

REPUBLIC OF INDIA

**Department of Health and Family Welfare
Bangalore, Karnataka**

KREDITANSTALT FÜR WIEDERAUFBAU (KFW)

**PROJECT: FINANCIAL COOPERATION WITH INDIA
UPGRADING SECONDARY LEVEL HEALTH
CARE FACILITIES IN THE GULBARGA
DIVISION
STATE OF KARNATAKA**

Progress Report N° 9

December 1999 – January 2000

Consortium



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ABBREVIATIONS

DoHFW	Department of Health and Family Welfare
GOK	Government of Karnataka
KfW	Kreditanstalt für Wiederaufbau, Germany
KHSDP	Karnataka Health System Development Project (supported by WB and KfW)
MIS	Management Information System
NGO	Non-government Organisation
WB	World Bank

Exchange Rate

1 US\$ = 42.60 Rupees (16. January 2000)

1 DM = 22.10 Rupees (16. January 2000)

1 Crore = 10 million

1 Lakh = 100,000

1. EXECUTIVE SUMMARY

Description of the Project Progress

The present Progress Report No. 9 covers the German supported section of the KHSDP for the months December 1999 to January 2000. *Feb - March 2000*

The project activities to date include:

- The development and approval of the functional layouts and preliminary designs for renovation and upgrading of 23 hospitals (March 98 – June 99)
- Development and approval of civil works basic tender document (1998)
- Development medical equipment contract documentation including quantities and equipment layouts (1998, May 99)
- Assessment and refinement of urgent repairs required at the district hospitals at Bellary and Gulbarga (mid 1999)
- Regular (half yearly) monitoring of Government contribution and progress of the WB supported technical assistance component in Gulbarga Division
- Assessment and estimates of urgent repairs to 8 of the project hospitals (mid-end of 1999).
- Urgent repairs completed at Gulbarga District Hospital and other hospitals
- Completion of 10 final designs and the respective tender documents (until January 2000). *March 2000*
- Tendering of seven hospitals works (December 1999). *March 2000*
- Completion of bid evaluation for five hospital works (January 2000) and clearance by KfW. *March 2000*
- Three final designs including tender documentation completed and submitted to the International Hospital Planner for clearance.
- Contract award for five civil works and start of implementation on 25th January 2000. *in the month of*
- Ongoing development of final designs of the remaining 11 hospitals. *7*
- Preliminary designs for three district hospitals developed and discussed with the International Hospital Planner

Though the programme is still behind the estimated schedule drawn up at the time of the project award, the present programme progress has been speeded up substantially. The local Consulting Project Co-ordinator, located within the premises of the KHSDP, has been constantly working with the local architects on the development of the final designs and the tender documents in close collaboration with the KHSDP personnel. Two SANIPLAN experts (Public Health/Project Manager and the International Hospital Planner) visited the project in January 2000 to assist in the on-going activities (clearance of bid evaluation reports, urgent repair work and preliminary design of district hospitals as well as monitoring of project progress of FC measures and the WB supported technical component in Gulbarga Division).

The preparations for the procurement of medical equipment have been completed. It is planned to initiate the procurement as soon as the civil work component is near to completion (about 4 months before commissioning of the hospitals). Prior to the procurement, the KHSDP plans a short review of the requirements due to changes in the equipment status in comparison to the latest assessment.

Overview: Project Status Major Activities - End of January 2000

Civil Works Component:

	Activity	Planned	On-going	Finalised
1	Review of emergency measures (to be executed by PEA)		2 district hospitals	8 hospitals
2	Development of preliminary designs approval		NIL	23 hospitals
3	Development of final design and tender documentation		2+17 hospitals	10 hospitals 16 hospitals
4	Elaboration of civil works model bid document and approval by GOK and KfW			X
5	Clearance of final designs and tender documentation	8	53	10
6	Call for bids	3	2	10
7	Evaluation of bids		2	5
8	Non-objection to award proposal by KfW		2	8
7	Contract award	2		5

* re-submission

Equipment Component:

	Activity	Planned	For review	Finalised
1	Review of emergency supplies by PEA			X
2	Review of medical equipment lists & analysis of requirements			X
3	Preparation of final procurement lists		X	X
4	Elaboration of cost estimates and budget schedule		X	X
5	Preparation of specification equipment and vehicles			X
6	Determination of procurement procedures			X
7	Elaboration of logistical framework for supplies		X	X
8	Elaboration of model bid document and approval by GOK and KfW			X
9	Review of requirements	X		
10	Call for tenders for the delivery of equipment	X		

2. ACTIVITIES

2.1 ACTIVITIES OF THE GOVERNMENT OF KARNATAKA

The Government of Karnataka represented by the KHSDP continued to co-ordinate, manage, implement, and monitor project activities. Relevant steps of project implementation and project finances are controlled and approved by the Project Governing Board and the Project Steering Committee.

2.1.1 Project Governing Board

During the reporting period, the progress on the KfW Project was reviewed by the Chief Secretary, Government of Karnataka, in the 15th meeting of Project Governing Board held on 10th November 1999. The proceedings of the meeting are enclosed as Annex 1

2.1.2 Project Steering Committee

A Steering Committee Meeting was held on January 4th, 2000. In the meeting, the contract awards of the first five hospital works were approved:

- Aurad
- Mannekahalli
- Sandoor
- Kushtagi
- Humnabad

At the same meeting, administrative approval of the final designs and bid documentation was obtained for three more hospitals:

- Shahbad
- Huvina Hadagali
- Madana Hippurga

2.2 Activities of the KHSDP Administration

2.2.1 Equipment Maintenance in Gulbarga Division

Same status as described in Progress Report 8.

2.2.2 Co-ordination of the FC Project with the Technical Measures in Gulbarga Division

The KHSDP administration is responsible for the co-ordination of the technical measures implemented under the World Bank supported project component in Gulbarga Division and the KfW financed civil works and equipment project component. The following up-dated table

(status: January 2000) summarises the progress of the WB supported KHSDP components in the State of Karnataka in comparison with the KHSDP activities in Gulbarga Division.

Summary of Major KHSDP Activities – Comparison State and Gulbarga Division

KHSDP Components	Progress in WB supported project area	Progress in KfW supported Gulbarga Division
Management	<ul style="list-style-type: none"> Co-ordination activities are being continued successfully between KHSDP, KfW component, RCH, SHS II, IPP VII, IPP IX The mal-distribution and mismatch of specialists in the hospitals exists to a great extent. KHSDP continued to work on the re-distribution and filling up of posts in most of hospitals under the KHSDP (Gulbarga Division included) 	
Strategic Planning Cell	<ul style="list-style-type: none"> The report on study of waste management practices in hospitals has been presented in October 1999. Up-date action on Health Policy Matrix on-going Microbial Contamination study issued Manual for commissioning of hospitals where work is completed prepared Study on manpower planning in the Dep. Of H&FW initiated Discussion on certain basic changes in policy on public/private mix on-going Study on user charges completed <i>charging fee for health services</i> 	
Civil Works	<ul style="list-style-type: none"> Planning for almost 90% of the hospitals completed Civil works will be completed for 93 hospitals until April 2000 	<ul style="list-style-type: none"> 24 hospitals: final design and tender stage 8 out of 24 hospital works grounded (award given January 25, 2000) <i>March 2000</i>
Staff recruitment	<ul style="list-style-type: none"> Recruitment process in progress for: <ul style="list-style-type: none"> 573 assistant surgeons 115 dental surgeons 867 staff nurses and paramedics Recruitment process completed for entomologists and graduate pharmacists 	<ul style="list-style-type: none"> 45-50% of the posts under the KHSDP filled (doctors and nurses) recruitment of 23 assistant dental surgeons in progress 75 posts of assistant surgeons will be filled under the KHSDP – scrutiny of applications in progress 13 X-ray technicians posted 15 driver posts filled 253 staff nurses posted (some of them have not reported)
Training of personnel	<ul style="list-style-type: none"> Training of all district laboratory medical officers, entomologists completed 196 out of 380 specialist doctors trained during 1999-2000 (Annex 2) 867 out of 1784 staff nurses/paramedics trained during 1999-2000 (Annex 3) fresh and refresher training at 60 hospitals carried out pilot training on behavioural change on-going 	
Referral System	<ul style="list-style-type: none"> Referral activities have been initiated in three districts where 	<ul style="list-style-type: none"> Referral system will be implemented shortly

	<p>hospitals have been up-graded. Performance of the system is being monitored.</p> <ul style="list-style-type: none"> Initial reports indicate that it would take at least one more year to install a properly functioning referral system It is planned to initiate the implementation of the referral system in all districts independent from completion of the infrastructure works 	
Maintenance and repair of equipment	<ul style="list-style-type: none"> one time repair at all hospitals under the KHSDP completed state-wide workshops in all districts established, equipped and functioning maintenance teams in place and working 	
Waste disposal system	<ul style="list-style-type: none"> Discussion on policy formulation for waste reduction and recycling strategies on-going Question of installation of incinerators at district hospitals will depend on political decisions of the Indian Government Meanwhile in Karnataka, a waste disposal system (segregation of waste, deep burial) has been introduced at all hospitals commissioned under the KHSDP 	<ul style="list-style-type: none"> No new waste management system has been introduced so far since rehabilitation work at the hospitals have not yet been started
Drug supply system	<ul style="list-style-type: none"> Improved state-wide, no drug shortage reported 	
Yellow Card Scheme	<ul style="list-style-type: none"> Implemented in all districts of Karnataka, rounds of yellow card check ups for Scheduled Casts and Tribes conducted regularly twice a year. Annual health check up in the five districts of Gulbarga Division see Annex 13 	
Access to Women's Health <i>Obstetrics</i>	<ul style="list-style-type: none"> Implemented through one NGO in one pilot district (Mysore) No extension yet, since the GOI has come up with a separate scheme for women's health which is being implemented through 6 NGOs 	<ul style="list-style-type: none"> Not implemented here
Epidemiological Surveillance of Communicable Diseases	<ul style="list-style-type: none"> Surveillance units in all 27 districts (including new districts) designated 11 district surveillance laboratories completed in 7 places construction in progress procurement of equipment in progress State level working committees functioning, district level co-ordinating committees constituted Software developed and computer procurement in progress 	<ul style="list-style-type: none"> Surveillance units for all districts in Gulbarga Division designated Unit at Gulbarga initiated <p><i>District Level Co-ordination Committee of Raichur has conducted a meeting on 12/12/2005</i></p>

Contracting out of non-clinical services	<ul style="list-style-type: none"> Contracting out of non-clinical services at all (90) completed hospitals finalised by April 2000 	<ul style="list-style-type: none"> Not yet initiated
IEC	<ul style="list-style-type: none"> IEC needs and comprehensive strategy identified by the KHSDP IEC activities for referral system initiated in some districts IEC measures for Yellow Card System carried out Facility linked IEC activities (e.g. for waste management) initiated in 60 up-graded hospitals 	<ul style="list-style-type: none"> IEC measures for Yellow Card Scheme carried out
Quality assurance	<ul style="list-style-type: none"> Quality clinical audit at 30 commissioned hospitals completed Regular reporting and analysis of hospital performance indicators on-going Feedback provided to reporting hospitals Increase of attendance after completion of infrastructure works due to improved services measured 	<ul style="list-style-type: none"> About 80 % of hospitals under the KHSDP report regularly Increase of attendance recognised due to better monitoring
Completion of the KHSDP and giving over to Ministry of Health	<ul style="list-style-type: none"> Supposed March 2002 	<ul style="list-style-type: none"> Supposed September 2001

(Source: KHSDP Mid Term Review 1999; Information by Dr. Rachamar, KHSDP in January 2000)

2.2.3 Personnel at Gulbarga Project Office

In Gulbarga Division, the project office established by the Government covers both the WB supported KHSDP measures and the KfW supported programme component. The Engineering Division has been established but not yet completely staffed since civil works apart from urgent repairs have not yet been initiated. The staff status at the Gulbarga office is shown in Annex 4.

The Regional Director has taken charge as Additional Director of the KfW supported project component in Gulbarga Division on 10th of January, 2000.

S. Karakannan Addl Director KHSDP Addl Director for KfW.
Supplies Project

2.3 ACTIVITIES OF THE ENGINEERING WING KHSDP

The following major activities were carried out by the Engineering Wing KHSDP during the reporting period:

- Urgent repairs to 8 hospitals including ^{Two} ~~one~~ district hospital
- Development of final designs and the respective tender documents
- Evaluation of ^{Ten} ~~seven~~ bids

2.3.1 Urgent Repairs of District Hospitals

- Bellary District Hospital: Rewiring and Repairs & Construction of New Shed; work completed
- Gulbarga District Hospital: Urgent repairs of the hospital have been completed.

2.3.2 Urgent Repairs of other Hospitals

The urgent repairs have been taken up in the following 8 hospitals:

- Chikkajogihalli Hospital: Rewiring and improvements to water supply - Work Completed.
- Kudlaqi Hospital: Improvements to water supply - Not yet taken up.
- Sandur Hospital: Improvements to water supply & Electrical repairs - Work completed.
- Madana Hipperga Hospital: Repairs to Electrical & Sanitary works. – Work on-going.
- Kalgi Hospital: Repairs to Electrical & Sanitary works – Work on-going.
- Aland Hospital: Repairs to Electrical & Sanitary works – Work on-going.
- Lingasugur Hospital: Providing drains and OPD entrance to the portion where encroachment has been removed - Work completed.

2.3.3 Planning Progress

The development of the designs for hospital rehabilitation and up grading up to date (end of reporting period January 2000) is as follows:

General Hospitals:

- Preliminary design of hospital Sindanur in Raichur District requested to be re-submitted to KfW, has now been completed by the local architects and forwarded for clearance to the International Hospital Planner. *and cleared by KfW on 14/1/00*
- During the reporting period, a total of 10 final designs have been cleared
- ~~Additional two final designs and tender documentation were forwarded to the International Hospital Planner~~ *9*
- Final designs and tender documents of the remaining 11 hospitals are in progress
- Bid opening and evaluation has been completed for five hospital works: Aurad, Mannekahalli, Humnabad, Sandoor, Kusthagi; evaluation of two bids are in progress: Chincholi and Basavakalyana *and Kudlaqi*
- KfW gave non-objection to the evaluation results and the works at five hospitals were grounded on 25 January 2000 *and 3 hospitals in March 2000*

- The final designs of hospitals at ~~Shahbad, Madana Hipperga and Huvina Hadagali~~ have been cleared by the consultant on 7.12.99. For Hipperga Hospital, only conditional clearance was given; comments of the consultant have been incorporated and bids have been invited for all three hospitals on 5.01.00.
- The three bids will be opened on 8th of February 2000

Bellary District Hospital:

- Preliminary design for reconstruction of the hospital has been developed by the local architects and discussed with the International Hospital Planner during his visit to Karnataka in January 2000. *Subject: Some minor modification is being attended to at the Hospital. To be placed before building*

Gulbarga District Hospital:

- Preliminary design of rehabilitation of the hospital has been prepared by the local architects and discussed by the International Hospital Planner. *To be placed before Boundary Surveying Committee KHSDP*

Bidar District Hospital:

- Preliminary design of rehabilitation of the hospital has been prepared by the local architects and discussed by the International Hospital Planner. *To be placed before Boundary Surveying Committee KHSDP*

Comment to the rehabilitation of district hospitals in phase one of the KfW supported project:

Only two district hospitals, Bellary and Bidar, were originally been included in the first phase of the KfW supported project in Gulbarga Division. However, assessment of requirements showed that Bellary District Hospital requires re-construction of the entire hospital rather than rehabilitation due to the dilapidating condition of most of its buildings. The KHSDP plans now to include the rehabilitation of Gulbarga District Hospital together with Bidar District Hospital in phase one of the project. Depending on the availability of funds in phase one due to possible savings, the KHSDP discusses to take up the reconstruction of Bellary District Hospital in addition.

ID	Hospital	District	Design cleared	Tenders floated	Bids received	Award proposal	Remarks
BE01	Chikkajogihalli	Bellary					
BE02	Huvina Hadagali	Bellary	x	x	x	x	
BE03	Hospet	Bellary					
BE04	Kudlagi	Bellary					
BE05	Sandoor	Bellary	x	x	x	x	
BE06	Siraguppa	Bellary					
BI01	Aurad	Bidar	x	x	x	x	
BI02	Basavakalyan	Bidar	x	x	x	x	
BI03	Humnabad	Bidar	x	x	x	x	

BI04	Mannekahalli	Bidar	x	x	x	x	
BI05	Bhalki	Bidar					Land tenure problems solved, designs will be prepared
GU01	Chincholi	Gulbarga	x	x	x	x	
GU02	Javargi	Gulbarga	x				
GU03	Kalgi	Gulbarga	x				
GU04	Madana Hipperga	Gulbarga	x	x	x		lands cleared by Green Committee
GU05	Shahabad	Gulbarga	x	x	x		lands cleared by Green Committee
GU06	Shapur	Gulbarga	x	x	x		
GU07	Yadgir	Gulbarga	x	x	x		
GU08	Afzalpur	Gulbarga					Postponed due to land tenure problems
GU09	Aland	Gulbarga					Postponed due to land tenure problems
RA01	Devadurga	Raichur	x	x	x		
RA02	Gangavati	Raichur					
RA03	Koppal	Raichur	x				
RA04	Kushtagi	Raichur	x	x	x	x	
RA05	Lingasugur	Raichur					
RA06	Sindhnoor	Raichur					

② In respect of Koppal Hospital the estimate was not cleared by the Green Committee. Since Koppal is now made as a 20 bed Ambulatory new District and it requires a 20 bed Ambulatory 50 bed Hospital under this project.

2.3.3.1 Hospitals on Hold:

Sl No.	Hospital	District	Size	Remarks
1	Afzalpur	Gulbarga	50	Part of existing hospital grounds are claimed by a 3 rd party. Works postponed
2	Aland	Gulbarga	50	No space for any expansion. Works postponed
3	Bhalki	Bidar	100	Land was made available by the Education Department so that the civil works will be taken up under phase I - <i>and</i>

is not yet made

In respect of the Hospital at Bhalki, the pre-design of the hospital is finalised. The pre-designs will be reviewed by the International Hospital Planner and submitted to KfW for approval. *The design is held up for working clearance to send from District Dept.*

2.3.4 Equipment Maintenance Workshops

Three of the four district hospitals have existing buildings that are suitable for equipment maintenance workshops. The rehabilitation of the workshop in Gulbarga is completed. At Bellary, estimates have been sanctioned by the Steering Committee for building a new workshop building in the context of the re-construction of the hospital. For the rehabilitation of the workshop at Bidar District Hospital, cost estimates were not yet prepared. *The site plan for the construction of workshop at Bidar is now finalised and estimates are being prepared.*

All workshops are adequately staffed and the maintenance teams had been trained at Bangalore. The statements of staff position and progress on activities of the district equipment maintenance units are shown in Annex 5.

2.3.5 Procurement of Medical Equipment

At present, there are no activities required since the procurement will be postponed until civil works will be near to completion. However, due to several changes in the equipment status of the hospitals through equipment provision from different sources and/or repair of equipment, the equipment status will have to be reviewed and revised prior to the procurement according to the actual inventory lists.

2.3.6 Quality Auditing Services for the Hospital Buildings works under the KfW project

The Engineering Wing has invited for quotations for Quality Auditing Services at hospitals in Gulbarga Division where civil works will soon be taken up under the KfW supported project. The estimates for the costs of the Quality Audit and the TOR are based on the experiences made under the WB supported project component. *The TOR has been approved by KfW and the work order is issued to the following:*

2.3.7 Financial Auditing Services

The PEA plans to assign a financial auditor about six months after the first civil work projects have been started. *M/s. Murali & Co have now audited the expenditure statements upto and upto 2000 and the same has been forwarded to KfW.*

2.4 ACTIVITIES OF THE CONSULTANT

2.4.1 Project co-ordination and Preparation of Implementation

All the activities of the KHS DP engineering wing and the medical equipment department relating to the KfW supported section of the Karnataka Health Systems Development Project were carried out with the assistance of the consultant team.

The activities during the reporting period were largely related to project co-ordination and management, the clearance of final designs and tender documents, and the co-ordination for

approvals. The local Consulting Project Co-ordinator assisted in the development of final designs and bid documents through close collaboration with the local architects.

2.4.2 Visit of SANIPLAN Consultants

A mission of Dr. M. Mantel, public/health and managing consultant from the SANIPLAN home office, Mr. U. Fitz to Bangalore was carried out from January 16 to 24, 2000 on written request of the Project Executive Agency (PEA) with the following agenda:

- Assessment of progress of the World Bank supported KHSDP activities in Gulbarga Division
- Initial monitoring visit to hospitals for which final designs have been completed and contract award proposals have been finalised
- Random inspection on appropriateness of urgent repair works completed recently at selected hospitals
- Clearance of the evaluation reports for the first five hospital works
- Discussion of planning issues concerning the district hospitals

The mission report of the Consultant and the itinerary are attached in Annex 6 and 7.

2.4.3 Review of Monitoring Plan

A draft monitoring plan was developed by the Consultant according to KfW requirements. The plan was discussed with the KHSDP Administrator during the consulting mission. The PEA will review and comment the draft until February 2000.

2.4.4 Revision of Project Planning Matrix

Under the KHSDP, a quality performance system was developed. The system includes the reporting of the hospitals under the KHSDP on specific indicators such as utilisation and number of services provided (Examples in Annex 8.1-8.3). In addition, after rehabilitation of the hospitals, a medical audit (hospital inspection) is being carried regularly evaluating the hospital performance on the basis of e.g. case sheets introduced at the hospitals and inspection of the department. The Hospital Inspection Booklet developed under the KHSDP is available to the Consultant.

To be in accordance with the indicators defined under the quality assurance programme, the original Project Planning Matrix of the FC Component needs to be reviewed and revised. A draft of the revised project-planning matrix was presented by the Consultant to the KHSDP Administrator during the consultant mission in January 2000. The PEA will review the proposed indicators in view of full compliance with the quality control system developed under the KHSDP.

3. RESOURCES

3.1 PERSONNEL

3.1.1 Consulting Inputs

Consultant personnel was involved in activities during the reporting period as follows:

Consulting Agency	Name of Consultant	Function	Activities
International Experts			
SANIPLAN	Dr. M. Mantel	Public Health Specialist, Health Planner and Overall Project Co-ordinator	Monitoring of WB KHSDP component; . Visit to Bangalore and Bellary District from 16.-25.01.2000
	A. Döring / R. M. Bauer	Saniplan Management	Project Back-stopping engineering component, financial management and home office support
	U.R. Fitz	Hospital Architect	Clearance of Preliminary Design & Final Design and co-ordination of the same with KfW; review of evaluation results of five works; Initial monitoring visit to Bangalore and Bellary District from 16.-25.01.2000
MEDICONSULT *	No particular activity during the reporting period		
National Experts			
SANIPLAN	M.C Thirumalachar	Local Project Co-ordinator	Full time Local Project Management and Co-ordination; assistance in completion of final designs and tender documentation, assistance in tendering and bid evaluation
* Note: As per revised terms of reference as approved by KfW no further consulting services are required with respect to the Medical Equipment during the planning stage.			

3.1.2 Local Support Personnel

During the reporting period, the following supporting staff was working at the Consultant Office at the KHSDP in Bangalore:

- One Secretary (Engineering Graduate)
- One Attender
- One Driver

3.2 EQUIPMENT / MATERIALS

No further changes with reference to progress report 8.

4. TIME SCHEDULE

4.1 PROJECT

Despite of the joint efforts of the KHSDP and the Consultant and the substantial speeding up of the planning and tender activities, the time schedule as estimated and proposed in the Amendment No. 1 cannot exactly be met. This is mainly due to the actual time requirements for the finalising of the tender documentation and the procedures of approval although the latter was already cut down to a minimum. However, a realistic time schedule can be made as follows:

- the first five works have been started in end of January 2000
- it is planned that by March 2000, a total of 10 contracts will have been awarded
- by June 2000, the detailed designs and tender documentation of all 24 hospital works will be completed
- by December 2000, all civil works will be grounded
- the implementation period is estimated between 12 and 18 months depending on the scope of civil works

The up-dated time schedule is attached in Annex 9.

4.2 CONSULTING SERVICES

Name	According to Amendment [MM]	Time utilised [MM]	Balance [MM]
Dr. M. Mantel	2,75	2,18	0,57
U. R. Fitz	4,72	2,90	1,82
M. C. Thirumalachar	22,00	6,73	15,27
A. Döring / R. M. Bauer	2,00	1,07	0,93

4.2.1 Local Project Manager and local consultants: Sri. M.C Thirumalachar is working as Project Co-ordinator since 15th July 1999.

4.2.2 Public Health Consultant: Dr. Michaela Mantel continued the monitoring of the technical project component in Gulbarga Division supported by WB. She visited the project in January 2000.

- 4.2.2 Hospital Planner & Architect: (Mr. Fitz) has reviewed the Preliminary Designs, Final Designs, Tender Documents and reports received from the KHSDP. He visited the Project in January 2000 to initiate the project implementation at five hospitals.
- 4.2.3 Management Team: Overall project management, backstopping and financial management was provided by the home office team consisting of Mr. A. Döring and Mr. R. M. Bauer.

5. FINANCIAL SITUATION

5.1 PROJECT

5.1.1 Disposition Account

Project Office Gulbarga Division

In 1999, the utilisation of the disposition fund by the Gulbarga Project Office included the purchase of vehicles, furniture, the payment of local architects and the expenses for urgent repairs. The Statement of expenditures of the office is attached in Annex 10.

Expenses Urgent Repair

Please see Annex 11

5.2 COST ESTIMATES

The rough cost estimates for the construction and medical equipment based on the recently completed detailed designs and the component wise brake up of anticipated expenditure showing deficit/surplus were presented in progress report 8.

After evaluation of the first five bids, the table (Annex 12) has been up-dated by replacing the cost estimates with the actual contract amounts for the first five hospital civil works. In comparison with the latest estimates it is shown that the first five civil works will have a excess + of about 17%. With having evaluated only five tenders, it is too early to analyse the trend whether the actual costs will exceed the cost estimates or if saving can be made.

5.3 CONSULTING SERVICES

Statement on expenses for consultant work, travel costs and other cost up to the end of January 2000 will be submitted under separate cover to KfW.

6. CONSTRAINTS, OPPORTUNITIES AND RECOMMENDATIONS

6.1 CONSTRAINTS AND OPPORTUNITIES

6.1.1 Planning Phase

The project is still behind schedule compared to the original time schedule laid down in the Consulting Contract dated September 1997. However, with the re-organisation of the consulting services and an effective local project management, the project progress has been reported by the KHSDP and the Steering Committee as being satisfying. The joint efforts of the KHSDP personnel and the Consultant will further aim at catching up with the original time schedule as fast as possible.

6.1.2 Medical Equipment

Due to recent changes in the equipment status of the hospitals in the State in general and in Gulbarga Division in particular, there will be a need to re-assess the actual requirements based on the up-dated inventory lists. The changes in the equipment status occur mainly due to recent provision of equipment items from other sources and the "one time repair" work done under the KHSDP.

6.1.3 Water Conservation

The KHSDP plans to take up the items required for water purification at the hospitals under the equipment component of the project.

6.1.4 Solid Waste Disposal

The waste disposal systems at the hospitals under the FC project component in Gulbarga Division will be established after completion of the civil works and the commissioning of the hospitals. The staff will be trained on segregation of waste. ~~Deep burner facilities are included in the detailed design of the civil works.~~ The use of incinerators is still subject to the policy of the All India Government. Up to date, no final decision has been made in this regard.

6.1.5 Land Tenure Problems

No further progress on this issue can be reported.

6.1.6 Revision of Designs during Implementation

Scrutinising detailed estimates of some of the works for which final designs have been developed, it appears that there is scope for reduction of construction cost through reducing unnecessary expansion plans. In addition, on visit to the hospitals, it appeared that in a few cases, the preliminary designs had been based on wrongly drawn ground maps. Detailed discussions were held with the International Hospital Planner on this issue and flexibility during the implementation phase is regarded as essential in order to meet the realistic requirements

(see also MEMO of Mr. Fitz in Annex 6). These experiences were also made in the WB supported civil works component in other parts of the State. Changes during the implementation of civil works had been non-objected by WB as long as the budget limits were not exceeded.

This issue has been discussed by the local project coordinator during his recent visit. Mission Team has helped in Federal Republic of Germany during their visit to Bangalore on 23rd and 24th March 2000.

6.2 RECOMMENDATIONS

Decision by KfW on this issue is not yet communicated
Based on the status of the project and the constraints identified, the recommendations are as follows:

- Gulbarga District Hospital and Bidar District Hospital: detailed designs and tender documentation are in progress and should be completed as soon as possible.
- Bellary District Hospital: possibilities for taking up the reconstruction of the hospital under phase I of the KfW supported project shall be evaluated. The decision will certainly depend on the availability of funds out of possible savings for civil works. KfW should be contacted in this matter.
- The joint efforts of the KHSDP and the Consultant shall continue to focus on speeding up of the planning process in order to reach the aim of completion of detailed designs and tender documentation in June 2000 ~~with the next batch of tenders to be floated by February 2000.~~
- The KHSDP will further try to solve the land tenure problems at the two hospitals Afzalpur and Aland.
- The construction and conversion of the remaining maintenance workshops should be implemented as soon as possible.
- Review and up-date of medical equipment inventory lists are required. Consequently, the requirement lists for the provision of equipment need to be revised according to the up-dated inventory.
- Discussion with KfW on flexibility during the implementation phase for changes of designs due to local conditions.
- Staffing of hospitals under the KfW component: close monitoring of the availability of sufficient personnel for hospitals under the KfW supported component. At latest at the time of commissioning of the hospitals, staff should be made available by the State.

ANNEX 1

PROCEEDINGS OF THE 15TH MEETING OF THE PROJECT GOVERNING BOARD

***Proceedings of the 15th Meeting of the Project Governing Board of the
Karnataka Health Systems Development Project held on 10th November 1999 under
the Chairmanship of Chief Secretary to Government of Karnataka***

Members Present:

1. The Chief Secretary to Government of Karnataka
2. The Principal Secretary to Government, Finance Department represented by Under Secretary
3. The Principal Secretary to Government, Health & F W Department
4. The Secretary to Government, Planning Department
5. The Secretary to Government, Public Works Department
6. The Commissioner, Health & Family Welfare Department (Special Invitee)
7. The Project Administrator & E/o Special Secretary to Government, KHSDP
8. The Chief Engineer, KHSDP
9. The Director, H & FW Services
10. The Additional Director (Project), KHSDP
11. The Additional Director (KfW Project), Gulbarga

Members who could not attend the Meeting:

1. The Principal Secretary to Hon'ble Chief Minister, Government of Karnataka
2. The Representative of the Government of India, Ministry of Health & Family Welfare

Subject No. 1

Confirmation of the Proceedings of the 14th Meeting of the Project Governing Board held on 13th July, 1999

The proceedings of the 14th meeting of the Project Governing Board held on 13th July, 1999 was read and confirmed.

Subject No. 2

Action taken report of the Proceedings of the 14th Meeting of the Project Governing Board held on 13th July, 1999

The Committee reviewed the action taken on the proceedings of the 14th meeting of the Project Governing Board held on 13th July, 1999.

While reviewing the action taken on the proceedings of the previous meeting, the Commissioner, Health & Family Welfare observed that in the proceedings of the 14th meeting of the Project Governing Board, in respect of Subject No. 8, it is mentioned that the Project Administrator will inform the cabinet about the funds provided by the project for completion of ground + two floors in the new building of Mc. Gann Hospital and reducing the bed strength from 1200 to 600. The Project Administrator informed the Committee that soon after the visit of the World Bank, Draft Cabinet Note will be submitted in this regard.

While reviewing the action taken report in respect of Subject No. 11, the Project Administrator informed that the Planning Department will have to place the subject before the State Level Co-ordination Committee for the additional proposal of including Phase II hospitals of KfW in KHSDP. The Chairman requested the Secretary, Planning to get the early clearance for the proposal.

The Project Administrator informed the Committee that there will be savings in the project to an extent of Rs. 192 Crores. The Director, Health & Family Welfare has been requested to give the proposal of including additional Community Health Centres in the project for upgradation. The Chairman requested the Principal Secretary, Health & Family Welfare to give information about the number of Community Health Centres which could be taken up for upgradation under the project. The Principal Secretary, Health & Family Welfare suggested that as sufficient savings are there in the project, all the Community Health Centres which are not already included in the project could be taken up for upgradation under KHSDP. This was agreed to by the Committee and the Chairman requested the Director, Health & Family Welfare to send these proposal immediately to the Government giving justification for inclusion of the Community Health Centres for upgradation.

The Chairman also requested the Principal Secretary, Health & Family Welfare to take up the matter with the World Bank for providing funds to improve Victoria Hospital, K.R. Hospital, Bowring & Lady Curzen Hospital, K.C. General Hospital and Jayanagar Hospital out of the savings amount. The Project Administrator informed that this was already discussed with the Supervision Team of the World Bank during mid-term review held in June 1999. The World Bank was not readily agreeing to the proposal as these hospitals are teaching hospitals and do not come under the definition of secondary hospitals. The Chairman suggested that it is necessary to upgrade these hospitals as there are no other referral hospitals for the people of Bangalore and the surrounding places. He further requested the Principal Secretary, Health & Family Welfare to take up the matter with World Bank officers for including Mental Hospital at Dharwad for improvements out of the savings amount of the project.

The Principal Secretary, Health & Family Welfare requested the Chairman regarding the additional proposals to be placed before the Supervision Team of the World Bank as they are yet to be cleared by the SLCC. The Chairman suggested that these proposals could be discussed with the World Bank Supervision Team during their visit to the State on 15th November, 1999 and also place these proposals at the earliest before the SLCC for clearance.

Subject No. 3

Status Note on Karnataka Health Systems Development Project and KfW assisted Project

The Project Governing Board reviewed the progress achieved in the implementation of the various components of Karnataka Health Systems Development Project and the financial progress in the implementation of the Karnataka Health Systems Development Project. Similarly the Committee also noted the progress made in the implementation of KfW assisted project.

While reviewing the progress achieved in various components of the Karnataka Health Systems Development Project, the Principal Secretary, Health & Family Welfare brought to

the notice of the Committee, the proposal of Private Public Mix which was discussed with the World Bank Supervision Team in June 1999. The Project Administrator briefly explained the concept of Private Public Mix that has been thought of as a pilot project to be implemented in Devanahalli Taluk. The Chairman welcomed the proposal and requested the Project Administrator to implement this in some more Taluks of South Canara, Dharwad District, etc. to understand the implications of the scheme much more effectively.

Subject No. 4

Approval of the Project Governing Board to the Evaluation Report and the Proceedings of the Tender Sub-Committee for procurement of Dental X-ray Machines, Blood Gas Analysers, Ultrasound Scanners and Ultrasound Scanners (Portable)

The Project Administrator briefly explained to the Committee the procedure followed in the evaluation of bids. Regarding the procurement of Portable Ultrasound Scanners to all the hospitals with 50 beds and more, there was detailed discussion. The Project Administrator informed that this facility will be useful in the hospitals for detection of any complications associated with pregnancy at an early stage and remedial action could be taken at the appropriate time. The Director, State Institute of Health & Family Welfare stated that with the supply of Ultrasound Scanners, there will be possibility of female foeticide increasing in the hospitals as the Doctors may use the Ultrasound Scanner for sex determination. The Commissioner, Health & Family Welfare and the Principal Secretary, Health & Family Welfare also expressed fear for the same reasons. Further the Commissioner, Health & Family Welfare also brought the Proceedings of the Tender Evaluation Committee to the notice of the Committee. In the Proceedings of the Tender Evaluation Committee, it is mentioned that all the posts of Gynaecologists will have to be filled up in the hospitals where the Portable Ultrasound Scanners are supplied. The Principal Secretary, Health & Family Welfare expressed apprehension about filling up of the posts of Gynaecologists in all the hospitals and also training them early. If this was not done, the equipment would go unused. The Project Administrator informed that it will not be possible to postpone the supply of equipment once the Notification of Award is made in favour of the successful bidder. After detailed discussion, the Committee decided to reject all bids received for the procurement of Ultrasound Scanner (Portable) with No Objection from the World Bank and go for re-bidding at the appropriate time taking into consideration the availability of Gynaecologists in the project hospitals.

Thereafter the Project Governing Board considered the evaluation note and recommendations of the Tender Evaluation Committee for the procurement of Blood Gas Analysers and Ultrasound Scanners. The Project Governing Board approved the evaluation note and the proceeding of the tender evaluation committee and gave approval for forwarding the same to the World Bank for prior review and no objection.

Further the Project Governing Board approved the Proceedings of the Tender Sub-Committee for procurement of Dental X-ray Machines and issue of Notification of Award in favour of successful bidder as it does not require Pre-award Review by the World Bank.

The Project Governing Board approved the recommendation of the Tender Evaluation Committee for issue of Notification of Award for the supply of -

(a) Blood Gas Analysers

in favour of M/s. Trivitron Medical Systems Ltd., Chennai at an unit of cost of Rs. 6,04,617.80 and a total price of Rs. 1,39,06,209/- for 23 units of model Rapid M348 after getting no objection from the World Bank.

(b) Ultrasound Scanner

in favour of M/s. Wipro GE Medical Systems, Bangalore at an unit of cost of Rs. 4,78,807.52 and a total price of Rs. 1,24,48,995.53 for 26 units of model Logic α 200 after getting no objection from the World Bank.

(c) Dental X-ray Machines

in favour of M/s. Villa India, New Delhi at an unit of cost of Rs. 66,300/- and a total price of Rs. 17,90,100/- for 27 units of model KONO-65 which is at L2.

Subject No. 5

Renovation and Expansion of Taluk Level Hospital at Virajpet in Kodagu District and

Subject No. 6

Renovation and Expansion of District Hospital (Mc Gann) at Shimoga in Shimoga District

The Chairman observed that during discussion with the former Commissioner of the Karnataka Housing Board on the construction of Housing Complex for National Games, the Commissioner had informed about the inferior quality of work done by M/s. Engineering Projects India Ltd. who has given a certificate that M/s. Lanco Constructions Ltd., Bangalore were their associate contractors. The Secretary, Public Works Department mentioned that if there is any unauthorised subcontracting then that experience cannot be reckoned for shortlisting a firm. It was felt desirable to properly examine whether M/s. Lanco Constructions Ltd., Bangalore can be held to be technically qualified based upon certificate of being associate contractor given by M/s. Engineering Projects India Ltd. There is also need for verifying quality of their work in the National Games Housing Project. The Chairman requested the Principal Secretary, Health & Family Welfare to examine these issues in depth in consultation with the former and the present Commissioners of the Karnataka Housing Board and the Secretary, Public Works Department. With this, the subjects were deferred to be placed before the next Project Governing Board Meeting.

Subject No. 7

Construction of Taluk Level Hospital at Yelahanka in Bangalore District

The Chief Engineer briefed the Project Governing Board, the reasons for increase in the estimated cost compared to the provision made in the project report. After noting the reasons for increase in the estimated cost, the Project Governing Board gave administrative approval for renovation and expansion of Taluk Level Hospital at Yelahanka in Bangalore District at an estimated cost of Rs. 275.00 lakhs.

Subject No. 8

Renovation and Expansion of District Hospital (Sri Jayachamarajendra Hospital) at Hassan in Hassan District

The Chief Engineer briefed the Project Governing Board, the reasons for increase in the estimated cost compared to the provision made in the project report. After noting the reasons for increase in the estimated cost, the Project Governing Board gave administrative approval for renovation and expansion of District Hospital (Sri Jayachamarajendra Hospital) at Hassan in Hassan District at an estimated cost of Rs. 390.00 lakhs.

Subject No. 9

Renovation and Expansion of District Hospital at Karwar in Uttara Kannada District

The Chief Engineer briefed the Project Governing Board, the reasons for increase in the estimated cost compared to the provision made in the project report. After noting the reasons for increase in the estimated cost, the Project Governing Board gave administrative approval for renovation and expansion of District Hospital at Karwar in Uttara Kannada District at an estimated cost of Rs. 295.00 lakhs.

Subject No. 10

Compliance to the Audit observations raised by the Accountant General in the Audit Report of Karnataka Health Systems Development Project for the Year 1997-98

The Project Administrator briefly explained to the Committee the observation of the Audit and action taken to comply with the audit observations. He informed the Committee that all the observations are now dropped except the observation relating to payment of per diem charges to the trainee doctors. He informed that action has been taken to get the clearance of the Finance Department for the proposal before the issue of Government Order as suggested by the Accountant General's Office. The Project Governing Board noted the action taken in attending to the audit observations for the year 1997-98.

Subject No. 11

Contracting out Non-clinical Services in Government Hospitals

The Project Administrator briefly explained the steps taken in getting the clearance of the Labour Department to the revised Bid Document for contracting out Non-clinical Services in project hospitals. The Chairman requested the Secretary, Public Works Department to take up the maintenance of circuit houses and inspection bungalows atleast in 2-3 districts on a

pilot basis following the procedure that is followed in Karnataka Health Systems Development Project for contracting out non-clinical services.

Subject No. 12

Approval of the Project Governing Board for including Commissioner, Health & Family Welfare as a Member of the Project Governing Board and the Project Steering Committee for KHSDP and KfW Projects

The proposal was approved by the Project Governing Board. The Chairman requested the Principal Secretary, Health & Family Welfare to get the approval of the Hon'ble Chief Minister before the Government Order is issued as the Project Governing Board is constituted as per the decision of the State Cabinet. After issuing the necessary orders, the proposal may be submitted to the State Cabinet for its ratification.

With the permission of the Chairman, the following additional subject was taken up for discussion and resolved

Additional Agenda No. 1

Renovation and Expansion of Vanivilas Hospital (M.C.H.) at Bangalore

The Project Governing Board approved the proceedings of the tender evaluation committee for civil works and the evaluation note for award of work of renovation and expansion of Vanivilas Hospital (M.C.H.) at Bangalore. The Project Governing Board approved the recommendations of the tender evaluation committee for issue of notification of award in favour of M/s. J.N. Constructions, Bangalore at a contract value of Rs. 2,98,07,773/- which is 10.22% less than the estimated contract value with reference to 1996-97 SR after getting no objection from the World Bank subject to the condition that the Project Authorities will take additional performance security for an amount of Rs. 36,75,000/- towards unbalanced items.

The meeting concluded with vote of thanks to the Chairman by all members present.

Sd/-

Chairman

Project Governing Board, KHSDP
and the Chief Secretary to
Government of Karnataka

No. HFW (PR) 89 WBA 96

Copy of above proceedings is forwarded to the following officers for information and further needful action.

(D.M. AGA)

Under Secretary to Government,
KHSDP, H & F W Department

1. The Principal Secretary to Government, Finance Department, Vidhana Soudha, Bangalore
2. The Joint Secretary to Government of India, Ministry of Health & Family Welfare, New Delhi, Fax No.011-3014252
3. The Principal Secretary to Hon'ble Chief Minister, Vidhana Soudha, Bangalore.
4. The Secretary to Government, Planning Department, M.S. Building, Bangalore.
5. The Secretary to Government, Public Works Department, M.S. building, Bangalore.
6. The Director, H & F W Services, Anand Rao Circle, Bangalore.
7. The Additional Director (Projects), KHSDP, Bangalore.
8. The Additional Director, KfW Project, Gulbarga
9. The Chief Engineer, KHSDP, Bangalore.

Copy submitted for information :

1. The Chief Secretary to Government of Karnataka, Vidhana Soudha, Bangalore.
2. The Principal Secretary to Government, Health & Family Welfare Department, M.S. Building, Bangalore.
3. The Project Administrator, KHSDP & Ex-Officio Special Secretary to Government, Health & Family Welfare Department, Bangalore.
4. The Special Secretary to Government (PMU), Finance Department, II Floor, Vidhana Soudha, Bangalore.
5. The Commissioner, Health & Family Welfare Department, Ananda Rao Circle, Bangalore

ANNEX 2

NUMBER OF TRAINED MEDICAL DOCTORS UNDER THE KHSDP

STATEMENT SHOWING TRAINING OF SPECIALIST DOCTORS UNDER KHS DP DURING 1999-2000

Sl. No.	Institution	Speciality	Duration of Course	Apr-99		May-99		Jun-99		Jul-99		Aug-99		Sep-99		Oct-99		Nov-99		Dec-99		Jan '2000		Feb '2000		Mar '2000		Total	
				Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained	Proposed	Trained
1	HOSMAT Hospital, Bangalore.	Poly Trauma Management Orthopaedicians (MS / D. Ortho)	90 days					2	3					2	4					2						2		8	7
2	Meliya Hospital, Bangalore.	Poly Trauma Management Orthopaedicians (MS / D. Ortho)	90 days					2						2	1					2						2		8	1
3	Sri. Jayadeva Institute of Cardiology, Bangalore.	I.C.C.U Physicians MD (Gen Medicine)	30 days	4	4	4		4	1	4	1	4		4	2	4	4	4	4	4	5	4		4		4		48	21
4	Indira Gandhi Institute of Child Health, Bangalore.	Neo-Natal Care Paediatricians (MD / DCH)	45 days			4	3			4	3	4	1	4	4	4		4	3			4				4		28	14
5	M S Ramaiah Medical College Hospital, Bangalore.	Laparoscopic & Foetal Monitor for OBG Specialists (MD (OBG) / DGO)	30 days	4	3	4	2	4	3	4	2	4	5	4	2	4	1	4	1	4	2	4		4		4		48	21
6	Govt. Dental College, Bangalore	Dental Surgeons (BDS / MDS)	30 days	2	1	2		2		2	1	2		2	1	2		2		2		2		2		2		24	3
7	Anyane Diagnostic Centre, Bangalore	Ultrasonography (Radiologist / OBG Spl. / Surgeons)	30 days	3	4	3	5	3		3	2	3	4	3	2	3	2	3	5	3	2	3		3		3		36	26
8	Sreenivas Scanning Centre, Bangalore	Ultrasonography (Radiologist / OBG Spl. / Surgeons)	30 days	2	2	2		2		2	1	2	1	2	2	2		2	2	2		2		2		2		24	8
9	Victoria Hospital, Bangalore	Ultrasonography (Radiologist / Physician / Surgeon)	30 days	3	1	3	1	3	2	3	2	3	3	3	1	3	2	3	8	3		3		3		3		36	20
10	Basavanagudi ENT Care Centre, Bangalore	ENT (MS / DLO)	30 days	2	2	2	1	2	2	2	1	2		2	3	2		2	1	2	1	2		2		2		24	11
11	SDS Tuberculosis & Rajiv Gandhi Chest Diseases Hospital, Bangalore	General Surgeon (MS)	30 days	2	4	2	3	2		2	4	2	3	2	1	2	4	2	1	2	2	2		2		2		24	22
12	Victoria Hospital, Bangalore	Medico Legal MBBS	15 days	5		5		5	6	5	6	5	8	5	8	5		5	3	5	3	5		5		5		60	34
13	St. Johns Medical College, Bangalore	Dermatology	30 days													2	2	2	3	2	3	2		2		2		12	8
Total				27	21	31	15	31	17	31	23	31	25	35	31	33	15	33	31	33	18	33	0	29	0	37	0	380	196

ANNEX 3

NUMBER OF TRAINED STAFF NURSES AND PARAMEDICS UNDER THE KHSDP

STATEMENT SHOWING TRAINING OF STAFF NURSES / PARAMEDICS UNDER KHS DP DURING 1999-2000


Sl. No.	Institution	Apr-99		May-99		Jun-99		Jul-99		Aug-99		Sep-99		Oct-99		Nov-99		Dec-99		Jan '2000		Feb '2000		Mar '2000		Total	
		Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed	Propo- sed	Train- ed
1	J.N. Medical College, Belgaum.	20	8					20	14	20	19	20	12	20	6	20	10			20		20		20		180	69
2	Bapuji College of Nursing, Davanagere.	20	13	20	16	20	17	20	14	20	13	20	8	20	2	20	7	20	7	20		20		20		240	97
3	K.M.C.Hospital, Hubli	20	8	20	27	20	16	20	16	20	8	20	14	20	8	20	4	20	5	20		20		20		240	106
4	J.S.S.Medical College, Mysore.	20	11	20	14	20	20	20	20	20	17	20	20	20	13	20	13	20	5	20		20		20		240	133
5	M.S.Ramaiah Medical College, Bangalore	20	19	20	9	20	16	20	4	20	12	20	5	20	12	20	12	20	10	20		20		20		240	99
6	MR Medical College, Gulbarga	20	16	20	7	20	15	20	9	20	9	20	5	20	20	20	15	20	8	20		20		20		240	104
7	Sri. Jayadeva Inst. of Cardiology, Bangalore	6	14	6	11	6	12	6	11	6	8	6	6	6	9	6	7	6	5	6		6		6		72	83
8	Indira Gandhi Inst. of Child Health, Bangalore	6	10	6	9	6	10	6	5	6	7	6	8	6	10	6	12	6	10	6		6		6		72	81
9	Physiotherapist, HOSMAT Hospital, Bangalore.			2		2		2		2		2		2												12	0
10	Ophthalmic Nursing Training	4	5	4	5	4	4	4	4	4	1	4	9	4	4	4	3	4	8	4		4		4		48	43
11	Pharmacists Training, KSPC, Bangalore																	50	52	50		50		50		200	52
	Total	136	104	118	98	118	110	138	97	138	94	138	87	138	84	136	83	166	110	186	0	186	0	186	0	1784	867

ANNEX 4

STAFF STATUS OF DIVISIONAL PROJECT OFFICE GULBARGA

PRESENT STAFF POSITION OF ADDITIONAL DIRECTOR KARNATAKA SECONDARY LEVEL HOSPITAL
DEVELOPMENT PROJECT, (KFW) ., GULBARGA.

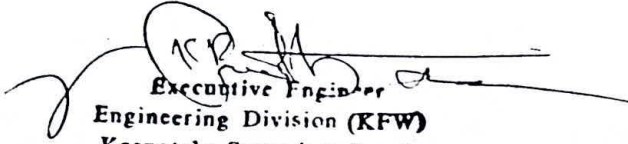
Sl NO.	Name of the Post.	Sanctioned	Working	Vacant.
1	2	3	4	5
1.	Additional Director	1	1	Nil.
	<u>ACCOUNTS SECTION</u>			
2.	Accounts Officer.	1	1	Nil.
3.	Accounts Supdt.	1	1	Nil.
4.	First Division Accounts.Assit.	2	2	Nil.
5.	Group 'D' Employee	1	Nil	1
	<u>ADMINISTRATIVE SECTION</u>			
6.	Administrative Officer.	1	Nil	1
7.	Office Superintendent.	1	Nil	1
8.	First Division Assistant.	2	Nil	2
9.	Group 'D' Employee.	1	1	Nil
TOTAL:-		11	6	5


 Additional Director
 Karnataka Secondary Level Hospital
 Development Project, (KFW), Gulbarga.

ANNEXURE - 1

OFFICE OF THE EXECUTIVE ENGINEER, ENGINEERING DIVISION (KFW) KARNATAKA SECONDARY LEVEL HOSPITAL DEVELOPMENT PROJECT
G U L B A R G A VACCANCY POSITION AS ON 31-12-1999 (SANCTIONED STRENGTH AS PER G.O.NO:H.F.W.(SR) 14:KFW 97
DATED 20-12-1997

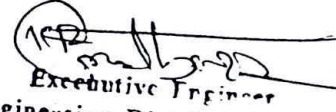
S1. Sanctioned Post with No. Details.	No.of Sanctioned Post	No.of Post Already Filled up.	Net Vaccancy	Remarks.
01. Executive Engineer.	01	01	--	
02. Assistant Engineer.	01	01	--	
03. Account Superintendent	01	01	--	
04. First Division Assistant	01	--	01	
05. Second Division Assistant	01	--	01	
06. Typist	01	01	--	
07. Driver	01	--	01	
08. Group 'D'	01	01	--	
09. Security Gaurd	01	--	01	
TOTAL	09	05	04	


Executive Engineer
Engineering Division (KFW)
Karnataka Secondary Level
Hospital Development Project
Gulbarga

A N N E X U R E - 2

OFFICE OF THE EXECUTIVE ENGINEER, ENGINEERING SUB-DIVISION (KFW) KARNATAKA SECONDARY LEVEL HOSPITAL
DEVELOPMENT PROJECT G U L B A R G A VACANCY POSITION AS ON 31-12-1999 (SANCTIONED STRENGTH AS PER
G.O. NO:K.F.W. (PR) 14:KFW 97 DATED 20-12-1997

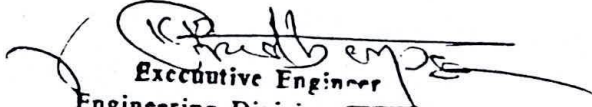
S1. No.	Sanctioned Post with Details	No. of Sanctioned Post	No. of Post Already Filled up.	Net Vaccumcy	Remarks
01.	Assistant Executive Engineer	01	01	--	
02.	Assistant Engineer.	02	01	01	Junior Engineer is working against the Post of Assistant Engineer.
03.	Junior Engineer	02	02	--	
04.	First Division Assistant	01	--	01	
05.	Second Division Assistant	01	--	01	
06.	Typist	01	--	01	
07.	Driver	01	--	01	
08.	Group 'D'	01	--	01	
09.	Security Gaurd	01	--	01	
T O T A L		11	04	07	


Executive Engineer
Engineering Division (KFW)
Karnataka Secondary Level
Hospital Development Project
Gulbarga.

A N N E X U R E - 2

OFFICE OF THE EXECUTIVE ENGINEER, ENGINEERING SUB-DIVISION (KFW) BELLARY KARNATAKA SECONDARY LEVEL HOSPITAL DEVELOPMENT PROJECT, B E L L A R Y VACANCY POSITION AS ON 31-12-1999 (SANCTIONED STRENGTH AS PER G.O.NO.H.F.M. (PR) 14: KFW 97 DATED 20-12-1997

S1. Sanctioned Post with No. Details	No. of Sanctioned Post	No. of Post Already Filled up.	Net Vacancy	Remarks.
01. Assistant Executive Engineer	01	01	--	
02. Assistant Engineer	02	--	02	
03. Junior Engineer	02	01	01	
04. First Division Assistant	01	--	01	
05. Second Division Assistant	01	--	01	
06. Typist	01	--	01	
07. Driver	01	--	01	
08. Group 'D'	01	--	01	
09. Security Guard	01	--	01	
TOTAL	11	02	09	


Executive Engineer
Engineering Division (KFW)
Karnataka Secondary Level
Hospital Development Project
Gulbarga

ANNEX 5

**STAFF POSITION AND PROGRESS REPORT OF DISTRICT EQUIPMENT
MAINTENANCE UNIT GULBARGA DIVISION**

STATEMENT SHOWING THE PROGRESS REPORT OF DISTRICT EQUIPMENT MAINTENANCE UNIT OF
GULBARGA DIVISION FROM 1997-98- 99-2000

Sl NO.	Name of the Dist. Unit.	Cost incurred on spare parts. & out To			No. of Equipments repaired/installed			Total
		1997-98	1998-99	Side repairstal 1999-2000 Rs.	1997-98	1998-99	1999-2000	
1)	District Hospital Raichur.	8666-00	33516-00	65042-00	107224-00 32	244	441.	717
2)	District Hospital Bellary.	-	-	-	-	78	83.	161
3)	District Hospital Gulbarga.							
4)	District Hospital Bidar.							

ANNEX 6

CONSULTANT MISSION REPORT WITH PHOTO DOCUMENTATION

**UPGRADING OF SECONDARY LEVEL HEALTH CARE
FACILITIES IN THE GULBARGA DIVISION, STATE OF
KARNATAKA, INDIA - PHASE I**

SITE INSPECTION VISIT # 1

Pre-Contract Evaluation of Construction Sites

- ☐ Kudligi
- ☐ Sandur
- ☐ Kushtagi
- ☐ Gangavathi
- ☐ Hospet

Consultant's Report

January 2000

INTRODUCTION

General Remarks

This Report is summarising the Consultant's activities and findings during a first site inspection visit carried out in January 2000. Although the main works have not started yet (5 hospitals are in the process of contract award), it was considered essential to review the works carried out so far under the 'urgent repairs' budget and to discuss technical issues pertaining to the general construction standards and methodologies, feasibility of proposed construction schedules, etc.. The KHSDP had therefore requested for a first site visit by the Consultant. This first field visit by the newly appointed international Health Facility Architect was also an opportunity to discuss at site the planned construction / rehabilitation measures.

Consultant's Tasks

As per the current agreement the Consultant's main tasks during this project phase (construction), pertaining to the present activities, are as follows:

- ☐ Review monthly reports submitted by the auditor
- ☐ Through his local project co-ordinator and upon request of the PEA, assist the PEA in day-to-day checking and approval of drawings, specifications and work schedules prepared by the contractors
- ☐ Monitoring of execution of contracts
- ☐ Carry out field visits at appropriate intervals and monitor on-going construction works

Works Schedule

The input of the International Health Facility Planner is scheduled for a total of 50 man days, during approx. 6 visits; the next visit will be planned for as soon as at least 5 hospital construction works are advanced to approx. 20 % completion.

INSPECTION VISIT

Contract Management

Besides inspecting some of the 'urgent repairs' already carried out during previous months at several hospitals under the KfW project component, it was considered equally essential by the KHSDP and the Consultant to discuss general technical aspects of contract management prior to starting the actual construction works. This also has to be seen in light of previous misapprehension during implementation of the KfW component and to avoid similar situations arising in future. It is of utmost importance that the contract management is carried out in a way, which allows for the earliest possible completion of all hospitals within the budget.

During his assignment the Consultant discussed potential risks (and opportunities) as well as the possible impact of certain

modification proposed by the Client from pre-design to design, as well as after contract award - the Client considers it vital to retain a certain degree of flexibility during execution of the works for the following main reasons:

- ☐ the largest portion of the works to be carried out will be renovation / refurbishment of existing structures; this inevitably can not be planned in the same way as new construction, since numerous unforeseen problems might arise during execution of the works which require a swift decision of the supervising Engineer to avoid delays.
- ☐ Most designs prepared so far are incomplete or lack detailing to the extent required at any construction site; again, it is important for the site engineer to instruct the contractor.
- ☐ A number of designs are not to the highest professional standard - this may be seen in context of most architects having little or no prior hospital planning experience. The KHSDP might require to correct minor planning mistakes during the works execution.

The KHSDP has gained tremendous experience during implementation of approx. 180 hospitals under the World Bank project; with the above flexibility, backed by a sound monitoring system (independent technical auditors) it was possible to achieve sometimes remarkable savings on individual projects and generally to avoid delays.

The Consultant supports this flexible contract management approach (as per the procedures adopted under the World Bank project component) under the assumptions that:

- ☐ Type of works, quantities, etc, are changed from the original contract only to a limited extent, allowing execution of the works within the framework of the original contract (no major contract amendment should be concluded with any contractor)
- ☐ Cost will be contained within the allocated budget (during discussions it was mentioned that the KHSDP has a record of rather undercutting the contracts by applying the above mentioned flexibility).

The flexible contract management approach will be monitored closely by the Consultant during works execution.

Urgent Repairs

According to the financing and project agreement urgent repairs (advance construction measures) were carried out by the PEA; these measures should be executed in accordance with the prescribed procedures of the State Government. The Consultant should approve the expenditures prior to refunding. The

expenditures incurred so far will be summarised by the Consultant in his next progress report.

In two of the facilities, covered during the described field visit in January 2000, urgent repairs have been carried out or are presently on-going.

At Kudligi a trial bore has been sunk to secure the hospital's totally insufficient water supply; unfortunately the bore did not yield the expected output and had to be given up; the site of the trial bore could be clearly established during the Consultant's visit. Different options for further proceedings were discussed, including establishment of a bore-well on a nearby Government owned property and running a separate water line to the hospital. The Divisional Engineer will further investigate.

At Sandoor electrical works have been completed at a total cost of 6.9 lakhs rupees (= 30.000,- DM at 23 RS/DM), replacing the hospital's former completely worn out systems. Upgrading of water supply system is on going at present.

Facilities

During this first field inspection trip of the Consultant, emphasis was put on visiting different, but typical hospital facilities and to assess and discuss potential problems during works execution. The following is briefly summarising the observations and some recommendations made at site.

(1) Kudligi

This hospital is among the recently completed facilities (1994) and requires comparatively less intervention. As mentioned above, the water supply of the hospital needs to be secured on priority basis. Should this involve additional amounts to be spent it was discussed that some of the present extensions (e.g. at OT area) might be skipped.

(2) Sandoor

This facility is included in the first batch of contracts to be awarded shortly. The site visit revealed that some of the planned extensions are not feasible, as they would extend beyond the present boundary wall; obviously the architect has worked on superseded or false survey drawings. On first floor several rooms are existing which have never been occupied and could be used as inpatient wards. This might require a ramp to be built - the local Consultant will initiate respective planning changes. We are of the opinion that these modifications will not have a serious impact on the cost of the scheme.

(3) Kushtagi

This facility is included in the first batch of contracts to be awarded shortly. Although present hospital operations are seriously hampered by inadequate buildings and lack of equipment, this hospital was found to well organised and running. The impression prevails that this is due to exceptional dedica-

tion of the medical staff. This hospital is included in the first batch of contracts to be awarded.

The planning was found to be generally adequate; some minor adjustments will be required at locations where new construction adjoins existing buildings (floor heights!). It is also recommended to review the possibility of retaining the appearance of some historic buildings better than presently planned (a small gap - neck connection - between new and old buildings should be considered).

(4) Hospet

The hospital is severely under-utilised at present. It is recommended to review the extent of proposed new construction and concentrate on making better use of the available space. This recommendation is based on the Consultant's impression that the pre-design cost might be severely underestimated for the planned measures.

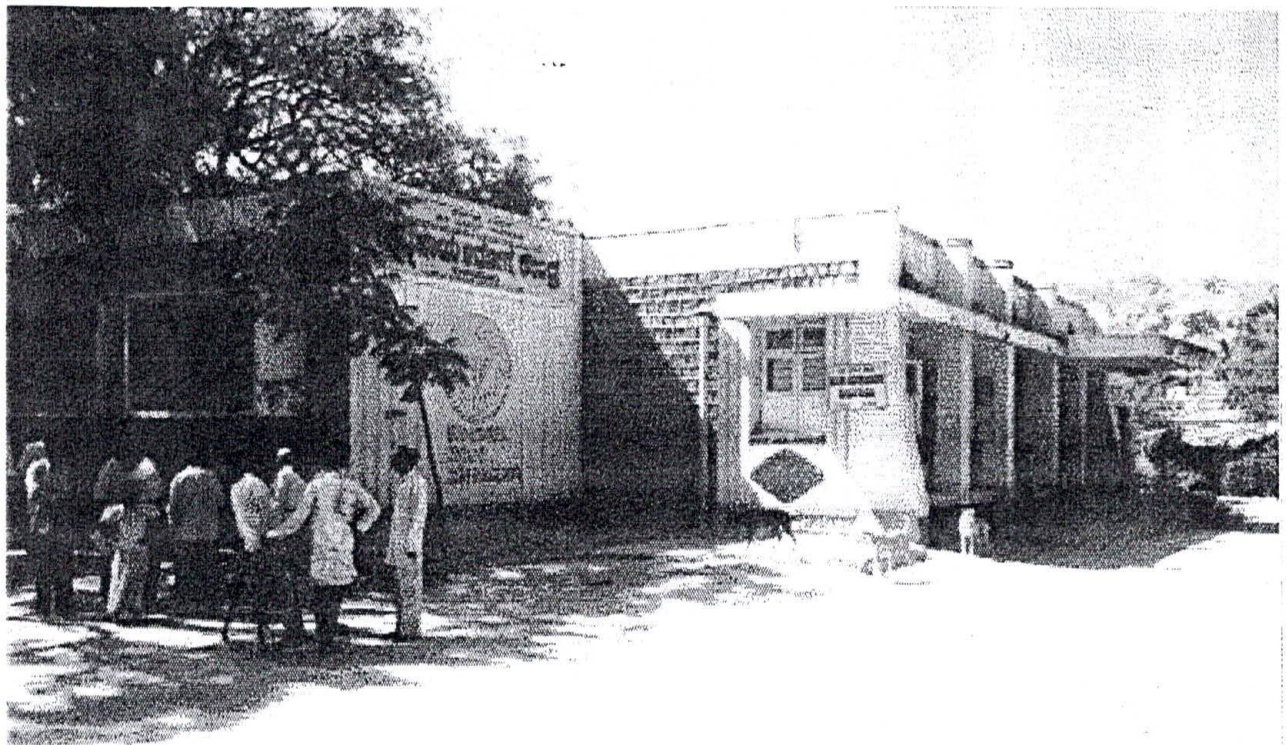
(5) Gangavathi

Similar to the above mentioned site problem, the Labour department cannot be constructed at the planned location due to site constraints. After returning from the field visit a separate meeting was held with the architect, who will immediately review the design. Although it will not be possible to incorporate these design changes before award of contract, it is not believed to be of any serious impact to the cost of the hospital construction works.

The present doctor's quarters were found in a relatively good condition and are believed to be suitable for repairs, rather than demolition and new construction (as planned); the local Consultant will confirm this possible change with the KHSDP.

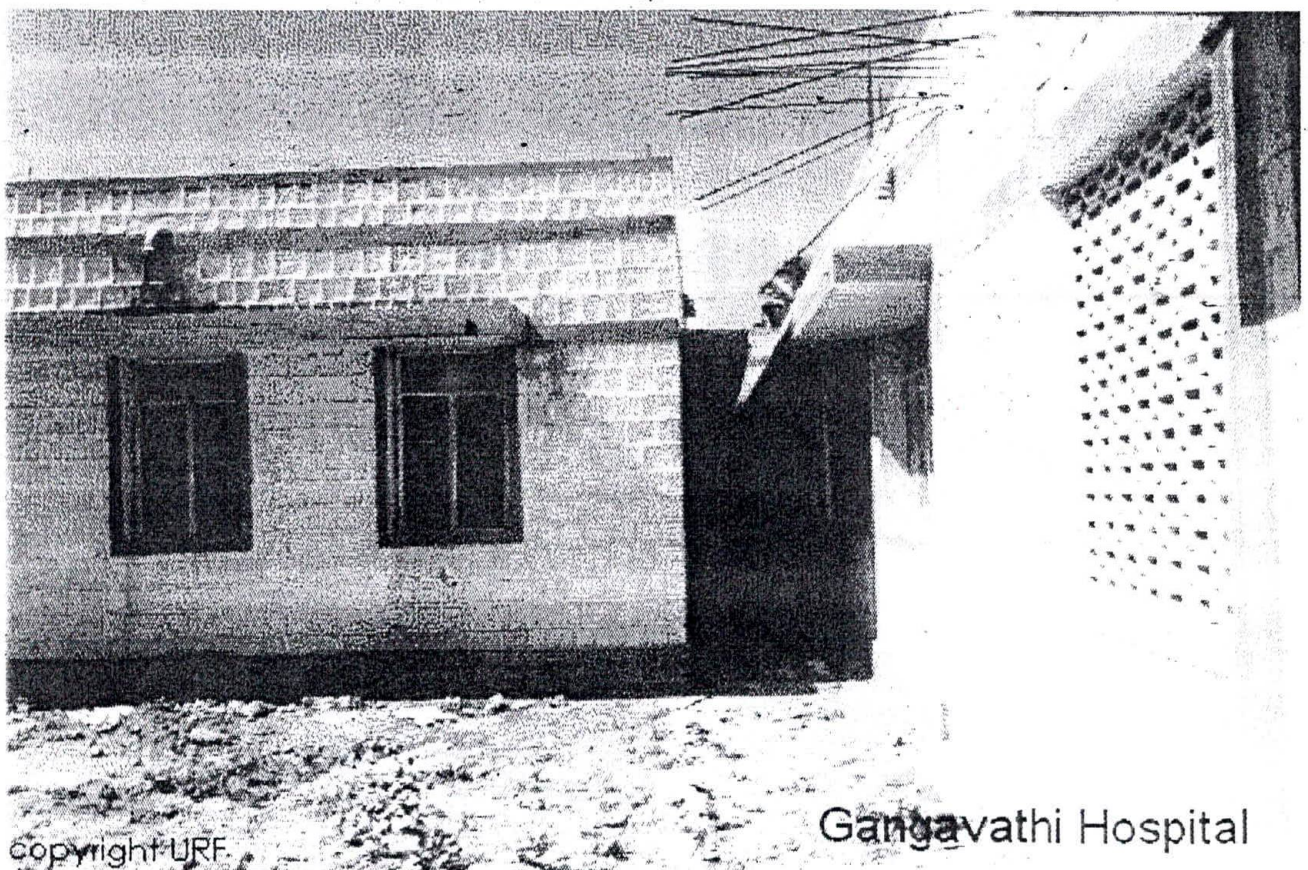
Prepared by Uwe R. Fitz
Health Facility Architect

Bangalore, dated 23rd January, 2000



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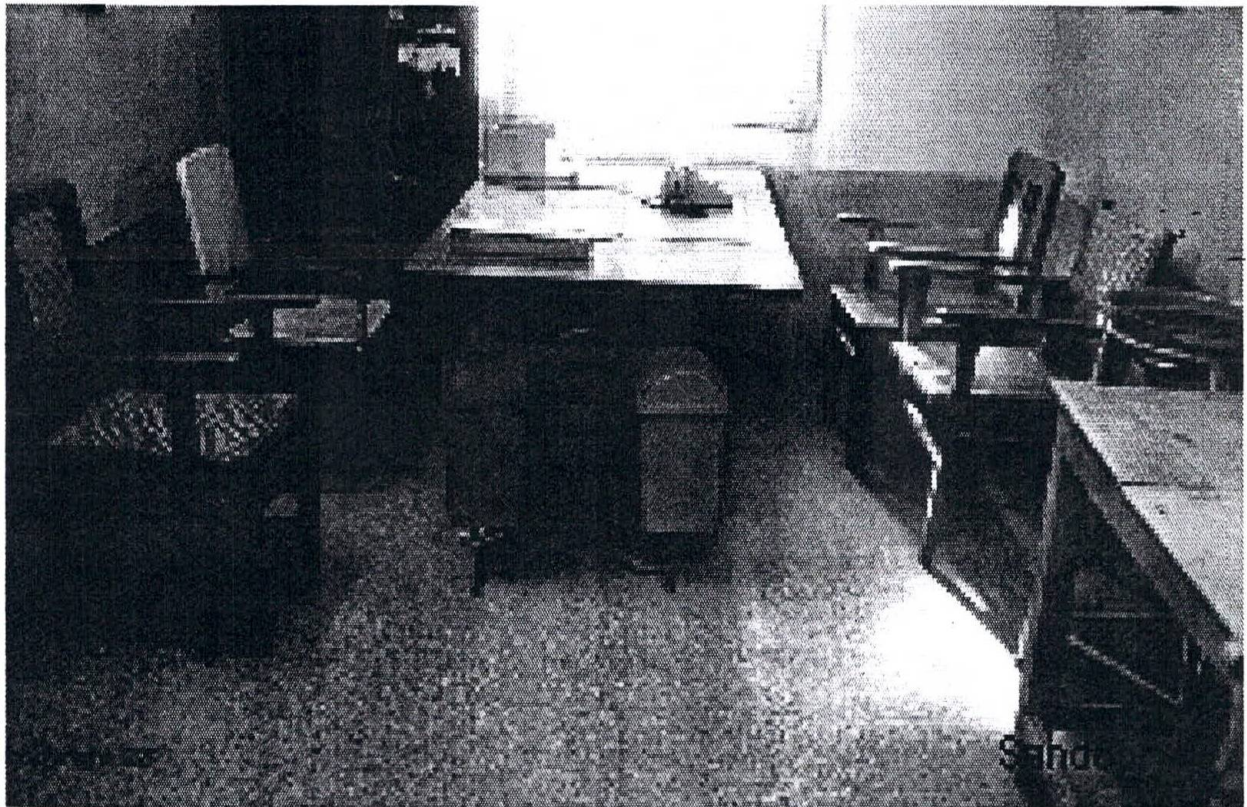
Gangavathi Hospital

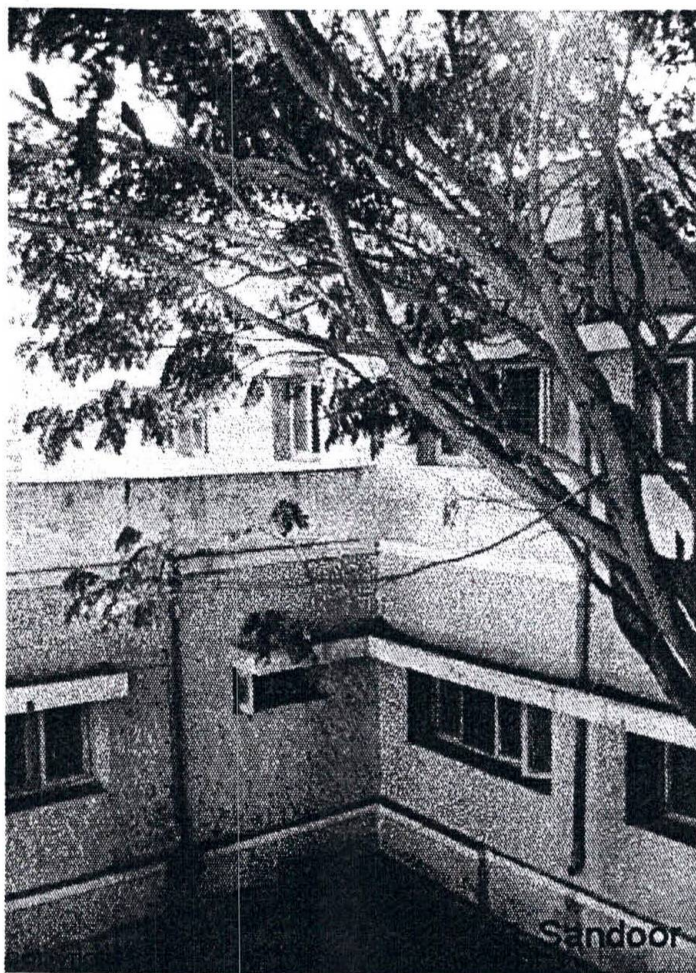


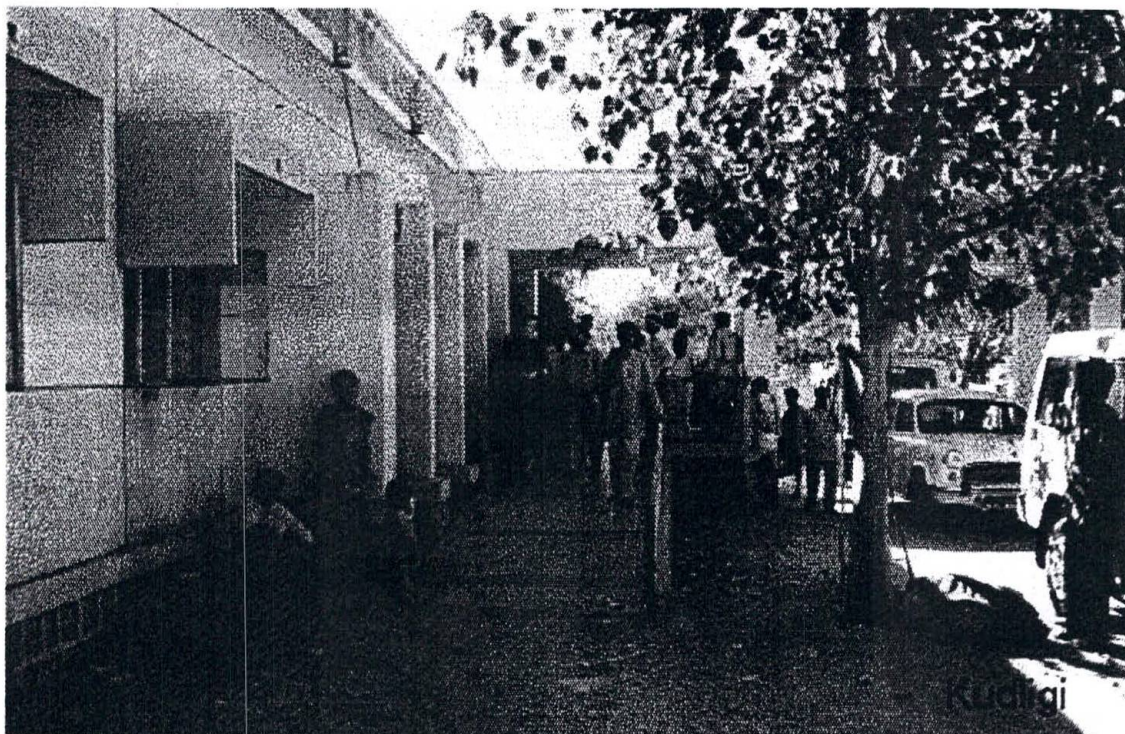
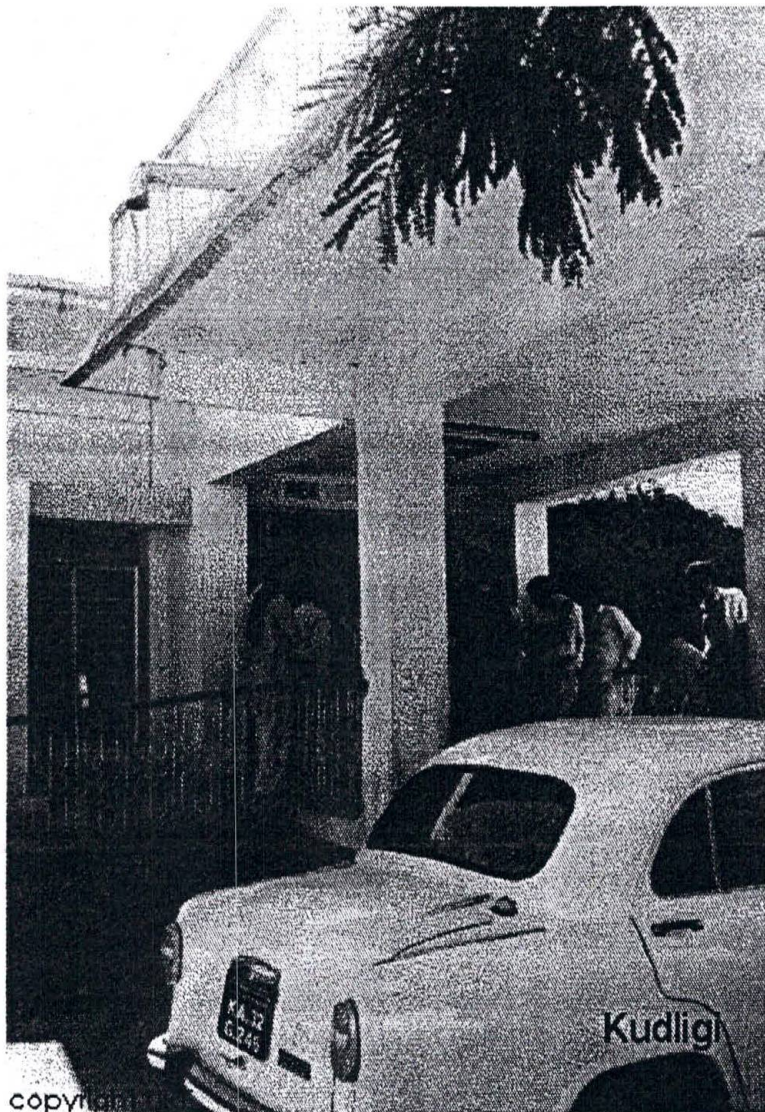
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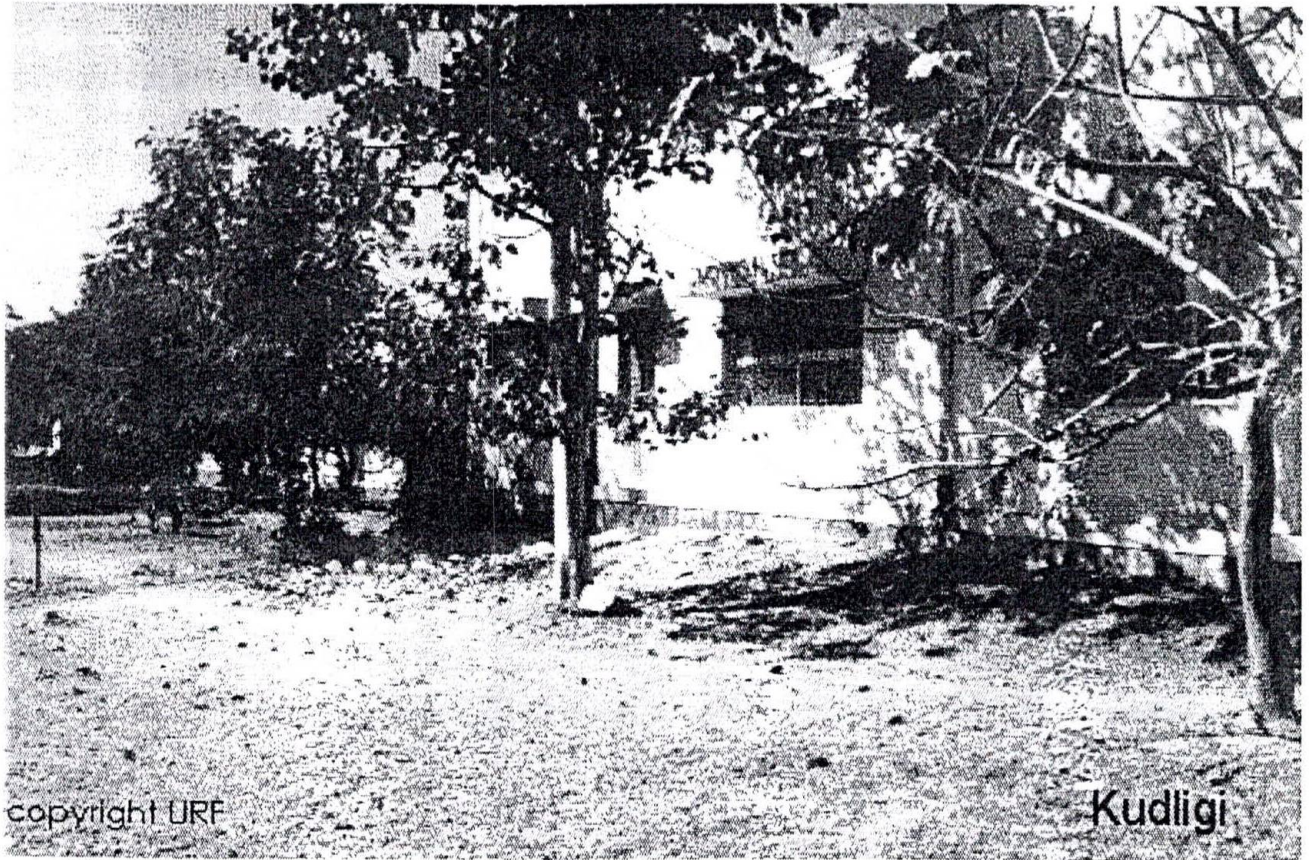
Gangavathi Hospital













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Hospet

ANNEX 7

ITINERARY OF CONSULTANT MISSION

ITINERARY

Project: Financial Cooperation with India
Upgrading Secondary Level Health Care Facilities in the
Gulbarga Division, State of Karnataka
Here: Visit of the Consultants Dr. M. Mantel and Mr. U. Fitz /SANIPLAN to
Karnataka, January 16 to 25, 2000

Dr. M. Mantel, SANIPLAN, January 25, 2000

- 15.01.2000 Departure Mr. Fitz from Pune, arrival Bangalore
- 16.01.00 Departure of Dr. Mantel from Berlin to Mumbai via Paris Air France
- 17.01.00 Arrival of Dr. Mantel at Bangalore via Mumbai by Jet Airways
Initial meeting with Mr. Thirumalachar, Consultant Project Coordinator, Dr.
Mantel and Mr. Fitz at the Consultant Office KHSDP.
Briefing of Dr. Subramanya at the KHSDP and discussion of agenda for the
consultant mission.
- 18.01. Work session with Mr. Thirumalachar, Dr. Mantel and Mr. Fitz at the
Consultant office
Clearance of results of the first five bid evaluations by Mr. Fitz.
- 19.01. Meetings with Dr. Rachamar and other KHSDP staff on progress of WB
supported Programme activities in Gulbarga Division.
Discussion of preliminary designs for three district hospitals with local
architects.
- 20.01. Departure of Mr. Thirumalachar, Dr. Mantel, Mr. Fitz from Bangalore to
Hospet/Bellary District by office car. Meeting with the Additional Director KfW
Project Gulbarga Division. Meeting with the Executive Engineer and other
personnel of the Engineering Division Gulbarga.
Site visit to three hospitals (Kudligi, Kushtagi, Gangavathi) in Bellary District.
- 24.01. Site visit to additional two hospitals (Hospet, Sandoor) in Bellary District.
Travelling back to Bangalore by car.
- 22.01. Discussion of progress report with Mr. Thirumalachar.
Meeting with Mr. Srinivas, Chief Engineer Equipment Maintenance.
Wrap up meeting with Dr. Subramanya.
Departure of Dr. Mantel to New Delhi.
- 23.01. Departure Mr. Fitz from Bangalore to Pune.

New Delhi: Meeting of Dr. Mantel with Mr. Vijay Rewal, WB Consultant for
Civil Works at his office in New Delhi.
- 24.01. KfW Office New Delhi: Meeting with Mr. Haller, Director KfW Office.
- 25.01. Departure Dr. Mantel from Delhi to Paris by Air France and arrival Berlin.

ANNEX 8

HOSPITAL PERFORMANCE INDICATORS

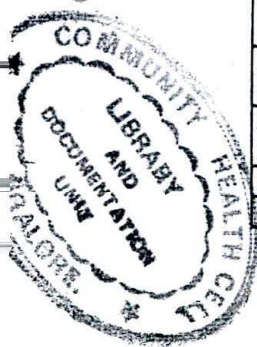
	Name of the Hospital (Existing Bed Capacity : 50)	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	
	Yadgiri	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Total
	Bed Capacity	50	50	50	50	50	50	50	50	50	50	50	50	
In Patients	IPD Remaining Pts.	415	468	322	308	444	452	555	487	498	664	539	526	5678
	New Admissions	200	206	215	189	329	270	300	308	244	264	247	222	2994
	Pts Discharged	200	395	220	192	339	274	283	312	246	248	256	222	3187
	Pts Died	2		1	2	1		1	2					9
	Pts Referred-out				1	1	2	3			5	3		15
Out Patients	OPD New	3051	3229	4028	3182	3879	4275	4855	3900	4294	4623	4405	3993	47714
	OPD Old	901	747	778	572	1620	1765	2242	1877	2003	2278	2315	1892	18990
Surgery	Surgery Major													0
	Surgery Minor	33	43	36	28	39	40	53	61	71	77	64	69	614
Hospital Deliveries	Normal	15	9	14	14	16	17	26	24	19	30	29	17	230
	High Risk													0
	Caesarean													0
Emergency	OPD													0
	IP													0
	Major Surgery													0
	Minor Surgery													0
Investigations	X-Ray	60	88	24	34	95	85	63	75	53	12	39	69	697
	ECG													0
	Ultrasound													0
Lab tests done	Haematalogy	1523	1244	1487	1338	1861	1591	1777	1651	1843	1651	1536	1183	18685
	Serology							5	5	7	6	8	13	44
	Blood Grouping				9	43	41	39	31	51	16	6	16	252
	Bio-chemistry													0
	HIV													0
	Sputum (gram)						13	40	44	37	30	32	25	221
	Cult. & Sensitivity													0
	Stool													0
	Urine	229	273	246	232	337	258	350	297	305	254	254	241	3276
	CSF													0
Post Mortems		3	3	3	8	6	3	8	2		4	4	1	45
Hospital Deaths	IP													0
	Emergency	2												2
	Infants		1											1
	Maternal													0
Post operative Casualties	Emergency													0
	Planned													0
Amount Received	Bed Charges													0
	Tests													0
Linen														
Calls Attended by Ambulance					3	3	2	1	1	1	2	3	4	20

[illegible]

[illegible]

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	Name of the Hospital (Existing Bed Capacity : 40)	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	Gulbarga	
	Hebbal	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Jun-99	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Total
	Bed Capacity	40	40	40	40	40	40	40	40	40	40	40	40	
In Patients	IPD Remaining Pts.	126	152	132	60	70	60	65	60	42	66	80		913
	New Admissions	127	135	128	60	70	60	65	82	40	58	70		895
	Pts Discharged	102	152	92	43	56	58	58	56	41	50	68		776
	Pts Died													0
	Pts Referred-out	24	62	59	17	20	24	26	15	16	20	20		303
Out Patients	OPD New	1840	1925	1990	1350	1425	1650	1690	1626	980	1040	1180		16696
	OPD Old	395	410	300	100	150	225	235	195	120	95	140		2365
Surgery	Surgery Major	62			23	21	25	16	14					161
	Surgery Minor	124	26	61	30	30	30	34	30	26	28	30		449
Hospital Deliveries	Normal	42	40	34	24	20	30	30	22	9	12	16		279
	High Risk									4				4
	Caesarean													0
Emergency	OPD	62	44	59	35	40	24	28	40	38	38	40		448
	IP	56	28	47	24	30	24	28	28	40	30	35		370
	Major Surgery	32	22				10	12	10					86
	Minor Surgery	33	26	28	28	30	30	34	35	18	16	20		298
Investigations	X-Ray				10	10	15							35
	ECG													0
	Ultrasound													0
Lab tests done	Haematology													0
	Serology													0
	Blood Grouping								26	19	10	6		61
	Bio-chemistry													0
	HIV													0
	Sputum (gram)	40	28	24	11	3	7	11	7	6	12	8		157
	Cult. & Sensitivity													0
	Stool		10											10
	Urine	40	34	15	2	30	30	30	51	30	20	19		301
	CSF													0
Post Mortems														0
Hospital Deaths	IP													0
	Emergency	68	24	28	25	30	40	40	32	32	30	25		374
	Infants	34	13	26	14	20	35	21	19	22	22	25		251
	Maternal													0
Post operative Casualties	Emergency													0
	Planned													0
Amount Received	Bed Charges													0
	Tests													0
Linen														0
Calls Attended by Ambulance														0



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DISTRICT HOSPITAL, BIDAR

HOSPITAL ACTIVITY INDICATORS FOR 1996 - 98

BED CAPACITY 283

Year	Total NO. of OP (Including Emergency)	Total NO. of IP (Including Emergency)	Total NO. of Patients		Total No. of Deaths	Total No. of Surgeries (Including Emergency)	Total No. of Deliveries (Including Emergency)	Investigations					Ambulance Calls
			Referred out	Discharged				Lab tests	X-ray	ECG	Linen	Diet	
1996	6596	207870	0		393	586	1740	43362	285	0	0	0	590
1997	75159	422881	0	14030	449	1527	2250	77125	2345	926	9404	49592	1256
1998	82909	401277	398	15423	448	1636	2196	50914	4390	1680	25414	45703	958

Year	BOR	OPD	TOR	ALS	X-ray	Surgeries	Deliveries	Lab tests	ECG	Linen	Diet	Calls
1996	6	2	0.0	0	285	586	1740	43362	0	0	0	590
1997	73	4.1	0.1	5	2345	1527	2250	77125	926	9404	49592	1256
1998	80	4	0.2	5	4390	1636	2196	50914	1680	25414	45703	958

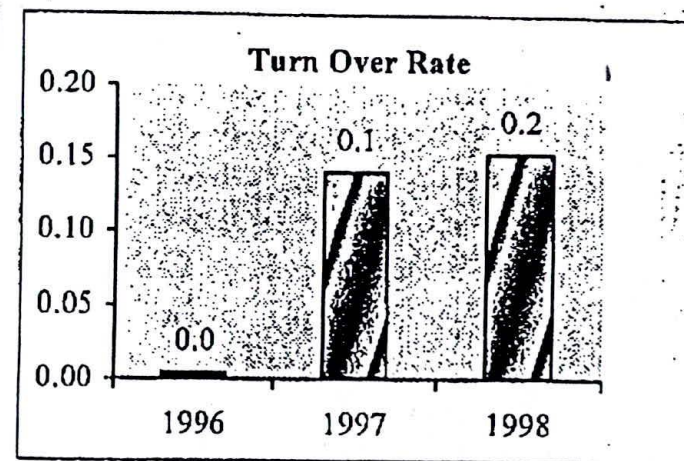
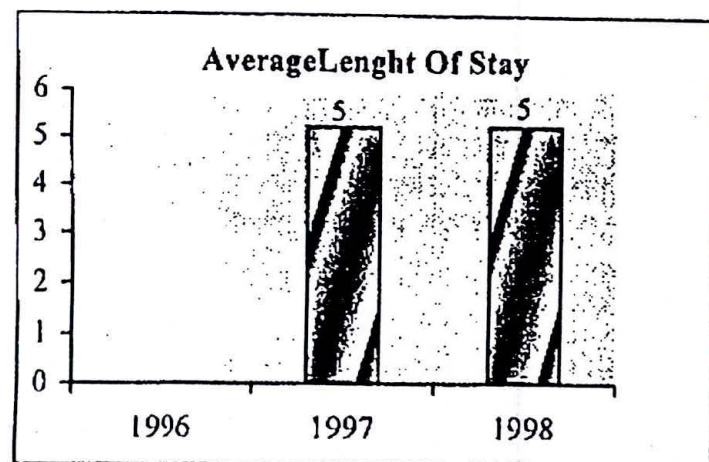
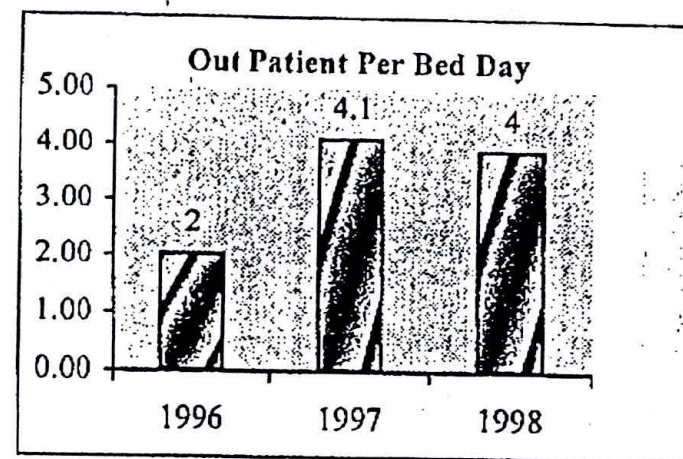
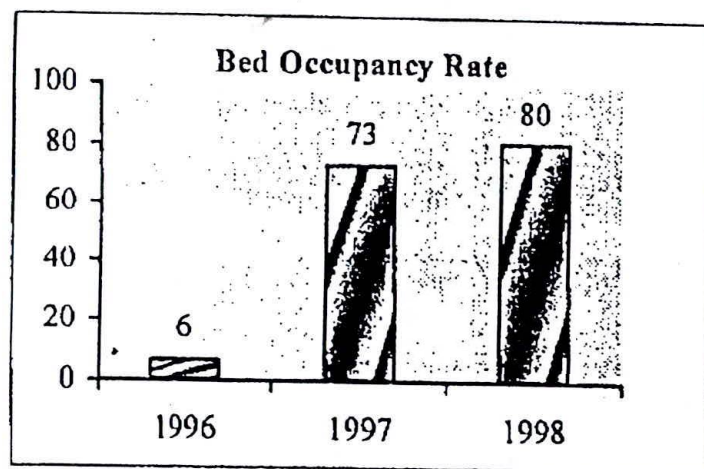
BOR = (Remaining Patients / (Bed Capacity * 365)) / 100

TOR = Annual (Total Discharges+Deaths) / Total Bed Capacity

OPD = No. of outpatient in a year / (Bed Capacity * 365)

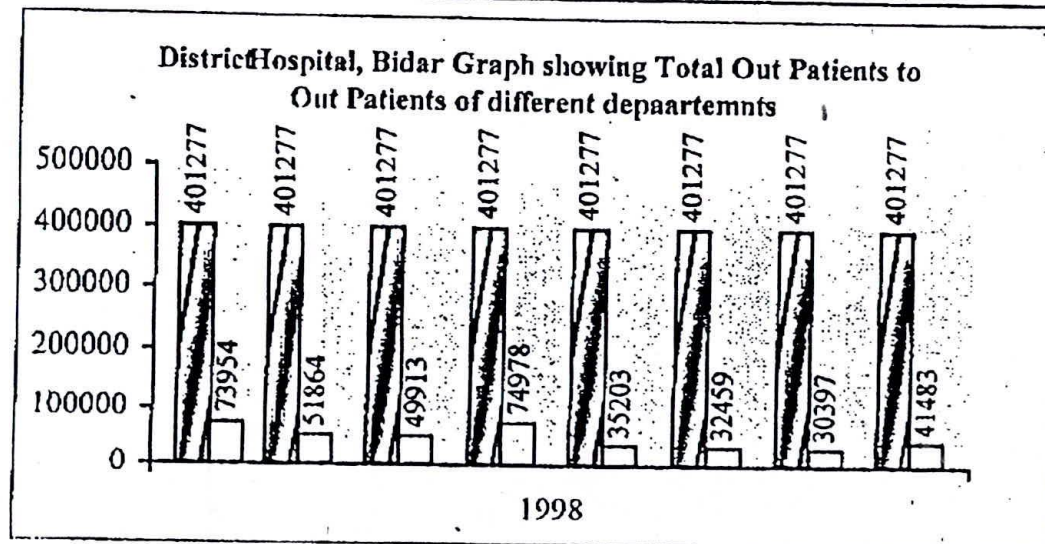
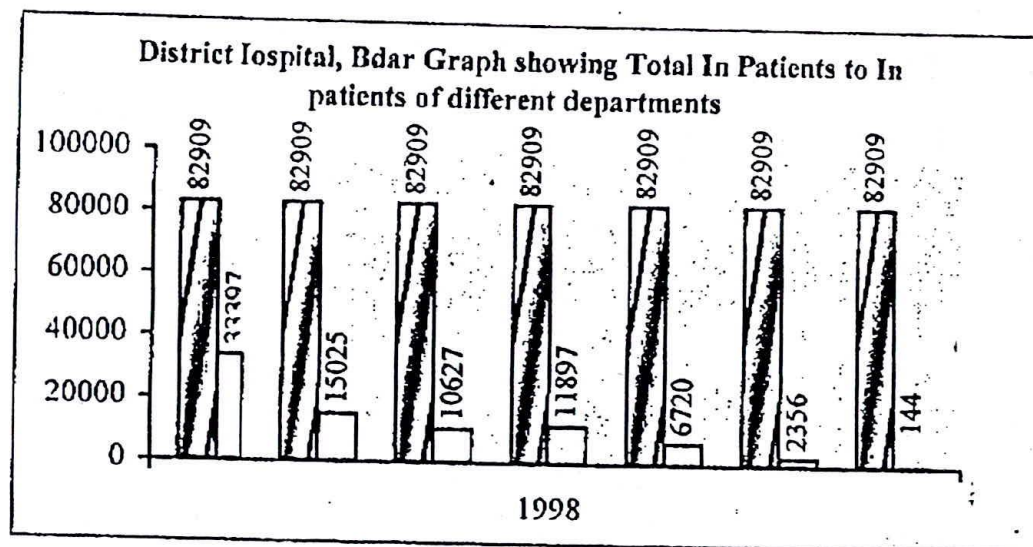
ALS = Remaining Patients / (Patients discharged+Patients died)

DISTRICT HOSPITAL, BIDAR
HOSPITAL ACTIVITY INDICATOR

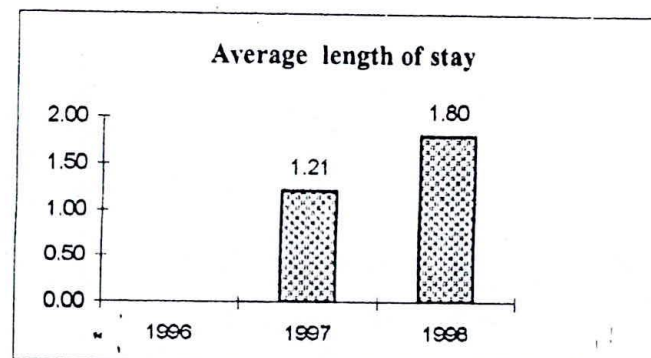
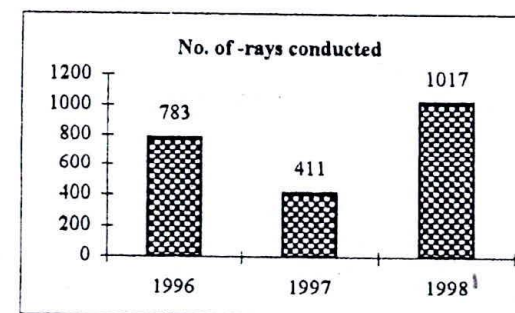
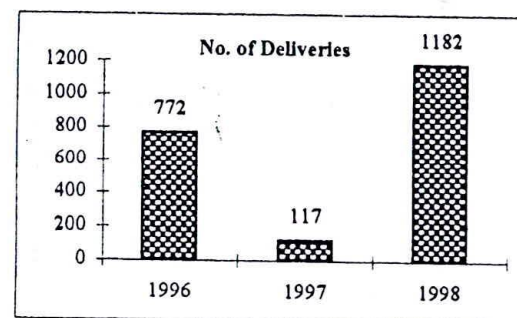
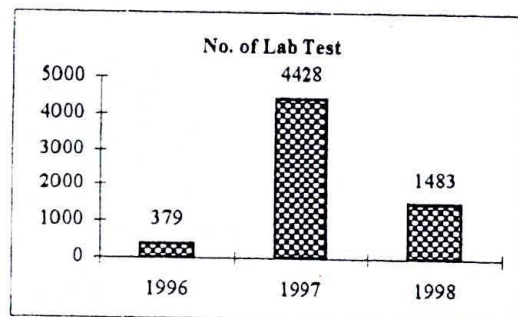
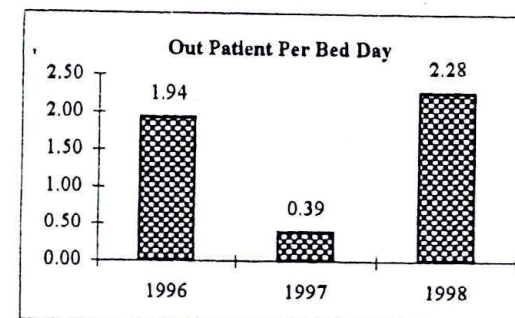
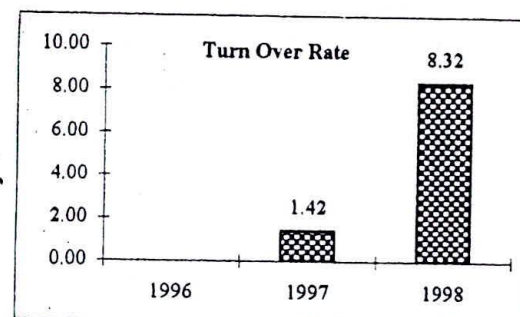
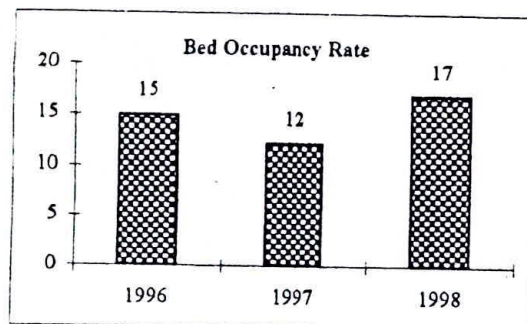


DISTRICT HOSPITAL, BIDAR HOSPITAL ACTIVITY INDICATOR

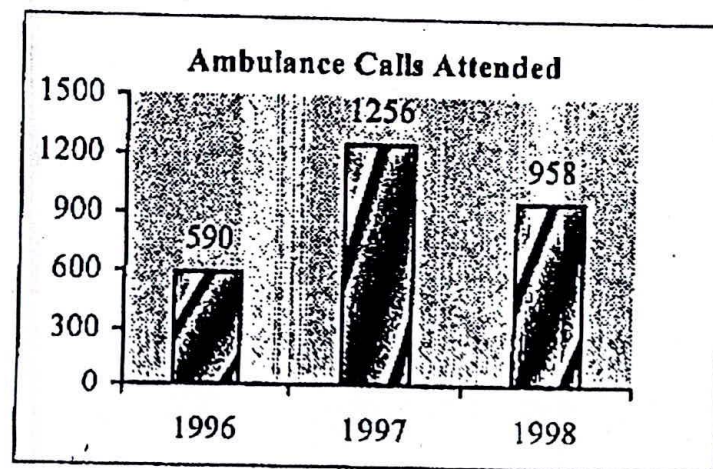
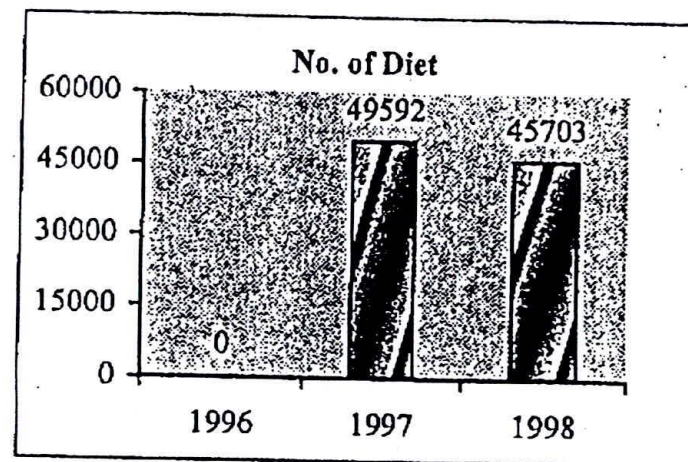
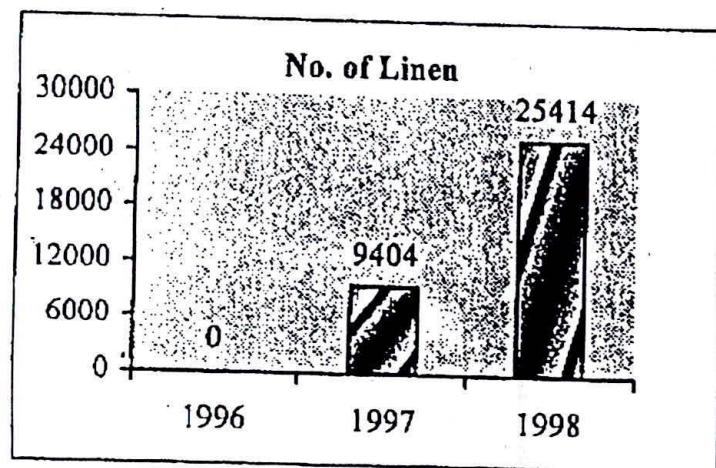
Year 1998			
Total IP	82909	Total OP	401277
Medical	33397	Medical	73954
Total IP	82909	Total OP	401277
Surgical	15025	Surgical	51864
Total IP	82909	Total OP	401277
OBS/Gynae	10627	OBS/Gyna	49913
Total IP	82909	Total OP	401277
Paediatric	11897	Paediatric	74978
Total IP	82909	Total OP	401277
Ortho	6720	Ortho	35203
Total IP	82909	Total OP	401277
Opthalmic	2356	Opthalmic	32459
Total IP	82909	Total OP	401277
ENT	144	ENT	30397
		Total OP	401277
		Skin	41483



GENERAL HOSPITAL, CHENNARAYAPATNA



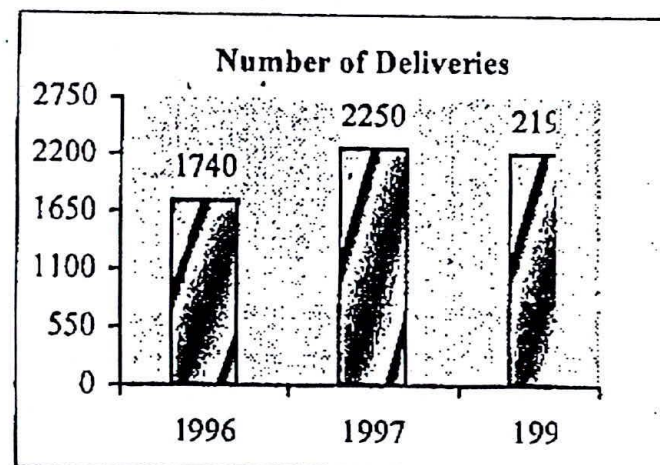
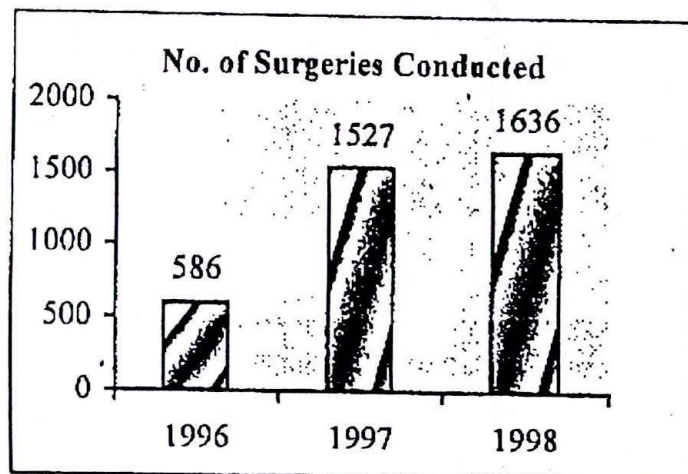
DISTRICT HOSPITAL, BIDAR
HOSPITAL ACTIVITY INDICATOR



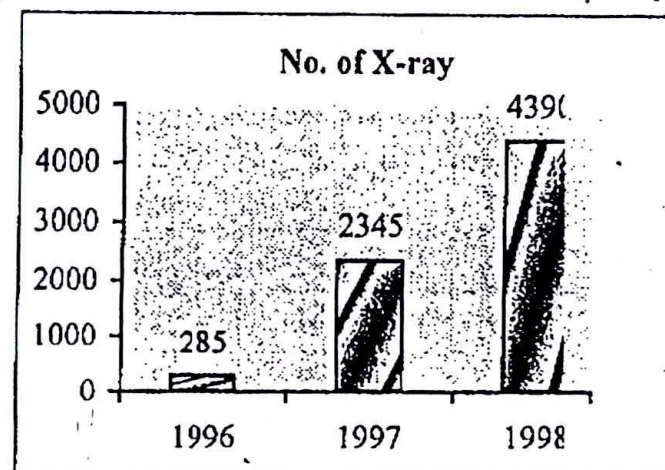
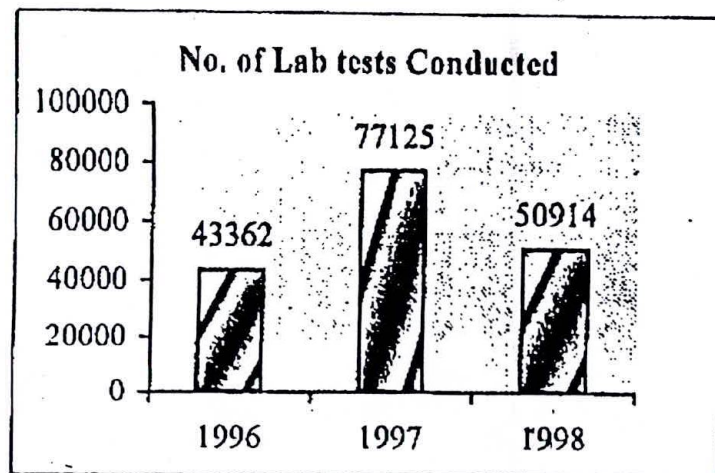
DISTRICT HOSPITAL, BIDAR

HOSPITAL EFFICIENCY INDICATOR

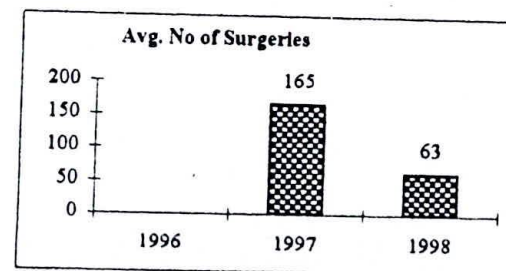
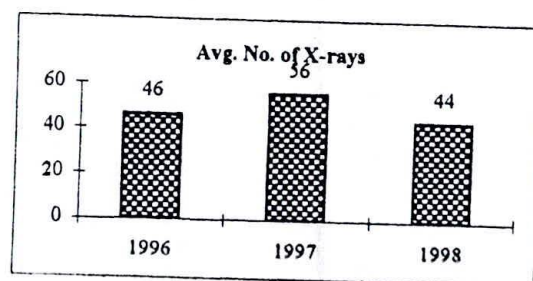
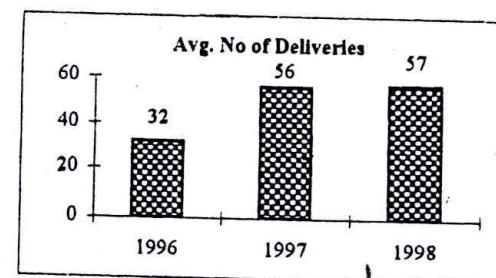
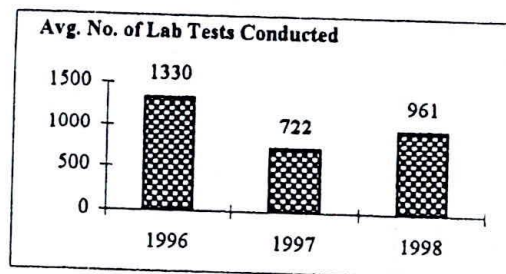
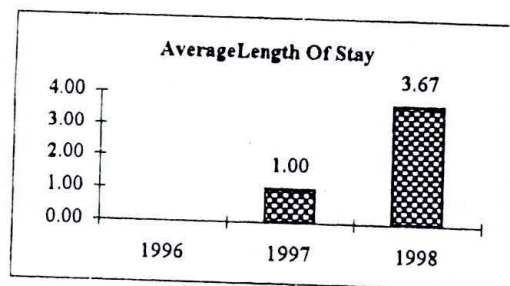
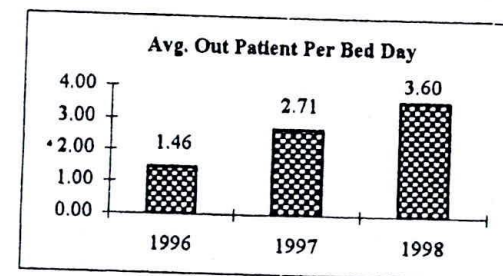
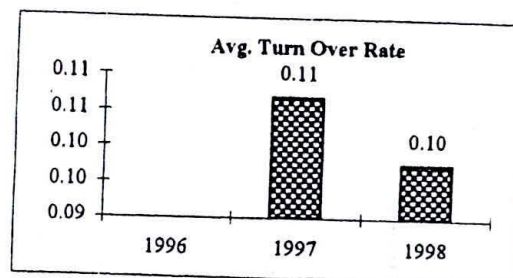
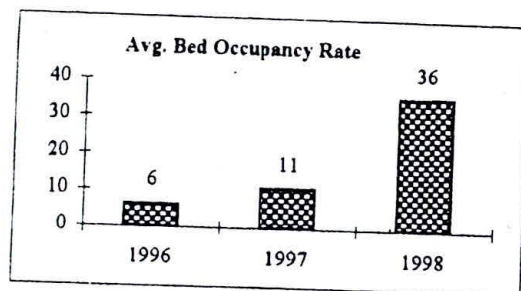
CLINICAL SERVICES



DIAGNOSTIC SERVICES



GENERAL HOSPITAL, BHADRAVATI



ANNEX 9

TIME SCHEDULE

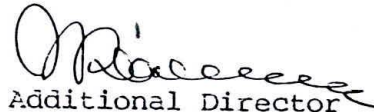
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ANNEX 10

STATEMENT SHOWING EXPENDITURE OF PROJECT OFFICE GULBARGA DIVISION

STATEMENT SHOWING THE DETAILS EXPENDITURE OF DISPOSAL FUND UPTO 12/99

Cost of Grant Project Released.	Expendi- ture upto 31-3-99	Expenditure. from 4/99 to 12/99	Total Expendit- ure.	Expenditure in Detail	Balance of Grant.
1	2	3	4	5	6
52.67	1,06,57,706-00	21,10,757-00	50,79,642-00	71,90,399/-	
				1)Purchase of Vehicle	23,31,903
				2)Perchase of fernichre	4,12,460
				3)Paid to Architecture.	12,20,320
				4)Paid to civil works.	31,95,274
				Total Expenditure:-	71,59,957
				5)F.S.D. to be paid.	30,442
				Cummulative Exp. Rs.	71,90,399


Additional Director
Karnataka Secondary Level Hospital
Development Project, (KFW) Gulbarga.


For the Month of : 12/99

Under the Head of Account 2210-01-110-2-80

Sl. No.	Head of Account	GRANTS ALLOCATED			EXPENDITURE - Excluding AC Bills			NDC Bills		Net Expenditure	Balance of Grant
		Upto beginning of Month	During the Month	Upto end of Month	Upto beginning of month	During the Month	Upto end of Month	AC Bills Drawn	NDC Submitted		
1	2	3	4	5	6	7	8	9	10	11=8+10	12=5-(8+9)
1	002 Pay of Officers	900000	-	900000	113999	97280	211279	-	-	211279	688721
2	003 Pay of Staff	1000000	-	1000000	763458	111225	874683	-	-	874683	125317
3	004 Intern Relief	-	-	-	-	-	-	-	-	-	-
4	011 Dearness Allowance	760000	-	760000	318009	70931	388940	-	-	388940	371060
5	014 Other Allowances	150000	-	150000	59363	9053	68416	-	-	68416	81584
6	041 Travelling	200000	-	200000	97223	7218	104441	-	-	104441	95559
7	050 Office Expenses	1100000	-	1100000	617661	186581	804242	-	-	804242	295758
8	058 Electricity & Water	-	-	-	-	-	-	-	-	-	-
9	072 Rent, Rate & Taxes	-	-	-	-	-	-	-	-	-	-
10	191 Fuel & Oil Expenses - Vehicles	100000	-	100000	18184	20379	38563	-	-	38563	61437
11	200 Vehicle Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-
12	314 Laboratory Charges	-	-	-	-	-	-	-	-	-	-
13	222 Drugs & Chemicals	-	-	-	-	-	-	-	-	-	-
14	060 Other Charges	100000	-	100000	65000	-	65000	-	-	65000	35000
	TOTAL	4310000	-	4310000	2052897	502667	2555564	-	-	2555564	1754436

We hereby Certify that

- Grants amounting to Rs. 4310000 has been allocated to the agency.
- Cummulative Expenditure upto the end of the month is Rs. 2555564
- AC Bill amounting to Rs. - has been drawn from the treasury.
- Expenditure statement (NDC) amounting to Rs. - is being submitted.
- Bills and Vouchers have been serially numbered and filed separately at this office.
- The Project expenditure is recorded in relevant Books of Accounts and are up to date


Additional Director
Karnataka Secondary Level Hospital
Development Project (KFW)
Signature of the Drawing Officer.

Hospital Development
Project (KFW)
Guibarga

For the Month of : MARCH, 1999

Under the Head of Account: 2210-01-110-2-83

Sl No	Head of Account	GRANTS ALLOCATED			EXPENDITURE-Excluding AC Bills			NDC Bills		Net Expenditure	Balance of Grant
		Upto beginning of Month	During the Month	Upto end of Month	Upto beginning of Month	During the Month	Upto end of Month	AC Bills Drawn	NDC Submitted		
1	2	3	4	5	6	7	8	9	10	11=8+10	12=5-(8+9)
1	002 Pay of Officers	367000	-	367000	72622	11150	83772	-	-	83772	
2	003 Pay of Staff	463000	-	463000	239907	59905	299812	-	-	299812	
3	004 Interim Relief	166000	-	166000	37676	2230	39906	-	-	39906	
4	011 Dearness Allowance	1437000	-	1437000	33544	26577	362321	-	-	362321	
5	014 Other Allowances	190000	-	190000	30647	4283	34930	-	-	34930	
6	041 Travelling	100000	20000	120000	66555	32172	98727	-	-	98727	
7	050 Office Expenses	650000	75000	725000	463031	171817	634848	-	-	634848	
8	058 Electricity & water										
9	072 Rent, Rate & Taxes										
10	191 Fuel & Oil Expenses-Vehicles										
11	200 Vehicle Repairs & Maintenance										
12	314 Laboratory Charges										
13	222 Drugs & Chemicals										
14	050 Other Charges*										
TOTAL		3373000	95000	3468000	1246182	308138	1554316	-	-	1554316	

Balance
grant surrendered
on 31-3-99

We hereby Certify that

- Grants amounting to Rs. 3468000 has been allocated to the agency.
- Cummulative Expenditure upto the end of the month is Rs. 1554316
- AC bills amounting to Rs. - has been drawn from the treasury.
- Expenditure statement (NDC) amounting to Rs. - is being submitted.
- Bills and Vouchers have been serially numbered and filed seperately at this office.
- The Project expenditure is recorded in relevant Books of Accounts and are up to date
- Bills, necessary vouchers and Books of Accounts are kept at this office and will be made available for Verification.

Additional Director
Karnataka Secondary Level Hospital
Development Project (KFW)
Guibarga

ANNEX 11

EXPENDITURES CIVIL WORKS (URGENT REPAIRS)

STATEMENT SHOWING THE EXPENDITURE INCURRED WORKWISE IN RESPECT OF WORKS PERTAINING TO
K.H.S.D.P (KfW), Sub-Division, GULBARGA

Sl.No	Name of Work	Agency	Estimate Amount in Lakhs	Expenditure Incurred upto Dec 1999	Remarks
1	2	3	4	5	6
1	<i>Urgent Repairs to Electrical and Sanitary Systems at General Hospital at ALAND in Gulbarga District.</i>				
(a)	For Electrification	Jagannath Electrification, Gulbarga	2.37	---	Work is completed, Payment is to be made
(b)	For Sanitary Works	N.B Patil, Chittapur	0.38	—	Work is being rescinded as the contractor has not yet started the work.
2	<i>Urgent Repairs to Electrical and Sanitary Systems at Community Health Centre at MADANA HIPPERGA in Gulbarga District.</i>				
(a)	For Electrification	N.B Patil, Chittapur	0.95	---	Work is completed, Payment is to be made
(b)	For Sanitary Works	N.B Patil, Chittapur	0.45	—	Work under progress
3	<i>Urgent Repairs to Electrical Works and Sanitary Systems at Community Health Centre at KALGI in Gulbarga District.</i>				
(a)	For Electrification	Jagannath Electrification, Gulbarga	1.50	—	Work is completed, ^{made} Payment is to be made
(b)	For Sanitary Works	N.B Patil, Chittapur	1.02	—	Work is being rescinded as the contractor has not yet started the work.
4	<i>Improvements to existing work shop building behind General Hospital at Gulbarga Dist., to Office of the Additional Director and Engineering Wing of the KfW Project.</i>				
(a)	Rehabilitation & Security Arrangement (4s wing)		0.17	---	Agency is to be fixed
(b)	Providing R.C.C Roofing to existing A.C Sheet roofing for E.E Office & A.E.E Office	Chandrashekar	2.98	2.50	Work completed. Final claims to be settled
(c)	Providing Rooms in front wing (Attached to)	Taranadi Annur	3.21	0.50	Work under progress
(d)	Providing W.P.C to existing RCC Roof portion	Anil Udgirker	1.35	0.90	Work completed. Final claims to be settled

Sl.No	Name of Work	Agency	Estimate Amount in Lakhs	Expenditure Incurred upto Dec 1999	Remarks
1	2	3	4	5	6
(e)	Repairs existing sewer line to Additional Director Building at Gulbarga	Anil Udgirker	0.55	—	Work is completed, Payment is to be made
(f)	Providing Compound Wall with Gates	Anil Udgirker	3.40	3.30	Work is completed
(g)	Land Scaping and Arboriculture	Yousuf, Gulbarga	0.70	0.18	Work under progress
(h)	Approach Road to KfW Office	Srinath, Gulbarga	0.46	0.20	Work is completed
(i)	Work on compound wall at station (R/S wing)	0049 30 85962447	1.36	—	Work is completed made
5	Urgent repairs to workshop building at General Hospital at Gulbarga for converting into KfW D. Office				
(a)	Office formating to flooring	Bhavahara Ganapathi, Gulbarga	1.00	0.75	Work is completed
(b)	Sinking Borewell and commissioning	Saktivel Borewell Company, Gulbarga	1.40	0.82	Sinking of borewell is completed and erection of pump is done. Pipeline work is in progress
(c)	Electrification including providing ceiling fan etc.	Basaveshwar Electrical Works, Gulbarga	0.60	0.59	Work is completed
6	Urgent repairs to General Hospital at Gulbarga.				
(a)	Urgent repairs to Electrical System to Ward No. 51 & 52	Mallikarjun . K	1.57	1.50	Work is completed, Payment is to be made
(b)	Urgent Repairs to P.W.D Ward No.1 - Ground Floor, First Floor, Second Floor	Chandrashekar	2.58	2.37	Work under progress
(c)	Repairs to roof leakage over special Ward	Chandrashekar	0.51	—	Work under progress
(d)	Fixing of Glases to Windows	Chandrashekar	0.34	—	Work under progress
(e)	Urgent Repairs to Dist. Hospital, Bidar	Md. Amzad Ali	3.00	2.94	Work is completed
	Total		31.96	15.05	

ANNEX 12

ESTIMATED COSTS FOR CIVIL WORKS (CONSTRUCTION / REHABILITATION)

Estimated Costs for Civil Works (Rehabilitation and Construction)

Status 10.02.2000

ID	Hospital	No. of beds	Cost estimate		Remarks
			Rs.	DM*	
BE01	Chikkajogihalli	30	9.138.000	380.750	as per Pre-Design
BE02	Hadagalli	50	7.400.000	308.333	as per Final Design
BE03	Hospet	100	9.420.000	392.500	as per Pre-Design
BE04	Kudligi	50	9.001.000	375.042	as per Pre-Design
BE05	Sandoor	50	7.974.000	332.250	as per Final Design
BE06	Siruguppa	50	12.000.000	500.000	as per Pre-Design
BI01	Aurad	50	12.600.000	525.000	as per Final Design
BI02	Basavakalyan	50	9.300.000	387.500	as per Final Design
BI03	Humnabad	50	13.500.000	562.500	as per Final Design
BI04	Mannekahalli	30	7.260.000	302.500	as per Final Design
BI05	Bhalki				deferred to Phase II
GU01	Chincholi	50	17.000.000	708.333	as per Final Design
GU02	Jewargi	50	10.821.000	450.875	as per Pre-Design
GU03	Kalgi	30	6.395.000	266.458	as per Pre-Design
GU04	Madana Hipperga	30	8.865.000	369.375	as per Final Design
GU05	Shahbad	30	10.500.000	437.500	as per Final Design
GU06	Shapur	50	7.050.000	293.750	as per Final Design
GU07	Yadgir	100	16.500.000	687.500	as per Final Design
GU08	Afzalpur				deferred to Phase II
GU09	Aland				deferred to Phase II
RA01	Devadurga	50	17.200.000	716.667	as per Final Design
RA02	Gangavati	100	23.400.000	975.000	as per Pre-Design
RA03	Koppal	50	15.300.000	637.500	as per Final Design
RA04	Kushtagi	50	12.700.000	529.167	as per Final Design
RA05	Lingasugur	100	22.500.000	937.500	as per Pre-Design
RA06	Sindhanoor	50	11.340.000	472.500	as per Pre-Design
	TOTAL	1.250	277.164.000	11.548.500	* 1 DM = 24 Rs.

ANNEX 13

ANNUAL HEALTH CHECK UP IN THE FIVE DISTRICTS OF GULBARGA DIVISION

District : Gulbarga

Disease Statistics

Name of Disease	Disease Statistics													Total	Grand Total
	No. of Patients with Disease														
	Jan '99	Feb '99	Mar '99	Apr '99	May '99	June '99	July '99	Aug '99	Sept '99	Oct '99	Nov '99	Dec '99			
Fever Cases	213	218			70	468	1712						2681	7749	
Diarrhoea	181	80			34	236	561						1092	3136	
Gastro-enteritis		5			3	19	66						93	238	
Upper Respiratory Infection	187	67			34	274	672						1234	5037	
Pneumonia	11	29			6	12	95						153	603	
Tuberculosis (suspected)	58	26			3	14	75						176	387	
Worm Infestations	193	52			24	167	479						915	2684	
(Clinical & Stool positive cases)													0	#####	
Anaemia (Hb% 6 gm & below)	56	73				178	545						852	2987	
Eyes :	7	20			1	55	123						206	421	
a) Vitamin 'A' Deficiency (night blindness, Bitots spots)	15	30			9	44	65						163	416	
													0	#####	
b) Eye infection	33	35			8	71	345						492	904	
c) Cataract	29	35			2	36	88						190	559	
d) Refractory errors	50						43						93	219	
Ears :	25	17				52	193						287	526	
a) Discharge	22				16	47	34						119	411	
b) Foreign Body / Wax	2	51				2	210						265	374	
Dental & gum diseases	58	32			16	69							175	742	
Skin Diseases	86				32	78							196	1059	
a. Leprosy		20				8	18						46	108	
b. Scabies	80	72			16	84	309						561	1334	
c. Pyoderma	61	26			10	63	284						444	1846	
d. Others	2	53			38	288	440						821	1531	
Pelvic Inflammatory Diseases	7	5			2	28	82						124	363	
a. Cervicitis	34				2	18	91						145	320	
b. Salpingitis	2					3	36						41	62	
c. Endometritis	10	6				1	28						45	53	
Pre-eclampsia							10						10	16	
Sexually Transmitted Diseases	4						286						290	415	
High Blood Pressure						11	28						39	91	
Diabetes (Sugar present in urine)	6					7	15						28	73	
Gonitre		2											2	19	
Fluorosis						10							10	274	
Lameness from any cause						10							10	59	
Any other diseases not included above	92	76			90	579	1057						1894	4326	

Yellow Card Scheme
Annual Health Check up for SC / ST Population

District : Raichur

Disease Statistics

Name of Disease	No. of Patients with Disease													
	Jan '99	Feb '99	Mar '99	Apr '99	May '99	June '99	July '99	Aug '99	Sept '99	Oct '99	Nov '99	Dec '99	Total	Grand Total
Fever Cases				559	973	1246	710						3488	5812
Diarrhoea				268	328	450	159						1205	1786
Gastro-enteritis													0	0
Upper Respiratory Infection				350	642	736	612						2340	2502
Pneumonia				48	61	136	28						273	505
Tuberculosis (suspected)				69	65	23	56						213	213
Worm Infestations				246	300	279	229						1054	4479
(Clinical & Stool positive cases)													0	0
Anaemia (Hb% 6 gm & below)				85	363	398	241						1089	1089
Eyes :				129	86	60	24						299	299
a) Vitamin 'A' Deficiency (night blindness, Bitots spots)				35	74	11	58						178	178
b) Eye infection				110	104	173	155						542	542
c) Cataract				43	53	46	26						168	168
d) Refractory errors				6	13	19	10						48	48
Ears :					120	30							150	150
a) Discharge				106	5	115	64						290	290
b) Foreign Body : Wax				3	12	16	38						69	69
Dental & gum diseases				179	87	133	130						529	529
Skin Diseases				144	178	107	113						542	542
a. Leprosy				10	6	2	8						26	26
b. Scabies				86	200	184	168						638	1036
c. Pyoderma				103	174	128	128						533	533
d. Others				29	1069	258	848						2204	2204
Pelvic Inflammatory Diseases				44	8	19	4						75	75
a. Cervicitis				22	25		20						67	67
b. Salpingitis				2			3						5	5
c. Endometritis				6			11						17	17
Pre-eclampsia				6			70						76	76
Sexually Transmitted Diseases				64	46	49	45						204	204
High Blood Pressure				28	32	48	6						114	180
Diabetes (Sugar present in mine)				11	121	28							160	183
Goitre						2							2	2
Hirsutism							28						28	28
Lameness from any cause													0	0
Any other diseases not included above				682	1640	707	1371						4400	4400

Yellow Card Scheme
Annual Health Check up for SC/ST Population

District : Bellary

Disease Statistics

Name of Disease	No. of Patients with Disease													
	Jan '99	Feb '99	Mar '99	Apr '99	May '99	June '99	July '99	Aug '99	Sept '99	Oct '99	Nov '99	Dec '99	Total	Grand Total
ever Cases		1305	1378	1827	87		2014						7381	9260
diarrhoea		643	858	1208	93		765						4397	5267
astro-enteritis		25	77	11	2		67						209	287
pper Respiratory Infection		1577	1020	1736	122		1320						6865	8388
pneumonia		115	129	311	14		130						799	927
tuberculosis (suspected)		106	57	25	8		65						338	442
form Infestations		408	619	764	44		554						2819	3687
Clinical & Stool positive cases)													0	0
naemia (Hb% 6 gm & below)		492	487	781	21		30						2061	3047
ves :													0	16
Vitamin 'A' Deficiency (night blindness, Bitots spots)		239	142	230	24		111						936	1847
Eye infection		249	265	6	24		204						0	0
Cataract		113	175	193	10		100						938	1318
Refractory errors		80	101	138	13		63						701	894
ars :													515	552
Discharge		235	325	397	20		270						0	91
Foreign Body / Wax		73	85	127	2		197						1437	1697
ental & gum diseases		279	333	332	36		225						514	590
kin Diseases													1545	1966
Leprosy		63	62	23	51		11						0	267
Scabies		395	545	390	36		285						213	337
Pyoderma		443	370	287	23		218						1921	2426
Others			90	194	31								1541	2025
elvic Inflammatory Diseases		81	23	68			188						314	588
Cervicitis		54	32	96	3		33						360	499
Salpingitis		28	19	67	6		24						249	416
Endometritis		29	26	53	1		5						199	214
e-clampsia		8	4		1		7						115	128
ually Transmitted Diseases		51		259	13		194						27	27
igh Blood Pressure		71	365	84	6		92						637	688
abetes (Sugar present in urine)		19	60	353	6		88						678	1104
ontre		40		12			2						581	641
utosis		89	435	95	22		259						54	58
ameness from any cause		21			13		4						1150	2139
ny other diseases not included above		3786	760	3084	275		1562						183	201
													11957	13877

Yellow Card Scheme
Annual Health Check up for SC/ST Population

District : Bidar

Disease Statistics

District - Bidar																	
Disease Statistics																	
Sl. No.	Name of Disease	No. of Patients with Disease														Total	Grand Total
		Jan '99	Feb '99	Mar '99	Apr '99	May '99	June '99	July '99	Aug '99	Sept '99	Oct '99	Nov '99	Dec '99				
1	Fever Cases	157	16	710										883	1263		
2	Diarrhoea	131	14	620										765	958		
3	Gastro-enteritis	212												212	345		
4	Upper Respiratory Infection	21	6	780										807	986		
5	Pneumonia		8	210										218	229		
6	Tuberculosis (suspected)													0	11		
7	Worm Infestations	77	51	380										508	632		
	(Clinical & Stool positive cases)																
8	Anaemia (Hb% 6 gm & below)	13		930										943	1110		
9	Eyes :													0	21		
	a) Vitamin 'A' Deficiency (night blindness, Bitots spots)													0	29		
	b) Eye infection													0	24		
	c) Cataract													0	41		
	d) Refractory errors													0	13		
10	Ears :													0	8		
	a) Discharge													0	22		
	b) Foreign Body Wax													0	0		
11	Dental & gum diseases													0	28		
12	Skin Diseases													0	0		
	a. Leprosy													0	10		
	b. Scabies	78	10											88	280		
	c. Pyoderma			810										810	870		
	d. Others													0	28		
13	Pelvic Inflammatory Diseases													0	3		
	a. Cervicitis													0	7		
	b. Salpingitis													0	7		
	c. Endometritis													0	2		
14	Pre-eclampsia													0	0		
15	Sexually Transmitted Diseases													0	0		
16	High Blood Pressure		1	50										51	63		
17	Diabetes (Sugar present in urine)			5										5	229		
18	Gout													0	3		
19	Hypertosis													0	0		
20	Lameness from any cause													0	0		
21	Any other diseases not included above	880	823											1703	1703		

Yellow Card Scheme
Annual Health Check up for SC / ST Population

District : Koppal

Disease Statistics

Name of Disease	No. of Patients with Disease													
	Jan '99	Upto Feb '99	Mar '99	Apr '99	May '99	June '99	July '99	Aug '99	Sept '99	Oct '99	Nov '99	Dec '99	Total	Grand Total
Over Cases		389	88	160	19	50	88						794	794
Diarrhoea		14	44	20	10	18	17						123	123
Gastro-enteritis							12						12	12
Upper Respiratory Infection		38	70		16	11							135	135
Pneumonia		42	16	46	6	14	10						134	134
Tuberculosis (suspected)													0	0
Worm Infestations		32	41	38	12	6	17						146	146
Clinical & Stool positive cases)													0	0
Polycythemia (Hb% 6 gm & below)		69	42	40	4	2	33						190	190
Deficiencies:													0	0
Vitamin 'A' Deficiency (night blindness, Bitots spots)													0	0
Eye infection													0	0
Cataract													0	0
Refractory errors													0	0
Discharge													0	0
Foreign Body / Wax													0	0
Dental & gum diseases													0	0
Skin Diseases													0	0
Leprosy													0	0
Scabies		69	18	4	14	6	22						133	133
Pyoderma													0	0
Others													0	0
Gynec Inflammatory Diseases													0	0
Cervicitis													0	0
Salpingitis													0	0
Endometritis													0	0
Eclampsia													0	0
Sexually Transmitted Diseases													0	0
High Blood Pressure		2	9		2		3						16	16
Diabetes (Sugar present in urine)			3		1	1							5	5
Jaundice													0	0
Proteinuria													0	0
Menstrual irregularity from any cause													0	0
And other diseases not included above		121			100	8	276						505	505

THIRUMALACHAR

MON, 06-DEC-99 16:27