

Karnataka Health Systems Development Project

Notes for the World Bank Review Mission

Visiting Bangalore

on March 8 to 11, 1997

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**Financial performance of KHS DP upto January, 1996,
and anticipated expenditure upto March 31 , 1997**

The Project activities should have started from 1st of April 1996. However, the launching of the project itself was delayed by nearly 3 months. After the launching, finding of office accommodation took two months hence in the beginning, for nearly 5 months activities could not start. There are various components under which expenditure should have been booked as provided in the S.A.R. The Component wise provision during the financial year 1996-97, the expenditure incurred upto December, 1996 and the probable expenditure by 31st March is discussed as detailed below:

INVESTMENT COSTS:

1. **Civil works renovation:** An amount of Rs. 9.06 crores is provided for the year 1996-97 as in S.A.R. No expenditure is booked under this head as the civil works are yet to commence. There are 47 hospitals in 1st phase of the project. Each hospital is considered as a work and a comprehensive estimate is prepared covering renovation, hospital and staff quarters. Works are yet to start, no expenditure is booked upto January, 1996 and it is also not possible to make any expenditure under this head as for 15 works tenders are floated only in the last week of February, 1997.
2. **Civil works extension:** An amount of Rs. 28.63 crores is provided for the year, 1996-97 Upto December, 1996, no expenditure is booked under this head as the civil works as explained above are yet to start. However, as approved by the Project Governing Board, extension work to the existing food laboratory building behind the Public Health Institute to accommodate the Staff of the project is started. As the work is already in progress, it is anticipated that an amount of Rs. 15 lakhs will be spent by March end, 1997.
3. **Professional Services:** An amount of Rs. 3.5 crores is provided for the year, 1996-97 as in S.A.R. This amount is provided in the project to meet the expenditure towards payment of professional fee for the work done by persons like private architects, etc. engaged by the project office. So far 30 architects have been empanelled by the project office to finalise the drawings of 150 hospital works. An amount of Rs. 8.7 lakhs is paid to these architects so far and it is expected that another Rs. 9.5 lakhs will be spent by 31st March, 1997. As only an advanced payment is made in most of the cases, the expenditure incurred under this head is less compared to the amount available. However, in the first quarter of the financial year, 1997-98, the expenditure under this item will increase as in majority of the works, sufficient progress will be made in finalising preliminary drawings and final drawings.
4. **Furniture:** An amount of Rs. 31 lakhs is provided for the year, 1996-97 as in S.A.R. This amount is provided to meet the expenditure incurred towards providing furniture to the hospitals included in the first phase of procurement plan and also for providing furniture to the project office. The furniture to the hospitals forms part of the National Competitive Bidding Process and the document for NCB is already approved by the World Bank. In the beginning, as importance was first given to float tenders for purchase of hospital equipment, the tender is

as importance was first given to float tenders for purchase of hospital equipment, the tender is yet to be floated for furniture. This tender will be issued in the first quarter of financial year, 1997 clubbing the requirements of the first phase and the second phase as in the procurement plan. However, an amount of Rs. 7.4 lakhs is already spent to purchase furniture required to the project office. An amount of Rs. 7.6 lakhs is likely to be spent before 31st March, 1997 to provide furniture to the officers of the Additional Directors and the remaining officers posted to the project. This expenditure is booked following the procedure of local shopping as provided in the project.

5. **Equipment (Medical):** No amount is provided under this head for the year, 1996-97.
6. **Equipment (Others):** An amount of Rs. 3.28 crores is provided for the year, 1996-97 as in S.A.R. This amount is provided to procure the hospital equipment including the Bio-medical equipment as in the procurement plan. Out of 149 packages, most of the packages of procurement are under National Competitive Bidding, except 6 packages which are under International Competitive Bidding. The procurement of equipment for the first two phases of the procurement plan is clubbed and the Bank has already cleared the bid documents and the technical specifications. So far for more than 90 packages both under NCB and ICB the tenders are floated. The evaluation in respect of 31 packages is completed and 49 packages is under progress. The subject will be finalised by 15th of March, 1997. Therefore, most of the expenditure will come in first two quarters of the financial year 1997-98 as the time of delivery of equipment as per the terms and conditions of the bidding document varies from 60 to 120 days. So far an amount of Rs. 10.2 lakhs is spent under this head to procure the equipment required for project office following the local shopping norms. It is anticipated that as an advance payment to the successful bidders of the packages which are already cleared under NCB by Steering Committee and also for the Blood Bank equipment, it is expected that an amount of Rs. 1 crore will be spent by March end, 1997.
7. **Vehicles:** An amount of Rs. 91 lakhs is provided for the year, 1996-97 as in S.A.R. So far an amount of Rs. 24.6 lakhs is spent under the local shopping norms for procurement of vehicles required to the project office. Under this component, the vehicles for Taluka Medical Officers, the District Surgeons, ambulances and the vehicles required to the engineering wing and surveillance wing are also to be procured. The procurement is under ICB norms and the tender document is cleared by the World Bank in February 2nd week. Here also the procurement of the vehicles by the first two phases is clubbed and it is also likely that the remaining expenditure under this component will be possible only in the second quarter of the financial year, 1997-98.
8. **Medical Lab Supplies:** An amount of Rs. 50 lakhs is provided for the year, 1996-97 as in S.A.R. Under this component the procurement of equipment to the laboratories of the surveillance wing, pathology lab, etc., are included. For some of the equipment, the bids are already in the final stages and it is expected that an amount of Rs. 3.5 lakhs will be paid as advance amount to the successful bidders by March, 1997. Major portion of the expenditure will be booked in the first quarter of 1997-98.

9. **Medicines:** An amount of Rs. 1 crore and 25 lakhs is provided for the year, 1996-97 as in S.A.R. So far no expenditure is booked under this head. There are 3 components under this head for procurement as follows:

- (i) The medicines required for the additional beds created under the project;
- (ii) Medicines required for Women's Health Care Programme;
- (iii) Medicines required under Yellow Card Scheme;

Medicine required for the first component cannot be procured as the additional beds have not been created so far. As regards item (2) and (3). Action has been taken to accord sanction procurement of medicines worth Rs.81.55 lakhs for Women Health care programme and those of Rs.31.99 lakhs for SC/ST population health check up camp (Yellow Card) in five districts

10. **Other Supplies:** An amount of Rs. 58 lakhs is provided for the year, 1996-97 as in S.A.R. This includes the items like Workshop equipment incinerators, computers, typewriters, photocopiers and fax machines to the hospitals. For procurement of incinerators which is under ICB, the bid document was finalised, but the IFB was not issued as there is an instruction from the Central Pollution Control Board not to install the incinerators till the standards are finalised by the Board. Regarding the computers, the agency which was entrusted with the study of feasibility report have given the draft report which is discussed and suggestions are given before a final report is given by them. Based on this, the configuration of computers will have to be finalised. The typewriters, photocopiers and fax machines will be procured on NCB norms for which the tenders will be floated in the first quarter of 1997-98.
11. **MIS and IEC Materials:** An amount of Rs. 87 lakhs is provided for the year, 1996-97 as in S.A.R. So far no expenditure is booked under this item as the feasibility report on the Management Information System is recently given and after discussions based on the feasibility report the software component, etc. will be worked out. It may not possible to book any expenditure by March, 1997 in view of the above reason. However, it might be possible to start this in the first quarter of 1997-98. Regarding IEC materials, the strategic plan wing has been entrusted with the responsibility. The Strategic plan wing have finalised a monthly bulletin to be approved shortly under this activity. Further, the clinical protocols and referral protocols are also being discussed. It might not be possible to finalise these items before March end, 1997.
12. **Local Training:** An amount of Rs. 20 lakhs is provided for the year, 1996-97 as in S.A.R. So far two batches of doctors have been trained as part of this programme. Further to develop resource persons, a trainers training programme is also done with the support of JIPMER from Pondicherry. In respect of various disciplines, the training programme will be finalised shortly and it will be possible to speed up this program in the coming months. It is anticipated that an amount of 10 lakhs will be spent before March end, 1997.
13. **Consultants:** An amount of Rs. 29 lakhs is provided for the year, 1996-97 as in S.A.R. So far an amount of Rs. 5.9 lakhs is spent under this item. It is anticipated that an amount of Rs. 11.9 lakhs will be spent for the remaining months during the year, 1996-97. Under this component,

that an amount of Rs. 7 lakhs will be spent for the remaining 3 months. Under this item, the T.A. for the staff, printing and stationery, advertisement charges, etc. are included.

Financial Performance Upto January 1997

The Total Budget for The Project 55.00 Crores.

SL. NO.	PARTICULARS	Total Provision as per the Project Proposal (in millions)	Provision for 1996-97 (in millions)	ACTUAL EXPENDITURE UPTO Jan'97 (in millions)	PROBABLE EXPENDITURE BY 31 ST MARCH, 1997 (in millions)
1	2	3	4	5	6
	INVESTMENT COSTS:-				
1.	Civil Works (Renovation)	251.6	90.60	0.011	-
2.	Civil Works (Extension)	954.4	286.30		0.15
3.	Professional Services	110.6	35.40	0.997	0.95
4.	Furniture	104.1	3.10	0.953	0.76
5.	Equipment (Medical)	-	-	-	-
6.	Equipment (Others)	327.7	32.80	1.220	10.5
7.	Vehicles	151.4	9.10	2.464	-
8.	Medical Lab Supplies	124.8	5.00	-	0.35
9.	Medicines	418.2	12.50	-	12.10
10.	Other Supplies	116.1	5.80	-	-
11.	MIS/IEC Materials	32.3	8.70	-	-
12.	Local Training	100.1	2.00	-	1.00
13.	Consultants	19.5	2.90	0.195	1.19
14.	Studies	28.0	3.50	-	0.15
15.	Workshops	21.5	2.10	0.538	-
16.	Fellowships	8.4	2.60	0.759	0.225
17.	NGO's	12.7	4.30	-	-
	TOTAL INVESTMENT COSTS	3107.60	506.70	7.138	27.375
	RECURRENT COSTS:-				
18.	Salaries and Additional Staff	574.6	5.70	0.680	0.26
19.	Operational Expenses	301.7	3.00	2.345	0.70
20.	Building Maintenance	57.4	-	-	-
21.	Equipment Maintenance	59.5	-	-	-
	TOTAL RECURRENT COSTS	993.2	8.8	3.025	0.96
	TOTAL BASELINE COSTS		515.5	10.163	16.235
22.	Physical Contingencies	372.8	50.60	-	-
23.	Price Contingencies	984.5	20.60	-	-
	TOTAL PROJECT COST	5458.00	586.60	10.163	28.335

Health Sector Development Policy Programme in Karnataka

The State Government has begun a serious exercise to assess the strengths and weaknesses of its Health care system. The major issues on which the State Government is engaging its attention, and the direction of its future Reform package has been spelt out in the Health Sector Development Policy matrix seen below.

Issue	Effect	Proposed Change or Action
1. Adequacy of the overall size of the health budget to meet public health goals	Public health expenditure is about 5% of the state budget and 1.48 % of GDP. These health expenditures are inadequate to provide essential primary health care together with a basic package of clinical/curative services.	Recognising the link between basic public health provision and poverty alleviation, the Government will not only maintain the share of health sector allocations within the overall budget as reflected in 1995-96 Budget, but will step up the allocations progressively. Budgetary allocations for the health sector in 93-94 was Rs.7400 lakhs and during 96-97 it was Rs.8966.75 lakhs.
2. Imbalances in public expenditure between different levels of the health sector	With increasing expenditure on tertiary level health care, there has been a relative decline in the investment in primary and secondary level facilities. This imbalance needs correction.	The State recognises the need for focusing attention on the primary and secondary levels of health care and also to step up allocations for the same levels. A major portion of the increased allocation will go the primary and secondary levels.
3. Redressing Regional imbalance	The six districts of Gulbarga, Bidar, Bijapur, Raichur, Dharwad and Bellary show poor health indicators on account of uneven development in the health infrastructure and delivery of services	Through both project as well as non-project interventions, a policy of positive discrimination in favour of the under developed districts and the less developed regions within advanced districts (i.e. tribal areas) will be followed to reduce the existing imbalance. This differential policy is already under implementation. Additional resources are being provided out of State's own funds for filling critical gaps in primary health care through Hyderabad Karnataka Development Board.
4. Quality of and access to hospital services	Quality of medical services is inadequate; in addition, access to health care services is limited especially for populations in the least developed areas of the State, particularly women, scheduled castes and scheduled tribes.	Quality and access will be improved by: i) upgrading and expanding physical capacity; ii) upgrading clinical effectiveness and quality of services at Community, Taluka, and District hospitals; iii) improving the referral system; iv) adopting staffing and technical norms in line with the recommendations of the high level committee. In respect of Scheduled Caste and Scheduled Tribes access will be improved through a system of annual health check-ups. Patients below poverty line who cannot afford high cost treatment for serious ailments such as oncologic and cardiac disorders will be assisted through a specially constituted society for providing

Issue	Effect	Proposed Change or Action
5. Strategic Planning	Inadequate strategic planning capacity in the health sector has resulted in sub-optimal use of resources. Decisions on public health spending priorities presently do not take into full consideration the size and scope of services provided by private-commercial and voluntary sectors; the health manpower supply situation; and the predicted future epidemiological profile in Karnataka.	The capacity for strategic planning will be enhanced through establishment of a Planning Cell directly reporting to the Secretary Health and Family Welfare. This will, either independently or through sponsored specific research projects: study the role of the private sector; review the suitability of present regulations; Study evolving epidemiological profile in Karnataka; monitor the burden of disease and recommend cost-effective means for achieving the best use of limited resources; and undertake periodic review of the health manpower supply situation and training needs in the state. A study of the scope and prospects of enlisting the private sector support for promotion of health care at primary and secondary levels will be undertaken.
6. Work force	<p>Improvement of services at hospitals is significantly restricted by workhorse problems, both in terms of quality and quantity. The number of staff sanctioned at hospitals does not fit current needs; there are many vacancies due to poor and cumbersome recruitment procedures, and unimaginative personnel policies.</p> <p>The distribution of medical specialists is not commensurate with the need e.g.: a general surgeon in place of an Obstetrician & Gynaecologist.</p>	<p>No ban on recruitment will be imposed with regard to recruiting staff. In a short period the problem of mismatching in medical staff will be solved; the practice of deputing staff to non essential assignments will be put to an end; doctors recruited on contract where direct recruitment process is slow and doctors will be asked to serve a mandatory period of six years in rural areas before being considered for posting at more preferred places.</p> <p>Since there is a large number of lady Doctors' vacancies, participation by private lady Doctors in Government facilities will be encouraged.</p>
7. The role of the private sector and voluntary organisations	The health services development strategy of the Government has not taken sufficient account of the scope and coverage of non-Governmental providers and the role of this sector in delivering quality health care.	Legislation will be introduced to regulate all medical institutions. The role of the private sector would be continuously monitored, the quality of services provided by private care practitioners would be assessed and regulations relating to improvements in service quality would be evaluated. Nursing home and private doctors are contemplated.
		Referrals between private primary care and the public sector secondary level diagnosis, treatment and care would be encouraged through District Health Committees.

Issue	Effect	Proposed Change or Action
8. Cost sharing and service improvement	Cost sharing has not been properly implemented resulting in low levels of funding for supplies, operations and maintenance.	<p>The Government will set up a working group to examine the issue of cost sharing, last revised in 1988, while protecting the poorest sections of society. The guiding principle of cost sharing would be to partly cover non salary recurrent costs.</p> <p>In addition, adequate administrative and organisational mechanisms for implementing schemes for cost sharing would be put in place. A mechanism to give back a major portion of revenues raised by the institution will be introduced.</p>
9. Prevention and control of major communicable diseases.	The existing surveillance system is very weak especially at Secondary level and in urban areas.	The project aims to establish an effective surveillance system which will contribute to reducing morbidity and mortality rates due to major communicable diseases. The post of Addl. Director (Communicable Diseases) has been filled up. His job responsibility has been defined.
10. Contracting services	Contracting services are under-utilised.	The Department will monitor cost-effectiveness and quality of existing contracted services. Furthermore the Government will review as appropriate new proposals for contracting-out health services especially support services, such as laundry, cleaning services, manufacturing I.V fluids etc. On a confirmation basis. In district hospital of Karwar and Tumkur cleaning service has been contracted at .
11. Safeguarding the operations and maintenance of the health budget.	The existing secondary hospitals face operational deficiencies and function poorly due to lack of non-salary recurrent funds.	The State will make adequate provision in the health budget for drugs and other medical supplies, and for maintenance of equipment and buildings.
12. Consolidation-Vs-Expansion of Institutions	The State has been rapidly expanding the number sub-centres, PHCs, CHCs, Taluka level, and sub-district hospitals without focusing on improving the physical facilities in the existing institutions.	Further expansion of beds, and hospital institutions will be strictly need-based, and will be undertaken only after ensuring the existing facilities are properly maintained and utilised.
13. Poverty alleviation	About 40 % of households are below the poverty line in Karnataka. In this group, health indicators such as mortality and morbidity rates, are especially adverse.	The investment made in this project specially through special programmes for the disadvantaged section viz., SC/ST and women, will aim at augmenting the productivity/earning potential through better health status.

Growth in Share of Expenditure on Health by Sectors

Rupees Lakhs

	1994-95			1995-96			1996-97		
	Accounts			Revised			Budget		
	Plan	Non-Plan	Total	Plan	Non-Plan	Total	Plan	Non-Plan	Total
Revenue Expenditure									
Urban Health Services - Allopathy	1728.46	12239.55	13968.01	1741.74	13991.4	15733.14	8848.00	15665.32	24513.32
Urban Health Services - Other Systems	2.17	206.55	208.72	6.00	227.8	233.83	10.50	281.51	292.01
Rural Health Services - Allopathy	128.08	384.79	512.87	524.53	359.9	883.92	1047.90	287.58	1335.48
Rural Health Services - Other Systems	24.30	55.57	79.87	42.15	64.9	106.74	39.00	64.82	103.82
Family Welfare	7654.88	464.17	8119.05	9681.73	509.9	10191.31	10647.94	596.90	11244.84
Public Health	1388.81	1689.80	3078.61	2384.60	2023.3	4408.13	3292.22	2389.50	5681.72
Assistance to Local Bodies	4059.41	11445.09	15504.50	3883.60	12647.5	16531.56	4435.50	14022.44	18457.94
Total Primary & Secondary Health	14986.11	26485.52	41471.63	18264.35	29824.8	48088.63	28321.06	33308.07	61629.13
Medical Education	1397.55	2905.82	4303.37	1052.75	4075.6	5128.31	1455.42	4635.29	6090.71
Total Revenue Expenditure	16383.66	29391.34	45775.00	19317.10	33899.4	53216.94	29776.48	37943.36	67719.84
Percent increase over previous year				17.90	15.4	16.26	54.15	11.93	27.25
Share of Primary & Secondary Sectors	91.47	90.11	90.60	94.55	87.8	90.36	95.11	87.78	91.01
Capital Expenditure									
Total Primary & Secondary Health	394.30	0.00	394.30	708.69	0.0	708.69	1525.00	0.00	1525.00
Medical Education	696.94	0.00	696.94	193.00	0.0	193.00	473.00	0.00	473.00
Total Capital Expenditure	1091.24	0.00	1091.24	901.69	0.0	901.69	1998.00	0.00	1998.00
Percent increase over previous year				-17.37		-17.37	121.58		121.58
Share of Primary & Secondary Sectors	36.13		36.13	78.60		78.60	76.33		76.33

Procurement of Civil Works

1. Preamble:

The procurement of civil works under KHSDP to be taken up in 4 phases is as follows:

Phase	Category of Hospital					Total Number of Hospitals	Total cost in Millions
	DH	SDH	TLH	MCH	CHC		
I	03	05	30	02	07	47	267.02
II	02	07	27	07	11	54	295.78
III	07	04	29	-	18	58	300.49
IV	05	07	24	03	03	42	331.71
Total	17	23	110	12	39	201	1195.00

2. Present Stage:

Out of the 201 hospitals, work on preparation of plans etc., has been assigned in respect of 154 hospitals covered under Phase I & II. Of them, the World Bank Architect has cleared the plans in respect of 28 hospital. However, written communication regarding the clearance for 6 hospitals (H.D. Kote, Mudhol, Khanapur, Byadgi, Hangal and Korategere) is yet to be received from World Bank. Final drawings are prepared by the architects for 19 hospitals and 3 have backed out. Alternative arrangements have been made to appoint other architects. In respect of 17 hospitals tender formalities are completed and bids have been invited. For 2 more hospitals detailed drawings are ready and no sooner the sample bid document for less than Rs.30 lakhs cost is approved by the World Bank tenders are to be floated. With this Rs. work is tendered to be tendered. Work on these hospitals may begin by 1st week of May. Detailed drawings and estimates are already ready for 6 more hospitals. They will be tendered when once the World Bank gives its clearance.

Apart from the above 28 hospitals, preliminary drawings have been cleared by the Building Scrutiny Committee in respect of 25 hospitals. Further steps can be taken on these drawings after they are cleared by the World Bank architect.

Clearance from World Bank office, New Delhi is awaited to the simple bidding document for works costing less than Rs. 30.00 lakhs. In respect of 7 hospitals mentioned below IFB has been published in the News Papers (copy enclosed). A bar chart showing the present stage is enclosed.

As per the SAR target all 101 hospitals coming under Phase I & II of the programme should have been tendered by now. However, this has not happened so far. All attempts are being made to expedite the civil work procurement activities with these corrections it should be possible for the project authorities to tender all the civil works in Phase I & II by May 1997. With this the work at site would be initiated by August 1997 in all the Phase I & II sets. In addition hospitals covered under the Phase III of the programme will have to be tendered by July 1997 and the work will have to start by September 1997. If this is achieved work amounting to Rs.55 crores would have been initiated by June 1997.

Request to the World Bank Review Mission :

- 1) The pending 25 preliminary drawings may please be cleared at the earliest so that we can go ahead with the final drawings.
- 2) Communication may please be sent regarding the clearance of World Bank for the preliminary drawings in respect of 6 hospitals.
- 3) Programme of the visit of World Bank architect in the month of April and May, may please be finalised in March itself so that the architects can be suitably informed.

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees				=T9 Targeted stage of work as on 20.2.97										= Present stage of work						Construction Started
			Existing	Proposed	Renovation		Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids				
Phase I					Quarters	Hospital	Quarters	Hospital																	
1	Kolar	Bagepalli	50	50	0.24	2.11	0.52	6.55	9.42																
2	Kolar	Gudibanda	40	50	0.24	1.39	0.26	1.51	3.40																
3	Bangalore Rural	Devanahalli	30	30	0.00	0.56	1.66	0.70	2.92																
4	Kolar	Chikballapur	60	100	0.09	2.76	2.46	4.49	9.80																
5	Kolar	Chintamani	74	100	0.07	2.26	1.04	6.00	9.38																
6	Kolar	Sidlaghatta	50	50	0.25	1.99	0.40	5.89	8.54																
7	Kolar	Bangarapet	35	30	0.17	1.35	0.40	1.38	3.30																
8	Kolar	Robertsonpet, ED	24	24	0.12	0.00	0.00	0.90	1.62																
9	Bangalore Rural	Magadi	30	30	0.28	0.25	0.80	4.25	5.58																
10	Bangalore Rural	Nelamangala	12	50	0.00	0.14	0.54	5.41	6.09																
11	Tumkur	Kunigal	32	50	0.00	0.12	0.28	3.92	4.32																
12	Hassan	Harisave	20	30	0.05	0.54	0.28	0.17	1.03																
13	Mandya	Nagamangala	30	30	0.00	0.17	1.66	0.07	1.90																
14	Chikmagalur	Tarikere	50	50	0.21	0.98	0.14	7.66	8.99																
15	Shimoga	Bhadravathi	30	50	0.00	1.07	1.90	1.35	4.32																
16	Chikmagalur	Birur	50	50	0.00	1.12	0.80	2.43	4.34																
17	Chitradurga	Holalkere	30	50	0.00	1.02	0.00	5.50	6.52																

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Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees					=T9 Targeted stage of work as on 20.2.97										= Present stage of work						
			Existing	Proposed						Renovation		Expansion			Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing by clarification by World Bank	Final Drawing approval	Preparation of Final Drawings		
					Quarters	Hospital	Quarters	Hospital																		
18	Shimoga	Channagiri	50	50	0.70	0.78	0.52	1.62	3.62																	
19	Shimoga	Shimoga	600	600	4.50	13.50	0.00	0.00	18.00																	
20	Shimoga	Honnali	6	30	0.52	0.43	0.28	0.00	1.23																	
21	Hassan	Belur	10	50	0.00	1.70	0.50	11.90	14.10																	
22	Hassan	Holenarsipura	100	100	0.00	0.85	0.26	6.89	8.00																	
23	Kodagu	Madikeri (W & C)	210	210	0.00	1.88	6.82	6.05	14.75																	
24	Kodagu	Gonikoppal	50	50	0.00	3.66	0.26	5.37	9.29																	
25	Mysore	Heggadadevankote	50	50	0.00	0.11	2.18	1.03	3.32																	
26	Mysore	Hunsur	50	100	0.00	0.96	2.46	6.77	10.19																	
27	Mysore	Periyarpatna	30	30	0.00	0.47	0.28	0.30	1.05																	
28	Mysore	T Narasipura	40	100	0.00	0.62	3.84	6.00	10.46																	
29	D. Kannada	Mangalore Lady Goshen	260	260	0.85	0.00	6.26	1.22	8.33																	
30	D. Kannada	Mangalore Wenlock	705	705	0.08	2.26	0.00	0.00	2.34																	
31	D. Kannada	Mulki	44	50	0.05	2.85	2.18	1.36	6.44																	
32	D. Kannada	Bantwal	30	30	0.19	1.96	0.79	4.02	6.88																	
33	D. Kannada	Belthangadi	30	30	2.57	2.45	0.28	0.00	5.30																	
34	D. Kannada	Puttur	64	100	0.72	2.21	3.84	3.22	9.99																	

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees					=T9 Targeted stage of work as on 20.2.97										= Present stage of work					
			Existing	Proposed	Renovation	Hospital				Expansion	Hospital	Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids	Construction Started
					Quarters	Hospital	Quarters	Hospital																	
35	Blegaum	Khanapur	28	30	0.00	0.30	0.00	3.16	3.46																
36	Blegaum	Kittur	6	30	0.00	0.38	0.14	0.30	0.82																
37	U. Kannada	Dhandeli	46	50	1.98	1.14	0.00	0.00	3.12																
38	U. Kannada	Haliyal	30	30	0.00	0.57	1.66	0.00	2.23																
39	U. Kannada	Joida	10	30	0.00	0.24	0.00	0.00	0.24																
40	U. Kannada	Yellapur	30	30	0.00	0.85	1.66	0.00	2.51																
41	Belgaum	Saundatti / Yellamma	50	50	0.00	0.58	0.00	2.91	3.49																
42	Belgaum	Yaragatti	6	30	0.00	0.30	0.00	0.30	0.60																
43	Belgaum	Ramdurg	50	50	0.00	0.30	0.52	0.36	1.18																
44	Dharwad	Nargund	24	30	0.00	0.76	0.71	2.95	4.42																
45	Dharwad	Dharwad	170	250	1.00	4.10	1.21	12.00	18.31																
46	Bijapur	Basavana Bagewadi	10	50	0.00	0.12	1.47	0.30	1.89																
47	Bijapur	Muddebihal	30	50	0.00	1.38	0.00	0.52	1.90																
		TOTAL of Phase I			14.88	66.00	49.71	136.44	267.02																
		Phase II																							
48	Bangalore	Bangalore, Vanivilas	605	605	2.15	16.00	0.00	0.00	18.15																
49	Bangalore	Bangalore, HSIS W & C	120	120	0.00	0.00	0.00	0.00	0.00																

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees				=T9 Targeted stage of work as on 20.2.97										= Present stage of work			
			Existing	Proposed	Renovation	Hospital	Quarters	Hospital	Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids	Construction Started
					Quarters	Hospital	Quarters	Hospital														
35	Blegaum	Khanapur	28	30	0.00	0.30	0.00	3.16	3.46													
36	Blegaum	Kittur	6	30	0.00	0.38	0.14	0.30	0.82													
37	U. Kannada	Dhandeli	46	50	1.98	1.14	0.00	0.00	3.12													
38	U. Kannada	Haliyal	30	30	0.00	0.57	1.66	0.00	2.23													
39	U. Kannada	Joida	10	30	0.00	0.24	0.00	0.00	0.24													
40	U. Kannada	Yellapur	30	30	0.00	0.85	1.66	0.00	2.51													
41	Belgaum	Saundatti / Yellamma	50	50	0.00	0.58	0.00	2.91	3.49													
42	Belgaum	Yaragatti	6	30	0.00	0.30	0.00	0.30	0.60													
43	Belgaum	Ramdurg	50	50	0.00	0.30	0.52	0.36	1.18													
44	Dharwad	Nargund	24	30	0.00	0.76	0.71	2.95	4.42													
45	Dharwad	Dharwad	170	250	1.00	4.10	1.21	12.00	18.31													
46	Bijapur	Basavana Bagewadi	10	50	0.00	0.12	1.47	0.30	1.89													
47	Bijapur	Muddebihal	30	50	0.00	1.38	0.00	0.52	1.90													
		TOTAL of Phase I			14.88	66.00	49.71	136.44	267.02													
	Phase II																					
48	Bangalore	Bangalore, Vanivilas	605	605	2.15	16.00	0.00	0.00	18.15													
49	Bangalore	Bangalore, HSIS W & C	120	120	0.00	0.00	0.00	0.00	0.00													

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees						=T9 Targeted stage of work as on 20.2.97										= Present stage of work					Construction Started
			Existing	Proposed	Renovation		Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids					
50	Bangalore	Anekal	18	50	0.65	0.72	0.71	0.65	2.73																	
51	Bangalore	K.R. Puram	10	100	0.00	0.00	3.84	15.75	19.59																	
52	Bangalore Rural	Hoskote	23	30	0.00	0.00	1.23	5.05	6.28																	
53	Bangalore	Yelahanka	9	100	0.00	0.00	3.32	15.75	19.07																	
54	Bangalore Rural	Doddaballapur	50	50	0.00	1.44	2.18	0.62	4.24																	
55	Kolar	Bathlahalli	30	30	0.00	0.90	0.00	0.00	0.90																	
56	Kolar	Gauribidanur	110	110	0.34	2.42	2.18	6.69	11.62																	
57	Tumkur	Tumkur	330	400	0.00	2.48	6.08	0.00	8.56																	
58	Tumkur	Korategere	30	50	0.00	0.44	0.00	8.01	8.45																	
59	Tumkur	Gubbi	16	30	0.00	0.79	0.28	0.59	1.66																	
60	Hassan	Arsikere	100	100	0.02	2.42	1.21	5.17	8.82																	
61	Tumkur	Tiptur	56	100	0.00	1.09	0.26	6.99	8.34																	
62	Tumkur	Chikkanayakanhalli	30	50	0.00	0.14	0.71	6.75	7.60																	
63	Tumkur	Turuvekere	16	30	0.00	0.11	0.28	4.75	5.13																	
64	Chitradurga	Chitradurga	389	450	0.00	0.69	5.07	13.88	19.64																	
65	Chitradurga	Nayakanahatti	0	30	0.00	0.24	0.28	6.15	6.67																	
66	Chitradurga	Parashurampura	30	30	0.00	0.59	0.44	0.18	0.91																	

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees					=T9 Targeted stage of work as on 20.2.97										= Present stage of work				
			Existing	Proposed	Renovation					Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids
					Quarters	Hospital	Quarters	Hospital																
67	Chitradurga	Chellikare	30	50	0.00	0.33	0.69	1.62	2.64															
68	Chitradurga	Molkalmuru	50	50	0.00	0.20	0.00	4.90	5.10															
69	Chikmagalur	Koppa	50	50	0.00	0.22	0.71	3.69	4.62															
70	Chikmagalur	Narasimharajpuram	18	30	0.00	0.69	0.28	3.12	4.09															
71	Chikmagalur	Shringeri	18	30	0.00	0.19	1.66	7.14	8.99															
72	D. Kannada	Karkal	100	100	0.31	4.76	1.42	2.10	8.59															
73	D. Kannada	Nitte	6	30	1.69	0.81	1.66	0.00	4.16															
74	Shimoga	Hosanagara	30	50	0.00	1.39	0.00	0.00	0.80															
75	Shimoga	Tirthahalli	100	100	0.00	2.44	1.38	3.83	6.59															
76	Mandya	K.M. Doddi	6	30	0.15	2.26	0.28	0.00	2.87															
77	Mandya	Malavalli	50	100	0.03	0.05	2.20	2.47	6.95															
78	Mysore	Mysore, SMT	52	50	0.00	0.05	0.97	0.30	1.32															
79	Mysore	NPC W & C	22	30	0.00	0.00	0.00	0.00	0.00															
80	Mysore	V.V.Puram W & C	22	30	0.00	0.02	0.00	2.23	0.00															
81	Mysore	Bannur	6	30	0.00	0.30	0.97	0.30	1.57															
82	Mysore	Talkad	6	30	0.00	0.32	0.00	0.50	0.82															
83	D. Kannada	Kundapur	82	100	0.00	1.85	2.37	0.00	4.22															

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees				=T9 Targeted stage of work as on 20.2.97										= Present stage of work					Construction Started	
			Existing	Proposed	Renovation		Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids				
					Quarters	Hospital	Quarters	Hospital																	
84	D. Kannada	Shirva	21	30	0.00	2.12	1.66	0.52	4.30																
85	U. Kannada	Bhatkal	40	50	0.00	1.50	0.00	0.00	1.50																
86	D. Kannada	Udupi	124	124	0.78	3.16	3.41	1.49	8.84																
87	D. Kannada	Udupi, W & C	76	76	0.12	0.50	2.07	12.80	15.49																
88	Dharwad	Byadgi	30	30	0.05	1.18	0.00	2.22	3.45																
89	Dharwad	Haveri	58	100	0.41	1.53	0.00	2.13	4.07																
90	Dharwad	Ranibennur MCH	30	30	0.00	0.80	1.66	1.21	3.67																
91	Dharwad	Ranibennur TLH	30	50	0.00	0.31	2.18	3.68	6.17																
92	Dharwad	Hangal	30	30	0.40	1.59	0.52	0.18	2.68																
93	U. Kannada	Sirsi	56	100	0.00	2.32	0.43	2.88	5.63																
94	Belgaum	Athni	28	50	0.00	0.25	2.18	2.69	5.12																
95	Bijapur	Billgi	6	30	0.00	0.59	0.57	0.08	1.24																
96	Bijapur	Jhamkhandi	50	100	0.00	0.37	1.38	0.37	2.12																
97	Bijapur	Mudhol	30	30	0.00	0.23	0.43	5.80	6.46																
98	Belgaum	Bailhongal	50	50	0.00	0.17	0.28	0.30	0.75																
99	Bijapur	Rabkavi Banhatti	30	30	0.00	0.16	0.28	0.30	0.74																
100	Bljapur	Mahalingapur	6	30	0.00	0.12	0.57	0.30	0.99																

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees					= T9 Targeted stage of work as on 20.2.97										= Present stage of work					Construction Started
			Existing	Proposed	Renovation					Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids	
101	Bijapur	Talikota	30	30	0.00	0.70	0.00	0.16	0.87																
		TOTAL of Phase II			7.09	64.68	59.98	164.03	295.78																
		Phase III																							
102	Tumkur	Madhugiri	50	50	0.00	0.04	1.32	0.31	1.67																
103	Tumkur	Sira	30	50	0.00	0.19	0.28	0.44	0.91																
104	Tumkur	Pavgada	30	50	0.00	0.49	0.00	3.28	3.77																
105	Chitradurga	Hosadurga	36	50	0.00	0.29	0	4.55	4.84																
106	Chitradurga	Hiriyur	74	100	0.00	0.48	0.71	0.00	1.19																
107	Dharwad	Hirekerur	26	50	0.26	0.96	1.06	1.34	3.61																
108	Shimoga	Sagar	100	100	0.12	1.23	0.28	0.00	1.63																
109	Shimoga	Shikaripur	28	50	0.54	0.96	0.28	0.00	1.78																
110	Shimoga	Siralkoppa	6	30	0.00	1.13	0.14	0.00	1.27																
111	Shimoga	Sorab	18	50	0.00	0.46	2.18	4.59	7.23																
112	Shimoga	Kannagi	24	30	0.33	0.37	0.71	0.00	1.40																
113	Uttar Kannada	Siddapur	30	30	0.00	0.59	0.86	0.00	1.45																
114	Hassan	Arkalgud	30	50	0.03	1.55	1.49	1.44	4.51																
115	Hassan	Halli Mysore	14	30	0.01	0.50	0.75	0.00	1.25																
116	Hassan	Konanur	15	30	0.03	0.48	0.22	0.00	0.72																

***Annexure I**
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees				=T9 Targeted stage of work as on 20.2.97										= Present stage of work					Construction Started			
			Existing	Proposed	Renovation		Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids						
					Quarters	Hospital	Quarters	Hospital																			
117	Hassan	Hassan	344	500	1.80	5.78	3.57	0.90	12.05																		
118	Hassan	Channarayapatna	46	50	0.00	4.31	1.32	3.59	9.22																		
119	Hassan	Dudda	6	30	0.16	0.46	1.02	0.00	1.64																		
120	Mandya	Krishnarajpet	30	30	0.16	2.89	0.80	0.00	3.85																		
121	Mysore	Krishnarajanagara	80	100	0.00	0.38	1.64	0.62	2.64																		
122	Mysore	Saligrama	10	30	0.03	0.22	0.14	0.27	0.75																		
123	D. Kannada	Sulya	30	50	0.93	2.40	2.18	0.00	5.52																		
124	Kodagu	Madikeri	200	200	0.00	6.47	7.68	39.04	53.19																		
125	Kodagu	Kushalnagar	50	50	0.00	0.59	1.23	6.88	8.70																		
126	Kodagu	Sanivarasanthe	30	30	0.00	0.82	0.28	0.00	1.10																		
127	Kodagu	Somvarpet	120	120	0.03	0.11	1.60	2.74	4.48																		
128	Kodagu	Kutta	28	30	0.00	1.19	0.71	3.17	5.07																		
129	Kodagu	Polibetta	40	50	0.02	0.93	1.23	0.45	2.62																		
130	Kodagu	Sidapura	40	50	0.11	1.14	1.64	1.39	4.28																		
131	Kodagu	Virajpet	240	240	0.00	8.61	2.68	10.95	22.24																		
132	Mysore	Mysore, ED	50	50	0.00	0.15	2.18	0.30	2.63																		
133	Mysore	Gundlupet	50	50	1.80	5.18	0.22	0.58	7.83																		

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees						=T9 Targeted stage of work as on 20.2.97										= Present stage of work				
			Existing	Proposed	Renovation		Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids	Construction Started			
					Quarters	Hospital	Quarters	Hospital																	
134	Mysore	Kabbahalli	7	30	0.10	1.67	1.23	1.55	4.55																
135	Mysore	Yelandur	6	30	0.13	0.93	0.97	3.13	5.16																
136	Bangalore	Banalore, ED	128	128	0.00	3.84	0.00	0.00	3.84																
137	Bangalore Rural	Channapatna	100	100	0.00	1.24	2.84	5.96	11.04																
138	Bangalore Rural	Kanakapura	50	50	0.00	0.64	0.26	8.70	9.60																
139	Bangalore Rural	Ramanagaram	50	50	0.14	0.11	3.48	0.00	2.43																
140	Dharwad	Akki Alur	30	30	0.17	1.02	0.14	1.91	3.23																
141	Dharwad	Savanur	30	50	0.26	1.22	0.14	1.94	3.57																
142	Dharwad	Shiggaon	30	50	0.43	1.11	0.14	1.04	2.72																
143	Dharwad	Hubli	-	-	-	-	-	-	-																
144	Dharwad	Kundgol	30	30	0.36	1.60	0.14	1.46	3.56																
145	Dharwad	Kalghatgi	6	30	0.00	0.92	0.00	4.45	5.37																
146	Dharwad	Lakshmeshwar	25	30	0.10	0.69	0.00	1.56	2.35																
147	U. Kannada	(Tibetan) Mundgod	50	50	0.00	0.00	0.00	0.00	0.00																
148	U. Kannada	Mundgod TLH	6	30	0.00	0.18	1.66	3.60	5.44																
149	Belgaum	Belgaum	740	740	0.00	0.55	0.00	13.84	14.39																
150	Belgaum	Chikodi	13	50	0.00	0.26	1.21	0.00	1.47																

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees				= T9 Targeted stage of work as on 20.2.97										= Present stage of work					
			Existing	Proposed																				
						Quarters	Hospital	Quarters	Hospital															
151	Belgaum	Nipani	10	30	0.00	1.04	0.28	3.50	4.82															
152	Belgaum	Raybag	6	30	0.00	0.30	0.00	0.39	0.69															
153	Belgaum	Gokak	40	50	0.00	0.81	0.78	6.83	8.42															
154	Belgaum	Hukeri	30	30	0.00	0.15	0.00	0.30	0.45															
155	Bijapur	Bijapur	396	400	0.00	1.26	6.43	6.98	14.67															
156	Bijapur	Indi	50	50	0.00	0.21	0.28	0.07	0.56															
157	Bijapur	Tadavai	6	30	0.00	0.25	0.97	3.51	4.73															
158	Bijapur	Kalgi	6	30	0.00	0.47	0.57	0.41	1.45															
159	Bijapur	Singi	30	50	0.00	0.14	0.80	0.00	0.94															
		Total of Phase III			8.04	71.93	62.48	158.04	300.49															
		Phase IV																						
160	Kolar	Kolar	317	400	0.00	8.13	4.27	9.93	22.34															
161	Kolar	Robertsonpet, KGF	140	150	0.00	3.92	6.02	0.80	10.79															
162	Kolar	Robertsonpet, W & C	85	100	0.00	2.46	2.42	3.63	8.50															
163	Kolar	Malur	32	50	0.20	2.19	0.00	1.16	3.55															
164	Kolar	Mulbagal	30	50	0.27	1.81	0.00	2.34	4.42															
165	Kolar	Srinivasapur	74	50	0.15	1.56	0.95	1.20	3.86															

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees					= T9 Targeted stage of work as on 20.2.97										= Present stage of work					Construction Started
			Existing	Proposed	Renovation					Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids	
166	Chitradurga	Bharamasagara	8	30	0.00	1.01	1.14	1.89	4.04																
167	Chitradurga	Sirigeri	30	30	0.00	0.75	0.00	0.97	1.72																
168	Chitradurga	Davanagere MCH	100	100	0.01	2.29	1.42	10.38	14.10																
169	Chitradurga	Davanagere SDH	900	850	0.00	8.20	4.32	5.92	18.44																
170	Chitradurga	Harihara	50	50	0.00	1.36	2.18	4.86	8.40																
171	Chitradurga	Jagalur	50	50	0.00	0.46	0.00	4.00	4.46																
172	Chikmagalur	Chickmagalur W&C	88	100	0.53	1.98	1.42	3.28	7.20																
173	Chikmagalur	Chickmagalur	177	300	0.30	0.58	2.69	22.27	25.84																
174	Chikmagalur	Kadur	50	100	0.06	1.05	2.35	6.12	9.58																
175	Chikmagalur	Mudigere	64	100	0.00	1.28	2.46	1.10	4.84																
176	Hassan	Alur	30	30	0.01	1.50	1.66	1.47	4.64																
177	Hassan	Sakleshpur	133	150	0.05	2.51	2.65	3.75	8.96																
178	Mandya	Mandya	310	400	0.20	7.06	6.15	28.35	41.76																
179	Mandya	Maddur	40	50	0.00	1.81	1.66	3.57	7.04																
180	Mandya	Pandavapur	50	50	0.05	1.70	0.00	0.00	1.75																
181	Mandya	Srirangapatna	30	30	0.01	0.85	1.66	6.00	8.52																
182	Mysore	Mysore, Cheluvamba	390	400	0.00	0.22	9.28	2.88	12.38																

Annêxure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees					=T9 Targeted stage of work as on 20.2.97								= Present stage of work							Construction Started		
			Existing	Proposed	Renovation					Expansion		Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids			
					Quarters	Hospital	Quarters	Hospital																			
183	Mysore	Chamarajanagar	112	150	0.14	1.35	4.12	5.76	11.37																		
184	Mysore	Kollegal	100	150	0.02	2.05	5.16	2.00	9.23																		
185	Mysore	Nanjangud	30	100	0.00	0.00	0.00	0.00	0.00																		
186	U. Kannada	Karwar	300	400	0.00	3.39	7.38	0.00	10.77																		
187	U. Kannada	Ankola	12	50	0.00	0.53	0.92	0.00	1.45																		
188	U. Kannada	Honnavar	30	50	0.98	0.42	0.43	0.00	1.83																		
189	U. Kannada	Kumta	30	50	0.00	0.86	2.18	0.00	3.04																		
190	Dharwad	Gadag	114	114	0.09	1.53	1.11	2.48	5.21																		
191	Dharwad	Gadag, W & C	45	50	0.07	0.85	2.18	3.19	6.29																		
192	Dharwad	Mundargi	30	30	0.04	0.89	0.40	1.86	3.19																		
193	Dharwad	Shirhatti	17	30	0.46	1.21	0.14	1.35	3.16																		
194	Dharwad	Gajendragarh	30	30	0.00	0.75	1.66	1.25	3.66																		
195	Dharwad	Ron	30	50	0.47	0.97	0.80	1.47	3.71																		
196	Bijapur	Badami	30	30	0.00	0.94	0.00	0.16	1.10																		
197	Dharwad	Navalgund	18	30	0.00	0.62	0.40	6.62	7.64																		
198	Bijapur	Guledagudda	30	30	0.08	0.58	0.97	1.01	2.64																		
199	Bijapur	Bagalkot	150	150	0.00	0.00	0.86	16.26	17.12																		

Annexure I
Progress of Construction Programme, as on 28.2.97

Sl. No.	District	Centre	Beds		Million Rupees				=T9 Targeted stage of work as on 20.2.97										= Present stage of work					Construction Started
			Existing	Proposed	Renovation	Expansion	Total	Survey	Site Acquisition	Topographical Survey	Soil Test	Recruitment of Consultants	Preliminary drawing clarification by B.S.C	Preliminary drawing clarification by World Bank	Final Drawing approval	Preparation of Final Drawings	Bid - documents clarified	Tendering of bids	Evaluation of bids					
200	Bijapur	Hungund	45	50	Quarters 0.14	Hospital 0.75	Quarters 0.00	Hospital 0.32	1.22															
201	Bijapur	Ilkal	36	50	0.00	0.33	1.49	0.14	1.96															
		TOTAL of Phase IV			4.33	72.75	84.90	169.74	331.71															
		TOTAL of Phase I, II, III & IV			34.34	275.36	257.07	628.25	1195.00															

A brief note on the installation of Blood Banks

Out of 33 Blood Banks to be located PWD has taken up Construction/Renovation of Blood Banks in 10 places as detailed below. In one place i.e. District Hospital, Mangalore is informed that District Surgeon has taken up the work. KHSDP(Engineering Wing) has taken up Renovation work at District Hospital, Raichur & District Hospital, Belgaum. For the remaining 20 places Drawings & Estimates are to be prepared.

<i>Taken up by P.W.D.</i>	<i>Taken up by District Surgeon</i>	<i>Taken up KHSDP (Engineering Wing)</i>
D.H., Bijapur	D.H. Mangalore	D.H. Raichur
D.H. Dharwad		D.H. Belgaum
- " - Karwar		
- " - Udupi		
- " - Chitradurga		
- " - Tumkur		
- " - Mandya		
- " - Kolar		
- " - Madikeri		
- " - Shimoga		

Drawings & Estimate to be prepared

1. D.H. Mysore
2. D.H. Hassan
3. D.H. Bellary
4. D.H. Chickmagalur
5. D.H. Gulbarga
6. H.S.I.S. Hospital, Bangalore
7. SDH, Hospet
8. D.H. Bidar
9. SDH. Davanagere
10. SDH Hiriya
11. SDH Gadag
12. SDH Haveri
13. SDH Yadgir
14. SDH Virajpet
15. SDH Kollegal
16. SDH Lingasugur
17. SDH Sagar
18. SDH Sirsi
19. SDH Puttur
20. SDH Bagalkot

Position of Installation of Blood Banks as on 21-2-97.

Location	Agency in charge of civil works	Position of Blood Bank building for installation of equipments													Position of Equipment procurement DTB = Draft Tender Bid approval; TDF = Tender Document Fund; TE = Tender Evaluation; WO = Work order issued; S = Supplied; C = Commissioned													Staff in position + = posted						
															Blank = Not Intended as it is available																			
		Site identified	Site acquired	Plan prepared	Est. prepared	Plan approved	Tech. Sanction given	Work tendered	Work started	Civil work complete	Electrical work complete	Sanitary work complete	Building ready for use.	Cost incurred on civil works	Air Conditioner with Stabilizer	Blood Bank refrigerators	Domestic Refrigerator	Binocular microscope	Centrifuge with Timer	Incubator with thermostat	Howater heater with thermostat	Autoclave	5 KVA generators	Shakers	Emergency Light	Weighing Balance	Micropipete	Furniture	Medical Officer	Lab Tech.	Staff Nurse	Architecte	Sr. O.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	
1. DH Hassan															WO					TE				TE			NI	NI	NI	+	+	+	+	+
2. DH Mandya	PWD														WO		WO	TE	TE	TE			TE		TE				+	+	+	+	+	
3. DH Mysore															Not needed as it is available														+	+	+	+	+	
4. DH Shimoga	PWD														WO		WO	TE	TE	TE			TE		TE				+	+	+	+	+	
5. DH Bidar															WO			TE	TE	TE			TE						+	+	+	+	+	
6. DH Bijapur	PWD														WO								TE						+	+	+	+	+	
7. DH Dharwad	PWD														Not needed as equipments are already available														+	+	+	+	+	
8. DH Kolar	PWD														WO	TE	WO	TE	TE	TE		TE	TE		TE				+	+	+	+	+	
9. DH Tumkur	PWD														WO	TE	WO	TE	TE	TE		TE	TE	TE					+	+	+	+	+	
10. Udupi	PWD														WO	TE		TE	TE	TE	TE	TE	TE	TE										
11. DH Belgaum	KHSDP														WO	TE			TE										+	+	+	+	+	
12. DH Raichur	KHSDP														WO			TE	TE			TE	TE						+	+	+	+	+	
13. DH Karwar	PWD														WO				TE	TE		TE							+	+	+	+	+	
14. DH Bellary															WO					TE	TE		TE	TE					+	+	+	+	+	
15. HSIS Hospital, Bangalore															NA														+	+	+	+	+	
16. DH Chikmagalur																													+	+	+	+	+	
17. DH Chitradurga	PWD														WO	TE	WO	TE	TE	TE	TE	TE	TE		TE				+	+	+	+	+	
18. DH Mangalore (Wenlock)	DS														WO/ WO	TE/ TE	WO/ WO	TE/ TE	TE/ TE	TE/ TE	TE/ TE	TE/ TE	TE/ TE	TE/ TE	TE/ TE				+	+	+	+	+	
19. DH Gulbarga															WO		WO	TE	TE	TE	TE	TE	TE		TE				+	+	+	+	+	
20. DH Madikeri	PWD														WO		WO	TE	TE	TE		TE	TE		TE				+	+	+	+	+	
21. SDH Hospet																																		
22. SDH Davangere																													+	+	+	+	+	
23. SDH Hiriyur																																		
24. SDH Gadag																																		
25. SDH Haveri																																		
26. SDH Yadgir																																		
27. SDH Virajpet																													+	+	+	+	+	
28. SDH Kollegal																																		
29. SDH Lingsugur																																		
30. SDH Sagar																													+	+	+	+	+	
31. SDH Sirsi																													+	+	+	+	+	
32. SDH Puttur																																		
33. SDH Bagalkote																													+	+	+	+	+	

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TRAINING COMPONENT OF KHSDP

One of the main components of the KHSDP is to upgrade the technical skills of the Medical and Para-Medical Staff working in various categories of the Health Institutions of Government of Karnataka through in service training. This is in order to improve the quality & effectiveness of hospital services in a Government Sector. All categories of Staff will be trained to update their Clinical, Managerial and Maintenance skills. The strengthening of services at these hospitals will improve referral system provide better quality of service and reduce the burden on tertiary hospitals. The State has prepared a comprehensive training programme for all categories of staff to be implemented during the project period. The comprehensive training programme has identified the target group to receive training, the subjects that need to be addressed, number of staff in each category to be trained, training of trainers, development of training material and modules and number of trainees each year.

The clinical training deals primarily with the obtaining knowledge, attitude and skill to carryout a specific procedure or activity. This training is based on competency based training or learning by doing. There are two distinct groups who are to be provided appropriate training for upgrading clinical skills.

1. Doctors who have post graduate qualification but working in CHC/Taluk Level Hospitals. Their skills acquired during post graduate studies are not fully utilised.
2. Doctors who are M.B.B.S. without any post graduate training. They are mainly posted at the CHC/Taluk Hospitals.

The first priority list of clinical skills for physicians have been identified in the areas of Internal Medicine, OBG, Neonatology, Surgery and Anaesthesia. The training of these Physicians will be conducted at the District Hospitals where a class room has been identified and Audio Visual Aids are being procured.

Status of the Training Components of the Project (1996-97):

A. Training of Physicians of Community Level/Taluka Level Hospitals at the District Hospital.

- St. John's Medical College was identified to train the Master Trainers as TOTs for each district.
- Two Specialists from five specialities namely Medicine, Surgery, OBG, Paediatrics and Anesthesia were selected from each district to undergo training at St. John's as Master Trainers. These trainers would in turn train the CHC - Taluk level doctors at the district hospital.
- The detailed Objectives, Methodology and the Training Programme conducted during January 1997 in each speciality at St. John's is as follows :
 1. To familiarise the working group and provide guidance in curriculum development
 2. To train working groups in training technology related to clinical in communication skills.
 3. To enable working groups prepare action plan for training of CHC/Taluk level doctors.

B. Training of Specialists from District hospitals at Specialised Institutions:

- Letters have been sent to the list of institutions which had been identified for training specialist doctors and their consent is being obtained to train our doctors. 15 out of 37 institutions identified have responded favourably. Reminder letters have again gone to institutions who are yet to respond.
- A detailed list of specialist doctors was obtained from the Directorate of Health Services and database created at the KHSDP office. Using this a training matrix has been developed for the Project period. Keeping the training objectives in mind the syllabus and course content has been prepared.
- The specialist training will be operational at various institutions from April 1997.

Nurses:

- A detailed list of Nurses has been obtained from the Directorate of Health Services and the database is being finalised to prepare the training course content.
- The course content and syllabus has been defined and the various institutions for training also been identified and their consent is being obtained.
- The first batch of nurses is expected to be trained from April 1997.

Clinical Protocols (1996-97):

The clinical protocols are primarily intended to provide guidelines and standards for management of common conditions for physicians especially for those who do not have post graduate qualification. Clinical Protocols in 67 topics have been obtained from Andhra Pradesh Health Department. A list of specialists affiliated to various teaching institutions in Bangalore have been identified. They have been given the A.P. Clinical Protocols and asked to update them within a time frame of two weeks.

The Clinical Protocol for OBG topics is ready for printing and will be circulated shortly. The remaining topics of other subjects will be ready for printing within a weeks time i.e., by end of March first week, 1997.

Status of Referral System (1996-97):

Quality of Medical care will be maintained only when a proper and effective referral system is formulated and implemented. Presently, there is no formulated referral system. Under the referral system, the patient will be encouraged to avail the facilities available at the primary level of hospitals before proceeding to secondary or tertiary care hospitals. The referral card will be used whenever a patient is referred.

The referral system is planned to be implemented in Chitradurga District on a Pilot basis. In this connection, a sensitisation meeting was held at the District Surgeons Office at Chitradurga 2 months ago. This was attended by all the doctors of the Taluk and CHC Hospitals. They were brief about the objectives and implementation of the referral system. A draft referral manual has been prepared based on the A.P. Model. A referral card has also been prepared and these cards will be printed for Chitradurga District by April, 1997 for implementation. A zoning system has also been devised for the district. The District Referral Committee is yet to be set up and this is proposed to be functional by April, 1997.

Specialists drawn from various teaching institutions/KHSDP were trained as Master Trainers. Two District Surgeons were also included. Seven participants were from Medical Colleges. The details of their specialisation are as follows :

Medicine	-3
Surgery	-3
OBG	-4
Paeditrics	-2
Ophthalmology	-1
Anesthesia	-2
Radiology	-1
Administration	-4

Methodology of the Programme

1. In an initial meeting of the participating specialists the course co-ordinator explained the objectives of the programme and mechanics.
 2. The course is residential, participants have been provided accommodation in the campus.
 3. The Doctors spend one month in their respective speciality departments. In each department formal session/discussions are held in the topics provided. In addition participants are posted in various areas of the department of practical experience. Schedule of training for each department is enclosed.
 4. Pre test and post test are conducted. Sample papers are enclosed.
 5. Sessions in Education technology are held with Pre and post test evaluation.
- A two hours session on genetic counseling are also held for each batch. Item 5 & 6 are common for all doctors.
 - A five day workshop was conducted at Bangalore by the NTTC - JIPMER team of Pondicherry on Training Methodologies for various specialists especially from the Teaching Faculty of the Medical Colleges in Bangalore. The objectives and the list of Specialists is enclosed as Annexure.
 - So far three batches of twenty each (TOTs) have completed the training at St. John's. These specialists are from the various districts of the State and the categorisation is enclosed as an Annexure.
 - It is proposed to have two more batches of NTTC-JIPMER training programmes at Bangalore in the month of March & June, 1997.
 - The training of the CHC-Taluk level doctors training programme is being initiated at Chitradurga and Belgaum District Hospital from 10th of March. The training curriculum and subject contents have already been defined and necessary audio visual aids have been procured. All the teaching sessions will be at the District Hospital only.

Status of Trainers Training:

At St. John's Medical College, Bangalore four batches of Training for Trainers are arranged during Nov - Dec 96, Jan 97, Feb 97 and March 97 and 78 Specialist Doctors are trained in the following Specialities.

Type of Speciality	Nov - Dec 96	Jan 97	Feb 97	Mar 97 (Tentative)	Total
Medicine	4	4	3	4	15
Surgery	4	3	3	4	14
O.B.G.	4	4	5	4	17
Paediatrics	3	5	5	3	16
Anaesthesia	4	4	3	5	16
Total	19	20	19	20	78

**Statement showing the numbers of Specialists trained - District Wise
at St. John's Medical College, Bangalore**

Sl. No.	District	Medicine	Surgery	OBG	Paediatrics	Anaesthesia	Total
1.	Bangalore	-	-	1	-	-	1
2.	Bangalore (R)	-	-	-	-	-	-
3.	Belgaum	1	1	1	1	1	5
4.	Bellary	-	-	1	1	1	3
5.	Bidar	1	1	1	1	1	5
6.	Bijapur	1	1	1	1	1	5
7.	Chickmagalur	1	1	1	-	1	4
8.	Chitradurga	1	1	1	1	1	5
9.	Dakshina Kannada	-	1	1	1	1	4
10.	Dharwad	1	1	1	1	1	5
11.	Gulbarga	1	-	1	1	1	4
12.	Hassan	1	1	1	2	1	6
13.	Kodagu	1	1	1	1	-	4
14.	Kolar	1	1	1	1	1	5
15.	Mandya	1	1	1	1	1	5
16.	Mysore	-	-	-	-	-	-
17.	Raichur	1	1	1	1	1	5
18.	Shimoga	1	1	1	1	1	5
19.	Tumkur	1	1	1	1	1	5
20.	Uttara Kannada	1	-	-	-	1	2
Total		15	14	17	16	16	78

[illegible]

[illegible]

Note on Procurement Activities

First IFB Procurement

1. The first IFB for procurement of equipment for 13 packages was issued on 1-10-1996. 2. The Bids were opened on 13-11-1996. As per the bid documents the validity of these bid documents is 12-2-1997. As approved by the Steering Committee, the notices have been sent to all responsive bidders for an extension of time by 60 days along with the extension for Bid Security. As per this extension the last date for deciding the L1 with all verification is 12-4-1997. Out of 13 packages, the bids in respect of 3 packages in full have been rejected. On one package out of 3 equipment, the bids in respect of 2 equipment have been rejected. 3. The letters have been sent on 24-2-1997 to all the responsive bidders to give Performance Statement to decide on eligibility criteria. A period of 15 days is given to furnish these details.

Second IFB Procurement

The second IFB for procurement for 50 packages was issued on 15-10-1996. The Bids were opened on 16-11-1996. As per the Bid documents, the validity of these bid is Rs. 16-2-1997. As approved by Steering Committee notices have been issued to all the Bidders for an extension of time by 60 days along with the extension of Bid Security. As per the extension, the last date for deciding L1 with all verification is 15-4-1997. Out of 50 packages, the bids received in respect of 12 packages are already rejected by the Steering Committee. For 1 Bid there was no response. In respect of 9 bids, Steering Committee has given its approval. In respect of 3 packages the Steering Committee have asked for certain details. In respect of remaining 25 packages, the preliminary work for scrutiny of bid is over. The Tender Sub-Committee has to hold meetings and decide on the ranking to be given before it is placed for Steering Committee's decision. The notices are sent to the responsive bidders on 24-2-1997 asking them to furnish the performance statement.

Third IFB Procurement

1) The third IFB was issued on 25-11-1996. 2) The Bids were opened on 27-12-1996. The preliminary scrutiny of all the bids with reference to commercial aspects and technical aspects (excluding evaluation on technical specifications) has been done. As all these packages are for procurement of surgical equipment, it might be better to go for a demonstration of equipment directly by the Tender Sub-Committee. The last date of Bid validity for these packages is 27-3-1996. However, the bid validity may have to be extended by another 60 days in respect of these packages also to ensure that there is no vitiation of any proceedings.

Fourth IFB Procurement

The fourth IFB was issued on 11-12-1996. The bids were opened on 11-1-1997. The Bid validity date is 11-4-1997. The preliminary scrutiny is yet to start.

Fifth IFB Procurement

The fifth IFB on ICB norms was issued on 11-12-1996. The Bids were opened on 28-1-1997. The Bid validity date is 28-4-1997. The preliminary scrutiny is yet to start.

Sixth IFB Procurement

The sixth IFB on ICB norms is ready for publication. The ICB document is cleared by World Bank. This IFB is for procurement of Vehicles and Autoclaves.

Further as and when cleared by the Steering Committee, after verifying eligibility criteria (Now the letters have been sent to the responsive bidders), final notices have to be sent to the Bidders. Before it is initiated the STEM Consultants (R.P. Rao, Manjunath Road and Sudhesh) may be asked to verify the details of L1 again. Further Sri Sudish may be requested to prepare evaluation report, in respect of the rejected ones, before it is taken for rebidding as the World Bank clearance is required for re-bidding.

Note on Procurement of Blood Bank Equipment on Local Shopping Norms

Considering the urgency of the matter as approved by the Project Administrator, Quotation were obtained from the surgical firms for supply of Blood Bank equipment. The Steering Committee in its meeting held on 24-12-1996 approved for procurement of two equipment. However in respect of the remaining equipment as decided by the Steering Committee, the demonstration of equipment and verification of rates will have to be done by the Tender Sub-Committee. So far, the Tender Sub-Committee after demonstration of the equipment has cleared 3 more equipment. In respect of the remaining 6 equipment for which quotation were taken, the Committee has asked for certain clarifications. This has to be sorted out early. However, there is no time limit for this process as this equipment procurement for Blood Bank is under Local Shopping Norms.

Note on the position of procurement of equipments as on 28-2-97
First Set of 13 Packages issued as on 1.10.96

Sl. No.	Name of the Equipment	No. of units required to be purchased during the years					Total requirement	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid Validity till 10.4.97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
1	ECG	88	33	36			157	88	17000	2669000	88														
2	Cardic Monitors	4	28	23			55	4	25000	1375000	4														
	Defibrilators	16	12	9			37	16	65000	2405000	16														
3	Audiometer	9	6	5			20	9	50000	1000000	9														
4	Baby Incubators	13	8	8			29	13	20000	580000	13														
	Phototherapy Unit	29	15	17			61	29	6000	368000	29														
5	Operating Microscope	4	5	5			14	4	65000	910000	4														
6	Foetal Monitor	9	6	5			20	9	6000	120000	9														
7	Shortwave Diathermy	7	24	14			45	7	20000	900000	7														
8	Ventilators	16	12	9			37	16	75000	2775000	16														
9	Boyles Apparatus with flou tech	6	3	2			11	6	125000	1375000	6														
	Boyles Apparatus without flou tech	19	9	13			41	19	60000	2460000	19														
10	Ophthalmic Scope	5	24	12			41	5	5000	205000	5														
11	Slit lamp	6	4	4			14	6	21000	294000	6														
	Retino Scope	5	2	5			12	5	3000	36000	5														
	Perimeter	8	4	4			16	8	6000	96000	8														
12	Emergency Resuscitation Kit	90	59	42			191	90	20000	3820000	90														
	Baby Emergency Resuscitation Kit	62	39	33			134	62			62														
13	Head light	18	11	12			41	18	1000	41000	18														

Note on the position of procurement of equipments as on 28-2-97
Second Set of 50 packages issued as on 16-10-96

Sl. No.	Name of the Equipment	No. of units required to be purchased during the years					Total requirement	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid Validity till 15-4-97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
1	Endoscope Fibre Optic	4	10	5			19	4	200	3800	4														
2	Cyrosurgery (Deluxe)	4	6	4			14	4	8	112	4														
3	Pulse Air Tonometer	7	9	5			21	7	5	105	7														
4	AMC Equipment	8	7	5			20	8	25	500	8														
5	Dental Unit	70	45	30			145	70	28	4060	70														
	Dental Chair	66	42	27			135	66	14	1890	66														
6	Airotor	31	9	14			54	31	21	1134	31														
7	Operation Table (ordinary)	59	21	30			110	59	8	880	59														
	Operation Table (Hydraulic)	26	18	12			56	26	35	1960	26														
8	Shadowless Lamp (Mobile)	87	54	42			183	87	8	1464	87														
	O.T. Lights (Shadowless)	116	68	48			232	116	45	10440	116														
	Focusing Lights (Mobile)	80	44	35			159	80	1	159	80														
9	Suction Apparatus (High Vacuum)	96	56	44			196	96	8	1568	96														
	Suction Apparatus (Electrical)	121	64	56			241	121	5	1205	121														
	Foot Suction Apparatus	114	70	51			235	114	1	235	114														
10	Vacuum Extractors	112	54	50			216	112	2	432	112														
11	Instrument Sterlizer	434	278	220			932	434	3	2796	434														
12	Diathermy Machine	35	11	19			65	35	12	780	35														

Note on the position of procurement of equipments as on 28-2-97
Second Set of 50 packages issued as on 16-10-96

Sl. No.	Name of the Equipment	No. of units required to be purchased during the years					Total requirement	No. of units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid Validity till 15-4-97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
	Gynaec Electric Cautery	151	55	58			264	151	1	264	151														
13	Automist	123	67	59			249	123	5	1245	123														
14	Dental Lab (Bath, Motor, Lathe)	13	1	5			19	13	20	380	13														
15	Microscopes (Binocular)	70	41	35			146	70	9	1314	70														
16	Chemical Balances	16	6	9			31	16	6	186	16														
	Simple Balances	80	36	31			147	80	1	147	80														
17	Photo Electric Calorimeter	27	8	12			47	27	8	376	27														
18	Flame Cell Photometer	34	6	13			53	34	18	954	34														
19	Spectro Photometer	7	7	4			18	7	22	396	7														
20	Auto Analyser	7	6	5			18	7	40	720	7														
21	Micro Pipettes	4	4	4			12	4	5	60	4														
22	Water Bath	85	45	39			169	85	3	507	85														
23	Hot Air Oven	114	57	51			222	114	8	1776	114														
24	Incubators	31	1	11			43	31	8	344	31														
25	Distilled Water Stills	31	3	12			46	31	3	138	31														
26	Centrifuges	97	45	42			184	97	4	736	97														
27	Hot Plates	27	6	12			45	27	2	90	27														
28	Rotor/Shaker	6	5	5			16	6	2	32	6														

Note on the position of procurement of equipments as on 28-2-97
Second Set of 50 packages issued as on 16-10-96

Sl. No.	Name of the Equipment	No. of units required to be purchased during the years					Total requirement	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid Validity till 15-4-97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
29	Counting Chamber	64	40	30			134	64	1	134	64														
	PH Meter	5	6	4			15	5	15	225	5														
30	Glucometer	94	49	40			183	94	6	1098	94														
	Himoglobin Meter	90	58	49			197	90	1	197	90														
31	Microtom	13	2	5			20	13	12	240	13														
32	Oven (Wax embedding)	10	5	4			19	10	8	152	10														
33	Tissue Processor	6	7	5			18	6	70	1260	6														
34	Quick Test Kit for Aslo, Titre, ESR	210	134	116			460	210		0	210														
35	Timer Stop Watch	87	42	35			164	87	0.7	114.8	87														
	Alaram Clock	34	2	13			49	34	0.4	19.6	34														
36	Refrigerators 300 ltrs.	115	84	54			253	115	20	5060	115														
37	A/C Machines with Stabilizer	82	77	61			220	82	28	6160	82														
38	Water Coolers	95	53	46			194	95	15	2910	95														
39	Two Body Mortuary (Cold Storage)	26	2	10			38	26	100	3800	26														
40	Generator 5 KVA	23	19	10			52	23	100	5200	23														
	Generator 15 KVA	30	12	13			55	30	150	8250	30														
	Generator 50 KVA	28	8				36	28	200	7200	28														
	Generator 62.5 KVA	10	15	9			34	10	250	8500	10														

**Note on the position of procurement of equipments as on 28-2-97
Second Set of 50 packages issued as on 16-10-96**

Sl. No.	Name of the Equipment	No. of units required to be purchased during the years					Total requirement	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid Validity till 15-4-97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
41	Hot Water Systems (Solar Unit)	94	80	49			223	94	20	4460	94														
42	X-ray Viewing Box	186	107	96			389	186	1.5	583.5	186														
43	Developing Tanks (X-ray)	68	44	42			154	68	0.75	115.5	68														
44	Safe Light X-ray Dark Room	52	36	27			115	52	0.25	28.75	52														
45	Cassettes X-ray	68	36	34			138	68	0.4	55.2	68														
46	Intensifying Screen (various)	82	56	43			181	82	2	362	82														
47	Lead Aprons	73	48	39			160	73	2.6	416	73														
	Lead Protection Screen	56	39	25			120	56	7.5	900	56														
48	Chest Stands X-Ray	60	42	30			132	60	0.9	118.8	60														
49	Stethoscope	205	134	92			431	205		0	205														
50	B.P. Apparatus infant.	425	313	202			940	425	0.5	470	425														
	B.P. Apparatus 43 size cups.	93	48	48			189	93		0	93														

Note on the position of procurement of equipments as on 28-2-97
Third Set of 13 Packages issued as on 25.11.96

Sl. No.	Name of the Equipment	No of units required to be purchased during the year					Total require-ment	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid validity till 27.3.97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
1	D.D. & C.	218	110	94			422	218	1.2	508.4															
	M.T.P	218	110	94			422	218	1.2	508.4															
	Cervical Biopsy	146	74	67			287	146	0.7	200.9															
	Evacuation	109	52	47			211	109	0.55	116.05															
	Normal Delivery	260	120	114			494	260	1	494															
	P.N. Sterilisation	180	78	88			346	180		0															
	Episiotomy	260	120	114			494	260	0.7	345.8															
	Venisection	260	120	114			494	260	0.8	395.2															
	.Caesarean Section	106	53	54			213	106	2	426															
	Incision & Drainage	260	120	114			494	260	1	494															
	Vaginal Hysterectomy	74	38	40			152	74	3	456															
	Abdominal Hysterectomy	74	38	40			152	74	5	760															
2	Vagotomy	37	19	20			76	37	2.5	190															
	Appendectomy	37	19	20			76	37	2.5	190															
	Hydrocele	37	19	20			76	37	1.2	91.2															
	C.J.	37	19	20			76	37	2.5	190															
3	Suture Removal	146	74	67			287	146	0.4	114.8															
	Suturing Tray	146	74	67			287	146	0.9	258.3															

Note on the position of procurement of equipments as on 28-2-97
Third Set of 13 Packages issued as on 25.11.96

Sl. No.	Name of the Equipment	No of units required to be purchased during the year					Total requirement	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid validity till 27.3.97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
4	L.P. Tray	231	122	111			464	231	0.45	208.8															
5	Cholecystectomy	16	38	10			64	16	0.8	51.2															
6	Thyroidectomy	16	14	10			40	16	3	120															
7	Caterization Tray	252	131	121			500	252	0.1	50															
8	I.M. Nailing	37	19	20			76	37	1	76															
	S.P. Nailing	37	19	20			76	37	1.5	114															
	Dynamic Compression Plating	37	19	20			76	37	3.5	266															
	A.M. Prosthesis	16	14	10			40	16	1.5	60															
	Dynamic Hip Screw Fixation	37	19	20			76	37	10.5	798															
	Fixation of Radius & Ultra	37	19	20			76	37	0.25	19															
9	Cataract Operation	106	53	54			213	106	5.8	1235.4															
	Needling and Cataract Evacuation	74	38	40			152	74	6	912															
	Iridectomy	74	38	40			152	74	1	152															
	Iridenclisis	74	38	40			152	74	2	304															
	Extra Capsular Operation	74	38	40			152	74	2.25	342															
	Chalazion	74	38	40			152	74	0.67	101.84															
	Tarsorrhaphy	74	38	40			152	74	0.85	129.2															
	Enucleation	106	53	54			213	106	1	213															

Note on the position of procurement of equipments as on 28-2-97
Third Set of 13 Packages issued as on 25.11.96

Sl. No.	Name of the Equipment	No of units required to be purchased during the year					Total require-ment	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for ali units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid validity till 27.3.97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses			
		1996-97	1997-98	1998-99	99-2000	2000-2001							Rs 000s	Rs 000s		Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated								Bids opened	Bids evaluated	To Rebid
	Probing of Lacrymal Passages	106	53	54			213	106	0.2	42.6																		
	D.C.R.	74	38	40			152	74	0.35	53.2																		
	Lachrymal Sac Excision	74	38	40			152	74	0.35	53.2																		
	Trabeculectomy	74	38	40			152	74	3.3	501.6																		
	Pterygium Excision	74	38	40			152	74	0.86	130.72																		
	Enteropion Correction	74	38	40			152	74	0.25	38																		
	Foreign Body in Cornea	74	38	40			152	74	0.55	83.6																		
	Foreign Body in A.C.	106	53	54			213	106	1.35	287.55																		
	Conjunctival Cyst Excision	74	38	40			152	74	0.9	136.8																		
10	Ear Examination	74	38	40			152	74	1.7	258.4																		
	Mastoidectomy	74	38	40			152	74	10	1520																		
	Macro Ear Set Myringo, Tympano, Stapedo Plasty	74	38	40			152	74	23	3496																		
	Nasal Set SMR Septoplasty	74	38	40			152	74	9.8	1489.6																		
	D.N.S.	74	38	40			152	74	7	1064																		
	Rhinoplasty	74	38	40			152	74	6.8	1033.6																		
	Adeno Tonsillectomy	74	38	40			152	74	7.5	1140																		
	Tracheostomy	146	74	67			287	146	0.4	114.8																		
	Endo Laryngeal Micro Surgery	16	14	10			40	16	16.5	660																		

Note on the position of procurement of equipments as on 28-2-97
Third Set of 13 Packages issued as on 25.11.96

Sl. No.	Name of the Equipment	No of units required to be purchased during the year					Total require-ment	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid validity till 27.3.97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
									Rs 000s	Rs 000s															
	ENT General		146	74	67		287	146	1.6	459.2															
11	General Anaesthesia Kit		106	53	54		213	106	4	852															
12	General Orthopaedic Kit		106	53	54		213	106	20	4260															
13	Dental Kit		138	67	62		267	138	5	1335															

Note on the position of procurement of equipments as on 28-2-97
Fourth Set of 23 packages issued as on 11.12.96

Sl. No.	Name of the Equipment	No. of units required to be purchased during the years					Total requirement	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid validity till 11.4.97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
1	Transcutaneous Billirubinometer		95	50	48		193	95			95														
2	Digital Thermometer		176	94	93		363	176			176														
3	Weighing machine Adult		103	58	43		204	103	0.6	122.4	103														
	Weighing machine Infant		144	67	60		271	144	0.6	162.6	144														
4	Infra Red lamps		126	214	54		394	126	0.4	157.6	126														
5	Oxygen Cylinders		1967	825	882		3674	1967	2.8	10287.2	1967														
	Nitrogen Cylinders		242	127	114		483	242	2.8	1352.4	242														
6	Regulator & Flowmeter for medical gases		514	196	201		911	514	1.5	1366.5	514														
7	Standing B.P. Apparatus		28	42	20		90	28			28														
8	Ambu Bags		125	51	52		228	125	0.6	136.8	125														
9	Hot Plate Domestic		193	113	93		399	193	1.2	478.8	193														
10	Emergency lamp		236	146	116		498	236	1	498	236														
11	Fire Extinguishers		385	162	177		724	385	1.5	1086	385														
12	Laryngoscope Adult		123	73	51		247	123	0.6	148.2	123														
	Baby Laryngoscope with 3 sides blades		100	59	51		210	100			100														
13	Otoscope		140	64	58		262	140	0.4	104.8	140														
14	Universal Bone drill		36	12	14		62	36	1.2	74.4	36														

Note on the position of procurement of equipments as on 28-2-97
Fourth Set of 23 packages issued as on 11.12.96

Sl. No.	Name of the Equipment	No. of units required to be purchased during the years					Total requirement	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report.	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid validity till 11.4.97	Work order given	Supply in progress	Erection completed	Commissioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
15	Instrument Tray		659	315	300		1274	659	0.5	637	659														
16	Patella Hammer		202	176	108		486	202	0.1	48.6	202														
17	Tongue Depressor		923	402	353		1678	923	0.03	50.34	923														
18	Oxygen Mask		319	187	143		649	319	0.13	84.37	319														
19	Torch Light		558	294	277		1129	558	0.05	56.45	558														
20	Baby Mask various sizes		186	106	96		388	186			186														
21	Pleural Aspiration set		292	137	149		578	292			292														
22	Exchange transfusion set		120	51	60		231	120			120														
23	Nebulizer		103	49	53		205	103			103														

Note on the position of procurement of equipments as on 28-2-97
Fifth set of 3 Packages issued as on 11.12.96

Sl. No.	Name of the Equipment	No. of units required to be purchased during the years					Total require-ment	No. of Units for which procurement is initiated	Unit cost as provided in the project report	Total cost for all units as provided in the project report	No. of units being procured for Phase I & II	Stage of procurement					Decision of the Steering Committee		Bid Validity till 11.4.97	Work order given	Supply in progress	Erection completed	Commis-sioned	Targeted expense	Actual expenses
		1996-97	1997-98	1998-99	99-2000	2000-2001						Draft bid document finalised	Draft bid document cleared by W.B.	Bid floated	Bids opened	Bids evaluated	To Rebid	Accepted							
1	Supply, Installation & Commissioning of 500 mA X-Ray Machine.		4	5	4		13	4	950	12350	4														
	Supply, Installation & Commissioning of 300 mA X-Ray Machine		48	24	22		94	48	800	75200	48														
	Supply, Installation & Commissioning of 100 mA X-Ray Machine		96	45	35		176	96	430	75680	96														
	Supply, Installation & Commissioning of 60 mA X-Ray Machine		26	10	11		47	26	150	7050	26														
2	Supply of Dental X-Ray Machine		27	12	15		54	27	60	3240	27														
3	Supply of Ultra-sound Scanner(linear sector)		29	11	13		53	29	700	37100	29														

Activities of Strategic Planning Cell of KHSDP

Karnataka Health Systems Development Project is being implemented in the entire state with financial assistance from the World Bank. As per the suggestions and discussions with the World Bank authorities in the pre-project period, it was suggested to create a Strategic Planning Cell in the Department of Health & Family Welfare directly under the control of Secretary, Health and Family Welfare and has been entrusted with some issues of the health sector development policy and monitoring and evaluation of health programmes. The cell has been created in the Government Order No. HFW 61 WBA 96 dated 31-5-96.

Composition of the Strategic Planning Cell :

Additional Director	1 Post
Joint Director	3 Posts
Senior Assistants	4 Posts
First Division Assistants	4 Posts
Typists	2 Posts
Drivers	4 Posts
Group 'D'	2 Posts

Total	20 Posts

Out of the above posts, Additional Director, one Joint Director (Officer on special duty), one typist and one Group 'D' official are presently working in the cell. The cell is temporarily functioning on the premises of the Population Centre, K.C. General Hospital Complex, 2nd Cross, Malleswaram, Bangalore - 560 003.

Action Plan of the Strategic Planning Cell, 1996-97.

Action Plan	Action Taken
1) Data Bank To set up a data bank with a view to collecting data related to various aspects of health and population policies and programmes. The data bank should be of use in formulating policies and programmes by the Department of Health and Family Welfare	• A data bank has been set up. Information is being collected from all the district on all important socio-economic, demographic and health indicators along with taluka and district maps and infrastructural facilities available.
2) Quarterly Newsletter It is proposed to publish a quarterly Newsletter. The objectives is to disseminate information on the progress of various programmes, including externally assisted projects, under implementation by the Department.	• The first issue of the quarterly Newsletter is being brought out.

The Newsletter will be published both in Kannada and English

3) Commissioning of studies

a) A study on User Charges :

The World Bank has been urging the Government of Karnataka to ask the people to pay for government health services and retain the proceeds in the same hospital so that facilities and services can be improved. Before taking a policy decision in this regard, it is necessary to find out the opinions, willingness and ability of people to pay for government health services.

- Proposals are invited from various research institutes. One proposal on this study is already received from the Centre for Studies in Community Development.

b) Burden of Disease Study :

It is also proposed to commission a study on burden of disease in Karnataka. All these years, researchers have concentrated either on mortality or on life expectancy to gauge the health status of the people. But it is also necessary to find out the incidence of handicaps and disability to gauge the health status of the people.

- Letters have been addressed to various institutions inviting research proposals for conducting the study.

c) Knowledge, Attitudes and Awareness of AIDS :

With the assistance from the Government of India, an AIDS Cell has been set up in the Directorate of Health & Family Welfare Services and information is being disseminated on the symptoms and causes of AIDS and various mode of transmission of HIV. However, there is no baseline data on the knowledge, attitudes and awareness of AIDS. It is, therefore, proposed to commission a baseline survey on the knowledge, attitudes and awareness of AIDS with a view to facilitating the evaluation of the impact of AIDS control programme in Karnataka.

- One proposal was received from the Centre for Environmental and Social concerns and discussed with the Project Administrator. It was decided to suggest the proposal to the Addl. Director (AIDS) for funding.

d) Evaluation of Health Checkup Scheme (Yellow Card Scheme)

A health check-up scheme (Yellow Card Scheme) for Scheduled Castes and Scheduled Tribes is being implemented in five districts of Karnataka. According to this scheme, each member of SC/ST families will be given a Yellow Card which entitles him/her to a free health check-up every year either in their own village or nearby health centre. A study to evaluate the scheme is being commissioned.

- A research proposal has been received from STEM which would like to conduct the study in collaboration with the Population Centre, Bangalore. The proposal has been reviewed and interview schedule have been discussed. The proposal will be discussed with the Project Administrator.

4) Seminars / Workshops :

a) District Level Workshops :

It is proposed to conduct 20 one-day district level Workshop on KHSDP. The aim is to inform the people concerned about the objectives of the KHSDP and inputs that would be going into each district and enlist their support in the implementation of KHSDP. The participants in these workshops would include ZP officials, CEOs, DSs, DHOs, and Mos of Sub-divisional and taluk hospitals and representatives of NGOs.

- The proposal approved by the Steering Committee. The Strategic Planning Cell is scheduling these workshops for the year 1997-98.

b) State Level Seminar :

The World Bank has been insisting to integrate externally assisted projects with on-going programmes with a view to having synergistic effect. However, the methods of integration are not very clear. It is, therefore, proposed to conduct a two-day state level seminar on the methods of integration of externally assisted projects and Government of India assisted projects like AIDS control programme with on-going programme.

- The proposal to conduct a two-day State level seminar on integration of externally assisted projects with on-going programmes in the department has been approved in principle by the Project Administrator. Papers would be invited from experts and seminar held in May/June 1997. The participants would include some experts in planning and programming, DHOs, DSs and officers of the Directorate of Health & Family Welfare services and KHSDP.

5) Setting up of library

- A library has been set up and important and relevant books are being purchased and journals are being subscribed.

Convening of the District Level Health Systems Committee :

District Level Health Systems Committees have been set up vide Government order No.HFW 30 EAP (V) Bangalore, dated 26-12-1995 with the Chief Executive Officer of the District as Chairman, District Health and Family Welfare Officer as Member and District Surgeon as Member-Secretary, Additional Director and Officer on Special Duty visited Hassan, Chikmagalur, Kadur and reviewed the collection of user charges and utilisation of money thus collected. A report has been prepared and submitted to the Secretary, Health & Family Welfare, and Project Administrator.

A Study of the Existing System of Management of Hospital Waste (Clinical Waste)

District Hospital, Hassan, Chikmagalur, General Hospital, Kadur and HSIS Hospital for Women and Children, Bangalore have been visited to know about the existing system of management of hospital waste. At present, the placentas are being collected by dai as per the decision of the government and an amount of Rs.2/- is being collected for each of the health placenta and this amount has been credited to the Government treasury. The infectious waste is being dumped in one of the corner places in the vacant hospital premises and sometimes disposed off by burying in the pit or by burning. A study will be commissioned to examine the existing system and suggest proper method as per the guidelines of the world Bank.

Hospitals Management

1. Introduction

Hospital Administration covers not only delivery of patient care services but also management of existing facilities and ensuring that gaps in facilities as compared to norms are filled. While patient care gets maximum attention the other important activities that are often neglected in government hospitals especially in the smaller hospitals are:

1. housekeeping, i.e., maintaining the premises in clean/ aseptic condition depending on the area,
2. proper storage of clean linen, dirty linen waiting to be collected by the laundry,
3. ensuring availability of drugs and hospital supplies etc.,
4. maintenance of equipment,
5. maintenance of building, sanitary and electrical fittings,
6. disposal by sale of condemned equipment, furniture and non-hazardous and recyclable waste, and
7. handling of hazardous hospital waste.

The first two functions are the responsibility of the Nursing Superintendent/ Matron. The third item is generally handled by the pharmacist/storekeeper. The remaining items are not assigned to any individual and the Chief Medical Officer/ Hospital Superintendent is supposed to look after. The other doctors in the hospital also give greater attention to patient care than to other hospital administration components.

Apart from the preoccupation with patient care, the hospital superintendent has no administrative and financial powers to condemn and order disposal of

- time barred drugs,
- linen, glass ware and mattresses which have become unserviceable by their wear and tear, and
- damaged and unusable books, instruments, equipment, furniture and glassware etc..

2. Provisions in the Project & Action to be Taken

Disposal of condemned furniture, equipment, date expired drugs etc.

The KHSD Project approved by the Government of Karnataka envisages delegation of administrative and financial powers to officers at various levels. If the Government Orders are issued in this connection and the hospital superintendents are informed of the delegation of powers, accumulation of unusable items will not take place due to lack of administrative and financial powers. Once the condemned items

and waste materials are disposed of in the prescribed manner precious space will be released for more useful activities.

Contracting out of Housekeeping Services

The GO No. HFW 274 HSH 80, Bangalore dated 16.10.1980 provides one Group D staff for every three beds in hospitals with less than 250 beds and one for two beds in hospitals with bed strength equal to or exceeding 250. The working group on staffing has recommended that services like cleaning, laundry and wherever possible kitchen services should be contracted out and recommended one Group D for every 6 beds instead of 3 beds as provided in the said G.O. The Staffing norms have been accepted by the government and the additional staff sanctioned for the project are based on the recommendations of the working group. As per the revised norms, in all 5,830 Group D staff are required for the hospitals covered by the project, while there are 3,626 persons in position. Of the shortfall of 2,204 posts, 1,113 posts are due to expansion of selected hospitals.

Steps should be taken to contract out cleaning, laundry and wherever possible kitchen. Upper limits for contract value for each type of service in relation to bed strength have to be prescribed by the Government and communicated to the CEO, DHO, DS of each district and hospital superintendents for implementation.

Maintenance of Building, furniture and Equipment

The project provides setting up of Engineering wing for new civil works as well as annual maintenance of existing buildings. The annual budget for maintenance will be under the control of the Engineering Wing instead of the PWD. The State Government has to provide two percent of the replacement cost of the buildings instead of original cost as being currently provided maintenance by the Engineering Wing after renovations have been carried out under the Project. The project provides for meeting maintenance expenses during the project period for the maintenance expansions carried out during the project period. One fourth of the provision (1/4% of the replacement value of building) will be made available for the Hospital Superintendent for urgent repairs. The balance amount will be available to the Engineering Wing for annual maintenance.

Maintenance of Furniture and Equipment

An Equipment Maintenance Team is proposed to be set up in each district to undertake preventive and breakdown maintenance of equipment. The Team will be under the Administrative control of the District Surgeon and maintain equipment in all Community Health Centres, Sub-district, District and Teaching Hospitals and will also attend to minor repairs of sanitary and electrical fittings. The Teams will be technically supported by a Central Equipment Maintenance Wing.

Handling of Hospital Waste

The Central Pollution Control Board (CPCB) has issued guidelines for Management of Hospital Waste. The Board has also finalised specifications for incinerators and discharge of effluents. The Karnataka and Maharashtra Pollution Control Boards have given clearance to some of the hospitals in the private and public sectors to install incinerators.

The Project provides for purchase and installation of equipment for hospital waste management. The guide lines issued by the Pollution Control Board have to be reviewed and procedures defined for wastes not covered by the guidelines CPCB. The specifications for containers for storage of different types of waste, their movement and disposal required to be finalised for each hospital type.

Detailed guidelines for collection, segregation, storage, movement and final disposal have to be written and equipment and containers procured.

3. Action Plan

Preparatory Activities

The Project Administration has studied the Environmental Standards And Guidelines For Management of Hospital Wastes issued by the Central Pollution Control Board and has arrived at a waste management plan for different sizes of hospitals. The typical layout plans of 30,50,100 and 250+ bed hospitals were studied and waste generating points by category of waste identified. The number of bins required for storing segregated waste and wheel barrows for moving them by hospital size is presented below.

Hospital Size No. of Beds	Number of Hospitals	Total number	
		Closed Bins	Wheel barrows
30	88	16	4
50	92	18	5
100	39	30	8
150	4	35	9
250	7	58	15
400	9	93	21
500	3	116	29
740	6	174	44

Approximately a quarter of the containers are required for storing hazardous wastes. Disposable polythene bags are required to use as a liner for these containers as the contents including the bag have to be incinerated.



The waste sharps, glass syringes and bottles will be autoclaved and shredded. The autoclaves available in most of the hospital have adequate capacity. Additional autoclave will be provided in case additional capacity is required. Shredders will be procured and provided to each hospital.

Oil fired incinerators meeting specifications of CPCB and approved by state Pollution control Boards will be provided to hospitals. The waste handling capacity of the incinerator will depend on the size of the hospital as given below:

Hospital Bed Strength	Waste Handling Capacity Kg/hr.
30/50	10
100	25
250	50
500	100
750	200

Provision is made in the World Bank Project for meeting the Investment cost of Rs. 675 lakhs and operating expenses of 682 lakhs. In addition, A provision of Rs.176 lakhs for waste handling equipment has been made in the agreement between the Government of Karnataka and KfW.

Conduct of Workshop

It is proposed that a two day workshop on Hospital Management covering the subjects described above be conducted to orient the Superintendents . As the workshop could effectively be managed with 20 to 25 participants, a workshop for two small districts and one for large districts are planned. The workshops would be conducted by specialists from Project Management and Consultants. The participants would be DHO, DS and Hospital Superintendents of the districts. The cost of conducting one workshop is estimated as Rs. 35,000, Rs. 20,000 for organising the workshop and Rs. 15,000 towards TA/DA of participants. In all 14 workshops will be conducted at a total cost of Rs. 4.90 lakhs. The workshops are scheduled from April 3, to May 30, 1997.

Delegation of Powers

G.O. No. HFW/447/IFW 96 dated 8.3.96 defining the administrative and financial powers delegated to the officers at various levels in the Directorate, the DHO and DHS in the districts and the superintendents of hospitals. The hospital Superintendents have to be made aware of the financial administrative powers delegated to them. A copy of the GO is presented in Annexe I

Contracting out of Services

With the implementation of new staffing norms, cleaning and laundry services may be contracted out. The upper limit for of payment for cleaning of the premises and laundry services is fixed at Rs. 400 per bed per month on the basis of anticipated savings in salary of permanent staff. The hospital Superintendent will contract out on

the basis of quotations invited from local parties. Contracting out of kitchen services will be explored.

Maintenance of Buildings

The budget for maintenance of buildings be determined on the basis of two percent of the replacement value of the building and not original value. The budget provision be made as part of the Budget of Health Department instead of the present practice of including in the budget. The annual maintenance of the buildings will be the responsibility of the Engineering Wing created in the Health Department. For this purpose the 75 percent of the Budget provision be given to the Engineering wing and the balance to the Hospital Superintendent to meet the expenses for urgent repairs of plumbing and electrical fittings, clearing clogged drains etc. The equipment maintenance teams under the control of the district surgeons would undertake preventive maintenance of plumbing and electrical work and breakdown maintenance at District Hospital. At other hospitals the hospital superintendent be authorised to engage local labour to undertake breakdown maintenance.

The electrician, plumber and carpenter at district hospital should be placed under the control on the equipment maintenance engineer posted at the hospital.

Maintenance of Equipment

The preventive and breakdown maintenance of hospital plant and equipment will be the responsibility of the equipment maintenance unit under the control of the District Surgeon and will be located at the District Hospital. Preventive maintenance schedule will be drawn up for each equipment in each hospital by the Engineer In-charge of the maintenance unit and implemented. Requests for breakdown service will be made to the District Surgeon who will send the mobile unit for executing emergency repairs.

Participation of NGOs in Management of Hospital Waste

An NGO has been asked to study Taluka Hospital at Devenahalli and Submit proposals by March 13, 1997 for review and examining the feasibility of involving NGOs in Management of Hospital Waste.

Access to Disadvantaged Sections

The Health Check-up Scheme for SC/ST population (Yellow Card Scheme)

It is proposed to introduce a system of health check-up on an annual basis in respect of SC/ST families residing in the rural areas. Each member of every SC/ST household would undergo a thorough medical examination which would include:

- (1) Complete physical examination and identifying individuals requiring diagnosis tests and / or treatment and referral where ever required.
- (2) Simple laboratory investigations like examination of urine, blood etc., for early detection of diseases, if any.

The Camp will be organised at the sub-centre or in the villages covered by it provided suitable premises are available.

On an average the SC/ST population per sub-centre is estimated at 981 persons. A sub-centre covers about 3.5 villages, hence approximately 280 persons belonging to SC/ST have to be examined in a village.

A team led by the Medical Officer of the PHC will carry conduct health check-up of the SC/ST population and provide free treatment to those who are ill. The team will consist of :

- Medial officer of the PHC.
- Lady Medical Officer (Private doctor to be engaged if Govt. doctor is not available)
- Lab Technician
- Senior Health Assistant (Female) (LHV),
- Senior Health Assistant (Male),
- Junior Health Assistant (Female) (ANM) of Sub-centre, and
- Junior Health Assistant (Male) of Sub-centre if available.

Operationalisation of the Scheme

Planning by MO of PHC

The MO of the PHC will draw up an annual calendar (giving date and venue) for conducting health check-up camps in the villages covered by his PHC and forward to the Taluka Medical Officer along with estimated fund requirement for the year with break down by month.

The MO will also indent for the drugs required from the list of approved drugs given in Annex 5.

The fund requirement will include the following :

1. Honorarium to lady doctor from the private sector if proposed to be engaged.
2. Charges for hiring vehicle for conveying the medical team to the camp site and back and
3. Expenses for coffee/tea and snacks to the members of the team.

Action by Taluka Medical Officer

The Taluka Medical Officer will scrutinise the annual plan for forward his recommendations to the DHO for release of funds and supply of drugs.

Action by DHO

The DHO will consolidate the requests from Taluka Medical officers and request the Project Administrator for Release of Funds for the Year.

The DHO will also collect each month the statement of accounts for the health Check-up scheme from the MO of the PHC, consolidate the statements and submit at the end of each quarter to the Project Administrator.

Activities to be undertaken prior to the camp

The Jr. Health Worker (Female) and where available Jr. Health Worker (Male) will prior to the scheduled date of the camp visit each SC/ST house hold in the selected village and inform them of the date and the objectives of the health Check-up camp to create awareness and the need to attend the health check-up camp. She/he will also fill out the first two pages of the "Yellow Card" for each permanent member of the household and hand over to the head of the household and ask him/her to bring the family members along with their "Yellow Card"

Activities to be undertaken at the camp

The Senior Health Workers male and female will carry out the initial examination of the patient and record results on pulse, B.P anaemia, height and weight, general appearance. They will adopt syndrome approach to ascertain whether detailed further examination by the medical officer is necessary.

The MO/LMO will carry out detailed examination of those identified by Sr. Health Worker and order blood and / or urine tests if required. They will also treat the sick persons and dispense drugs. If the patient requires detailed diagnosis and specialist treatment, he/she will be referred to the nearest hospital where such facilities exist.

Where ever cases are referred to the next higher hospital, the patient will be given a Referral slip (in duplicate). The patient should be asked to produce the referral slip and the Yellow Card at the referral hospital to receive prompt attention. The referral hospital doctor should give a feedback about the treatment suggested by filling in the copy of the Referral Slip and returning to the patient for follow up by the PHC doctor/staff.

The scheme will be implemented during 1996-97 in the districts of Bijapur, Kolar, Hassan, Mysore and Raichur. The scheme will be extended to Belgaum, Bellary, Chitradurga, Dakshina Kannada and Gulbarga districts during 1997-98 and to the remaining districts in 1998-99.

Health Check-up for Women

In the first phase of the Project, the focus will be on the following new interventions, which are relatively easy to introduce :

1. Promotion of positive health practices, such as personal hygiene especially during menstruation, adequate nutrition etc.;
2. Screening for and treatment of reproductive tract interventions and sexually transmitted diseases ;
3. Screening and management of gynaecological problems ;
4. Cervical cancer screening and treatment ;and

5. Increased policy dialogue and strategic efforts to reduce gender discrimination and violence.

In the second phase a beginning will be made in introducing the following additional interventions :

6. Management of problems associated with onset of menarche and menopause;
7. Screening and treatment for Breast Cancer; and
8. Prevention and treatment of infertility.

It needs to be emphasised that while the above range of services have important health components, they also require interventions which are much beyond the scope of the Department.

The Programme will cover all other women not covered by the Health Check-up scheme for SC/ST. The ANM will adopt the syndrome approach to identify cases among women aged 10-60 needing further screening and referral. She will identify suspected cases for each type of disorder/disease among the following target groups by syndrome approach and refer to LHV/MO of PHC for detailed check-up and treatment if found necessary.

Role of District Officials

The health check-up schemes will be successful if only participation by, Panchayat members at the Zilla, Taluka and Village level. Further the involvement of anganwadi workers to promote positive health practices, such as personal hygiene especially during menstruation, adequate nutrition.

The CEO should arrange for involvement of Panchayat Members, Social Welfare Department. The DHO is responsible for implementing the Health Check-up scheme in his/her district. He/she should brief the Taluka Medical Officers and they in turn brief the MOs of the PHCs. The PHC doctors should train paramedical staff to carry out the preliminary investigations.

Implementation of the yellow card scheme during the 96-97

During the year 96-97 the scheme was implemented in 5 districts. The details of the number of persons treated under the Yellow Card scheme. I shown in the statement appended. A brief review of the implementation of the Yellow Card scheme was taken up with the help of the STEM consultants. They have suggested some modifications which will be considered during the implementation of the programme during the year 97-98.

An amount of Rs.80.93 lakhs is estimated towards the cost of drugs to be supplied under Yellow Card scheme. In addition an amount of Rs.100.00 lakhs is estimated towards the POL, hiring of vehicles and the honorarium to the private doctors is also mentioned.

Programme for the year 1997-98.

During the year 1997-98 the yellow card scheme is proposed to cover the whole state of Karnataka. Data on approximate number of cards to be issued and the cost of drugs is shown in table 2.

**Statement showing the performance during April 1996 to March 1997 under
Yellow Card Scheme
Table 1**

Sl. No.	Name of the District	Total SC/ST Population	No. of villages screened	No. of Taluks screened	No. of persons examined / screened	No. of patients treated	No. referred for special treatment
1	Kolar	2.21 lakhs	359	7	4898	3152	12
2	Mysore	3.16 lakhs	78	2	7105	5519	105
3	Bijapur	2.92 lakhs	84	2	18158	7356	68
4	Hassan	1.56 lakhs	57	2	12258	6735	35
5	Raichur	2.30 lakhs	78	2	9569	6645	12
	TOTAL		656	15	51980	29407	232

**Statement showing the population of SC/ST District wise and amount to be spent for printing
of yellow cards and supply of Drugs during the year 1997-98.**

Table 2

Sl. No.	District	SC/ST population (in lakhs)	Cost of Yellow Cards (in lakhs)	Cost of Drugs (in lakhs)	Total
1.	Bangalore (U)	7.66	7.66	1.40	9.06
2.	Bangalore (R)	3.76	3.76	2.86	6.62
3.	Belgaum	4.90	4.90	5.98	10.88
4.	Bellary	5.30	5.30	2.60	7.90
5.	Bijapur	2.92	-	4.51	4.51
6.	Bidar	2.65	2.65	2.29	4.94
7.	Chikmagalur	2.23	2.23	3.33	5.56
8.	Chitradurga	4.51	4.51	4.54	9.05
9.	D. Kannada	2.82	2.82	7.06	9.88
10.	Dharwad	5.16	5.16	5.91	11.07
11.	Gulbarga	7.18	7.18	5.07	12.20
12.	Hassan	1.56	-	4.61	4.61
13.	Kodagu	1.00	1.00	1.63	2.63
14.	Kolar	2.21	-	3.73	3.73
15.	Mysore	3.16	-	6.85	6.85
16.	Mandya	2.39	2.39	3.75	6.14
17.	Shimoga	4.13	4.13	3.77	7.90
18.	Raichur	2.30	-	3.74	3.74
19.	Tumkur	5.77	5.77	4.16	9.93
20.	U. Kannada	1.03	1.03	3.14	4.17
			60.44	80.93	141.37

Improvement of Access to Health Services for Women

1. Introduction

The Family Planning programmes was launched to control population growth, through promotion of contraceptive methods with emphasis on terminal methods. During the course of implementation of the programme it was realised that real headway in acceptance of contraception can be made if child survival could be ensured. The Family Planning Programme was converted into a Family Welfare Programme which beside promoting contraception, initiated programmes for child survival through ante-natal, intra-natal and postnatal care of pregnant women and immunisation of children against vaccine preventable diseases.

The Child Survival and Safe Motherhood (CSSM) Programme launched in 1992, aimed at providing access to some essential services to improve women's health. The services, which are being emphasised include:

- Immunisation against vaccine preventable diseases and ORT for diarrhoea.
- Offering wider choice of short and long term contraceptive methods;
- Enhanced maternity care;
- Safe pregnancy and delivery services;
- Nutrition assistance to pregnant, nursing and lactating mothers; and,
- Prevention and management of unwanted pregnancies.

Subsequently it was felt that instead of setting targets as has been practised hitherto, a target free approach which caters to client's perceptions and needs would yield better results.

Management of reproductive health infections and sexually transmitted infections has recently been added to the existing components and a project "Reproductive and Child Health" with the assistance of World Bank is being finalised by the MoHFW, Government of India.

2. Interventions Planned under KHSDP

The interventions made so far or being contemplated under RCH project, mainly relate to maternal health. Recent literature has pointed to the urgent need to address other aspects of women's health which go beyond her role as a mother.

Women's low social status and reproductive role expose them to high health risks. The health of women is an important concern as it affects the next generation, and her productivity in economic activities. There is overwhelming evidence to show

that many of the interventions that address women's health problems are highly cost-effective. Special attention is required to reach females during adolescence, when reproductive and other lifestyle behaviours set the stage for later life.

While formulating the project proposals for Karnataka Health Systems Development project in 1995, it was felt that programmes should be evolved to improve access for women to health services. One should view women's health through the life cycle approach that takes into account both the specific and the cumulative effects of poor health and nutrition. Many of the problems that affect women of reproductive age, their new born, and older women begin in childhood and adolescence. The strategy to improve women's health must revolve round promoting gender sensitive policies, on the one hand, and strengthening women's health services on the other. Towards this end, during the Project period, a range of expanded services are proposed to be introduced, both with and without specific project interventions. In the first phase of the Project, the focus will be on the following new interventions, which are relatively easy to introduce:

1. Promotion of positive health practices, such as personal hygiene especially during menstruation, adequate nutrition etc.;
2. Screening for and treatment of reproductive tract interventions and sexually transmitted diseases;
3. Screening and management of gynaecological problems;
4. Screening and treatment of cervical cancer; and
5. Increased Policy dialogue and strategic efforts to reduce gender discrimination and violence.

In the second phase a beginning will be made in introducing the following additional interventions:

6. Management of problems associated with onset of menarche and menopause;
7. Screening and treatment for Breast Cancer; and
8. Prevention and treatment of infertility.

It needs to be emphasised that while the above range of services have important health components, they also require interventions which are much beyond the scope of the Department.

The Project envisages support to the primary health care sector by providing technical services, referral facilities and financial assistance.

The Programme will cover all other women in the age group 10-60 years. The ANM will identify suspected cases for each type of disorder/disease among the following target groups by syndrome approach and refer to LHV/MO of PHC for detailed check-up and treatment if found necessary.

Table 1. Proposed Strategy for Detecting and Treating for RTI and STD

Disorder/Disease	Age Group/ (Women/Cases)	Screening by	Diagnostic Test	Treatment by
Menstrual disorders	10-19 unmarried (140/28)	LMO		LMO
Sexually transmitted diseases & Reproductive tract infection	15-49 (770/154)	LMO	STD/ RTI Sensitivity	LMO
Gynaecological Disorders	15-60 (880/132)	LHV/ LMO		50 bed Hospital/ District Hospital
Malignancy (Cervical cancer)	35-60 (630/25)	LMO	PAP Smear	Cancer treatment centres
Infertility	20-30 (77)	LMO	Semen Exam.	District Hospital
High Risk Pregnancy (detected during ANC)	15-44 (120/30)	LMO		50 bed Hospital
High Risk Pregnancy (detected during labour)	15-44 (120/15)	Shift immediately to		50 bed Hospital

An ANM has to screen approximately 1020 females in the age group 10-60 or approximately four cases per day. The number of cases referred to LMO of PHC will be less than 300 in a year. An LMO from PHC or a lady doctor from private sector visits the sub-centre one day in a month to examine the cases referred to by the ANM and provide treatment or refer to appropriate hospital indicated in the last column of the Table 1 .

In order to cope with the expected increase in diagnostic tests, it is proposed to add one laboratory technician to each 100 bed hospital.

Training of Medical and Paramedical Staff

These cadres will be imparted essential skills for screening and identifying individuals who need detailed examination by Medical Officers.

ANMs will be given training in identifying suspected cases by syndrome approach and LHV in screening for gynaecological disorders. The duration of training will be three days and will be imparted at 100 bed or district hospitals.

The Laboratory technician has to be trained at the district/teaching hospital.

Clinical protocols have to be developed for training the LMOs of PHCs and specialists at CHCs, taluka and district hospitals.

IEC

There is expected to be vast improvement in the range of services at the outreach and CHCs and taluka level hospitals through Project interventions. However, mere availability is not enough. Improved services must translate themselves into improved utilisation. IEC activity will aim at providing information on the services available at various levels as well as the health check-up schemes for SC/ST population and women planned under the project. It will also motivate the target groups to avail of the services offered in the outreach and at hospitals. The IEC activity will also focus on increasing awareness of and educating adolescent girls and women on positive health practices.

The existing multipurpose workers are likely to be over-stretched and will not have adequate time for IEC activity. It is proposed to involve four types of institutions in IEC activity:

Sub-Centre Health Advisory Committees: The Sub-centre Health Advisory committees proposed under IPP-IX should be made aware of the

Grama Panchayats: The State has 5640 elected Grama Panchayats, which at present have 35,153 elected women Members, constituting 43.6% of the total elected Members. The Karnataka Panchayat Raj Act, 1993 has specifically included implementation of programmes relating to family welfare and women as functions to be performed by the Grama Panchayats. The elected Members, more specifically women Members are vast reservoir of potential leaders who are available at the village level to support interventions for improving the health status of their community.

Non Governmental Organisations: The State has an extensive network of voluntary organisations working in the area of health. Their support could be enlisted in expanding interventions relating to health of the disadvantaged sections.

Mahila Swastha Sanghas: 4000 Mahila Swastha Sanghas have already been established by the Department. Under IPP IX 1000 Sanghas are proposed to be strengthened. These sanghas can be effectively utilised in spreading awareness on issues relating to women's health.

Anganwadis: The State has 185 ICDS Projects and as many as 30,000 Anganwadis. The Anganwadi workers could be utilised to create awareness of the proposed health care services for the disadvantaged sections.

3. Suggested Implementation Plan

Overall responsibility

The responsibility of implementing the RCH project at the State level rests with the Additional Director (FW & MCH) and with the at the District level with the District MCH Officer. As the KHSD Project component, improving access to basic health services for women forms a part of RCH Project, The responsibility for implementation of women's health component of KHSDP may be entrusted to the Additional Director (FW & MCH).

Training of Staff

Training of Medical and Paramedical Staff in screening and treatment for Gynaecological problems and STD should be the first step. The development of training modules for different categories of staff will be the responsibility of Additional Director, (FW & MCH). The actual training will be imparted by SIHFW and District Training Centres planned under IPP-IX. The faculty for training will be drafted from existing resources till such a time as the Technical Staff sanctioned under RCH Project are in place.

The Additional Director (FW & MCH) will draw up a list of diagnostic aids for screening suspected cases and medicines for treatment. The Project Administrator, with the approval of the World Bank Mission, will float tenders for supply drugs and diagnostic aids to draw up a list of eligible suppliers and approved rates.

Operationalisation of the Scheme

The LLMO of each PHC will draw up an annual implementation plan and its break up by quarters for the settlements covered by his PHC and submit to the District MCH officer who will submit in turn to the DHO for approval. The DHO will in turn submit the consolidated district plan to the CEO of the Zilla Panchayat. The CEO will request the Project Administrator for release of funds. At the end of each quarter, the CEO will submit a statement of expenditure with supporting documents to the Project Administrator.

The CEO will in turn release through DHO funds to the LMO of PHC as per the approved plan. The funds are to be utilised for engaging the services of private lady doctor if there is no lady doctor posted at the PHC, hire charges for vehicle for outreach activity, if no vehicle is provided to the PHC or POL for Govt. vehicle provided to the PHC and purchase of drugs and diagnostic aids.

The budget provision in the project for various components are:

Fees to private lady doctor :	Rs. 300 per visit to Sub-centre
Hire charges for vehicle :	Rs. 2,400 per year for visits of Health Check-up team
Diagnostic aids:	Rs. 6,800 per sub-centre (or 1000 females in the age group 10-60)/annum
Medicines for STD/RTI:	Rs.13,000 per sub-centre (or 1000 females

Medicines for SC/ST: in the age group 10-60)/annum
population Rs. 3 per person per year

IEC:

Under IPP-IX a number of IEC activities were planned. These include setting up of Sub-centre Health Committees to encourage community participation, enlisting female volunteer workers at the village level, production of films, flip-charts etc. Provision is also made under KHSDP and RCH project.

Experts in mass communication should be engaged as consultants to plan and implement IEC activity for IPP-IX, KHSDP and RCH projects. The world Bank mission for IPP-IX has approved the TOR and the budget for consultancy services. Action need to be initiated to review IEC present activity, define strategy, design effective action plan and assist in developing IEC materials.

Proposal for Setting Up Equipment Maintenance Facilities

1. Background

The SAR of KHSDP envisages setting up of work shop facilities at Project Headquarters and in each of the 20 districts. The capital investment and staffing is to be undertaken by the Government of Karnataka. The funding for capital equipment and operating expenses during the project period is included in the Project.

The districts have been classified into four categories on the basis of the number and size of hospitals. The general hospitals and hospitals for ophthalmic diseases, tuberculosis, leprosy and mental problems which are not included in the project for renovation/extension are however, included for maintenance coverage. The classification of districts, capital investment and staffing are presented below. (All this is provided in the SAR)

	Project HQ	Category				
		A	B	C	D	All
Districts		Bangalore U&R	Chitradurga Dharwad Mysore	Belgaum Bellary Bijapur D. Kannada Gulbarga Hassan Kolar Shimoga	Bidar Chikmagalur Kodagu Mandya Raichur Tumkur U. Kannada	
Number of Workshops	1	3	6	8	7	25
Capital Cost Million Rs.						73.35
Staffing Number						
Joint Director	1	-	-	-	-	1
Dy. Director	3	-	-	-	-	3
Engineers	9	15	18	16	7	65
Technicians	10	30	42	56	49	187
Administrative	14	12	24	24	14	88
Driver/Group D	9	9	18	24	21	81
Recurring Costs/Year Million Rs.						
Staff Salaries						20.70
Operation Expenses						3.19
Maintenance Spares						21.71
Total Recurring Costs						45.60

The equipment maintenance staff of 65 Engineers, 187 technicians and 88 Administrative support staff and 81 Group D staff have to be recruited by the Government and absorbed in Government on a permanent basis after the Project completion. Government has given sanction for the creation of all the above posts. As some of them are not provided in the C&R lists of HFW Department, steps are being taken to form special recruitment rules.

Under IPP-III, equipment maintenance workshops were set up at Belgaum and Gulbarga and four Engineers, five diploma holders and nine ITI trained technicians were appointed and trained. The groups were disbanded and posted elsewhere after the project was completed. The present position where these personnel are working is in no way related to the with which they were recruited, as evidenced from Annex I. Besides these there are two Engineers and eight diploma holders in the transport workshop. Further there are four technicians in the equipment maintenance group in the Directorate. It is proposed to absorb the above personnel in Equipment Maintenance Wing and the remaining personnel are to be recruited following procedures of the State Government.

At present, all recruitment of personnel is centralised through the Public Service Commission and subject to Constitutional and other provisions relating to reservation, age limit, recruitment rules etc. On a conservative estimate it would take 12 to 18 months before recruitment process can be finalised. In the circumstances it was felt that the maintenance activity could be started immediately by engaging consultants to manage the maintenance activity for an initial period and simultaneously to assist the state in recruiting and training engineers and technicians to take over the maintenance activity. The world Bank agreed with this suggestion and requested the State to submit TOR for consultants. The matter was placed before the PGB and approval was given for inviting proposals from consultants and selecting suitable consultants. (Copy of the PGB proceeding is enclosed)

It is in this background, the following proposals are made for initiating maintenance activity immediately to be prepared for receiving, installing and commissioning equipment which is currently being procured.

2. Proposal

A consulting firm will be hired to set up;

- a) Basic maintenance facilities at each of the four divisional head quarters.
- b) Equipment Maintenance workshop at Bangalore, Mysore, Dharwad and Gulbarga districts by utilising the services of maintenance staff already employed in the Directorate.
- c) maintenance facilities in Bijapur district by hiring the services of outside consultant as an experimental measure.

The consulting firm engaged for setting up of facilities at divisional head quarters will provide technical support and guidance to maintenance staff manned by departmental staff and supervise the work of consultant engaged for providing maintenance facilities in Bijapur district.

3. Maintenance by Departmental Staff

It is proposed that one engineer and four technicians be posted for each maintenance unit. There are 6 engineers, 13 diploma holders and 13 technicians

available for re-deployment. With this manpower, a maximum of 6 maintenance teams can be raised. As per the project document Bangalore requires three maintenance teams, Mysore and Dharwad districts requires two maintenance each and Gulbarga requires one maintenance team. It is proposed to deploy one maintenance unit in Bangalore and Gulbarga districts and two each in Mysore and Dharwad districts. However, to cover the maintenance activity for the balance 15 districts, the project envisages to engage a consulting agency to set up equipment maintenance unit in each of the divisions covering these districts.

These equipment maintenance units in each division will report to the Divisional Joint Director, stationed in the divisional headquarters, for administrative purposes. For planning and technical guidance these units will be supervised by the consulting agency at the headquarters.

The administrative support staff for these units will be provided by re-deployment from the respective districts. The administrative personnel as envisaged in the Project are Office Superintendent, FDA, SDA, Driver and Group D.

Maintenance Workshop equipment will be procured after examining availability of the equipment procured under IPP-III for Belgaum and Gulbarga divisions.

4. Maintenance by Consultant

The district maintenance unit for Bijapur district is proposed to be handed over to an outside consultant.

5. Prime Consultant for Setting up of Maintenance System

The prime consultant is expected to set up maintenance units at each divisional headquarters to undertake maintenance activities in districts which have not been handed over to either departmental staff or outside consultants and hospitals in Bangalore district not assigned to departmental staff. Apart from this, the prime consultant has to assist the State Government in recruiting and training maintenance staff to ultimately take over all maintenance activity.

The consultant has to engage one Bio-Medical engineer, one X-ray engineer and ten technicians at each divisional headquarters to cater to the maintenance needs of the hospitals in the division.

6. Obligation of the Government

- Providing administrative staff.
- Equipment and vehicles for all the workshops.
- Spares valued at Rs. 17.57 million (cumulative) will be procured by the Project Administration and stored at Headquarters and also at

district headquarters. The procurement and stocking procedures will be based on ABC and XYZ analysis of spares consumption.

7. Budget Estimate

The number of staff to be employed by the department / consultants is given below

Staff Category	Dept. Staff	Bijapur Consultant	Prime Consultant	Total
Bio-medical Engineer	0	0	4	4
X-ray Engineer	0	0	4	4
Engineer	6	1	0	7
Technicians	24	4	40	68

The estimated cost of the proposals in Section 3 to 5 are provided in the following table along with the provisions made in the project proposal.

Comparative Costs of Proposed Project and Revised Maintenance System

All cost in Rs. Million

Item of Expenditure	Maintenance Cost by			Total	Provision in the project Proposal
	Dept. Staff	Bijapur Consultant	Prime Consultant		
Capital Expenditure					
Building	6.84	0.76	14.06	21.66	22.57
Furniture	1.14	0.15	2.67	3.96	4.14
Equipment	9.00	0.95	16.40	26.35	25.60
Other Facilities	1.20	0.15	2.70	4.05	4.65
Vehicle	2.25	0.38	6.37	9.00	9.40
Sub Total	20.43	2.39	42.2	65.02	66.36
Recurring Expenditure					
Staff Salaries (Technical)	1.9	0.67	7.13	9.70	
Staff Salaries (Administrative)	1.39	0.23	3.94	5.56	
Senior Consultants	0.00	0.00	1.20	1.20	
Total Staff Salaries	3.29	0.90	12.27	16.46	20.70
TA & DA	0.45	0.23	2.16	2.84	
POL	0.54	0.09	1.53	2.16	
Other Operating Expenses	0.99	0.32	3.69	5.00	3.19
Total Expenditure	24.71	3.61	58.16	86.48	90.25

* This excludes cost of spares.

Immediately on setting up of various maintenance groups as mentioned above, there will be 8 workshops in operation. The balance 16 workshops and central workshop will have to be established within next three years and avail the full reimbursement cost.

The recruitment of the balance departmental staff to phase out the consultancy groups has to be initiated and completed fast as the reimbursement of the recurring cost for this group will be diminishing with time. The reimbursement cost is 90 % in the first years, 75 % in the next two years and 40% in the last year. With any delay in the recruitment of the departmental staff for maintenance activity, the burden on the State will increase.

Action taken on Communicable Diseases under Surveillance Bureau

Proposals	Action Taken
1. Shifting of Communicable Disease Intelligence Unit, Mandya, along with its 38 staffs to Bangalore and attach to the Additional Director (CMD) State Communicable Disease Surveillance Unit, and to function as District Surveillance Unit for Bangalore Urban and Rural Districts.	New building is being constructed at Bangalore for the surveillance unit. The present unit at Mandya will be shifted to Bangalore by the December of 1997.
2. Up-gradation of existing 18 District Laboratories and re-naming as District Surveillance Unit.	Notification is being issued.
3. Recruitment of the following staffs : a. Micro Biologists 18 b. Asst. Entomologists 18 c. Senior Health Assts. 18 d. Drivers 18 e. Witlets Operators 20	Special recruitment rules are being formulated.
4. Re-Deployment the following staffs from the Health Department to 18 District Communicable Disease Surveillance Units. a. Asst. Statistical Officers 18 b. Typists-cum-clerks 18 c. Senior health Assts. 18 d. Group 'D' servants 36	Orders are being issued.
5. Sanction of the creation of the following supportive staffs to the Addl. Director (CMD) a. Gazetted Assistant 01 b. Office Superintendent 01 c. First Div. Asst. 02 d. Second Div. Asst. 03 e. Stenographer 01 f. Typist-cum-clerk 01 g. Statistical Officer 01 h. Asst. Statistical Officer 02 i. Sr. Health Asst. 04 j. Group 'D' 04	Posts have been sanctioned. Staff are being posted.
OR	
6. There is a Bureau of health Intelligence with 14 following staffs,	The office of the State Surveillance Unit is being set up in the premises of Epidemic Diseases Hospital, Indiranagar, Bangalore. A decision has been taken to

<p>6. There is a Bureau of health Intelligence with 14 following staffs, which is now attached to the Directorate of health & F W Services, Bangalore under the control of Joint Director (H & P). This B.H.I. is now shifted and attached to the Additional (CMD) State Communicable Diseases Surveillance Bureau to :</p> <ol style="list-style-type: none"> Perform the survey conducting work, compile morbidity and mortality data, by disease, for planning and working out the priorities and strategies. Evaluate the effectiveness of interventions instituted to control epidemics. Carry out research studies and suggest innovative and effective methods of intervention. 	<p>Epidemic Diseases Hospital, Indiranagar, Bangalore. A decision has been taken to attach the staff of Bureau of Health Intelligence to this State Surveillance Unit.</p>
<p>Staff :</p> <p>Statistical Officer -1 Stenographer - 1 Asst. St. Officer -2 Typist cum F.D.A -3 Clerk - 1 S.D.A -2 Group 'D' -4</p>	<p>Being posted</p>
<p>7. Purchase of equipments and laboratory supplies as per annexure (8) of the KHSDP report.</p>	<p>Procurement procedure are being</p>
<p>8. Purchase of 19 Jeeps (vehicles)</p>	<p>IFB is cleared. Bids are being invited.</p>
<p>9. Purchase of furnitures to the additional staff of 18 district Communicable Disease Surveillance Units</p>	<p>Procurement procedure are being initiated.</p>
<p>10. Formation of Intersectoral Co-ordination committees at various letel.</p>	<p>Constituted at State level. Orders are being issued to the district level.</p>
<p>11. Training programme of various categories of staff in 18 districts.</p>	<p>A detailed training programme is already prepared.</p>
<p>12. Repairs and additions to the District Laboratory Buildings.</p>	<p>All district laboratories have been visited by Engineer. Estimates are being prepared.</p>