

Reproductive and Child Health

**Sub-Project Proposal
Bellary District**

**Department of Health and Family Welfare Services
Government of Karnataka
Bangalore, November 1996**

CONTENTS

<u>CHAPTER</u>	<u>TITLE</u>	<u>PAGE NO.</u>
1.	Background	1
2.	Profile of Bellary District	3
2.1	Socio-Economic & Demographic Characteristics	3
2.2	Health Infrastructure	4
2.3	Budget for Primary Health Care	5
2.4	Health System Staff	6
2.5	Performance Indicators of FP & MCH	8
2.6	Selection of the District	10
2.7	Policy Commitment by the State	10
3.	Gaps in the Health Care Delivery & Utilisation	11
4.	On-going Externally Aided Projects in Bellary District	12
4.1	India Population Project IX(K)	13
4.2	KFW (German Project)	16
5.	Ability of the district to implement the Sub-project	17
6.	Objective & Scope of the Project	18
6.1	Logical Frame Analysis (LFA)	19
7.	Output Indicators : Desired Achievements	26
7.1	Anticipated Values of Indicators	26
7.1.1	Impact Indicators	27
7.2	Priority Groups and Beneficiaries	27
8.	Activities of the Project	28
8.1	Strengthen delivery of Services	29
8.1.1	Civil Works	29
8.1.2	Equipment	31
8.1.3	Furniture	32
8.1.4	Vehicles	35
8.1.5	Communication Facility	35
8.1.6	Incremental Staff	36
8.2	Improving Quality of Services	36
8.2.1	Training	36
8.2.2	Drugs	39
8.3	IEC	40
8.4	Community Participation	42

<u>CHAPTER</u>	<u>TITLE</u>	<u>PAGE NO.</u>
9.	Project Management	44
9.1	Organisation Structure	44
9.2	Staff Deployment	45
9.3	Civil Works and Procurement	45
9.4	Financial Management	45
	Organisation Chart	46
9.5	Project Monitoring	47
9.6	Action Plan for One Year	53
10	Project Cost	55
11	Sustainability	
Annexe-I		
Form A - Health Facilities (New Construction Works)		59
Annexe-II		
Form A - Health Facilities (New Construction Works)		67
Annexe - III		
Form C - Health Facilities		74
	(Expansion and or Renovation of Existing Facilities and Miscellaneous Repair)	
Annexe - IV		
Form A - Health Facilities (New Construction Works)		80
Annexe - V		
List of Drugs for RTI/STI		85
Annexe - VI		
List of Private Hospitals in Bellary District		86
Annexe - VII		
List of Voluntary Organizations		88

INDIA

KARNATAKA

Bellar District

Bidar

Gulbarga

Raichur

Chitradurga

Tumkur

Kodur

Bangalore

Manjya

Mysore

Kodagu

Kannada

Davangere

Shimoga

Chikmagalur

Hassan

Channarayana

Bellar

Kudligi

Burappanahalli

Eadacali

H.B. Halli

Sandur

Sospet

Siraguppa

INDEX

1.	P.B.C.
2.	P.B.D.
3.	C.B.C.
4.	G.E.
5.	ANM HQ
6.	LBV HQ
7.	Taluka HQ

INDEX

1. P.B.C.
2. P.B.U.
3. C.B.C.
4. G.B.
5. ANM HO
6. LBV RO.
7. Taluka EQ.

SUB-PROJECT PROPOSAL ON REPRODUCTIVE AND CHILD HEALTH (RCH) BELLARY DISTRICT

1. BACKGROUND

The Ministry of Health and Family Welfare. (MoHFW) Government of India, planning to develop and launch Reproductive and Child Health Project with financial assistance from the World Bank which will replace the CSSM and Family Planning interventions. The MoHFW has requested the State Governments to prepare model family welfare and health care project proposal for one district keeping in view the guidelines provided by it.

The objective of the proposed RCH project is to implement recent policy decisions for improving the quality and coverage of the family welfare programme and for providing reproductive and child health services. The main features of the Project are:

- ❑ Perceiving the client's needs, providing user-friendly services and enabling clients to make informed choices.
- ❑ Improving access to essential package of health services which address the needs of women and men throughout the reproductive cycle.
- ❑ Integration of field level functionaries and workers and involving private medical practitioners and voluntary organisations.

The package of services proposed fall under two broad heads.-- Reproductive health and child survival. The elements covered under each head are as listed below.

REPRODUCTIVE HEALTH:

- * Promotion of responsible and healthy sexual behaviour
- * Interventions to promote safe motherhood
- * Prevention of unwanted pregnancies
- * Provision of services for safe abortion
- * Provision of pregnancy and delivery services
- * Management of reproductive tract infections (RTI's) and sexually transmitted diseases (STD's)
- * Establishment of effective referral facilities for pregnant women at risk.

CHILD SURVIVAL:

- * Prevention of vaccine preventable diseases
- * Provision of essential new born care
- * Integrated management of sick child
- * Promoting maternal and child nutrition and providing micronutrients
- * Integration with Anganwadi workers ICDS programme and other programmes of Department of Women and Child

Bellary district has been chosen as the project district on the basis of the guidelines for selection of district for the sub-project provided by MoHFW.

2. PROFILE OF BELLARY DISTRICT:

Bellary district lies in the central region of the eastern sector of the state between 14° 35' and 15 ° 50' North latitude and 75 ° 40' and 77 ° 11' east longitude and is bounded by Raichur district in the north, Dharwar district in the west, Chitradurga district in the south of Karnataka state and in the east by Kurnool and Anantapur districts of Andhra Pradesh. The district is one of the five backward districts of the State. Table 2.1 provides a comparison of socio-economic and demographic characteristics of Bellary district with those of the State. Bellary district is being covered under secondary level health care project (German assistance) and also IPP-IX as it did not benefit under IPP-I or IPP-III. (Refer item 4).

2.1. Socio-economic and Demographic Characteristics

Bellary district is below the state average on almost all demographic and socioeconomic characteristics. The population density is half that of the State, has 28.1 percent SC/ST population as compared to 20.7 percent in the State, low female literacy, early marriage and consequently higher number of women in the reproductive age group, lower couple protection rate, high birth rate and infant mortality as compared to the State average.

**Table 2.1 Socio-Economic and Demographic Characteristics of
Bellary District & State**

District	Period	Bellary	Karnataka
Persons in million	1991	1.890	44.977
Density per Sq. Km.	1991	16.0	235.0
Annual Compound Growth %	1981-91	2.41	1.93
Females to thousand Males	1991	957.0	960.0
Percent Urban	1991	29.9	30.9
Percent Literate Male	1991	59.3	67.3
Percent Literate Female	1991	32.5	44.3
Percent SC	1991	19.3	16.4
Percent ST	1991	8.8	4.3
Mean Age at Marriage	1981	18.1	19.2
Married Females/Thousand persons	1981	170.8	161.9
CBR	1987	33.4	28.0
IMR	1987	92.0	81.0
CPR	1995	46.9	54.8
CBR	1993	29.2	25.5
GDP Rs.	1991-92	5.293	5.898

2.2 Health Infrastructure :

HEALTH INSTITUTIONS:

- * There are 260 subcentres, 60 primary health centres and 7 community health centres in the district apart from 24 primary health units.
- * There are 3 postpartum centres including one A type at Medical College Hospital.
- * There are 10 centres providing MTP services.

Table 2.2 presents the information on health infrastructure in Bellary District vis-a-vis Karnataka State. It will be observed that Bellary district has fewer doctors as well as fewer hospitals beds as compared to the State average. Further, majority of the doctors and hospital beds in the private sector are concentrated in Bellary and Hospet towns. The primary health care institutions in the government sector when standardised for population size., are fewer in Bellary district as compared to the state average. Further because of low population density, the area covered by a sub-centre is 39 sq. km while that for the State is 23 sq. km., that by a PHC is 164.8 sq. km. as against 131.7 sq. km. for the state.

Table 2.2 Health Infrastructure in Bellary District vis-a-vis Karnataka State.

Infrastructure Type	Bellary	Karnataka
Doctors per thousand persons	0.21	0.30
Doctors per thousand persons (Govt. sector)	0.08	0.07
Doctors per thousand persons (Pvt. sector)	0.13	0.23
Hospital beds per thousand persons	0.968	1.428
Hospital beds per thousand persons (Govt.)	0.606	0.586
Hospital beds per thousand persons (Pvt.)	0.362	0.842
Population per sub-centres	7,470	5,557
Population per PHC	31,500	29,805
Population per CHC	270,000	193,866
Sq. km. covered by sub-centre	39.1	23.7
Sq. km. covered by PHC	164.8	131.7
Sq. km. covered by CHC	1412.1	826.6

2.3 Budget for Primary Health Care:

The budget of Bellary Zilla Panchayat for primary health care has increased by 66 percent between 1992-93 to 1996-97. The per capita expenditure has increased by 51 percent during the same period.

Table 2.4 Staff position- Sanctioned and Deployed

Sl. No.	Designation	Sanctioned	Working	Vacant	%age in position
1.	Lady Medical Officers	21	16	5	76
2.	Health Officer (Junior) Class I.	97	75	22	77
3.	Deputy Surgeons	2	1	1	50
4.	Physician Cl. III	12	5	7	41
5.	Assistant Deputy Surgeons	4	-	4	-
6.	Senior Pharmacists	9	6	3	66
7.	Block Health Educator	33	13	20	39
8.	Health Assistants Senior (Male)	45	33	12	73
9.	Health Assistants Junior (Male)	279	144	135	52
10.	Health Assistants Senior (Female)	52	40	12	77
11.	Health Assistants Junior (Female)	389	334	55	86
12.	Paramedical Workers	59	31	28	52
13.	Junior Pharmacists	68	46	22	68
14.	Senior Lab. Technicians	8	3	5	38
15.	Junior Lab. Technicians	69	16	53	23
16.	X-ray Technicians	7	5	2	71
17.	Ophthalmic Assistants	18	12	6	67
18.	Physiotherapists	5	3	2	60
19.	Staff Nurses	40	16	22	40
20.	Drivers	48	38	10	79

2.5 Performance Indicators of MCH & FW Activities:

It will be observed from Table 2.5 that in 1995-96, the Bellary district is well below the State average in respect of all performance indicators of MCH & FW component. The institutional deliveries account for around 25 percent of all deliveries in the district as compared to 40 percent in the State. Infant and maternal mortality are also higher in Bellary district as compared to the State average. The couple protection rate is 47 percent as against 55 percent for the State. Immunisation rates for children and pregnant women are lower in the district as compared to the State averages. The relatively poor health facilities in Bellary district as compared to the State average and the higher percent of vacant posts among medical and paramedical staff are contributory factors for the poor performance of the district.

A multi-indicator cluster survey conducted in 1995-96 revealed that among pregnant women

- * ANC check up was conducted for 64.5 percent.
- * TT coverage was 75.7 percent,
- * IFA was received by 79.9 percent but consumed by 74.5 percent,
- * The age at first pregnancy was less than 20 years in 84.2 percent of the cases, and
- * 10 Percent of children received breast milk within one hour of birth.

Table 2.5 Indicators of MCH & FW Activity 1995-96

Characteristic	Bellary	Karnataka
Ante-natal registration as % of target	88.7	94.2
TT coverage of pregnant women	82.8	99.6
Deliveries per thousand population	24.3	20.1
Percent Institutional deliveries	23.6	40.6
Percent Domiciliary deliveries	76.4	59.4
by Health Assistant Female	28.9	29.7
by Trained Dais	33.1	23.1
by Untrained Dais	14.4	6.6
Ratio of infant deaths to thousand live births	22.7	14.5
Ratio of maternal deaths to thousand births	1.6	1.0
CPR	46.9	54.8
IUD component of CPR %	6.0	7.0
FP users with 3+ children %	67.0	52.4
Sterilisation: percent to target	60.0	84.8
IUD insertion: percent to target	62.3	92.7
Fully immunised %	76.8	92.9
Immunisation : DPT	83.0	98.8
: Polio	83.0	99.0
: BCG	96.1	105.4
: Measles	76.8	92.9

2.6 Selection of the District:

In light of the foregoing, Bellary district satisfies the following criteria for selecting it for Sub-project on Reproductive and Child Health:

1. IMR is higher than the State average.
2. Crude birth rate is higher than State average.
3. Percent of SC/ST population is higher than State average.
4. Last rank among districts in fully immunized status of children.
5. Couple protection rate is lower than State average.
6. Percent of institutional deliveries is less than State average.
7. FP users with 3 children and over is 67% as compared to 52% for the state.
8. Practice of spacing methods is less than State average.
9. Female literacy rate is below State average.

2.7 Policy Commitment by the State:

1. 86% of the sanctioned ANMs of the Sub-centres are in position in Bellary District. The remaining vacant posts will be filled up by 1997 since the ban on recruitment has been lifted.
2. Budget provision towards drugs for FRUs, PHCs and Sub-centres has been enhanced and would be maintained throughout the life of the project.

3. Essential services for emergency obstetric care will be provided at all FRUs in the district without any disruption of continuity as there are adequate specialists in the district.
4. Key positions of Lady Medical Officer, Staff Nurse, Anaesthetist, Drivers and Lab. Technicians will be hired on contract basis to provide the services.
5. State has discontinued motivator fee for FP methods.
6. State has decided to cut down the compensation amount for surgical contraception, considerably enhancing the provision for drugs.
7. Both at the State and District level, monitoring of the contraceptive acceptor achievements based on targets has been stopped in view of implementing Target Free Approach under FW programme in the entire state.
8. Not only the present level (1996-97) of budget provision towards primary health care; RCH related activities will be maintained but also the outlay will be enhanced to the extent of 10-15% in successive years.

3. GAPS IN THE HEALTH CARE SERVICE DELIVERY AND UTILIZATION:

From the Preceeding sections it is evident that the major *gaps* in the delivery and utilisation of health care services in Bellary district are:

1. Access to government run health care services in general and Reproductive and Child Health care services in particular is poor due to low population density and insufficient number of health centres.

2. Absence of properly equipped institutions in the private sector providing RCH services (excepting in Bellary and Hospet towns).
3. Shortage of medical and paramedical staff.
4. Limitation on movement due to large area to cover and lack of transport.
5. Low awareness and lack of community participation.
6. Inadequate referral facilities.
7. Lack of convergence of services provided by Health, Women and Child and Education Departments.
8. Non-availability of reliable data on reproductive health, RTIs and STIs.

4. ONGOING EXTERNALLY AIDED PROJECTS IN BELLARY DISTRICT:

The Child Survival and Safe Motherhood Programme is under implementation in the district. The training under this component was completed during 1994-95.

Apart from this, IPP-IX (K) Project is under implementation in the district. KfW (German), project is also being sanctioned to improve the secondary level hospitals in the district.

4.1 India population project- IX (K):

The project launched in 1994 has components such as Civil Works, Renovation of the existing buildings, strengthening service delivery, Training, IEC and monitoring and evaluation. These activities are under implementation in Bellary district.

4.1.1 Civil Works:

The fresh civil works include Construction of Sub-centres, Residential quarters for Medical Officers of PHCs, Building for Primary Health Centres and District Training Centres. Civil works are indicated below:

Sl.No.	Item	No. Of Units
1.	Sub-centres	47
2.	Residential quarters for Medical Officers of PHCs	15
3.	PHC Building	7
4.	District Training Centres	1

Apart from these, renovation involving:

- * Repairs to walls and roof to prevent seepage of water
- * Repairs to flooring
- * Repairs to toilets & sanitary lines
- * Replacement of defective electrical wiring and fittings
- * Provision of safe water supply

will be taken up for One building of ANM training School, 91 Sub-centres, 16 PHCs and 2 Community health centres. None of the above said civil works will be covered under the present RCH project.

4.1.2 Furniture and Equipment:

Furniture and equipment is being provided under IPP-IX to 240 sub-centres existing as on 31.3.93. The 13 sub-centres set-up subsequently have to be provided with furniture and equipment. No provision has been made under IPP-IX for replacing defective equipment for the existing PHCs or furnishing and equipping fifteen newly created PHCs.

4.1.3 Training:

Training is planned for all Medical officers and paramedical staff. While the Medical officers, Block Health Educators and Senior Health assistants will be trained at HFWTCs, the Junior Health assistants will be trained at the District Training Centre to be established at Bellary. The Training Programme is aimed at

1. Updating knowledge, skills and practices of all health functionaries for effective delivery of Health FW and MCH services.
2. Developing communication skills to effectively carry out IEC activity in the community.
3. Making health functionaries aware of their job responsibilities as providers of primary health care in general and RCH services in particular.
4. Maintaining information on performance at their level and providing feed back and
5. Developing knowledge and skills to act as trainers at their level.

All health functionaries will be provided in-service training initially for *two weeks* and a refresher course of two week duration after three years.

4.1.4 IEC Activity:

The IPP-IX Project also envisages strengthening of IEC activity.

In order to have maximum impact of IEC activity it is proposed to concentrate on interpersonal communication and supplement it with audio visual media. The audio-visual programmes would be dovetailed with entertainment programmes to attract maximum audience. As an integral part of the programme, audio-visual campaigns will be networked with interpersonal communication programme to achieve maximum impact. The Paramedical staff will be relied on to provide interpersonal communication as they are, according to 80 percent of respondents interviewed for communication needs survey, providing MCH and FP services through house to house visits. Inter personal communication kit consisting of items such as flash cards, flip charts, slide viewer, and other educational aids will be made available to each ANM to assist her in interpersonal communication. Audio- visual films will be produced and exhibited in villages through Audio-visual vans.

4.1.5 Community Participation:

Community participation will be ensured through setting up of **Health Advisory Committee** at each Sub-centre. The members will be drawn from the villages covered by the Sub-centre. The MO of the PHC will be the Chairman of the Committee and will have the paramedical staff servicing the sub-centre also as membres. The HAC will discuss the beneficiary needs in its territory and draw up a plan of action to be followed by the community of each village to achieve the goals of the project. The MO will consider the suggestions made by the community representatives and draw up an annual plan and break it down by quarter. The HAC committee will identify in each village a woman who is willing to vlunteer to act as a link between the families in the village and the sub-centre. In larger villages more than one volunteer will be identified at the rate of one per thousand population. The volunteers will be interacting with the ANM of the sub-centre covering the village. The volunteers will

- * Motivate couples to adopt appropriate contraceptive methods and refer acceptors to ANM,
- * Educate all pregnant women on antenatal care and refer to ANM,
- * Promote child care programme and arrange for immunisation, and
- * Co-ordinate with ANM for arranging health education sessions in the villages.

4.2 KfW (German project):

Secondary level hospitals will be upgraded, financed by grant from KfW Germany. This is applicable to all the Districts of Gulbarga division of which Bellary is also included. There will be addition of 208 beds under this project. 5 Taluka hospitals, 2 Community health centres will be upgraded to 50 beds capacity. In addition, 2 Community health centres will be upgraded to 30 beds capacity. 2 Blood banks are also being proposed.

Each hospital will be provided with equipment for waste management. Equipment Maintenance Unit will be Established at the District Hospital at Bellary to maintain hospital plant and equipment of all district and sub-districts hospitals. The world Bank will as part of State Health Systems Development Project will fund for introducing MIS in each hospitals and for upgrading of clinical skills of Medical and Nursing Staff. Camps will be conducted to provide annual health Check up for SC/ST population and provide treatment for those who are in need.

While planning for each of the above activities, under RCH project, the programmes planned for Bellary district under IPP-IX, State Health Systems Development Project-II funded by the World Bank and the upgrading Secondary Level Hospital Facilities Project funded by KfW have been taken into account so that duplication is avoided.

5. ABILITY OF THE DISTRICT TO IMPLEMENT THE SUB-PROJECT:

5.1 Decentralisation:

Karnataka has introduced the Panchayat Raj System as early as 1987. The Zilla Panchayats are experienced in planning and implementation of developmental projects. Provision of primary health care and management of hospitals with bed strength below 100 beds is one of the responsibilities assigned to the zilla Panchayats. Apart from passing on the grants received from the centre for centrally sponsored schemes, the Government of Karnataka gives lump sum grants to Zilla Panchayats for meeting the projected expenditure.

The District Health & Family Welfare Officer is in-charge of primary health care institutions in the district. He has under him District Family Planning Officer to look after Family Planning programme and District MCH officer to look after Mother and Child Health Programme in the district. There are also programme officers for control of specific diseases. The Medical officers of PHCs have hitherto been directly reporting to the DHO. As the DHO is overburdened, the Government of Karnataka has created the post of Taluka Medical Officer to look after all primary health care institutions in the Taluka and monitor the implementation of Centrally sponsored schemes. In order to improve his mobility, each Taluka Medical Officer is being provided with a vehicle under the State Health Systems Development Project. This strengthening of the management set up in the district will be of use in implementing the RCH project in Bellary district.

5.2 Filling up of Vacant Posts:

The State Government has lifted the ban on recruitment and the roster (based on reservation for different castes) has been prepared and steps have been initiated at the State level to recruit personnel to fill up vacancies in all categories. It is expected that by the end of 1997 all vacancies would be filled up.

5.3 Private Sector and Voluntary Organisations:

There are 67 nursing homes/hospitals in Bellary district. Of these two-thirds offer Family Planning and MCH services.

There are 108 voluntary organisations operating in Bellary district.

There is also an active branch of FPAI and a Leading Organisation for Rural Development (LORD).

The Indian Medical Association is also interested in involving its members in service delivery.

5.4 Community participation:

The promotion of Sub-centre Health Advisory Committee under IPP-IX will create a platform for community participation in health programmes. The SHACs and the voluntary workers enrolled by them will be of use in launching RCH activities in Bellary district.

5.5 Voluntary Workers:

As part of IPP-IX, Trained Birth Attendants and Anganwadi workers are proposed to be enrolled as voluntary workers at the village level. These workers will act as a link between the Sub-centre ANM and the target population in the village to promote contraception and mother and child health programmes. This group would also be used for promoting activities.

6. OBJECTIVES AND SCOPE OF THE SUB-PROJECT:

The objective of the RCH Sub-project is to implement the recent policy decisions for improving the quality and coverage of the Family Welfare Programme and for providing Reproductive and Child Health Services as a replacement to CSSM programme. The project will provide for 100 percent coverage of mother and child health, screening facilities for elements under RCH interventions and improving the utilisation of spacing methods for preventing pregnancy. The main objectives of the project are:

- * Improve the capacity and efficiency of the health care delivery system to address the felt needs of the community.
- * Create awareness and generate demand for quality health care services.
- * Increase male participation.
- * Improve access to essential package of RCH services which address the needs of women throughout the reproductive life cycle and providing user friendly services.
- * Improve identification, management and/or referral of high risk pregnancies neonatal emergencies and detection and treatment of reproductive disorders.
- * Integrate the activities of field level functionaries of various Government Departments and private medical practitioners and non-governmental organisations.
- * Obtain baseline data regarding the magnitude of Reproductive Health problems in the community including RTIs and STDs

6.1 Logical Frame Analysis (LFA):

For effective monitoring of the project, LFA is very essential. The LFA besides providing narrative summary under inputs, output, outcome and impact indicators, also provides the performance indicators, source of information, year 1 (one) bench-mark and also risks under each such as inputs, output, outcome and impact.

The LFA give a clarity of the contents of the project and put them in realistic terms for implementation. It is proposed to draw such LFA for very important interventions.

The LFA for child survival, safe motherhood, Reproductive Health and RTIs & STIs is shown in Tables.

LOGICAL FRAME ANALYSIS FOR SAFE MOTHERHOOD AND REPRODUCTIVE HEALTH

<i>Narrative Summary</i> <i>1</i>	<i>Performance Indicators</i> <i>2</i>	<i>Source of Information</i> <i>3</i>	<i>Year 1 Bench Mark</i> <i>4</i>	<i>Risks</i> <i>5</i>
<u>IMPACT:</u> <ul style="list-style-type: none"> * Reduction in maternal mortality and morbidity * Reduction in unwanted pregnancies 	<ul style="list-style-type: none"> * Maternal mortality rate * Crude Birth rate * Couple protection rate 	<ul style="list-style-type: none"> * Hospital data * Service Statistics * Indirect estimates 	To be assessed in first year and future years	Hospital data service statistics do not reflect the real situation
<u>OUTCOME:</u> <ul style="list-style-type: none"> * Improved quality & access to essential RCH services. * Increase in male involvement * Improved referral of emergency obstetric cases 	<ul style="list-style-type: none"> * Coverage rates of ANC's, PNC's. * Delivery by trained personnel * Male & Female contraception * Referral of emergency obstetric cases RTIs & STIs. 	<ul style="list-style-type: none"> * Rapid assessment. * Report of PHC/FRUs * Technical assessment 	Referral System for emergency obstetric care	Not made fully functional

1	2	3	4	5
<u>OUTPUT:</u> <ul style="list-style-type: none"> * Increase use of MGH Services * Increase in the institutional deliveries. * Increase in safe abortions * Increase in male & female contraception * Increase in referral of FRUs 	<ul style="list-style-type: none"> * Complicated deliveries conducted at referral centres * Beneficiaries provided with RCH services 	<ul style="list-style-type: none"> * Performance reports of the service delivery points * Activity report 	<ul style="list-style-type: none"> * Improving trends in the output indicators 	
<u>INPUTS:</u> <ul style="list-style-type: none"> * Institutional engthening * Training & IEC * Supply of drugs & equipments * Establishment of referral system 	<ul style="list-style-type: none"> * Staff in position * Equipments provided * Functioning status 	<ul style="list-style-type: none"> * Technical assessment of the referral cases * Facility survey 	<ul style="list-style-type: none"> * Atleast 3 FRUs services available * 20% of the institutions strengthened 	Not met the full requirements as per norms

LOGICAL FRAME ANALYSIS - CHILD SURVIVAL

<i>Narrative Summary</i> <i>1</i>	<i>Performance Indicators</i> <i>2</i>	<i>Source of Information</i> <i>3</i>	<i>Year 1 Bench Mark</i> <i>4</i>	<i>Risks</i> <i>5</i>
<p><u>IMPACT:</u></p> <p>Reduction in perinatal & neonatal mortality rates.</p>	<p>Perinatal mortality rates</p> <p>Neonatal mortality rates</p>	<p>Sample surveys</p> <p>Service reports</p>	<p>To be assessed in first and future years</p>	<p>Survey may not be possible</p> <p>Service reports only tentative data</p>
<p><u>OUTCOME:</u></p> <p>Higher proportion of beneficiaries using services and referral</p>	<p>Coverage rate for new born care, ORT appropriate, management of ARI and full immunization.</p>	<p>PMC/FRU reports</p> <p>Registers</p>	<p>Base-line survey</p>	<p>Institution not made fully functional</p>

1	2	3	4	5
<p><u>OUTPUT:</u></p> <ul style="list-style-type: none"> * Increase in coverage of new born care * Use of ORT, appropriate management of ARI * Increase of immunization 	<ul style="list-style-type: none"> * Increase in the No. of beneficiaries 	<ul style="list-style-type: none"> * Performance reports (MIS) * SC/PHC/FRU reports/registers 	<ul style="list-style-type: none"> * Increased trend in output indicators 	<ul style="list-style-type: none"> * Reporting not complete in time and tentative * coverage gaps
<p><u>INPUT:</u></p> <ul style="list-style-type: none"> * Institutional strengthening * Training & IEC * Supply of equipments, drugs, reporting formats * Establishment of referral System 	<ul style="list-style-type: none"> * Staff in position * Service facilities fully made functional 	<ul style="list-style-type: none"> * Technical assessment * Facility Survey 	<ul style="list-style-type: none"> * Service facility available in 20% of the Project District. 	<ul style="list-style-type: none"> * Existing inputs in position is inadequate.

LOGICAL FRAME ANALYSIS - RTIs & STIs

<i>Narrative Summary</i> 1	<i>Performance Indicators</i> 2	<i>Source of Information</i> 3	<i>Year 1 Bench Mark</i> 4	<i>Risks</i> 5
IMPACT: * Reduction in the prevalence of RTIs & STIs	* Percent of women having reproductive tract infection and sexual transmitted infection.	Special studies	Impact to be assessed first year	No funds
OUTCOME (KAP) * Increase in the accessibility and quality of services.	* Coverage rates of adolescents and married couples * Percent of referral * Community satisfaction	Service reports of subcentres, PHCs, CHCs, and FRUs.	Referral system is place in 2 FRUs	* Late arrival of the equipments * Late start of the training programme * Drug supply did not made in time

1	2	3	4	5
<u>OUTPUT:</u> * Increase in the use of services by adolescent girls, married couples * Referral system	* Cure rate * Beneficiaries provided with counselling, service * Referral system	* Performance reports from PHCs, FRUs	* All the subcentres and PHCs show improvement over the year	
<u>INPUTS:</u> * Surveys * Training of ANMs * Sensitization of women organization (MSS) * Supply of drugs * Placement of referral system	* Filling up the ANM posts * Providing basic instruments * No. Trained in syndrome approach	* Technical assessment of the service points and evaluation KAP of the official	* 100% ANMs trained 100% MSS sensitized 100% referral services available at FRUs for RTIs and STIs	* Key trainers for ANM training inadequate

7. OUTPUT INDICATORS; DESIRED ACHIEVEMENTS:

The aim is to achieve improvement in performance over the project period as reflected by selected indicators for monitoring progress. The indicators and the level to be attained are presented in Table 7.1

Table 7.1 Anticipated Values of Indicators for Monitoring Progress

Sl. no.	Indicator	Baseline 1996	1997	1998	1999	2000	2001
1.	Percent of pregnant women registered	88	90	92	94	96	100
2.	percent of pregnant women receiving two doses of TT	90	92	94	95	98	100
3.	Percent of pregnant women receiving IFA	60	65	70	75	85	100
4.	Percent of institutional deliveries	24	28	30	35	40	50
5.	Immunisation of infants	76	80	82	85	95	100
6.	Percent of IUD acceptors in contraceptive mix	6.0	6.5	7.0	8.0	9.0	10.0
7.	Couples having two or less children practising contraception	33	40	45	50	55	60
8.	Number of institutions offering MTP services	10	20	30	35	40	50
9.	ORT use rate	50	60	70	75	80	90
10.	Percent of new born weighed	10	25	35	45	55	75
11.	Percent of health providers trained	0	50	70	100	100	100
12.	Percent of males and females reached with key messages	5	25	30	40	50	75
13.	Percent of ANMs diagnosing and treating ARI	5	25	50	60	75	100
14.	Percent reduction in prevalence of RTI	0	5	10	15	30	50

7.1.1. *Impact Indicators**

The impact of the Sub-Project will be assessed by the following indicators :-

1. Crude Birth Rate.
2. Crude Death Rate.
3. Infant mortality.
4. Maternal mortality.
5. Percent of pregnant women who are anemic.
6. Unmet need for FP.
7. Percent of infants with low birth weight.
8. Incidence of vaccine preventable diseases.
9. Incidence of HIV/STD.

* Data will be obtained from Baseline survey, midline survey, and endline survey.

7.2 *Priority Groups & Beneficiaries:*

The implementation of the project will benefit nearly 1.9 million population, particularly a large number of poor and under privileged people in the district who have been deprived of services due to poor access and availability of the facilities.

Table 7.2.1 Beneficiaries in Sub-Project District Bellary

Sl. No.	Beneficiaries	As of 1991 in million
		Bellary
1.	Total eligible couples (15-44 years)	0.32
2.	Total Adolescents	0.40
3.	Pregnant Women	0.06
4.	Total Children below 5 years	0.24
5.	Total infants	0.06
6.	Scheduled Caste population	0.36
7.	Scheduled Tribe population	0.17
8.	Eligible couples to be protected	0.17

8. ACTIVITIES OF THE PROJECT:

The activities planned to be taken up under the project are:

- * Improve infrastructure facilities in terms of buildings, staffing, equipment, drugs and supplies.
- * Improve the quality and efficiency of reproductive and child health care delivery system.
- * Generate demand reproductive and child health care services.
- * Involve the community and non-government organisations in generating demand for as well as delivery of reproductive and child health care services.
- * Carry out baseline survey to assess the prevalence of infant, child and maternal mortality and incidence of RTIs and STDs in the district.

8.1 Strengthen Delivery of Services:

Since the RCH programme calls for multi-directional approach to the existing Rural Health Care delivery network in order to strengthen the system, Priority will be given to proposals addressing **weaker areas** in the delivery of services and **gaps** in service provision rather than to expansion per-se.

A large number of Health Institutions such as Sub-centres, Primary Health Centres and Primary Health Units do not have buildings, equipments and other infrastructure essential for the delivery of services. It is proposed to remedy the situation by providing buildings, furniture and equipment for the health centres not covered under externally aided or state funded projects.

Programme interventions requiring strengthening of existing physical facilities provision are as follows:

- Vasectomy at PHC levels
- Diagnosis of eclampsia, malaria, TB, diabetes etc. at SC level
- Treatment of children's infections at PHC level
- Syphilis serology testing capability at PHC level
- MTP services at FRU and PHC level
- Treatment of high risk pregnancies and cesarean sections at FRU

8.1.1 Civil Works:

A survey conducted by the DH & FW officer in September 1996 revealed that 180 out of 260 Sub-centres in the district do not have any buildings. 26 are at the head quarter town/village of PHCs and PHUs and the remaining 154 are in other villages. It is proposed to construct **76 sub-centres** with clinic cum residential accommodation for ANMs at a cost of RS.3.83 lakh per centre. The type design for sub-centres developed under IPP-IX and approved by the World Bank will be adopted. The sites have to be acquired but no difficulty is envisaged. See Annexe filled in for sub-centres.

Out of 60 PHCs, 30 centres are housed in own buildings and buildings are under construction for 20 centres leaving 10 centres without own buildings. New buildings will be constructed for 10 PHCs which do not have own buildings. Each PHC will have 6 bedded ward apart from other facilities. The cost of each building is estimated at Rs. 17,11,840. The type designed developed under IPP-LX and approved by the World Bank will be adopted. The sites for these have been acquired. See Annexe filled in for PHCs.

In the erstwhile princely state of Mysore(Karnataka) large no. of curative centred institutions by name Primary Health Units(PHUs) were sanctioned. Each Primary Health Unit was expected to serve a population of about 20,000 staffed with One doctor, One ANM, One Pharmacist, One clerk cum typist and One to Two Class-D employees. These units were meeting the 'felt needs' of the rural population and hence they were very popular. In view of bringing uniformity in the 3 tier health infrastructure under MNP, these PHUs have been easily up-graded into PHCs based on the population norms of the taluk/district. Wherever the requirement of PHCs is met with, other PHUs are still being continued as before and these popular institutions at present lack any facilities for **Institutional deliveries** including **emergency obstetric care**. Accordingly there are still 24 PHUs in Bellary district and 8 of them in Bellary town itself. Staff employed in these institutions are adequate to provide institution based services such as Deliveries, Surgical sterilization of FP acceptors and essential RCH services. To provide round the clock services in these institutions also contractual services of Lady Medical Officers, Lab. technicians and Staff nurses will be utilized.

Eleven PHUs will be expanded by provision of OT, Labour room and 6 bed ward. The cost of expansion of each unit is estimated at Rs. 11,07,800. See Annexe (Expansion and or Renovation of Existing Facilities and Miscellaneous Repair) filled in for PHCs.

In view of great demand for delivery services, essential RCH services including promotion of FP methods and adequacy of the staff, **four** of the PHUs in Bellary town will be upgraded to the level of FRUs with addition of 10 beds. Civil works for the upgradation of PHU into FRU is estimated at Rs.27,98,800 See Annexe filled in for PHCs which have to be proposed to be upgraded as FRUs.

The total cost of civil works is presented in Table 8.1.1.1

ITEM	Quantity	Cost/Unit Rs.	Amount Million Rs.
Sub-centres New Buildings	76	3,83,280	29.129
PHCs New Buildings	10	17,11,040	17.110
Expansion of PHUs to provide RCH services	11	11,07,800	12.180
Upgradation of PHU as Maternity Homes	4	27,98,800	11.195
Total			69.620

It is proposed to award contracts for civil works valued at nearly Rs. 35 million during the first year as the type designs and model bid documents are approved under IPP-IX and the same will be used under the Sub-project. The works will be completed during the second year.

Table 8.1.1.2 Value of Contracts for Civil Works to be Awarded in the First Year

ITEM	Quantity	Cost/Unit Rs.	Amount Million Rs.
Construction of new Sub-centres	4	3,83,280	9.582
Construction of new PHCs	5	17,11,040	8.555
Expansion of PHUs for RCH services	5	11,07,800	5.539
Upgradation of urban PHUs as Maternity Homes	4	27,98,800	11.195
Total			34.871

8.1.2 Equipment:

Equipment Kits A, B, C and G will be supplied to all 76 sub-centres for which new buildings are proposed to be constructed new sub-centres while only IUD insertion kit will supplied to all 177 old sub-centres. All PHCs (60 in number) and eleven PHUs which are proposed for upgradation to provide RCH services will supplied with kits D, F, G, H, I and for MTP and screening for STI and RTI. The four PHUs which are proposed to be upgraded to the level of maternity homes with 20 beds will be supplied with Kits D to P and for MTP and screening for STI and RTI.



Table 8.1.2.1 Equipment for Health Centres

Equipment groups/Health Centre	Centres	Cost/Unit Rs.	Amount Million Rs.
Sub-centres with new buildings: Kits A,B,C & G	76	7,520	0.572
Other Sub-centres: Kit G	174	965	0.168
Kits D,F,G,H,I & J for PHCs & upgraded PHUs	10	7,520	0.075
Kits D to P and for urban PHUs converted as Maternity Homes	71	46,840	3.325
Total			4.620

**Table 8.1.2.2 Value of Equipment for Health Centres
(Planned to be Procured in the first year)**

Equipment groups/Health Centre	Centres	Cost/Unit Lakh Rs.	Amount Lakh Rs.
Other Sub-centres: Kit G	174	965	0.168
PHU/UFWCs: Kits A,B,C & G	10	7,520	0.075
Kits D,F,G,H,I & J for PHCs & upgraded PHUs	50	46,840	2.342
Total			2.585

8.1.3 Furniture

a) Sub-centres

The furniture listed below costing Rs. 24,500 is proposed to be supplied to the 76 new Sub-centre buildings. The total cost is estimated at Rs. 1.71 million.

Table 8.1.3.1 Furniture for New Sub-centre Buildings

Sl.No.	Item Description	Quantity	Cost Rs.
1.	Examination table	1	1,430
2.	Foot step	1	200
3.	Wash basin with stand	1	175
4.	Stool	1	250
5.	Cot with mattress	1	2,975
6.	Bench for visitors	2	5,000
7.	Cupboards for equipment and supplies	2	9,000
8.	Office table	1	3,500
9.	Side rack	1	500
10.	Chairs	2	1,000
11.	Container for water storage	1	350
12.	Bucket with lid	2	120
	TOTAL		24,500

b) New PHC Buildings and Upgraded PHUs

Furniture for labour room and ward will be provided for ten new PHC buildings and 11 upgraded PHUs each at a cost of Rs. 55,405. The total cost of furnishing the upgraded PHUs is estimated at Rs. 1.080 million.

Table 8.1.3.2 Furniture for New PHC Buildings & upgraded PHUs

Sl. No.	Item Description	Quantity	Cost Rs.
1.	Examination table	1	1,430
2.	Foot step	1	200
3.	Wash basin	1	175
4.	Stool	1	250
5.	Cot with mattress	6	17,850
6.	Bedside locker	6	7,500
7.	Bench for visitors	2	10,000
8.	Cupboards for equipment and supplies	4	18,000
	TOTAL		55,405

c) Maternity Homes

The four maternity homes proposed to be set up in Bellary town will be equipped with the equipment listed below at a cost of Rs. 0.666 million.

Sl. No.	Item Description	Quantity	Cost Rs.
1.	Examination table	2	2,800
2.	Delivery table	1	1,250
3.	Foot steps	2	1,200
4.	Bedside screen	4	2,000
5.	Revolving stool	4	1,000
6.	Saline stand	4	3,400
7.	Wheel chair	1	1,500
8.	Stretcher on trolley	1	2,900
9.	Oxygen trolley	1	300
10.	Iron cot with mattress and pillow	20	59,500
11.	Baby cot	10	18,000
12.	Bedside Locker	20	25,000
13.	Dressing trolley	1	1,650
14.	Instrument cabinet	1	4,250
15.	Instrument trolley	1	1,600
16.	Linen trolley	1	1,100
17.	Attendant stool	20	5,000
18.	Steel cupboard	4	18,000
19.	Blood donor table wooden	1	4,000
20.	Wooden benches	4	10,000
21.	Bucket galvanised	4	480
22.	Bed pans & urinals	5	750
23.	Bowls	5	500
24.	Kidney tray	5	400
	TOTAL		1,66,850

8.1.4 Vehicles

Mobility of medical and paramedical staff is important for delivery of services. Under IPP-IX, interest free loans are being given to ANMs and other paramedical staff for purchase of two wheelers. Upto March 31, 1995, 81 ANMs, 6 LHVs and 2 BHEs from Bellary district have applied for loan and 19 have been given loan. As of September 30, 1996, 70 applications from paramedical staff from the district for loan are being processed.

The district has 58 vehicles— 1 minibus, 9 ambulances, 1 car and 47 jeeps. Out of the 47 jeeps, 18 are condemned and 10 were bought over ten years ago and no longer economical to operate. Thus only 19 jeeps are economically viable to operate. The number of driver posts sanctioned for the district is 40 (forty).

Out of the 9 ambulances, 1 ambulance will be given to each Taluka headquarters and the remaining 2 will be shared by the four maternity homes in Bellary town. Seventy one jeeps are required if every PHC / Upgraded PHU is to be provided with a vehicle. There are only 29 serviceable vehicles available including ten which are aged over ten years leaving a deficit of 42 vehicles. There are forty sanctioned posts of drivers and hence 41 posts of drivers have to be hired on contract basis. It is proposed to procure 44 jeeps at a cost of Rs. 15.40 million. Of these 3 jeeps will be given one each to Family Planning Association of India, Bellary and one vehicle to NGO, Leading Organisation for Rural Development (LORD), and one vehicle to Indian Medical Association (IMA). The NGO's have to engage their own drivers.

8.1.5 Communication Facility

It is proposed to provide each of the 71 PHCs/upgraded PHUs and four maternity homes with telephone facility under O.Y.T special category at a cost of Rs. 1.50 million. This will facilitate fast communication during emergency transport as well as emergency obstetric care.

8.1.6 Incremental Staff

It is proposed to employ the following categories of staff on contract basis, to provide round the clock service.

Table 8.1.6.1 Incremental Staff

Category of Staff	Number	Grade	Annual cost per person Rs.	Cost per year Million Rs.
Project Assistant	1	1900-3700	75,600	0.076
LMO for PHCs	19	2375-4450	92,140	1.751
Staff Nurse	39	1520-2900	59,670	2.331
Lab. technician	4	1280-2375	49,350	0.197
Anaesthetist	4	(retainer)	30,000	0.120
Drivers	41	1040-1900	28,080	1.158
Total	108			5.633

The success of the project depends on having a Project Assistant to co-ordinate with District MCH and FP Officers. 19 additional LMOs are needed on the basis of 1 LMO for two PHCs/upgraded PHUs and 1 LMO for each maternity home. 39 additional staff nurses are needed on the basis of 1 staff nurse for PHC/upgraded PHU and two for each maternity home. 1 Lab technician and 1 part time anaesthetist are provided for each maternity home.

8.2 IMPROVING QUALITY OF SERVICES

8.2.1 Training

The family welfare programme has undergone a shift in approach by adopting a target free approach for the entire state. The emphasis of the programme is on improving the quality of family welfare services and client satisfaction. The policy change has necessitated an urgent need on retraining the entire personnel in both government on non-government sectors providing family welfare services.

Under IPP-IX, a comprehensive training programme for medical and paramedical staff has been envisaged.

- * The Medical Officers and Senior Health Assistants (Male and Female) are to undergo a two week training programme at the Health and Family Welfare training Centres.
- * The Junior Health Assistants (Male and Female) will undergo a two week training programme at District Training Centres being established under IPP-IX.
- * Dais and Anganwadi workers will undergo orientation course at PHCs. The training will be a continuing activity. The trainers required for the training programme are being trained at State Institute of Health & Family Welfare and also at institutions outside the state.

The successful implementation of the RCH project depends on the orientation and technical skills provided to the medical and paramedical staff. Besides the staff of the Health Department, Dais and Anganwadi workers have to be sensitised. The standardised training modules are readily available and these have been pre-tested. The training material produced by MoHFW, Govt. of India would be adopted, translated, reproduced and incorporated into the training sessions for training various categories of personnel. A standard training module for Joint training of AWWs and ANMs for 2 days has been prepared in Kannada language. Planning and implementation of training will be the responsibility of the district administration and would form part of district health and family welfare plan. It is planned to complete training for all categories in the first year itself by utilising all training institutions available in the district such as District Training Centre, ANM training School and be decentralising training of peripheral workers to the taluka and PHC level. The training institutions will also be linked with service delivery institutions/hospitals for skill development. The guidelines for developing in service training plan at district level will be followed.

All categories of health care providers will undergo training at least twice in the project period. The number of persons to be trained in each category, the duration of the course and the batch size is presented in the Table 8.2.1

Table 8.2.1. Number of Persons to be Trained, Duration and Batch Size

Category of Worker	Course Duration	Total Number	Batch size	Number of batches
Medical Officer	6 days	116	25	5
Block Health Educator	6 days	31	15	2
Staff Nurse	6 days	40	20	2
Senior Health Assistant, Female	6 days	53	25	2
Senior Health Assistant, Male	6 days	45	25	2
Junior Health Assistant, Female	6 days	493	25	20
Junior Health Assistant, Male	6 days	270	30	9
Dais	3 days	1,319	30	44
Anganwadi Workers	2 days	1,573	30	53

The training materials will be translated, edited and printed for each category of personnel. Further, T.A. and D.A have to be paid to the personnel attending the training course. The cost of training materials per person and T.A 7 D.A for one course is given in Table 8.2.2. The cost of training materials is estimated at Rs. 3,707 million and the T.A and D.A at Rs. 1,853 million for the entire project period.

Table 8.2.2 Cost of Training Material & T.A/D.A per course

Category of Personnel	Training Materials	T.A/D.A
Medical Officer	1,800	1,200
Block Health Educator	600	900
Staff Nurse	1,800	900
Senior Health Assistant, Female	1,800	900
Senior Health Assistant, Male	1,200	900
Junior Health Assistant, Female	1,800	600
Junior Health Assistant, Male	600	600
Dais	150	75
Anganawadi Workers	100	50

Besides organising training programmes for health care providers, one day orientation programme is planned for elected members of the Panchayat Raj institutions to improve community participation in the project activities.

- The activities and training needs for providing RCH package at various levels such as community, sub-centre, primary health centre, and FRUs as per the guidelines will be dealt in the training programme (Refer manual Inservice training under FW programme GOI, 1996).
- The training needs for acquiring managerial and IEC skills for medical officers and Paramedical personnel will be given top priority through discussion and group exercises.
- Further for each intervention, specific needs such as theory, skill development and also counselling will be dealt during training.

8.2.2 Drugs

The Zilla parishad had spent Rs. 4.43 million on drugs out of its budget. Essential drugs and vaccines are being supplied by MoHFW and it is assumed that these supplies are continued to be supplied by MoHFW to the health centres. The annual cost of supplying EOC and RTIs drugs etc., is presented in Table 8.2.2.1. The total cost during the project period will be Rs.35.21 million.

Table 8.2.2.1. Supply of Drugs and Estimated Cost per year

Equipment groups/Health Centre	Centres	Cost/Unit Rs.	Amount Million Rs.
PHCs/PHUs: E.O.C drugs and drugs for treatment of STI & RTI	71	25,000	1,775
Maternity Homes, CHCs and Taluka Hospitals	14	75,000	1,050
TOTAL			2,825

Since RCH focuses on RTI/STI, the drugs required for both, will added to the usual standard drugs list of the Sub-centre, PHC and CHC/FRU. The list of drugs is enclosed as Annexe V.

8.3 IEC

The objectives for the IEC programme of the IPP-LX are to:

- * promote higher age at marriage among boys and girls,
- * promote spacing methods among young couples with one child or none,
- * promote terminal methods among couples with two or more children at younger age than hitherto,
- * achieve hundred percent antenatal registration,
- * educate and motivate the community to accept maternal and child health services,
- * motivate women with unwanted pregnancy to avail MTP service, and
- * involve and encourage the participation of the community and non- governmental organisations in the Family Welfare programme.

These objectives form a subset of the objectives of the RCH project. In addition the RCH project aims at

- * creating awareness of and need for treatment of sexually transmitted diseases and reproductive tract infections.
- * promoting personal hygiene especially during menstrual period, and
- * promoting safe sex.

The target population for IEC programme of RCH is a superset of that for IPP-I. In addition to the couples in the reproductive age group, women in the ages 45 to 60 and adolescent girls have to be reached through the IEC programme.

In order to have maximum impact of IEC activity under IPP-IX it was proposed to concentrate on interpersonal communication and supplement it with audio visual media. The audio-visual programmes would be dovetailed with entertainment programmes to attract maximum audience. As an integral part of reorientation programme, audio-visual campaigns will be networked with interpersonal communication programme to achieve maximum impact.

The paramedical staff will be relied on to provide interpersonal communication as they are, according to 80 percent of respondents interviewed for communication needs survey, providing MCH and FP services through house to house visits. Apart from conducting training programme to improve the communication skills of the paramedical staff, inter personal communication kit will be made available to each ANM. The kit would consist of items such as flash cards, flip charts, slide viewer, and other educational aids.

The target groups for RCH activities, the messages to be conveyed, and the appropriate media mix for each of the target groups will be finalised on the basis of communication needs survey planned to be conducted along with beneficiary needs and baseline surveys. Institutions such as the Population Research Centre, Dharwar may be engaged to conduct such studies which will be completed within a period of 6 weeks.

The IEC materials, whether for field exhibition by the district staff or for broadcasting by Doordarshan and AIR, will be designed in consultation with senior district officials such as DHO DHEO so that the communication materials reflect the socio-cultural ethos of the district. This will also ensure that necessary support to IEC activities from senior staff will be available. Experts in the field of mass communication from public and private sector institutions will be involved in the development of messages. IEC materials such as flip charts etc. to assist in inter personal communication, posters, pamphlets and audio-visual aids. The IEC materials will be pre tested before release through media.

Even though emphasis will be on inter personal communication, other media such as AIR, Doordarshan and programmes by folk artists, Video vans and Swasthya melas will also be used to sensitise the population and create demand for RCH services

8.4 Community Participation

Community participation will be realised through Sub-centre Health Advisory Committees (HAC) formed as part of IPP-IX project. There will be two representatives from each village under the jurisdiction of the Sub-centre. At least one member from each village will be a woman. The non official members of the committee will not only assist in creating awareness of the services provided by the PHC and the sub-centres but also communicate the needs of the community to the service providers and ensure that activities are planned to meet the felt needs.

HAC committee will identify in each village a woman who is willing to volunteer to act as a link between the families in the village and the ANM at the sub-centre. In larger villages more than one volunteer may be identified at the rate of one per thousand population. The volunteers will be interacting with the ANM of the sub-centre covering the village. The volunteers will:

- * motivate couples to adopt appropriated contraceptive methods and refer acceptors to ANM,
- * educate all pregnant women on antenatal care and refer to ANM,
- * promote child care programme and arrange for immunisation,
- * create awareness of and need for treatment for sexually transmitted diseases and reproductive infections, and
- * co-ordinate with ANM for arranging health education and environmental sanitation programmes in the village.

The anganwadi workers would be given preference in selecting volunteer workers as they are experience in some aspects of child care and further they are free in the afternoons. They will be given performance based incentive on graded scale. They will also be allowed to sell condoms and oral pills at a fixed price and retain the sale proceeds.

In all there will be 253 HACs and 220 Gram Panchayats covering 617 villages in the district. These institutions would be involved in promoting RCH activities. The voluntary workers will be trained to promote selected components of the RCH project.

There are 20 voluntary organisations in the district engaged in promoting MCH and FP services. FPAI and LORD are among the active organisations. Each of the organisations will be allocated a group of villages for promotion of RCH and/or providing services. Assistance in kind, such as IEC materials, conveyance, drugs, vaccines will be provided to them according to their needs.

The Indian Medical Association (IMA), The family Planning Association of India (FPAI), The Leading Organisation for Rural Development (LORD) are keen to involve and extend their help not only to enhance the awareness but also provide services through mobile units or in the form of Swasthya mela, RCH clinics etc.,

Make shift arrangements will also be provided to them in the PHCs/PHUs/Sub-centres to hold clinics and Women Health Checkup camps.

NGOs will also be involved to form village level 'Kumari clubs' to sensitize adolescent girls in health and Nutrition.

The expenditure budget on IEC activities is presented in Table 8.3.1.1

Table 8.3.1.1 Budget Provision for IEC activity

Component	Quantity	Rate/unit thousand Rs	Amount Million Rs.
Communication Needs Assessment			.030
Pre testing IEC materials			.020
15 minute Video Film	6	225	1.350
Flip Chart	900	6	5.400
Pamphlets (thousands)	3000	5	1.500
Swasthya mela/NGO participation	32	450	14.400
TOTAL			22.700

Performance based incentives will be given to 625 voluntary workers for promotion/and or providing RCH services. On the basis of average incentive of Rs. 1,200 per person, the annual cost is estimated at Rs. 0.75 million.

9. PROJECT MANAGEMENT:

9.1 Organisation Structure

- * The Director of Health and F.W. Services will overall supervise the activities of the RCH project of Bellary district.
- * The Additional Director (FW & MCH) will be the State Level Project Director for this sub-project. He will be the Head of the Project Management. He will have the following functions:
 - a) Plan and implement State Level component of the project
 - b) Supervise and monitor the programme at State level.
 - c) Consolidating and reviewing performance and evaluation reports and ensure efficient and quality control.
 - d) He will co-ordinate the training programme of the field functionary and ensure that there will be no overlapping.
- * The Joint Director (FW & MCH) is the RCH Co-ordinator at the State level. He will have the following functions:
 - a) He will guide the district project unit to plan, implement and supervise the project.
 - b) He will monitor and report on inputs process and outputs on quality assurance and evaluation of outcomes on monthly basis.
 - c) He will actively involve NGOs, private medical practioners in implementation of the project.
 - d) He will co-ordinate between various departments.

- * The Joint Director (IEC) will be responsible for guiding in production, procurement of IEC materials and also guide the district project unit in planning and implementation of the IEC activities.
- * The District Health and Family Welfare Officer is the head of the District project unit who is responsible for planning, implementation monitoring, evaluation and reporting of the activities of District RCH Project.
- * The District MCH Officer will be the RCH Co-ordinator and responsible for management of the project activities in the district.
- * The Project Assistant, who will be responsible to co-ordinate the functions of District MCH officer who looks after MCH activities and also Family Planning Officer who looks after FP activities.

9.2 Staff Deployment:

The Director of Health & F. W. Services will be responsible for placement of staff such as Lady Medical Officers, Staff Nurse, Lab. Technicians, Drivers on contractual basis through the Deputy Commissioners of the Districts.

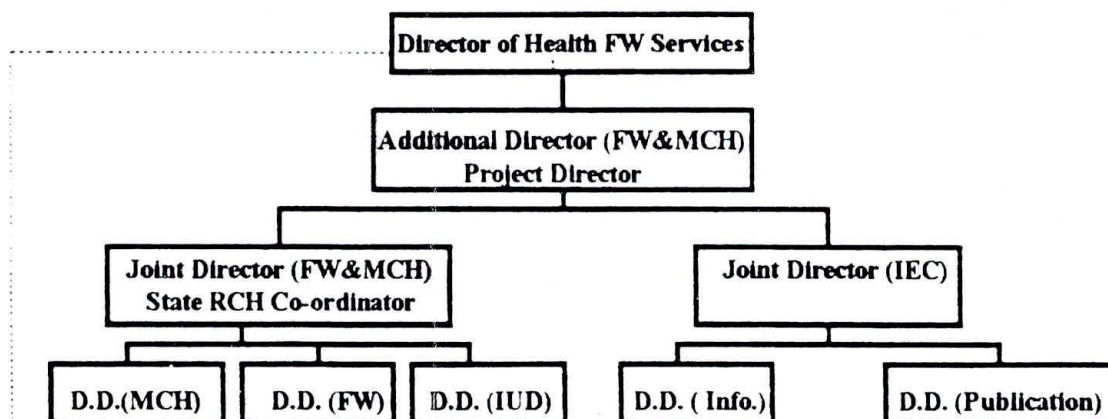
9.3 Civil Works and Procurement:

The civil works will be executed by IPP-IX Engineering Cell.
Procurement will be made by IPP-IX Procurement Cell.

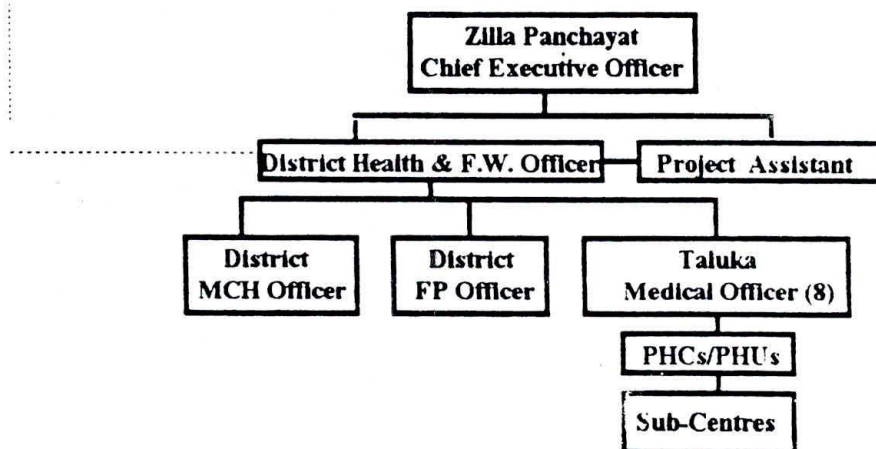
9.4. Financial Management:

At present funds for Externally Aided Projects are being routed through State Government. Hence under this project also funds will flow directly from the Centre/World Bank to the State Government. The Project Engineering Unit of Externally Aided Project will in turn delegate powers to next level depending on the circumstances. The Organization chart is presented.

STATE LEVEL ORGANISATION



DISTRICT LEVEL ORGANISATION



9.5 Project Monitoring

The monthly activity report and the technical assessment checklist will be inbuilt into the monitoring and evaluation system. Form No.14 which is already being implemented under the **Target Free Approach** will be linked to the monitoring and evaluation system. The performance indicators proposed to be monitored are listed below.

Performance indicators

IEC

1. Correct age of marriage of boys and girls.
2. Knowledge of three antenatal check ups.
3. Knowledge of spacing methods among eligible couples.
4. Knowledge of facilities available for M.T.P.
5. Identification and referral of cases of high risk pregnancies.
6. Knowledge of signs of RTI/STI.

ANTENATAL CARE

Effect indicators:

1. Number of percentage of pregnant women identified that are "*high-risk*".
2. Percentage of women who made three or more prenatal visits during their last pregnancy.

3. Percentage of women who received two doses of tetanus toxoid to confer protection prior to delivery.
4. Percentage of women who complied with iron folate supplementation regime during last pregnancy.
5. Percentage of women gaining less than 1 kg/month during the second and third trimester.

Output indicators:

1. Percentage of women who received at least one antenatal visit while they are pregnant.
2. Average number of contact per pregnant women.
3. Percentage of workers who regularly track high-risk pregnancies
4. Percentage of high-risk women seen by a health worker.
5. Percentage of health workers providing medical attention to high-risk pregnant women or referring them.

Input indicators:

6. Percentage of health units which experienced shortages of iron supplements/malaria prophylaxis.
7. Number of days when iron supplements/malaria prophylaxis were out of stock in the clinic.
8. Percentage of women of reproductive age weighing less than 38kg before pregnancy.

SAFE DELIVERY

Effect indicators:

1. Percentage of deliveries in preferred locations.
2. Percentage of births attended by trained health provider.
3. Percentage of mothers with knowledge of danger signs and where to go if complications arise.
4. Percentage of families with members aware of danger signs of pregnancy, delivery and puerperium.
5. Ratio of positively treated obstetrical complications to all complications during the last 3-6 months.
6. Percentage of women with optimum weight gain.

Output indicators:

1. Percentage of pregnant women who were trained about the danger signs of delivery and instructed where to go.
2. Percentage of obstetrical complication cases treated.

Input indicators:

1. Percentage of TBA trained in family planning, recognition of obstetrical complications, and hygienic birthing practices, and linked with the formal health service delivery system.
2. Percentage of district hospitals equipped and functioning as first referral centres.
3. Percentage of facilities and staff using standardised referral protocols to manage obstetrical complications.

4. Percentage of health cadres and staff trained in care of obstetrical complications, especially emergency cases.
5. Percentage of communities with organised transport systems in place to effect referral.

POSTNATAL CARE

Effect indicators:

1. Percentage of women receiving postnatal care from health workers.
2. Percentage of postnatal women who return for follow-up visits.
3. Percentage of women who have delivered and know when and where to return for a postnatal follow-up visit.

Output indicators:

1. Percentage of women who have delivered and were seen at least once during the postnatal period.
2. Percentage of health workers counselling mothers on potential danger signs in postpartum period requiring consultation with health worker.
3. Percentage of health workers using sterile materials for cutting and bandaging the umbilical cord, or percentage of mothers who said that health worker used clean materials for cutting and bandaging umbilical cord.
4. Percentage of mothers delivered by a trained birth attendant who received counselling on child services after delivery.

Input indicators:

1. Percentage of clinics/local health workers experiencing shortages of sterile equipment and supplies for appropriate care of the umbilical cord (razor blade, bandages, etc.,)
2. Percentage of facilities with one or more health staff trained in postnatal care and counselling.

FAMILY PLANNING

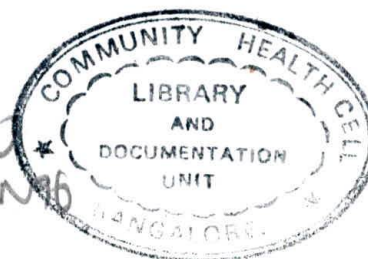
Effect indicators:

1. Percentage of eligible women knowing at least one modern family planning method and where to obtain it.
2. Percentage of women of child bearing age currently using modern family planning methods.
3. Percentage of last pregnancies not intended.
4. Average length of time current users of modern methods have used the method.
5. Percentage of births, with less than 24 months' spacing, among younger women 15--29 years.
6. Ratio of births to women below 19 or above 34 years.

Output indicators:

1. Percentage of eligible women contacted by health worker, for outreach.
2. Distribution of women receiving methods from CHW, by contraceptive method.
3. Distribution of new acceptors by method, particularly longer acting methods.

51
B94-110
04569 N36



4. Percentage of women seen who were referred from other providers for clinic based services.
5. Percentage of health workers who explain where and when to go for routine follow-up for family planning services.
6. Percentage of women who received counselling on possible side effects of the contraceptive chosen, or who were asked about side effects on follow-up visits.

Input indicators:

1. Percentage of health units experiencing stock shortages of each contraceptive method in the last month.
2. Percentage of health units who had less than two types of contraceptives in stock at any time during the month.
3. Percentage of villages without a regular supplier of contraceptive.

CHILD IMMUNISATION

Effect indicators:

1. Percentage of children age 12-23 months who are fully immunised with BCG, DPT, measles, and polio vaccines.
2. Percentage of children age 12-23 months never immunised with BCG, DPT, measles, and polio vaccines.
3. Percentage of mothers who know the age at which children should be immunised against measles (9-12 months of age).
4. Percentage of mothers whose children are not completely immunised who know when to return for the next immunisation.
5. Percentage of children age 12-23 months whose mothers can present a completely (per local standards) filled immunisation card, given the age of the child.

Output indicators:

1. Percentage of health units (or number or percentage of immunisation sessions) which experience shortages of vaccines, needles, syringes, and/or immunisation cards.
2. Percentage of health units whose refrigerator has not been at a temperature between 0 and 8 at all times during the previous period.

9.6 Action Plan for one year

Activity	Time frame	Implementing Officer	Place of Implementation
Filling up of incremental posts	12 weeks	D.H.S	Directorate,BLR
Identifying NGOs	2 weeks	DHO	District HQ
Training of health workers	4 weeks	DHO	District HQ
Hiring of quarters	8 weeks	DHO/MOH	PHCs/SCs
Vehicles	6-12 weeks	DHS	Directorate
Hiring LMO	4 weeks	Taluka M.O.	Taluka
Communication Needs Assessment	4 weeks	PRC Dharwar	District
Pre testing IEC Materials	4 weeks		District
15 minute Video Films	6 weeks	Film Dev.Corp.	District
Flip charts	6 weeks		District
Pamphlets (thousands)	6 weeks	Directorate	District
Swastya Melas	4 weeks	DHO	PHC level
Village Health Committee formation	6 weeks	MOH,PHC	SC level

ANNUAL ACTIVITY PLAN - GANTT CHART

Sl. No.	Activity	Responsibility	Period (1st Year)											
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
I	SERVICE DELIVERY													
1	Civil Works	IPP-IX (Engg. Cell)												
2	Procurement of Equipments	IPP-IX (Procurement Cell)												
3	Procurement of Vechicles	IPP-IX (Procurement Cell)												
4	Installation of Phones	IPP-IX (Procurement Cell)												
5	Contract of Staff	Director (H&FW)												
6	Baseline Survey	PRC , Dharwar												
7	Procurement of Drugs	Govt. Medical Stores (Directorate)												
II	TRAINING	District Training Coordinator (DH & FW O)												
III	IEC ACTIVITY													
1	C N A	PRC, Dharwar												
2	Pretesting IEC Materials	(MEM Wing)												
3	Production of Firms / Filleis	KFIDC												
4	Flip Charts	FW Bureau												
5	NGO Activities	DH & FW O												

10. PROJECT COST:

The project cost is estimated Rs.190.60 Million. The phasing of Expenditure is presented in table 10.1

Table 10.1 Project Cost and its Phasing by Year

Item	Million Rs./year					Total
	97-98	98-99	99-00	00-01	01-02	
Capital Expenditure						
Civil works	8.718	32.350	21.079	7.474	0.000	69.621
Equipment	2.585	1.136	0.703	0.196	0.000	4.620
Furniture	0.000	1.834	1.222	0.637	0.000	3.693
Vehicles	15.400	0.000	0.000	0.000	0.000	15.400
Communication	1.500	0.000	0.000	0.000	0.000	1.500
Training	5.654	0.000	0.000	2.780	0.000	8.434
Drugs	2.825	2.825	2.825	2.825	2.825	14.125
IEC	21.075	15.475	0.100	0.000	0.000	36.650
Subtotal	57.757	53.620	25.930	13.912	2.825	154.043
Recurring Expenditure						
Additional Staff Salaries	3.029	5.844	5.753	5.663	5.663	25.950
Vehicle Maintenance	1.540	2.310	3.080	3.080	3.080	13.090
Equipment Maintenance	0.258	0.556	0.748	0.831	0.831	3.225
Subtotal	4.828	8.710	9.581	9.574	9.574	42.265
TOTAL PROJECT COST	62.584	62.330	35.510	23.485	12.399	196.308

Phasing of Project Activities and Estimates of Cost

Item of Activity	Cost/Unit Rs.	Units/Year					Total	Million Rs. /Year					Total
		1	2	3	4	5		1	2	3	4	5	
Civil works													
Sub-centres	383,280	25	25	26	0	0	76	2.3955	9.582	9.678	7.474	0.000	29.129
PHUs	1,107,800	5	6	0	0	0	11	1.3848	5.816	4.985	0.000	0.000	12.186
PHCs	1,711,040	5	5	0	0	0	10	2.1388	8.5552	6.415	0.000	0.000	17.110
Maternity Homes	2,798,800	4	0	0	0	0	4	2.7988	8.3964	0.000	0.000	0.000	11.195
Sub-total								8.718	32.350	21.079	7.474	0.000	69.621
Equipment													
Sub-centres (new)	7,520	0	25	25	26	0	76	0.000	0.188	0.188	0.196	0.000	0.572
Other Sub-centres	965	174	0	0	0	0	174	0.168	0.000	0.000	0.000	0.000	0.168
PHUs/UPWs	7,520	10	0	0	0	0	10	0.075	0.060	0.000	0.000	0.000	0.075
PHCs/upgraded PHUs	46,840	50	10	11	0	0	71	2.342	0.468	0.515	0.000	0.000	3.326
Maternity Homes	120,020	0	4	0	0	0	4	0.000	0.480	0.000	0.000	0.000	0.480
Sub-total								2.585	1.136	0.703	0.196	0.000	4.620
Furniture													
Sub-centres (new)	24,500	0	25	25	26	0	76	0.000	0.613	0.613	0.637	0.000	1.862
PHCs/upgraded PHUs	55,405	0	10	11	0	0	21	0.000	0.554	0.609	0.000	0.000	1.164
Maternity Homes	166,850	0	4	0	0	0	4	0.000	0.667	0.000	0.000	0.000	0.667
Sub-total								0.000	1.834	1.222	0.637	0.000	3.693
Transport													
Jeeps	350,000	44	0	0	0	0	44	15.400	0.000	0.000	0.000	0.000	15.400
Sub-total								15.400	0.000	0.000	0.000	0.000	15.400
Communication													
OYT Telephones	20,000	75	0	0	0	0	75	1.500	0.000	0.000	0.000	0.000	1.500
Sub-total								1.500	0.000	0.000	0.000	0.000	1.500
Training Materials													
Medical Officer	1800	116	0	0	116	0	232	0.209	0.000	0.000	0.209	0.000	0.418
Block Health Educator	600	31	0	0	31	0	62	0.019	0.000	0.000	0.019	0.000	0.037
PH Nurse	1800	40	0	0	40	0	80	0.072	0.000	0.000	0.072	0.000	0.144
Senior Health Asst. Female	1800	53	0	0	53	0	106	0.095	0.000	0.000	0.095	0.000	0.191
Senior Health Asst. Male	1200	45	0	0	45	0	90	0.054	0.000	0.000	0.054	0.000	0.108
Junior Health Assistant Female	1800	493	0	0	493	0	986	0.887	0.000	0.000	0.887	0.000	1.773
Junior Health Assistant Male	600	270	0	0	270	0	540	0.162	0.000	0.000	0.162	0.000	0.324
Dais	150	1319	0	0	1319	0	2638	0.198	0.000	0.000	0.198	0.000	0.396
Anganwadi Workers	100	1573	0	0	1573	0	3146	0.157	0.000	0.000	0.157	0.000	0.315
Zilla Panchayat Members	100	50	0	0	50	0	100	0.005	0.000	0.000	0.000	0.000	0.005
Taluka Panchayat Members	100	200	0	0	200	0	400	0.020	0.000	0.000	0.000	0.000	0.020
Nyaya Panchayat Members	50	4725	0	0	4725	0	9450	0.236	0.000	0.000	0.000	0.000	0.236
Sub-total								2.115	0.000	0.000	1.853	0.000	3.968

Phasing of Project Activities and Estimates of Cost

Item of Activity	Cost/Unit Rs.	Units/Year					Total	Million Rs./year					Total
		1	2	3	4	5		1	2	3	4	5	
Training TA/DA													
Medical Officer	1200	116	0	0	116	0	232	0.139	0.000	0.000	0.139	0.000	0.278
Block Health Educator	900	31	0	0	31	0	62	0.028	0.000	0.000	0.028	0.000	0.056
Staff Nurse	900	40	0	0	40	0	80	0.036	0.000	0.000	0.036	0.000	0.072
Senior Health Assist. Female	900	53	0	0	53	0	106	0.048	0.000	0.000	0.048	0.000	0.095
Senior Health Assist. Male	900	45	0	0	45	0	90	0.041	0.000	0.000	0.041	0.000	0.081
Junior Health Assistant Female	600	493	0	0	493	0	986	0.296	0.000	0.000	0.296	0.000	0.592
Junior Health Assistant Male	600	270	0	0	270	0	540	0.162	0.000	0.000	0.162	0.000	0.324
Dais	75	1319	0	0	1319	0	2638	0.099	0.000	0.000	0.099	0.000	0.198
Anganwadi Workers	50	1573	0	0	1573	0	3146	0.079	0.000	0.000	0.079	0.000	0.157
Zilla Panchayats	1000	2	0	0	2	0	2	0.000	0.000	0.000	0.000	0.000	0.000
Taluka Panchayats	1000	10	0	0	10	0	10	0.000	0.000	0.000	0.000	0.000	0.000
Gram Panchayats	500	222	0	0	222	0	222	2.363	0.000	0.000	0.000	0.000	2.363
Sub-total								3.539	0.000	0.000	0.927	0.000	4.466
Drugs													
PHC/Upgraded PHU	25,000	71	71	71	71	71		1.775	1.775	1.775	1.775	1.775	8.875
Maternity/CHC/Taluka Hospitals	75,000	14	14	14	14	14		1.050	1.050	1.050	1.050	1.050	5.250
Sub-total								2.825	2.825	2.825	2.825	2.825	14.125
IEC Materials													
Communication Needs Assessment	300,000	1	0	0	0	0		0.300	0.000	0.000	0.000	0.000	0.300
Pre testing IEC Materials	200,000	0	0.5	0.5	0	0		0.000	0.100	0.100	0.000	0.000	0.200
15 minute Video Film	225,000	3	3	0	0	0		0.675	0.675	0.000	0.000	0.000	1.350
Flip chart	6,000	900	0	0	0	0		5.400	0.000	0.000	0.000	0.000	5.400
Pamphlets (thousands)	5,000	1500	1500	0	0	0		7.500	7.500	0.000	0.000	0.000	15.000
Swasthya Mela	450,000	16	16	0	0	0		7.200	7.200	0.000	0.000	0.000	14.400
Sub-total								21.075	15.475	0.100	0.000	0.000	36.650
Additional staff salaries													
Lay Secretary	75,600	1	0	0	0	0	1	0.076	0.116	0.116	0.116	0.116	0.540
LMO	92,140	4	15	0	0	0	19	0.369	1.751	1.751	1.751	1.751	7.371
Staff Nurse	59,670	21	13	5	0	0	39	1.253	2.029	2.327	2.327	2.327	10.263
Lab Technician	49,350	0	4	0	0	0	4	0.000	0.197	0.197	0.197	0.197	0.790
Anaesthetist	30,000	0	4	0	0	0	4	0.000	0.120	0.120	0.120	0.120	0.480
Drivers	28,080	41	0	0	0	0	41	1.151	1.151	1.151	1.151	1.151	5.756
Incentive to voluntary workers	1,200	150	400	75	0	0	625	0.180	0.480	0.090	0.000	0.000	0.750
Sub-total								3.029	5.844	5.753	5.663	5.663	25.950
Vehicle Maintenance													
Equipment Maintenance								1.540	2.310	3.080	3.080	3.080	13.090
Grand Total								62.584	62.330	35.510	23.485	12.399	196.308

11. SUSTAINABILITY:

* The incremental annual recurring cost at the end of the project is estimated at Rs. 8.4 million. The State Government has been increasing allocations to the health sector at 6 percent per annum at constant prices. The allocation during the period 1994-97 averaged at Rs.97.55 million per year. Applying the past trend in increase of annual allocation of 6 percent, the allocation to Bellary district is expected to increase by 33.8 percent or by Rs.32.99 million. The incremental expenditure resulting from the Project on the other hand is only Rs.9.6 million or 29.0 percent of anticipated increase in allocation to health sector in Bellary District.

* Under the Minimum Needs Programme the existing PHUs have been upgraded into Primary Health Centres based on Population Norms. At the end of RCH Project period of 5 years, Bellary District would be requiring Additional Primary Health Centres. Hence the upgraded PHUs in this Project will be converted in to Primary Health Centres and necessary staff will be deployed phasing out contract services.

Annexe I
District Level Submission
for
State Level Appraisal

Form A - Health Facilities (New Construction Works)

1. Name of the District: Bellary State: Karnataka
2. Type of Proposed Health Care Facility (*check one*)
- a. Pre-Referral/Primary Level (*check one*) ☒
- Sub-centre ☒
- Primary Health Centre (PHC) ☐
- b. Referral/Secondary Level ☐
- First Referral Unit (FRU) ☐
- Community Health Centre (CHC) ☐
- Sub-Divisional Hospital ☐
- Rural Hospital ☐
- Taluka Hospital ☐
- Area Hospital ☐
- District Hospital ☐
3. Will the proposed design of the facility be (*check one*)
- Non-standardised - Need specific (non repetitive) ☐
- Standardised (repetitive) ☒

If the answer above is "Non-standardised" - (need specific) then go to columns 5,6,7 & 8 below.

If the answer above is "Standardised", then answer column 4 below.

4. List of Standardised design in District
(Design Approved by World Bank for IPP-IX)

Type Design: **Sub-centre**

Number of locations: 76

	Location of Proposed Sites (Taluka & village)	Catchment population	Site Status				Total
			Acquired	Not Acquired	Under Negotiation	Not Identified	
	Bellary Taluka						
1	Badanahatti			✓			
2	Emmiganur A			✓			
3	Emmiganur B			✓			
4	Havinahal Veerapura			✓			
5	Kolagallu			✓			
6	Kolur			✓			
7	Kudathini A			✓			
8	Kudathini B			✓			
9	Moka			✓			
10	Mustagatta			✓			
11	Nelludi			✓			
12	Oravi			✓			
13	Pattanasaragu			✓			
14	Rupanagudi			✓			
15	Sidaragadda			✓			
16	Thimmalapura			✓			
17	Vaddahatti			✓			
18	Yerragudi			✓			
	Hadagalli Taluka						
19	Ayyanahalli			✓			
20	Hadagalli A			✓			
21	Hadagalli B			✓			
22	Hakandi			✓			
23	Katebennur			✓			
24	Kuravathi			✓			
25	Makarabbi			✓			
26	Mannera Masalavada			✓			
27	Sovinahalli			✓			
	Hagaribommanahalli Taluka						
28	Alabur			✓			
29	Dasmapura			✓			
30	Gaddikeri			✓			

	Location of Proposed Sites	Catchment population	Site Status				Total
			Acquired	Not Acquired	Under Negotiation	Not Identified	
31	Moregeri			✓			
32	Nellukudiri			✓			
33	Ulavathi			✓			
	Harapanahalli Taluka						
34	Bagali			✓			
35	Duggavatti			✓			
36	Kadabageri			✓			
37	Kanchikeri			✓			
38	Mydur			✓			
39	Nichapura			✓			
40	Nittur			✓			
41	Ragimasalawada			✓			
42	Sasivahalli			✓			
43	Towdur			✓			
	Hospet Taluka						
44	Devalapura			✓			
45	Devasamudra			✓			
46	Mariyammanahalli 1			✓			
47	Mariyammanahalli 2			✓			
48	Kamalapura 1			✓			
49	Kamalapura 2			✓			
50	Sriramarangapura			✓			
	Kudligi Taluka						
51	Appainahalli			✓			
52	Malapanagudi			✓			
53	Metriki			✓			
54	Papinayakanahalli			✓			
55	Hireheggadahal			✓			
56	K.Iyyanahalli			✓			
57	Sivapura			✓			
	Sandur Taluka						
58	Bandri			✓			
59	Kodalu			✓			
60	Metriki			✓			
61	Rajapur			✓			
62	Sovenahalli			✓			
63	Vittalapur			✓			
64	Thorangal R.S.			✓			
65	Yeswanthanagar			✓			
	Siruguppa Taluka						
66	Balakundi			✓			
67	Dasanur			✓			
68	Halekota			✓			

	Location of Proposed Sites	Catchment population	Site Status				Total
			Acquired	Not Acquired	Under Negotiation	Not Identified	
69	Havinahal			✓			
70	Ravihal			✓			
71	Tekkalkota 1			✓			
72	Tekkalkota 2			✓			
73	Karchiganur			✓			
74	Kotchalsugur			✓			
75	Mitte Sugur			✓			
76	Nittur			✓			

Columns 5,6,7 and 8 omitted.

9. Has the site any legal, municipal or legislative obstacles? (Check one)

Yes ☐

No ☒

10. Can the construction start immediately on the site? (Check one)

Yes ☒

No ☐

Others (Specify) ☐

Levelling /reclamation /temporary relocation
/demolition needed

11. Site Selection Criteria

Does the proposed site satisfy the site selection criteria as per paragraph 4.3 item (b) of Manual Booklet -A? (Check as below)

Criteria	Yes	No	To be Augmented/Comments
Favourable accessibility and location	✓		
Availability of drinking water	✓		
Favourable subsoil water table	✓		
Favourable soil report	✓		
Availability of electricity	✓		
Earthquake consideration	✓		
Favourable flood level safety consideration	✓		

12. Provide proposed outline specifications of the items below

- a. Structure
- Load bearing walls ☒
- Framed R.C.C. structure ☐
- other, (specify) ☐
-
- b. External **stone** wall 380mm ☒ 230mm thick **brick** wall ☒
- c. Internal wall load bearing 230mm ☐ 115 mm thick (partition) ☐
- d. Class of brick I class ☒ II class ☐ III class ☐
- e. Anti-termite treatment Provided
- f. Roofing RCC sloped roof
- g. Water proofing 20mm thick plastering in CM 1:6 with WP cement
- h. Floor finish Terrazo/Tandoor blue/ polished shahbad stone
- i. External plaster for stone masonry pointing/ brick masonry:
20mm thick plastering
- j. Internal plaster 12mm thick plastering
- k. Damp proofing course not provided
- l. Doors & windows (Mathi or Nandi) wood doors and steel windows
- m. Toilet/sanitary fixtures White vitreous china clay & C.P fixture
- n. Skirting Mosaic (terrazo)
- o. Dado Ceramic tiles
- p. Water supply India Mark II Hand Pump ☒
(Where running water supply is not available)
Municipal water supply ☐
- q. Sewage disposal Septic tank and Soak pit ☒
(Where running water supply is not available)
Municipal sewage line ☐
- r. Electrical specifications : (Internal)
- Concealed wiring ☒ Surface mounted wiring ☐
- Diesel Generator ☐ Uninterrupted Power System (UPS) ☐

s. Other special outline electrical specifications if any :

.....

13. Construction Schedule (Check as below)

Progress Stages	Year			
	1997 to 1998	1998 to 1999	1999 to 2000	2000 to 2001
Approval				
Preliminary Drawing/	Yes			
Outline Specification/	Yes			
Preliminary cost estimates	Yes			
Approval of tender documents	Yes			
Approval of contract award	25	25	21	
Commencement of construction	25	25	21	
Completion of construction		25	25	21
Defect liability guarantee period		365 days from date of completion		

14. Provide cost information for type design

- | | | |
|-----|--|--------------|
| (1) | Net floor area of proposed facility | Sq.m. : 53.3 |
| (2) | Add 20% for service/corridor & wall thickness etc. | Sq.m. : 10.7 |
| (3) | Total Area (1 = 2 above) | Sq.m.: 64.0 |
| (4) | Multiply (3) by Rs. 4600/ Sq.m. | Rs. 2,94,400 |
| (5) | Add electrical installation cost as estimated | Rs. 30,000 |
| (6) | Add 20% of (4) as external development | |
| | including external water/electricity to (4) | Rs. 58,880 |
| (7) | Add (4) + (5) + (6) = Unit Cost = | Rs. 3,83,280 |

15. Omitted as applies only to Need Specific Individual designs

16. Provide name/names of construction management agency/agencies chosen to carry out construction work as below:

- | | | |
|----|----------------------------|-------------------------------------|
| a. | Panchayat Board | <input type="checkbox"/> |
| b. | Rural Engineering Services | <input type="checkbox"/> |
| c. | Zilla Parishad | <input checked="" type="checkbox"/> |

d. Other State Government Undertakings

☐

Name

e. PWD

☐

f. Private Contractors

☐

g. Non Governmental Organisation

☐

Name

4. List of Standardised design in District
(PHC Design Approved by World Bank for IPP-IX . Proposed additional
Ward with 20 beds to be approved)

Type Design: **PHC**

Number of locations: 10

	Location of Proposed Sites (Taluka & village)	Catchment population	Site Status				Total
			Acquired	Not Acquired	Under Negotiation	Not Identified	
	Bellary Taluka		✓				
1	Chellagurki		✓				
2	Kolur		✓				
3	Korlagundi		✓				
4	Siddammanahalli		✓				
	Harpanahalli Taluka						
5	Mathihalli		✓				
6	Sasvihalli		✓				
7	Uchangidurga		✓				
	Kudligi Taluka						
8	Hudem		✓				
	Sandur Taluka						
9	Bandri		✓				
	Siruguppa Taluka						
10	Tekkalkota		✓				

Columns 5,6,7 and 8 omitted.

9. Has the site any legal, municipal or legislative obstacles? (Check one)

Yes ☐

No ☒

10. Can the construction start immediately on the site? (Check one)

Yes ☒

No ☐

Others (Specify) ☐

Levelling /reclamation /temporary relocation
/demolition needed

11. Site Selection Criteria

Does the proposed site satisfy the site selection criteria as per paragraph 4.3 item (b) of Manual Booklet -A? (Check as below)

Criteria	Yes	No	To be Augmented/ Comments
Favourable accessibility and location	✓		
Availability of drinking water	✓		
Favourable subsoil water table	✓		
Favourable soil report	✓		
Availability of electricity	✓		
Earthquake consideration	✓		
Favourable flood level safety consideration	✓		

12. Provide proposed outline specifications of the items below

a. Structure

Load bearing walls ☒

Framed R.C.C. structure ☐

other, (specify) ☐

.....

b. External stone wall 380mm ☒ 230mm thick brick wall ☐

c. Internal load bearing wall 230mm ☐ 115 mm thick (partition) ☐

d. Class of brick I class ☒ II class ☐ III class ☐

e. Anti-term treatment Provided

f. Roofing RCC sloped roof

g. Water proofing 20mm thick plastering in CM 1:6 with WP cement

h. Floor finish Terrazo/Tandoor blue/ polished shahbad stone

i. External plaster for stone masonry pointing/ brick masonry:20mm thick plastering

j. Internal plaster 12mm thick plastering

- k. Damp proofing course not provided
- l. Doors & windows (Mathi or Nandi) wood doors and steel windows
- m. Toilet/sanitary fixtures White vitreous china clay & C.P fixture
- n. Skirting Mosaic (terrazo)
- o. Dado Ceramic tiles
- p. Water supply India Mark II Hand Pump ☒
(Where running water supply is not available)
Municipal water supply ☐
- q. Sewage disposal Septic tank and Soak pit ☒
(Where running water supply is not available)
Municipal sewage line ☐
- r. Electrical specifications : (Internal)
Concealed wiring ☒ Surface mounted wiring ☐
Diesel Generator ☐ Uninterrupted Power System (UPS) ☐
- s. Other special outline electrical specifications if any :
.....
.....

13. Construction Schedule (Check as below)

Progress Stages	Year			
	1997 to 1998	1998 to 1999	1999 to 2000	2000 to 2001
Approval				
Preliminary Drawing	Yes			
Outline Specification	Yes			
Preliminary cost estimates	Yes			
Approval of tender documents	Yes			
Approval of contract award	5	5		
Commencement of construction	5	5		
Completion of construction		5	5	
Defect liability guarantee period		365 days from date of completion		

14. Provide cost information for type design

(1)	Net floor area of proposed facility	Sq.m. : 198.8
(2)	Add 46% for service/corridor & wall thickness etc.	Sq.m. : 91.6
(3)	Total Area (1 = 2 above)	Sq.m.: 290.4
(4)	Multiply (3) by Rs. 4600/ Sq.m.	Rs. 13,35,840
(5)	Add electrical installation cost as estimated	Rs. 1,08,000
(6)	Add 20% of (4) as external development including external water/electricity to (4)	Rs. 2,67,200
(7)	Add (4) + (5) + (6) = Unit Cost =	Rs. 17,11,040

15. *Omitted as applies only to Need Specific Individual designs*

16. Provide name/names of construction management agency/agencies chosen to carry out construction work as below:

- | | | |
|----|-------------------------------------|-------------------------------------|
| a. | Panchayat Board | <input type="checkbox"/> |
| b. | Rural Engineering Services | <input type="checkbox"/> |
| c. | Zilla Parishad | <input checked="" type="checkbox"/> |
| d. | Other State Government Undertakings | <input type="checkbox"/> |
| | Name | |
| e. | PWD | <input type="checkbox"/> |
| f. | Private Contractors | <input type="checkbox"/> |
| g. | Non Governmental Organisation | <input type="checkbox"/> |
| | Name | |

Annexe III

District Level Submission

for

State Level Appraisal

Form C - Health Facilities (Expansion and or Renovation of Existing Facilities and Miscellaneous Repair)

1. Name of the District: Bellary State: Karnataka
2. Type of Proposed Health Care Facility (*check one*)
 - a. Pre-Referral/Primary Level (*check one*) ☒

Sub-centre	<input type="checkbox"/>
Primary Health Centre (PHC)	<input checked="" type="checkbox"/>
 - b. Referral/Secondary Level ☐

First Referral Unit (FRU)	<input type="checkbox"/>
Community Health Centre (CHC)	<input type="checkbox"/>
Sub-Divisional Hospital	<input type="checkbox"/>
Rural Hospital	<input type="checkbox"/>
Taluka Hospital	<input type="checkbox"/>
Area Hospital	<input type="checkbox"/>
District Hospital	<input type="checkbox"/>
3. Will the proposed design of the facility be (*check one*)

Non-standardised - Need specific (non repetitive)	<input type="checkbox"/>
Standardised (repetitive)	<input checked="" type="checkbox"/>

If the answer above is "Non-standardised" - (need specific) then go to columns 5,6,7 & 8 below.

If the answer above is "Standardised", then answer column 4 below.

4. List of Standardised design in District
(Design Approved by World Bank for IPP-IX)

Type Design: Upgrade PHU to PHC

Number of locations: 11

	Location of Proposed Sites (Taluka & village)	Catchment population	Site Status				Total
			Acquired	Not Acquired	Under Negotiation	Not Identified	
	Hadagalli Taluka						
1	Ayyanahalli		✓				
2	Holagundi		✓				
3	Magala		✓				
	Hagaribommanahalli Taluka						
4	Hansi		✓				
	Harapanahalli Taluka						
5	Aligilawada		✓				
6	Bannihalli		✓				
7	Hiremagalagere		✓				
8	Nandibevoor		✓				
	Kudligi Taluka						
9	Alur		✓				
	Siruguppa Taluka						
10	Bagawady		✓				
11	Kuruvalli		✓				

Columns 5,6,7 and 8 omitted.

9. Has the site any legal, municipal or legislative obstacles? (Check one)

Yes ☐

No ☒

10. Can the construction start immediately on the site? (Check one)

Yes ☒

No ☐

Others (Specify) ☐

Levelling /reclamation /temporary relocation
/demolition needed

11. Site Selection Criteria

Does the proposed site satisfy the site selection criteria as per paragraph 4.3 item (b) of Manual Booklet -A? (Check as below)

Criteria	Yes	No	To be Augmented/ Comments
Favourable accessibility and location	✓		
Availability of drinking water	✓		
Favourable subsoil water table	✓		
Favourable soil report	✓		
Availability of electricity	✓		
Earthquake consideration	✓		
Favourable flood level safety consideration	✓		

12. Provide proposed outline specifications of the items below

a. Structure

Load bearing walls ☒
 Framed R.C.C. structure ☐
 other, (specify) ☐

- b. External stone wall 380mm ☒ 230mm thick brick wall ☒
 c. Internal wall load bearing 230mm ☐ 115 mm thick (partition) ☐
 d. Class of brick I class ☐ II class ☐ III class ☐
 e. Anti-termite treatment Provided
 f. Roofing RCC sloped roof
 g. Water proofing 20mm thick plastering in CM 1:6 with WP cement
 h. Floor finish Terrazo/Tandoor blue/ polished shahbad stone
 i. External plaster for stone masonry pointing/ brick masonry:
 20mm thick plastering

14. Provide cost information for type design
- | | | |
|-----|---|---------------|
| (1) | Net floor area of proposed facility | Sq.m. : 133.9 |
| (2) | Add 40% for service/corridor & wall thickness etc. | Sq.m. : 53.6 |
| (3) | Total Area (1 + 2 above) | Sq.m.: 187.5 |
| (4) | Multiply (3) by Rs. 4600/ Sq.m. | Rs. 8,62,500 |
| (5) | Add electrical installation cost as estimated | Rs. 72,800 |
| (6) | Add 20% of (4) as external development
including external water/electricity to (4) | Rs. 1,72,500 |
| (7) | Add (4) + (5) + (6) = Unit Cost = | Rs.11,07,800 |

15. *Omitted as applies only to Need Specific Individual designs*

16. Provide name/names of construction management agency/agencies chosen to carry out construction work as below:

- | | | |
|----|-------------------------------------|-------------------------------------|
| a. | Panchayat Board | <input type="checkbox"/> |
| b. | Rural Engineering Services | <input type="checkbox"/> |
| c. | Zilla Parishad | <input checked="" type="checkbox"/> |
| d. | Other State Government Undertakings | <input type="checkbox"/> |
| | Name | |
| e. | PWD | <input type="checkbox"/> |
| f. | Private Contractors | <input type="checkbox"/> |
| g. | Non Governmental Organisation | <input type="checkbox"/> |
| | Name | |

Annexe IV
District Level Submission
for
State Level Appraisal

Form A - Health Facilities (New Construction Works)

1. Name of the District: Bellary State: Karnataka
2. Type of Proposed Health Care Facility (*check one*)
 - a. Pre-Referral/Primary Level (*check one*) ☐
 - Sub-centre ☐
 - Primary Health Centre (PHC) ☐
 - b. Referral/Secondary Level ☒
 - First Referral Unit (FRU) ☒
 - Community Health Centre (CHC) ☐
 - Sub-Divisional Hospital ☐
 - Rural Hospital ☐
 - Taluka Hospital ☐
 - Area Hospital ☐
 - District Hospital ☐
3. Will the proposed design of the facility be (*check one*)
 - Non-standardised - Need specific (non repetitive) ☐
 - Standardised (repetitive) ☒

If the answer above is "Non-standardised" - (need specific) then go to columns 5,6,7 & 8 below.

If the answer above is "Standardised", then answer column 4 below.

4. List of Standardised design in District
(PHC Design Approved by World Bank for IPP-IX . Proposed additional
Ward with 20 beds to be approved)

Type Design: **Maternity Home**

Number of locations: 4

	Location of Proposed Sites (Taluka & village)	Catchment population	Site Status				Total
			Acquired	Not Acquired	Under Negotiation	Not Identified	
	Bellary Town		✓				
1	Cowl Bazar		✓				
2	Gandhinagar		✓				
3	Millarpet		✓				
4	Parvathinagar		✓				

Columns 5,6,7 and 8 omitted.

9. Has the site any legal, municipal or legislative obstacles? (Check one)

Yes ☐

No ☒

10. Can the construction start immediately on the site? (Check one)

Yes ☒

No ☐

Others (Specify) ☐

*Levelling /reclamation /temporary relocation
/demolition needed*

11. Site Selection Criteria

Does the proposed site satisfy the site selection criteria as per paragraph 4.3 item (b) of Manual Booklet -A? (Check as below)

Criteria	Yes	No	To be Augmented/ Comments
Favourable accessibility and location	✓		
Availability of drinking water	✓		
Favourable subsoil water table	✓		
Favourable soil report	✓		
Availability of electricity	✓		
Earthquake consideration	✓		
Favourable flood level safety consideration	✓		

12. Provide proposed outline specifications of the items below

a. Structure

Load bearing walls ☒

Framed R.C.C. structure ☐

other, (specify) ☐

.....

b. External stone wall 380mm ☒ 230mm thick brick wall ☐

c. Internal load bearing wall 230mm ☐ 115 mm thick (partition) ☐

d. Class of brick I class ☒ II class ☐ III class ☐

e. Anti-termite treatment Provided

f. Roofing RCC sloped roof

g. Water proofing 20mm thick plastering in CM 1:6 with
WP cement

h. Floor finish Terrazo/Tandoor blue/ polished shahbad stone

i. External plaster for stone masonry pointing/ brick masonry:20mm
thick plastering

j. Internal plaster 12mm thick plastering

- k. Damp proofing course not provided
- l. Doors & windows (Mathi or Nandi) wood doors and steel windows
- m. Toilet/sanitary fixtures White vitreous china clay & C.P fixture
- n. Skirting Mosaic (terrazo)
- o. Dado Ceramic tiles
- p. Water supply India Mark II Hand Pump ☒
(Where running water supply is not available)
Municipal water supply ☐
- q. Sewage disposal Septic tank and Soak pit ☒
(Where running water supply is not available)
Municipal sewage line ☐
- r. Electrical specifications : (Internal)
Concealed wiring ☒ Surface mounted wiring ☐
Diesel Generator ☐ Uninterrupted Power System (UPS) ☐
- s. Other special outline electrical specifications if any :
.....
.....

13. Construction Schedule (Check as below)

Progress Stages	Year			
	1997 to 1998	1998 to 1999	1999 to 2000	2000 to 2001
Approval Preliminary Drawing/ Outline Specification/ Preliminary cost estimates Approval of tender documents	Yes Yes Yes Yes			
Approval of contract award	4			
Commencement of construction	4			
Completion of construction		4		
Defect liability guarantee period		365 days from date of completion		

14. Provide cost information for type design

(1)	Net floor area of proposed facility	Sq.m. : 338.2
(2)	Add 40 % for service/corridor & wall thickness etc.	Sq.m. : 135.3
(3)	Total Area (1 = 2 above)	Sq.m.: 473.7
(4)	Multiply (3) by Rs. 4600/ Sq.m.	Rs. 21,79,000
(5)	Add electrical installation cost as estimated	Rs. 1,84,000
(6)	Add 20% of (4) as external development including external water/electricity to (4)	Rs. 4,35,800
(7)	Add (4) + (5) + (6) = Unit Cost =	Rs. 27,98,800

15. Omitted as applies only to Need Specific Individual designs

16. Provide name/names of construction management agency/agencies chosen to carry out construction work as below:

- | | | |
|----|-------------------------------------|-------------------------------------|
| a. | Panchayat Board | <input type="checkbox"/> |
| b. | Rural Engineering Services | <input type="checkbox"/> |
| c. | Zilla Parishad | <input type="checkbox"/> |
| d. | Other State Government Undertakings | <input type="checkbox"/> |
| | Name | |
| e. | PWD | <input checked="" type="checkbox"/> |
| f. | Private Contractors | <input type="checkbox"/> |
| g. | Non Governmental Organisation | <input type="checkbox"/> |
| | Name | |

Annexe V

List of Drugs For RTI / STI

1. Tab. Cotrimaxazole
2. Tab. Norfloxacin
3. Cap. Ampicillin
4. Gynae-CVP
5. Cap. Doxycycline
6. Tab. Metronidazole
7. Nalidixic Acid
8. Inj. Penicillin. L.A..
9. Vaginal Pessary (Cenestin)
10. Benzyle Benzoate lotion

Annexe VI

List of Private Hospitals in Bellary District

Name of Hospital	Address	Hospital Type
Adarsha Nursing Home	Ganhinanar	General hospital
Anupama Nursing Home	Dr. Ajit Kulkarni, Opp. Radhika Theatre	MCH/OBG/Pediatric
Basaveswara Nursing Home	II Cross, Basaveswara Nagar	General hospital
Bellary Nursing Home	Behind Nataraj Theatre	General hospital
Dhanvanthari Nursing Home	139, Kalamma Street	MCH/OBG/Pediatric
Dr. A Duraiswamy Nursing Home	Kolachalam Compound	General hospital
Dr. Madhuri Nursing Home and Eye Hospital	Bellary	General hospital
Dr. Ravi Tippa Nursing Home	Comme Road	General hospital
Dr. Subba Rao Hospital	Contonment	General hospital
Dr. Y P Vittal Ent Nursing Home	1-40/2 Kalamma Street	General hospital
Dwaraka Nursing Home	K Shanta Seetharam, Moka Road	General hospital
Geetha Nursing Home	Dr. Ratna, S N Pet	MCH/OBG/Pediatric
L V Surgical & Maternity Home	Opposite Wardla High School	General hospital
Murthy Nursing Home	No.8, Gandhi Nagar, I Cross	General hospital
Nirmala Clinic & Nursing Home	20/22, Main Road Cowl Bazar	MCH/OBG/Pediatric
Parkview Nursing Home	45/25 Near Zoo Radio Park, Cowl Bazar	General hospital
R K Nursing Home	H M Saifullah Khan, III Cross, Sathyanarayana Pet	General hospital
Shakti Nursing Home	Tallur Road, Parvathi Nagar	General hospital
Shiva Specialist Centre Hospital	Opp. Ksrtc Bus Stand	General hospital
Sri Manjunath Nursing Home	Bangalore Road	General hospital
Sri Venkateswara Nursing Home	2 Cross, Gandhi Nagar	General hospital
Sri Venkateswara Nursing Home	II Cross, Gandi Nagar	General hospital
St. Mary Hospital	Cantronment	General hospital
St. Mary's Hospital	Dr. Malikarjuna Reddy	General hospital
Star Nursing Home	Bandatti Road, Cowl Bazaar	MCH/OBG/Pediatric
Sukrutha Nursing Home	Gopelaswamy Road, Gandhinagar	General hospital
Usha Nursing Home	Dr. P Radha Krishna Rao, Cowl Bazaar	General hospital
Vijaya Maternity Home	K M Nariswamy, S N Pet, II Cross	General hospital
Hagaribommanahalli	Hagaribommanahalli	
Chatanya Nursing Home	Hagari Bommanahalli	MCH/OBG/Pediatric
M S Kulkarni Hospital	Hagari Bommanahalli	General hospital
Pooja Nursing Home	Basavaraja Reddy	General hospital
Shantala Nursing Home	Ran Nagar	General hospital
Shushrutha Nursing Home	Hagari Bommanahalli	General hospital
Harpanahalli	Harpanahalli	
Balaji Nursing Home	Hospet Road, Davangere	MCH/OBG/Pediatric
Chethana Nursing Home	Middle Street	General hospital
Maruthi Clinic	K M C Reg	General hospital
Shree Manjunatha Nursing Home	Kottur Road	General hospital
Suchethana Hospital	Main Road	General hospital
Hospet	Danapur	
Ramarad Memorial Hospital	Vyasankere Colony	General hospital
Hospet	Hospet	
Amar Joythi Nursing Home	Ballary Road Circle	General hospital
Amereswara Nursing Home	Patel Nagar	General hospital
Anand Nursing Home	Anaravathi, Sinaram Road	General hospital
Bijoy Hospital	New Vegetable Market	MCH/OBG/Pediatric
Dr. B R Achar Maternity & Nursing Home	Station Road	General hospital
Dr. B T Kulkarni Surgical and Nursing Home	Valmiki Circle Dam Road	General hospital

Annexe VI

List of Private Hospitals in Bellary District

Name of Hospital	Address	Hospital Type
Dr. Kopekhar Eye Clinic	House No. 4/339, Patel Road	Ophthalmology
Dr. Rajasekhar Kanthi Nursing Home	Hospet	MCH/OBG/Pediatric
K L S Nursing Home	Main Bazar	General hospital
Malligi Nursing Home	Kottvr Swami Matt, Near Main Bazar	MCH/OBG/Pediatric
Malligi Nursing Home	Near Kottuswami Mutt, Main Bazar	General hospital
Netra Lakshmi Charitable Trust	Sandur Road	Ophthalmology
Padma Nursing Home	College Road	General hospital
R M Orthalmic Nursing and Childre Hospital	College Road	General hospital
Radha Nursing Home	Battery Road	MCH/OBG/Pediatric
Renuka Maternity Home	Markandeshwar Temple, Mrujynjaya Nagar	MCH/OBG/Pediatric
Sanjeevini Nursing Home	Near Rotary Club, Patel Nagar	MCH/OBG/Pediatric
Shashikala Gugri Nursing Home	College Road	MCH/OBG/Pediatric
Sita Nursing & Maternity Home	Near Bus Stand	MCH/OBG/Pediatric
Sri Maruthi Clinic and Maternity	Opp. to Delhi Sweet Stall, Near Three Shops	General hospital
Sripati Maternity & Children Nursing Home	Station Road	General hospital
T M Aie Society Amc Hospital	Dam Road Circle	General hospital
Hospet	Kampli	
Dr. Jambunatha Goud Maternity and Nursing Home	Kampli	General hospital
Sandur	Donimalai	
Nmdc Arogya Vardhami Hospital	Donimalai	MCH/OBG/Pediatric
Smiore Hospital	Deogiri	MCH/OBG/Pediatric
Siraguppa	Siraguppa	
B C P Memorial Nursing Home	Ramadevi	MCH/OBG/Pediatric
Lakshmi Nursing Home	Siruguppa	General hospital
Vijayamarie Nursing Home	Siruguppa	MCH/OBG/Pediatric

Annexe VII
List of Voluntary Organisations

Bellary Taluka

- 1 Sree. Sharana Basveswara yuvaka manda. H. Veerapura
- 2 Sree Sadguru Yuvaka Sangha, D. Kagallu
- 3 Adharsha Yuvaka Kreedha Sangha, Yellabanchi
- 4 Sree Basveswara Yuvaka Sangha, Sreedhagadda
- 5 Kauadda Yuvaka Sangha, Kurugodu
- 6 Navodaya Yuvaka Sangha, Kurugodu
- 7 Jaya Friends Yovaka Sangha, Gading Street, Bellary
- 8 Adharsha Yuvathi Mandali, Patilnagar, Bellary
- 9 Ingals Club, Contonment, Bellary
- 10 Yuvaka Sangha, Kakabernahalli
- 11 Mahathama Ghandi Yuvathi Sangha, Fort, Bellary
- 12 Jana Ghat Yuvaka Sangha, M.M.Mutt, Bellary
- 13 Yuvaka Sangha, Y. Kagall
- 14 Chayathina Yuvaka Association, Brahim Street, Bellary
- 15 Y.Bheema Yuvaka Sangha, Basavapura
- 16 Bellary Sport Club, Bellary
- 17 Kannada Abhimani Sangha, Bellary
- 18 Varasiddi Vinayaka Yuvaka Sangha, Sreedhagadda
- 19 Vinayaka Yuvaka Sangha, Misivipura
- 20 Jai Bheema Yuvaka Sangha, Basavapura
- 21 Sree Ramanhaveya Yuva Sangha, Hosabhavi
- 22 Bapuji Yuvaka Sangha, Karchude
- 23 Nava Karnataka Yuvaka Sangha, Vaddarahalli
- 24 Kannada Abhimani's Sangha, Thyamana Katta
- 25 Vevakananda Yuvaka sangha, Durgamma Temple

Hospet Taluk

- 26 Nehru Yuvaka Sangha, Hospet
- 27 Praghati Yuvaka Sangha, Hospet
- 28 Sharana Basaveshwara Yuvaka Sangha, Deva sumudhura
- 29 Dr. Ambedkar Yuvaka Sangha, Hospet
- 30 Sanjeevini Vinayaka Yuvaka Sangha, Hospet
- 31 Sharda Yuvathi Mandali, Hospet
- 32 Sree. Seva Lal Yuvaka Sangha, Neethalam Thanda, Hospet
- 33 Gaythri Yuvathi Mandli, Bukkasagara
- 34 Navachathana Yuvaka Sangha, Hospet
- 35 Navakirana Yuvaka Sangha, Hospet
- 36 Shanthi Yuvathi Mandali, Bellary Road, Hospet
- 37 Ambedkar Yuvaka Sangha, Hospet
- 38 Vikas Yuvaka Sangha, Car Street Hospet
- 39 Arunodaya Yuvaka Sangha, Ananthasana Temple, Hospet
- 40 Friends Yuvaka Club, 15th ward, Hospet
- 41 Dr. B.R. Ambedkar Yuvaka Sangha, Koduguhallu, Gadiganur Post

Sandur Taluk

- 42 Sree Basaveshwara yuvaka Sangha, Sandur
- 43 Maruthi Yuvaka Sangha, Yardhamanahalli
- 44 Nehru Yuvaka Kendhra, Byghadar
- 45 Deepak Yuvaka Sangha, Sandur

Hadagali Taluk

- 46 Trimurthy Students Youth Association, Uncle Tanaha, Hadagali
- 47 Peeta Basaveshwara Yuvaka Sangha, Manayara Maasidhapura, Hadagali
- 48 Snehamayi Navayuvaka Sangha, Vidharthi Yuvaka Mandali, Kannalagatti Thanda
- 49 Sree Anhinaya Yuvaka Sangha, AraviBasalapura, Hadagali Tandhr
- 50 Sevala Yuvaka Sangha, Lingamayakana Halli
- 51 Kannada Abhimani Mandali, Bediratti

- 52 Revanasiddeswara yuvaka Sangha, hadagali, Siddapura
53 Kalleshwara Raitha Bhajana Sangha

Siruguppa Taluk

- 54 Nava Karnataka Yuvaka Sangha, Tekkalakota
55 Ambedkar Yuvaka Sangha, Mannasugur
56 Swami Vevakananda Yuvaka Sangha, Yethanure
57 Ambedkar Yuvaka Sangha
58 Navedia Yuvaka Sangha, Hochalli
59 Tippu Yuvaka Sangha, Tekkalakota
60 Neethaji Yuvaka Sangha, Dhoroji

Harapanahalli

- 61 Durga Yuvaka Sangha, Rangapura
62 Mandura Uuvathi Mandali, H.Halli
63 Parisara Premigala Yuvaka Sangha, H. Halli
64 Krushi Karyagara Yuvaka Sangha, H.Halli
65 Sevalal Yuvaka Sangha, Nandibevoor
66 Adarsha Yuvaka Sangha, H.Halli
67 Shiva Chatrapathi Shivaji Marata Yuvaka Sangha, H.Halli
68 Kalleswara yuvaka Sangha, Halwagalu
69 Vinayaka Friends Association, Yuvaka Sangha, H.Halli
70 Sevalal Yuvaka Sangha, Bena Halli Tandha

Kudlgi Taluk

- 71 Vivekananda Friends Association, Kudligi
72 Ambedkar Yuvaka Sangha, Imrahapura
73 Sree Tulsi Bhavani Yuvathi Mandala, Poojarhalli Tandha
74 Navajyothi Yuvakara Sangha, Kudligi
75 Fathima Yuvathi Mandali, Kudligi
76 Kariyamma Yuvathi Mandali, Kudligi
77 Kittur Chanamma Yuvathi Mandali, Bellanalli
78 Mahaswari Yuvathi Mandali, Kudligi
79 Chanamma Yuvathi Mandali, Devalapura
80 Renuka Yuvathi Mandali, Kudligi
81 Sport Association, Kakanahalli Taluk
82 Subhan Yuvaka Sangha, Kakanahalli Taluk
83 Maruthi Yuvaka Sangha, Kudligi
84 Krishna Yuvaka Sangha, Kallahalli
85 Maruthi Yuvaka Sangha, Bommenahalli
86 Sevalal Yuvaka Sangha, Thimalur Tandha
87 Valmiki Yuvaka Sangha, Rampura, Kudligi Taluk
88 Valmiki Yuvaka Sangha, Kyasarapura. Keri
89 Ambedkar Yuvakara Sangha, Chandrashakarapura
90 Basaweswara Yuvaka Sangha, Murlihallu
91 Ambedkar Yuvaka Sangha, Ujjani, Kudligi Taluk
92 Koodi Basaweswara Yuvaka Sangha, Hirehagdal
93 Jhansi Rani Yuvati Mandali, Kudligi

H.B. Halli Taluk

- 94 Nataji Yuvaka Sangha, H.B. Balli
95 Snaha Bharathai Yuvathi Mandali, H.B. Halli
96 Bharathi Yuvathi Mandali, H.B. Halli
97 Maruti Yuvaka Sangha, Hampa Patna H.B. Halli
98 Arunodhaya Yuvaka Sangha, H.B. Halli
99 Vasundhara Yuvaka Sangha, Haralihalli
100 Sharada Yuvaka Sangha, Ramasamuudhra
101 Narayana Yuvaka Sangha, Lokappanahalli
102 Priyanka Yuvaka Sangha, Beenakal
103 Basewaswara Yuvaka Sangha, Alasugur
104 Maruthi Yuvaka Sangha, Anakal Thanda
105 Sevalal Yuvaka Sangha, Anakal Thanda
106 Adharsha Yuvaka Sangha, Koondanahalli
107 Durgamba Yuvathi Sangha, Beevanahalli