still 11.5% who wanted their sons to be married before 20 years and 7.2% who wanted daughters to married before 18 years of marriage.
- Only 62.6% of women were knowledgeable about the legal age of marriage of boys while the percentage was only 41.5% for the knowledge on legal age of marriage for girls.

Opinion on spacing between births

- About one third of the women surveyed wanted the second child in about two years from the first. This interval was desired more by Hindu and Christian women as compared to Muslims.

Knowledge on family planning methods

- The most common methods known were sterilisation of women (92.5%), oral pills (62.4%), IUD (49.8%) and Nirodh (27.7%). Vasectomy was known only to a negligible proportion of women (1.6%).

Family planning methods practiced

- The couple protection rate was 58.6%, Majority of the women had undergone sterilisation and the proportion adopting spacing methods were very small (9.6%).
- Inter-spousal communications varied extensively between different aspects. While the communication was moderately good in discussions about finances (78.3%), it was moderate with regard to children's education (68.8%) and minimal for discussion on spacing of children (34.6%). This may be because of the male dominance in the areas of sex. Christian women had better communications with their husbands as compared to women in other religions.

The following recommendations emerged out of the above survey for improving IEC component.

Planning of strategies

- Slums being inhabited by three major religions Hindus, Muslims and Christians with differences in knowledge, attitude and practices, the approaches and messages for each aspect of the program should confirm to these differences. In other words the messages are to be tailored as per the religious compositions of the slums.
- Couples in the slums being young, the messages should suit their needs and should be in an acceptable manner.
- Since the slums have got working groups mostly engaged in day time labour, the timings of the programs should fit into their leisure hours may be late evenings.
- Co-ordination with different agencies involved in improving the status of women should be considered as such agencies have more expertise in these specific areas.
- Co-ordination with population education cells especially for adolescents both in the school and out of school would enhance the efficiency of adolescent education programmes.
- Co-ordination with private practitioners for educational programmes should be incorporated. They are to be equipped with necessary materials and incentives along with an orientation in imparting the messages.

Methods and Media

- Television being a popular media in the community, as compared to others, utilisation of this media in a bigger way should be explored.
- Group orientation programme, which are at present covering only a scanty proportion of population should be given a top priority.
- Literacy amongst both male and female being considerably satisfactory, increased propagation of messages through print media should be considered. Simple Brouchers and booklets prepared in an interesting and appealing manner should be distributed.

Messages to be emphasised in the programmes

- Age at menarche being low especially with Muslim communities, population and sex education through schools should be emphasised. The concerned departments engaged in population educational programmes at the district level should be co-ordinated.

- Environmental Sanitation education programmes especially amongst Hindus and Muslims have to concentrate on messages pertaining to hygienic methods of disposal of garbage, wastewater and use of community latrines.
- Messages to improve the personal hygiene habits regarding bathing etc., especially among Muslims and Christians require emphasis.
- Importance of obstetrical care especially for antenatal and postnatal checkup amongst Christian women needs emphasis in messages.
- Importance of institutional deliveries in reducing maternal complications needs to be stressed in the messages.
- Breast feeding habits and its importance in the childcare and prolonging amenorrohea should be incorporated in the messages especially with Muslims.
- Messages on management of diarrhea in terms of increased food and fluid intake and administration of ORS especially amongst Christians need to be included.
- To reduce malnutrition amongst under fives which is very high in the community messages on nutritional supplementation, using locally available food in sufficient quantities and concepts of balanced diet require attention.
- Messages on risks of teenage pregnancy need to be emphasised especially amongst Muslims.
- Messages on legal age at marriage requires emphasis with Hindus and Muslims.
- Messages on different family planning methods, their importance, contra indications and availability needs to be spread especially amongst Hindus and Muslims.
- Information on spacing methods especially with Muslims is to be reinforced.
- Women autonomy needs to be improved by incorporating messages on rights of women and coordinating with agencies involved in such activities.

5.3.6. Utilisation of Funds

Funds earmarked for IEC programmes have been fully utilised and re-appropriation of funds was done from funds of Innovative Programmes since many of the IEC activities covered the beneficiaries of those programmes.

5.4. Recommendations

1. Before developing any new IEC materials an assessment has to be done for the effectiveness of the media which are being used at present in propagating the messages.

This should be one of the tasks to be undertaken by the Consultants who are engaged with the Unit.

2. Cost effectiveness in terms of coverage of different media should also be assessed by the consultants who should also provide a feed back on suitable mix of media.
3. Follow-up should be done at Health Centres' level for effective utilisation of materials which are supplied to them.
4. Some of the messages recommended by the survey undertaken in Mid July 1998 should get priority in the materials to be prepared from now on.
5. Grass root level workers especially ANMs, SHE club members and Link workers are to be provided a better orientation of the health messages to be propagated by them as well as using the materials in an effective manner.

INNOVATIVE PROGRAMMES

6. INNOVATIVE PROGRAMMES

6.1. Introduction

The Family Welfare programmes in India are operating for well over forty years and despite additional inputs, the progress has been well below the targeted goals. One of the reasons for the limitations is that it is run as a government programme and not as a people's programme. To make the programme more community based, several innovative schemes have been incorporated in the present Project. The main objective of these innovative schemes is to strengthen the NGO and Community Participation in the programmes besides improving the status of women ultimately aiming at the sustainability of the programmes.

The unit is managed by one Programme Officer assisted by a few Social Workers, appointed recently.

Important activities initiated under the scheme were:

- Involving Link workers from the community for effective implementation of the project.
- Establishing Social, Health and Environmental (SHE) clubs as a resource group for planning, implementation and monitoring of the programmes.
- Providing educational opportunities to adolescent girls through non-formal schools.
- Providing care for the children of working women through Crèches.
- Income generation activities.

The Mid Term Review was undertaken for each of these activities broadly by the following methodologies and the findings and recommendations are presented in the subsequent sections.

The following aspects of each of the components of the scheme were reviewed:

- Achievements in Physical targets of different programmes envisaged under the component of project.
- Facilities at different Centres established by the Project under the component
- Fulfilment of objectives under the different components.

Different methodologies adopted for the review were:

1. Desk review of Progress reports;
2. Analysis of targets with actual achievements and reasons for shortfalls;
3. Facility survey as per standard techniques;
4. Random sample surveys of Institutions and beneficiaries for assessing the impact of the innovations under the different components;
5. Focus group discussions in the slums to assess the impact of Link workers, SHE clubs, and involvement of NGOs and Community in the activities of the project.

The details of the methodologies adopted for Review of each of the components are described under each section separately.

Table 6.1 Year-Wise Performance of Innovative Programmes

Activities	Cumulative Performance				
	Project Target	1994-95	1995-96	1996-97	1997-98
No. of Social Health and Environment (She) Clubs Formed	401	12	36	70	137
Establishing Crèches at Slums	50		3	14	33
Vocational Training for					
Adolescent Girls					
A)Tailoring & Knitting				1UNIT	2 Units
B)Radio & TV Repair			1unit	2unit	2 Units
C)Zari & Embroidery Work				2 Unit	12 Units
D)Computer Course				1 Unit	1 Unit
Non-Formal Education Centres to School Dropouts & Non-Beginners				9 Unit	13 Units
Environment Health, Sanitation, Personal Hygiene,Mch & Fw Programmes	250	14	42	228	536
Clean Hut Competitions	250		10	32	72
Well Baby Contest	250		12	34	74
Health Check-Up Camps for Slum Dwellers	250	2	26	60	104

6.2. LINK WORKERS PROGRAMME

6.2.1. Background

Link workers, Women, selected from the respective Slums act as Community Agents of the Health Centres. They represent about 5000 population. Their activities include listing of eligible couples, propagation of messages of the Project and participation in all out reach and health education activities and help in achieving the targets of the project. She will also act as a liaison between the community and various government programmes. Further she is the depot holder for ORS, Oral pills and Condoms.

6.2.2. Methodology of the Review

A sample of 15 U.F.W.Cs out of the 60 centres were randomly selected for the study. All the link workers in each of the 15 selected Health Centers were interviewed separately by trained Investigators and information on their knowledge and the activities performed by them were recorded on a predesigned and pretested proforma. The questionnaires were developed on the basis of link worker's training manual. A total 138 link workers were interviewed as few of the selected could not be contacted.

Focus group discussions were held in randomly selected slums to study the opinion of the community on the programme. For this purpose, 8 focus group discussions were held with male members in the slums while another 12 with females. A group of about ten persons from the community were grouped and discussions were conducted by trained investigators in local language. The main aim of these discussions were to elicit the opinion of the community members on the programme.

6.2.3. Findings of the Review

a. Socio-demographic characteristics of workers

Even though these workers were to belong to the same slums of their area of duty, only a third of them were the residents of their work area, contrary to the concept of selecting workers from the same slums.

Religion wise 92% of the workers were Hindus, 2.9% Muslims and 5.1% Christians adequately representing the religious composition of the slums.

A little less than two thirds of the workers were aged up to 29 years (61.5%) and another about a quarter from 30-34 years age group (24.6%). Thus most of the workers were young.

Education wise all workers were educated with a majority with education up to middle school (85.5%) and the rest were with higher secondary education.

94.2% were married while only 1.4% were unmarried. Others were either widowed or divorced.

84.2% of the currently married link workers were practising family planning method. 63.8% of the link workers had undergone female sterlisation, while 0.7% had adopted male sterlisation. 15.2% had IUD, 1.4% were using oral pills and another 3.6% nirodh (Table 6.2).

b. Level of awareness of workers on health and family planning

Since the main function of these workers were identification of antenatal cases, health education, nutrition education, motivation of cases for FP, and to act as Depot holders for condom, oral pills & ORS packets, the knowledge of the workers was assessed in the above areas of work they were supposed to perform.

Only 23.9% of the workers had complete knowledge of the duties they were to perform. Knowledge on identification of either eligible couples for F.P. or pregnant women was very poor with only 10.9% and 44.9 % having complete knowledge on these two aspects respectively.

Knowledge on calculation of expected date of delivery or factors of risk during pregnancy was better (79% for both).

89.9% knew the correct dose of T.T to be administered to pregnant mothers.

Only 37.7% of workers had complete knowledge on advises to be given to pregnant women while only 56.5% knew about all the danger signs of new born and another 62.3% knew all the advises to be given to mother immediately after delivery.

However their knowledge on different family planning methods was 100% with all of them having knowledge on male sterlisation, female sterlisation IUD, oral pills and nirodh.

All the link workers were aware of the complete immunisation schedule for infants. 91.3%. of the workers were aware as to when a women is to be advised to adopt a permanent F.P method while 97.8% were aware of spacing methods.

Only 57.2% had complete knowledge of vitamin A deficiency while another 52.9% hac knowledge of iodine deficiency and 23.2% for causes of anemia.

However, their knowledge on advises to be given to diarrhoea cases was very gooc (97.8%), but only 17.4%% had knowledge on the danger signs of diarrhoea. All the workers were aware about the method of preparation of ORS.

Only 59.4% knew what are the advises to be given regarding personal hygiene.

The knowledge on STD was almost nil and it was informed by the Project authorities that there was no component of either STD or HIV/ AIDS in the training curriculum to the workers (Table 6.3).

c. Activities performed by the workers

Link workers during the previous year, on an average had referred 101 children for immunisation, motivated 120 cases for adopting various family planning methods. They were successful in motivating couples for spacing methods as out of the cases motivated nearly two thirds were for spacing methods.

Majority of workers were practising family planning (84.7%) (Table 6.4).

d. Community opinion on the programme

Almost all the females, except for a few working women, knew who was the link worker in their area and also what activities were being performed by her. However only a few of the males were aware of her existence that too through their wives. The main reason for this may be that Link worker performed duties related to females only.

All the members participating in the discussions were of the opinion that Link worker was working effectively, and that she visits their area regularly and distribute oral pills, condoms and ORS packets on need basis. They also opined that she is instrumental in creating awareness in the community on all the aspects of family welfare.

e. Conclusions

Link workers are acting as good link between the community and the service providers and have been able to motivate the community for MCH and F.P. services Knowledge on various aspects of services provided are satisfactory but needs improvements in the areas of MCH.

6.2.4. Recommendations

1. Link workers should be recruited from the same slums of their area of work, which will enable community members to use their services in a better manner.
2. Emphasis on STD/AIDS as well as identifying eligible couple and pregnant women in training programme is required.
3. As Identification cards and uniforms were desired by the workers, the feasibility of providing them these facilities can be explored.
4. The project should look into sustainability of their services.
5. To improve upon better male participation in the programme a few male link workers may be enlisted.

Table 6.2. Socio-demographic particulars of Link workers

Particulars	% (n=138)
Residents of the same slum .	33.3
Religion	
Hindu	92.0
Muslim	2.9
Christian	5.1
Age in years	
15-19	0.7
20-24	15.9
25-29	44.9
30-34	24.6
35+	13.8
Educational qualifications	
Middle	85.5
Higher Secondary	14.5
Marital status	
Married	94.2
Unmarried	1.4
Widowed	2.2
Separated/ Divorced	2.2

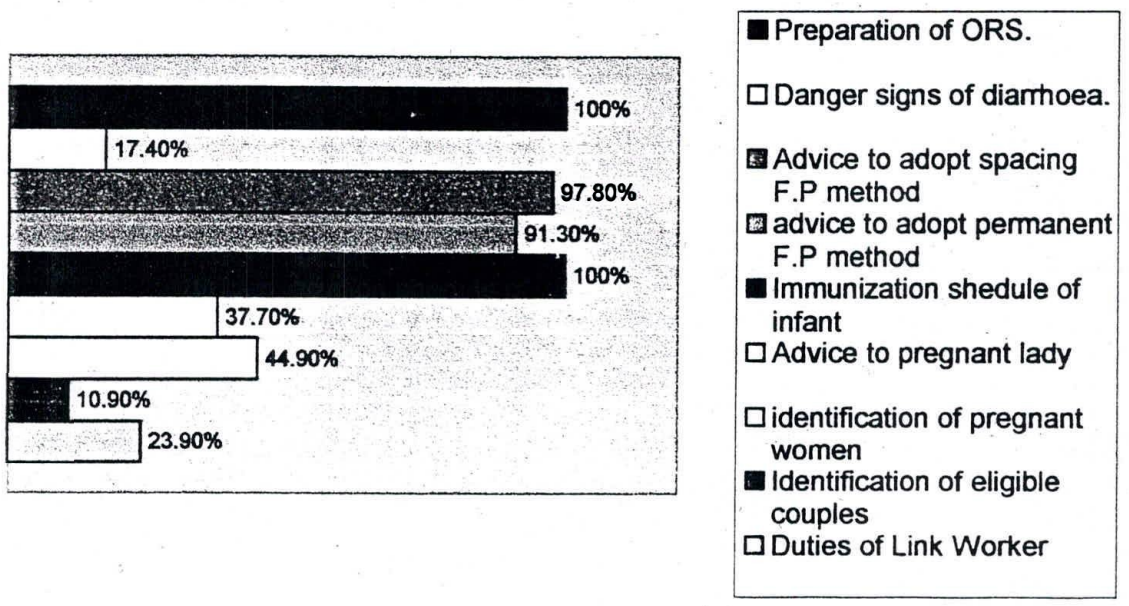
Table 6.3. Knowledge of Link workers on MCH and F.P.

Particulars of knowledge	% (n=138)
Duties of Link worker	
Complete	23.9
Partial	76.1
Identification of Eligible couples	
Complete	10.9
Partial	81.9
Identification of Pregnant women	
Complete	44.9
Partial	54.3
Calculation of Expected Date of delivery	79.0
Factors of risk during delivery	
All factors	79.0
up to 60% factors	21.0
Doses of TT to pregnant mothers	89.9
Advice to pregnant lady	37.7
Dangers signs of new born	56.5
Advice to mother immediately after delivery	62.3
Complete Immunisation schedule to infants	100.0
Advice to adopt permanent F.P. method	91.3
Advice to adopt spacing F.P. method	97.8
Symptoms of Vit-A deficiency	
Complete	57.2
Partial	34.8
Symptoms of Iodine deficiency	
Complete	52.9
Partial	23.2
Causes of anaemia	
Complete	23.2
Partial	71.7
Advice to diarrhoea cases	97.8
Danger signs of diarrhoea	17.4
Method of preparation of ORS	100.0
Advice regarding personal hygiene	59.4
Symptoms of STD	2.9
Knowledge about preventing pregnancy	**100.0**
F.P. methods known	
Sterilisation- Male	100.0
Sterilisation – Female	100.0
I.U.D	100.0
Oral pills	100.0
Condoms	100.0

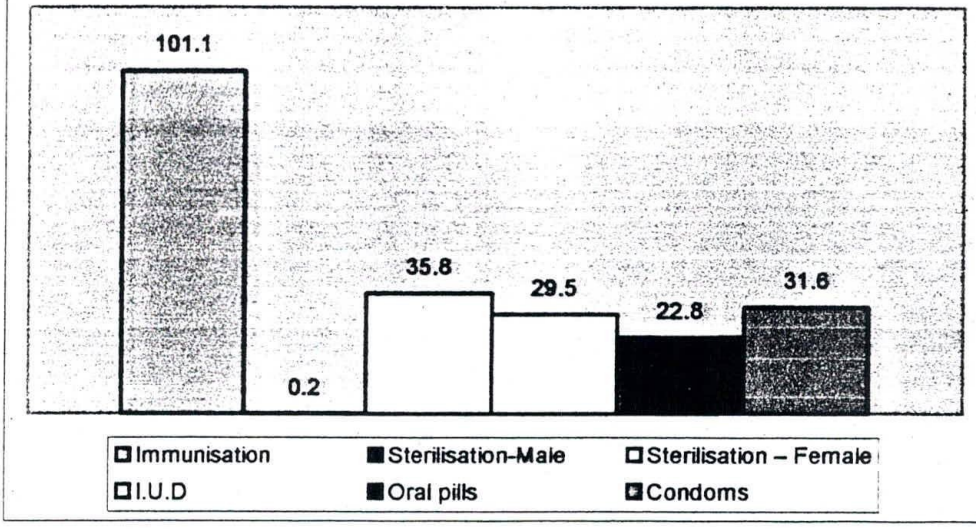
Table 6.4. Performance of Link workers

Particulars	% (n=138)
Average no. of cases referred in the last one year by each link worker	
Immunisation	101.2
F.P. cases	
Sterilisation-Male	0.2
Sterilisation – Female	35.8
I.U.D	29.5
Oral pills	22.8
Condoms	31.6
Average no. of follow-up visits in a month	16.5
Suggestion to improve the working conditions	
1. Identification card and uniform	44.9
2. More salary	85.5
3. Other facilities	52.9
4. Nothing	2.9

Knowledge of Link Workers



Performance of link workers



6.3. SOCIAL HEALTH AND ENVIRONMENTAL (SHE) CLUBs

6.3.1. Background

The main thrust of the project is to involve the community in:

a) The decision making process.

b) Planning and co-ordination of programmes.

c) Effective implementation of programmes.

To enable the above said factors and in keeping with the goals and objectives of the project, "Social Health and Environmental" Club or SHE Clubs are formed, at the level of the slum by the inhabitants themselves. 5-6 females residing in the slum are enrolled as members of the club and one among them is elected as a chairperson.

The Objectives to be achieved through these clubs are:

a) Create awareness on environmental hygiene.

b) Chart out hygiene and sanitation programmes for the slum.

c) Create awareness on MCH and FW programmes.

d) Prepare a mini plan of activities based on felt needs.

e) Co-ordinate with the Health Centre to ensure availability of services and free medical aid.

f) Discourage child marriages and early mother hood.

g) Organise non-formal education for dropouts and working children.

h) Manage the funds of the SHE Clubs.

6.3.2. Methodology adopted for the Review

The Review was carried out by the following methods.

a) Desk review of the progress reports to assess the target achievement of establishment of the clubs.

b) A random sample of 20 SHE clubs selected out of all the clubs in the project provided information on the background characteristics of the club members and assessment of the activities undertaken by them. One hundred members, five from each club, were interviewed for the required information. The desired information was collected on a predesigned and pretested questionnaire.

c) Trained investigators interviewed the members to collect the desired information.

d) Focus group discussions were held in randomly selected slums to study the opinion of the community on the programme. For this purpose, 8 focus group discussions were held with male members in the slums while another 12 with females. A group of about ten persons from the community were grouped and discussions were conducted by trained investigators in local language. The main aim of these discussions were to elicit the opinion of the community members on the programme.

6.3.3. Findings of the Review

a. Progress in establishment of clubs

The pace of establishment of the clubs is rather slow. During the year 1994-95 only 12 clubs were formed while by the end of 1995-96, there were only 36 clubs which increased to 70 by the end of 1996-97. However, during the year 1997-98, 67 clubs could be added to take the number of clubs to 137. The target of establishing 401 clubs is still far behind (Table 6.1).

b. Background characteristics of members

Most of the members (97%) resided in the slums of the respective clubs.

Majority of the members were from the elderly age group of over 35 years (43.4%) and another 19.2% from 30-34 years. However, there were a about a third of the members from younger age group of 20-29 years age (36.4%). Adequate representation of some of the older age groups especially from "mothers-in- law" who influence certain decision-making would help the programmes.

73.7% were Hindus, 20.2% Muslims and another 6.1% were Christians. The religious composition is more or less in comparison with the composition in different slums as was seen in Multi Indicator Study which indicates that due consideration of the religious composition of the slums has been taken into account while forming the Clubs.

Education wise majority were educated beyond middle school (72.7%) and there were substantial proportion educated up to higher secondary (40.4%).

Majority (90.9%) were currently married, 3.0% unmarried and the rest widowed or divorced. Married women would definitely help the activities of the Club.

Of the married members 83.8% had adopted different family planning methods. Most of the members have adopted tubectomy with 72.7%. The proportion practising IUD was 6.1% and oral pills 4.0% and only 1.0% Nirodh (Table 6.5).

c. Level of awareness of members on MCH and F.P.

Knowledge on legal age at marriage of girls was quite satisfactory (97.0%), however their awareness on legal age at marriage of boys was not up to the desired level (82%).

Knowledge on different methods of family planning for prevention of pregnancy was almost universal (99.0%). While female sterilisation was known to majority of the members (93.9%), knowledge on male sterilisation was very poor (29.3%). The knowledge on spacing methods of family planning was not high except for Oral pills (93.9%), (85.9% for Nirodh and 72.7% for IUD).

All the members had knowledge on the immunisation schedule for children.

Knowledge on prevention of HIV/AIDS was fairly good (81.7%). Even though the media had contributed well (93%) for their knowledge, training programmes had also equally contributed (84%).

However, the knowledge on STD was found to be meagre, with only 34.3% having knowledge on causes and prevention of the diseases related to STD (Table 6.6).

d. Activities of the Clubs

Since, the major objective of the SHE club was to help in organising programmes in the community, activities of the clubs in terms of average number of programmes conducted by them in last one year was analysed.

Even though varied types of awareness programmes were undertaken by the Clubs, average number of programmes conducted through the clubs were mostly related to the Immunisation (11) and Family planning programmes (9). The other programmes relating to environmental hygiene & personal hygiene or disease prevention were not many ranging only between 8 to 6.

The number of camps or competitions conducted were not many (7 in all) and mostly for Immunisation or Health Check-up (Table 6.7).

f. Community opinion on the programme

Majority of the females in the community were aware of the existence of the Club and the activities carried out by them. Many of them had participated in the programmes of the club.

However, only a few males were aware of the existence the SHE Club but most of them are unaware of the activities.

Both males and females, who were aware of the Clubs were of the opinion that they were working effectively and were useful to them.

g. Conclusions

The members of the Club have acquired fairly good knowledge on MCH and F.P. and have been responsible for organising various types of programmes in the community. However certain types of programmes like meetings of 'Mother-in-law' or 'daughters-in-law' were lacking.

6.3.4. Recommendations

1. The formation of the Clubs should be accelerated to meet the targets of the Project and the composition of members should have due representation for mothers-in-law.
2. Reorientation programmes to the members on Spacing methods of family planning , STD and environmental sanitation including personal hygiene should be done. besides training them on organising more and more innovative programmes.
3. The awareness programmes and camps organised by the Clubs should be more on programmes on different components of the Project besides concentrating on Family Planning.
4. More Innovative meetings should be arranged in the community by the Clubs.
5. Prior announcement of programmes in the community should be ensured.
6. Proper usage of pamphlets and exhibits by the staff should be ensured.

Table 6.5. Socio-demographic particulars of SHE club members

Particulars	% of members
Residents of the same slums	97.0%
Age of members in years	
15-19	1.0
20-24	17.2
25-29	19.2
30-34	19.2
35+	43.4
Religion	
Hindu	73.7
Muslim	20.2
Christian	6.1
Educational Qualification	
Illiterate	10.1
Just Literate	8.1
Primary	9.1
Middle	32.3
Higher Secondary	40.4
Martial Status	
Currently Married	90.9
Unmarried	3.0
Widowed	4.0
Separated /Divorced	2.0

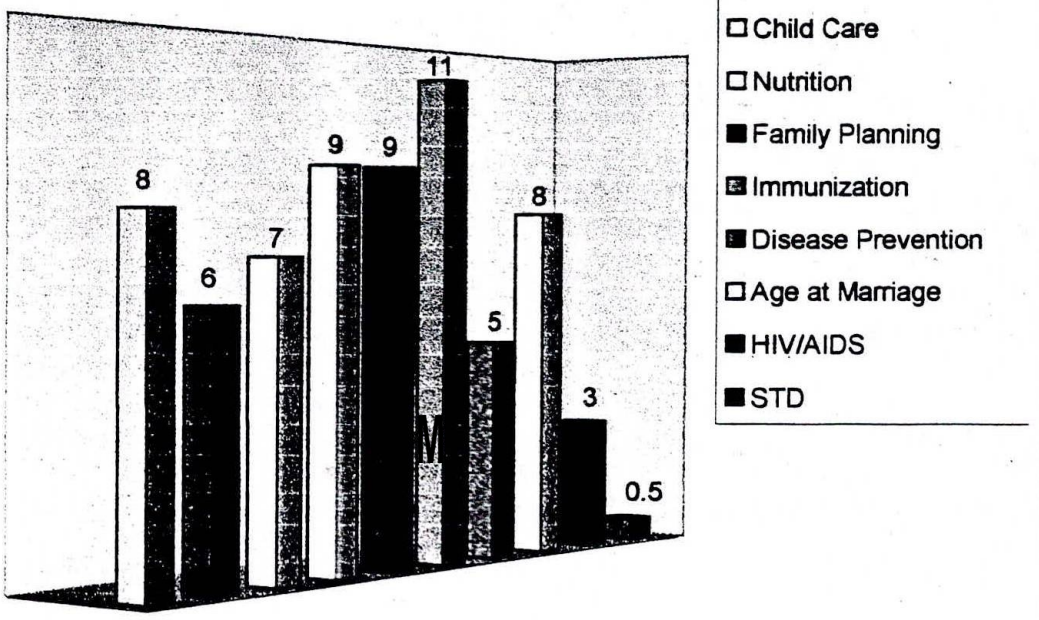
Table 6.6. Knowledge and F.P. practices of SHE club members

Particulars of knowledge and F.P. practice	% of members
Knowledge about legal age at marriage	
Boy	82.8
Girl	97.0
Knowledge about preventing pregnancy	99.0
F.P. methods known	
Sterilisation- Male	29.3
Sterilisation – Female	93.9
I.U.D	72.7
Oral pills	93.9
Condoms	85.9
Aware about the immunisation schedule of the child	100.0
Heard about HIV/AIDS	93.9
Knowledge on prevention of HIV/AIDS	
Excellent	26.9
Good	54.8
Satisfactory	17.2
Poor	1.0
Heard about STD	34.3
Practising F.P. method	81.8
F.P. Method practised	
Sterilisation- Male	0.0
Sterilisation – Female	72.7
I.U.D	4.0
Oral pills	4.0
Condoms	2.0
Reasons for not practising F.P. method	
Want more child	4.1
Health reason	2.0
Religious reason	3.0

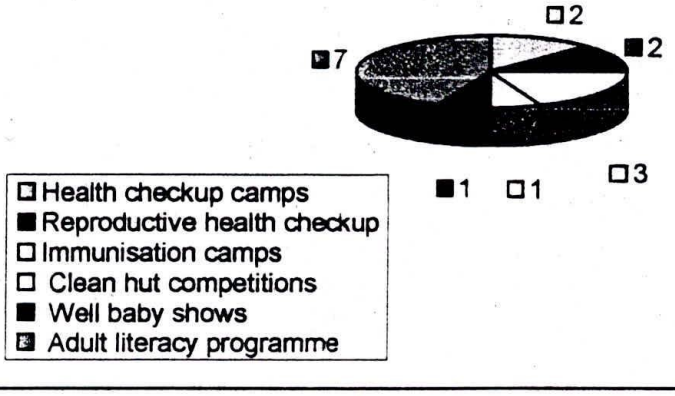
Table 6.7. Activities of SHE clubs

Activities	% of clubs
Average no. of Awareness programmes conducted through SHE club in the last one year	
Environmental Hygiene	8
Personal Hygiene	6
Child Care	7
Nutrition	9
Family Planning	9
Immunisation	11
Disease Prevention	5
Age at Marriage	8
HIV/AIDS	3
STD	0.5
Average no. of camps/ competitions conducted in the last one year	
Health check-up camps	2
Reproductive health check-up	2
Immunisation camps	3
Clean hut competitions	1
Well baby shows	1
Adult literacy programme	7

Awareness programmes conducted through SHE club in last one year



Number of Camps / Compitetions Conducted Through SHE Club in the Last year



6.4. NON-FORMAL EDUCATION

6.4.1. Background

Organising Non-formal Education (NFE) programmes for neo-literates and school drop-outs amongst young girls is one of the innovative schemes, which was implemented through NGOs. The girls were given minimum literacy education through the programme and those who wish to have regular schooling are trained and brought into the main stream. The programme was also intended to enrich girls awareness on Health and Family planning so that these young girls can propagate such messages in the community and act as peer educators.

The aims of the programme were:

a) To improve literacy status of girls

b) To create a cadre who will propagate Health and Family Welfare message in the area.

6.4.2. Methodology adopted for the Review

1. Desk review of records and reports was carried out to assess the progress of establishment of non-formal education centres.
2. A survey was conducted of all the functioning centres conducted under the project to assess the availability of adequate infrastructure in the centers. Information was collected on a standard pretested questionnaire.

   The investigators were trained thoroughly for the job before.

6.4.3. Findings of the Review

a. Progress of establishment of the centers

There were no targets as such for the establishment of non-formal education centers under the Project programme. Till 1995-96 there were no activities for the establishment of the centers. During the year 1996-97, 9 centers were established at different slums and another four centers were added in 1997-98. Thus there were only 12 centers functioning with nearly 300 students. All the centers were operated by NGOs (Table 6.1).

b. Infra Structure facilities at the Centers

Position of staff was adequate in all the centres and the sanctioned posts were filled up.

Majority of the centers functioned in single rooms, even though a few centres share their accommodation with other innovative programmes like creche. The ventilation and natural lighting conditions were not satisfactory in majority of the centres (50 % to 67%).

The basic amenities like toilet facilities were lacking in 50% of the centers while the cleanliness of toilets was also poor (41.7%). Drinking water facility was available only in 33.3% of the centers.

All the Centers provided food to the girls but the cooking place was clean only in 66.7% . Most of the girls sit on the floor and only 25% of the centers provide mats for the purpose.

The centers were to cater mostly to the girls in the age group of 6 to 16 years. But only 12 % of the beneficiaries were over 10 years of age. The main reason behind this is that most of the older girls go out for work and the working hours of the centers were not suitable to them.

c. Proficiency of teachers and standard of teaching methods

. All the teachers were found to be educationally qualified and two thirds of them had professional qualifications.

Majority (91.7%) of the centers were adopting standard teaching methods which included informal talks, songs, role play, practical activity, puppet shows etc. Use of teaching tools like black-board, charts, posters, models, books etc., were satisfactory in most of the centers (83.3%). All the centers had adopted standard approaches of education (91.7%) like combinations of child centred, problem solving, decision making, and self-esteem enhancement in the teaching methods.

Majority (75%) of the centers had adopted flexibility in curriculum according to the needs of the beneficiaries. But still there were areas of improvement like incorporating vocational training and teaching of different languages as per needs.

Apart from undertaking teaching programmes, all the centers provided meals to the girls, while school uniform was provided by only 8.3% centers, 75% of the centers provided books and other educational materials to the beneficiaries.

75% of the teachers felt that health education is an important aspect of school education. Out of them 75% of the teachers felt that the priority should be given to environmental and personal hygiene while teaching health education. Only 8% of the teachers felt the priority of imparting menstrual hygiene while a similar proportion for nutrition.

83.3% of the teachers felt the need for further orientation training on various health topics (Table 6.8).

e. Conclusions

1. The centers have been instrumental in improving the literacy level of school dropouts and neo-literate girls. But the coverage of girls in adolescent age group was very poor due to the reasons of the non-suitability of working hours of the centers.
2. Importance was given only to improvements in literary standards and there is demand for vocational training and teaching of languages other than Kannada in the centers.
3. Infrastructure and basic facilities in most of the centers were lacking.

6.4.4. Recommendations

1. Infrastructure facilities should be ensured while sanctioning NFE centers.
2. Teachers should be oriented to impart MCH and reproductive health education to the girls.
3. Vocational component of non-formal education should be incorporated.
4. Timings of the centres should be accommodated as per the requirement of the students.

Table 6.8. Infrastructure facilities at the Centers

Particulars	% Institutions
Demand for admissions	58.3
Adequate Staff position (All sanctioned posts are filled)	100%
Age of the beneficiaries Up to 10 years More than 10 years	 87.9 12.1
Adequacy of rooms Single room More than one room	 75% NIL
Cross ventilation available	50.0%
Electricity available	33.3%
Toilets available	50%
Satisfactory Cleanliness of toilets (Cleaned every day)	41.7%
Availability of clean cooking Space	66.7%
Particulars	% Institutions
Adequacy of qualification of teacher (If more than Higher secondary)	100%

No. of schools with professionally qualified teachers	66.7%
Satisfactory teaching methods	91.7%
Satisfactory use of teaching tools	83.3%
Satisfactory approach in educational methods	91.7%
Flexibility of procedures Curriculum	 75%
Provision of other facilities Lunch School uniform Books and other educational Materials	 100% 8.3% 75%
Improvements suggested Water supply Toilets Waste disposal School meals	 41.6% 58.3% 58.3% 58.3%
No of teachers feeling need for Health education in the school	75%
Opinion of teachers about priorities 1. Environmental & personal hygiene 2. Menstrual hygiene 3. Nutritional health	 81.8% 9.1% 9.1%
Opinion of teachers for scope for improvement through teachers training	83%

6.5. CRÈCHES

6.5.1. Background

Operating crèches for the children of working mothers in slum areas was one of the innovative schemes taken up under the project, which was implemented through NGOs. The ultimate aim of running these crèches was to provide suitable care to the children of the working mothers. Also through the programme as a spin off benefit the mothers were educated about MCH and F.P. aspects.

The objectives envisaged under the programme were:

a) To provide care to children of working mothers during their duty hours.

b) To improve the health status of the children by providing supplementary nutrition.

c) To provide complete immunisation to the children.

d) To spread the message of small family norm to the parents.

e) To increase the demand for family welfare services amongst the parents.

f) Promote the health status of women by developing linkage with the health centre.

6.5.2. Methodology adopted for the Review

A random sample of 15 out of the 33 creaches were selected and reviewed to assess the activities of the crèches, the quality of services provided by the Crèche and its usefulness to the working mother. A predesigned and pretested questionnaire containing questions related to the quality of services was administered to the teachers of the crèches. Another questionnaire was administered to the mothers of the children to assess other objectives related to the parents. The sample for this consisted of 150 mothers, 10 mothers randomly selected from each crèche. A sample of another 150 mothers randomly selected from the 15 slums, whose children were not attending the Crèche were interviewed to compare the impact of health activities undertaken in crèches.

6.5.3. Findings of the Review

a. Demand for the Crèches

The project envisaged establishment of 50 crèches in different slums of Bangalore by the end of the project period, out of which 33 crèches have already been established. 3 crèches were

established in 1995-96, followed by 11 in the subsequent year 1996-97 and 19 during the year 1997-98 (Table 6.1).

All the Crèches had good demand for admission of children. 60% of the crèches had enrolled optimum number of children (25 children). The group of the children enrolled varied between 2 to 6 years.

Even though the main objective of establishing the crèches was to cater to the needs of the working mother it was found that only 76% of the children were of working mothers and the remaining were of housewives. One of the reasons may be that only 73% of the teachers knew the correct criteria for selection of the child for enrolment.

b. Infrastructure facilities

Staff position in the all the crèches was found to be adequate with all the sanctioned posts filled up. However the continuity of the workers was not satisfactory as only 73.3% of the staff were working in the same crèche for the last two years. Only about half of the (53.2%). Caretakers were professionally qualified with Balsevika or Child development training.

Majority of crèches were accommodated in single rooms (86.6%) and about half of them did not have the recommended space for accommodating the children (46.7%).

Ventilation and natural light facilities were available in only 60% to 80% of the crèches. Toilet facilities were glaringly lacking in nearly half of the institutions (46.5%) and children used the roadside for their needs. However, the toilets wherever existed were by and large clean (86.6%). Supply of potable water was generally available in all the crèches either with own tap / hand pump or nearby public tap. However, only 73.4% were storing the drinking water properly in container with lid or water filter.

In majority of the crèches the cooking area was clean.

Availability of mats for children to sit and sleep was very poor in most of the crèches (33.3%). In most of the crèches the number of children per mat (medium) was more than 5. There were no cradles in any of the crèches.

Play materials like toys, puzzles, buildings blocks, clay models, drawing materials etc. which were required for physical and mental development of the child, were available in only 53.5%. Outdoor playing space was inadequate in more than two thirds of the crèches.

Only 13.3% of the crèches had first aid box with essential medical kit and only 26.6% of the caretakers were trained in first aid.

c. Health Activities at the Crèches

In most of the creches (80%) health checkup camps were held regularly once in 3 months where screening for growth, hearing, eyesight, dental health and symptoms of childhood diseases like ringworm, malaria were checked up. However health cards were available in only 46.6% of the crèches. Almost for all the crèches (93%) referral health center were within a walkable distance.

Since one of the aims of the crèche was to promote F.P methods amongst the mothers, the percentage of mothers who have accepted F.P methods was quite satisfactory (72.7%). In almost every crèche mothers meetings were held regularly once every month where different topics on family welfare like age at marriage, small family norm, childcare, nutrition, family planning methods are discussed. Awareness of mothers on causes and prevention of HIV/AIDS was satisfactory (80%) (Table 6.9).

d. Impact of Health activities at Crèche on mothers

The health activities conducted in the crèches such as mother's meetings etc. have influenced the knowledge and practices of the mothers. Even though there was no significant difference between mothers of crèche and non-crèche beneficiaries on knowledge on legal age at marriage, higher proportion of crèche beneficiaries were knowledgeable about spacing methods for F.P. Even the adoption of these spacing methods for F.P. was higher with crèche beneficiaries. Knowledge on HIV/AIDS and STD was better with crèche beneficiaries. Most of the knowledge was acquired through Health workers at crèches (Table 6.10).

e. Conclusions

a) The crèches wherever they were existing have been of much help to the working mother. There was a good demand for crèche at all the slums.
b) Children enrolled in the crèches have improved physically, mentally, socially and nutritionally.
c) The crèches have been instrumental in motivating mothers for family planning methods as well as improving their knowledge on health and F.P.
d) Basic infrastructure in many of the crèches was lacking.

e) Professionally trained teachers in crèches are also lacking.

6.5.4. Recommendations

1. More crèches should be started, as there is great demand for it.
2. Since the grant given for crèche was found to be insufficient as expressed by many NGOs, feasibility of increasing this amount should be looked into and an undertaking should be taken from organisation that they would provide necessary infrastructure and training to the teachers.
3. The staff of crèche should be given periodical training on MCH aspect including STD/AIDS.
4. First aid box should be provided in all the crèches.

Table 6.9. Infrastructure facilities at Crèches

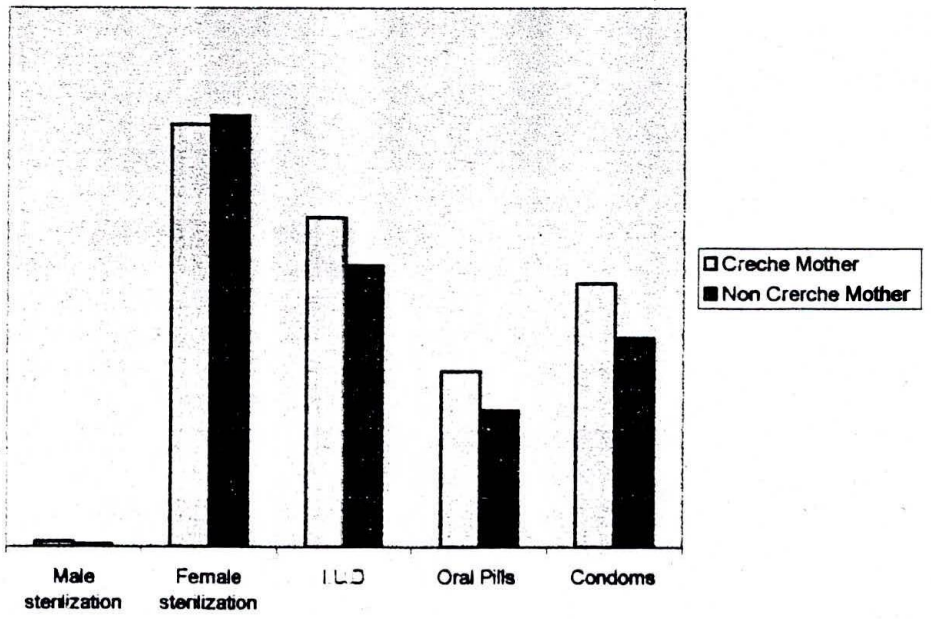
Particulars	% Institutions (n=15)
Demand for more admissions	100%
Adequate Staff position	
Care taker	100%
Ayas	100%
Knowledge on correct criteria for the selection of child	72.8%
Continuity of the workers in last two years	73.3%
Enrolment of children	
No. of children < 25	40%
No. of children > 25	60%
Age & Sex structure of children	No. of children Boys Girls
2-3 Yrs	54 52
2-3 Yrs	55 68
4-5 Yrs	56 60
> 5 Yrs.	11 10
Adequacy of rooms	
Single room	86.6%
More than one room	13.4%
Adequacy of space	
< Recommended space	46.7%
> = Recommended space	53.3%
Cross ventilation available	60%
Natural light available	80%
Electricity available	66.6%
Toilets available	53.3%
Satisfactory Cleanliness of toilets	80%
Satisfactory storage of drinking water	73.3%
Availability of clean cooking space	
Good	73.3%
Satisfactory	20.0%
Not satisfactory	6.6%
Adequacy of mats	33.3%
Availability of cradles	Nil
Adequacy of Play materials	53.3%
Adequacy of creative ability materials	41%
Adequacy of indoor playing space	46.7%
Adequacy of outdoor playing space	33.4%
Availability of trained teacher	53.2%
Adequacy of skills of teacher	100%

Particulars	% Institutions (n=15)
Availability of First aid kits with medicines	13.3%
Availability of Trained teachers in first aid	26.6%
Regular health check-up	80%
Availability of referral services if child falls sick	93.3%
Availability of medical records	46.6%

Table 6.10. Comparative information from mothers of crèche beneficiaries and non beneficiaries

Particulars	%. Of Mothers of children attending Crèche (n=150)	%. Of Mothers of children not attending Crèche (n=150)
Correct knowledge on legal age of marriage		
Girl	55.3	58.7
Boy	29.3	36.7
Knowledge about preventing pregnancy	96.7	98.0
F.P. methods known		
Sterilisation- Male	1.3	0.7
Sterilisation – Female	94.0	96.0
I.U.D	73.3	62.7
Oral pills	39.3	30.7
Condoms	58.7	46.7
F.P. methods practised	70.0	61.4
Sterilisation- Male	----	---
Sterilisation – Female	55.3	54.0
I.U.D	5.3	4.7
Oral pills	0.7	2.7
Condoms	8.7	—
Couples motivated by Crèche staff for F.P.	4.0	N.A.
Heard about HIV/AIDS	80.7	75.3
Knows AIDS not curable	18.2	Nil
Knowledge on HIV/AIDS Excellent/Good	68.6	54.9
Source of information on HIV/ AIDS		
Print media	28.9	12.3
TV/Radio	89.3	81.4
Health personnel	62.0	24.8
Others	53.7	35.4

Comparative Family Planning Knowledge of Benificiaries of Creche With Non Benificiaries



6.6. INCOME GENERATION ACTIVITIES.

6.6.1. Background

Job oriented vocational training, like Zari and embroidery, knitting, T.V and radio repair, typing and computer training for adolescent girls and young mother was one of the welfare activities taken up under the innovative scheme to improve the socio-economic status of the adolescent girls and young mothers in the slums through NGOs involvement.

The objectives of these activities were:

a) To promote employment opportunity for adolescent girls and young mothers in order to make them self-reliant.

b) To create awareness on small family norm.

c) To create awareness about the Mothers and Child Health services that are available through Health Centers/UFWCs.

d) To help them to raise their socio-economic status.

e) To train them to spread the MCH and FW messages and services provided through the Health Centers/UFWCs to the community.

6.6.2. Methodology adopted for Review

1. Desk review was carried out to review the year wise performance of vocational training Programmes under the scheme.
2. A sample of 78 beneficiaries from different vocational training programmes was selected by random sampling technique. For the selection of the sample a detailed list of beneficiaries presently undergoing training in all the five income generation programme namely Zari and embroidery, knitting, typing, computer training and TV and radio repair were obtained from the project. However, the list of the beneficiaries who have already completed the course couldn't be obtained due to the non-availability of such list. Information on usefulness of the programme as well as health awareness of beneficiaries was obtained from these beneficiaries.

A pre-designed and pre-tested Questionnaire was used for the purpose. The investigators, who were thoroughly trained for the job, interviewed each beneficiary independently to collect information.

6.6.3. Findings of the Review

a. Progress of achievements

There was no target set out for the establishment of vocational training programmes in terms of numbers. The programmes started only in the year 1995-96 with the starting of a Radio and T.V repair training center. During the year 1996-97, there was some progress in the activity with starting of six more units, one for Tailoring & Knitting, two for T.V & Radio repair, two for Zari & Embroidery work for Computer training. Similarly during 1997-98, 17 more units were added. Zari and Embroidery units were very popular, contributing 14 out of the 24 units being operated now (Table 6.1).

b. Characteristics and opinion of beneficiaries

There were a mix of all religious groups amongst the beneficiaries, however Muslims constituting a higher proportion (35.7%).

Age wise majority were adolescent girls aged between 15-19 years (54.8%). Unmarried girls constituted the majority of beneficiaries (67.1%). Even though majority of the beneficiaries were from the same locality (86.3%), there were a few from other slums, indicating the need for starting similar programmes in other slums also.

Majority (98.6%) of the beneficiaries were satisfied with the training programme, and with the training materials supplied to them (79.5%) (Tables 6.11 and 6.12).

c. Health awareness of beneficiaries

Majority (89%) of the beneficiaries had attended awareness programme on various health topics which included topics on nutrition, family planning, disease prevention, age at marriage, environmental sanitation and personal hygiene.

Except for a small proportion of 9% of beneficiaries all had knowledge on legal age at marriage for boys and girls.

Knowledge on menstrual cycle before its onset was found to be very low (28.7%). 86.3% were knowledgeable about different methods of family planning. 72.6% knew about tubectomy/Lap, 58.9% about IUD/Copper T, 67.1% about Oral pills and 53.4% about Nirodh.. However, knowledge on vasectomy was very low (27.4%).

Only 21.9% beneficiaries had heard about STD and another 90.4% about HIV/AIDS. Their main source of information was through print media, 57.7% through health personnel and

67.6% through relatives, friends, neighbours, social workers etc (Table 6.12).

d. Conclusions

1. Among the innovative schemes typing, computer training, tailoring, machine embroidery has a higher demand.

2. The training centers have been instrumental in propagating health awareness messages

6.6.4. Recommendations

1. The scheme should be extended to all other slums however after a need based survey.

2. Centers should propagate messages on reproductive health to adolescent girls.

Table 6.11. Socio-demographic particulars of beneficiaries

Particulars	% of beneficiaries (n= 78)
Religion	
Hindu	60.3
Muslim	35.7
Christian	4.1
Others	-
Age	
< 15	5.5
15-19	54.8
20-24	16.4
25-29	12.3
30-34	4.1
35+	6.8
Educational qualifications	
Illiterate	4.1
Primary	2.7
Middle	89.1
Higher Secondary	1.4
Marital status	
Married	31.5
Unmarried	67.1
Widowed	1.4

Table 6.12. Details of training programmes and Opinion of beneficiaries

Particulars	% of beneficiaries (n= 78)
Training programme attended	
1. Knitting	8.2
2. Zeri & embroidery	64.4
3. Typing	20.5
4. Computer course	4.1
5. T.V & radio repair	2.7
Completed the course	Nil
Reasons if not completed the course	
1. On going	95.9%
2. Waiting for re-examination	1.4%
3. Left the course	1.4%
Satisfied about training materials	79.5%
Reasons for dissatisfaction	
1. Insufficiency of training material	16.4%
2. Want more design	2.7%
3. More machines for typing	1.4%
Opinion on usefulness of training programme	
1. Self employment	46.6%
2. To get job	41.1%
3. Self use	8.2%
4. Uncertain	4.1%
Opinion on changes needed in the training programme	
1. No change	52.1%
2. More material	21.9%
3. Tailoring course	11.0%
4. Computer course	8.2%
5. Typing course	8.2%
6. Improved quality of teaching	4.1%
7. Embroidery course	2.9%
Beneficiaries attending health awareness programmes	
1. None	11.0%
2. Nutrition	87.6%
3. Family Planning	83.6%
4. Child care	76.7%
5. Immunisation	83.4%
6. Disease prevention	83.5%
7. Age at marriage	84.9%
8. Environmental sanitation	82.2%
9. Personal hygiene	80.7%

Table 6. 13. Health awareness of beneficiaries

	% beneficiaries (n=78)
Knowledge about Legal age at marriage	94.5%
Girl	90.4%
Boy	
Previous knowledge about menstrual cycle	28.7%
Source of Knowledge on menstrual cycle	
1. Mother	21.9%
2. Friend	5.4%
3. Book	1.4%
Appropriate Practice of menstrual hygiene	
1. No restriction during the period	72.6%
2. Taking bath	98.6%
3. Usage of home made napkins	82.2%
4. Use of sanitary napkins.	20.5%
5. Source of information	
Mother	9.5%
TV.	11%
Knowledge about preventing pregnancy	86.3%
FP methods known	
Sterilisation- Male	27.4%
Sterilisation – Female	72.6%
I.U.D	58.9%
Oral pills	67.1%
Condoms	53.4%
Heard about STD	21.9%
Knowledge prevention of STD	
Excellent	NIL
Good	NIL
Satisfactory	50%
Poor	NIL
Heard about HIV/AIDS	90.4%
Knowledge on HIV/AIDS	
Excellent	24.0%
Good	62.0%
Satisfactory	5.6%
Poor	8.5%
Source of information on HIV/ AIDS	
Print media	56.3%
TV/Radio	94.4%
Health personnel	57.7%
Others	67.6%

PROJECT MANAGEMENT

7. PROJECT MANAGEMENT

7.1. Background

The Project is directly under the administrative control of Bangalore Mahanagara Palike (Bangalore City Municipai Corporation). The Commissioner is overall incharge of the programme. However, for smooth administration the Project Coordinator has been given all the powers for implementation of the project. A Steering committee at the State level chaired by the Chief Secretary of Government of Karnataka and another Project implementation committee at the Corporation level, chaired by the Commissioner, Bangalore City Corporation, guide and control all the management aspects of the project. While all the policy matters are decided by the Steering committee, decisions regarding administration and financial matters relating to implementation aspects of the programme are taken by the Implementation committee. The Implementation committee is composed of, besides the Commissioner of Bangalore city corporation as Chairman, all the Programme Officers of the Project. The Project Coordinator is the convenor of the committee. The committee meets periodically and takes all decisions.

The Project Coordinator has the overall responsibility of implementation of the programme and is assisted by Programme Officers.

7.2. Meetings of the Committees

Since the inception of the Project the number of meetings held by the committees are as follows.

	Year	No. Of meetings
Steering Committee	1994-95	2
	1995-96	Nil
	1996-97	2
	1997-98	2
Project Implementation Committee	1994-95	2
	1995-96	3
	1996-97	3
	1997-98	3

The decisions were taken fast by these committees and have been conducive to the smooth implementation of the Project.

7.3. Staff Position

Besides the Project Coordinator and the programme officers, each unit was provided with technical and administrative staff for the implementation of activities. The staff position at the time of present Review is given in Table 7.1.

Many of the personnel were on deputation either from Bangalore City Corporation or from other Departments of GOK. This has posed some problems of frequent transfers and non-committment from the deputed persons because of uncertainties.

The Project Coordinator, a medical person, is deputed from BCC on full time from the Health Department of Bangalore City Corporation. The present incumbent is working on the post for over an year, subsequent to the super annuary retirement of the previous incumbent.
Further a few of the key posts like Training Officers, Engineering staffs and a Statistician were vacant hampering the programmes. There is no full time post of Programme Officer for MCH and FP delivery services and one of the Senior Medical Officers of the Maternity Hospital was on additional duty. Infact she was transferred recently during the course of Mid term review. However, her services are continued with the Project on some mutual adjustment basis.

Table 7.1. Staff Position of the project

Category of Posts	Sanctioned	Vacant
Health Centres		
Medical	60	12
Para-Medical	58	18
Link Workers	970	236
Referral Health Centres		
Medical	14	6
Para Medical	106	20
Training		
Technical	5	2
Others	6	
I.E.C	10	Nil
M.I.E.S	2	1
Category of Posts	Sanctioned	Vacant
Programme Officers	5	Nil

Additional Posts		
Civil Works	21	9
Accounts	3	1
M.I.E.S.	4	1
Women Development	28	12

7.4. Procurement & Logistics of Supplies

The purchases in the Project for equipment, medicines and supplies were done through a Project Purchase committee, which meets as per requirements. The supplies are procured on the basis of tenders.

The FP supplies viz. IUDs, Oral pills and Nirodh etc. and Vaccines, ORS, Vitamin A were procured from the State Family Welfare Bureau on quarterly basis and stored at the City Family Welfare Bureau of BMP at Dasappa Maternity Home. On quarterly basis, based on the indents obtained from the Maternity Homes/U.F.W.C's/NHC's these were supplied to them from the BMP stores.

The general drugs required for IPP VIII Health Centers were procured through public tendering (through leading News papers) annually and stores at the IPP VIII stored at a central Stores of the Project presently located at the Training centre, Malleswaram. These were supplied to the health centers on quarterly basis on indent received from them. The BMP/IPP VIII vehicles were used for transportation. There was no regular Warehouse building for the Project.

Generally in most of the Centers steel cupboards were not available to ensure proper storage of the supplies. Besides there were at times inadequacy of supplies of ORS, vitamin A, IFA (adult). However, generally there were no problems in the supply and logistics of FP supplies and general drugs under the Project.

The procurement of equipment done during the project period is given in Table 7.4. Most of the equipment required for the Centers already established have been procured except for furniture.

Table 7.2. Year-Wise Cumulative Performance of Procurements

Items of Equipment and Furnishings	Cumulative Performance				
	Target	1994-95	1995-96	1996-97	1997-987
MIS Equipment					
Computer System & Software	1	1			
Ups-2 Hrs Backup	1	1			
Photo Copier	1	2			
Duplicator	1	1			
Typewriters	2				
Electronic Typewriter	1				
MCH Care Equipment					
Health Centres	97 Sets			29 Sets	
Referral Centres (Upgraded					
Maternity Homes)	24 Sets			17 Sets	
Paediatric Centres				10 Sets	
Laboratory Equipment for MHs				17 Sets	
Pharmaceuticals for:-					
Health Centres & MHs				29+17	
Vehicles					
Admn/MIS(Car)	1	1	1	1	
Training Centre (Mini Bus)	1			1	
IEC	4		1	1	
Referral Centres (Ambulance)	12		5		7
Health & Ref. Centres (Tippers)	4		4	3	
Furniture					
Existing Health Centres	37 Sets				
New Hlth. Cen. To Be Constructed	60 Sets				
Referral Centres (Upgraded M.H.)	25 Sets				
Admn/MIS	1 Set	1	1	2 Sets	
IEC	1 Set	1	1		
Training Centre	1 Set	1	1		

7.5. Management Information System

The Project has a Management Information System Unit headed by a Demographer with long years of experience, deputed from Department of Statistics, GOK. He was to be assisted by another Statistician, but the post is presently vacant for nearly a year. Recently the Unit has been provided with additional posts of Computer operators. The unit is well equipped with Computers and Accessories.

The unit has developed a system of monitoring of Project activities directly undertaken by them such as IEC, Training, Civil Works and Innovative Programmes. These reports were received and compiled monthly. However, for another important component of Service delivery through Health Centres, the reports were received and compiled at Dasappa Maternity Home managed by Bangalore City Corporation. This reporting and compilation was supervised by the Programme Officer for MCH & F.P., who had no special training in MIS management. These compiled reports were forwarded to MIS Unit of the Project. The reporting formats although confirmed to the Government of India requirements did not completely reflect the Project activities.

Recently an attempt has been done to integrate and improve upon the system through a Consultancy work carried on by M/S General Automata Pvt. Ltd., Bangalore.

The objectives of this Consultancy were:

- To develop direct and indirect indicators for monitoring of the project activities.
- To establish baseline indicators through a Multi Indicator survey.
- To develop suitable monitoring formats and test them in the field.
- To develop software for processing MIS information collected through the above formats.
- To train the staff in the use of above software.

The Consultancy was awarded in September 1997.

The tasks accomplished by the Consultants till date were:

a) Development of Baseline Indicators through a Multi Indicator Survey.

b) Development of Indicators for monitoring.

c) Development monitoring formats.

d) Development of software for processing of MIS data.

The Consultants have yet to field test the software developed by them and then to train the staff for the use of the same.

Even though the pace of work by the Consultants was rather slow, they have now committed that they would complete the task by the end of July 1998.

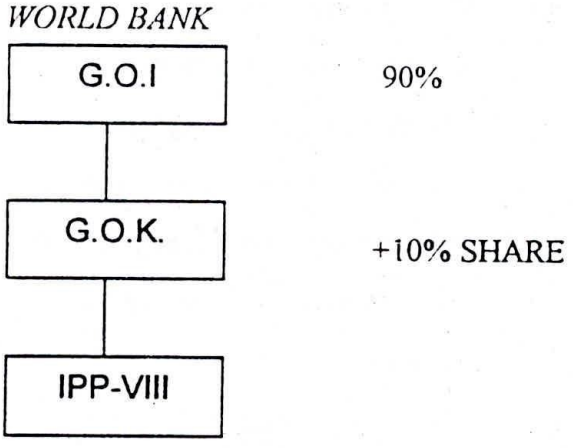
Regarding monitoring of Project activities, it seems that no formal meetings were held every month with the Medical Officers I/C of Health Centres to review the performance on the basis of the reports.

The MIS Unit has compiled some interesting reports on Status of Girls' Education. The Unit has also brought out periodical status reports on the Project.

7.6. Flow of Funds

The project funds are received by Government of Karnataka from Government of India and then to the Project.

FLOW OF FUNDS



The status of receipt of funds till now and released at various levels is given below

expenditure for the remaining period of the project was discussed in the Review meeting of the Project with GOI and World Bank Officials. The same is presented in Table 7.7.

It is estimated that the project would require an outlay of Rs.3831 lakhs in the remaining period of execution to undertake all envisaged activities. This amounts to an additional requirement of Rs.1260 lakhs for the project.

Recommendations

1. Ensure retaining deputed persons on various Posts till the completion of Project.
2. Additional posts sanctioned are to be filled up immediately.
3. Project Co-ordinator to be assisted by a technical Consultant in Management for speedy implementation of Management aspects.
4. Expenditure position to be improved by speeding up Civil Works.

Table 7.4. Expenditure Performance As On March -1998

Sl. No.	CATEGORY	TOTAL PROVI-SION	1994-95		1995-96		1996-97	
			PROVI-SION	EXPENDI TURE	PROVI-SION	EXPENDI TURE	PROVI-SION	EXPEN TUR
I	**Civil Works**							
1	Civil works	951.92	529.13	11.91	529.13	6.07	402.30	300.
2	Departmental charges	114.24	63.49	3.55	63.49	3.90	27.00	6.3
	TOTAL :	**1066.16**	**592.62**	**15.46**	**592.62**	**9.97**	**429.30**	**307.**
II	**Procurement (Goods & Services)**							
1	Furniture	87.24	58.87	-	58.87	3.50	40.00	3.9
2	Equipment	202.27	133.86	1.28	133.86	3.59	95.30	40.7
3	Vehicles	168.97	125.15	-	125.15	28.15	72.00	19.0
4	Books/IEC material	84.64	17.25	0.68	17.25	11.02	-	17.6
5	MCH/FW materials	76.14	31.90	1.63	31.90	1.97	30.70	14.9
6	Drugs and Medicines	240.30	104.53	0.01	104.53	2.43	62.60	29.4
	TOTAL :	**859.54**	**471.56**	**3.6**	**471.56**	**50.66**	**300.60**	**125.**
III	**Training & Consultancy**							
1	Local Trg (TA & DA allowances)	77.38	25.42	0.42	25.42	1.80	28.90	5.1
2	Local Consultancy	82.09	27.75	6.29	27.75	-	-	-
3	Contract of Innovative Scheme	756.47	76.18	0.10	76.18	4.75	82.60	20.0
4	Professional fee of Architect	28.55	20.84	5.86	20.84	0.29	-	3.6
	TOTAL :	**944.41**	**150.19**	**12.67**	**150.19**	**6.84**	**111.50**	**28.8**
IV	**Operating Costs**							
1	Salaries of Additional Staff	569.56	62.62	7.49	62.62	15.43	85.00	38.1
2	Honorarium to Voluntary workers	203.43	8.04	-	8.04	0.28	27.30	7.40
3	Rent	16.20	12.00	10.42	12.00	-	-	4.79
4	O & M of vehicles	152.09	26.68	-	26.68	-	46.30	0.41
5	O & M of others	110.09	-	-		-	-	-
	TOTAL :	**1051.37**	**109.34**	**17.91**	**109.34**	**15.71**	**158.60**	**50.7**
	GRAND TOTAL COST	**3921.48**	**1323.71**	**49.64**	**1323.71**	**83.18**	**1000.00**	**512.7**

Table 7.5. Component Wise Expenditure Analysis

Unit Rs. In Millions

Year	Civil Work	Procure Ment	Training	Operational Cost	Total
1994-95	1.55	0.36	1.27	1.79	4.96
1995-96	1.00	5.07	0.68	1.57	8.32
1996-97	30.72	12.59	2.88	5.09	51.27
1997-98	25.90	20.70	8.95	14.95	70.51
Total	59.17	38.72	13.78	23.40	135.06
AVERAGE MONTHLY EXPENDITURE (Since Inception To March 1998)	1.23	0.80	0.29	0.49	2.81
Average Monthly Expenditure					
1994-95	0.13	0.03	0.11	0.15	0.41
1995-96	0.08	0.42	0.06	0.13	0.69
1996-97	2.56	1.05	0.24	0.42	4.27
1997-98	2.16	1.73	0.75	1.25	5.87
Ratio Of Average Monthly Expenditure to previous year					
95-96	0.65	14.08	0.54	0.88	1.68
96-97	30.72	2.48	4.24	3.24	6.16
97-98	0.84	1.64	3.11	2.94	1.38

Table 7.6 EXPENDITURE PERFORMANCE ANALYSIS AS ON MARCH - 1998

Category	Total provision for the project period	1994-95 expen-diture	1995-96 expen-diture	Cumu-lative upto 1995-96	1996-97 expend-iture	Cumu-lative upto 1996-97	1997-98 expen-diture	Total expen-diture from inception
Civil Works	1066.16	15.46	9.97	-	307.26	-	259.00	591.69
% Utilisation	-	1.50	0.9	2.4	28.8	31.2	24.3	55.5
Procurement & Supplies	859.54	3.6	50.66	-	125.86	-	207.03	387.15
% Utilisation	-	0.4	5.9	6.4	14.60	21.0	24.1	45.1
Training & Consultancy	944.41	12.67	6.84	-	28.83	-	89.53	137.87
% Utilisation	-	1.3	0.7	2.00	3.1	5.1	9.50	14.6
Operating cost	1051.37	17.91	15.71	-	50.78	-	149.49	233.89
% Utilisation	-	1.7	1.5	3.2	4.8	8.0	14.2	22.2
GRAND TOTAL	**3921.48**	**49.64**	**83.18**	**-**	**512.73**	**-**	**705.05**	**1350.60**
% Utilisa-tion	**-**	**1.3**	**2.0**	**3.3**	**13.1**	**16.4**	**18.0**	**34.4**

Table 7. 7. Realistic Estimates of Budgetary Requirements for the Next Three Years of Project

Category	Total provision including 35% contin-gency	Total Expenditure till March 1998	Balance available	Anticipated expenditure / shortfall			
Civil Works				1998-1999	1999-2000	2000-2001	Total req for 3years
Civil works	951.92	552.90	399.02	490.98	998.02	146.00	1635.00
Departmental charges	114.24	38.79	75.45	-	-	-	-
Total	**1066.16**	**591.69**	**474.47**	**49098**	**998.02**	**146.00**	**1635.00**
Procurement (Goods & Services)							
Furniture	87.25	30.03	57.22	40.00	27.00	-	67.00
Equipment	202.27	99.58	102.69	180.00	70.00	-	250.00
Vehicles	168.95	100.00	68.95	25.00	25.00	25.00	75.00
IEC Materials and Activities	84.64	46.46	38.18	18.18	10.00	10.00	38.18
MCH & FW Materials	76.14	53.66	22.48	50.00	50.00	50.00	150.00
Drugs and Medicines	240.30	57.42	182.88	60.00	55.00	55.00	170.00
Total	**859.55**	**387.15**	**472.40**	**373.18**	**237.00**	**140.00**	**750.18**
Training & Consultancy							
Training Activities	77.38	13.26	64.12	25.00	25.00	25.00	75.00
Local Consultancies	82.01	15.54	66.47	35.00	30.00	40.00	105.00
Contract for Innovative Schemes	756.47	85.84	670.63	72.74	72.74	65.73	211.21
Professional fees- Architect	28.55	23.23	5.32	15.00	30.00	4.5	49.5
Total	**944.41**	**137.87**	**806.54**	**147.74**	**157.74**	**135.23**	**440.71**

Operating Cost							
Salaries of additional staff	569.56	175.32	394.24	230.00	250.00	260.00	740.00
Honoraria for Volunteers	203.43	32.65	17078	40.00	50.00	50.00	140.00
Rent	16.2	15.21	0.99	-	-	-	
O& M of Vehicles	152.09	10.71	141.38	25.00	25.00	25.00	75.00
O& M of others	110.09	--	110.09	20.00	15.00	15.00	50.00
Total	**1051.37**	**233.89**	**817.48**	**315.00**	**340.00**	**350.00**	**1005.0**
GRAND TOTAL	**3921.49**	**1350.60**	**2570.89**	**1326.90**	**1732.76**	**771.23**	**3830.8**

Budget available including price contingencies = 3921.48lakhs

Anticipated shortfall for realistic estimate of budgetary requirements = 1260.00 lakhs

Estimated cost for proposed 5 no. Maternity Homes in peripheral areas of Bangalore city = 475.00 lakhs

Total revised estimate cost for the project = 5656.48 lakhs

AN OVERVIEW
of
PROJECT IMPACT

8. AN OVERVIEW OF PROJECT IMPACT

8.1. Background

The project has been in operation for the last three years. Different interventions have been undertaken to attain the project activities. An attempt is made here to assess the impact of these interventions.

8.2. Methodology adopted for assessment

A baseline survey was conducted in 1992 as a pre- Project activity and certain indicators of MCH and F.P. were worked out which formed a basis for Project formulation. Again in 1997 a Multi- Indicator study was undertaken to work out certain direct and indirect indicators for assessment of situation. The indicators worked out in these surveys have been used here for the assessment of the impact. In 1997 survey a large number of indicators were covered which were not done in 1992. For such indicators comparison is based on NFHS data for rural and urban areas. The comparison with rural areas seems to be more appropriate as most of the slum dwellers had migrated from Rural areas and Urban area data takes into account all sections of the society.

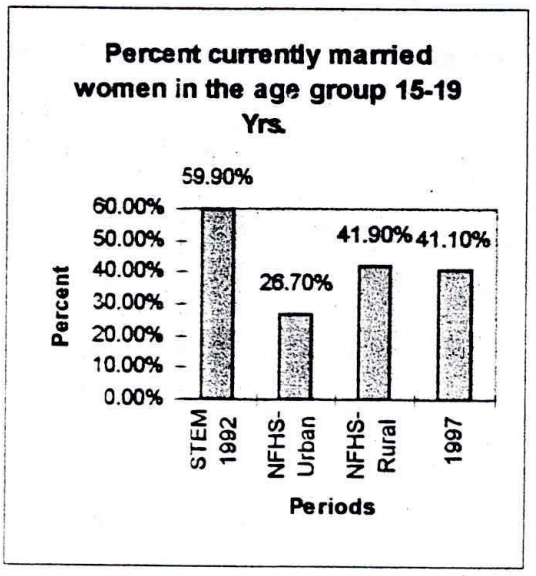
8.3. Findings of Evaluation

The comparison of indicators suggest that there were substantial impact on various aspects of MCH and F.P. in the community may be due to Project interventions. The details of these improvements are highlighted below.

Nuptiality

The mean age at marriage for girls had improved and was presently 16.86 years as compared to 16.29 years in 1992. But in comparison to rural population of Karnataka this figure was lower (19.0). However, the mean age at marriage for the control group of 15-19 years, was 16.39 years.

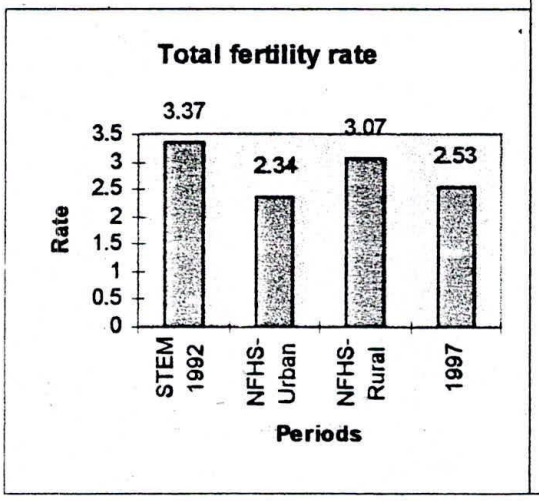
The proportion of women currently married in the age group 15-19 years also indicated an improvement in the age at marriage of girls (41.1%) as compared to a previous proportion of 59.9%. The proportion was almost similar to rural areas (41.9%).

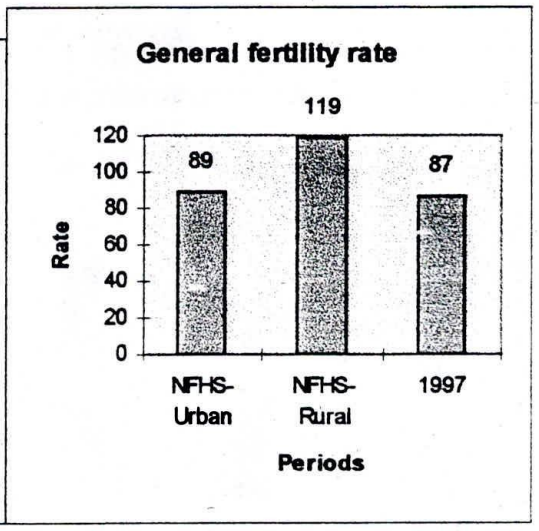


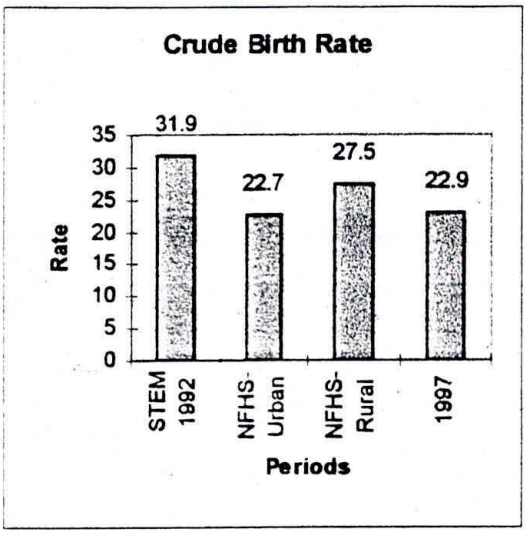
Fertility

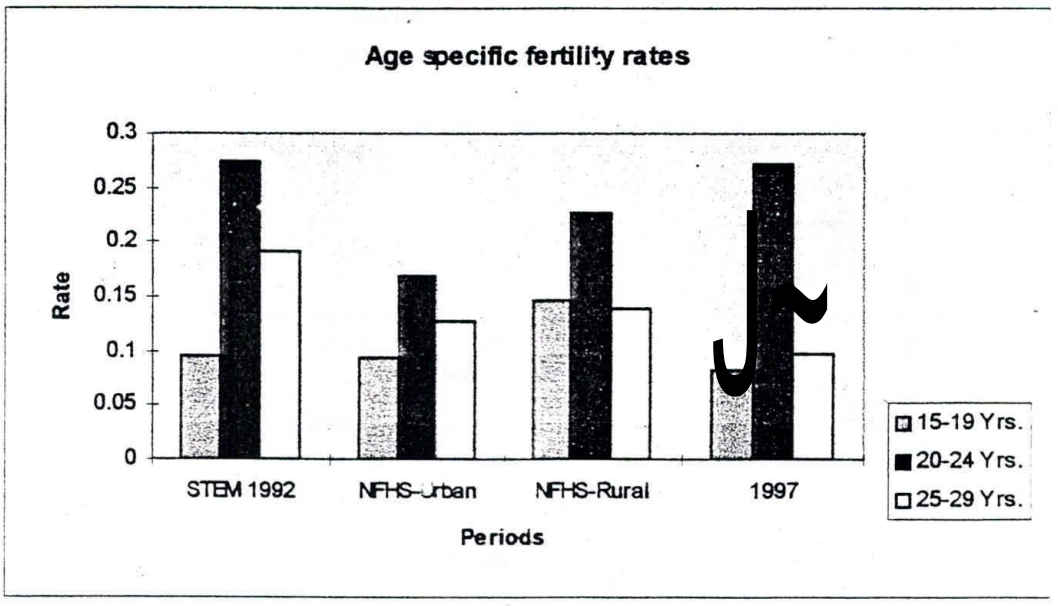
The decline in fertility has also shown an improvement in the area. The present general fertility rate was 87.0 as compared to 119 of NFHS for rural Karnataka. No similar figures are available for 1992. The Total Fertility rate has also declined to 2.53 from a level of 3.37 in 1992. Even on comparison with rural data the decline is significant (3.07). A similar trend is reflected by the Crude birth rate also. Present CBR in the area was 22.9 as compared to 31.9 in 1992 and 27.5 for rural Karnataka.

The age specific fertility rate has shown a marked decrease in all the prime child bearing age groups and especially in the important age group of 25-29 years with a decline to a level of 0.0975 from 0.1907, (a decline of 49%). Similarly it has declined to 0.2727 from 0.2742, though marginally, in the age group 20-24 years.


Total fertility rate
3.37
2.34
3.07
2.53
Rate
3.5
3
2.5
2
1.5
1
0.5
0
STEM 1992
NFHS-Urban
NFHS-Rural
1997
Periods


General fertility rate
119
89
87
Rate
120
100
80
60
40
20
0
NFHS-Urban
NFHS-Rural
1997
Periods

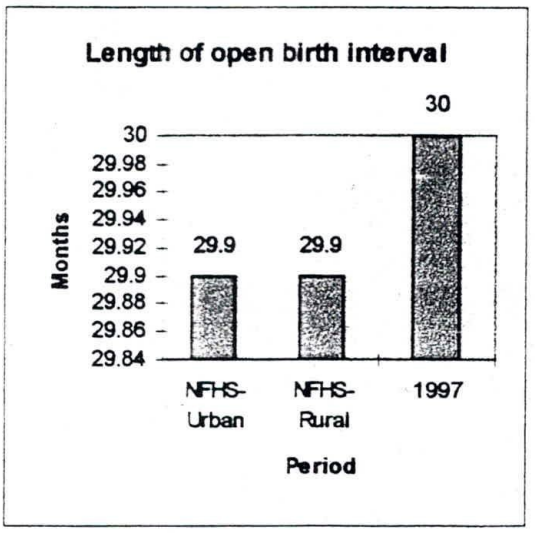

Crude Birth Rate
31.9
22.7
27.5
22.9
Rate
35
30
25
20
15
10
5
0
STEM 1992
NFHS-Urban
NFHS-Rural
1997
Periods



Natality

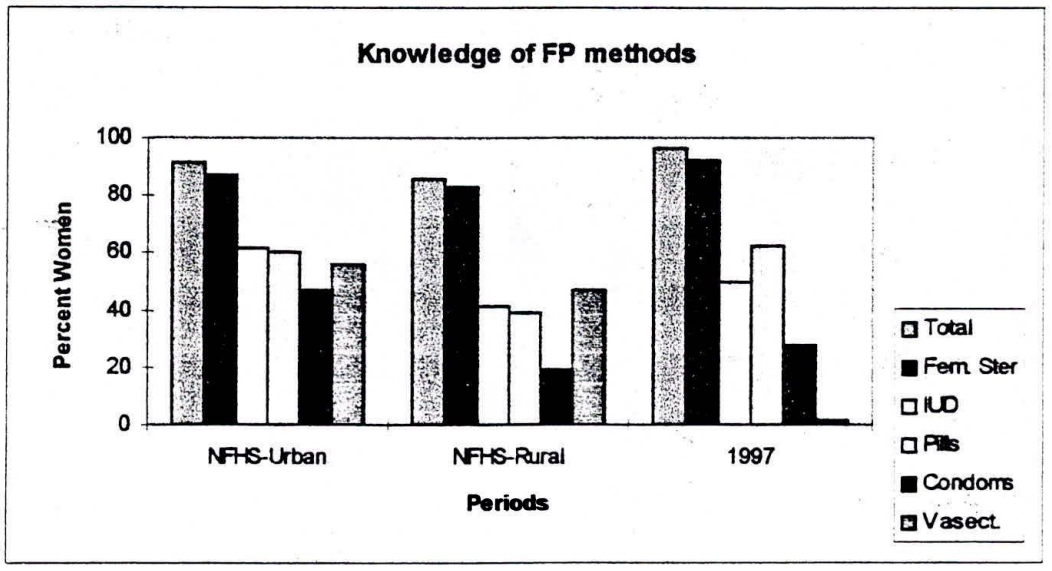
There was no impact of the programme in reducing early pregnancies in the area. The percentage of women with pregnancy before the age of 18 years was 58.4%, much higher than the Rural Karnataka figure of 20.2%.

The length of open birth interval in the area was 30 months, almost similar to rural Karnataka figure of 29.9 months.



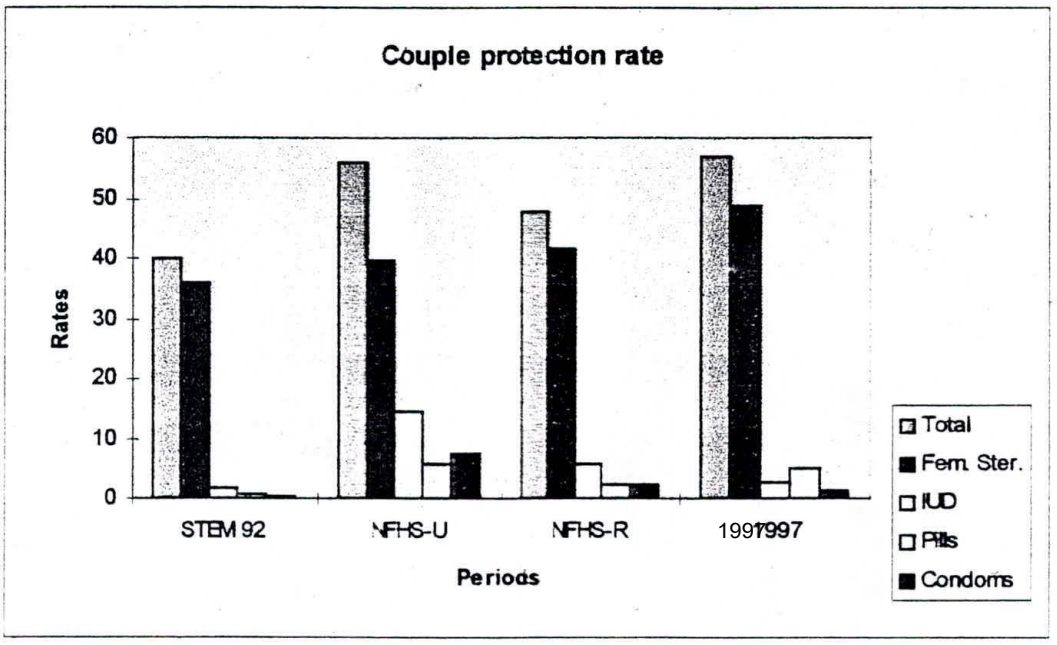
Knowledge on Family Planning

The awareness on prevention methods for pregnancies has gone up from 64.6% in 1992 to 96.3% in 1993. The knowledge especially for spacing methods have gone up substantially



Couple protection rate

There is substantial increase in the couple protection rates from 39.9% in 1992 to 57.0% in 1997, an increase of over 42%, effecting a decrease of fertility rates as already indicated. The method specific rates for spacing methods have also increased over the period. The increases are irrespective of religion and the rates are similar amongst all the major religions in the area. The contribution to the couple protection rates are more from the older women and with over second parity, which suggests that programme has to be concentrated more on younger couples. Still there was an unmet demand of 34% for family planning, of whom about 13% can be immediately motivated for adoption of some F.P. method if concerted efforts are made by the Project. The percentage of unmet demand is comparable to the figures of Karnataka state as a whole (33%, NFHS, 1992).

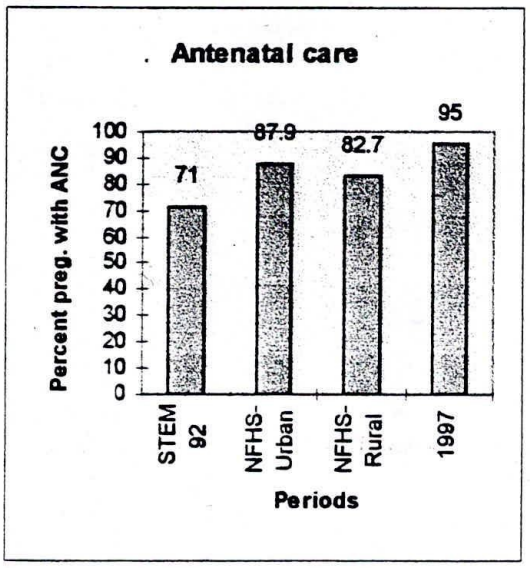


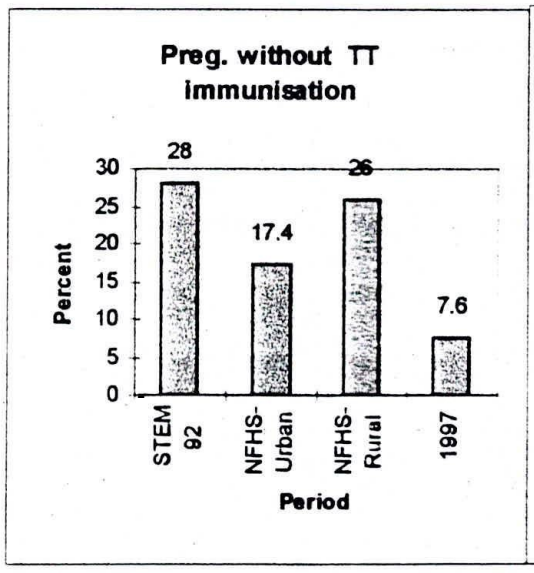
Antenatal care

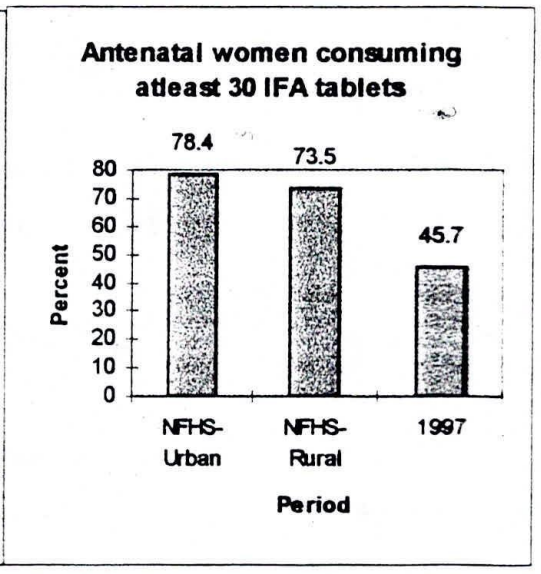
The proportion of mothers who availed antenatal care increased to 95% in 1997 from 71% in 1992. These rates are much higher than the rural figures of NFHS.

Similarly coverage for T.T. immunisation during pregnancy also increased. The proportion of non immunised mothers came down to 7.6% from 28.0%.

However the proportion of mothers consuming IFA tablets during pregnancy (45.7%) was lower than rural Karnataka (73.5%).



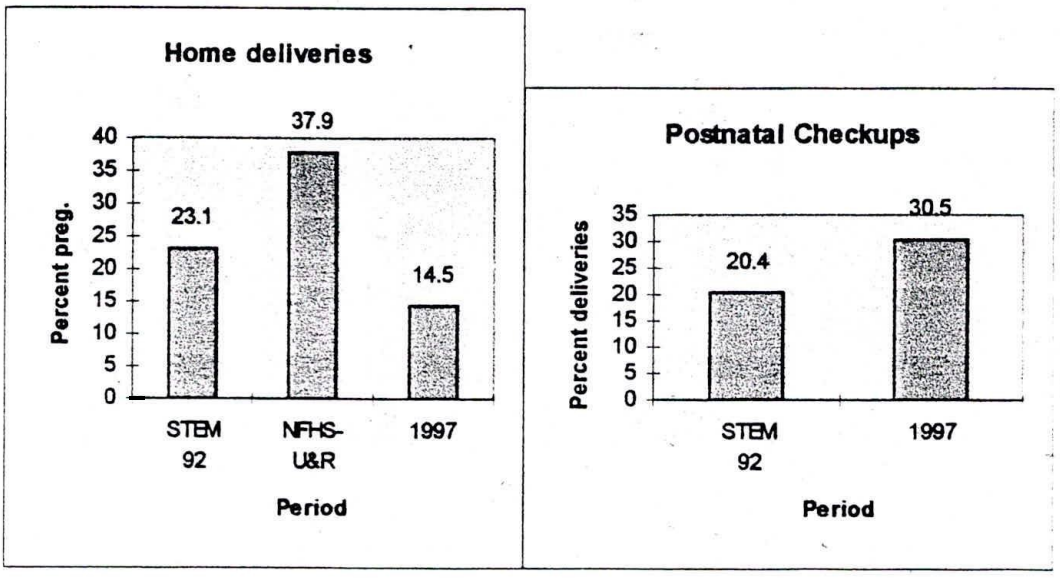




Natal service

There were still 14.5% home deliveries in the area which is a matter of concern, even though this percentage has reduced over these 5 years.

The postnatal check up has also gone up with the mothers from 20.4% to 30.5% but still far below the desired levels.



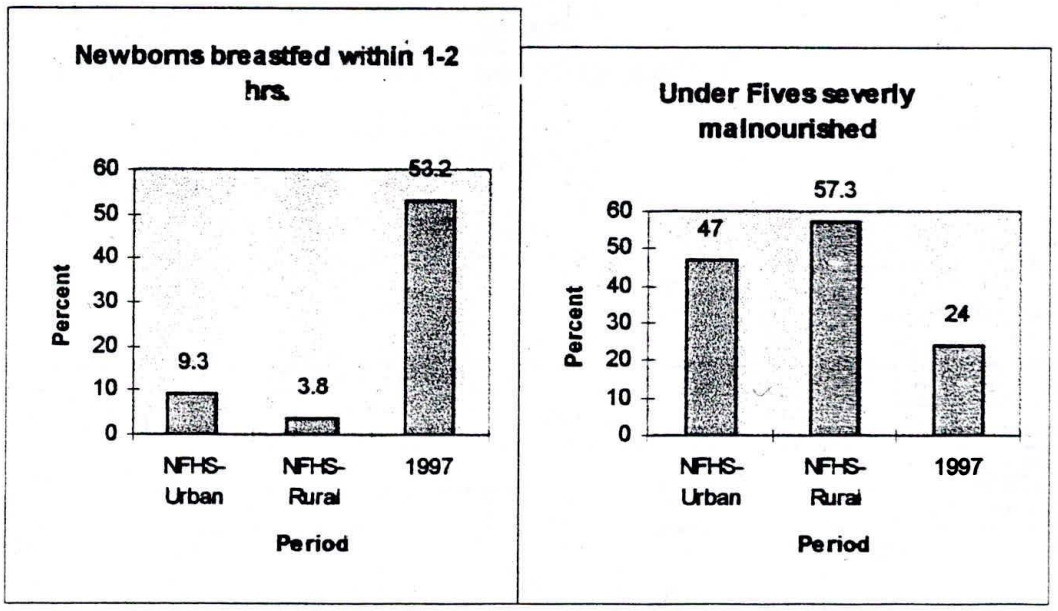
Child care

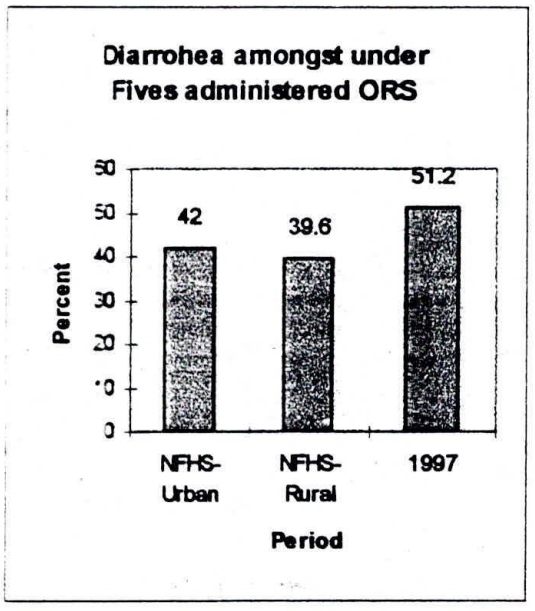
Very large proportion of mothers breasted their children within one to two hours from delivery (53.2%) as compared to mothers in rural areas (3.8%). But still this proportion needs improvement.

The weaning patterns have not changed from rural areas as only 77.7% mothers weaned their infants after six months.

The severely malnourished amongst underfives was about 24%, proportion being much lower than rural areas (57.3%).

The diarrhoea episode management amongst underfives was also better in the area in comparison to rural areas as 51% episodes were administered ORS as compared to 39.6% in rural areas.





General conclusions

The impact of the programme is appreciable in the areas of MCH and F.P. The targets set forth for the projects are on the way for achievement. However educational programmes on age at marriage, propagation of spacing methods amongst young couples, motivation for institutional deliveries and service programmes on diarrhoea management, nutritional supplementation to underfives should receive priority attention.

Table 8.1. Comparative Coverage Evaluation Statistics

Indicators	At the start of the Project			At 1997-98
	STEM Data (1992)	NFHS (1992-93) Urban	Rural	1997 Survey MIS
Proportion of currently married women in the age group 15-19 years	59.9%	26.7%	41.9%	41.1%
Mean age at marriage	16.29	20.8	19.0	16.9
Crude birth rate	31.9	22.7	27.5	22.9
General fertility rate		89	119	87.0
Total fertility rate	3.37	2.34	3.07	2.53
Age-specific fertility rates				
15-19 yrs	0.0961	0.094	0.147	0.0829
20-24 yrs	0.2742	0.169	0.226	0.2727
25-29 yrs	0.1907	0.127	0.138	0.0975
% women with 1st pregnancy < 18 yrs	——	13.0%	20.2%	58.4 %
% Women with over 3rd parity for last pregnancy	------	19.3%	26.7%	32.3%
Mean parity of last Pregnancy	-----	-----	------	3.0
Length of open birth interval		29.9	29.9	30 Months
% Women with knowledge of F.P.. methods (spontaneous)	64.6%	91.6%	85.5%	96.3%
Knowledge of female sterilisation	19.8%	87.0%	82.8%	92.5%
I.U.D	17.9%	61.8%	41.2%	49.8%
Oral pills	12.2%	60.0%	39.1%	62.4%
Condoms	13.4%	47.0%	19.5%	27.7%
Vasectomy	------	56.0%	47.1%	1.6% (NSV)

Table 8.1. continued

Indicators	At the start of the Project			At 1997-98
	STEM Data (1992)	NFHS (1992-93) Urban	Rural	1997 Survey MIS
Couple protection rate- total	39.9%	55.8%	47.7%	57.0%
Female sterilisation	36.1%	39.5%	41.8%	48.9%
Oral pills	0.8%	5.6%	2.4%	5.1%
I.U.D.	1.6%	14.6%	5.7%	2.6%
Condoms	0.5%	7.4%	2.5%	1.5%
Couple protection rates by Religion		Both Rural & Urban		
Hindus	42.3%	48.8%		56.5%
Muslims	33.6%	35.9%		58.3%
Christians	37.8%	39.3%		59.6%
Age-wise contraceptive rate				
15-29 yrs	----	------	----	49.1%
30+ yrs				72.8%
Parity-wise contraceptive use				
0-2 parity	----	------	----	35.0%
2+ parity				75.0%
% Antenatals with ANC	71.0%	87.9%	82.7%	95.0%
% Starting anc in first trimester		45.3%	47.6%	61.5%
% Antenatals had no T.T..	28.0%	17.4%	26.0%	7.6%
% Antenatals consuming > 60 IFA tablets	----	78.4%	73.5%	45.7%
% Home deliveries	23.1%	37.9%	37.9%	14.5%
% post-natal check-up	20.4%			30.5%
% New-borns breast fed within 1-2 hours of birth		9.3%	3.8%	53.2%
Weaning after six months	----	79.2% Rural & Urban	----	77.7%

Table 8.1. continued

Indicators	At the start of the Project			At 1997-98
	STEM Data (1992)	NFHS (1992-93) Urban	Rural	1997 Survey MIS
% Underfives severely malnourished (MAC <12.5 cms)		47.0% Weight For Age <2 SD	57.3% Weight For Age <2 SD	24.0%
% Diarrhoea cases with reduced food intake				44.7%
% Diarrhoea cases with reduced fluid intake		10.8%	11.1%	30.0%
% Diarrhoea cases administered ORS		42.0%	39.6%	51.2%
% 0-23 Months children immunised with 3 doses of				
DPT		73.3%	69.6%	82.3%
Polio		73.3%	70.6%	79.4%

SUMMARY OF FINDINGS
&
RECOMMENDATIONS

9. SUMMARY OF FINDINGS AND RECOMMENDATIONS

9.1. CIVIL WORKS

a. Findings

The staff working on the Civil Engineering unit were on deputation either from Bangalore City Corporation or from Public Works Department of GOK. However there were some vacancies through out the project period.

There were considerable delay in all the activities starting from the acquisition of land to issue of work order. The first work order was issued only after 24 months from the initiation of the project. The time taken from approval of drawing to issue of work order varied from 15 to 28 months. The average tender participation varied from 1.75 to 3.19 with number of bidders varying from 11 to 20.

Generally the actions taken for the quality assessment of works were as per specifications. However there was no documentation of the modifications done at job sites or for permission to go ahead with concrete. Check lists for taking over of buildings from contractors were not available and only inventory list was prepared. "As built drawings" of plumbing and sanitary and Electrical works have not been prepared.

Generally the quality of construction was satisfactory. The quality of general works like brickwork, plaster, painting, flooring were satisfactory. The quality of form work and concrete for columns and slabs were also satisfactory and the sample cubes for concrete were taken form all the work spots. The sanitary fittings in all the units were found to be in working condition.

Some of the Deficiencies observed:

The Form work for lintel, lofts and sides of beams was not satisfactory. Providing of cover to reinforcement was also not satisfactory.

Regarding sanitary fittings, there were changes from the drawings like change of position of sinks, provision of floor traps at inappropriate places.

Certain basic tests were not done in connection with the sewage, waste and G.I. pipelines for pressure.

Even though the Electrical work was generally satisfactory, there were some deviations from drawings, in numbers and position of the fittings, particularly in Maternity Homes.

Even though field assessment of quality during execution revealed that they were generally satisfactory, there were deficiencies in the works for earth filling, soking of bricks, brickwork reinforcement, plumb lining in brickwork, internal plastering, cover to reinforcement of lintels and lofts, filling of trenches, bitumen painting of concrete surfaces in contact with filled up soil and bonding for subsequent pour of concrete.

Realistic Estimates for completion of Civil works would be as follows:

Health Centers

For 30 units where work is in progress : *June-98 to March-99.*
For 13 units where work is expected to start by July-98 : *September-99.*

Staff Quarters

For the 3 units, where work is expected to start by July 98 : *June-99.*

Training Centre

Work is in progress and completed up to plinth level, the scheduled completion is December-99.

Renovation of Existing UFWCs

i. *For 4 units where work is in progress and are in the finishing stage: 15th July 1998.*
ii. *For 7 units for which tender evaluation is in progress, work is expected to start from August-98:* *August-99.*
iii. *For 5 units tenders are expected to be notified by July-98 and the work is programmed from:* *Jan-99 to Dec-99.*
iv. *For 5 units for which drawings are to be prepared is expected from June to August 98. Notification for this is being planned in October-98 and the programme for work is:* *March-99 to March-2000.*

Renovation of Existing Maternity Homes

For 2 units for which work is in progress and are in finishing stage: *July-98*
For 8 units for which tender evaluation is in progress, work is expected to start from July-98 *June-99.*
For 4 units tenders are expected to be notified by July-98 and the work is programmed *Jan-99 to Dec-99.*
For 5 units for which Architectural drawings are to be prepared is expected by Aug-98. Notification for the same is being planned in October-98 *March-99 to March-2000.*

Taking into consideration a cost escalation of 182% as indicated in the revised tenders and on discussions with the Project Coordinator, Programme Officer of Civil Works and the Architect ,the Realistic Cost Estimate for Civil Works would be **Rs 2227.00 lakhs.**

As on date, no maintenance work has started. As the buildings require some maintenance it is suggested to provide maintenance amount to be controlled by LMO.

b. Key Recommendations

1. Provision of one Engineer exclusively for planning activities and follow up with Architect and Consultants.
2. Strict adherence to drawings and specifications
3. Proper supervision and pour cards for concrete work. Form work for plinth beams, lintels, lofts and external sides of roof beams to be checked for supports and gaps
4. Modifications to be done only after written instructions of the Architect
5. Engaging services of consultants for quality control
6. Project overall construction programme indicating identification of site, approval of drawings, estimate, tender notification and evaluation and time frame for construction to be prepared and monitored every month.
7. All modifications, sites instructions for quality and permission for concrete and other activities to be documented.
8. All tests to be carried out as per specifications and documented.
9. Check list for taking over buildings from contractors to be prepared and shall be signed by P.O, only after which the building to be handed over.
10. "As built drawings" to be prepared and preserved properly.
11. The notification for tender to be given in all leading local and national news papers in local language and English.
11. Tenders to be re notified in case of lowest bid rates being higher than 25% of sanctioned estimate

9.2. Maternal & Child Health and Family Planning Services

a. Findings

Few posts of Medical Officers were vacant affecting the programme performance. Further staffs were on deputation from BCC/State Govt. and were less motivated/committed/interested in work aggravated by frequent transfers of deputed staff.

A few changes were made in the activities of the Centres and also in the job responsibilities of ANM and Link workers (field staff) from the original project proposals which were smoothly implemented.

The proportion of beneficiaries attending the centres from the slums was 41%, majority of whom visited for MCH services and a few for F.P services. The waiting time for services was about 25 minutes on an average, ranging from 5 to 60 minutes.

The FP performance had been consistent for sterilisation (female) and IUD but were not so for spacing methods of oral pills and condoms. The male participation (vasectomy) was practically nil.

Though ANC registration was improving there was considerable drop in the proportion of deliveries conducted in Government institutions.

The general physical facilities like "waiting area" "drinking water" facilities needed improvements. The OPDs needed adequate equipment along with "closed cupboards" for storing drugs and FP supplies.

Facilities for STD and AIDS control was needed under the project. At times there were shortages in the supplies of IFA tabs, vitamin A, ORS and vaccines (at U.F.W.Cs/new centres). There was a need to ensure adequate stock and supply at household level also by link workers/field staff.

Infection control practices were poor in all the centres. Waste disposal facilities were poor at U.F.W.Cs / new centres

Majority of the beneficiaries were willing to pay 'user fees' for various MCH services viz. OPD, laboratory services, wards, delivery and medicinal costs.

LMOs needed training to screen and identify a correct case for IUD.

The beneficiaries of tubectomy at the camps were young with an average age of 25 years, comprising of both Hindus and Muslims, almost similar to the religious pattern of the area.

There were gross deficiencies in the maintenance of aseptic standards inside Operation Theatres.

Informed consent was very poor with lack of "Interpersonal communication" between the clients and health personnel.

b. Key Recommendations

1. To accelerate the construction of new health centers and renovation of existing maternity homes/U.F.W.Cs.
2. To fill up staff vacancies immediately.
3. Popularize No Scalpel Vasectomy and spacing methods viz. oral pills and IUDs.
4. To improve logistics of supplies of IFA tabs, ORS and vitamin A.
5. Provide air conditioner and generator to select OTs conducting FP camps regularly.
6. To improve coverage and utilization of services by slum population.
7. To introduce on experimental basis "user charges" for select services in a few maternity homes.

9.3. TRAINING

a. Findings

Presently the Training Centre is operating in a Corporation building without any residential facilities with inadequate facilities. The new building proposed for the Centre with a adequate accommodation is under construction in the present premises and is expected to be completed only by the end of 1999.

Two of the senior posts meant for training activities are vacant, adversely affecting the training programmes. There is a need for additional staff viz. one Senior Consultant, a Steno-typist and an Asst. statistical Officer to bring about improvements in the quality of training particularly with reference to content, skill development, monitoring and post training performance evaluation.

Training programmes started only in 1995-96, due to non-establishment of the facilities.

A total of 17 types of training programmes have been conducted covering 2763 trainees in the last 2 years. The most frequently conducted training programmes were "Pre Service Training" for Link Workers followed by CSSM training and Baby Friendly Hospital, besides concentrating on Lady Medical Officers on different aspects.

The envisaged training programmes for Municipal Councillors and Local leaders has been a non starter besides the coverage being very poor for the categories of School teachers, Private Medical Practitioners, and the administrative staff of the Project. The availability of suitable training material to make the training more effective is also a felt need of the Centre.

There is a need for more emphasis to improve and strengthen clinical skills and competencies of field staff viz. LMOs and ANMs and Link Workers, besides improving the quality of training programmes.

It is important to ensure proper monitoring of the training activities as well as trainees participation.

Generally, the training programmes were satisfactorily conducted with available resources. However, the documentation with regard to the content and follow-up of the training programmes is poor.

Some changes were needed in the training materials to improve the quality of training.

The library maintenance was poor and unsatisfactory. Adequate reading materials to suit the needs of the trainees were lacking.

An effort has been made by the Training Centre through a "Standard Format" to systematically evaluate the impact of CSSM training through post training evaluation of ANMs, But similar efforts are needed for Link Workers and LMOs and for other types of training programmes (major ones)

There was a need to organise a current 'training needs assessment' (quick and simple) and revise the training plan accordingly.

Integration and co-ordination mechanism does not exist for training both IPP-VIII and other health staff of BMP at the Training Centre.

Co-ordination and linkage of the activities of the Training Centre with SIHFW, does not exist for sharing information, facilities and trainers.

b. Key Recommendations

1. To immediately fill up the staff vacancies at the training center and recruit additional staff viz. senior consultant, etc. on contract basis and accelerate the training activities.
2. To identify additional territory hospitals as skill development centers and organize training to strengthen clinical competencies of medical and paramedical staff.
3. To improve the facilities in the training center and to strengthen the monitoring, documentation and evaluation of training programmes.

9.4. INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES

a. Findings

The planning of IEC activities were done on the basis of micro plans at Health Centre level and action plans at the community level.

Varied types of media were used in the propagation of messages, comprising of all the important messages on MCH and F.P.

Recently conducted survey on IEC has brought out certain changes in the needs of strategies of IEC. The focus group discussions held in the Community has highlighted that propagation of messages through A.V. vans has been the most effective, however,the timings of shows are to be modified according to the needs of some special groups like working men and women. The group meetings at Health centres have benefited only women and that the Folk media programmes are not properly propagated. Pamphlets and display boards were not known to many.

Funds Earmarked for IEC activities have been fully utilised and funds available with Innovative Programmes have been diverted for IEC programmes.

b. Key Recommendations

1. Before developing any new IEC materials an assessment has to be done for the effectiveness of the media which are being used at present in propagating the messages. This should be one of the tasks to be undertaken by the Consultants who are engaged with the Unit.
2. Cost effectiveness in terms of coverage of different media should also be assessed by the consultants who should also provide a feed back on suitable mix of media.
3. Follow-up should be done at Health Centres' level for effective utilisation of materials which are supplied to them.
4. Some of the messages recommended by the survey undertaken in Mid July 1998, should get priority in the materials to be prepared from now on.
5. Grass root level workers especially ANMs, SHE club members and Link workers are to be provided a better orientation of the health messages to be propagated by them as well as using the materials in an effective manner.

9.5. INNOVATIVE PROGRAMMES

i. Link workers

a. Findings

Even though they were to be from the same slums of their area of duty, only a third of them were the residents of their work area, contrary to the concept of selecting workers from the same slums.

The Knowledge on their duties and some aspects of MCH care needed re-orientation..

In the previous year, on average they had referred 101 children for immunisation, motivated 120 cases for adopting various family planning methods. They were successful in motivating couples for spacing methods as out of the cases motivated nearly two thirds were for spacing methods.

Majority of workers were practising family planning.

Almost all the women in the community were aware of the worker and her activities, except for a few working women, and were of the opinion that she was working effectively, visits their area regularly and distribute oral pills, condoms and ORS packets on need basis. However only a few of the males were aware of her existence that too through their wives.

b. Key Recommendations

1. Link workers should be recruited from the same slums of their area of work, which will enable community members to use their services in a better manner.
2. Emphasis on STD/AIDS as well as identifying eligible couple and pregnant women in training programme is required.
3. As identification cards and uniforms were desired by the workers, the feasibility of providing them these facilities can be explored.
4. The project should look into sustainability of their services.
5. To improve upon better male participation in the programme a few male link workers may be enlisted

ii. SHE Clubs

a. Findings

The pace of establishment of the clubs is rather slow. At present only 137 clubs are functioning against the project target of 401.

Most of the members of the club resided in the slums of the respective clubs.

Level of awareness of members on MCH and F.P was quite satisfactory, including HIV/AIDS.

Average number of programmes conducted through the clubs were mostly related to Immunisation and Family planning programmes. The other programmes relating to environmental hygiene & personal hygiene or disease prevention were not many.

Majority of the women in the community were aware of the Club and its activities of whom many had participated in the programmes of the club. They were of the opinion that they were useful to them.

b. Key Recommendations

1. The formation of the Clubs should be accelerated to meet the targets of the Project
2. Reorientation programmes to the members on Spacing methods of family planning , STD and environmental sanitation including personal hygiene should be done, besides training them on organising more and more innovative programmes.
3. The awareness programmes and camps organised by the Clubs should be more on programmes on different components of the Project besides concentrating on Family Planning.
4. More innovative meetings should be arranged in the community by the Clubs
5. Prior announcement of programmes in the community should be ensured.
6. Proper usage of pamphlets and exhibits by the staff should be ensured.

iii. Non-Formal Education

a. Findings

At present there were only 12 centers functioning all operated by NGOs.

Most of the beneficiaries of the centres were aged below 10 years even though the centers were to cater also to the young girls beyond this age.

Even though staff position was adequate in the centres but majority of them lacked infra structure facilities.

All the teachers were found to be educationally qualified and two thirds of them had professional qualifications. Majority of the centres were adopting standard teaching methods.

Majority of the teachers felt that the priority should be given to environmental and personal hygiene while teaching health education. Only a small proportion of them felt the need for priority for imparting menstrual hygiene education while a similar proportion for nutrition. Most of the teachers needed further orientation training on various health topics.

b. Key Recommendations

1. Infrastructure facilities should be ensured while sanctioning NFE centers.
2. Teachers should be oriented to impart MCH and reproductive health education to the girls.
3. Vocational component of non-formal education should be incorporated.
4. Timings should be accommodated as per the requirement of the students.

iv. Crèches

Out of the target of establishing 50 crèches in different slums of Bangalore by the end of the project period, 33 have already been established.

Even though the main objective of establishing the crèches was to cater to the needs of the working mother it was found that about a quarter of the children were of housewives.

Staff position in the all the crèches was adequate but not all the care takers had desired qualifications and also the continuity of them on the post was not satisfactory

Majority of the centers lacked infra structure facilities.

In most of the creches health check-up camps were held regularly once in 3 months However health cards were available only in less than half of the centres.

The health activities conducted in the crèches such as mother's meetings etc. have influenced the knowledge and practices of the mothers, especially on spacing methods for F.P. including HIV/AIDS and STD. Even the adoption of these spacing methods for F.P. was higher with crèche beneficiaries.

b. Key Recommendations

1. More crèches should be started, as there is great demand for it.
2. Since the grant given for crèche is found to be insufficient as expressed by many NGOs, feasibility of increasing this amount should be looked into and an undertaking should be taken from organisation that they would provide necessary infrastructure and training.
3. The staff of crèche should be given periodical training on MCH aspect including STD/AIDS.
4. First aid box should be provided in all the crèches.

vi Income Generation Activities

a. Findings

There were 24 units operating for different types of training. Even though majority of the beneficiaries were from the same locality, there were a few from other slums, indicating the need for starting similar programmes in other slums also. Almost all the beneficiaries were satisfied with the training programme, and majority with the training materials supplied to them .

Most of the beneficiaries had attended awareness programme on various health topics.

Except for a small proportion of beneficiaries all had knowledge on legal age at marriage for boys and girls. Knowledge on menstrual cycle before its onset was found to be very low while majority were knowledgeable about different methods of family planning including spacing methods. Many of the heard about STD and HIV/AIDS.

b. Key Recommendations

1. The scheme should be extended to all other slums where it is available however after a need based survey.
2. Centers should propagate messages on reproductive health to adolescent girls.

9.6. PROJECT MANAGEMENT

a. Findings

i. Staff

The committees at state level and BCC level functioned smoothly for taking policy decisions and for implementation of the programme.

Many of the personnel in the project were on deputation either from Bangalore City Corporation or from other Departments of GOK, posing some problems of frequent transfers and non commitment from the deputed persons because of uncertainties.

ii. Procurement & Logistics of Supplies

The timely purchases in the Project for equipment, medicines and supplies were done through a Project Purchase Committee and supplied to the service deliver points on need basis. There was no regular Warehouse building for the Project. Generally in most of the Centers proper storage equipment were not adequate.

iii. Management Information System

The Project had a Management Information System Unit, with adequate staff and is well equipped with Computers and Accessories.

Even though the unit was collecting regularly information on programmes directly undertaken by the Project, such as IEC, Training, Civil Works and Innovative Programmes, information on Service delivery through Health Centres, was being collected and compiled at Dasappa Maternity Home under the Municipal Corporation. The reporting formats although confirmed to the Government of India requirements did not completely reflect the Project activities.

Recently an attempt has been made to develop MIS system for the Project through a Consultant. The pace of work by Consultants was rather slow, they have now committed that they would complete the task by the end of July 1998.

Regarding monitoring of Project activities, it seems that no formal meetings were held every month with the Medical Officers I/C of Health Centres to review the performance on the basis of the reports. The MIS Unit has compiled some interesting reports on of Status of Girls' Education. The Unit has also brought out periodical status reports on the Project.

iv. Receipt and utilisation of funds

The project funds are received by Government of Karnataka from Government of India and then passed on to the Project.

Even though, GOK has received Rs.3431 lakhs from GOI, only Rs 1807.11 lakhs have been released to the project and the surplus amount is retained at GOK level. The Project Co-ordinator in a recent request has asked GOK to release the balance with them to the Project.

The cumulative percentage spending out of the total outlay were meager in the first two years and improved slightly in the third year. The Cumulative Percentage of expenditure over the allocated budget is lowest for Training and Consultancy activities even though for IEC activities it has exceeded the budgeted amount, mainly because of under spending under Innovative programmes.

The cost of civil works have escalated as reviewed under civil works. Based on these cost escalation and probable expenditure of other components, realistic estimate for the remaining period of the project was discussed in the review meeting of the project with GOI and World Bank officials.

It is estimated that that the Project would require an outlay of Rs.3831 lakhs in the remaining period of execution to undertake all envisaged activities. This amounts to an additional requirement of Rs.1260 lakhs for the project.

b. Key Recommendations

1. Ensuring retaining of deputed persons on various posts till the completion of Project
2. Additional posts sanctioned are to be filled up immediately
3. Project Co-ordinator to be assisted by a technical Consultant in Management for speedy implementation of Management aspects.
4. Expenditure position to be improved by speeding up Civil Works and undertaking more activities under innovative programmes

7.8 OVER VIEW OF PROJECT IMPACT

The impact of the programme is appreciable in the areas of MCH and F.P. The targets set forth for the projects are on the way for achievement. However educational programmes on age at marriage, propagation of spacing methods amongst young couples, motivation for institutional deliveries and service programmes on diarrhoea management, nutritional supplementation to underfives should receive priority attention