Strengthening of Family Welfare and Maternal and Child Health Services

India Population Project–IX Proposal

Final Version Approved by GOI and IDA

Department of Health and Family Welfare,
Karnataka
June 1994

Foreword

The Department of Health and Family welfare Government of Karnataka, had at the meeting held in Washington in the first week of May 1994, requested the inclusion of civil works in the three districts — Belgaum, Bijapur and Gulbarga in IPP–IX, at an additional cost of Rs. 133.503 million. The Ministry of Health and Family Welfare, Government of India and the International Development Agency have reviewed the request and agreed to fund additional Rs. 70 million., thus raising the total funding to Rs. 1147.50 million against the total base cost of Rs. 1220.922 million.

This document updates the Final IPP–IX Proposal dated March 1994 incorporating the proposals for the three districts — Belgaum, Bijapur and Gulbarga in the appropriate sections.

The Government of Karnataka would like to place on record its appreciation of the understanding and support received from the officials of the Ministry of Health and Family Welfare, Government of India and the Leader and members of Appraisal Mission and officials of the International Development Agency.

The present volume incorporates all the documents submitted subsequent to the Final Revision of the Project Proposal and replaces the previous versions of the project proposal.

Bangalore
June 27, 1994

Gautam Basu IAS
Secretary, Government of Karnataka
Department of Health & Family Welfare

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Executive Summary

1. Project Objectives

The specific objective of the project is to implement a programme sustainable at village level to reduce CBR, IMR and MMR and increase CPR to reach the national target for the year 2000.

The strategy to be adopted for achieving the objectives is to

1. Involve the community in promoting and delivery of family welfare services.
2. Strengthen delivery of services by providing
   a. equipment kits and supplies to TBAs, Sub-centres and PHCs,
   b. make ANMs at sub-centres mobile by providing loans for purchase of two wheelers,
   c. buildings for sub-centres with provision of residential accommodation for ANMs,
   d. buildings for PHCs, and
   e. residential quarters for medical officers.
3. Improve the quality of services by providing training to personnel, official and non official at various levels including TBAs, community leaders and voluntary agencies.
4. Strengthen monitoring and evaluation by developing and installing MIES from district to state level.

2. Area to be Covered by the Project

While construction of buildings for sub-centres, PHCs and residential quarters for medical officers will be confined to selected thirteen districts, other activities such as Training, IEC and MIES will be carried out in all the districts of the state.

The districts selected for construction of buildings for sub-centres, PHCs and residential quarters for medical officers are the eight districts not covered by IPP–I and IPP–III namely, Bellary, Chikmagalur, Dakshin Kannad, Hassan, Kodagu, Mandya, Mysore, and Uttar Kannad. In addition, Shimoga and Chitradurga districts covered under IPP–I and Belgaum, Bijapur and Gulbarga covered under IPP–III are also included.

3. Civil Works

3.1. Buildings for Sub-Centres

There are 2076 sub-centres without buildings in the thirteen districts. It is proposed to construct buildings for fifty percent of sub-centres (i.e. 1039 sub-centres) in thirteen selected districts. Each new sub-centre building will have an examination room, and a multi-purpose hall that can serve as a waiting room or meeting room as well as office area for Jr. Health Assistants(ANM). Besides it will have residential quarters for ANM. The total area will be 64 sq. m. and is estimated to cost Rs. 230,000 per unit.

The selection of sub-centres for construction of new buildings will be based on the following criteria:

1. Accessibility to nearest PHC (distance and transport facility).
2. Low level of immunization of children.
3. Low level of contraception.
4. Availability of unencumbered site of 225 sq.m within the middle of the village.
5. The site should be well drained.
6. Environmental conditions around the site.

3.2. Buildings for PHCs

Out of the 1297 PHCs sanctioned and operating in the state 983 PHCs have their own buildings or buildings are under construction. Out of the 314 PHCs without buildings, 218 are in the project districts in which civil works are contemplated. It is proposed to construct buildings for 94 PHCs at an estimated cost of Rs. 780,000 for each PHC building..

3.3. Residential Quarters for MOs

Residential quarters for medical officers will be constructed at locations where suitable residential accommodation is not available and the doctors have been living in settlement other than that in which the PHC is located. If residential accommodation is provided in the premises of PHC or nearby the availability of doctor is ensured. In all 271 residential quarters are planned to be built in the thirteen districts. The area of each quarters will be 70.6 sq.m. and estimated to cost Rs. 300,000.

3.4. Buildings for Training Establishments

3.4.1 Buildings for ANM Training Schools

ANM Training Centres in the districts of Bellary, Dakshin Kannad, Hassan, Kodagu, Mandya, Mysore and Uttar Kannad have no buildings. Each of these will be provided with a building with hostel facility for 48 students at a cost of 3.00 million.

3.4.2 LHV Promotional Training Schools for ANMs

Out of the four LHV Promotional training schools two Training Schools at Belgaum and Mangalore will be closed down as there is excess capacity. The schools in these cities have no buildings. A building is under construction for the Training School at Gulbarga while the one in Bangalore has no building. A building with an area of 575 sq.m. will be constructed for the Training School including hostel facility for 30 students at Bangalore at a cost of Rs. 1.60 million.

3.4.3 District Training Centres

It is proposed to construct one training school in each district to provide in-service training to paramedical staff. Each centre will have hostel facility for 30 trainees and will cost Rs. 1.60 million.

3.4.4 Health and Family Welfare Training Centres

The Health and Family Welfare Training Centre (HFWTC) at Mandya located in communicable Diseases Investigation and Training Centre is proposed to be shifted to Mysore. A Building with an area of 1365 Sq.m will be constructed at a cost of Rs. 5.187 million. Quarters for Principal and Medical Lecturer will also be. built at a cost of Rs. 0.722 million.

The HFWTC at Ramanagaram will be expanded by constructing additional lecture halls and other facilities at a cost of Rs. 0.456 million.

3.4.5 Institute of Health and Family Welfare

It is proposed to set up an apex institute at Bangalore to design training courses for all categories of staff and conduct training courses for the faculty of all training centres currently run or proposed to be run by the Department of Health and Family welfare. The institute will also take up evaluation of programmes undertaken by the Department and

suggest actions to remove deficiencies or improve performance. At a later stage, the institute will offer diploma course in selected subjects for which substantial number are deputed to institutes outside the State for training. An office building at a cost of Rs. 1.90 million will be constructed at the campus of Leprosy Hospital at Magadi Road, Bangalore where a training centre building with hostel facility for 32 senior officers has been constructed under IPP–III.

3.5. Rehabilitation of Existing Health Centres

It is estimated that 48 CHCs, 327 PHCs and 2212 Sub-centres in the thirteen districts covered by the project need repairs to structure, replacement of electrical wiring and fittings, repair of toilets, provision of continuous water supply. A provision of Rs. 43.919 million has been made in the Project Cost.

The State Government has to undertake at its cost rehabilitation of health centres in the remaining seven districts. It has also to provide for regular maintenance of all health centre buildings.

3.6. Upgrading CHCs into FRUs

A survey of facilities available at CHCs is being carried out to identify centres which can be upgraded as first level referral units (FRUs) at minimal cost. The criteria for selection of CHCs will be:

1. The centre is already functioning as a referral hospital,
2. Specialists like surgeons, obstreticians & Gynaecologists and Paediatricians have already been sanctioned,
3. Availability of major operation theatre, and
4. Marginal inputs will are required to make them function as FRUs

The average cost of developing each FRU is estimated at Rs. 0.350 million.

4. Strengthening Delivery of Services

Apart from construction of buildings for sub-centres and renovating existing health centres other steps are proposed for strengthening of delivery of health and family welfare services.

4.1. Furniture and Equipment

Sub-centres which are being provided new buildings will be given full complement of equipment and furniture. For other sub-centres, missing furniture and equipment will be replaced. A provision of Rs. 97.005 million has been made for this purpose.

4.2. Improving Productivity of Paramedical Staff

One-third of the ANMs who do not have midwifery kits will be provided with equipment kit at a cost of Rs. 6.0 million. In order to save the time of paramedical staff in travelling, loan will be given for purchase of vehicle of their choice out of four types. A revolving fund of Rs. 105 million is proposed for this purpose.

4.3. Link Workers

It is proposed to set up Health Advisory Committees (HAC) for each sub-centre to orient delivery of services to the needs of the community. Apart from the health officials two persons from each village served by the sub-centre will be nominated to the committee by the Chairmen, of the respective Gram Panchayats. At least one nominated member from each village will be a female.

The HAC will select a voluntary worker from each village to act as a link between the sub-centre and the beneficiaries. The voluntary workers will be paid performance based incentives. A provision of Rs. 87.998 million has been made for payment of incentives to link workers.

4.3 Delivery Kits

To ensure safe and clean delivery, Trained Birth Attendants (dais)in each village will be provided disposable delivery kits free of cost. A provision of Rs. 13.295 million has been made for meeting the cost of these kits.

5. In-Service Training of Staff

A study by the Population Centre, Bangalore revealed that there are serious gaps in the knowledge, skills and practices of personnel in regard to family planning, maternal and child health, nutrition, immunization, control of communicable diseases, environmental sanitation, vital statistics and health education. It was indicated that there is an urgent need for retraining of all paramedical staff. The Training Needs Assessment of paramedical staff initiated by the Project Proposal Team indicated that the situation did not seem to have materially changed.

The training programme proposed under IPP–IX Project 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,
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.

The training modules and their duration for different categories of staff were planned on the basis of training needs survey, discussions with Joint Directors, DHOs and Principal and staff of HFWTC.

The Joint Director (H.E.& T) will be responsible for conducting in-service training courses for medical and paramedical staff and pre-service training to ANMs and MPW(M). It is proposed to establish a training centre for Junior Health Assistants in each of the 19 districts (Bangalore urban and rural districts will have together one district training centre). Nearly 15,000 Junior Health Assistants (Male & Female) will be trained at the district training centres.

Training courses for Medical Officers, Block Health Educators and Senior Health Assistants Male and Female will be provided at HFWTCs. The Junior Health Assistants Male and Female will be trained in their respective districts. Around 7000 Medical Officers, Block Health Educators and Senior Health Assistants (Male & Female) will be trained at the five HFWTCs. Besides providing continuing education to medical officers and supervisory staff, the HFWTCs will have the responsibility of providing pre-service training to Jr. Health Assistant Male and Sr. Health Inspectors which are full time courses, each of one year duration.

It is proposed to set up A State Institute for Health and Family Welfare to

1. design training courses for all categories of staff,
2. conduct training courses for the faculty of all training centres currently run or proposed to be run by the Department of Health and Family welfare,
3. Conduct management training programmes for superintendents of hospitals and senior doctors,
4. undertake evaluation of programmes of the Directorate of Health and Family welfare, including those under IPP–IX, and suggest actions to remove deficiencies or improve performance, and

5. offer diploma courses in DPH, DPHE and DPHN with affiliation to Bangalore University.

Experts in different subjects with considerable teaching experience will be engaged to review existing materials prepared for CSSM/UIP and design the courses modules and lesson plans and coordinate their activities. The experts will be selected from HFWTCs, NIMHANS, Medical Colleges, Nursing Schools, Management Institutes, Institutes of Mass Communication, NIC and leading consultants. The training . The total cost of development of course material for trainees is estimated at 1.635 million Rupees.

One day orientation courses to 52,000 persons — TBAs, anganwadi workers, selected members of gram panchayats, voluntary workers and school teachers will be conducted at the PHCs at a cost of Rs. 16.624 million during the project period.

6. IEC

The Information Communication and Education activity is being strengthened by providing equipment and additional manpower at the Directorate. Interpersonal communication supplemented by audio-visual media will be the main modes of communication.

The objectives for the IEC programme are:.

- To promote higher age at marriage among boys and girls.
- To promote spacing methods among young couples with one child or none.
- To promote terminal methods at younger age than hitherto.
- To achieve hundred percent ante natal registration.
- To educate and motivate the community to accept referral services under CSSM programme.
- To motivate women with unwanted pregnancy to avail of MTP service.
- To involve and encourage the participation of the community, PVOs and NGOs in the Family Welfare programme.

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. A quarterly news letter for internal circulation to paramedical staff will be brought out. This news letter will give information on other IEC activities planned for the coming quarter, suggestions for improvement received from paramedical staff and the names of those who have done outstanding work.

It is proposed to provide one each of video projector with VCP, TV/VCR, Slide projector, overhead projector and a long bodied jeep to each district. TV/VCRs will be provided to Ninety five selected CHCs will be provided with TV/VCRs and 800 Mahila Swathya Sanghas will be given radio cum cassette player. A sum of Rs. 18.367 million has been provided for equipment and vehicles..

The IEC materials, whether for field exhibition by the district staff or 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 different regions of the state. It is proposed to involve experts in the field of mass communication from public and private sector institutions for development of messages and their scheduling based on the results of communication needs study. Folk artists will be supported to develop audio-visual programmes. An outlay of Rs. 37.46 million is proposed for development of IEC materials.

IEC materials whether they be audio-visual films, slide shows, posters, folders or wall papers have to be pre tested to assess their effectiveness in conveying intended messages to the target population. A provision of Rs. 1.056 million is made for pre-testing of IEC materials.

Apart from telecasting TV serials and FW films on Doordarshan, they will be exhibited by the district staff by hiring video vans. This will be tried out on an experimental basis in five districts during the first year and if found effective it will be extended to another five districts in the second year and remaining districts in the third year. A sum of Rs. 41.5 million has been provided for hiring of video vans and buying time on AIR and Doordarshan.

It is proposed to form Mahila Swasthya Sanghas (MSSs) and utilize them as a channel for communication to supplement the efforts through mass media and interpersonal communication. It is planned to train the members of MSSs at PHCs and undertake, with their help, programmes such as well baby shows, women and children's day celebration, motivation of eligible couples etc. As it is difficult to manage and sustain the MSSs on a large scale,. it is proposed to pilot MSSs on a limited scale and evaluate the programme and extend it only if the results are satisfactory.

The IEC Staff at the Directorate will be augmented to manage the increased IEC activity.

7. Project Management

The apex body for management of IPP–IX is the Project Governing Board (PGB) consisting of the Chief Secretary, and Secretaries for Finance, Health and Family Welfare, Director Health and Family Welfare Services, Additional Director (FW & MCH), and Additional Director (Projects) of Karnataka and Representative of Government of India.

A Steering Committee consisting of the Secretaries of Health and Family Welfare and Finance, Director Health and Family Welfare Services, Additional Director (FW & MCH), and Additional Director (Projects) will carry out such functions as are assigned by the Project Governing Board and shall furnish reports from time to time to the Board for ratification of actions taken.

The Additional Director (Projects) will be responsible for implementation of IPP–IX. A post of Jt. Director (Area Projects) is created to assist the Additional Director (Projects) in coordinating activities of various departments / agencies.

An Engineering wing is being set up to plan and coordinate construction, renovation and maintenance activities with State and Zilla Parishad PWDs.

A comprehensive management information system will be implemented. Computer systems will be installed at the offices of District Health Officer and at the Directorate. Computer systems will also be provided to Engineering, IEC and Training wings for specialized applications in their respective areas.

A sum of Rs. 9.826 million is provided for equipment and vehicles and Rs. 3.60 million towards consultancy services for project management.

8. Innovative Schemes

A number of innovative schemes are contemplated. The most important being:

- Participation of community through Health Advisory Committee at Sub-centre level
- Involvement of PVOs and PMPs in promotion and/or delivery of services
- Provide ANM training to Tribal Girls and post them to new sub-centres in tribal villages
- Involvement of industrial houses in IEC activity
- Providing non-formal education for girls and young women
- Promoting clubs for newly married couples
- Offer community incentives for reaching MCH targets
- Marketing of condoms through public distribution system

9. Project Duration and Cost

The Duration of the project is seven years. The Breakup of base cost of the Project by activity is Presented in Table 8.1.

Table 8.1 Breakup of Project Cost by Activity

Activity		Million Rs.	Percent of Total
Strengthening Delivery of Health Facilities	Capital	700.843	57.40
	Revenue	119.591	9.80
	Total	820.434	67.20
Improving Quality of Health Facilities	Capital	91.675	7.51
	Revenue	80.915	6.63
	Total	172.590	14.14
I.E.C	Capital	58.008	4.75
	Revenue	44.209	3.62
	Total	102.217	8.37
Administration & MIES	Capital	13.575	1.11
	Revenue	36.120	2.96
	Total	49.695	4.07
Innovative Schemes	Capital	75.886	6.22
Total	Capital	940.087	77.00
	Revenue	280.835	23.00
	Total	1220.922	100.00

Table 8.2 presents the phasing of expenditure by year between 1993-2000.

Table 8.2 Phasing of Expenditure

	Million Rupees							
	93-94	94-95	95-96	96-97	97-98	98-89	99-00	Total
Total capital expenditure	189.461	270.182	207.817	182.664	55.465	16.750	17.748	942.087
Total revenue expenditure	21.124	20.414	32.348	48.082	49.337	51.834	57.696	280.835
Total Project cost	210.585	290.596	240.165	230.746	104.803	68.584	75.444	1220.922
Physical contingency	15.721	24.369	17.877	15.460	2.863	1.828	2.154	80.273
Price contingency	14.741	40.553	49.936	61.914	34.767	27.319	35.326	264.554
Project cost with Contingency	241.047	355.518	307.978	308.119	142.433	97.731	112.924	1565.749

The Government of India and the International Development Agency have approved a Base Cost of Rs. 1147.5 million at the negotiations held in Washington during May 1994.

Chapter 1

Introduction

1.1 India Population Projects

Karnataka has benefited from the India Population Projects — IPP–I and IPP–III. which together covered seventy percent of the population of the state. While the overall objectives of both the projects focused around health and family welfare, there were some differences in the emphasis on service components.

1.1.1 India Population Project – I

IPP–I was supported by Ministry of Health and Family Welfare (MoHFW), Government of India, with assistance from the International Development Association (IDA) and the Swedish International Development Authority (SIDA). The project was implemented during the period April 1973 - March 1980 in the six districts of Bangalore Revenue Division — Bangalore Urban, Bangalore Rural, Chitradurga, Kolar, Shimoga and Tumkur. The project area had as per 1991 census a population of 15.1 million comprising 33.6 percent of the population of the state.

The project aimed at

- expansion of health infrastructure,
- linking the provision of family planning services with a supplementary nutrition programme,
- creation of population centre to evaluate performance on a continual basis and to design and operate MIES and evaluate performance, and
- provision of technical assistance.

IPP - I (Karnataka) consisted of the following wings:

- construction or engineering wing to take care of the construction of building and other physical facilities;
- implementation wing for recruitment and appointment of staff, provision of supplies and equipment and supplementary nutrition; and
- population centre for conducting research studies and monitoring and evaluation of the project.

The activities of all the three wings were coordinated by a Project Coordinator. The responsibility for implementation of the project was entrusted to the Project Governing Board (PGB) chaired by the Minister for Health and Family Planning, Government of Karnataka. A steering committee with the Secretary, Health as Chairman was formed to assist the PGB and to carry out such functions as were assigned to it by the PGB and furnish reports to the PGB for ratification of actions taken.

The institutions contracted to provide services were: (1) Administrative Staff College, Hyderabad for consultancy in management information, technical report preparation and training; (2) National Institute of Nutrition, Hyderabad for assistance in the implementation, monitoring and evaluation of supplementary feeding programme; and (3) Central Food Technological Research Institute to manufacture and supply energy food for the supplementary feeding programme.

Sixty-five "major" buildings, 694 sub-centres and 97 additional buildings were constructed under IPP–I. Of these buildings, 784 were provided with safe drinking water and 417 with compound walls. As many as 111 four wheeled vehicles were provided and equipment and furniture worth Rs. 12 million was purchased and put in place.

1.1.2 India Population Project – III

IPP–III was implemented during 1984–1992, with support from the Ministry of Health and Family Welfare and the IDA, in Belgaum, Bijapur and Dharwad districts of Belgaum Revenue Division and Bidar Gulbarga and Raichur districts of Gulbarga Revenue Division. These six project districts had a population of 16.2 million in 1991 and accounted for 35.9 percent of the state population.

The objective of the project was the attainment of goals of population policy of India namely, to reduce fertility, and lower infant, child and maternal mortality. The goals were sought to be achieved by

- generating demand for services,
- augmenting staff and facilities,
- improving professional and technical skills,
- improving management, and
- involving community, voluntary organizations, other government departments and local bodies in the family welfare programme.

The components of IPP–III were formulated on the basis of experience gained from IPP–I. The supplementary feeding programme for pregnant women in the last trimester, nursing mothers during the first six months of lactation and toddlers aged 6 to 24 months which formed part of IPP–I was not included in IPP–III. On the other hand IEC and population education components were introduced for the first time in IPP–III to generate demand for family welfare services.

The total cost of IPP–III was Rs. 713.1 million and its break up by the four major components is presented in Table 1.1,2.1.

Table 1.1.2.1 Break up of Expenditure on IPP–III

Activity	Percent
Service delivery	83.0
IEC & population education	6.4
Research & evaluation	2.9
Project management	7.7

Under IPP–III, as many as 2,344 buildings of different types were constructed and 83 PHC's were repaired or provided with extensions. Safe drinking water was provided to 720 buildings and compound walls were constructed for 654 buildings. One hundred and fifty four-wheeled vehicles and 512 motor cycles were provided. Equipment and furniture worth Rs. 26 million was purchased and supplied to different hospitals. The managerial and professional skills of many medical, paramedical and non-medical personnel have been improved through well organized training programmes.

IPP–III had a construction wing, an implementation wing and an IEC wing. Population education activity was entrusted to State Council of Education Research and Training of the Department of Education, Government of Karnataka. The research and evaluation activities were assigned to the Population Centre in Bangalore.

IPP–III (Karnataka) also had a Project Governing Board (PGB) with the Chief Secretary as the Chairman and a Steering Committee with the Secretary Health as Chairman.

1.1.3 Lacunae in Implementation

Delay in implementation has been one of the problems experienced in implementing both IPP–I and IPP–III resulting in prolonging the duration of the projects from five years to seven years or more. The start of the project is delayed due to delays in deputing personnel from other government departments and appointing new staff.

Delay in construction of buildings has been a serious problem. This has arisen due to handing over responsibility of construction to Public Works Department, Land Army Corporation and Karnataka Construction Corporation which have their own priorities and independent construction programmes besides being under staffed. In Kerala all the buildings under IPP–III could be constructed without delay because the Directorate of Health and Family welfare Services has its own construction wing which undertook the construction activity.

Delay due to lack of clarity in project management at different levels has been another serious problem. The objective of having the Secretaries of Finance and Planning Departments on the Project Governing Board was to create a single window for all approvals needed for project implementation. In spite of this understanding, Project coordinators were required to obtain sanctions from Finance and Planning

Departments for activities approved by the board. Thus, the Project Governing Boards, which were expected to cut down delays, became one more tier in the sanctioning process.

Delays due to conflicts between officers in-charge of IPP project and those in-charge of ongoing schemes have also occurred. India Population Programmes are supposed to be implemented as part of ongoing family welfare programmes. However, the Project coordinator who implements India Population Projects does not report to the Additional Director (FW & MCH) who is responsible for ongoing MCH and family welfare programmes leading to conflicts between them. In IPP-III, an India Population Project District Health Officer was appointed to implement project activities while the regular District Health Officer was looking after ongoing MCH and family welfare programmes. This resulted not only in unhealthy competition but also conflicts between the two officers.

1.2 Profile of Karnataka

1.2.1 Population and Growth

The population of Karnataka, as per 1991 census was 44.98 million and accounted for 5.31 percent of the population of the country. The annual compound growth rate has declined from 2.38 percent in the decade 1971–81 to 1.90 in the decade 1981–91. While the decline in growth rate was substantial in IPP–I and "Other" districts it was marginal in IPP–III districts.

The urban population was 30.91 percent of the state population in 1991.

The sex ratio has declined from 963 in 1981 to 961 in 1991. The decline has occurred in Bangalore Rural, Bellary, Bidar, Bijapur, Dharwad, Gulbarga, Kolar, Raichur and Tumkur districts.

Table 1.2.1.1 Population, Percent Urban, Sex Ratio and Growth Rate

	Year	IPP–I Project Districts	IPP–III Project Districts	Other Districts	All Districts
Population (in thousands)	1991	15,125	16,163	13,689	44,977
Urban %	1981	38.6	23.8	21.2	28.9
	1991	42.8	25.4	24.5	30.9
Sex Ratio	1981	940	968	980	963
	1991	939	960	987	961
Growth %	1981	2.91	2.08	2.24	2.38
	1991	2.12	2.05	1.60	1.93

1.2.2 Literacy

The literacy among females aged seven and over increased from 27.0 percent in 1981 to 37.3 percent in 1991. During the same period the literacy among males aged seven and over increased from 48.0 to 56.4 percent. The six districts covered under IPP–III had in 1991, the lowest literacy level among males and females as compared to IPP - I and other districts.

Table 1.2.2.1 Percent Literate among Males and Females Aged 7 & Over

	Year	IPP–I Project Districts	IPP–III Project Districts	Other Districts	All Districts
Males	1981	52.0	44.3	47.9	48.0
	1991	61.0	51.6	57.0	56.4
Females	1981	32.1	20.0	29.7	27.0
	1991	43.3	29.0	40.5	37.3

1.2.3 Scheduled Caste and Tribal Population

As per 1991 census scheduled castes account for 16.38 percent of total population and scheduled tribes for 4.26 percent. IPP–I districts had the highest percentage of scheduled caste as well as tribal population Among "Other" districts (17.81) Bellary had highest tribal population (11.08%), followed by Kodagu (7.98), and Mysore (6.42).

Table 1.2.3.1 Percent Scheduled Caste and Tribal Population in 1991

	SC	ST
IPP - I Districts	18.43	5.40
IPP-III Districts	14.49	3.46
Other Districts	14.50	3.51
All Districts	16.38	4.26

1.2.4 CBR, IMR and TFR

At the state level, crude birth rate (CBR) declined from 34.5 in 1980 to 27.8 in 1990. During the same period infant mortality (IMR) declined from 85.2 to 71.0 and total fertility (TFR) from 4.65 to 3.42.

Table 1.2.4.1 CBR, IMR, TFR in 1980

	IPP–I Project Districts	IPP–III Project Districts	Other Districts	All Districts
IMR: Males	84.3	95.4	87.8	89.7
Females	75.6	87.2	77.0	80.5
TFR	4.51	4.85	4.58	4.65
CBR	34.3	35.5	34.4	34.5

The vital rates for 1980 were estimated from 1981 Census data on births last year, children ever born and surviving children.

1.2.5 Health Facilities

There are as of March 31, 1992, 176 hospitals, 184 CHCs, 1262 PHCs, and 7793 sub-centres to cover a rural population of 30.96 million residing in 27,028 villages. On an average there is a PHC for 24,532 population as against the norm of one PHC for 20,000 population in tribal, hill and backward areas and one for 30,000 in other areas. The average population coverage by a sub-centre is 3,972 persons while the norm is one centre for 3,000 population in tribal, hill and backward areas and 5,000 in other areas.

Table 1.2.5.1 Existing Health Facilities by District as on March, 31,1993

District	Sub-centres	PHUs	PHCs	CHCs	Hospitals	Beds
IPP–I Districts	1979	253	352	49	44	10987
IPP–III Districts	2608	103	440	75	64	8373
Other Districts	3206	230	505	71	68	12072
All Districts	7793	618	1297	195	176	31432

1.2.6 Achievement: FW and MCH

The couple protection rate for the state has increased from 23.7 in 1981 to 37.1 in 1986 and to 49.1 by March 21, 1992. The immunization level has been computed on the basis of CBR of 29 for IPP–III districts and 27 for the remaining districts.

Table 1.2.6.1 Couple Protection and Immunization

	IPP–I Project Districts	IPP–III Project Districts	Other Districts	All Districts
CPR 1981	24.4	22.4	24.4	23.7
1986	38.9	32.9	40.0	37.1
1992	49.2	41.6	52.8	47.6
Immunization of Children in 1992				
BCG	97.8	93.7	89.2	93.7
DPT	93.3	84.1	87.0	88.1
Polio	93.1	84.7	87.1	88.2
Measles	86.2	77.2	77.3	80.2
Immunization of Mothers in 1992	94.0	90.2	85.6	90.1

1.2.7 Fertility

The marital fertility in the age group 15–24 has increased during 1980–88, while in all other age groups it has declined. The increase in fertility in the age group 15-24 suggests that a change is taking place in the behavioural pattern of younger couples who are marrying late and desire to complete the family earlier.

Table 1.2.7.1 Age Specific Fertility

	General		Marital	
Age	1980	1988	1980	1988
15-19	87.0	83.2	240.0	306.0
20-24	254.3	246.5	322.3	344.0
25-29	243.6	179.8	262.8	204.2
30-34	167.0	97.1	179.5	166.4
35-39	106.2	47.0	116.6	52.3
40-44	50.1	22.5	59.4	26.7
45-49	21.3	8.5	27.3	10.0
TFR/GFR	4.65	3.42	6.04	5.55

Source: Census for 1980 data and Sample Registration Scheme for 1988 data.

1.3 KAP of Family Planning in Karnataka

The results for Karnataka of the survey "Family Planning Practices in India – Third All India Survey" conducted in 1988-89 by ORG, Baroda for the Ministry of Health and Family Welfare, Government of India are presented in this section.

1.3.1 Awareness and Knowledge of FP Methods

Even though awareness of terminal methods is high, 98.6 percent for Tubectomy and 84.0 percent for Vasectomy, few have correct knowledge about them. Awareness of non-terminal methods is low compared to terminal methods. More couples have correct knowledge of the use of condom and oral pill than IUCD or terminal methods.

Table 1.3.1.1 Awareness of Contraceptive Methods

Method	Percent of Couples		
	Not Aware	Aware but Knowledge is	
		Poor	Correct
Vasectomy	16.0	63.7	20.3
Tubectomy	1.4	58.4	40.1
IUCD	37.0	35.8	27.2
Condom	36.4	14.0	49.7
Oral Pill	39.9	8.0	52.0

1.3.2 Usership of FP by Method

Current users of any method, including traditional methods, account for 47.5 percent of eligible couples, 3.6 percent for past users and 48.9 percent for never users. The current users by method are presented below.

Table 1.3.2.1 Practice of Contraception by Method

Method	Percent of all couples
Sterilization	38.6
IUCD	3.1
Condom	2.1
Oral Pill	0.7
Any modern method	44.5
Traditional methods	2.5
Any method	47.5

1.3.3 Usership by Age of Wife

Nearly 1.2 million current users aged 35 years and over, forming 36.75 percent of all current users, will go out of the reproductive age group by 1998.

Table 1.3.3.1 Practice of Contraception by Age of Wife

Age of Wife	Current user couples (thousand)	Percent of all users	Percent users in the age group
15-19	34.6	0.11	8.3
20-24	375.6	11.58	28.6
25-29	782.1	24.10	45.2
30-34	860.2	26.51	64.5
35-39	640.1	19.73	58.5
40-44	552.3	17.02	58.5
All couples	3244.9	100.00	47.5

1.3.4 Usership by Living Children

The usership was the highest in the group with three or four children.

Fourteen percent of those who have three or more children desire additional children.

About 31 percent of those who do not want any children are not practicing contraception.

Table 1.3.4.1 Practice of Contraception by Desire for Additional Children

Living children	Desire for Additional Children	No. of couples in thousands	Percent current users
Nil	Want	622.3	1.6
1-2	Want	1388.4	16.4
	Don't want	1367.7	67.7
	Both	2756.1	41.8
3-4	Want	397.2	1.5
	Don't want	2095.6	74.5
	Both	2492.8	62.9
5+	Want	89.2	3.0
	Don't want	878.5	59.0
	Both	967.7	53.8

1.3.5 Exposure to Mass Media

Mass media do not reach even fifty percent of the female population of the state.

Table 1.3.5.1 Exposure to Mass Media among Women Aged 15-44

Media	Percent Exposed	
	Males	Females
News Paper	37.9	17.0
Radio	52.0	46.3
TV	22.1	21.2
Cinema	34.0	27.3

Chapter 2

The IPP–IX Project

2.1 Action Plan of MoHFW

The Ministry of Health and Family Welfare (MoHFW) has, in consultation with State Governments and Union Territories Administration has evolved an Action Plan to give requisite thrust and dynamism to the family welfare programme. The most important aspects of the Action Plan are:

- Improvement in the quality and outreach of health and family welfare services in the field.
- Initiating innovative programmes in urban slums for propagating family welfare activities.
- Launching Child Survival and Safe Motherhood Programme.
- Targeting message of small family specially to younger couples and promoting spacing methods of contraception.
- Increased involvement of voluntary agencies and non governmental organizations in the family welfare programme with a view to make it a peoples programme.
- Increased Information, Education and Communication inputs and decentralization of communication strategies to take into account the local socio-cultural ethos with special emphasis on interpersonal communication.

2.2 The Project Proposal

It is against this background that the Government of Karnataka constituted a Project Proposal Preparation Committee with the Director, Population Centre, Bangalore as Chairman and the Additional Director MCH and FW, Govt. of Karnataka as Cochairman to formulate a project proposal for submission to IDA through Ministry of Health and Family Welfare, Government of India for financial assistance. The Joint Directors In Directorate of Health and Family Welfare, selected District Health Officers and representatives of STEM were members of the committee.

2.2.1 The Need for the Project

Karnataka has achieved a couple protection rate of 49.1 percent by March, 31, 1992. In order to achieve a CPR of 60 percent by march 1998, the magnitude of effort required is substantial. Assuming an annual compound growth of population at 1.7 percent in the coming decade and eligible couples per 1000 population at 160, the projected eligible couples in 1998 will be 8.067 million. To achieve a CPR of 60, 4.84 million couples will have to be protected. As of March 31, 1992 3.58 million couples were effectively protected. Out of the currently protected couples, 1.94 million will

remain in the reproductive age group by 1998. It is therefore necessary to effectively protect 2.90 million new couples between 1992-98 or nearly 410,000 per year as against the observed average annual rate of 147,200 couples during 1989-92. The efforts of the Department of Health and Family Welfare have to be trebled in the five years 1993-98, to achieve CPR of 60 by 1998.

In view of this the substantial investments have to be made in extending the outreach programme to the door step of beneficiaries distributed over 27,028 villages in the state to achieve the target for CPR and to have a "sustainable" family welfare programme.

2.2.2 Project Goals

The specific objective of the project is to implement a programme sustainable at village level to reduce CBR, IMR and MMR and increase CPR as indicated below for the state of Karnataka.

Table 2.2.2.1 Targets for Vital Rates

	1990	1998
Infant Mortality	71	50
Maternal Mortality	6	2
Crude Birth Rate	28	20
Couple Protection Rate	47	60

The strategy to be adopted for achieving the objectives is to

- Involve the community in promoting and delivery of family welfare services.
- Strengthen delivery of services by providing
  1. drugs, health kits and supplies to TBAs, Sub-centres and PHCs,
  2. make ANMs at sub-centres mobile by providing loans for purchase of two wheelers,
  3. buildings for sub-centres with provision of residential accommodation for ANMs, and
  4. residential quarters for medical officers.
- Improve the quality of services by providing training to personnel, official and non official at various levels including TBAs, community leaders and voluntary agencies.
- Strengthen monitoring and evaluation by developing and installing MIES from district to state level.

2.2.3 Area to be Covered by the Project

While construction of buildings for sub-centres and residential quarters for medical officers will be confined to selected thirteen districts, other activities such as

training, IEC and MIES will carried out in all the districts of the state. (See Map 1 for the State of Karnataka and demarcation of thirteen districts selected for civil works).

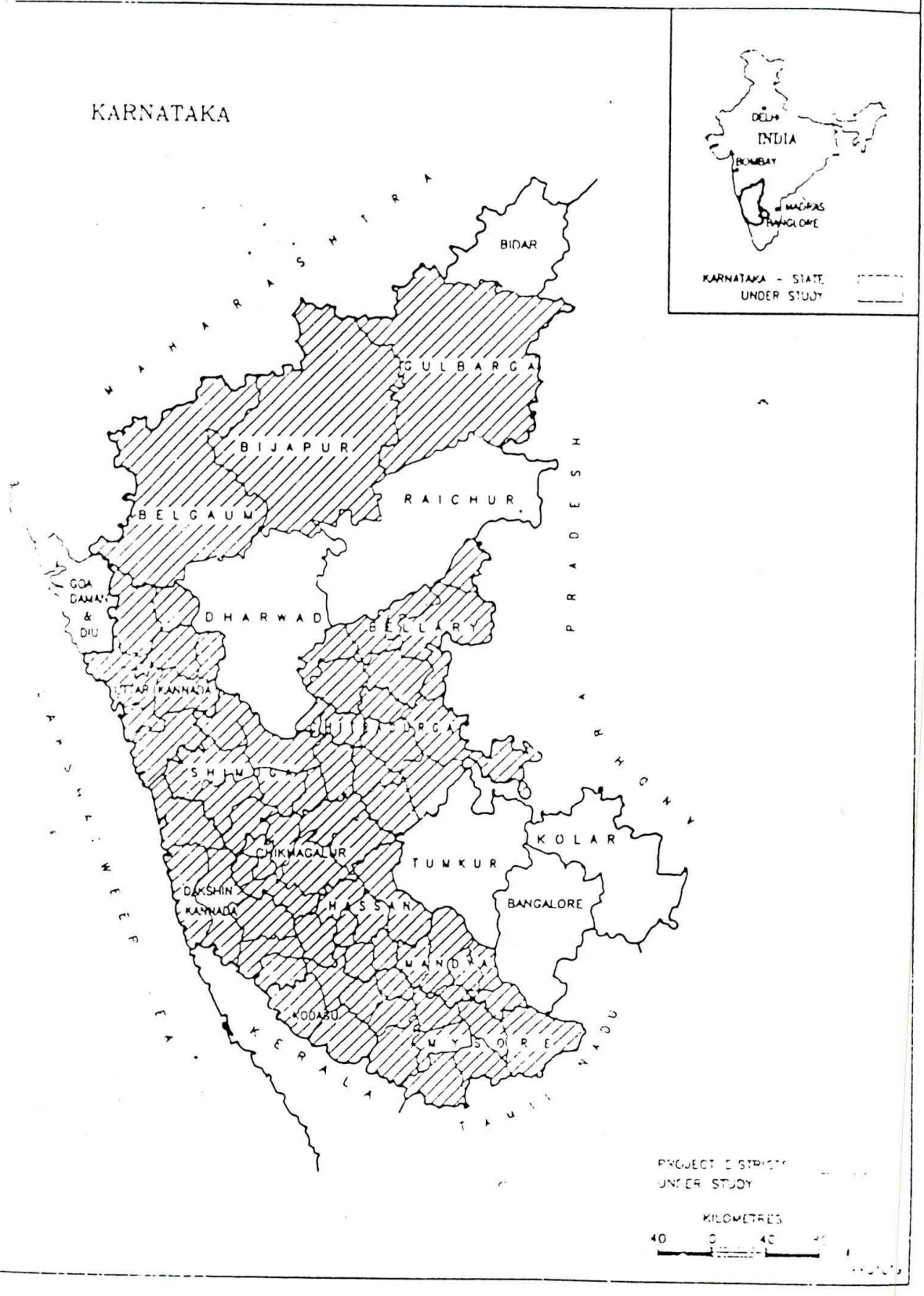
The districts selected for construction of buildings for sub-centres and residential quarters for medical officers are the eight districts not covered by IPP–I and IPP–III namely, Bellary, Chikmagalur, Dakshin Kannad, Hassan, Kodagu, Mandya, Mysore, and Uttar Kannad; and in addition Shimoga and Chitradurga districts covered under IPP–I. and Belgaum, Bijapur and Gulbarga covered under IPP–III.

2.2.4 Rapid Appraisal of Needs

The proposals outlined in the following sections are based on rapid survey of the ten of the thirteen project districts. In each district two taluks were sampled and from each taluk one CHC, two PHCs and four Sub-centres were selected for facility survey as well as training needs survey. One village was selected from the villages covered by the sampled sub-centre. From each sampled village a community leader and one woman aged 15 years and over were interviewed for assessing beneficiary and communication needs. A study team comprising of An Additional Health Officer, District Nursing Superintendent and the District Health Education Officer was formed in each district to conduct the surveys. The facility survey and the training need survey for medical officers were conducted by the Additional Health Officer, the training needs survey for Senior Health Assistant Female (LHV), Junior Health Assistant Female (ANM) and Trained Birth Assistant (TBA) by the District Nursing Superintendent and the training needs survey for Senior Health Assistant (Male) and Junior Health Assistant (Male) as well as beneficiary and communication needs surveys by the District Health Education officer.

In addition to the efforts of the district health officials, STEM conducted beneficiary and communication needs surveys in a tribal taluk of Mysore district and non-tribal taluk of Chitradurga district while the Population Centre conducted the survey in Dakshin Kannad and Kodagu districts.

PROJECT STUDY DISTRICTS IN KARNATAKA–IPP IX



Chapter 3

Programme Linkage with Community at Local Level

The zilla parishad is responsible for implementing the family welfare and maternal and child health programmes in the district. The District Health Officer reports to the Chief Secretary of the Zilla Parishad. Thus there is community participation at the district level through the Zilla parishad. However it is necessary to encourage the community to participate at the lowest level of the service delivery system namely, the sub-centre. On an average there are six sub-centres under a PHC and each sub-centre covers approximately four villages.

It is proposed to promote Health Advisory Committee at the sub-centre level. The Medical Officer of PHC will be entrusted with the responsibility of forming HAC's for each sub-centre under his / her jurisdiction. The committee will be chaired by the MO and will have the LHV of the PHC, ANM and Jr. Health Assistant (Male) of concerned sub-centre and two representatives from each village covered by the sub-centre. The representatives from the villages will be nominated by the Adhyaksha of the respective Gram Panchayats. It will be ensured that at least one woman is represented on the committee from each village covered by the sub-centre. The HAC will meet at least once a quarter at the Sub-centre. The representatives from villages will be reimbursed Rs. 25 towards Travelling and incidental expenses for attending each meeting.

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 MO will review each quarter the performance and if warranted, modify the plans for the next quarter. The MO will forward the minutes of HAC meetings along with his report on the performance in the area covered by the sub-centre to the DHO for quarterly review.

The 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 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 appropriate contraceptive methods and refer acceptors to ANM,
- educate all pregnant women on ante natal care and refer to ANM,
- promote child care programme and arrange for immunization, and
- coordinate with ANM for arranging health education and environmental sanitation programmes in the village.

This will be tried out on experimental basis in four PHCs in each district for two years and if found successful will be extended to all PHCs. The cost per year for HAC meetings during the experimental period will be Rs. 384,000. If the programme is successful and extended to all PHCs, the annual expenditure will be Rs. 5.4 million.

Chapter 4

Strengthening of FW and MCH Services

4.1 Strengthening of Health Centres

4.1.1 Buildings

There are 7793 sub-centres functioning in Karnataka State as on March 31, 1993. Of these 4394 sub-centres have no buildings.

There are 130 CHCs, 890 PHCs and 5548 SCs in the 13 districts to be covered by the project. Major findings of the facility survey, relevant to buildings, are presented in Table 4.1.1.1.

Table 4.1.1.1 Condition of Structures of Health Centres

	Percent of centres		
	CHC	PHC	SC
Does not have owned or rented building	0	2.4	40.2
Building has cracks in			
Ceiling	44.4	43.9	58.7
Walls	33.3	36.6	58.7
Floor	27.8	29.2	54.3
Has no water supply at all	5.6	4.9	10.9
Has no continuous water supply	27.8	48.8	87.0
Has no water seal toilet	11.1	19.5	19.6

There are 2075 sub-centres without buildings in the thirteen districts. It is proposed to construct buildings for fifty percent of sub-centres (i.e. 1039 sub-centres) in the thirteen selected districts. Each new sub-centre building will have an examination room, and a multi-purpose hall that can serve as a waiting room or meeting room as well as office area for Jr. Health Assistants. Besides it will have residential quarters for ANM. The total area will be 64 m^2 and is estimated to cost Rs. 2,30,000 per unit. (Plans for sub-centre buildings are presented in Annexure 1).

The selection of sub-centres for construction of new buildings will be based on the following criteria:

1. Accessibility to nearest PHC (distance and transport facility).
2. Low level of immunization of children.
3. Low level of contraception.
4. Availability of unencumbered site of 225 sq.m within the middle of the village.
5. The site should be well drained.
6. Environmental conditions around the site.

It is also proposed to construct residential quarters for medical officers at locations where suitable residential accommodation is not available and the doctors have been living in another settlement than that in which the PHC is located. If residential accommodation is provided in the premises of PHC or nearby the availability of doctor is ensured. In all 271 residential quarters have to be built in the ten districts. The area of each quarters will be 70.6 m^2 and estimated to cost Rs. 300,000. (Plans for residential quarters are presented in Annexure 2).

Table 4.1.1 Buildings to be Constructed and Cost by District

District	Number of Buildings		Cost Million Rupees		
	Sub-Centres	MO's Quarters	Sub-Centres	MO's Quarters	Total Cost
Belgaum	49	23	11.270	6.900	18.170
Bellary	47	15	10.810	4.500	15.310
Bijapur	120	19	27.600	5.700	33.300
Chikmagalur	64	12	14.720	3.600	18.320
Chitradurga	86	21	19.780	6.300	26.080
Dakshin Kannad	136	37	31.280	11.100	42.380
Gulbarga	84	25	14.720	9.360	24.080
Hassan	88	19	20.240	5.700	25.940
Kodagu	31	8	7.130	2.400	9.530
Mandya	71	18	16.330	5.400	21.730
Mysore	132	39	30.360	11.700	42.060
Shimoga	72	19	16.560	5.700	22.260
Uttar Kannad	59	16	13.570	4.800	18.370
Total	1039	271	234.370	83.160	317.530

The 87 villages in which the sub-centres are to be constructed during the first year have been identified and presented in Annexure 3. These have also been plotted on taluk maps. Sites suitable for sub-centre buildings have been located in each of these villages and shown on sketch of the village. Sample charts for one district and one village are shown in Annexures 4, 5 and 6 respectively. In the second and third years, 350 and 349 new buildings for sub-centre will be constructed.

4.1.2 Buildings for PHCs

Out of the 1297 PHCs sanctioned and operating in the state 983 PHCs have their own buildings or buildings are under construction. Out of the 314 PHCs without buildings, 218 are in the thirteen project districts in which civil works are contemplated.(See Annexure 7 for details). It is proposed to construct buildings for 40 percent of the PHCs without buildings. Each Building is estimated to cost Rs. 780,000. Table 4.1.2.1 presents the number of buildings to be constructed and their cost by district.(See Annexure 8 for Plan of PHC Building).

Table 4.1.2.1 PHC Buildings to be Constructed and Cost

District	Number	Million Rs.
Belgaum	6	4.680
Bellary	7	5.460
Bijapur	2	1.560
Chitradurga	12	9.360
Dakshin Kannad	9	7.020
Gulbarga	12	9.360
Hassan	5	3.900
Kodagu	7	5.460
Mandya	5	3.900
Mysore	8	6.240
Shimoga	13	10.140
Uttar Kannad	8	6.240
Karnataka	74	73.320

4.1.3 Rehabilitation of Existing Centres

Nearly 45 percent of existing CHCs and PHCs and 60 percent of Sub-centres require repairs to structure, replacement of electrical wiring and fittings, construction and/or repair of toilets and provision of continuous water supply to rehabilitate them. Table 4.1.3.1 presents estimated cost of rehabilitation.

Table 4.1.3.1 Cost Estimates for Rehabilitation of Existing Centres

	CHC	PHC	SC
	Cost per Centre in Thousand Rs.		
Ceiling	66.1	36.6	14.2
Flooring	24.1	18.3	2.5
Plastering	18.0	11.0	2.0
Toilet	0.5	0.4	0.3
Water Supply & Sanitation	5.5	3.3	0.6
Electrical wiring & Fittings	6.0	3.6	0.8
Total cost per Centre	120.2	73.2	20.4
Number of Centres	48	327	2071
Cost of all Centres (Million Rs.)	5.770	23.936	42.249

4.1.4 Handling Solid Waste

Apart from rehabilitating existing centres, it is proposed to provide all centres with facilities for handling solid waste. The facilities to be provided and the cost estimates for them are presented in Table 4.1.4.1.

Table 4.1.4.1 Equipment and Cost for Handling Solid Waste

	Number	Unit Cost Rs.	Total Cost Million Rs.
Community Health Centre *Three Closed containers with wheels @ Rs. 3000 each and one wheel barrow @ Rs. 5000 each*	127	14,000	1.778
Primary Health Centre *Two closed containers with wheels Rs. 3000 each*	871	6,000	5.226
Sub-centre *Two closed containers @ Rs. 125 each*	5560	250	1.390
Total cost			8.394

* All health centres in the thirteen districts are included

4.1.5 Furniture and Equipment

Each of the 1039 centres planned to be provided with new building will be equipped with furniture and equipment costing Rs. 22,500 and Rs. 5,000 respectively.(see Annexure 9 for list of items and costing). The items of equipment confirm to the norms given by MoHFW under CSSM project. The total cost on this account will be

Furniture	Rs. 23.378 million
Equipment	Rs. 5.195 million

Shortage in furniture and equipment as compared to norms referred to above will be assessed for each of the remaining 4521 sub-centres and deficiencies made good. It is estimated that on an average the cost of augmentation of equipment and furniture works out to Rs. 9,000 and Rs. 5,000 respectively. The total cost will be as under.

Furniture	Rs. 40.689 million
Equipment	Rs. 22.605 million

It is proposed to purchase 13 laproscopes and 25 suction apparatus besides getting components for repairing 42 laproscopes which are out of order. The total cost for these is estimated at 5.15 million Rupees.

4.1.6 Improving Productivity of Paramedical Staff

The facility survey has revealed that nearly 33 percent of the ANMs do not have kits as per standard. It is proposed to provide such ANMs with delivery kits (see Annexure 10) for attending to deliveries both at the health centres as well as at the

home of the pregnant women. The cost of equipping 3000 ANMs is estimated at Rs. 6.0 million on the basis of cost of kit at Rs. 2,000.

The paramedical staff spend considerable time in Travelling to the villages under their jurisdiction. In order to cut down travel time, it is planned to make them mobile by giving them loan to purchase a two wheeler of their choice out of four types — bicycle, moped, scooter and motor cycle. A revolving fund of Rs. 105 million is provided on the assumption that 50 percent of paramedical staff and BHEs will opt for the scheme during the project period. The details of the vehicle loan scheme are as under.

Each employee who has been confirmed in a permanent post, will be eligible for drawing advance for purchasing a two wheeler on the following terms and conditions:

1. An amount equal to 12 months pay subject to a maximum Rs. 25,000 or the purchase price of the vehicle, will be given as advance for purchase of a brand new vehicle.
2. The vehicle will be hypothecated to the State Government.
3. The advance will be recovered in 60 equal monthly installments from the salary payable to the employee.
4. All taxes, comprehensive insurance and maintenance expenses have to borne by the employee.
5. The hypothecation will be canceled after full recovery of the loan.

The size of the revolving fund and the additional annual expenditure on fifty percent or 9000 employees in all districts of the state will be as under.

Table 4.1.6.1 Capital Expenditure to Increase Productivity of ANMs

	Expenditure in Million Rupees	
	Revolving Fund	Capital Expenditure
Kits for ANMs		6.000
Loan for purchase of vehicle	105.000	0.000
Total	105.000	6.000

4.1.7 Link Workers

Majority of the community leaders and women who were interviewed for assessment of communication needs indicated that there are capable persons willing to volunteer for providing adult education (88%), educating the community on sanitation, health, personal hygiene (76%), importance of immunization (75%) care of expectant mothers, and children (72%) and motivation of couples for adoption of FP methods (73%).

At present a sub-centre covers on an average 4,000 population or 800 households spread over three to four villages. It is difficult for one ANM to provide services at the sub-centre and also visit all households with required intensity of at least once a month to provide family welfare and maternal and child care services at the door step. It is therefore proposed that the HAC identifies one volunteer worker, in each village to act as a link between the sub-centre and the beneficiary. The voluntary worker will:

1. contact all households in the village once in a fortnight,
2. provide interpersonal communication on contraception, maternal and child care and environmental health and sanitation as part of IEC activity.
3. keep track of all pregnant women and cause to provide ante natal, intra-natal and postnatal care,
4. ensure that all children below two years of age are immunized against specific diseases at proper time,
5. motivate couples to adopt contraception to delay/prevent pregnancy with particular emphasis on the married women in the age group 15-29,
6. hold stocks of condoms and oral pills for free distribution and/or sale.

The voluntary worker will be set performance targets for the following parameters:

1. Number of women registered for ANC services
2. Number of women provided with ANC / PNC services
3. Children fully immunized
4. Targets for couples protected by spacing methods

An incentive scheme will be prepared which will take into account performance on each component. Incentive will be paid on a graduated scale for performance between 75 to 120 percent of the target. Besides the incentive, the voluntary workers will be paid 20% of the sale proceeds of condom or oral pill

The Medical officer of a PHC will select for each village under his/her jurisdiction a voluntary worker, preferably a female, from among the residents of the respective villages to act as a link worker between the ANM of the sub-centre and the households in the village. The choice of link worker will be made among literate females. The trained dai's could also be considered for selection. This will be tried out on an experimental basis in two PHCs of each district and if found successful will be extended to all PHCs in the state during the third year of the Project.

The average incentive per voluntary worker will be Rs. 750 in a year. If the target is achieved by all the voluntary workers, the total outgo on account of incentives to voluntary workers will be Rs. 19.3 million per year. As it will be tried out on an experimental basis in 40 PHCs in the first two years, the cost will be Rs. 0.574 million per year during the experimental period.

To ensure safe and clean delivery, the ANM will make available to TBAs disposable delivery kits for distribution to each pregnant woman in the rural area, opting for delivery at home. The beneficiary need survey indicated that 25 percent of

deliveries occur at home. Assuming a crude birth rate of 24, annual growth rate of rural population at 1.5 percent during 1993-98, about 0.2 million kits each costing Rs. 12, have to be provided each year. The annual cost on this account is estimated at Rs. 2.4 million.

4.1.8 Development of CHCs into FRUs

A survey of facilities available at CHCs is being carried out to identify centres which can be upgraded as first level referral units at minimal cost. The criteria for selection of CHCs will be:

1. The centre is already functioning as a referral hospital,
2. Specialists like surgeons, obstreticians & Gynaecologists and Paediatricians have already been sanctioned,
3. Availability of major operation theatre, and
4. Marginal inputs will are required to make them function as FRUs

The average cost of developing each FRU is estimated at Rs. 350,000. The break up of cost is as under.

1. Instruments (12 types)		Rs. 100,000
2. Laboratory & OT items		Rs. 20,000
3. Refurbishing OT		Rs. 75,000
4. OT equipment (A/C etc.)		Rs. 130,000
5. Supporting appliances		Rs. 25,000
	Total	Rs. 350,000

Out of the thirteen project districts, Chikmagalur has been selected under CSSM project with the assistance of MoHFW. In each of the remaining eleven districts six CHCs will be selected and developed as FRUs during the project period. The total cost is estimated at Rs. 23.850 million.

4.1.9 Maintenance of Buildings

The Directorate of Health and Family Welfare Services has initiated a survey of all health centre buildings under its control to determine the extent of repairs to be carried out and estimate the cost. The State and Zilla Parishad PWDs will be entrusted with the task of carrying out the repairs. The total cost of all buildings constructed under IPP–I and IPP–III will be borne by the State Government.

Annual maintenance will be the responsibility of respective PWD wings. Provision will be made in the Non-Plan expenditure of the State government for annual maintenance of all buildings used by the Directorate.

For the buildings proposed to be constructed under IPP–IX, provision for maintenance works is made each year at the rate of two percent of the cumulative value of buildings constructed up to three years back.

4.1.10 Budget for Strengthening Delivery of Services

The phasing of capital and revenue expenditure is presented in Table 4.1.10.

Table 4.1.10 Phasing of Capital and Revenue Expenditure on Strengthening Delivery of Services

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital Expenditure								
Sub-centre building: Civil works	20.010	80.500	80.270	58.190	0.000	0.000	0.000	238.970
PHC buildings: Civil Works	18.720	19.500	19.500	15.600	0.000	0.000	0.000	73.320
Quarters for M.Os: Civil works	9.000	26.100	26.100	20.100	0.000	0.000	0.000	81.300
Rehabilitation of Health Centres	5.944	19.924	19.684	16.202	10.200	0.000	0.000	71.954
Equipment for solid waste handling	8.394	0.000	0.000	0.000	0.000	0.000	0.000	8.394
Furniture for sub-centre buildings	22.298	28.224	7.853	5.693	0.000	0.000	0.000	64.067
Equipment for sub-centre buildings	15.469	14.459	1.745	1.265	0.000	0.000	0.000	32.938
Kits for ANM	2.000	2.000	2.000	0.000	0.000	0.000	0.000	6.000
Revolving fund for two wheelers	9.000	24.000	24.000	24.000	24.000	0.000	0.000	105.000
Up gradation of CHCs to FRUs	6.300	6.300	6.300	0.000	0.000	0.000	0.000	18.900
Total Capital expenditure	117.135	221.007	187.452	141.050	34.200	0.000	0.000	700.843
Revenue Expenditure								
Incentive to voluntary workers	0.574	0.574	9.650	19.300	19.300	19.300	19.300	87.998
Delivery kits	0.381	1.127	1.935	2.436	2.472	2.472	2.472	13.295
Maintenance of proposed new buildings	0.000	0.000	0.000	0.955	3.477	5.994	7.872	18.298
Total Revenue Expenditure	0.955	1.701	11.585	22.691	25.249	27.766	29.644	119.591

Chapter 5

Improving the Quality of Services

5.1 Training

5.1.1 Existing Training Facilities

The training centres currently functioning under the Directorate of Health and Family Welfare services are:

1. Health & Family Welfare Training Centres (HFWTC)	5
2. Multi-purpose Worker (Male) Training Schools	4
3. ANM Training Schools	19
4. LHV Promotional Training Schools	4
5. Health Inspector Training Centres	7
6. X-ray Technician Training Centres	6
7. Graduate Food Inspector Training Centre	1
8. Sr. Laboratory Technician Training Centre	1
9. Condensed General Nursing Course Training Centre	2
10. Communicable Disease Investigation cum Training Centre	1
11. TB Demonstration and Training Centre	1
12. Leprosy Training Centre	2
13. Central Malaria Laboratory	1

5.1.1.1 HFWTCs

Five Health and Family Welfare Training Centres with hostel facilities are functioning in the state. These are located at Bangalore, Gulbarga, Hubli, Mandya, and Ramanagaram. The hostel facility at Bangalore, Gulbarga and Hubli Centres is for 30 trainees while it is for 20 trainees at the centres at Mandya and Ramanagaram. The centre at Mandya has no building and is operating in the Communicable Diseases Investigation cum Training Centre. The centre at Ramanagaram has only one lecture hall. These centres provide following in-service training programmes.

Table 5.1.1.1.1 Courses Offered at HFWTCs

Course	Duration	Number Trained in 1992-93
Continued education to medical officers	Two weeks	160
Training of Block Health Educators	Two weeks	171
Training of faculty of ANM /H.I.T / centres	Two weeks	110
Continued education to Sr. Health Assistant Male & Female	Two weeks	553
Continued education to staff of PHCs	One day	
Orientation of Jr. Health Assistants Male & Female by mobile training team attached to HFWTC., Bangalore	Two weeks	171
Orientation training in Leprosy to Medical officers	3 Days	174
Orientation training in Leprosy to Paramedical workers	Four months	

5.1.1.2 Multi-purpose Workers (Male) Training Schools

The four schools sanctioned are operating in HFWTCs at Bangalore, Hubli, Ramanagaram and Mandya as no buildings have been provided for them. The duration of the course is one year and the intake capacity of each centre is 60 students per batch as no residential accommodation is provided. A total of 637 students were trained in three batches during the three year period 1988-89 to 1990-91.

5.1.1.3 ANM Training Schools

There are 19 training centres, one in each district, with hostel facilities for pre-service training of Jr. Health assistants (female). The duration of the course is 18 months. The admission capacity is 30 candidates per centre per course or a total of 570 per batch. Up to the year 1992, ten batches totalling 5,787 candidates were admitted and 5,087 passed. Out of the 19 training centres eleven have their own buildings with hostel facility. The remaining eight are functioning in district hospitals and hostel accommodation is provided in general nursing hostel. A building is under construction for ANM Training Centre at Chikmagalur. Buildings have to be constructed at seven centres in the districts of Bellary, Dakshin Kannad, Hassan, Kodagu, Mandya, Mysore and Uttar Kannad.

5.1.1.4 LHV Promotional Training Schools for ANMs

There are four training centres functioning at Bangalore, Belgaum, Gulbarga and Mangalore, for providing in-service training to Jr. Health Assistant (Female) to make them eligible for promotion to the cadre of Sr. Health assistant (Female) The duration of the course is six months and the admission capacity of each centre is 30 candidates. 1423 ANMs were given training in 17 batches up to the year 1992.

Building for construction of LHV School at Gulbarga is nearing completion. The Schools at the other three centres — Bangalore, Belgaum and Mangalore do not

have own buildings and are functioning in the premises of District Hospitals / Medical Colleges.

5.1.1.5 CGN Training Centres

Sr. Health Assistant (female) are provided condensed General Nurse training at district hospitals in Chitradurga and Dharwad with an admission capacity of 30 students at each centre. The duration of the course is one year.

5.1.1.6 Health Inspector Training Centres

There are seven health inspector training centres, each with an intake capacity of 75 per batch. The duration of course is one year. The seven centres are located at Belgaum, Bellary, Dharwad, Gulbarga, Mandya, Mangalore and Mysore. None of these have either own building or hostels for trainees. Classes are conducted in District Health and Family Welfare Office in these cities.

5.1.2 Manpower Projections

The number of CHCs, PHCs and sub-centres required to be setup by the year 2001 to cater to the needs of projected rural population is presented in Table 5.1.2.1. The norms adopted for arriving at the requirement of health centres are the same as those adopted by the state for population in plains. These are one sub-centre for every 5,000 rural population, one PHC for 30,000 rural population and one CHC for every 120,000 rural population. In tribal and hilly areas, the norms are one sub-centre for every 3,000 rural population, one PHC for 20,000 rural population.

Chikmagalur, Chitradurga, Dakshin Kannad, Dharwad, Gulbarga, Hassan, Kodagu, Mandya, Mysore districts have more sub-centres than the required as per norm for plains as they have tribal and hilly areas. On the other hand, 382 new sub-centres have to be established in Bangalore, Belgaum, Bellary, Bidar, Bijapur, Kolar, Raichur and Tumkur districts to meet the needs of the projected population of the year 2001. Thirty eight new PHCs need to be set up in Belgaum, Bellary, Bijapur, Gulbarga and Raichur districts. The CHCs in Kodagu and Uttar Kannad are adequate to meet the needs of the population of 2001. In other districts, 102 more CHCs have to be established to attain a ratio of one CHC for every four PHCs.

Table 5.1.2.1 Projected Population and Requirement of Health Centres by Type in the Year 2001.

Existing Centres as on 31.3.93	Projected Population in 2001 in Thousand			Existing Centres as on 31.3.93			Centres Required in 2001 as per norms			(Deficit)		
District	Total	Urban	Rural	Sub-Centres	PHCs	CHCs	Sub-Centres	PHCs	CHCs	Sub-Centres	PHCs	CHCs
Bangalore	8404	6110	2294	410	79	12	459	76	19	(49)	0	(7)
Chitradurga	2546	799	1747	441	66	10	349	58	15	0	0	(5)
Kolar	2567	621	1946	359	69	10	389	65	16	(30)	0	(6)
Shimoga	2231	609	1622	365	61	8	324	54	14	0	0	(6)
Tumkur	2609	517	2092	404	77	9	418	70	17	(14)	0	(8)
IPP- I Districts	18356	8656	9701	1979	352	49	1939	323	81	(93)	0	(32)
Belgaum	4089	1006	3083	578	107	12	617	103	26	(39)	0	(14)
Bidar	1415	310	1105	217	35	5	221	37	9	(4)	(2)	(4)
Bijapur	3303	760	2543	426	77	16	509	85	21	(83)	(8)	(5)
Dharwad	4059	1392	2666	571	85	18	533	89	22	0	(4)	(4)
Gulbarga	2891	705	2185	467	74	13	437	73	18	0	0	(5)
Raichur	2680	595	2085	349	62	11	417	69	17	(68)	(7)	(6)
IPP- III Districts	18435	4768	13668	2608	440	75	2734	456	113	(194)	(21)	(38)
Bellary	2272	597	1674	240	46	6	335	56	14	(95)	(10)	(8)
Chikmagalur	1166	191	975	328	39	6	195	32	8	0	0	(2)
Dakshin Kannad	3067	997	2070	692	110	9	414	69	17	0	0	(8)
Hassan	1792	366	1426	450	61	11	285	48	12	0	0	(1)
Kodagu	555	91	464	158	27	7	93	15	4	0	0	3
Mandya	1875	322	1552	364	55	7	310	52	13	0	0	(6)
Mysore	3651	1172	2479	662	117	14	496	83	21	0	0	(7)
Uttar Kannad	1418	326	1091	302	50	11	218	36	9	0	0	2
Other Districts	15794	4062	11732	3090	505	71	2346	391	98	(95)	(10)	(32)
Karnataka	52585	17486	35100	7793	1297	195	7019	1170	292	(382)	(31)	(102)

Table 5.1.2.2 presents the phased expansion of health centres during 1994-2000

Table 5.1.2.2 Projected Health Centres by Type

	CHCs	PHCs	SCs
Existing Centres			
1993	195	1297	7793
Projected Centres			
1994	212	1304	7857
1995	229	1310	7921
1996	246	1317	7985
1997	263	1323	8049
1998	280	1330	8113
1999	297	1335	8175
2000	297	1335	8175

The manpower projections are based on staffing norms presented in Table 5.1.2.3

Table 5.1.2.3 Norms for Staffing Health Centres

Category of Staff	CHC	PHC	SC
MO	4	1	0
Nurse	3	1	0
Sr. H.A. Female	0	1	0
Jr. H.A. Female	2	1	1.33
BHE	0	1	0
Sr. H.I.	0	1	0
Jr. H.A. Male	0	0	0.67

Table 5.1.2.4.(a) presents sanctioned, existing and vacant posts as on 1.4.93 and Table 5.1.2.4.(b) presents projected strength, based on data provided on planned health centres presented in Table 5.1.2.2 and staff norms presented in Table 5.1.2.3 year by year up to 2000 AD.

Table 5.1.2.4 (a) Staff strength as on 1.4.93

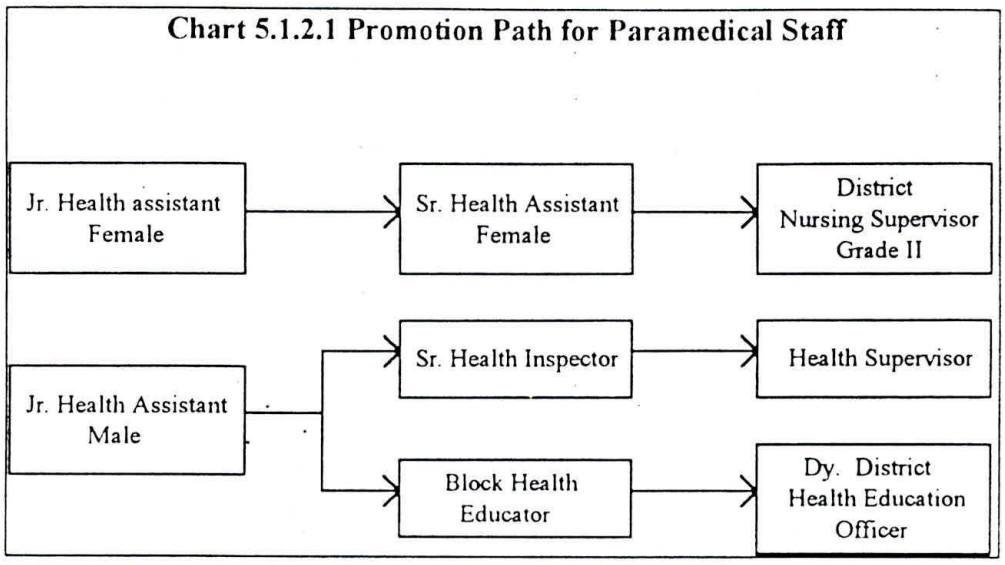
Year	Category of Staff						
	MOs	Nurse	Sr. HAF	BHE	Sr. H.I	Jr. HAF	Jr. HAM
Filled	3285	317	1109	284	1120	8924	4836
Vacant	496	148	110	442	101	313	720
Sanctioned	3781	465	1219	726	1221	9237	5556

Table 5.1.2.4 (b) Projected Requirement of Staff by Category

Year	Category of Staff						
	MOs	Nurse	Sr. HAF	BHE	Sr. H.I	Jr. HAF	Jr. HAM
1994	3849	523	1226	733	1228	9308	5607
1995	3917	580	1232	739	1234	9387	5658
1996	3985	638	1239	746	1241	9465	5709
1997	4053	695	1245	752	1247	9544	5760
1998	4121	753	1252	759	1254	9623	5811
1999	4189	809	1257	764	1259	9700	5861
2000	4189	809	1257	764	1259	9700	5861

The promotion path for paramedical staff is presented in Chart 5.1.2.1

Chart 5.1.2.1 Promotion Path for Paramedical Staff



The attrition rate has been 4.1 percent per annum. The posts to be filled each year at various levels to take care of existing vacancies, attrition and new posts to be created are presented in Table 5.1.2.5

Table 5.1.2.5 Manpower Requirement by Category and Year

	Vacant Posts	1994	1995	1996	1997	1998	1999	2000	1994-2000
Medical Officer									
Attrition	496	135	158	161	164	167	170	173	1624
New Posts		75	74	75	74	75	73	0	446
Total		706	232	236	238	242	243	173	2070
Staff Nurse									
Attrition	148	58	57	58	57	58	56	0	492
New Posts		13	21	24	26	28	31	33	177
Total		219	78	82	83	86	87	33	669
Sr. H.A.F									
Attrition	110	45	50	51	51	51	51	52	461
New Posts		7	6	7	6	7	5	0	38
Promotion		3	3	3	3	3	3	3	21
Total		165	59	61	60	61	59	55	520
Jr. H.A.F									
Attrition	313	366	384	388	393	398	403	408	3054
New Posts		119	119	119	119	119	116	0	712
Promotion		165	59	61	60	61	59	55	520
Total		963	562	568	572	578	579	462	4286
BHE									
Attrition	442	12	30	30	31	31	31	31	31
New Posts		7	6	7	6	7	5	0	38
Promotion		3	3	3	3	3	3	3	21
Total		464	39	40	40	41	39	34	697

Table 5.1.2.5 Manpower Requirement by Category and Year
(Continued)

	Vacant Posts	1994	1995	1996	1997	1998	1999	2000	1994-2000
Sr. H I									
Attrition	101	46	50	51	51	51	51	52	453
New Posts		7	6	7	6	7	5	0	38
Promotion		3	3	3	3	3	3	3	21
Total		157	59	61	60	61	59	55	512
Jr. HAM									
Attrition	720	198	230	231	233	235	237	238	2322
New Posts		43	43	43	43	43	42	0	256
Promotion		250	67	69	68	69	67	61	651
Total		1211	340	343	344	347	345	300	3229

The Department of Health and Family Welfare has started filling all vacancies in all cadres. Appointment orders have been issued to fill posts of 754 Doctors, 440 staff Nurses, 550 Jr. Health Assistants (Female). A committee has been constituted to select candidates to fill the posts in other cadres such as BHE, Health Inspector and Jr. Health Assistant (Male). Further, the Department has planned to increase the number of sub-centres, PHCs and CHCs as presented in Table 5.1.2.6.

Table 5.1.2.6. Proposed Additions to Health Centres by Year 1994-2000

Year	Number of Health Centres Proposed to be Added Each Year		
	Sub-Centres	PHCs	CHCs
1994-95	64	7	17
1995-96	64	6	17
1996-97	64	7	17
1997-98	64	6	17
1998-99	64	7	17
1999-00	62	5	17

The anticipated vacancies in various categories of medical and paramedical staff and the mode of recruitment for filling all the vacancies arising from attrition and promotion is presented in Table 5.1.2.7.

Table 5.1.2.7 Projected Vacancies and Mode of Recruitment by Category.

Category	Mode of Recruitment	1994	1995	1996	1997	1998	1999	2000	1994-2000
MO.	DR	706	232	236	238	242	243	173	2071
Staff Nurse	DR	219	78	82	83	86	87	33	669
Sr. H.A.F.	PR	165	59	61	60	61	59	55	520
Jr. H.A.F	Trng.	963	562	568	572	578	579	462	4286
B.H.E	DR/PR	464	39	40	40	41	39	34	697
Sr. H.I.	PR	157	59	61	60	61	59	55	512
Jr. H.A.M.	Trng.	1211	340	343	344	347	345	300	3229

D.R.: Direct Recruitment, PR.: Promotion from one category below,
Trng.: From fresh candidates trained at training centres.

5.1.3 Adequacy of Pre-service and Pre Promotion Training Schools.

The capacity of existing training centres for pre-service training for Jr. H.A.M and Jr. H.A.F are not adequate even for existing sanctioned strength, while the capacity of LHV Promotion Schools and CGN training centres is in excess of the requirement of new centres.

Table 5.1.3.1 Existing Capacity of Training Centres and Requirement.

Institution	Number	Course Duration (months)	Batch Size per centre	Maximum output in 1994-2000	Required with new centres up to year 2000
ANM Training School	19	18	30	2650	4286
MPW(M) Trng Centres	4	12	60	1680	3229
Vocational Schools	12	24	60	2160	
Combined.Output				3840	
LHV Promotional School	4	6	30	840	520
Sr. H.I. Trng. Centres*	7	12	75	3675	512
CGN Training School	2	12	30	360	24

* Common training centre for staff of Health and Family Welfare Sections.

During the project period 4286 ANMs are to be recruited and to meet this demand the intake capacity of all ANM training schools has to be expanded. The twelve schools which have their own buildings were designed with hostel accommodation for 48 students. It is necessary to construct buildings with hostel facilities for 48 students for the remaining seven ANM training schools which have no buildings of their own.

The capacity of M.P.W.(M) Training Schools together with the output of vocational training institutions is adequate to meet the requirement of Jr. HAM even if new health centres are to be set up. In order to meet the requirement arising from setting up of new health centres, Gulbarga H.F.W.T.C has also to run MPW (M) training school with intake of 60 students per batch.

The capacity of LHV Promotional Training schools is in excess of the requirements arising from filling up of existing vacancies and those arising from attrition and promotion to the cadre of Nursing Supervisor Grade II. As the Nursing Supervisors cannot be employed as Staff Nurses, the excess training capacity can be cut by closing down two out of the four LHV Promotional Training Schools and increase the intake capacity of the remaining two from 30 to 36 students per batch. A building is under construction at Gulbarga for LHV Promotional Training School. It is proposed to construct building for the one at Bangalore which does not have a building of its own.

There is excess training capacity for projected requirement of Sr. Health Inspectors. Two training centres each with a intake capacity of 36 students per batch would suffice. Five of them will be closed after clearing the backlog of providing training to fresh recruits to the cadre of Sr. Health Inspector. The remaining two centres will also be closed down and the training activity will be shifted to two HFWTCs.

The CGN Training Centres have excess capacity as the promotional opportunities to LHVs are limited. Even one school is more than adequate.

At present there are no pre-service training facilities for BHEs. Fresh graduates are recruited and posted as BHEs. Only two weeks training is provided under Continuing Education at HFWTCs at Bangalore, Gulbarga and Hubli. There is a need to start pre-service training course of 12 months duration at four HFWTCs each with an intake capacity of 25 students.

5.1.4 Staffing of Training Centres and Schools.

5.1.4.1 HFWTCs

The staffing pattern is not the same for all HFWTCs. Bangalore and Hubli HFWTCs have identical staffing pattern. Gulbarga, Ramanagaram and Mandya do not have posts of Epidemiologist, Communication Officer and Management Instructor. Gulbarga does not have a Sanitary Engineer while Sr. Sanitarian is posted at

Ramanagaram and Mandya. Ramanagaram has one each of Sr. HAF and Sr. HAM working as Health Supervisors while Mandya has none in this category.

Table 5.1.4.1. Sanctioned Staff for each HFWTC

Category	Bangalore	Hubli	Gulbarga	Ramana garam	Mandya
Principal	1	1	1*	1	1
Medical Lecturer	1	1	1	1[a]	1
Health Education Instructor	1	1	1	1	1
Statistical Officer	1	1	1	1	1
Social Science Instructor	1	1	1*	1	1
Public Health Nursing Instructor	1	1	1	1	1
Health Supervisors	2	2	2	2[b]	-
H.E. Extension Worker	1	1	1	1	1
Epidemiologist	1	1	-	-	-
Communication Officer	1*	1	-	-	-
Sanitary Engineer	1*	1*	-	1[c*]	1[c]
Management Instructor	1	1*	-	-	-

* Vacant as on 1.4.93 [a] Designated as Asst. Health Officer [b] one each of Sr. HAF and Sr. HAM [c] Senior Sanitarian

5.1.4.2 ANM Training Schools

According to the GOI pattern the posts approved for ANM training schools are principal, three PHNs (or LHV), two Nurse Tutors and one Senior Sanitarian. Currently, posts of Principal are vacant at schools in Belgaum, Bidar, Gulbarga and Raichur. There are three PHNs or LHVs at all centres excepting at Shimoga and Raichur where there are only two PHNs and at Dakshin Kannad where there are four LHVs/PHNs. In all there are 56 PHNs/LHVs. As against the 38 sanctioned posts of Nurse Tutors, there are 46 in position but there are no Nurse Tutors at Karwar and Gulbarga. There is one Sr. Sanitarian at each school excepting Karwar and Chitradurga. On the other hand there are four Sr. Sanitarians posted at Bangalore.

5.1.4.3 Health Inspector Training Centres

As indicated earlier there are no separate centres to impart Health Inspector training. The classes are being conducted at District Health Office and one Sr. Sanitarian is in charge of organizing training classes in each district.

5.1.5 In-service Training of BHEs and Paramedical Staff

The Population Centre, Bangalore had conducted a study[1] to determine the gaps in knowledge, skills and practices of health and family planning personnel namely Senior and Junior Health Assistants male and female and Block Health Educators in the six IPP–III districts of Karnataka. The study has "revealed that there are serious

gaps in the knowledge, skills and practices of personnel in regard to family planning, maternal and child health, nutrition, immunization, control of communicable diseases, environmental sanitation, vital statistics and health education." It was observed that the earlier single purpose workers have been retrained as multipurpose workers but the retraining did not appear to be adequate both in duration and of topics. It was indicated that there is an urgent need for retraining of all paramedical staff.

The Training Needs Assessment[2] of paramedical staff initiated by the Project Proposal Team indicates that the situation does not seem to have materially changed. Nearly half the paramedical workers indicated that current level of skills is insufficient and is an obstacle in delivery of FP and MCH services. Around 60 percent of the medical officers feel that paramedical staff need training. Further, 80 percent of the doctors stated that the health centre does not have adequate training aids. The areas in which training is to be imparted to various categories of staff, as indicated by the Medical officers, is presented in Table 5.1.5.1

Table 5.1.5.1 Area in Which Training is Required for Paramedical Staff

Area in which training is required	Category of Paramedical Staff				
	BHE	LHV	ANM	Sr. HAM	Jr. HAM
IEC	Yes	Yes			
Education through mass media	Yes				
Training in audio-visual aids in public health programmes	Yes				
Community participation in implementation of National Health Programmes	Yes				
Community Education	Yes				
Motivation for FW	Yes	Yes	Yes	Yes	Yes
Community approach			Yes		
Environmental Sanitation, Nutrition, MCH, TB, AIDS, Malaria and Mental Health	Yes	Yes	Yes	Yes	Yes
Health Education	Yes	Yes		Yes	
Family Welfare	Yes	Yes		Yes	
FP Methods	Yes	Yes	Yes	Yes	Yes
MCH, UIP, CSSM	Yes	Yes	Yes	Yes	Yes
Immunization	Yes			Yes	Yes
IUD insertion		Yes	Yes		
ICDS		Yes			
Reorientation in National Health Programmes		Yes		Yes	Yes
Orientation in FW programme in urban areas		Yes	Yes	Yes	
Health services in urban slums			Yes	Yes	Yes
Supervision		Yes	Yes	Yes	Yes
Job Orientation			Yes		
Sanitation				Yes	Yes
Communicable diseases and their control				Yes	Yes
Training in Laboratory tests					Yes
Vital Statistics				Yes	Yes
MIES		Yes	Yes	Yes	Yes
Training for promotion			Yes		Yes

The subject of training needs for paramedical staff was discussed at the workshop. All the participants, — Joint Directors of Health and District Health Officers, felt that there is an immediate need to retrain all paramedical staff. They felt that all paramedical staff should be retrained; preferably at the district level, at least once in three years. The duration of training should be two weeks. Hostel

accommodation should be provided at the training centre as suitable lodging and boarding facilities are not available.

5.1.6 Proposed Training Programme

Objectives:

The training programme proposed under IPP–IX Project 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,
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.

Training Modules:

The training modules and their duration planned on the basis of training needs survey, discussions with Joint Directors, DHOs and Principal and staff of HFWTC are presented in the following table for different categories of staff.

Table 5.1.6.1 Training Courses Planned and their Duration by Category of Staff

Module	Duration in Hours per Subject				
	Trainers	MO	BHE	Sr.HA	Jr.HA
1. Introduction to IPP–IX	1	1	1	1	1
2. National Health Programmes	10	10	10	10	10
3. Primary Health Care	2	6	2	2	2
4. IEC	20	6	20	12	10
5. Environmental Sanitation	10	4	8	8	8
6. MCH, FP, Immunization	30	30	20	30	30
7. Management	16	16	10	14	0
8. Sub-centre Management	10	0	0	0	11
9. Training	5	1	0	0	0
10. Medico-legal	2	2	0	0	0
11. Mental Health	4	3	1	0	0
12. Paediatric Problems	6	4	0	0	0
13. Medical emergencies & their Management	6	4	0	0	0
14. Surgical Emergencies & Their Management	6	4	0	0	0
15. MIES	6	4	2	2	2
16. Supervision	3	4	1	3	0
17. Action Plan	2	1	1	1	0
18. Pre and Post Test	2	1	1	1	1
All Modules	141	97	77	80	76

The topics listed in Table 5.1.6.1 above are common for all categories of staff but the content differs significantly between categories. The management and supervision aspects relevant to each of the topics listed are covered as an integral part. The subjects "Management" and "Supervision" cover general principles and techniques of management and supervision.

The Joint Director (H.E.& T) is responsible for conducting in-service training courses for medical and paramedical staff and pre-service training to ANMs and MPW(M). All the HFWTCs, ANM and LHV Training Schools and District Training Centres will be under his/her control. The JD (H.E & T) will identify the training needs for various categories of staff and demand services from Director, SIHFW (proposed in Section 5.3) for development of training modules for trainees and corresponding lesson plan for faculty and training of faculty of training centres under JD (H.E & T).

The Director, SIHFW will be responsible for development of training modules and training of faculty of all training centres. He / she will ensure coordination of the new training modules to be developed with the existing materials prepared for CSSM/UIP. He / she will engage experts in different subjects with considerable teaching experience to design the courses modules and lesson plans and coordinate their activities. The experts will be selected from HFWTCs, NIMHANS, Medical Colleges, Nursing Schools, Management Institutes, Institutes of Mass Communication, NIC and leading consultants. An honorarium at the rate of Rs. 5,000 will be paid to the specialists for developing course material and teaching aids for training module for trainees and corresponding Lesson Plan for faculty, for each session of one hour duration. The total cost of development of course material for trainees is estimated at 1.635 million Rupees.

The Training of Trainers will be conducted at SIHFW. Training courses for Medical Officers, Block Health Educators and Senior Health Assistants Male and Female will be provided at HFWTCs. The Junior Health Assistants Male and Female will be trained in their respective districts.

The record of training courses attended during the last two years, by each staff member, will be compiled. This record will be utilized in scheduling training programme and selecting participants so that those who were already trained in certain modules are not made to under go training in the same course again.

5.1.7 Training Centres for Jr. Health Assistants

It is proposed to establish a training centre for Junior Health Assistants in each of the 19 districts (Bangalore urban and rural districts will have together one district training centre).

Each training centre, will have a capacity to train 30 candidates at a time, at each district head quarter town. Training courses can be conducted only during April to December of each year as the paramedical staff will be busy during January to March to achieve their annual targets. Each district centre can thus provide training only for 12 batches each of 30 paramedical staff or 360 staff in a year as the centre

Jr.HA
1
10
2
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1
76

needs a break of one week between two successive batches to enable it to get organized to receive the next batch. It will take 26 months to complete one round of training for all paramedical staff numbering 14,693 in the field.

The possibility of expanding ANM training centres was considered and discarded for the following reasons. Out of the 19 ANM training centres, seven centres do not have own buildings. As the district training centre has to train male workers also, it is not advisable to have common hostel facilities. However, wherever new ANM centres are being constructed, the possibility of having common kitchen and dining facilities will be examined to save on construction costs.

It is proposed to constitute a district training team in each district excepting Bangalore by re deploying existing staff and creating five additional posts.

Re deployment of existing staff:

- Asst. District Health & FW officer (of HQ) as District Training Officer
- Dy. District Health Education Officer (1)
- District Nursing Supervisor (1)
- District Health Supervisor (1)
- Support Staff: FDA (1), Typist cum clerk (1), Driver (1) and Group D (1)

One cook, one watchman and three Group D staff will be freshly recruited at an additional annual cost of Rs. 1,167,000 per centre per annum.

The training of paramedical staff is one of the prime responsibilities of the staff proposed to be assigned to the District Training Centre, the other prime responsibility being supervision. At present these staff members conduct training at PHCs which involves considerable amount of traveling. By conducting training classes at the district training centre, they can provide training to larger number at a time and thus save on traveling and training time. The time thus freed could be effectively used for the other prime responsibility of on-site and off-site supervision.

The facilities to be provided and associated costs at each of the nineteen district level training centres will be as under:

Capital expenses

1. Building: Plinth area 575 sq.m. (See Annexure 11)

	Area m^2	Cost Rs.
• One class room to accommodate 30 pupils	80	
• Office rooms for staff, library and storage 4 x12 m^2	54	
• Residential accommodation for 30 trainees		
• Five rooms — each to accommodate 8 students	162	
• Toilet and Bath facility	51	
• Kitchen and dining hall	65	
• Circulation area	58	
• Total	470	16,00,000

2.	Furniture (See Annexure 12)			
•	Class Room @ Rs. 1800 per pupil	Rs. 54,000		
•	Office rooms, library, store	Rs. 36,000		
•	Hostel rooms @ Rs.. 3,500 per bed	Rs. 1,12,000		
•	Dining hall @ Rs 1,500 per seat	Rs. 48,000		
•	Total			2,50,000
3.	Equipment (See Annexure 11)			
•	Class room: Black board, Overhead & slide projectors		20,000	
•	Kitchen Rs. 500 per seat		16,000	
•	Total			36,000
4.	Library books			10,000
	Total capital expenses per centre			18,96,000

Recurring costs

5.	Training materials @ Rs. 200 per pupil			72,000
6.	Boarding			
	@ Rs 30 per pupil per day for 14 days each for 360 persons			1,51,200
7.	Travelling allowance @ Rs. 100 per pupil for 360 persons			36,000
8.	Office expenses (e.g. Electricity, Water, Telephone Postage etc. . @ Rs. 10,000 p.m.)			1,20,000
9.	Staff Salaries			
•	Cook	Rs. 29,320		
•	Class IV staff: 4	Rs. 87,380		
•	Total			1,16,700
Total recurring costs per year				4,95,900

The total capital cost of 19 district training centres is estimated at Rs. 36.024 million and the recurring expenditure at Rs. 9.422 million per annum.

Phasing of Expenditure:

Initially buildings will be constructed for seven district training centres and premises rented for 12 other centres. If the utilization of centres and training schedule is as envisaged, buildings will be constructed for the remaining twelve centres. The phasing of expenditure on district training centres for junior paramedical staff is presented in Table 5.1.7.1.

Table 5.1.7.1 Phasing of Expenditure on District Training Centres

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital expenditure								
Civil works	11.200	0.000	0.000	19.200	0.000	0.000	0.000	30.400
Furniture	2.830	0.000	0.000	1.920	0.000	0.000	0.000	4.750
Equipment	0.492	0.000	0.000	0.192	0.000	0.000	0.000	0.684
Books	0.190	0.000	0.000	0.000	0.000	0.000	0.000	0.190
Total Capital expenditure	14.712	0.000	0.000	21.312	0.000	0.000	0.000	36.024
Revenue expenditure								
Training centre staff salaries	2.217	2.217	2.217	2.217	2.217	2.217	2.217	15.519
Training materials	0.420	0.840	0.840	0.840	0.840	0.840	0.840	5.460
T.A /D.A for Jr. HAF & Jr.HAM	1.092	2.184	2.184	2.184	2.184	2.184	2.184	14.196
Office expenses	1.140	1.140	1.140	1.140	1.140	1.140	1.140	7.980
Rent for 12 Training Centres	1.728	1.728	1.728	1.728	0.000	0.000	0.000	6.912
Maintenance of buildings	0.000	0.000	0.000	0.224	0.224	0.224	0.608	1.280
Total Revenue Expenditure	6.597	8.109	8.109	8.333	6.605	6.605	6.989	51.347

5.1.8 Role of HFWTCs

The five Health and Family Welfare Training Centres at Bangalore, Gulbarga Hubli, Mandya and Ramanagaram will continue to provide orientation training for Medical Officers and Health Educators. Orientation training to Senior Health Assistants, Male and Female and Block Health Educators will also be provided by these centres. The management training to medical officers of two weeks duration, currently being imparted by the Population Centre will be taken over by the five HFWTCs. The duration of training course for medical officers will be three weeks. The subjects to be covered are as per list in presented in Table 5.1.6.1 but the emphasis will be on management and supervision of the activity rather than on providing technical knowledge.

Each of the HFWTCs will be occupied for 142 weeks for providing one round of in-service training to medical officers and other supervisory staff. As a break for one week between two batches is desirable, it will take 198 weeks or nearly four years to cover all staff.

Table 5.1.8.1 Training Load on HFWTCs

	Sanctioned Posts	Batch Size	Total Batches	Batches per Centre	Duration Weeks	Load / Centre for one round Weeks
Medical Officers	3781	25	151	30	3	90
Block Health Educators	765	25	31	6	2	12
Senior Health Inspectors	1221	25	49	10	2	20
Senior Health Assistants (F)	1219	25	49	10	2	20
Total	6986		280	56		142

Besides providing continuing education to medical officers and supervisory staff, the HFWTCs will have the responsibility of providing pre-service training to Jr. Health Assistant Male and Sr. Health Inspectors which are full time courses, each of one year duration. The HFWTCs are thus fully loaded and do not have capacity to spare for training of faculty of ANM, HIT and District Training Centres.

The cost of training medical officers and supervisory staff is estimated on the basis of data presented in Table 5.1.8.2

Table 5.1.8.2 Recurring Costs of Training

	T.A. Rs. per person	D.A. Rs. per Day	Duration of Training (days)
Medical Officers	200	50	21
Block Health Educators	200	40	14
Senior Health Inspectors	200	40	14
Senior Health Assistants (F)	200	40	14

The annual cost of training materials is estimated at Rs. 400,000 on the basis of Rs. 200 per candidate per course.

5.1.8.1 Upgrading Infrastructure of HFWTCs

The HFWTC at Ramanagaram has to be expanded to provide training to more than one batch at a time. It is proposed to construct additional space of 120 square meters at a cost of Rs. 0.456 million. Additional accommodation to be created will consist of one lecture hall, library, Audio-visual room and toilets. A sum of Rs. 125,000 is being provided towards furniture and Rs. 75,000 for equipment.(See Annexure 16)

The HFWTC Mandya which is located in Communicable Diseases Investigation and Training Centre is proposed to be shifted to Mysore, the divisional head quarters. A building with an area of 1365 sq. m. with class rooms, office space and hostel facility for trainees and guest speakers has to be built.(See Annexure 13 for Building Plan for HFWTC Mysore). Besides residential quarters will be built for the Principal and Medical Lecturer cum Demonstrator. The area of each structure and estimated cost is presented below.

Table 5.1.8.1.1 Civil Works for Expansion of Mandya HFWTC

	Area sq. m.	Cost Million Rs.
Training Centre with Hostel Facility	1365	5.187
Residence for Principal	100	0.380
Residence for Medical Lecturer	90	0.342
Total		5.909

The cost of acquiring additional furniture is estimated at Rs. 0.325 million and equipment at Rs. 0.075 million.(See Annexure 16)

The libraries at all the five centres require to be augmented with books and reference material for use by faculty as well as trainees. It is proposed to provide Rs. 20,000 to each of the five centres for purchase of books. the total investment on this account will be Rs. 0.100 million.

5.1.8.2 Phasing of Expenditure on HFWTCs

Table 5.1.8.2.1 presents the phasing of expenditure on HFWTCs.

Table 5.1.8.2.1 Phasing of Expenditure on HFWTCs

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital expenditure								
Civil works	0.456	5.909	0.000	0.000	0.000	0.000	0.000	6.365
Furniture	0.125	0.325	0.000	0.000	0.000	0.000	0.000	0.450
Equipment	0.075	0.075	0.000	0.000	0.000	0.000	0.000	0.150
Library books	0.100	0.000	0.000	0.000	0.000	0.000	0.000	0.100
Vehicle	0.450	0.000	0.000	0.000	0.000	0.000	0.000	0.450
Total	1.206	6.309	0.000	0.000	0.000	0.000	0.000	7.515
Revenue expenditure								
TA/DA for trainees	1.671	1.671	1.671	1.671	1.671	1.671	1.671	11.697
Training Materials	0.400	0.400	0.400	0.400	0.400	0.400	0.400	2.800
Maintenance of buildings	0.000	0.000	0.000	0.009	0.127	0.127	0.127	0.390
Total	2.071	2.071	2.071	2.080	2.198	2.198	2.198	14.887

5.1.9 Training of TBAs, Anganwadi Workers, Community Leaders and Others

It is planned to entrust the task of providing one day orientation courses to TBAs, anganwadi workers, elected members of mandals, voluntary workers and school teachers to the PHCs. The courses planned are presented in Table 5.1.9.1.

Table 5.1.9.1 Training of TBAs, Community Leaders and Voluntary workers

Group	Persons	Persons per Batch	Number of Batches	Cost per Batch Rs.	Frequency in Project Period
TBAs	31,000	24	1292	840	3
Anganwadi Workers	25,810	20	1291	700	3
Mandal Members	54,987	42	1309	1470	2
Voluntary Workers	45,430	35	1298	1225	2
School Teachers	51,920	40	1298	1400	2

There will be 1298 PHCs and if each of them conducts each course for one batch, each group will be covered fully. The total cost for the project period will be Rs. 16.624 million and the phasing will be as under

Table 5.1.9.2 Phasing of Expenditure on Training of TBAs and Others

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
TA / DA for trainees (non staff)	1.998	5.315	0.000	1.998	5.315	0.000	1.998	16.624

5.2. Buildings for LHV and ANM Schools

Three LHV Promotional training schools at Bangalore, Belgaum and Mangalore do not have their own buildings. Two Training Schools at Belgaum and Mangalore will be closed down. The Training School at Bangalore will be provided with a building including hostel facility for 30 students as per the plan selected for District Training Centres. The area of each building is 575 sq.m. and will cost Rs. 1.60 million. (See Annexure 14 or Building Plan)

As regards ANM schools seven of them have no buildings. Each of these will be provided with a building with hostel facility for 48 students. Each of these will have an plinth area and will cost Rs. 3.00 million. (see Annexure 11 for Building plan)

Table 5.2.1 Phasing of Expenditure for LHV and ANM Schools.

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital Expenditure								
Civil works	1.600	21.000	0.000	0.000	0.000	0.000	0.000	22.600
Total Capital Expenditure	1.600	21.000	0.000	0.000	0.000	0.000	0.000	22.600
Maintenance of Buildings	0.000	0.000	0.000	0.032	0.452	0.452	0.452	1.388
Total Revenue Expenditure	0.000	0.000	0.000	0.032	0.452	0.452	0.452	1.388

5.3. State Institute for Health and Family Welfare (SIHFW)

At present there is no facility or staff in Karnataka for training of faculty of HFWTCs, ANM Training Schools, LHV Promotional Training Schools, Health Inspector Training Centres, Leprosy training Centres and District level Programme Officers. The state has to depute the faculty of the training establishments to institutions outside the state. This has handicapped the regular training of the faculty. Besides training of faculty, medical staff are being deputed for DPH, DPHE and DPHN courses. Further, there are no formal management training programmes for superintendents of hospitals and senior doctors. Therefore, there is an urgent need for establishing an apex institute at Bangalore.

An Institute for health and family welfare will be set up to

1. design training courses for all categories of staff,
2. conduct training courses for the faculty of all training centres currently run or proposed to be run by the Department of Health and Family welfare,
3. Conduct management training programmes for superintendents of hospitals and senior doctors,
4. undertake evaluation of programmes of the Directorate of Health and Family welfare, including those under IPP–IX, and suggest actions to remove deficiencies or improve performance, and
5. offer diploma courses in DPH, DPHE and DPHN with affiliation to Bangalore University.

The objectives 1 to 4 are necessary for strengthening and improving MCH and FP services which is the essence of IPP–IX while, the objective 5 is required for upgrading the professional skills of personnel in the Directorate of Health and family welfare which will indirectly motivate personnel providing MCH and FP services.

The institute will have faculty drawn from the following disciplines.

1. Public Health Management
2. Public Health engineering
3. Preventive & Social Medicine,
4. Entomology
5. Nutrition
6. Nursing
7. Maternal & Child Health
8. Family Welfare
9. Mass Communication
10. Demography
11. Bio-Statistics
12. Social Science
13. Management Science

The staff required for the institute and proposed to be recruited under IPP–IX project is presented in Table 5.3.1. The Joint Director and Deputy Directors will be recruited with specialization and teaching and research experience in epidemology, gynaecology, paediatrics, preventive and social medicine, Public health management, public health engineering, nutrition, mass communication, social science, bio-statistics and management science. Out of the 17 posts charged to the project 12 are for developing modules for in-service training programmes, training of faculty of training centres under the jurisdiction of JD (H.E. & T), evaluation of utility and effectiveness of training programmes and coordination with JD (H.E. & T).

Twelve specialists with research and teaching experience and eleven accounts and administration staff will be provided by re deployment of staff by the Directorate of Health and Family Welfare, from the Directorate, Medical Colleges and Population Centre of the Karnataka. The state government will be bearing the salaries of 23 permanent staff and four guest faculty engaged for conducting post graduate

programmes as well evaluation and operations research studies required for IPP– IX and hence not included in the project cost.

Table 5.3.1 Additional Staff for IHFW

Designation	Grade	Number	Annual salary
Director	4700-6400	1	132,200
Jt. Director	3825-5825	1	115,800
Dy. Director	3300-5300	10	1,032,000
First Division Assistants	1280-2375	2	87,720
Second Division Assistants	1040-1900	2	70,560
Drivers	940-1680	4	125,760
Class IV .	840-1340	2	1,616,360

As part of IPP–III a new building with an are of 1208 sq.m. to house training centre with hostel accommodation for 32 officers was constructed for the Population Centre in the campus of Leprosy Hospital at Magadi Road Bangalore. The training centre is also being furnished under IPP–III Project. This building will be handed over to the proposed SIHFW as a training centre for training programmes contemplated under IPP–IX.

Office space is required for the staff proposed to be recruited for the project and re deployed by the Directorate. The staff to be accommodated in the proposed building is presented in Table 5.3.2

Table 5.3.2 Staff to be Accommodated in SIHFW Office Building

Category of Staff	Recruited under IPP–IX Project	Re deployed	Guest Faculty on any day
Director	1		0
Joint Director	1	1	0
Dy.Directors	1	3	4
Assist. Directors	10	3	0
Accounts Officer	0	1	0
Admin. Officer	0	1	0
Research Assistants	0	5	0
Accounts Staff	0	4	0
Admin. Staff	4	5	0
Total	17	23	4

It is proposed to construct a building, with foundation capable of taking additional load of one more floor, close to the new training centre building. The plinth area of 600 m^2 would be sufficient for the present requirement of office space. The cost of office building is estimated at Rs. 1.9 million. (See Annexure 15 for Plan)

The training centre building constructed under IPP–III is being equipped and furnished with funds available under IPP–III budget. The cost of furnishing and equipping the proposed office building is presented in Annexure 17. A sum of Rs. 250,000 is provided for purchase of books and training aids and Rs. 200,000 for a video projector for the Institute.

It is planned to purchase two cars and two jeeps at a cost of Rs. 950,000. The two cars are for the use of the Director and Joint Director of the Institute. The Jeeps are meant for use of other staff members for field visits in connection with training, research and/or evaluation studies.

5.3.1 Training Load of SIHFW:

The institute will also provide management training to medical officers in hospitals at state, district and taluk level. This activity will be taken up after completing initial training of MCH & FW staff.

The training load of SIHFW is presented in Table 5.3.1.1

Table 5.3.1.1 Training Load on SIHFW

Designation	Number	Batches	Duration in days	
			Initial	Refresher
Joint Directors	16	1	12	6
District Malaria Officers	20	1	6	3
District TB. Officers	20	1	6	3
District Immunization Officer	20	1	6	3
District Leprosy Officers	20	1	6	3
Medical Officers (FW & MCH)	20	1	12	6
District Training Centre Faculty	80	3	18	6
Faculty of HFWTCs and ANM/LHV Schools				
Doctors	5	1	12	6
Management Scientist	5	1	12	6
Social Science Instructors	5	1	12	6
Health Education Instructors	5	1	12	6
Sr. Sanitarians	5	1	12	6
Health education extension officers	24	1	24	12
Public health Nursing Instructors	43	2	24	12
Sr. Health Asst. Female	61	2	24	12
Class I Doctors & Hospital Superintendents	689	28	12	6
All Categories	1048	48	104 weeks	53 weeks

The cost of training materials is estimated at Rs. 252,000 on the basis of Rs. 240 per official. The TA / DA for the initial training will be Rs. 307,800.

5.3.2 Phasing of Expenditure on SIHFW:

The phasing of expenditure for the institute is presented in Table 5.3.2.1

Table 5.3.2.1 Phasing of Expenditure on SIHFW

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital expenditure								
Civil works	1.900	0.000	0.000	0.000	0.000	0.000	0.000	1.900
Furniture	0.360	0.000	0.000	0.000	0.000	0.000	0.000	0.360
Equipment	0.200	0.000	0.000	0.000	0.000	0.000	0.000	0.200
Books	0.125	0.125	0.000	0.000	0.000	0.000	0.000	0.250
Training materials	0.252	0.000	0.000	0.000	0.000	0.000	0.000	0.252
Vehicles	0.950	0.000	0.000	0.000	0.000	0.000	0.000	0.950
Total Capital expenditure	3.787	0.125	0.000	0.000	0.000	0.000	0.000	3.912
Revenue expenditure								
Institute staff salaries	1.616	1.616	1.616	1.616	1.616	1.616	1.616	11.312
T.A / D.A for trainees (staff)	0.308	0.000	0.000	0.133	0.021	0.000	0.000	0.462
Maintenance of building	0.000	0.000	0.000	0.380	0.380	0.380	0.380	1.520
Total Revenue Expenditure	1.924	1.616	1.616	2.129	2.017	1.996	1.996	13.294

5.4. Budget for Improving Quality of Services

Table 5.4 Phasing of Capital and Revenue Expenditure on Improving Quality of Services

	Million Rupees							
	93-94	94-95	95-96	96-97	97-98	98-99	99-00	Total
Capital expenditure								
Civil works	15.156	26.909	0.000	19.200	0.000	0.000	0.000	61.265
Equipment	0.767	0.075	0.000	0.192	0.000	0.000	0.000	1.034
Furniture	3.315	0.325	0.000	1.920	0.000	0.000	0.000	5.560
Library Books	0.415	0.125	0.000	0.000	0.000	0.000	0.000	0.540
Training materials	0.252	0.000	0.000	0.000	0.000	0.000	0.000	0.252
TA / DA for trainees (non staff)	1.998	5.315	0.000	1.998	5.315	0.000	1.998	16.624
Foreign Fellowships	0.000	1.000	1.000	1.000	1.000	1.000	0.000	5.000
Vehicle	1.400	0.000	0.000	0.000	0.000	0.000	0.000	1.400
Total Capital Expenditure	23.303	33.749	1.000	24.31	6.315	1.000	1.998	91.675
Revenue expenditure								
Staff Salaries	3.833	3.833	3.833	3.833	3.833	3.833	3.833	26.831
Office expenses	1.140	1.140	1.140	1.140	1.140	1.140	1.140	7.980
Rent for Training Centres	1.728	1.728	1.728	1.728	0.000	0.000	0.000	6.912
T.A / D.A for trainees (staff)	3.071	3.855	3.855	3.988	3.876	3.855	3.855	26.355
Training material	0.820	1.240	1.240	1.240	1.240	1.240	1.240	8.260
Maintenance of Buildings	0.000	0.000	0.000	0.645	1.183	1.183	1.567	4.578
Total Revenue Expenditure	10.592	11.796	11.796	12.574	11.272	11.251	11.635	80.916

Chapter 6

IEC Activity

6.1. IEC Wing in Karnataka

IEC wing at the state level is responsible for planning, implementing and monitoring IEC activities in the state. The Government of India allocates funds for IEC and guidelines are issued every year. IEC plans for the state are developed and discussed with IEC wing of Ministry of Health and Family Welfare. The IEC plan is prepared in two parts — one for the state sector and the second for zilla parishad sector.

At the district level, the District Health Education Officer (DHEO) is responsible for planning, implementing and monitoring all IEC activities of FW & MCH along with all other national health programmes. He is assisted by two Deputy Health Education Officers. The DHEO reports to the District Health & FW officer. The Block Health Educator (BHE) is responsible for all IEC activities at the PHC level. The BHEs report to the Medical officer of PHC but work under the guidance of DHEO. There are a number of posts vacant at the district and lower levels. Persons are working as in-charge basis in a number of posts. A separate IEC cell was created under IPP–III and there was no coordination between the existing IEC wing and that under IPP–III. Even at the district level there was no coordination as the IEC staff under IPP–III were working independently of regular IEC staff. It is proposed that IEC activities under the proposed project will be planned and implemented by the regular IEC staff and no parallel posts will be created.

During the communication needs survey, the community leaders and women were asked as to whether any programmes have been arranged in their village since January 1992, to promote various health and family welfare components. Nearly 50 percent of the respondents indicated that no programmes on FW or MCH were arranged in their village. In those villages where programmes were arranged, inter personal communication through house to house visits was adopted in most of the programmes.

FW or MCH Component	Percent of Villages			
	No programme arranged	Method of Promotion		
		Inter persona communication	Lecture to a group	Audio-visual presentation
Environmental Sanitation	64.9	9.9	12.1	7.8
Personal Hygiene	60.6	20.9	6.7	6.0
Family Planning	48.6	31.9	7.8	2.1
Family Planning Methods	48.2	35.5	7.4	2.8
Care of Expectant Mothers	49.3	35.8	7.1	2.1
Care of Children	49.6	25.5	8.5	9.6

The audio-visual coverage is low due to the fact that there is only one projection unit per district. Further 57 percent of the projectors are not in working condition.

6.2. Communication Needs

A rapid survey of communication needs assessment has revealed the following:

- One third of the community leaders and women are not aware of Child Marriage Restraint Act. However, only 12.5 percent opined that the age of girls at marriage should be below 18 years.
- Nearly eighty percent opined that two is the ideal number of children.
- Sixty percent feel that it is necessary for a couple to have a son. However, 84 percent of them feel that a couple should not go on trying for a son irrespective of the number of daughters they already have.
- Among those who stated ideal number of children as three or more, "child mortality" is one of the reasons advanced by 55 percent of the respondents for need to have more children and "security" as a reason by 30 percent.
- The spontaneous awareness of vasectomy and spacing methods varies between 40 to 50 percent.

The target population for IEC programmes are of three types:

1. Those who have no children or have two or less and not practicing contraception. Such couples form 26 percent of all couples
2. Those who have children but do not want any more and yet not practicing contraception. Such couple form 20 percent of all couples.
3. Those who have three or more children and still want additional children. Such couples account for 7 percent of total.
4. Expectant mothers
5. Mothers with children below five years

6.3. IEC Objectives and Strategy

After detailed discussions with the field staff, the IEC department has finalized the following objectives for the IEC programme.

- To promote higher age at marriage among boys and girls.
- To promote spacing methods among young couples with one child or none.
- To promote terminal methods at younger age than hitherto.
- To achieve hundred percent ante natal registration.
- To educate and motivate the community to accept referral services under CSSM programme.
- To motivate women with unwanted pregnancy to avail of MTP service.
- To involve and encourage the participation of the community, PVOs and NGOs in the Family Welfare programme.

Bhaskara Rao N[3] has observed that the Indian family planning programme has been in operation for well over 40 years and despite additional inputs, infrastructure and programme interventions, the results have not been commensurate and anywhere near anticipated level. Communication remains the weakest link. The much needed break through will not come about merely adding to the infrastructure or repeating or intensifying the same old communication approach and efforts. More effective communication obviously will not come about without going beyond the conventional use of mass media and encouraging interpersonal, more specifically inter-spouse and intra-family communication with outreach efforts forming part of it.

The exposure of rural females to print media will be low as only 29.0 percent are literate per 1991 census. Data on literacy by age available for 1981 shows that 24.2 percent of females in the most important age group 15-29 from the point of view of the programme are literate and that among aged 15 and over is 15.4 percent. Even though the literacy among rural females of all ages increased from 20 to 29 percent during the decade 1981-91, that in the reproductive group would not change materially as the addition to literate population will be in the ages 5-14.

The Third All India Survey on Family Planning Practices conducted in 1988 has revealed that the exposure of married females in the reproductive ages to conventional media —newspapers, radio, TV and cinema is low. The maximum exposure is to radio 47 percent, followed by cinema 27 percent and TV 21 percent. During the last five years the exposure to TV has been increasing while that to cinema has been declining. 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 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. In order to achieve this, it is essential to upgrade the knowledge and communication skills of paramedical staff, Block Health Educators and Medical officers. It is therefore, planned to impart training on IEC to paramedical staff and senior medical and non-medical officers. This training will form integral part of orientation training as outlined in Chapter 5. The training for Junior Health Assistants Male and Female will be conducted at District Training Centres and at HFWTCs for medical officers and supervisory staff. The responsibility for training will rest with Joint Director(H.E & T).

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. A quarterly news letter for internal circulation to paramedical staff will be brought out. This news letter will give information on other IEC activities planned for the coming quarter, suggestions for improvement received from paramedical staff and the names of those who have done outstanding work.

6.4. Equipment for IEC

It is proposed to use video projectors instead of 16 mm film projectors as they are simple to operate and do not require generators for outdoor exhibitions. Each district and IEC wing at the Directorate will be provided with video projection equipment. The equipment can be operated easily and there is no need for a projectionist. The equipment planned to be procured for the project is listed in Table 6.4.1.

Table 6.4.1 Equipment Proposed to Be Acquired for the Project.

Item	Unit Cost Thousand Rs.	Quantity	Total Cost Million Rs.	Remarks
Video projectors with screen, VCP, Audio system, 18 volt battery and inverter	240.0	26	6.240	To screen by the department for outdoor screening of FP and entertainment films.
Automatic slide projector-	19.0	21	0.420	For DHEOs
Over head projector	11.2	21	0.235	For DHEOs
TV / VCR	32.0	121	3.872	For DHEOs & Directorate 21 100 for FRUs
Transistor radio cum cassette player *	2	800	1.600	For PHCs and Mahila Swasthya Sanghas (MSS)
Total on IEC Equipment			12.367	

* During the first year 5 transistor radio cum cassette players per district will be distribute among MSSs on an experimental basis. If there are found useful and maintainable in the field, other MSS will also be provided similar sets from the third year onwards.

The DHEOs have not been exclusively allotted vehicles and consequently the field programmes are affected. It is proposed to allot 20 long bodied jeeps — one to each DHEO for scheduling IEC programmes in the field.

6.5. IEC Materials

A full fledged Communication Needs Survey (CNA), covering the entire state will be conducted along with Beneficiary needs and Baseline surveys as soon as project is appraised and approved. The results of these studies will be used to delineate the target groups, the messages to be conveyed, and the appropriate media mix for each group.

The IEC materials, whether for field exhibition by the district staff or 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 different regions of the state. This will also ensure that necessary support to IEC activities from senior staff will be available. Hitherto, the mechanism of development of messages and their scheduling has been delegated to the Ministry of information and broadcasting. It is now proposed to involve experts in the field of

mass communication from public and private sector institutions for development of messages and their scheduling based on the results of CNA study. Folk artists will be supported to develop audio-visual programmes. The IEC materials to be produced during the project period are presented in Table 6.5.1.

Table 6.5.1 IEC Materials Proposed to be Designed and Reproduced

Item	Unit Cost Thousand Rs.	Quantity	Total Cost Million Rs.	Remarks
15 minute FW films	225	4	0.900	To screen by the department
prints of the same	4	400	1.600	using 16 mm projectors
3-4 minute FW films quickies	150	20	3.000	For exhibition in cinema
35 mm prints of the same	2	2,000	4.000	theaters
Tele films 15-20 minutes	125	36	4.500	To screen by DD, Directorate
VHS prints of same	0.2	1,800	0.360	and hired video vans
TV Serial	300	2	0.600	To be telecast by DD
TV spots	30	200	6.000	To be telecast by DD
VHS prints of the same	0.1	10,000	1.000	
Cinema slides	30	1,500	0.450	For exhibition in cinema halls
Audio cassettes	150	4	0.600	For distribution to PHCs and
Copies of the above	0.05	5,000	0.250	Mahila Swasthya Sanghas
Flip charts - 7 types	0.06	70,000	4.200	for use by ANMs/LHV
Exhibition Panels with exhibits	40	100	4.000	five sets for each district to be used in exhibitions.
Hoardings	20	100	2.000	
Wall paintings	10	4000	4.000	
Total on IEC Materials			37.460	

IEC materials whether they be audio-visual films, slide shows, posters, folders or wall papers have to be pre tested to assess their effectiveness in conveying intended messages to the target population. Around 264 audio visual materials have to be pre tested before release through mass media. Each item has to be presented to sample of target groups and the impact assessed. It is estimated that each pre test will cost on an average Rs. 4000. A provision of Rs. 1.056 million is made for pre-testing of IEC materials.

Apart from telecasting TV serials and FW films on Doordarshan, they will be exhibited by the district staff by hiring video vans. This will be tried out on an experimental basis in five districts during the first year and if found effective it will be extended to another five districts in the second year and remaining districts in the third year. Video van hiring charges depend on the period of contract. Currently the monthly hire charge for a van is Rs. 30,000 provided a two year contract is signed. For this all inclusive charge, films will be exhibited for 24 days in a month according to specified schedule.

6.6. Mahila Swasthya Sanghas

The scheme of "Mahila Swasthya Sanghas" was launched in the country during 1990-91 with the objective of seeking active participation of rural women in health issues and resolution of their health problems, particularly related to maternal and child health and family planning. More specifically, the scheme seeks to achieve the following four broad objectives:

1. Provide an opportunity to women in villages to discuss health related problems and remove misconceptions, if any,
2. Establish an organized linkage between the village community and health service providers,
3. Disseminate information and promote knowledge on safe motherhood, child survival, nutrition, family planning, personal hygiene, environmental sanitation, and
4. Provide greater coordination among female workers of various departments to function in an integrated manner to educate and motivate the womenfolk.

In order to achieve the objectives, a number of activities are proposed to be undertaken. These include formation of certain number of MSSs each year with specified membership, training of members of MSSs with a specified curriculum, meetings of MSSs every month, maintenance of registers containing specified information by the female health workers who are member-convenors of the MSSs.

It is proposed to utilize MSSs as a channel for communication to supplement the efforts through mass media and interpersonal communication. It is planned to train the members of MSSs at PHCs and undertake, with their help, programmes such as well baby shows, women and children's day celebration, motivation of eligible couples etc. It is recognized that it is difficult to manage and sustain the MSSs on a large scale and close monitoring and evaluation is necessary. It is therefore proposed to pilot this on a limited scale and evaluate the programme and extend it only if the results are satisfactory.

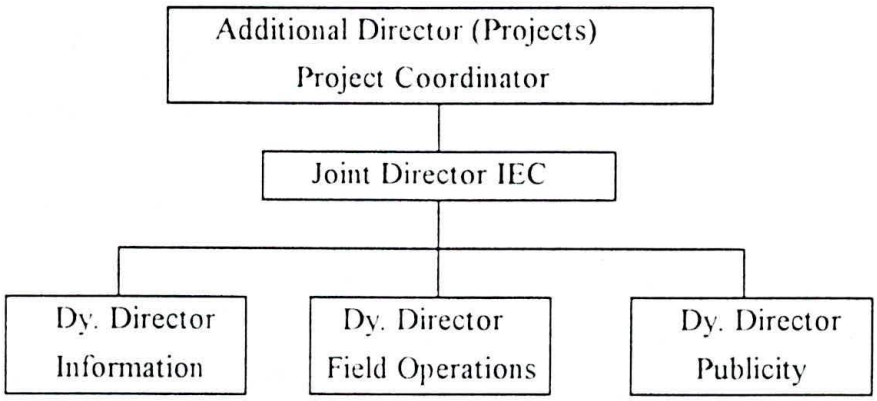
Two types of evaluation are contemplated. One is called the "process" evaluation and the other "impact" evaluation. It is well known that a scheme or a project may not achieve its objectives not only because of inherent defects in it but also of faulty implementation. More specifically, a scheme or a project may not achieve its objectives because it is not implemented as it is conceived. Therefore, it is necessary to evaluate MSSs to find out whether they are implemented as conceived. This is what we mean by "process" evaluation. The "process" evaluation will find out whether all proposed activities including the number of MSSs to be formed every year, have been carried out or not.

The "impact" evaluation aims at examining whether the stated objectives of MSSs have been achieved or not. The stated objectives of MSSs are intermediary and not easily quantifiable. It is, therefore, proposed not only to examine whether the objectives of the MSSs are achieved are not, but also to examine whether there is increase in the couple protection rate and reduction in infant mortality, maternal mortality and fertility.

There are two types of research design that may be employed for evaluating the impact of MSSs. One is to conduct the evaluation by comparing the couple protection rate, birth rate, infant mortality rate and maternal mortality rate in the selected "experimental" villages "before" and "after" the introduction of MSSs. But this design will not enable us to isolate the impact of MSSs, as the rates will be influenced not only by MSSs but also by improvement in the socio-economic conditions of people over a period of time. The other research design is to conduct the evaluation by comparing the rates in "experimental" and "control" villages. This design will enable us to isolate the impact of MSSs and hence this design will be adopted to evaluate the impact of MSSs. About ten "experimental" villages and ten control villages from each of the four revenue divisions will be studied at the end of each year.

6.7. Staff

The organization chart presented below indicates the proposed set up. The post of Dy. Director, Field Operations is proposed to look after scheduling and monitoring operation of video vans, local media and involvement of NGOs and MSSs. The responsibility of the NGO component has been formally assigned to an officer under Dy. Director Field Operations.



Steps have been taken to fill up vacant posts at various level in the districts. The following additional posts are being created at the Directorate in view of the extensive IEC programme contemplated.

Table 6.7.1 Additional Staff to be Recruited for the Project

Designation	Number	Grade	Annual Cost Rs.
Dy. Director (Field Operations)	1	3300-5300	103,200
Social. Scientist	1	2375-4450	81,900
Dy. D.H.E.O	2	1520-2900	103,080
Artist	1	1520-2900	51,540
F.D.A	1	1280-2375	43,860
Typist	1	1040-1900	35,280
Group D	1	870-1520	28,680
	1	840-1340	26,160
Total	9		371,220

6.8. IEC Programme for the First Year

The IEC Action Plan for 1994-95, the first year of the project

Table 6.8.1 IEC Action Plan for 1994-95

Target Group	Key Message	Media	Implementation Method / Control
Married Women aged 15-29 with no children or one child	1. Delay the birth of the first child 2. Second child three years after birth of first child	Radio, DD, video vans, Inter personal communication	1. Produce two cinema slides, one audio cassette and three video films for exhibiting in cinemas and broadcasting by AIR and DD / video vans. 2. Produce Flip Charts and one audio cassette for providing complete knowledge on use of each method by ANMs, members of MSSs and Voluntary workers. 3. ANMs, MSSs to identify satisfied users of IUCD, OPV and condom. Enroll their support in talking to non-users. 4. Locate dissatisfied users and resolve their problems.
Married women with two or more children aged less than 35 years	Prevent Pregnancy by adopting terminal or non-terminal methods	Radio, DD, video vans, Inter personal communication	1. Locate dissatisfied cases of Tubectomy and resolve their problems 2. ANMs, MSSs to identify satisfied adopters of Tubectomy. Enroll their support in persuading non-users 3. Produce one audio cassettes and one video film for broadcasting by AIR and DD, video vans 4. Produce Flip Charts and one audio cassette for providing complete knowledge on the method by ANMs, members of MSSs and Voluntary workers.
All women in reproductive age	Medical termination of unwanted pregnancy	Radio, DD, video vans, Inter personal communication	1. Produce audio cassettes and video spots for broadcasting by AIR and DD 2. ANMs, MSSs to identify specific cases, educate and motivate them and refer to nearest centre providing MTP facility.
All women in reproductive ages	Maternal and Child Care services Advantages of Ante natal registration	Radio, DD, video vans, Inter personal communication	1. Produce two audio cassettes and four video films for broadcasting by AIR and DD / video vans. 2. Produce Flip Charts and audio cassettes for providing complete knowledge on Maternal and Child care by ANMs, Anganwadi workers, members of MSSs and Voluntary workers.

Table 6.8.1 IEC Action Plan for 1994-95 (Continued)

Target Group	Key Message	Media	Implementation Method / Control
All adult men and women	Use of condom prevents pregnancy contracting AIDS	Radio, DD , video vans, Inter personal communication	1. Produce two audio cassettes and two video films for broadcasting by AIR and DD / video vans. 2. Conduct of group meetings of male participants by Jr. HAM to explain how to use condom and the advantages of using it. 3. Conduct of group meetings of female participants by ANM members off MSSs to explain how to use condom and the advantages of using it.
All adult men with two or more children	Vasectomy to prevent birth of additional children	Radio, DD, video vans, Inter personal communication	1. Locate dissatisfied cases of Vasectomy and resolve their problems. 2. Jr. Hams to identify satisfied adopters of vasectomy. Enroll their support in persuading non-users. 3. Produce one audio cassettes and one video film for broadcasting by AIR and DD / video vans 4. Produce Flip Charts and one audio cassette for providing complete knowledge on the method by Jr. HAMs and Voluntary workers at group meetings.

6.9. Budget for IEC

The phasing of capital and revenue expenditure on IEC is presented in Table 6.9.1

Table 6.9.1 Phasing of Capital and Revenue Expenditure on IEC

	Million Rupees							
-	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital expenditure								
IEC Equipment	10.942	0.000	0.700	0.700	0.000	0.000	0.000	12.342
Production of IEC materials	16.680	10.620	6.810	3.500	0.000	0.000	0.000	37.610
Pre-testing of IEC materials	0.308	0.288	0.256	0.204	0.000	0.000	0.000	1.056
Vehicles	7.000	0.000	0.000	0.000	0.000	0.000	0.000	7.000
Total capital expenditure	34.930	10.908	7.766	4.404	0.000	0.000	0.000	58.008
Revenue expenditure								
Salaries of staff	0.387	0.387	0.387	0.387	0.387	0.387	0.387	2.709
Hire charges for Video vans	1.800	1.800	3.600	7.200	7.200	7.200	7.200	36.000
Media hire charges	0.250	0.500	0.750	1.000	1.000	1.000	1.000	5.500
Total of revenue expenditure	2.437	2.687	4.737	8.587	8.587	8.587	8.587	44.209

Chapter 7

Project Management

7.1 Apex Authority

As in the case of IPP–III, a Project Governing Board (PGB), Chaired by the Chief Secretary, will be constituted at the state level for IPP–IX. The Order No. HFW 62 FPE 82 (3), Bangalore, Dated 23-2-1984 has been modified for adoption for IPP–IX and is presented below.

1. The Governing Board for India Population Project–III, which shall consist of the following:

1. The Chief Secretary to the Government	Chairman
2. Representative of the Government of India	Member
3. The Secretary to Government, Finance Department	Member
4. The Secretary to Government, Health & F.W. Department	Member
5. The Director of Health & F.W. Services	Member
6. The Additional Director (FW & MCH)	Member
7. The Additional Director (Projects)	Member Secretary

The following officials will be special invitees for the meetings of PGB .

1. The Director, Population Centre
2. The Chief Engineer, PWD (C & B)

2. The Governing Board shall meet as often as necessary but shall meet at least once in every three months. The Board shall have the powers to appoint key personnel, purchase of vehicles and stores, sanction of estimates, etc. The decisions of the Board are final and have the concurrence of Finance and Planning Departments.

In exercise of its powers, the board shall be assisted by a steering committee consisting of :

1. The Secretary to Government, Health & F.W. Department	Chairman
2. The Secretary to Government, Finance Department	Member
3. The Director of Health & F.W. Services	Member
4. The Additional Director (FW & MCH)	Member
5. The Additional Director (Projects)	Member Secretary

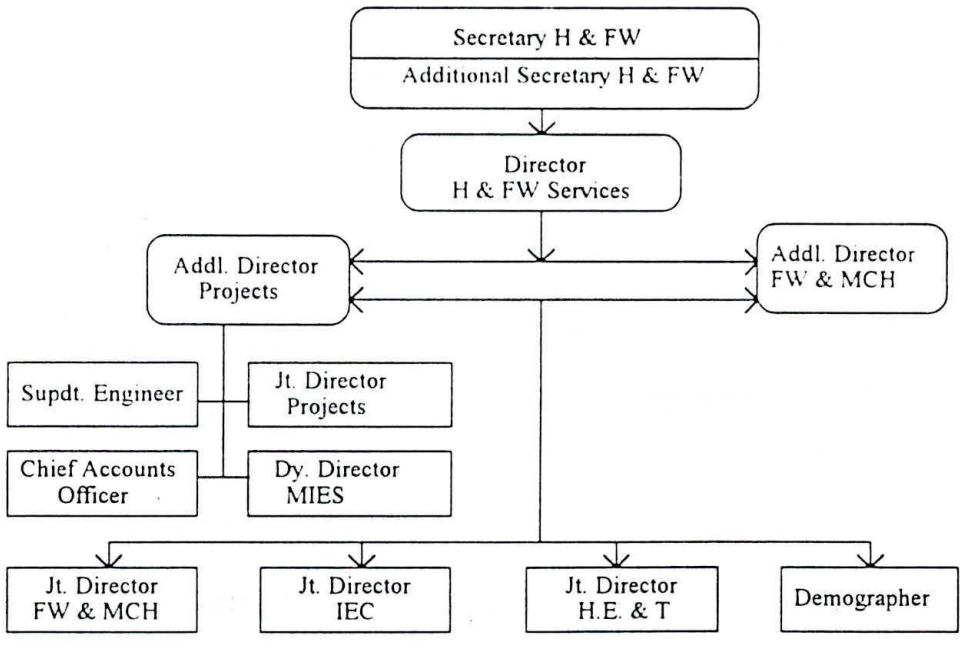
The Director Population Centre will be a special invitee for the meetings of the Steering Committee.

3. The Steering Committee shall carry out such functions as are assigned by the Governing Board and shall furnish reports from time to time to the Board for ratification of actions taken.

4. The Governing Board shall generally administer, execute and evaluate the IPP–IX Project and in particular, exercise the following functions :

a). Review the progress of the project, including construction of buildings, and ensure that the Project is implemented in accordance with the terms of the Agreement;
b). Review the reports furnished by the Director, Population Centre, from time to time, and issue such directions as are necessary for implementation of the Project;
c). Take all Policy decisions regarding the desirability of experimenting with novel schemes on the basis of recommendations of the various units responsible for the Project execution;
d). Enter into agreements / contracts with the Administrative Staff College of India, Hyderabad, The National Institution of Nutrition, Hyderabad and other institutions;
e). Approve the annual budget of the project; and
f). Take any other action or steps necessary for the implementation of the Project.

The Project Management Structure is presented below.



The Secretary Health and Family Welfare and Director Health and Family Welfare will jointly coordinate the activities of Additional Director (Projects) and Additional Director (FW & MCH).

The responsibility for implementing the project rests with the Additional Director (Projects), who will be designated as ex-officio Additional Secretary subject to approval by the PGB. It is proposed to create a new post of the rank of Joint Director to assist the Additional Director (Projects) in planning and monitoring area projects and a Superintending Engineer to plan and monitor construction work. The Joint Directors for MCH & FW, IEC and HE & Training will also be reporting to the

Additional Director (projects) o IPP–IX activities. The Additional Director (projects) will coordinate the project activities falling under various departments and agencies.

The Task Force for as to day management of IPP–IX will consist of the Additional Director (Projects) and the Joint Directors for Area Projects, FW & MCH, IEC and HE & Training. The Task Force will prioritize districts for provision of Training, IEC and Managerial inputs on the basis of the following criteria:

1. Mean Age at Marriage
2. Crude Birth Rate
3. Infant Mortality Rate
4. Incidence of Water Borne Diseases
5. Couple Protection Rate
6. Percent Children Fully Immunized.

At the Divisional level the Joint Directors of Health and Family Welfare and at the district level the District Health Officers will assist the Project Coordinator in implementation.

The Joint Director Area Projects will be responsible for the following:

- Detailing project components in consultation with respective Joint Directors and Superintending Engineer,
- Preparing annual and quarterly budgets
- Monitoring progress of activities under each project component,
- Providing feed back to the respective Joint Directors and recommending corrective action if necessary,
- Preparing reports for monthly meetings of the task force as well as those of the Steering Committee and
- Releasing funds to the Zilla Parishad.

The Superintending Engineer and each Joint Director will furnish to the Joint Director, Area Projects by December of each year, the requirement of funds for the coming financial year for the activities under him. The Joint Director, Area Projects will prepare a consolidated statement of fund requirement and give it to the Project Coordinator.

The Project Coordinator will in January each year, submit to MoHFW the projected expenditure for the coming financial year so that funds will be available at the beginning of the financial year. The Project Coordinator will authorize the Joint Director Area Projects to disburse this amount to the operating sections. The Joint Director Area Projects will ensure the timely availability of funds so that the project activities will not suffer delays due to non availability of funds in time.

Table 7.1.1 Revenue Expenditure on Project Administration

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Staff Salaries	0.116	0.116	0.116	0.116	0.116	0.116	0.116	0.812
Baseline, Mid-term and end-line studies	0.400	0.400	0.400	0.400	0.400	0.400	4.000	10.000
Total Revenue expenditure	0.516	0.516	0.516	0.516	0.516	0.516	4.116	10.812

7.2. Engineering Wing:

It is proposed to create an Engineering Wing in the Directorate of Health not only to plan and expedite construction of new buildings for hospitals and residential quarters contemplated under IPP – IX but also for maintaining existing buildings. The main functions of the Engineering wing are :

1. Organizing all the civil construction works contemplated under IPP-IX.
2. Obtaining architectural drawings and estimates from the Architectural Section of the state government.
3. Coordinating with various other government departments involved in land and civil works.
4. Supervising and monitoring the construction programme and suggest, if necessary, mid-course actions and corrections.
5. Coordinating with the PWD Departments of the Zilla-Parishad and State for undertaking the work as scheduled and also providing funds as required.
6. Preparing quarterly progress reports, expenditure statements and other necessary information sheets for submission to the Government of India and The World Bank.
7. Planning for maintenance of the existing buildings and entrusting the task of preparation of tender documents as well as execution of the works etc. to the State and Zilla Parishad PWDs in their respective jurisdictions.

The engineering wing will have the following staff.

Designation	Grade	Number	Annual salary
Superintending Engineer	3825-5825	1	113,400
Asst. Executive Engineer	2375-4450	1	81,900
Asst. Engineer	2150-4200	2	152,400
Draughtsman	1520-2900	2	106,080
Tracers	1130-2100	2	77,520
Total			531,300

The Superintending Engineer is in over all charge of the Engineering wing and is responsible for ensuring that the tasks assigned to the wing are carried out. The Assistant Executive Engineer will be responsible for coordination with Zilla Parishads and preparing quarterly reports as outlined in (5) and (6) above. Each Assistant Engineer will be assigned a group of districts for monitoring construction activity, identifying and preparing plans for renovation and rehabilitation of existing centres and monitoring routine maintenance of buildings of the Directorate.

The Executive Engineer of respective Zilla Parishads of project districts will be responsible for calling tenders, selecting contractors and awarding contracts. The buildings to be constructed in a year in the district will form a package. The valuation will be done and payment vouchers made by the Asst Engineer , Zilla Parishad after completion of each stage of construction.

The Executive Engineer, Zilla Parishad will submit to the Engineering wing of the Directorate, a statement of fund requirement for the payments falling due in the next 12 months. The Joint Director Area project will on the recommendation of the Engineering wing will release the amount to the Executive Engineer, Zilla Parishad. The Executive Engineer, Zilla Parishad will submit each quarter a report on the progress of work and statement of expenditure for the quarter.

The requirement of office furniture is valued at Rs. 15,000 for each of the four executives and at Rs. 10,000 for 12 other staff. Two vehicles costing Rs. 3,90,000 are required for the Engineering wing.

Table 7.2 Capital & Revenue Expenditure by Year on Engineering Wing

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital expenditure								
Office furniture	0..280	0.000	0.000	0.000	0.000	0.000	0.000	0.280
Vehicles	0.400	0.000	0.000	0.000	0.000	0.000	0.000	0.400
Total capital expenditure	0.680	0.000	0.000	0000	0.000	0.000	0.000	0.680
Revenue expenditure								
Salaries of staff	0.531	0.531	0.531	0.531	0.531	0.531	0.531	3.717
Stationary & supplies	0.360	0.360	0.360	0.360	0.360	0.360	0.360	2.520
Total of revenue expenditure	0.891	0.891	0.891	0.891	0.891	0.891	0.891	6.237

7.3. MIES

7.3.1. Present Status

The Population Centre was assigned the task of developing Management Information and Evaluation System (MIES). as part of India Population Project – I. After a study of the existing system, the Population Centre designed and implemented a new system for providing information to management on performance of various components of FW and MCH programme, staff sanctioned, in position, vacant and leave record.

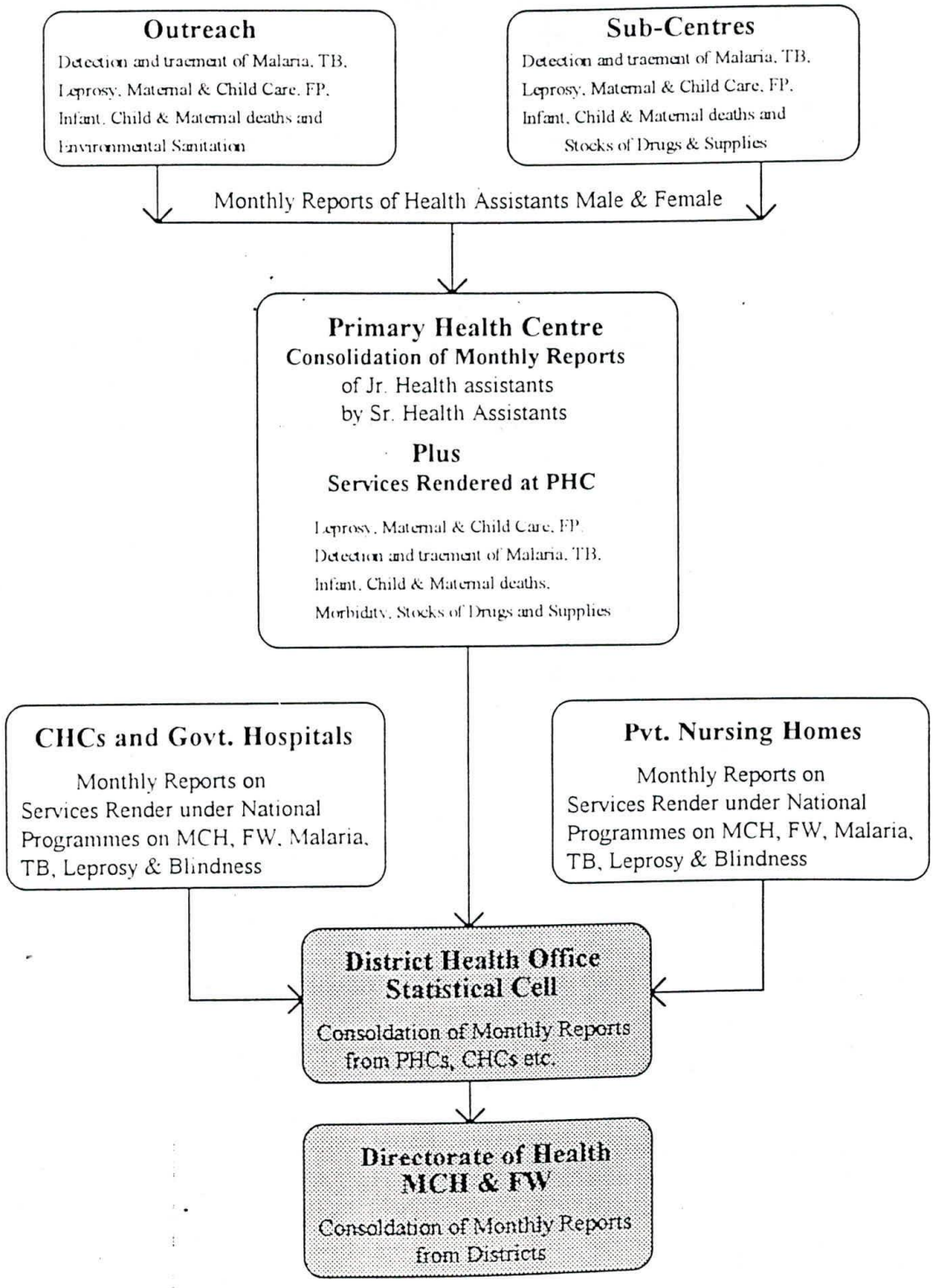
The salient feature of the new system were:

1. Substantial reduction in the number of records to be maintained and reports submitted by the field staff.
2. Simplification of information to be collected.
3. Streamlining of the recording system.
4. Strengthening feed back
5. Facilitating effective evaluation by the programme administrators.

In this system each field worker prepares only one report at the end of each month and submits to his/her supervisor. The supervisor consolidates the reports received from her/his subordinates and submits to the M.O. of the PHC. The District Health Officer consolidates the reports from PHCs and forwards to the Directorate of Health and Family Welfare. There is a computer wing at the Directorate which

consolidates the reports received from the districts. Chart 1 presents the information flow for the system designed by the Population Centre.

Chart 1
Flow of Health Service Statistics



Currently information on infrastructure facilities and their condition which is essential for planning of health and family welfare services is not readily available.

The HMIS Version 2.0 covers only the last two stages of consolidation of information at districts and at the Directorate. Further, the information to be covered is only a subset of information being compiled at PHCs. Important information, such as demographic characteristics of acceptors of FP methods is not covered.

7.3.2. Proposed Information System

It is now planned to develop a comprehensive database encompassing:

- Demographic features of the territories covered by CHCs, PHCs, and SCs
- Facilities at health centres — Building, equipment, and staff,
- Budget and expenditure by head of account at the state level and disaggregated up to Sub-centre level,
- Personnel information — date of joining, date of birth, academic qualification, details of pre and in-service training provided, service record and current place of posting,
- Stock on hand and consumption of drugs and supplies,
- Targets and performance of components of FW & MCH programme, and
- Morbidity.

HMIS could be a starting point for implementing MIES but substantial enhancements are required to make it cover all components of Health Information System outlined above and presented in Chart 2.

It is proposed to install computers at each of the offices of District Health and Family Welfare Officers and upgrade the facilities at the State level to create and continually update the database.

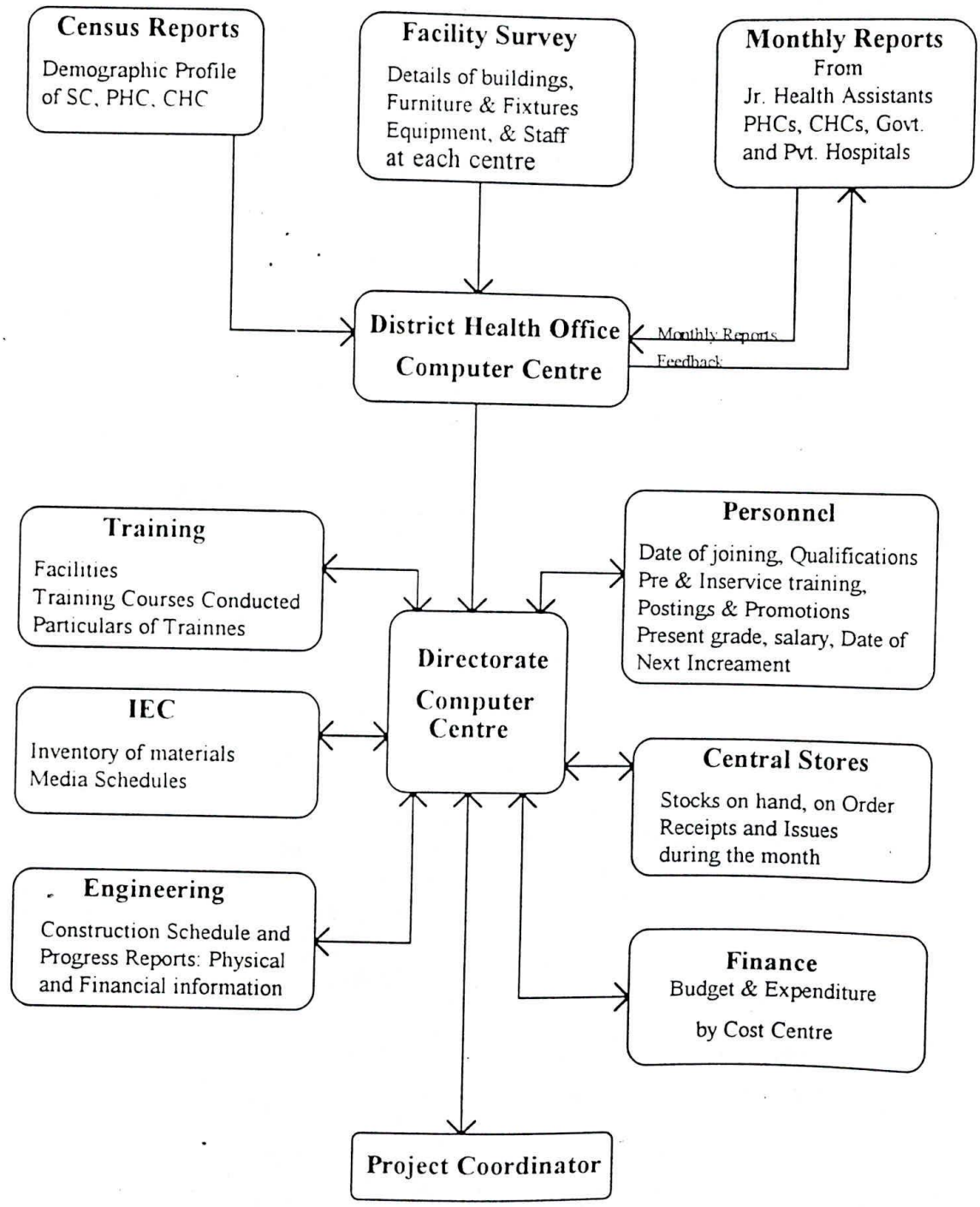
The benefits that will accrue by implementing the proposed information system are:

- Identifying lacunae in infrastructure facilities and initiating timely remedial actions,
- Better management of facilities,
- Timely identification of areas with poor performance and take necessary steps in time,
- Proper planning for personnel development through identification of training needs and scheduling training programmes,
- Freeing supervisory staff from the drudgery of compiling monthly reports and improving quality of supervision, and
- Improved systems for procurement, stocking and distribution of drugs and supplies.

These ideas were discussed with the National Informatic Centre which has developed HMIS and other software packages for the health services. NIC is willing to study the requirements and undertake modification of HMIS to suit the needs of the Directorate. The population centre, which studied the requirements of the Directorate of Health and Family Welfare and designed the earlier information system, and the

Directorate, are better placed to brief NIC on information needs. NIC is also willing to train the staff and implement the information system.

Chart 2
Proposed Integrated Management Information System



The system presented in Chart 2 is oriented towards aiding the management at various levels and in different areas of activity of the Directorate of Health and Family welfare. At the Lowest level of management ,namely the Sr. Health Assistant, he or

she can monitor the performance of Jr. Health Assistants under her or him and pay attention to poor performers to improve them. The Medical officer of the PHC will be able to monitor the performance of the PHC as well as the sub-centres under his jurisdiction. At the next higher level, the ADHO who is in-charge of a division can monitor the facilities available at each PHC and its performance and take remedial steps to augment the facilities and or improve the performance of those lagging behind. The DHO will have necessary information to review the performance of each ADHO's territory as well as interact with the Joint Directors and Superintending Engineer at the Directorate to obtain necessary inputs to achieve the goals set for his district.

At the Directorate, each functionary will have direct access to information required for monitoring of activities falling under his jurisdiction.

To achieve a full integration of MIS with operational activities, workshops will be conducted to identify the information needs at each level and parameters to be monitored. The personnel in-charge of operational activity will be briefed on the Proposed information system and how they can participate and make use of it in their day to day activities.

The three most important areas which require high priority are Facilities, Construction, Personnel. Information on these is not readily available either at the Directorate or at the District level. Information on these areas is necessary for rehabilitation of existing centres, expediting construction activity and planning for training. HMIS version 2.0 could be implemented in parallel. Enhancements to HMIS could be taken up after completing implementation of systems for Facilities, Construction and Personnel.

7.3.3. Staffing MIES

The additional staff requirement is presented in Table 7.3.3.1

Table 7.3.3.1 Staff Requirement

Location	Designation	Grade	Number	Annual salary
Directorate	Dy. Director	3300-5300	1	103,020
	Sr. Systems Analyst	2150-4,200	2	152,400
	Hardware Engineer	2150-4,200	1	76,200
	FDA	1280-2375	3	131,580
Districts	FDA	1190-2200	20	877,200
SIHFW	Asst. Director	3300-5300	1	103,020
Total				1,442,800

Existing office staff in the district headquarters as well as the new recruits will be trained in the use of computers for capturing information and producing the reports.

7.3.4. Capital Equipment for MIES

The computer systems and equipment to be procured for the districts and the Directorate are as presented in Table 7.3.4.1

Table 7.3.4.1 Capital Equipment for MIES

Location	Equipment	Number	Cost Rs.
Computers			
Districts	IBM Compatible PC 386 with 4 MB Memory, 100 MB Hard disk, one 3.5 " Floppy drives, Dot matrix Printer and software	20	3,500,000
Directorate	IBM Compatible PC 486 with 8 MB Memory, 100 MB Hard disk, one each of 5¼" and 3.5 " Floppy drives, Laser Printer and software	2	500,000
Directorate	Minicomputer with 16 MB memory, 2.x 1.2 Giga Bytes Hard disk, 3.5" and 5 25 " floppy drive, Cartridge Tape, six terminals, 600 lpm printer, laser printer, and software	1	800,000
SIHFW	IBM Compatible PC 486 with 8 MB Memory, 2 x 200 MB Hard disk, one each of 3.5 " and 5.25 " Floppy drives, Laser printer, four terminals and software.	1	350,000
Other Equipment			
Districts	Air conditioner, Voltage stabilizer, Spike buster	20	800,000
Directorate	Air conditioners (4), UPS (3), Photo copiers (2), Fax machines (2)	1	900,000

The requirement of office furniture is estimated at Rs. 75,000

7.3.5. Stationary & Office Supplies

Table 7.3.5.1 Presents estimated cost of stationary for implementing MIES.

Table 7.3.5.1 Cost of Stationary and Office Supplies

Item	Rate/Unit Rs.	Annual Requirement	Cost Per Annum Million Rs.
Annual Diary for Junior Health Assistants	20	15,000	0.300
Monthly Report of Junior Health Assistants	1.62	216,000	0.350
Monthly Report of PHC	4.05	20,000	0.081
CHCs, Govt Hospitals, Pvt. Nursing Homes	2.88	20,000	0.058
Monthly Feed back Reports to Senior Health Staff	2.40	40,000	0.096
Monthly Feed back Reports to PHCs	4.00	20,000	0.080
District Reports	4.00	300	0.001
Computer Stationary	0.40	720,000	0.288
Diskettes	8.50	400	0.004
Total			1.255
Wastage @10%			0.125
Total cost of stationary and supplies			1.380

7.3.6 Computer Systems for Special Applications

Engineering wing, Health Education and Training, and IEC will each be provided with a computer and their staff trained in use of special application in their respective areas.

Table 7.4.1. Computer Systems for Special Applications

Department	Purpose	Configuration	Cost Million Rs.
Civil Engineering	Construction Monitoring and Costing	IBM Compatible PC 486 with 8 MB Memory, 300 MB Hard disk, one each of 3.5 " and 5.25 " Floppy drives, Dot Matrix printer, Plotter CAD and Project Management software.	400,000
Health Education & Training	Production of Training Materials	IBM Compatible PC 486 with 8 MB Memory, 300 MB Hard disk, one each of 3.5 " and 5.25 " Floppy drives, Laser printer and software.	250,000
IEC	Production of IEC Materials	IBM Compatible PC 486 with 8 MB Memory, 300 MB Hard disk, one each of 3.5 " and 5.25 " Floppy drives, Laser printer and software.	350,000

7.3.7 Selection of Vendors and Consultants

The Project Coordinator will float tenders for computers, other equipment and consultancy services. The offers will be scrutinized by the steering committee and vendors and consultants selected for each application. Their decisions will be forwarded to PGB for ratification.

7.3.8 Budget for MIES

The budget for MIES is presented in Table 7.3.8.

Table 7.3 7 Capital & Revenue Expenditure by Year on MIES

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital expenditure								
Computers	6.150	0.000	0.000	0.000	0.000	0.000	0.000	6.150
Other equipment	1.669	0.000	0.000	0.000	0.000	0.000	0.000	1.669
Spares for Computers	1.476	0.000	0.000	0.000	0.000	0.000	0.000	1.476
Fees to consultants	2.100	0.750	0.750	0.000	0.000	0.000	0.000	3.600
Total capital expenditure	11.395	0.750	0.750	0.000	0.000	0.000	0.000	12.895
Revenue expenditure								
Salaries of staff	1.443	1.443	1.443	1.443	1.443	1.443	1.443	10.101
Stationary & supplies	0.690	1.380	1.380	1.380	1.380	1.380	1.380	8.970
Total of revenue expenditure	2.133	2.823	2.823	2.823	2.823	2.823	2.823	19.071

7.4 Evaluation Studies

The Project Coordinator will initiate with the proposed State Institute of Health and Family Welfare, Baseline, Mid-term and End-line studies. The Baseline studies will help in refining the project components besides providing baseline data for evaluating the impact of the programme. Provision for other studies is made for operational research in-service delivery, evaluating the pilot schemes and the end-line study at the end of the project for evaluating the impact of the project.

7.5 Flow of Funds

The Project Coordinator will have under him an accounts wing headed by a Chief Accounts Officer. Separate accounts will be maintained for the project and at the end of each quarter an expenditure statement will be prepared and submitted to the Government of India for reimbursement and forwarding to the World Bank. The Government of India will reimburse the State Government the amount within fifteen days of receipt of the expenditure statement.

The Accounts will be audited at the end of each year by the Accountant General, Karnataka, and Audited Accounts and Certificate will be submitted to the Government of India.

7.6 Budget for Project Management

Table 7.6 Capital & Revenue Expenditure by Year on Project Management

	Million Rupees							
	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Capital expenditure								
Computers	6.150	0.000	0.000	0.000	0.000	0.000	0.000	6.150
Other equipment	1.520	0.000	0.000	0.000	0.000	0.000	0.000	1.520
Spares for Computers	1.476	0.000	0.000	0.000	0.000	0.000	0.000	1.476
Office furniture	0.280	0.000	0.000	0.000	0.000	0.000	0.000	0.280
Vehicles	0.400	0.000	0.000	0.000	0.000	0.000	0.000	0.400
Fees to consultants	2.100	0.750	0.750	0.000	0.000	0.000	0.000	3.600
Total capital expenditure	11.926	0.750	0.750	0.000	0.000	0.000	0.000	13.426
Revenue expenditure								
Baseline, Mid-term and end-line studies	4.000	0.400	0.400	0.400	0.400	0.400	4.000	10.000
Salaries of staff	2.090	2.090	2.090	2.090	2.090	2.090	2.090	14.630
Stationary & supplies	1.050	1.740	1.740	1.740	1.740	1.740	1.740	11.490
Total of revenue expenditure	7.140	4.230	4.230	4.230	4.230	4.230	7.830	36.120

Chapter 8

Innovative Schemes

A number of innovative schemes are contemplated to supplement the efforts of the department in creating demand for and delivery of FW & MCH services. A brief outline of each scheme and budgetary provision are presented below.

8.1 Sub-centre Health Advisory Committee

Health Advisory Committees will be constituted at sub-centres as outlined in Chapter 3. The cost will be Rs. 0.768 million in the first two year experimental period and if extended in the third year to all sub-centres, the total cost during the project period will be Rs. 27.768 million.

8.2 Involvement of PVOs and PMPs

Private voluntary organizations having good reputation for conducting social welfare activities will be selected for supplementing the efforts of the Directorate in promoting and / or providing FW and MCH services. The potential PVOs will be identified by the MO of the PHC and the final selection will be made by the DHO in consultation with the Chief Secretary of the zilla parishad.

Where PVOs are not present, the MO of the PHC will promote formation of Mahila Swasthya Sanghas in which the local women leaders and female workers of Health & Family Welfare, Social Welfare and Education departments. The services expected and the scale of financial assistance for different groups will be as under.

Type of Organization	Services rendered	Number	Financial Support to be extended Rs. per annum
PVO	Motivation for FW & MCH	100	per village covered Rs. 2,500
PVO (Hospital / Clinic)	Motivation & delivery of services	20	Sterilization :Rs. 300 IUD Insertion: Rs 100 Primary Immunization per child: Rs. 25
Mahila Swasthya Sangh in a village	Motivation for FW & MCH	1000	Rs. 2,500

A budgetary provision of Rs. 59.786 million is made in the project proposal for this scheme.

8.3 Special Programme for Tribal Areas

Currently one sub-centre is provided for 3000 population in hilly areas. Some of the hamlets of tribal population are scattered and located in the interior of forests where wild animals abound. It is difficult for an ANM to cover these inaccessible hamlets. Further, cultural difference also make it difficult to promote and provide health services.

It is proposed to select girls from tribal hamlets and provide them ANM training and post them in tribal hamlets and assign them an area with 500 population. The emphasis would be on health and nutrition rather than on family planning. The minimum educational qualifications for ANM training will be relaxed if suitable candidates are not available. In all 100 tribal girls (20 each year) will be trained and posted as ANMs in tribal hamlets and provided midwifery kit and sub-centre equipment.

There are some voluntary organizations working in tribal areas and providing medical services. Their experience and services will be utilized in planning and implementing this scheme. The Directorate of Health and FW services will support such organizations by providing equipment and drugs.

A budget provision of Rs. 16.1 million is made in the project cost for this scheme.

8.4 Involvement of Industrial Houses in IEC

Leading industrial houses both in the private and public sectors promote and support sports and other social activities. It is proposed to conduct workshops to get them involved in health and family welfare education by developing IEC materials and/or hiring time slots on DD and AIR at prime time. Leading personalities from film industry and advertising who are interested in social welfare will also be invited for these workshops.

8.5 Non-Formal Education For Girls and Young Women

The Education Department is having programmes to achieve 100 percent literacy in all districts of the State. The programme contemplated under IPP–IX Project is aimed at school dropout girls in the ages 11-14 and neo-literate young women in the ages 15-29 years.

The curriculum for non-formal education will include modules on personal hygiene, environmental sanitation, late age at marriage, aseptic deliveries, limiting and spacing of children etc.

8.6 Clubs for Newly Married Couples

It is proposed to form Newly Married Couples' Clubs and use it as a forum for promoting and encouraging the members to adopt spacing methods to increase the interval between age at marriage and birth of first child.

8.7 Community Incentives

Villages with achieving highest CPR will be given community incentives benefiting the community such as bore well, additional class rooms etc.

8.8 Marketing of Nirodh

It is proposed to make available Nirodh through the public distribution system. The shops will be given stocks of Nirodh free of cost or at nominal price and permitted to sell at prefixed price and retain the profits. This will be in addition to marketing of Nirodh by voluntary workers appointed in the villages.

8.9 Monitoring of Innovative Schemes

A sub-committee consisting of the following persons will be formed to monitor and if necessary modify each of the innovative schemes to achieve maximum impact.

The Director Population Centre	Chairman
The Project Coordinator	Member
The Joint Director, Area Projects	Member
Deputy Secretary, Department of Health and Family welfare	Member Secretary

Chapter 9

Tribal Population of Karnataka

9.1 Scheduled Tribes of Karnataka

The term Scheduled Caste and Scheduled Tribe is the expression standardized in the Constitution of India. Contrary to usual practice, the constitution has not given any definition of the terms Scheduled Castes and Scheduled Tribes. Articles 341 and 342 of the Constitution empower the President of India after consulting the head of a particular State to notify by an order the castes, races or tribes or parts or groups within castes, races or tribes which shall for the purpose of the constitution be deemed to be Scheduled Castes / Scheduled Tribes in relation to that State.

The Scheduled Tribes are popularly believed to constitute the aboriginal elements of the Indian Society. They are generally concentrated in the hill and forest areas and until recently the political system of the different tribes enjoyed a certain degree of autonomy. Today however, it is difficult to define tribal peoples of India by any single set of formal criteria. The elements that should normally be taken into account in such a situation are the ecological isolation of the tribal people, the relative autonomy of their political and cultural systems, and the antiquity of their association with their present habitat.

The difficulty of applying a uniform set of criteria in Scheduled Tribes arises from the fact that the tribes have been for quite some time tribes-in-transition. The political boundaries of most tribal systems have collapsed well before the beginning of the present century. A certain amount of cultural interaction between the tribal people and outside world existed for centuries. Large segments of tribal population have tended to get absorbed into Hindu society. In many cases it is difficult to say whether a particular social unit is a tribe or caste. The lists of scheduled Tribes have been drawn up after a careful consideration of individual cases.

In Karnataka, the list of Scheduled Castes and Scheduled Tribes lists (Modification) Order 1956 ,notified by Government of India, Ministry of Home affairs Notification No. SRO -2477A dated 29 th October 1956, formed the basis of 1961 and 1971 Censuses. The lists were amended under Scheduled Castes and Scheduled Tribes Order (Amendment) Act 1976 (No. 108 of 1976 dated 18 th September 1976). The only difference between the original order and the amended one has been that the castes and tribes so notified are applicable to the whole of the State rather than to certain fixed areas of a State. The amended order formed the basis for 1981 and 1991 Censuses. The Scheduled Tribes as per Order of 1956 is presented in Table 9.1.1.

Table 9.1.1 List of Scheduled Tribes in Karnataka as Per Scheduled Castes and Scheduled Tribes (Modification) Order, 1956

Districts	Tribes
Bangalore, Bellary, Chikmagalur, Chitradurga, Hassan, Kolar Mandya, Mysore (except Kollegal taluk), Shimoga and Tumkur	1.Gowdalu 2.Hakkipikki 3.Hasalaru 4.Iruliga 5.Jenu Kuruba 6.Kadu Kuruba 7.Malaikudi 8.Maleru 9.Soligaru
Belgaum, Bijapur, Dharwad and Uttar Kannad	1. Barda 2.Bavcha or Bamcha 3. Bhil, including Bhil Garsia, Dholi Bhil, Dungri Bhil, Dungri Garasia, Mewasi Bhil, Rawal Bhil, Tadvi Bhil, Bhagalia Bhilala, Pawra, Vasava and Vasave 4. Chodhara 5. Dhanka including Tadvi, Tetaria and Valvi 6. Dhodia 7. Dhubla, including Talavia or Halapati 8. Gamit, or Gamta or Gavit including Mavchi, Padvi, Vasava, Vasave and Valvi. 9. Gond or Rajgond 10. Kathodi or Katkari including Dhor Kathodi or Dhor Katkari and Son Kathodi or Son Katkari 11. Kokna, Kokni, Kukna 12. Koli Dhor, Tokre Kodi, Kolcha or Kolgha 13. Naikda or Nayaka, including Cholivala Nayaka, Kapadia Nayaka, Mota Nayaka and Nana Nayaka 14.Pardhi, Including Advichincher and Phanse Phardhi 15. Patelia 16. Pomla 17. Rathwa 18. Varli 19. Vitolia, Kotwalia, or Barodia
Gulbarga, Bidar and Raichur	1. Bhil 2. Chenchu or Chenchwar 3. Gond (including Naikpod and Rajgond) 4. Koya (including Bhine Koya and Rajkoya) 5. Thoti
Dakshin Kannad and Kollegal Taluk of Mysore	1. Adiyan 2. Arandan 3. Irular 4. Kadar 5. Kammara 6. Kattunayakan 7. Konda Kapus 8. Konda Reddis 9. Koraga 10. Kota 11. Kudiya or Melakudi 12. Kurichachan 13. Kurumans 14. Maha Malasar 15. Malsar 16. Malayekandi 17. Mudugar or Muduvan 18. Palliyan 19. Paniyan 20. Pulayan 21. Sholaga 22. Toda
Kollegal taluk of Mysore	1. Kaniyan or Kanyan
Dakshin Kannad	1 Marati
Kodagu	1. Korama 2. Kudiya 3. Kuruba 4. Maratha 5. Meda 6. Yerava

The Tribal Population by district as per Censuses of 1961 to 1991 is presented in Table 9.1.2

Table 9.1.2 Scheduled Tribe Population by District 1961-1991
Number and Percent Within District (State)

District	1961		1971		1981		1991	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Bangalore	4638	0.19	10287	0.31	75627	1.53	102936	1.58
Belgaum	51673	2.60	53150	2.19	59111	3.90	83076	2.32
Bellary	647	0.07	4246	0.38	164582	11.05	166693	8.82
Bidar	1055	0.16	699	0.08	43150	4.33	104215	8.30
Bijapur	9405	0.57	6524	0.33	115239	4.80	39535	1.35
Chikmagalur	7176	1.20	10092	1.37	15320	1.68	26534	2.61
Chitradurga	152	0.01	762	0.05	252009	14.18	318381	14.60
Dakshin Kannad	48678	3.11	63596	3.28	88403	3.72	106159	3.94
Dharwad	10665	0.55	14632	0.62	137461	4.67	105099	3.00
Gulbarga	1352	0.10	1871	0.11	97627	4.69	106935	4.14
Hassan	924	0.10	1606	0.15	10811	0.80	16581	1.06
Kodagu	27102	8.40	26596	7.03	36877	7.98	40312	8.25
Kolar	367	0.03	1921	0.13	113839	5.97	153019	6.90
Mandya	552	0.06	2795	0.24	11653	0.82	11936	0.73
Mysore	16805	0.01	19547	0.94	166649	6.42	102102	3.23
Raichur	45	0.00	1148	0.08	177307	9.94	180272	7.80
Shimoga	6240	0.61	7540	0.58	52426	3.16	74106	3.88
Tumkur	402	0.03	2081	0.13	140117	7.08	167632	7.27
Uttar Kannad	4218	0.61	2175	0.26	9753	0.91	10168	0.83
Karnataka State	192096	0.80	231268	0.79	1767961	4.91	1915691	4.26

The Registrar General of India commented on 1981 Census of Tribal Population Karnataka that the "Scheduled Tribe figures would appear to include high returns relating to certain communities with nomenclature similar to those included in the list of Scheduled Tribes consequent on the removal of area restrictions". for Karnataka in 1981 Census. The population of Scheduled Tribes of Karnataka in 1981 was higher than the 1971 population by 689.2 percent as against 41.8 percent at the National level.

According to 1981 Census, 19 tribes accounted for 99.1 percent of all Scheduled Tribes in Karnataka. Out of these tribes, sixteen tribes accounted for 90 percent of the Scheduled Tribe population in the 1971 Census. The sixteen tribes and the districts where they reside are presented in Table 9.1.3.

The seven tribes whose numbers have increased several fold and accounted for 98.1 percent of increase in population of Scheduled Tribes in the decade 1971-81 are presented in Table 9.1.4.

Naik, Nayak, Beda, Bedar and Valmiki tribes have been recognized as Scheduled Tribes vide The Constitution (Scheduled Tribes) Orders (Amendment) Ordinance, No. 3 of 1991 dated 19 th April 1991 (issued subsequent to Census of 1991).

Table 9.1.3 Major Tribes of Karnataka by Place of Residence — 1971 Census

Scheduled Tribe	District	Percent of State	Cumulative Percent
Naikda	Belgaum, Bijapur, Dharwad, and Uttar Kannad	29.68	29.68
Marati	Dakshin Kannad	21.12	50.79
Yerava	Kodagu	5.94	56.74
Hasalaru	Chikmagalur and Shimoga	4.85	61.59
Soligaru	Bangalore, Mandya, Mysore and Tumkur	4.75	66.33
Kuruba	Kodagu	3.83	70.16
Kadu Kuruba	Bangalore, Bellary, Mysore	3.54	73.71
Koraga	Dakshin Kannad and Mysore	3.29	77.00
Kudiya	Kodagu	2.89	79.89
Jenu Kuruba	Bangalore, Bellary, Mysore	2.88	82.77
Gowdalu	Bangalore and Chikmagalur	2.23	85.00
Iruliga	Bangalore	1.32	86.32
Sholaga	Dakshin Kannad and Mysore	1.14	87.46
Hakkipikki	Bangalore, Mandya, Mysore, Shimoga and Tumkur	1.11	88.57
Gond	Gulbarga, Bidar and Raichur	0.75	89.32
Maratha	Kodagu	0.70	90.02

Over 75 percent of increase in tribal population between 1971 and 1981 is accounted by Naikdas. Kadu Kuruba and Jenu Kuruba population registered increase from 14,848 to 2,44,424. Four tribes, Gond, Koli Dhor, Koya and Meda which featured in 1981 census had together 3,505 persons in 1971 increased to nearly 1,44,610 in 1981.

Table 9.1.4 Increase in Population of Selected Tribes

Community	Census Population		Increase in 81 over 71	
	1971	1981	Number	Percent
Naikda	68632	1260158	1191526	1736
Kadu Kuruba	8192	209677	201485	2460
Gond	1746	60730	58984	3378
Koli Dhor	1404	39135	37731	2687
Koya	30	27807	27777	92590
Jenu Kuruba	6656	34747	28091	422
Meda	325	18684	18359	5649
Total	86985	1650938	1563953	1798

9.2 Tribal Development in Karnataka

The Tribes in Karnataka are dispersed all over the State. Their concentration is found in the districts of Chikmagalur, Dakshin Kannad, Kodagu and Mysore, where tribes are economically, socially and educationally backward. Although the four districts had sizable Scheduled Tribe population, the State could not declare the tribal areas as Scheduled Areas since the scheduled tribe population in any area is less than 50 percent norm fixed by the Government of India. This norm was subsequently

relaxed to the extent that pockets of scheduled tribes of any concurrent administrative area should have at least 10,000 persons belonging to Scheduled Tribes so that Integrated Tribal Development Project could be formed.

On this Basis, five Integrated Tribal Development Projects were launched in the four districts. The jurisdiction of Tribal Sub-Plan was limited to 398 tribal colonies in 23 taluks in the four districts — Chikmagalur, Dakshin Kannad, Kodagu and Mysore where primitive tribes live in hilly areas.

The Tribal Sub-Plan has been implemented in the State during the year 1976-77 and some work of poverty removal has been done. However, systematic efforts with a definite target to uplift 50 percent of the target groups in I.T.D.P areas above poverty line were mounted from 1980-81.

The objectives of the Tribal Sub-Plan are:

1. To enable families to overcome the rigours of poverty through provision of package of viable economic benefits.
2. To lay down policies which will protect tribal culture and promote tribal welfare.
3. To provide tribal habitats with basic minimum infrastructure facilities.

The Government of Karnataka has spent on an average Rs. 116.3 million per annum on Integrated Tribal Development Projects during the period 1985-1992 and proposes to spend Rs. 211.5 million per annum during the Eighth Five Year Plan.

The existing health facilities and proposed outlay on Health and Nutrition component of (ITDP) during the Eighth Five Year Plan are as under.

Table 9.2.1 Health and Nutritional Facilities: Tribal Sub-Plan - 8 th Plan 1992-97

	Existing Units	Eighth Five Year Plan 1992-97	
		Additional Units	Outlay Million Rs.
PHCs	30	10	10.0
Mobile Dispensary / Health Unit	10	14	14.9
ANM Sub-Centres	31	10	2.5
Drugs			5.0
Assistance to PVOs			2.5
Midday Meals Energy food for Standards I to VII			2.1
Special Nutrition Programme: Children and Expectant Mothers			5.3
Total			42.3

The Government of India Suggested certain norms be fixed for covering the tribes living outside I.T.D.P areas:

- Pockets of tribal concentrations can be identified within one administrative unit satisfying the conditions prescribed for Modified Area Development Approach namely:
    1. A maximum tribal population of 10,000 in a pocket.
    2. percent of the population in the pocket should be that of tribes.
    3. The villages in the pockets should be contiguous.
- Pockets of tribal concentration be identified within an administrative unit in a block, taluk or district. It may emerge that the pockets identified in the administrative unit are contiguous.
- Villages with predominantly tribal population can be identified. Such small groups of villages are interspersed in villages where tribal population is less than 50 percent.
- Pockets can be identified where tribes are living in hamlets and predominantly in non-tribal areas. Those hamlets can be taken as a unit.

On the basis of these revised norms, the State has identified 43 tribal colonies, hamlets in the districts of Bangalore, Kolar, Mandya, Shimoga and Tumkur. Programmes suiting to the felt needs of these tribes are being prepared.

The Directorate of Social Welfare has decided to initiate survey in all remaining 16 districts to locate tribal pockets/hamlets in view of the recent additions to the list of Scheduled tribes and earmarked Rs. 4 million in the 1993-94 budget.

9.3 Ethnographic Survey of Scheduled Tribes

The Anthropological Survey of India, Mysore has conducted an ethnographic survey of Scheduled Tribes of Karnataka and prepared a report " The People of India -- National Series. The Schedule Tribes Descriptive Data — Based on Ethnographic Survey 85-90". This report is under print and is expected to be released by the end of 1993. However, the ASI is willing to give the Directorate of Health and Family Welfare access to the manuscript. Steps have been initiated to copy relevant information from the reports on 19 tribes which account for 99.1 percent of tribal population of Karnataka.

9.4 Socio-Economic and Demographic Studies of Tribes in Karnataka

The literacy level among the tribal population is less than total population but close to that among Scheduled Castes. In 1981, 30.0 percent of males among Scheduled Tribes were literate as compared to 29.4 percent among Scheduled Caste males. Only 10 percent of females of scheduled tribes were literate as compared to 11.6 percent among Scheduled Caste females.

Table 9.4.1 Literacy of Total, SC and ST Population,

	Year	Total Population	Scheduled Castes	Scheduled Tribes
Persons	1971		13.89	14.85
	1981	38.46	20.59	20.14
Males	1971		20.73	21.71
	1981	48.81	29.35	29.96
Females	1971		6.74	7.67
	1981	27.71	11.55	10.03

Several scholars have studied the socio-economic and demographic characteristics of important Scheduled Tribes in the districts of Dakshin Kannad, Kodagu and Mysore. Reddy P.H., Bhattacharya P.J. and Venugopala Rao M.R.[45] have studied Soligas in B.R. Hills of Mysore (1983) and Koragas (1988) of Dakshin Kannad districts. Nanjunda Rao .L. has studied the Jenu Kuruba and Kadu Kuruba Tribes of H.D. Kote[6] Taluka of Mysore district (1988). Muthharayappa, R., Lingaraju M. and Prakasha Rao A[78] have studied the tribes of Kodagu district (1986-87) and the Marati, Malekudiya and Koraga tribes of Dakshin Kannad (1992). The findings of these studies are summarized in the following Table.

Table 9.4.2 Infrastructure Provided for Scheduled Tribe Settlements

Amenities	Tribes						
	Soligas	Jenu Kuruba	Kadu Kuruba	Marti	Male-kudiya	Koraga	
						1983	1991
Households Surveyed	645	61*	7*	170	170	569	164
Infrastructure							
1. Health Facility (distance)							
Within village	4.3	3.3	14.3	2.3	0.0	21.0	6.7
1-5 Km.	39.1	24.6	85.7	65.3	63.0	43 0	87.7
>5 Km.	56.6	72.1	0.0	32.4	37.0	36.0	5.5
2. Primary School (distance)							
Within village	65.2	34.4	57.1	11.2	19.4	68.0	14.6
1-3 Km.	34.2	36.1	28.6	85.9	56.6	32.0	82.9
>3Km.	0.0	14.7	0.0	2.9	23.0	0 0	2.5
3. Anganwadi Centre							
Within village				13.5	15 9		29.3
1-3 Km.				84.1	47.6		65.8
>3Km.				2.4	36.5		.9
4. Market Facility							
Within village	4.3			13.5	15.0		16.4
1-3 Km.	39.1			80.0	58.2		74.4
>3Km.	56.6			6.5	25.8		9.2
5. Protected Water Supply	82.6	95.1	100.0	14.1	5.9	91.0	64.0
6. Electricity in the household	8.7	8.20	0.0	17.1	12.9	21.0	23.3

* Villages

Table 9.4.3 Demographic Characteristics of Selected Scheduled Tribes

Demographic Characteristic	Tribes						
	Soligas	Jenu Kuruba	Kadu Kuruba	Marti	Male-kudiya	Koraga	
						1983	1991
1. Sex Ratio: Females / 1000 males	969			1027	954	1004	924
2. Average household Size	4.8			6.2	6.1	5.0	5.4
4. Literacy* Male	20.7			65.2	66.2	39.0	48.4
Female	11.5			48.2	56.5	31.0	31.5
4. School Enrollment							
6-9 Years: Boys				90.7	87.7		91.0
Girls				90.9	80.0		65.9
10-14 Years: Boys				85.7	87.0		77.2
Girls				77.9	80.0		65.8
5. Labour Participation							
10-14 Years Male				3.9	12.5		10.6
Female				16.2	8.3		24.4
15-59 Years Male				88.9	92.7		92.6
Female				86.2	81.9		92.1
60+ Male				53.3	61.2		78.6
Female				15.6	32.3		43.7
6. Practice of Contraception	17.0			45.7	51.1	35.0	42.3
7. Mean Living Children	2.8			3.5	4.6	2.4	3.8
8. % of Married Women in ages 15-29	56.7			31.1	29.8	59.4	26.4
9. Aware of Immunization				83.5	75.3		77.4
10. ANC				48.8	42.9		55.5
11. Immunization of Children							
BCG				77.1	70.4		91.7
DPT 3 doses				74.6	81.6		75.0
OPV 3 doses				74.6	81.6		75.0
Measles				6.8	1.5		18.9
12. Vital Rates							
CBR	45.0					36.0	
CDR	18.5					11.3	
IMR	138					79	
Maternal and Child Care							
Awareness of Child Immunization %				83.5	75.3		77.4
Ante Natal Care Received %				48.8	42.9		55.5
Percent Children below 5 Years Immunized							
BCG				88.1	70.4		91.7
DPT 3 Doses				74.6	81.6		75.0
Partial				17.8	11.4		16.7
OPV 3 Doses				74.6	81.6		75.0
Partial				16.1	11.4		16.7
Measles				6.8	1.5		18.9

* Literacy for all ages for Soligas and 7+ for others

9.5 Beneficiary and Communication Needs Assessment Studies

Rapid BNA and CNA studies among general population were conducted in 80 villages — 8 from each of the ten project districts. In each sampled village one community leader and one or two married women aged 15 and over were interviewed

using a structured questionnaire. In all 74 community leaders and 120 women were interviewed for BNA as well as CNA studies.

Similar studies were conducted in among Scheduled Tribes in 32 villages with predominantly Scheduled Tribe population in the four districts of Chitradurga, Dakshin Kannad, Kodagu and Mysore. The CNA study is based on interviews with 30 community leaders and 155 married women aged 15 and over. The BNA study covered a much larger sample 33 community leaders, 314 married women and 70 voluntary workers.

Age at Marriage : Around 58 percent of tribal respondents are not aware of the Act as compared to 33 percent of non-tribal respondents. Significantly more tribal respondents prefer early marriage for boys and girls than non tribal respondents.

Table 9.5.1 Ideal age at Marriage for Girls and Boys

Girls			Boys		
Age	Tribal Respondents	Non-Tribal Respondents	Age	Tribal Respondents	Non-Tribal Respondents
<15	25.4	11.9	<21	20.5	5.2
18	36.2	55.2	21	5.4	16.5
19-21	29.2	23.7	22-24	16.8	17.5
>22	9.2	9.3	>25	57.3	60.8

Ideal number of Children : Over three fourths of non-tribal respondents stated that ideal number of children is two as compared to 44.3 percent of tribal respondents. One in two non-tribal respondents stated three or more children as ideal while one in two tribal respondents hold similar opinion.

Awareness of MCH Components : There is no difference between tribal and non tribal population in the awareness of immunization for children or growth monitoring. However when it comes to maternal care the awareness of various components is low among tribal population as compared to non-tribal population.

Table 9.5.2 Awareness of MCH Components

MCH Component	Percent in Community Unaware	
	Tribal Respondents	Non-Tribal Respondents
Immunization of Children	2.4	1.0
Growth Monitoring of Children	25.9	26.2
Immunization of Expectant Mothers	25.9	2.4
Ante Natal Care	34.1	4.9
Delivery by Trained Personnel	50.6	9.5
Post Natal Care	61.2	12.9

Awareness of Contraceptive Methods: Awareness of contraceptive methods is lower among tribal respondents as compared to non-tribal respondents.

Table 9.5.3 Awareness of Contraceptive Methods

Method	Percent Aware	
	Tribal Respondents	Non tribal Respondents
Vasectomy	56.2	82.9
Tubectomy	90.3	99.0
IUCD	48.2	91.9
Condom	41.1	81.4
Oral Pill	44.3	83.8
Withdrawal	11.4	34.3
Rhythm	13.0	33.8
Abstinence	29.7	51.4

Attitude to Contraception: The respondents have been asked as to the attitude of the members of their community towards adoption of contraception. Nearly a quarter of the respondents from tribal population indicated that few or none favour adoption of contraception as compared to one in twenty non-tribal respondents.

Table 9.5.4 Attitude to Adoption of Contraception

	Percent of Respondents	
	Tribal areas	Non-Tribal Areas
All favour	24.1	21.4
Majority favour	24.1	35.5
Many favour	28.5	37.0
Few favour	23.4	5.9
None Favours	0.0	0.5

Adoption of Contraception: The level of adoption of terminal methods appears to be the same among tribal and non-tribal populations as per impressions of the respondents. On the other hand adoption of spacing methods is more in non-tribal areas.

Table 9.5.5 Adoption of Contraceptive Methods

Method	Percent of respondents indicating that "Majority" or "Many" are adopting the Method	
Vasectomy	7.6	8.1
Tubectomy	88.6	95.7
IUCD	16.2	39.5
Condom	13.0	17.6
Oral Pill	15.1	18.6
Traditional Methods	8.6	3.4

Attendance at School: There is no significant difference between girls and boys in the age group 5-10 in school attendance both in tribal and non-tribal areas.

However in the age group 11-15 years, the school attendance among girls is lower than that among boys in tribal and non-tribal areas. The difference is more in tribal areas than non-tribal areas.

Table 9.5.6 Percent of Children Attending School

	Girls		Boys	
Age Group	Tribal Respondent	Non-Tribal Respondent	Tribal Respondent	Non-Tribal Respondent
5-10 Years	82.7	89.2	82.7	90.7
11-15 Years	65.9	71.1	75.1	76.8

Promotion of MCH and FW: The Coverage by Female Health Worker is the same for tribal and non-tribal population. On the other hand, the coverage by Male Health Workers is better in tribal areas than in non-tribal areas.

Table 9.5.7 Promotional Efforts by Health Workers in Tribal and Non-tribal Areas for MCH and FW

(a) Interpersonal Communication

Category of Worker	Family Planning		Maternal Care		Child Care	
	Tribal Respondent	Non-Tribal Respondent	Tribal Respondent	Non-Tribal Respondent	Tribal Respondent	Non-Tribal Respondent
ANM/Anganwadi Worker	56.2	58.6	55.7	58.6	56.8	61.0
Health worker	21.6	4.3	20.5	4.3	20.5	3.3
Others	1.6	7.6	1.6	6.2	1.6	4.8
None	1.6	22.9	2.7	22.9	2.7	24.8
No Response	3.2	6.9	3.2	6.2	2.7	6.2

While around one in two non-tribal villages are covered by special proportional programmes, less than one in ten tribal villages are covered.

(b) Special Promotional Programmes in the Village

Programmes arranged on	Percent of Villages	
	Tribal Areas	Non-Tribal Areas
Sanitation	5.9	36.8
Personal Hygiene	5.4	42.9
Family Planning	8.1	54.8
Family Planning Methods	8.1	55.2
Maternal Care	8.6	53.3
Child Care	8.6	51.9

Mass Media: One in six non-tribal villages have community TV and Radio sets while one in twenty-five tribal villages have such facility.

Infrastructure: Tribal villages have fewer facilities as compared to non-tribal villages.

Table 9.5 8 Facilities Available in Tribal and Non-Tribal Villages

Facility	Percent of Villages	
	Tribal Villages	Non-Tribal Villages
1. Type of Access Road		
Mud Road	71.4	51.5
Red Gravel / Metal Road	2.2	12.4
Tar Road	24.0	36.1
Not Reported	2.4	0.0
2. Water Source		
Bore Well	39.1	69.6
Open Well	53.0	18.0
Other	7.2	12.3
Not Reported	0.7	0.0
3. Electrified Villages	36.2	94.8
4. Type of Health facility		
Health Guide	51.3	19.0
TBA	10.3	63.3
Sub-Centre	14.9	49.5
PHC	2.6	13.3
PMP	4.8	31.5
None	34.5	13.8

House Visits by Paramedical Staff: Tribal households and non-tribal households receive the same level of service from paramedical staff. ANM is the one who provides all types of services at outreach.

Table 9.5.9 Level of Outreach Services Provided to Tribal and non-Tribal Households

Service Provided	Percent of Villages	
	Tribal Villages	Non-Tribal Villages
Check if any member has fever	81.3	86.7
Provide medicines	81.1	64.3
Advise on Family planning	83.2	85.2
Advise on FP methods	83.5	80.5
Distribute FP aids	77.0	75.7
Provide Care to Pregnant women	80.8	82.3
Conduct Deliveries at home	74.1	68.6
Advise on care of mother and new born	81.8	85.7
Immunization of pregnant women	83.2	86.7
Immunization of children	83.0	83.8
Educate mothers on nutritious food	81.8	82.9
Educate mothers on management of diarrhoea	75.1	78.6

Utilization of Medical Facilities: Tribal population is mostly dependent on medical facilities set up by the Government as few tribal settlements have private medical practitioners. The non tribal population utilizes the services of private medical

practitioners for treatment of sickness but for all other needs utilize the services provided by health centres and hospitals set up by the State.

Table 9.5.10 Where People go for Medical Services

Purpose	Area	Percent of Respondents			
		Pvt. Doctor	Sub-Centre	PHC	CHC /Govt. Hospital
Treatment of Sickness	Tribal	16.8	7.4	37.4	41.5
	Non-Tribal	55.8	5.7	28.1	47.6
Immunization of Child	Tribal	11.5	30.2	28.8	28.5
	Non-Tribal	2.8	42.4	21.0	38.1
Immunization of Mothers	Tribal	11.5	28.1	29.0	28.1
	Non-Tribal	1.9	42.4	31.0	38.1
Monitoring Pregnancy	Tribal	11.2	28.1	28.1	26.1
	Non-Tribal	0.0	36.2	20.0	29.0
Delivery	Tribal	11.5	28.1	28.1	29.0
	Non-Tribal	9.5	34.3	26.7	47.6
ANC / PNC	Tribal	12.0	28.5	27.6	28.1
	Non-Tribal	4.3	36.2	19.0	34.8
FP Services	Tribal	11.5	28.3	28.3	29.7
	Non-Tribal	1.4	22.4	24.3	35.2

9.6 Proposed Studies

The 1991 Census data on total population, SC and ST population by village in each district will be obtained to identify tribal pockets as per norms set out by the planning commission.

It is planned to conduct Baseline Survey, Beneficiary and Communication Needs Surveys covering the urban and rural areas of all the districts in the state as soon as the Project Proposal is appraised and approved. Adequate representation will be given to tribal pockets in the sample. This study is expected to help in refining and if necessary modifying the project components to meet the needs of target groups among Tribal as well as non-tribal population. The cost of such studies is included in the Project Cost.

Chapter 10

Project Cost

10.1 Project Cost by Activity

Table 10.1 Presents the Project Base cost by Activity. The basis for determining the various elements of project cost and phasing of expenditure is presented in Table 10.3.

Table 10.1 Project Base Cost by Activity

Activity	Type of Cost	Amount Million Rs.	Percent of Total
Strengthening Delivery of Services	Capital	700.843	57.40
	Revenue	119.591	9.80
	Total	820.434	67.20
Improving Quality of Services	Capital	91.675	7.51
	Revenue	80.915	6.63
	Total	172.590	14.14
IEC	Capital	58.008	4.75
	Revenue	44.209	3.62
	Total	102.217	8.37
Project Management	Capital	13.575	1.11
	Revenue	36.120	2.96
	Total	49.695	4.07
Innovative Schemes	Capital	75.886	6.22
Total Project Cost	Capital	940.087	77.00
	Revenue	280.835	23.00
	Total	1220.922	100.00

10.2 Expenditure by Category

Table 10.2 presents expenditure by category

Table 10.2 Expenditure by Category

Item of cost	Million Rs.	Percent of Total
Capital Expenditure		
Civil Works	530.859	43.48
Consultancy Charges	3.000	0.25
Equipment	83.377	6.83
Furniture	69.907	5.73
Innovative Schemes	75.986	6.22
Library Books	0.540	0.04
Pre-testing of IEC Materials	1.056	0.09
Production of IEC Materials	37.610	3.08
Revolving Fund	105.000	8.60
Spares for Computers	1.476	0.12
TA/DA for Others	16.624	1.36
Training in MIS and Applications	0.600	0.05
Training Material Development	0.252	0.02
Foreign Fellowships	5.000	0.41
Vehicles	8.800	0.72
Sub-Total	940.087	77.00
Revenue expenditure		
Baseline and Other Evaluation Studies]	10.000	0.82
Building Maintenance	22.876	1.87
Delivery Kits	13.295	1.09
Hire Charges for Video Vans	36.000	2.95
Incentive to Voluntary Workers	87.998	7.21
Media Hire Charges	5.500	0.45
Office Expenses	7.980	0.65
Rent	6.912	0.57
Staff Salaries	44.170	3.62
Stationary & Office Supplies	11.490	0.94
TA/DA for Staff	26.354	2.16
Training Materials	8.260	0.68
Sub-Total	280.835	23.00
Total Base Cost	1220.922	100.00

10.3 Phasing and Costing of Activities

Table 10.3 presents the phasing of activities and costing of each element.

Table 10.3 Phasing of Project Activities and Cost Estimates

Item of cost	Unit Cost Rs. 000's	Number of Units								Cost in Million Rupees							
		94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
1. Strengthening Service Delivery																	
New Constructions																	
Sub-Centre buildings	230	87	350	349	253	0	0	0	1039	20.010	80.500	80.270	58.190	0.000	0.000	0.000	238.970
PHC Buildings	780	24	25	25	20	0	0	0	94	18.720	19.500	19.500	15.600	0.000	0.000	0.000	73.320
Mo Staff Quarters	300	30	87	87	67	0	0	0	271	9.000	26.100	26.100	20.100	0.000	0.000	0.000	81.300
Rehabilitation																	
CHC	120.2	10	20	18	0	0	0	0	48	1.202	2.404	2.164	0.000	0.000	0.000	0.000	5.770
PHC	73.2	45	100	100	82	0	0	0	327	3.294	7.320	7.320	6.002	0.000	0.000	0.000	23.936
SC	20.4	71	500	500	500	500	0	0	2071	1.448	10.200	10.200	10.200	10.200	0.000	0.000	42.248
Equipment for solid waste																	
CHC	14	127	0	0	0	0	0	0	127	1.778	0.000	0.000	0.000	0.000	0.000	0.000	1.778
PHC	6	871	0	0	0	0	0	0	871	5.226	0.000	0.000	0.000	0.000	0.000	0.000	5.226
SC	0.25	5560	0	0	0	0	0	0	5660	1.390	0.000	0.000	0.000	0.000	0.000	0.000	1.390
Furniture																	
New SC Buildings	22.5	87	350	350	252	0	0	0	786	1.958	7.875	7.852	5.693	0.000	0.000	0.000	23.378
Other Sub-centres	9	2260	2261	0	0	0	0	0	4521	20.340	20.349	0.000	0.000	0.000	0.000	0.000	40.689
Equipment																	
New SC Buildings	5	87	350	349	253	0	0	0	786	0.435	1.750	1.745	1.265	0.000	0.000	0.000	5.195
Other Sub-Centres	5	2260	2261	0	0	0	0	0	4521	11.300	11.305	0.000	0.000	0.000	0.000	0.000	22.605
Laproscopes new	250	13	0	0	0	0	0	0	13	3.250	0.000	0.000	0.000	0.000	0.000	0.000	3.250
Laproscopes repairs	39	6	36	0	0	0	0	0	42	0.234	1.404	0.000	0.000	0.000	0.000	0.000	1.638
Suction Apparatus	10	25	0	0	0	0	0	0	25	0.250	0.000	0.000	0.000	0.000	0.000	0.000	0.250
Kits for ANM	2,000	1,000	1,000	1,000	0	0	0	0	3,000	2.000	2.000	2.000	0.000	0.000	0.000	0.000	6.000
Revolving fund for 2 Whelrs.	12,500	720	1,920	1,920	1,920	1,920	0	0	8,400	9.000	24.000	24.000	24.000	24.000	0.000	0.000	105.000
Upgrading CHCs to FRUs	350	18	18	18	0	0	0	0	54	6.300	6.300	6.300	0.000	0.000	0.000	0.000	18.900
										117.135	221.007	187.451	141.050	34.200	0.000	0.000	700.843
Incentive: Volunteer workers	714 p.a.	804	804	13514	27028	27028	27028	27028	27028	0.574	0.574	9.650	19.300	19.300	19.300	19.300	87.998
Delivery Kits (thousands)	12	31.75	93.92	161.25	203.0	206.0	206.0	206.0	901.20	0.381	1.127	1.935	2.436	2.472	2.472	2.472	13.295
Maintenance of Buildings	@ 2 %	47.7	173.8	299.7	393.6	393.6	393.6	393.6	299.7	0.000	0.000	0.000	0.955	3.477	5.994	7.872	18.298
Total revenue expenditure										0.955	1.701	11.585	22.691	25.249	27.766	29.644	119.591
Total Expenditure										118.090	222.708	199.036	163.741	59.449	27.766	29.644	820.434

Item of cost	Unit Cost Rs. 000's	Number of Units								Cost in Million Rupees							
		94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
2. Improving Quality of Service																	
District Trng.Centres																	
Civil works	1600	7	0	0	12	0	0	0	19	11.200	0.000	0.000	19.200	0.000	0.000	0.000	30.400
Furniture:																	
Class rooms	90	19	0	0	0	0	0	0	19	1.710	0.000	0.000	0.000	0.000	0.000	0.000	1.710
Hostel	160	7	0	0	12	0	0	0	19	1.120	0.000	0.000	1.920	0.000	0.000	0.000	3.040
Equipment																	
Class Rooms	20	19	0	0	0	0	0	0	19	0.380	0.000	0.000	0.000	0.000	0.000	0.000	0.380
Hostel	16	7	0	0	12	0	0	0	19	0.112	0.000	0.000	0.192	0.000	0.000	0.000	0.304
Library Books (lump sum)	10	19	0	0	0	0	0	0	19	0.190	0.000	0.000	0.000	0.000	0.000	0.000	0.190
Sub-total Capital Expenditure										14.712	0.000	0.000	21.312	0.000	0.000	0.000	36 024
Training Material	0.2	2,100	4,200	4,200	4,200	4,200	4,200	4,200	14,693	0.420	0.840	0.840	0.840	0.840	0.840	0.840	5.460
TA / DA I	0.52	2,100	4,200	4,200	4,200	4,200	4,200	4,200	14,693	1.092	2.184	2.184	2.184	2.184	2.184	2.184	14.196
Staff Salaries	116.7	19	19	19	19	19	19	19	19	2.217	2.217	2.217	2.217	2.217	2.217	2.217	15.519
Office Expenses	60	19	19	19	19	19	19	19	19	1.140	1.140	1.140	1.140	1.140	1.140	1.140	7.980
Rent	144	12	12	12	12	0	0	0	12	1.728	1.728	1.728	1.728	0.000	0.000	0.000	6.912
Building Maintenance	@ 2 %	11.20	11.20	11.20	30.40	30.40	30.40	30.40	30.40	0.000	0.000	0.000	0.224	0.224	0.224	0.608	1.280
Sub-total Revenue Expenditure										6.597	8.109	8.109	8.333	6.605	6.605	6.989	51.347
HFWTCs																	
Ramanagaram																	
Building Extension	456	1	0	0	0	0	0	0	1	0.456	0.000	0.000	0.000	0.000	0.000	0.000	0.456
Furniture (lumpsum)	150	1	0	0	0	0	0	0	1	0.125	0.000	0.000	0.000	0.000	0.000	0.000	0.125
Equipment	75	1	0	0	0	0	0	0	1	0.075	0.000	0.000	0.000	0.000	0.000	0.000	0.075
Mini Bus (Replacement)	450	1	0	0	0	0	0	0	1	0.450	0.000	0.000	0.000	0.000	0.000	0.000	0.450
Mysore																	
Civil works	5909	0	1	0	0	0	0	0	1	0.000	5.909	0.000	0.000	0.000	0.000	0.000	5.909
Furniture(lump sum)	325	0	1	0	0	0	0	0	1	0.000	0.325	0.000	0.000	0.000	0.000	0.000	0.325
Equipment	75	0	1	0	0	0	0	0	1	0.000	0.075	0.000	0.000	0.000	0.000	0.000	0.075
Library Books	25	4	0	0	0	0	0	0	4	0.100	0.000	0.000	0.000	0.000	0.000	0.000	0.100
T.A./ D.A. for Others at PHCs	35	57.10	151.9	0	57.10	151.9	0	57.10	208.96	1.998	5.315	0.000	1.998	5.315	0.000	1.998	16.624

Item of cost	Unit Cost Rs. 000's	Number of Units								Cost in Million Rupees							
		94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Sub-total Capital Exp.										3.204	11.624	0.000	1.998	5.315	0.000	1.998	24.139
T.A./D.A Medical Officers	0.9	1080	1080	1080	1080	1080	1080	1080	3781	0.972	0.972	0.972	0.972	0.972	0.972	0.972	6.804
T.A./D.A. Spervisory Staff	0.76	920	920	920	920	920	920	920	3205	0.699	0.699	0.699	0.699	0.699	0.699	0.699	4.893
Training Materials	0.2	2000	2000	2000	2000	2000	2000	2000	2000	0.400	0.400	0.400	0.400	0.400	0.400	0.400	2.800
Maintenance of Buildings	@ 2 %	0.456	5.365	5.365	5.365	5.365	5.365	5.365	5.365	0.000	0.000	0.000	0.009	0.127	0.127	0.127	0 390
Sub-total Revenue Exp.										2.071	2.071	2.071	2.080	2.198	2.198	2.198	14.887
ANM/LHV Training Schools																	
Civil Works																	
ANM Training Schools	3000	0	7	0	0	0	0	0	7	0.000	21.000	0.000	0.000	0.000	0.000	0.000	21.000
LHV Prom. Trng. School	1600	1	0	0	0	0	0	0	1	1.600	0.000	0.000	0.000	0.000	0.000	0.000	1.600
Sub-total Capital Exp.										1.600	21.000	0.000	0.000	0.000	0.000	0.000	22.600
Maintenance of Buildings	@ 2 %	1.600	21.00	22.60	22.60	22.60	22.60	22.600	22.60	0.000	0.000	0.000	0.032	0.452	0.452	0.452	1.388
Sub-total Revenue Exp.										0.000	0.000	0.000	0.032	0.452	0.452	0.452	1.388
Institute of Health & FW																	
Building for office	1900	1	0	0	0	0	0	0	1	1.900	0.000	0.000	0.000	0.000	0.000	0.000	1.900
Furniture: Sr. Staff	25	12	0	0	0	0	0	0	12	0.300	0.000	0.000	0.000	0.000	0.000	0.000	0.300
Jr. Staff	15	4	0	0	0	0	0	0	4	0.060	0.000	0.000	0.000	0.000	0.000	0.000	0.060
Video Projector	200	1	0	0	0	0	0	0	1	0.200	0.000	0.000	0.000	0.000	0.000	0.000	0.200
Library Books (lump sum)	250,000	0.4	0.4	0.2	0	0	0	0	1	0.125	0.125	0.000	0.000	0.000	0.000	0.000	0.250
Trang Materials Developmen																	
Initial Course	1	168	0	0	0	0	0	0	168	0.168	0.000	0.000	0.000	0.000	0.000	0.000	0.168
Referesher Course	0.5	168	0	0	0	0	0	0	168	0.084	0.000	0.000	0.000	0.000	0.000	0.000	0.084
Vehicles:																	
Cars	200	2	0	0	0	0	0	0	2	0.400	0.000	0.000	0.000	0.000	0.000	0.000	0.400
Jeeps	275	2	0	0	0	0	0	0	2	0.550	0.000	0.000	0.000	0.000	0.000	0.000	0.550
Foreign Fellowships										0.000	1.000	1.000	1.000	1.000	1.000	0.000	5.000
Sub-total Capital Exp.										3.787	1.125	1.000	1.000	1.000	1.000	0.000	8.912
Staff Salaries	1616	1	1	1	1	1	1	1	1	1.616	1.616	1.616	1.616	1.616	1.616	1.616	11.312
TA/DA for Staff :																	
6 days	0.51	0	0	0	0	40	0	0	40	0.000	0.000	0.000	0.000	0..021	0.000	0.000	0.021
13 days	1.04	40	0	0	128	0	0	0	168	0.042	0.000	0.000	0.133	0.000	0.000	0.000	0.175
26 days	2.08	128	0	0	0	0	0	0	128	0.266	0.000	0.000	0.000	0.000	0.000	0.000	0.266

Item of cost	Unit Cost Rs. 000's	Number of Units								Cost in Million Rupees							
		94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Maintenance of Buildings	@ 2 %	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	0.000	0.000	0.000	0.380	0.380	0.380	0.380	1.520
Sub-total Revenue Exp.										1.924	1.616	1.616	2.129	2.017	1.996	1.996	13.294
Total Capital Expenditure										23.303	33.749	1.000	24.310	6.315	1.000	1.998	91.675
Total Revenue Expenditure										10.592	11.796	11.796	12.574	11.271	11.251	11.635	80.915
Total Expenditure.										33.895	45.545	12.796	36.884	17.586	12.251	13.633	172.590
3. IEC:																	
Equipment										10.942	0.000	0.700	0.700	0.000	0.000	0.000	12.342
Video projectors	240	26	0	0	0	0	0	0	30	6.240	0.000	0.000	0.000	0.000	0.000	0.000	6.240
Slide Projectors	20	21	0	0	0	0	0	0	21	0.420	0.000	0.000	0.000	0.000	0.000	0.000	0.420
Overhead Projectors	10	21	0	0	0	0	0	0	21	0.210	0.000	0.000	0.000	0.000	0.000	0.000	0.210
T.V. / V.C.R.	32	121	0	0	0	0	0	0	50	3.872	0.000	0.000	0.000	0.000	0.000	0.000	3.872
Radio cum Cassette player	2	100	0	350	350	0	0	0	1300	0.200	0.000	0.700	0.700	0.000	0.000	0.000	1.600
Production of IEC Materials										23.988	10.908	7.066	3.704	0.000	0.000	0.000	45.666
15 minute 35mm films	225	4	0	0	0	0	0	0	4	0.900	0.000	0.000	0.000	0.000	0.000	0.000	0.900
Prints of films	4	400	0	0	0	0	0	0	400	1.600	0.000	0.000	0.000	0.000	0.000	0.000	1.600
3-4 minute quickies	150	10	10	0	0	0	0	0	20	1.500	1.500	0.000	0.000	0.000	0.000	0.000	3.000
35 mm prints	2	1000	1000	0	0	0	0	0	2000	2.000	2.000	0.000	0.000	0.000	0.000	0.000	4.000
Tele Films 15-20 mts	125	12	12	12	0	0	0	0	36	1.500	1.500	1.500	0.000	0.000	0.000	0.000	4.500
VHS prints	0.2	600	600	600	0	0	0	0	1800	0.120	0.120	0.120	0.000	0.000	0.000	0.000	0.360
TV Spots	30	50	50	50	50	0	0	0	200	1.500	1.500	1.500	1.500	0.000	0.000	0.000	6.000
VHS prints	0.1	2500	2500	2500	2500	0	0	0	10,000	0.250	0.250	0.250	0.250	0.000	0.000	0.000	1.000
TV Serial	300	1	1	0	0	0	0	0	2	0.300	0.300	0.000	0.000	0.000	0.000	0.000	0.600
Cinema slides	0.3	500	500	500	0	0	0	0	1,500	0.150	0.150	0.150	0.000	0.000	0.000	0.000	0.450
Audio Cassettes	150	1	0	2	1	0	0	0	4	0.150	0.000	0.300	0.150	0.000	0.000	0.000	0.600
Copies of cassette	.05	200	0	5800	2000	0	0	0	8000	0.010	0.000	0.290	0.100	0.000	0.000	0.000	0.400
Flip Charts 7 Types	.06	20000	30000	20000	0	0	0	0	70000	1.200	1.800	1.200	0.000	0.000	0.000	0.000	4.200
Exhibition Panels	40	100	0	0	0	0	0	0	100	4.000	0.000	0.000	0.000	0.000	0.000	0.000	4.000
Hoardings	20	25	25	25	25	0	0	0	100	0.500	0.500	0.500	0.500	0.000	0.000	0.000	2.000
Wall Paintings	10	1000	1000	1000	1000	0	0	0	4000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	4.000
Pretesting of IEC Materials	4	77	72	64	51	0	0	0	264	0.308	0.288	0.256	0.204	0.000	0.000	0.000	1.056
Vehicles	350	20	0	0	0	0	0	0	20	7.000	0.000	0.000	0.000	0.000	0.000	0.000	7.000

Ite ost	Cost Rs. 000's	nber its	Cost in Million Rupees

Item of cost	Unit Cost Rs. 000's	Number of Units								Cost in Million Rupees							
		94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Total Capital Expenditure										34.930	10.908	7.766	4.404	0.000	0.000	0.000	58.008
Hire charges for video vans	360	5	5	10	20	20	20	20	120	1.800	1.800	3.600	7.200	7.200	7.200	7.200	36.000
Staff salaries (8 persons)	387	1	1	1	1	1	1	1	*1	0.387	0.387	0.387	0.387	0.387	0.387	0.387	2.709
Media Hire charges										0.250	0.500	0.750	1.000	1.000	1.000	1.000	5.500
Total Revenue Expenditure										2.437	2.687	4.737	8.587	8.587	8.587	8.587	44.209
Total Expenditure										37.367	13.595	12.503	12.991	8.587	8.587	8.587	102.217
4. Administration & MIES																	
Administration																	
Staff Salaries	0.116	1	1	1	1	1	1	1	1	0.116	0.116	0.116	0.116	0.116	0.116	0.116	0.812
Baselineand Evaluation studies										4.000	0.400	0.400	0.400	0.400	0.400	4.000	10.000
Sub-total Revenue Exp.										4.116	0.516	0.516	0.516	0.516	0.516	4.116	10.812
Civil Engineering																	
Furniture																	
Sr.Staff	25	4	0	0	0	0	0	0	4	0.280	0.000	0.000	0.000	0.000	0.000	0.000	0.280
Jr.Staff	15	12	0	0	0	0	0	0	12	0.100	0.000	0.000	0.000	0.000	0.000	0.000	0.100
Vehicles	200	2	0	0	0	0	0	0	2	0.180	0.000	0.000	0.000	0.000	0.000	0.000	0.180
Sub-total Capital Exp.										0.400	0.000	0.000	0.000	0.000	0.000	0.000	0.400
Staff Salaries	531	1	1	1	1	1	1	1	1	0.680	0.000	0.000	0.000	0.000	0.000	0.000	0.680
Stationary & Supplies	360	1	1	1	1	1	1	1	1	0.531	0.531	0.531	0.531	0.531	0.531	0.531	3.717
Sub-total Revenue Exp.										0.360	0.360	0.360	0.360	0.360	0.360	0.360	2.520
MIES										0.891	0.891	0.891	0.891	0.891	0.891	0.891	6.237
Computers																	
Directorate	800	1	0	0	0	0	0	0	1	6.150	0.000	0.000	0.000	0.000	0.000	0.000	6.150
Engineering	400	1	0	0	0	0	0	0	1	0.800	0.000	0.000	0.000	0.000	0.000	0.000	0.800
HE & T	250	1	0	0	0	0	0	0	1	0.400	0.000	0.000	0.000	0.000	0.000	0.000	0.400
IEC	350	1	0	0	0	0	0	0	1	0.250	0.000	0.000	0.000	0.000	0.000	0.000	0.250
Department	250	2	0	0	0	0	0	0	2	0.350	0.000	0.000	0.000	0.000	0.000	0.000	0.350
SIHFW	350	1	0	0	0	0	0	0	1	0.500	0.000	0.000	0.000	0.000	0.000	0.000	0.500
Districts	175	20	0	0	0	0	0	0	20	0.350	0.000	0.000	0.000	0.000	0.000	0.000	0.350
Site preparation										3.500	0.000	0.000	0.000	0.000	0.000	0.000	3.500
Directorate	220	1	0	0	0	0	0	0	1	1.229	0.000	0.000	0.000	0.000	0.000	0.000	1.229
Districts	50	20	0	0	0	0	0	0	20	0.229	0.000	0.000	0.000	0.000	0.000	0.000	0.229
Spares for Computers	@ 24%	1	0	0	0	0	0	0	1	1.000	0.000	0.000	0.000	0.000	0.000	0.000	1.000
										1.476	0.000	0.000	0.000	0.000	0.000	0.000	1.476

Item of cost	Unit Cost Rs. 000's	Number of Units								Cost in Million Rupees							
		94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total	94-95	95-96	96-97	97-98	98-99	99-00	00-01	Total
Photo Copier	180	2	0	0	0	0	0	0	2	0.360	0.000	0.000	0.000	0.000	0.000	0.000	0.360
Fax machines	40	2	0	0	0	0	0	0	2	0.080	0.000	0.000	0.000	0.000	0.000	0.000	0.080
Consultancy Charges:																	
MIS	3,000	0.50	0.25	0.25	0	0	0	0	1	1.500	0.750	0.750	0.000	0.000	0.000	0.000	3.000
MIS Training										0.600	0.000	0.000	0.000	0.000	0.000	0.000	0.600
Directorate	100	1	0	0	0	0	0	0	1	0.100	0.000	0.000	0.000	0.000	0.000	0.000	0.100
Districts	500	1	0	0	0	0	0	0	1	0.500	0.000	0.000	0.000	0.000	0.000	0.000	0.500
Sub-total Capital Exp.										11.395	0.750	0.750	0.000	0.000	0.000	0.000	12.895
Staff Salaries										1.443	1.443	1.443	1.443	1.443	1.443	1.443	10.101
Directorate	0.463	1	1	1	1	1	1	1	1	0.463	0.463	0.463	0.463	0.463	0.463	0.463	3.241
IHFW	0.103	1	1	1	1	1	1	1	1	0.103	0.103	0.103	0.103	0.103	0.103	0.103	0.721
Districts	0.877	1	1	1	1	1	1	1	1	0.877	0.877	0.877	0.877	0.877	0.877	0.877	6.139
Stationary										0.690	1.380	1.380	1.380	1.380	1.380	1.380	8.970
Directorate	0.226	0.5	1	1	1	1	1	1	1	0.113	0.226	0.226	0.226	0.226	0.226	0.226	1.469
Districts	1.154	0.5	1	1	1	1	1	1	1	0.577	1.154	1.154	1.154	1.154	1.154	1.154	7.501
Sub-total Revenue Exp.										2.133	2.823	2.823	2.823	2.823	2.823	2.823	19.071
Total Capital Expenditure										12.075	0.750	0.750	0.000	0.000	0.000	0.000	13.575
Total Revenue Expenditure										7.140	4.230	4.230	4.230	4.230	4.230	7.830	36.120
Total Expenditure										19.215	4.980	4.980	4.230	4.230	4.230	7.830	49.695
Innovative Schemes (Capital)										2.018	3.768	10.850	12.900	14.950	15.750	15.750	75.986
PVOs	25	20	40	60	80	100	100	100	100	0.500	1.000	1.500	2.000	2.500	2.500	2.500	12.500
PMPS	1	250	500	750	1000	1250	1250	1250	1250	0.250	0.500	0.750	1.000	1.250	1.250	1.250	6.250
Mahila Sanghas	2.5	200	400	600	800	1000	1000	1000	1000	0.500	1.000	1.500	2.000	2.500	2.500	2.500	12.500
HAC Members TA/DA	0.1	7680	7680	54000	54000	54000	54000	54000	54000	0.768	0.768	5.400	5.400	5.400	5.400	5.400	28.536
Tribal ANMs										0.000	0.500	1.700	2.500	3.300	4.100	4.100	16.200
Total Capital Cost of Project										189.461	270.182	207.817	182.664	55.465	16.750	17.748	942.087
Total Recurring Cost										21.124	20.414	32.348	48.082	49.337	51.834	57.696	280.835
Total Project Base Cost										210.585	290.596	240.165	230.746	104.803	68.584	75.444	1220.922
Physical Contingency										15.721	24.369	17.877	15.460	2.863	1.828	2.154	80.273
Price Contingency										14.741	40.553	49.936	61.914	34.767	27.319	35.326	264.554
Total Project Cost										241.047	355.518	307.978	308.119	142.433	97.731	112.924	1565.749

Provision for physical contingency is made at 10 percent for physical quantities and 5 percent for salaries, O & M, consultancy and honorarium and that for price contingency at , 7.5% for 1994-95, 6.5% for 1995-96, 6.0 for 1996-97 and 5% for 1997-2000.

10.4 Project Sustainability

The revenue expenditure of Karnataka on Health and Family Welfare, formed 4.44 percent of total expenditure of the state in 1983-84 and rose to 4.66 percent by 1993-94. The expenditure on Health and Family welfare has been growing at a compound rate of 14.4 percent per annum. The non-plan expenditure which is borne by the state is nearly two thirds of the total expenditure. The Total Expenditure for the year 1999-2000 is projected at Rs. 9737.857 million of which non-plan expenditure will be Rs. 6538.830 million or 2.3 times the level of expenditure in 1993-94.

The increase in annual recurring expenditure by Rs. 55.818 million at the end of the project period will be 0.85 percent of the non-plan expenditure. This increase is insignificant compared to anticipated increase in total non-plan expenditure or even current level of expenditure. The following Table presents the trend in Expenditure during the period 1983-84 to 1993-94 and projection for 1999-2000.

Table 10.4 Actual and Projected Expenditure on Health and Family Welfare

Year	Million Rupees			
	Plan expenditure	Non-plan expenditure	Total expenditure	Plan expenditure as percent of Total
1983-84	407.951	712.972	1120.923	36.39
1984-85	611.889	804.244	1416.133	43.21
1985-86	503.684	1044.915	1548.599	32.53
1986-87	539.014	1155.926	1694.940	31.80
1987-88	656.917	1285.620	1942.537	33.82
1989-90	821.459	1653.554	2475.013	33.19
1990-91	927.389	1779.598	2706.987	34.26
1991-92	1035.134	2155.153	3190.287	32.45
1992-93	1204.949	2482.818	3687.767	32.67
1993-94	1477.717	2848.326	4326.043	34.16
1999-2000 Projected	3198.757	6538.830	9737.587	32.85

References

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[3]Bhaskara Rao N. Family Planning Communication in Retrospect, Centre for Media Studies, New Delhi

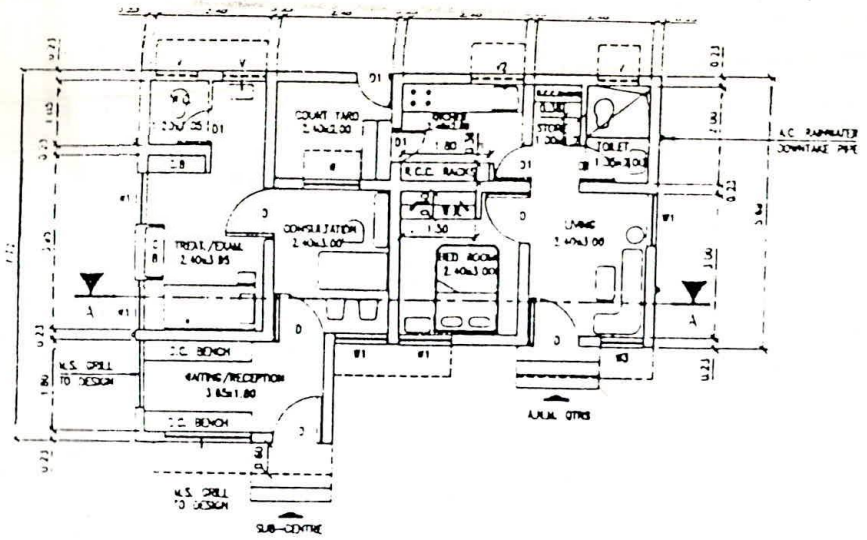
[4]Reddy P.H., Bhattacharya P.J., Venugopala Rao M.R. Tribes in Karnataka - A study of Socio-economic and Demographic Characteristics of the Soligas, Population Centre, Bangalore, 1983.

[5]Reddy P.H., Bhattacharya P.J., Venugopala Rao M.R. Tribes in Karnataka - A study of Socio-economic and Demographic Characteristics of the Soligas, Population Centre, Bangalore, 1984.

[6]Najunda Rao L. Tribals in Heggadadevanakote taluk, Foundation for Educational Innovations in Asia (FENIDA), Bangalore, 1988.

[7]Hanumantarayappa P. Issues in Tribal development, (A Study of Selected Tribes in Dakshina Kannada District of Karnataka). Population Research Centre, Institute of Social and Economic Change, Bangalore 1992.

[8]Muthurayappa R, Lingaraju M, Prakasha Rao A. Evaluation Study of Health and Family Welfare Programme Among Scheduled Tribes in Dakshin Kannad District of Karnataka, Population Research Centre, Institute of Social and Economic Change, Bangalore 1992.



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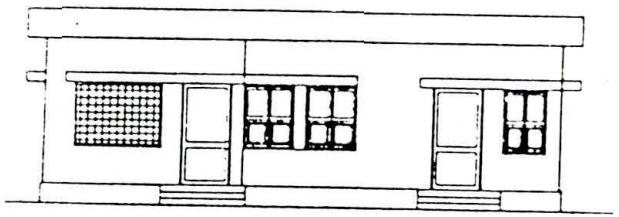
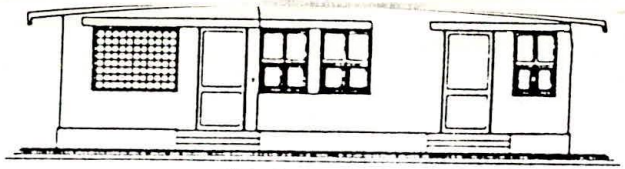


FRONT ELEVATION
(FLAT ROOF)



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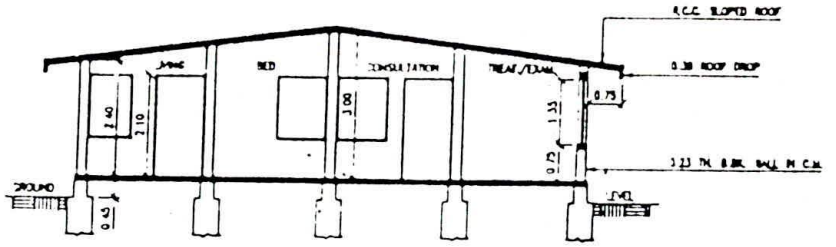
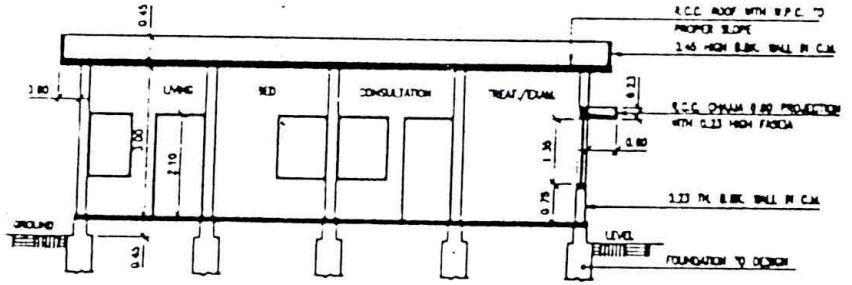
(SLOPED ROOF)



SECTION AA
(SLOPED ROOF)



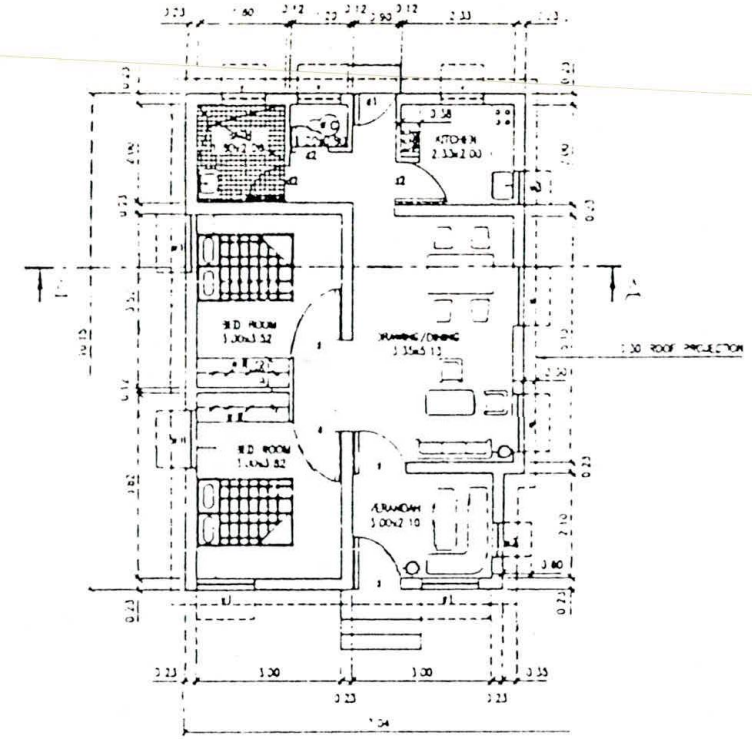
SECTION AA
(FLAT ROOF)

SCHEDULE OF OPENINGS

DOORS -	D	1.05x2.10
	D1	0.75x2.10
WINDOWS -	W	1.20x1.35
	W1	1.05x1.35
	W3	0.90x1.35
VENTILATOR -	V	0.90x0.60
	V1	1.05x0.60
WARD ROBE -	W.R.	1.5x1.97

PROJECT	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE	SUB - CENTER AND QUARTERS PLINTH AREA : 84.00 SQ.M.		
	SIGNATURE	DATE	
CHIEF ARCHITECT			
DEPUTY CHIEF ARCHITECT			SCALE : 1 : 100
ASSISTANT ARCHITECT			DRG. No.
DEPUTY ARCHITECT			IPP-IX/2

PP01001



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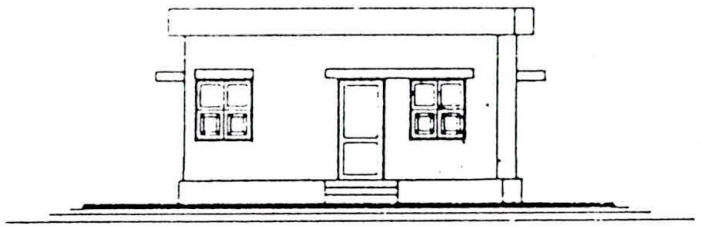

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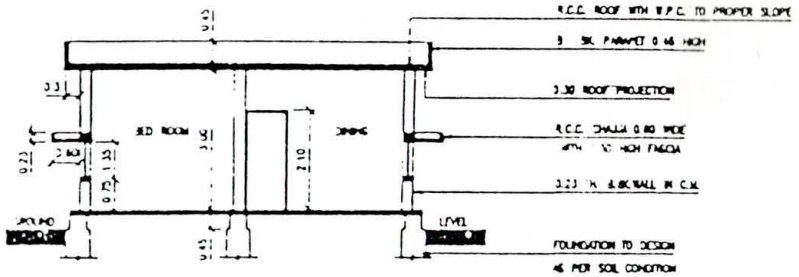


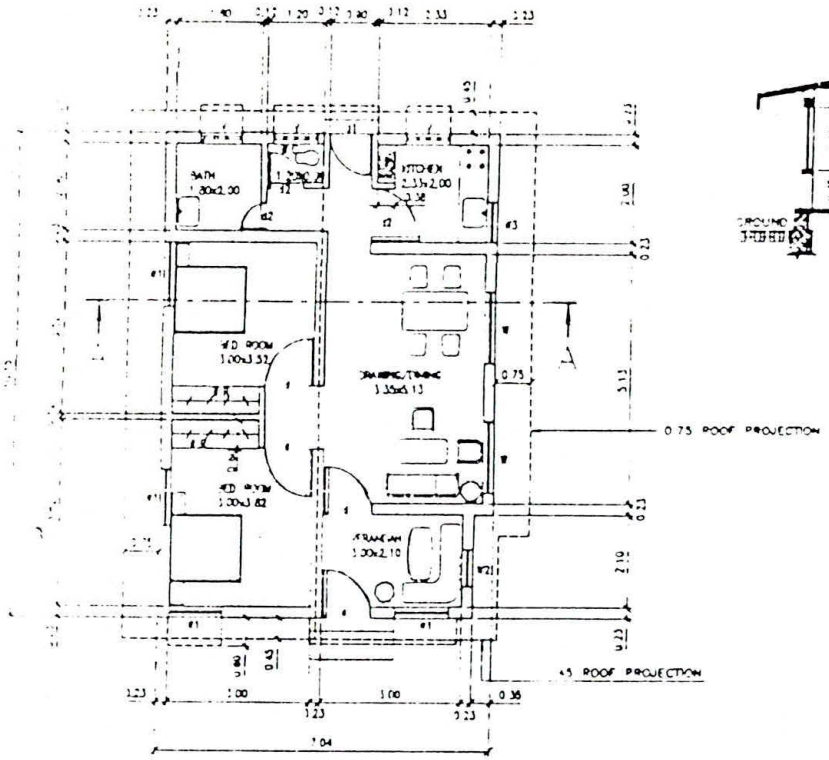
SECTION AA

SCHEDULE OF OPENINGS

DOORS	d	1.05x2.10
	d1	0.80x2.10
	d2	0.75x2.10
WINDOWS	w	1.50x1.35
	w1	1.20x1.35
	w2	0.75x1.35
	w3	0.75x1.20
VENTILATOR	v	0.60x0.60
WARD ROBE	W.R.	1.80x1.07

PROJECT: INDIA POPULATION PROJECT IX KARNATAKA INDIA			
TITLE: MEDICAL OFFICERS QUARTERS PLINTH AREA : 70.80 SQ MT			
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd/-	09/07/93	
DEPUTY CHIEF ARCHITECT	Sd/-	24/11/93	SCALE : 1:100
ASSISTANT ARCHITECT			DRG. No. IPP-IX/1/F
DEPUTY ARCHITECT			

IPP01002



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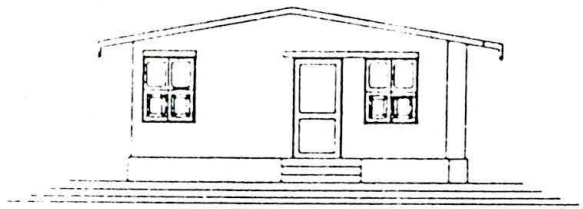

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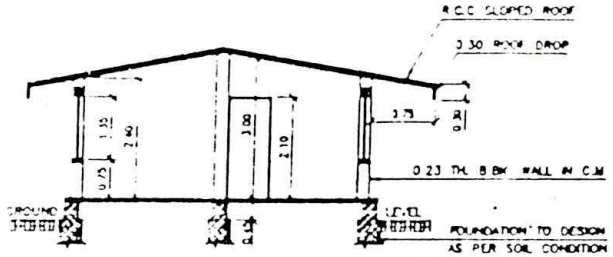


SECTION AA

SCHEDULE OF OPENINGS

DOOR	d 1	1.05x2.10
	d2	0.80x2.10
	d3	0.75x2.10
WINDOWS	w 1	1.50x1.35
	w2	1.20x1.35
	w3	0.75x1.35
	w4	0.75x1.20
VENTILATOR	v	0.90x0.60
WARDROBE	w.R.	1.80x1.97

SPECIFICATIONS -

STRUCTURE -
WINDOWS MADE FROM C.R. STEEL CONFORMING TO IS.513, OUTER FRAME RECTANGULAR HOLLOW PROFILES AS PER IS.811 JOINED IN A BUT & BOLT RIGID BUTT ASSEMBLY WITH MULLION JOINS SUITABLE NYLON/STEEL INSERTS, OR FORMED SECTIONS AS PER IS.4021 FOR PRE-FORMED NYLON SHUTTERS WITH REQUISITE HARDWARE CONFORMING TO IS.1477 PART-1 PRECLEANED IN 7 STAGE PROCESS INCLUDING PHOSPHATING AND PROVIDING 2 COATS OF PRIMER AND ALSO A STOVE ENAMEL PAINT FINISH USING IS FRAMED PAINT OF ANY CHOICE OF COLOUR.

FRAMES - OUTER FRAME RECTANGULAR SECTIONS ARE OF 50x30mm 1.10mm THICK HORIZONTAL JAMBS & VERTICAL JAMBS WHICH ARE JOINED RIGIDLY WITH THE HELP OF NYLON INSERTS WITH NOSE BOLTS MULLION MEMBERS ARE OF REET-SECTION OF 46x34mm 1.10mm THICK [illegible] IS JOINED TO THE HORIZONTAL JAMBS WITH NYLON INSERTS WITH CHANFERED HSS BOLTS.

SHUTTERS - SHUTTERS/WINDOW LEAF OF CR FORMED SECTIONS, INTERLOCK TOPHAT/CAP SECTION 1.10mm THICK OF 24x24x46mm, THESE ARE JOINED AT THE FOUR CORNERS WITH STEEL BRACKET TO ENSURE RIGIDITY.

HINGE - PBP NYLON/STEEL HINGE MADE OF GLASS FILLED NYLON WITH STEEL RIB FOR REINFORCEMENT.

FASTENERS - STAINLESS TOWER BOLT 75mm ROD AS PER SPECIFICATIONS MANUFACTURED WITH 13 MICRON DEPOSITION, SUITABLE NYLON RECEIVER BUSH INSERTED IN THE RECTANGULAR SECTION TO ACT AS WATER SEALANT AND TO ENSURE SMOOTH ACTION.

HOLD FASTS - 4 HOLD FASTS 300mm ANCHOR SCREWS.

HANDLES -
POWDER COATED 'L' SHAPED 75mm W.S. HANDLES.

STAYS - 150mm LONG ANODISED STAYS 3mm.

GLASS FIXING - GLASS FIXING WITH RUBBER GASKET AND SECURED WITH ROUND HEAD SELF TAPPING SCREWS AND SECURITY CLIP ON BEADING CHANNEL.

DOORS -
FRAMES MADE FROM CR STEEL AS PER IS.513 CR STEEL USING CR SECTIONS IS.4021x1.2mm THICK PRE-SLOTTED FOR FIXING NON WELDED HINGES ALONG WITH REQUISITE HARDWARE PRECLEANED & PHOSPHATED AS PER IS.1477 PART-1 WITH 2 COATS OF PRIMER SPECIAL STOVE ENAMEL PAINT FINISH WITH PROVISION FOR EASY ASSEMBLY AND INSTALLATION AT SITE.
THE VERTICAL & HORIZONTAL JAMBS ARE CR FORMED SECTIONS 127x46xUP 1.0mm, REBATE 37mm & 12mm IS THICKNESS 1.2mm PRE-SLOTTED BRACKETS ARE WELDED ON TO THE HORIZONTAL JAMB. THE VERTICAL JAMB IS ALSO PRE SLOTTED, WHICH FACILITATES A ROD BUTT JOINT ASSEMBLY USING M8 MS GALVANISED NUT AND BOLT.

SHUTTERS - 6B CERTIFIED MELAMINE FACED BOTH SIDES.
PRE-LAMINATED PARTICLE BOARD 18mm THICK DIMENSIONED WITH 30x60mm WIDTH x 1.2mm THICK CR STEEL LIPPING ON ALL SIDES. THE CR STEEL IS AS PER IS.513 AND IS PRECLEANED AND PHOSPHATED AS PER IS.1477 PART-1 AND PAINTED WITH 2 COATS OF RUST PREVENTIVE PRIMER AND FINISHING WITH STOVE ENAMELED PAINT OF CHOICE OF COLOUR.

HINGES - HINGES ARE 125mm CONFORMING TO IS SPECIFICATIONS. THERE WILL BE 3 SUCH HINGES DETACHABLE TYPE FIXING, NON WELDED ON THE SHOP JAMB.

TOWER BOLT M8 150mm TOWER BOLT WITH 10mm ROD AS PER IS SPECIFICATIONS POWDER COATED SUITABLE PLASTIC RECEIVER BUSH INSERTED IN THE RECTANGULAR SECTION TO ACT AS WATER SEALANT & TO ENSURE SMOOTH ACTION.

ALDROP - ALDROP AS PER IS SPECIFICATIONS WITH 10mm ROD WILL BE PROVIDED UNLESS OTHERWISE MORTICE LOCK IS SPECIFIED. PROVISION FOR MORTICE LOCK TO BE MADE 150mm LENGTH 80mm WIDTH AND 18mm THICK MADE OF BRASS BODY.

HOLD FASTS - SIX HOLD FASTS ARE PROVIDED FOR EVERY DOOR FRAME SET HOLD FASTS ARE 3mm THICK AND A MINIMUM LENGTH OF 80mm AS PER IS SPECIFICATIONS FOR INSTALLATION DURING BRICK BOND STAGE OR INSTALLATION AFTER MASONARY WORKS WITH 8 mm 80mm ANCHOR SCREWS AND CLOSING THE VISIBLE HOLES WITH PVC COVER SEALS.

WEATHER STRIPPING - THIS SHOULD BE PROVIDED ALONG THE FRAME TO ENSURE QUALITY AND STRENGTH TO THE FRAME.

PROJECT	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE	MEDICAL OFFICERS QUARTERS PLINTH AREA : 70.80 SQ.M.		
	SIGNATURE	DATE	
CHIEF ARCHITECT			
DEPUTY CHIEF ARCHITECT			SCALE 1:50
ASSISTANT ARCHITECT			DRG. No. IPP-IX/1/S
DEPUTY ARCHITECT			

IPP91003

Annexure 3
Locations for Construction of Sub-Centres During First Year of Project

Sites in eighty seven villages have been located for the first year programme . However, additional 29 villages have been identified as standby for the first year and if not used will be carried over for the second year.

District	Taluk	Village	Site Selected
1. Bellary	1. Siriguppa	1. Konchigeri	
		2. M.Sugur	
		3. Buduguppa	
		4. Baiakundi	Yes
		5. Nittur	Yes
	2. Kudligi	6. Shivapura	Yes
		7. Doopadhahalli	
	3. Sandur	8. Metriki	
	4. Haranahalli	9. Udghatta Doddathandi	
		10. Madlagiri	
	5. Hospet	11. Danapura	
		12. Nagalapura	
2. Chikmagalur	1. Chikmagalur	1. Channagondanahally	Yes
		2. Ambale	Yes
	2. Kadur	3. Nagenahally	Yes
		4. Somanahally	Yes
		5. S.Madapura	Yes
		6. Hogarehally	Yes
	3. Tarikere	7. Ballavara	Yes
		8. Kuncthinamadu	Yes
	4. Narasimharajapura	9. Madaburu	Yes
	5. Koppa	10. Kumbarakoppa	Yes
		11. Gunavanthy	Yes
		12. Hosur	Yes
	6. Sringeri	13. Honavalli	Yes
		14. Hearur	Yes
	7. Mudigere	15. Kotigehara	Yes
		16. Shibira	Yes
3. Chitadurga	1. Chitradurga	1. Doddasiddavvahanahally	Yes
		2. Mallapura	Yes
	2. Hiriyur	3. Palavanahally	Yes
	3. Hosadurga	4. Allaghatta	Yes
		5. Devanagere	Yes
	4. Mallakalamuru	6. Chikkarahalli	Yes
	5. Harihara	7. Belasanna	Yes
	6. Challakere	8. Rangavanahally	Yes
		9. Ganjijunte	Yes

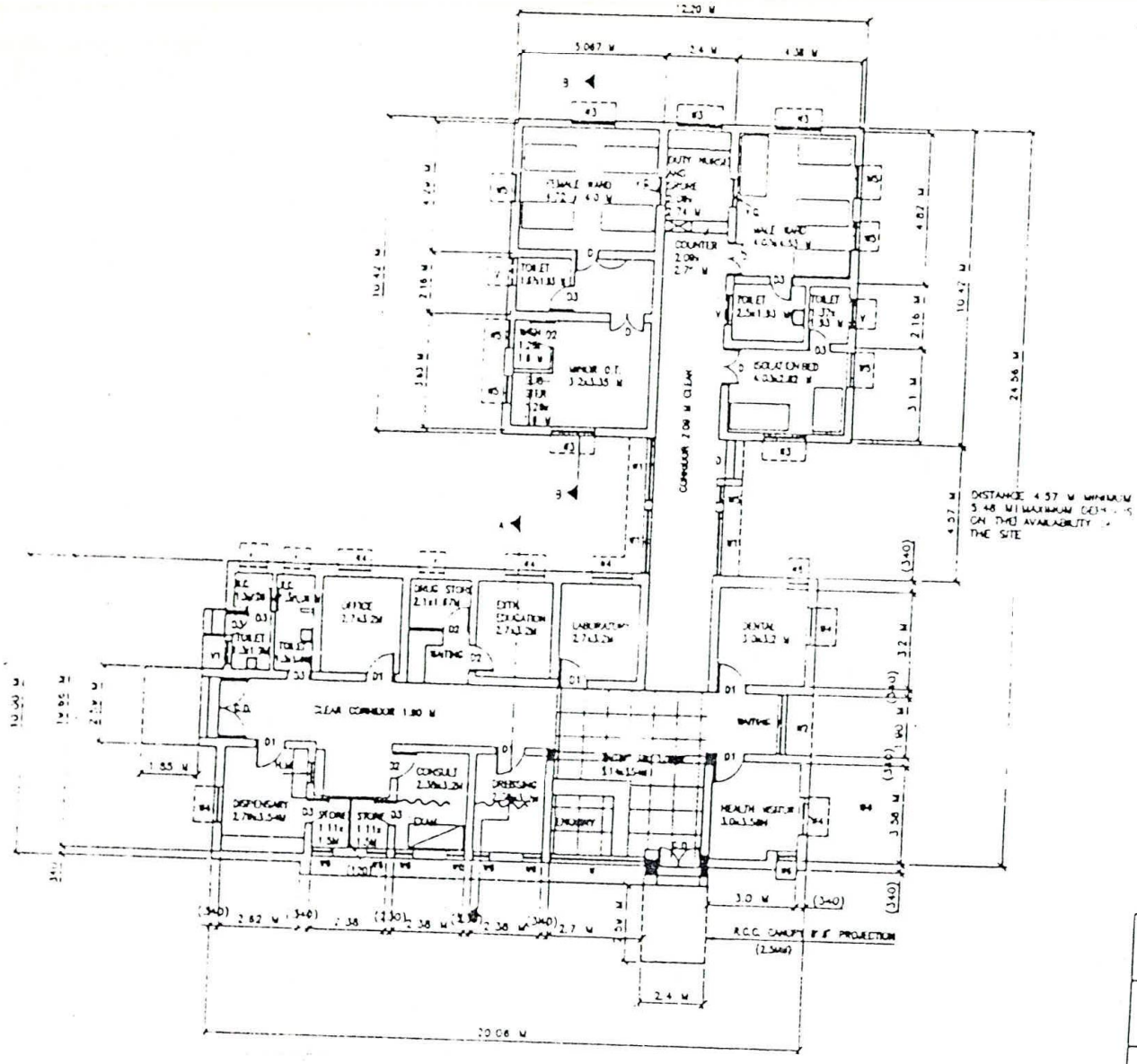
District	Taluk	Village	Site Selected
4. Dakshin Kannad	1. Mangalore	1. Bajpe	Yes
		2. Permude	Yes
		3. Natekal	Yes
	2. Udupi	4. Hejamadi	Yes
		5. Tenka	Yes
	3. Buntwal	6. Kodapadavu	
		7 Mangilapadavu	
District	Taluk	Village	Site Selected
5. Hassan	1. Hassan	1. Dasarakoppalu	Yes
		2. Bijamaranahally	Yes
	2. Arasikere	3. Maralekatte	Yes
		4. Maratagere	Yes
	3. Chennarayapatna	5. Obalapura	Yes
	4. Arakalagudu	6. Ragimarur	Yes
	5. Sakalshapura	7. Halebelur	Yes
	6. Belur	8. Parasadihalli	Yes
	7. Alur	9. Byrapura	Yes
	8. Holenarasapura	10. Chittanahally	Yes
6. Kodagu	Virajpet	Kannagala	Yes
		Kutta B	Yes
	Hebbele	Thorenoor	Yes
7. Mandya	1. Srirangapatna	1. Belagola	Yes
		2. Ganjam	
		3. Kirangur	Yes
		4. Acchappanakoppalu	Yes
		5. Balenahally	Yes
		6. Arakere	Yes
		7. Neralakere	Yes
		8. Doddapalya	Yes
		9. Gamanahally	Yes
		10. Tadagawwadi	Yes
	2. Pandavapura	11. Jakkanahalli	Yes
	3. Nagamangala	12. Kalingnahalli	Yes
		13. Chinchanahalli	Yes
		14. Arni	Yes
		15. Lakshmipura	Yes
		16. Nelligere	Yes
		17. Bommenahalli	Yes
		18. Agachahalli	Yes
		19. Ancheetinhanahalli	Yes
		20. Doddajutaka	Yes
		21. Kelagere	Yes
8. Mysore	1. Gundulpet	1. Kadsoge	Yes
		2. Terakanambi	Yes
	2. Chamarajanagar	3. Honganur	Yes
		4. Rachanballi	Yes
		5. Nagavalli	Yes
		6. Nallur	Yes
		7. Daddahalli	Yes
		8. V.Chatra	Yes

District	Taluk	Village	Site Selected
Mysore	3. H.D.Kote	9. Saragur 10. Hampapura	Yes Yes
	4. Periapatna	11. Bettadapura 12. Ravandur	Yes Yes
	5. Kollegal	13. Hanur	Yes
	6. T. Narsipura	14. Somnathapura 15. Musuvinakoplu	Yes Yes
9. Shimoga	1. Honnali	1. Kumbalpur 2. Muktahanhalli	Yes Yes
	2. Channageri	3. Hodalipura 4. Bellagere	
	3. Shimoga	5. Mandaghatta 6. Thadasa	Yes Yes
	4. Bhadravathi	7. Nimbegundi	
	5. Shikaripura	8. Haragari	
	6. Sorab	9. Jogihalli 10. Hiramagadi 11. Chikkababbur	
	7. Tirthahalli	12. Ubbur 13. Kukkur 14 Mallimukke 15. Bettabasavami 16. Meekari	
	8. Hosanagar	17. Maverikoppa 18. Nittur	
10. Uttar Kannad	1. Kumta	1. Bankikodla	Yes
	2. Karwar	2. Binaga 3. Kodara	Yes Yes
	3. Mundagod	4. Nandigatta 5. Kusura	Yes Yes

Annexure 7

Status of Buildings for PHCs

District	PHC Sanctioned	PHCs with Own Building	PHCs Building Under Construction	PHCs without Buildings
Bangalore	25	20	1	4
Bangalore Rural	54	32	8	14
Belgaum	107	65	29	13
Bellary	46	30	0	16
Bidar	35	28	0	7
Bijapur	77	69	5	3
Chikmagalur	39	34	5	0
Chitradurga	66	36	0	30
Dakshin Kannad	110	80	9	21
Dharwad	85	61	14	10
Gulbarga	74	46	0	28
Hassan	61	45	0	16
Kodagu	27	13	2	12
Kolar	69	60	9	0
Mandya	55	43	1	11
Mysore	117	83	16	18
Raichur	62	51	0	11
Shimoga	61	20	9	32
Tumkur	77	20	7	50
Uttar Kannad	50	28	4	18
Karnataka	1297	864	119	314
IPP IX Districts	632	412	46	174
Other Districts	665	452	73	140



PLAN

PLINTH AREA = 340.00 SQ. MT
= 3655.00 SFT

SCHEDULE OF JOINERY			
S.D	SHELL DOOR	2.09x2.1 M	TO DETAIL
G.D	GLASS DOOR	1.8x2.1	T.W. FRAME W... W PANELLED
D	SHELL DOOR	1.2x2.1	T.W. FRAME AND T.W. PANELLED
D1	SHELL DOOR	1.0x2.1	T.W. FRAME AND T.W. PANELLED
D2	SHELL DOOR	0.8x2.1	T.W. FRAME AND T.W. PANELLED
D3	SHELL DOOR	0.65x2.1	T.W. FRAME AND T.W. PANELLED
W	WINDOW	2.7x1.07	M.S. WINDOWS FULLY GLAZED
W1	WINDOW	2.1x1.29	M.S. WINDOWS FULLY GLAZED
W2	WINDOW	1.8x1.29	M.S. WINDOWS FULLY GLAZED
W3	WINDOW	1.5x1.29	M.S. WINDOWS FULLY GLAZED
W4	WINDOW	1.2x1.29	M.S. WINDOWS FULLY GLAZED
W5	WINDOW	3.84x1.29	M.S. WINDOWS FULLY GLAZED
W6	WINDOW	0.81x1.29	M.S. WINDOWS FULLY GLAZED
V	VENTILATOR	0.84x0.61	M.S. VENTILATOR FULLY GLAZED
V1	VENTILATOR	0.76x0.61	M.S. VENTILATOR FULLY GLAZED
V.G.	VENTING GLASS	0.84x1.2	
H.W.	HATCH WINDOW	0.61x1.29	

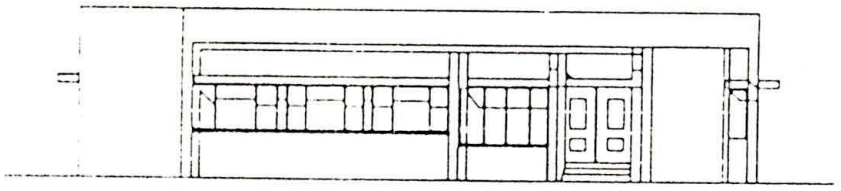
NOTE -

1. STRUCTURAL DESIGNS MAY BE OBTAINED FROM DESIGN SECTION C.E. (C & B)
2. ALL LOAD BEARING WALLS MAY BE OF 340 mm (13 1/2") PARTITION WALLS MAY BE 230 mm (9") AND (4 1/2") 120 mm IN CEILING HEIGHT
3. DETAILS FOR DOORS & VENTILATORS ETC. MAY BE OBTAINED FROM THIS OFFICE
4. FOUNDATIONS MAY BE DESIGNED FOR GROUND AND FIRST FLOOR
5. RAIN WATER TO BE DRAINED OFF TO REAR SIDE

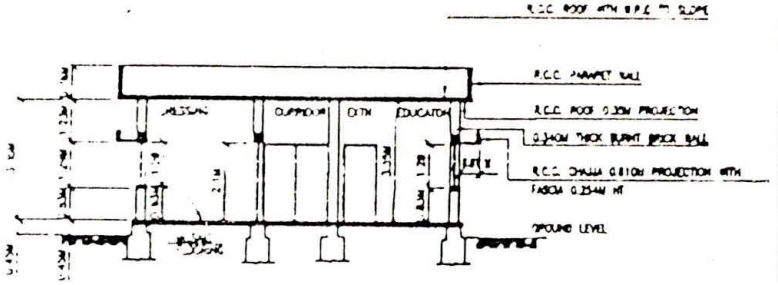
"COUNTERSIGNED BY THE DIRECTOR OF HEALTH AND F. W. SERVICES, BANGALORE VIDE LETTER NO. H.U.S.D. (2)/84/81.822 DATED : 3-11-1982."

PROJECT:	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE:	PROPOSED P.H.C. BUILDING (TYPE DESIGN)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd	11/2	
DEPUTY CHIEF ARCHITECT	Sd		SCALE : 1 : 150
ASSISTANT ARCHITECT	Sd		DRG. No. 6884/1
DEPUTY ARCHITECT	Sd		

PPO:1004



FRONT ELEVATION



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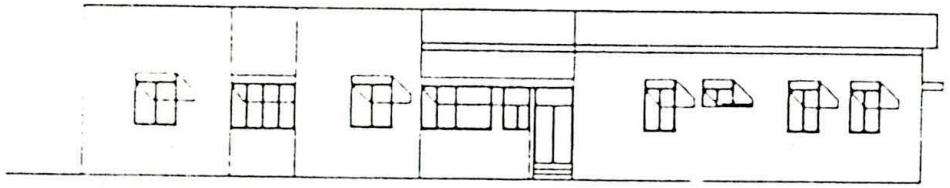
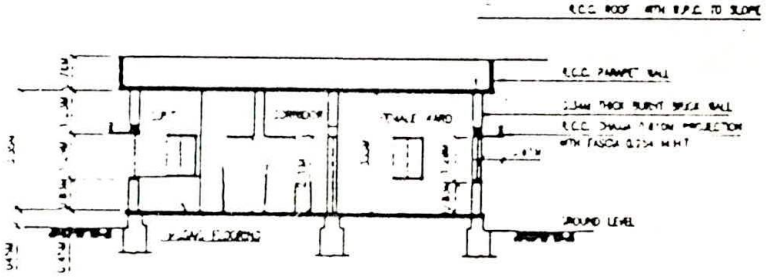


SIDE ELEVATION



SECTION ON BB

PROJECT:	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE:	PROPOSED P.H.C. BUILDING (TYPE DESIGN)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd/-		
DEPUTY CHIEF ARCHITECT			SCALE : 1:200
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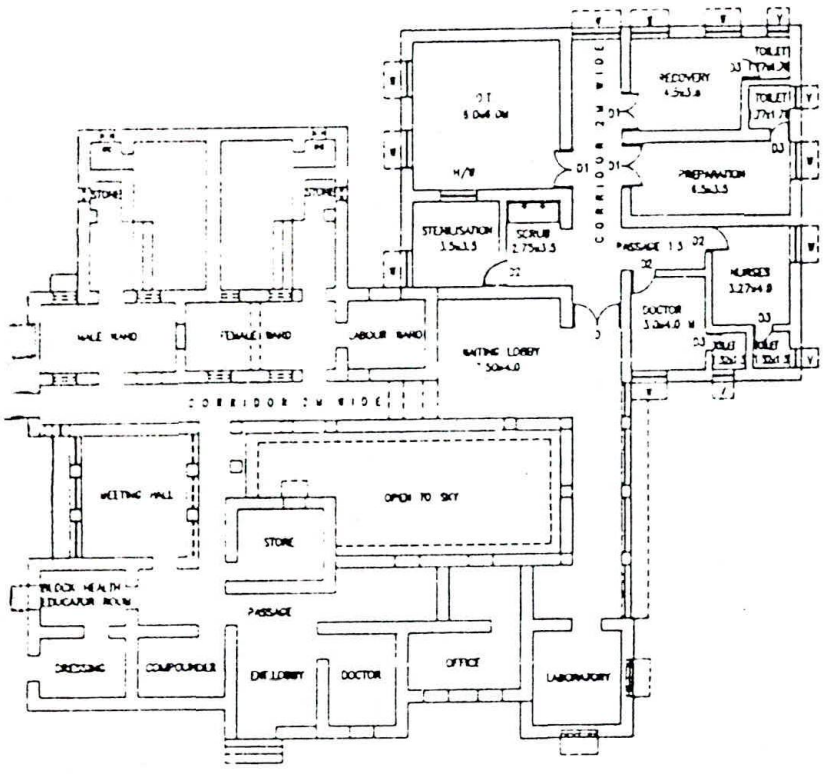
PP01003



GROUND FLOOR PLAN

NOTE :-

PROPOSED BUILDING

TO BE DEMOLISHED

EXISTING

SCALE

D	0.9x2.10
D1	1.20x2.10
D2	1.35x2.10
D3	0.80x2.10
W	1.50x1.20
V	0.80x0.80

PROJECT: INDIA POPULATION PROJECT IX
KARNATAKA INDIA

TITLE: PROPOSED ADDITION & ALTERATIONS TO THE EXISTING PRIMARY HEALTH CENTRE (TYPE DESIGN)

	SIGNATURE	DATE
CHIEF ARCHITECT		
DEPUTY CHIEF ARCHITECT		
ASSISTANT ARCHITECT		
DEPUTY ARCHITECT		

SCALE : 1 : 200

DRG. No. IPP-IX 19 PHC 3

IPP01017

Annexure 9

Furniture and Equipment for Sub-centres

1.(a). Furniture for new buildings

Srl No.	Item Description	Quantity	Cost Rs.
1.	Examination table	1	1,375
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	3,000
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		22,445

Say Rs. 22,500

1.(a). Furniture for other sub-centres

Furniture worth Rs. 9,000 on an average is provided for other sub-centres

2. Equipment for all Sub-centres

Srl No	Item Description	Quantity	Cost Rs.
1.	Scale Bathroom Metric/Avoirdupois: 120 KG/280 LB	1	350
2.	Scale infant Metric 16 KGs x 20 G	1	1,200
3.	Colour coded weighing scale (baby)	5	500
4.	Basin Kidney enamel 825 ml	2	200
5.	Basin solution deep enamel 6 litres	1	100
6.	Tray instrument / dressing with cover: 310 x 195 x 631 mm S.S	1	100
7.	Sheeting plastic clear vinyl 910 mm wide	2	60
8.	Brush surgeon's white nylon bristles	2	30
9.	Lancet (Hedgedorn Suture Needle) straight 75 mm	1	30
10	Tape measure 1.5 M / 60" wide vinyl coated	1	10
11.	Flash light pre focused – 2 cell	1	50
12.	Sphygmomanometer aneroid 300 mm with cuff	1	200
13	Stethoscope Bianural	1	150
14	Forceps dressing spring type 150 mm stainless steel	1	30
15	Forceps hemostat straight Kelly 140 mm stainless steel	2	60
16	Forceps sterilizer (utility) 200 mm Vaughn Crim	1	50
17	Jar dressing w/cover 0.945 litre stainless steel	1	50
18	Forceps uterine vulsellum straight J and above 250 mm	1	100
19	Scissors surgical straight 140 mm S / B stainless steel	1	80
20	Speculum vaginal Bi-valve Cusco's medium stainless steel	1	100
21	Reagent strips for urine test (albumen and sugar)	100	200
22	Rack Blood sedimentation Westergren 6-3/4 unit	1	500
23	Cusco's & Sims vaginal speculum	1	80
24	Anterior vaginal wall retractor	1	80
25	Measure 1/2 and 1 litre	1	100
26	Uterine sound	1	100
27	Haemoglobinmeter set salti type complete set	1	500
	Total		5,010

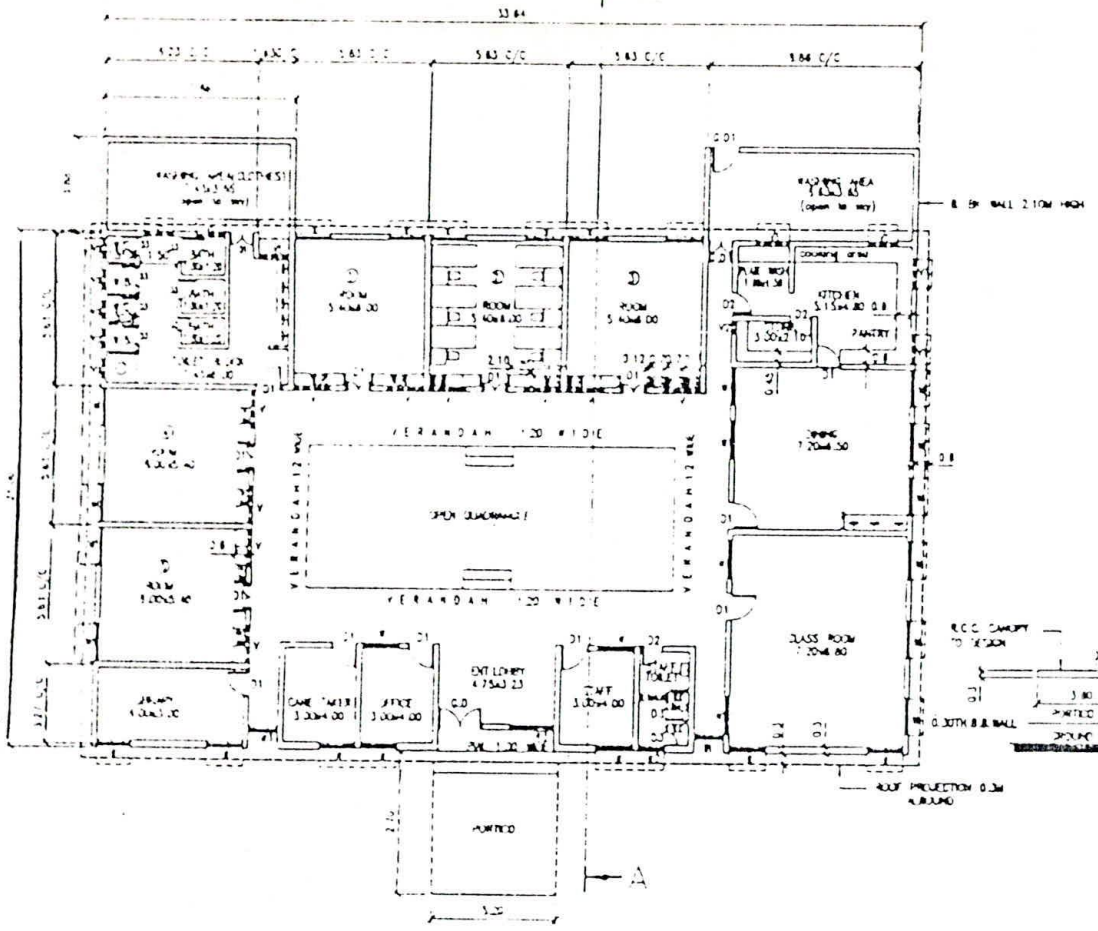
Say Rs. 5,000

Annexure 10

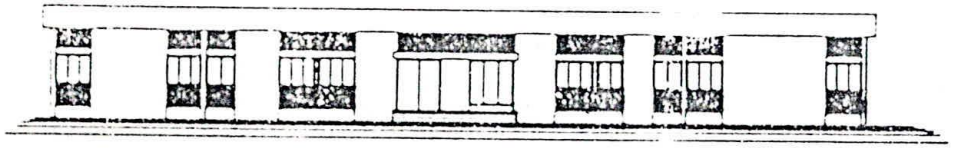
Equipment for ANM Kit

Srl No.	Item Description	Quantity	Cost Rs.
1.	Sphygmomanometer aneroid 300 mm with cuff	1	200
2.	Colour coded weighing scale (baby)	1	100
3	Instrument sterilizer SS 222 x 22 x 41 mm	1	80
4	Spring type dressing forceps - stainless steel	1	80
5.	Basin Kidney enamel 825 ml	1	50
6	Sponge bowl - stainless steel - 600 ml	2	100
7.	Urethral catheter (12 fr) runner	1	25
8.	Sheeting plastic clear vinyl 910 mm wide	2	60
9.	Enema can with tubing	1	60
10	Clinical thermometer oral (dual Celsius / Fahrenheit scale)	1	20
11	Clinical thermometer rectal (dual Celsius / Fahrenheit scale)		20
12.	Brush surgeon's white nylon bristles	1	15
13	Mucus extractor	1	50
14	Artery Forceps	2	70
15	Cord cutting scissors	1	60
16	Cord ties /rubber band packet	1	20
17	Nail clipper	1	20
18	Foethoscope (stethescope Foetal)	1	20
19	Surgical scissors straight stainless steel 150 mm	1	80
20	Spirit lamp with screw cap : metal (60 ml)	1	50
21	Aluminum shield for sprit lamp	1	20
22	Poly urethane self sealing bag (125 x 200 mm)	12	30
23	Arm circumference scale	1	20
24	Rack Blood sedimentation Westergen 6-3/4 unit	1	20
25	Adhesive zinc oxide tape (25 mm x 0.9 m) roll	1	80
26	Tape measure 1.5 M / 60" wide vinyl coated	1	10
27	Flash light pre focused – 2 cell	1	50
28	Kit bag	1	500
	Total		1,910

Say Rs. 2,000



PLAN



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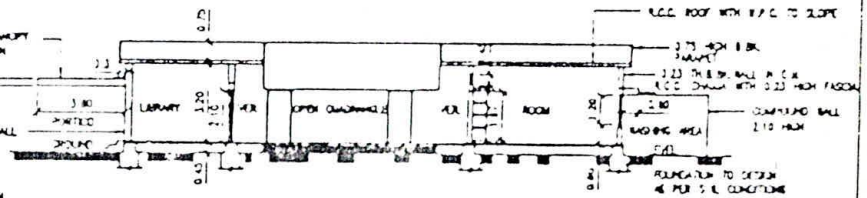


SECTION AA

AREA STATEMENT

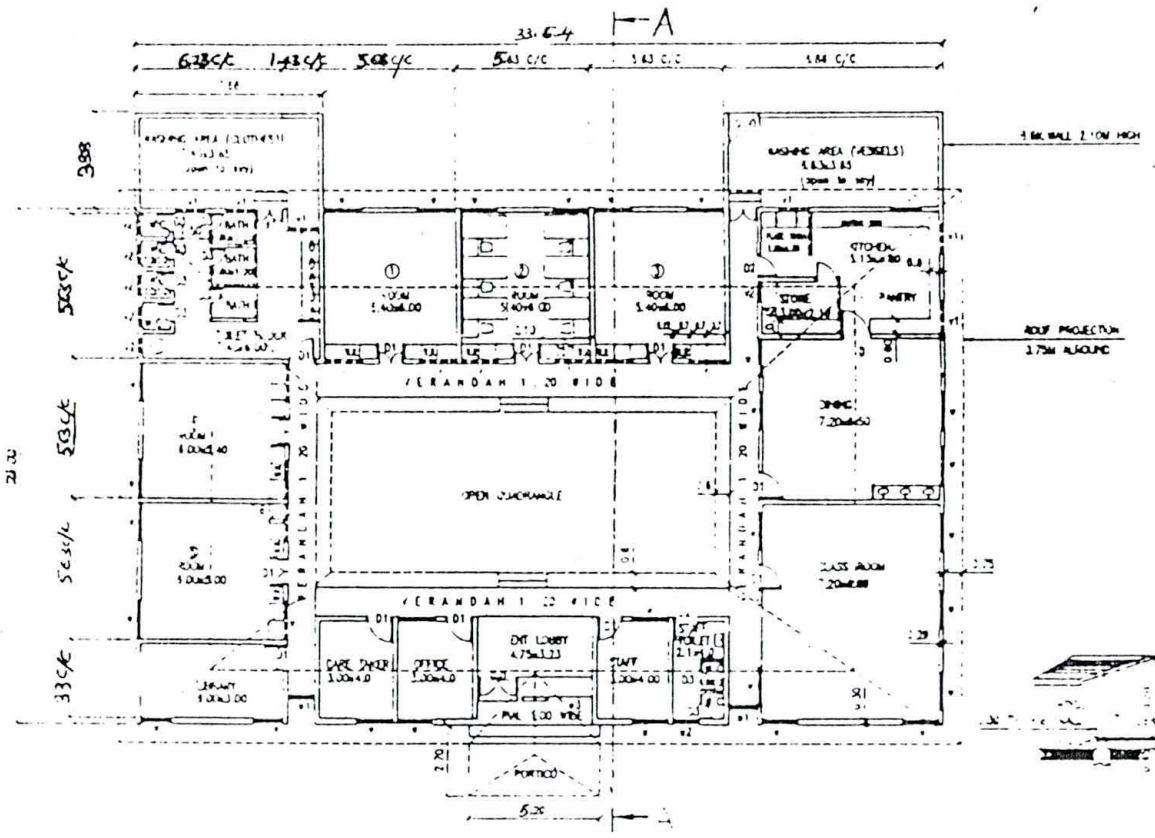
BUILDING DETAILS	NO. OF UNITS	CARPET AREA PROVIDED IN SQ MTS
CLASS ROOM	1	63
OFFICE ROOM STAFF ROOM LIBRARY STORE	1 EACH	54
ROOMS FOR TRAINEES (6 STUDENTS IN EACH ROOM)	5	182
TOILET	3 EACH W.C.	43
SEWING		47
KITCHEN	1	25
VERANDAH (CIRCULATION)		42.78
ENTRANCE LOBBY		15.30
STAFF TOILET	1	5.40
TOTAL CARPET AREA		470.40

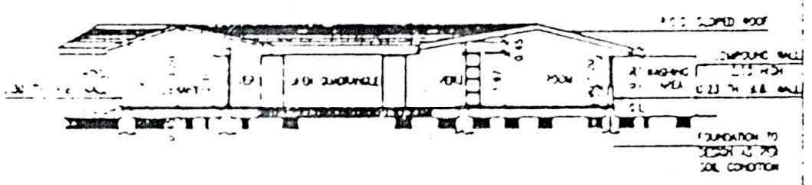
SCHEDULE OF OPENING

DRILL DOOR	D	1.80x2.10	VENTILATORS	V	1.50x0.45 (above toilet level)
	D1	1.20x2.10		V1	1.20x0.45
DOORS	D1	1.05x2.10		V2	0.75x0.45
	D2	0.90x2.10	WARD ROBE	W.R.	2.10x1.97
	D3	0.75x2.10			
WINDOWS	W	1.50x1.20			
	W1	1.20x1.20			
	W2	1.06x1.20			
	W3	1.80x1.97			

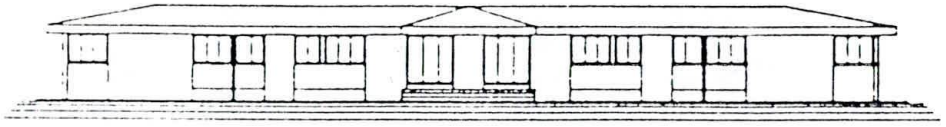
PROJECT:	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE:	DISTRICT TRAINING CENTER (30 Trainees) PLINTH AREA : 575.00 SQ MTS CARPET AREA : 470.40 SQ MTS		
	SIGNATURE	DATE	
CHIEF ARCHITECT		28/07/93	
DEPUTY CHIEF ARCHITECT		27/11/93	SCALE 1:200
ASSISTANT ARCHITECT			DWG. No. IPP-IX/3/F
DEPUTY ARCHITECT			

FYP01008





SECTION AA



FRONT ELEVATION

PROJECT	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE:	DIST.TRAINING CENTER. (30 Trainees.) PLINTH AREA : 575.00 SQ.Mts. CARPET AREA : 470.40 SQ.Mts.		
	SIGNATURE	DATE	
CHIEF ARCHITECT	sd/-	22/11/93	
DEPUTY CHIEF ARCHITECT	sd/-	27/11/93	SCALE 1 : 200
ASSISTANT ARCHITECT			DRG. No.
DEPUTY ARCHITECT			IPP-IX/3/S

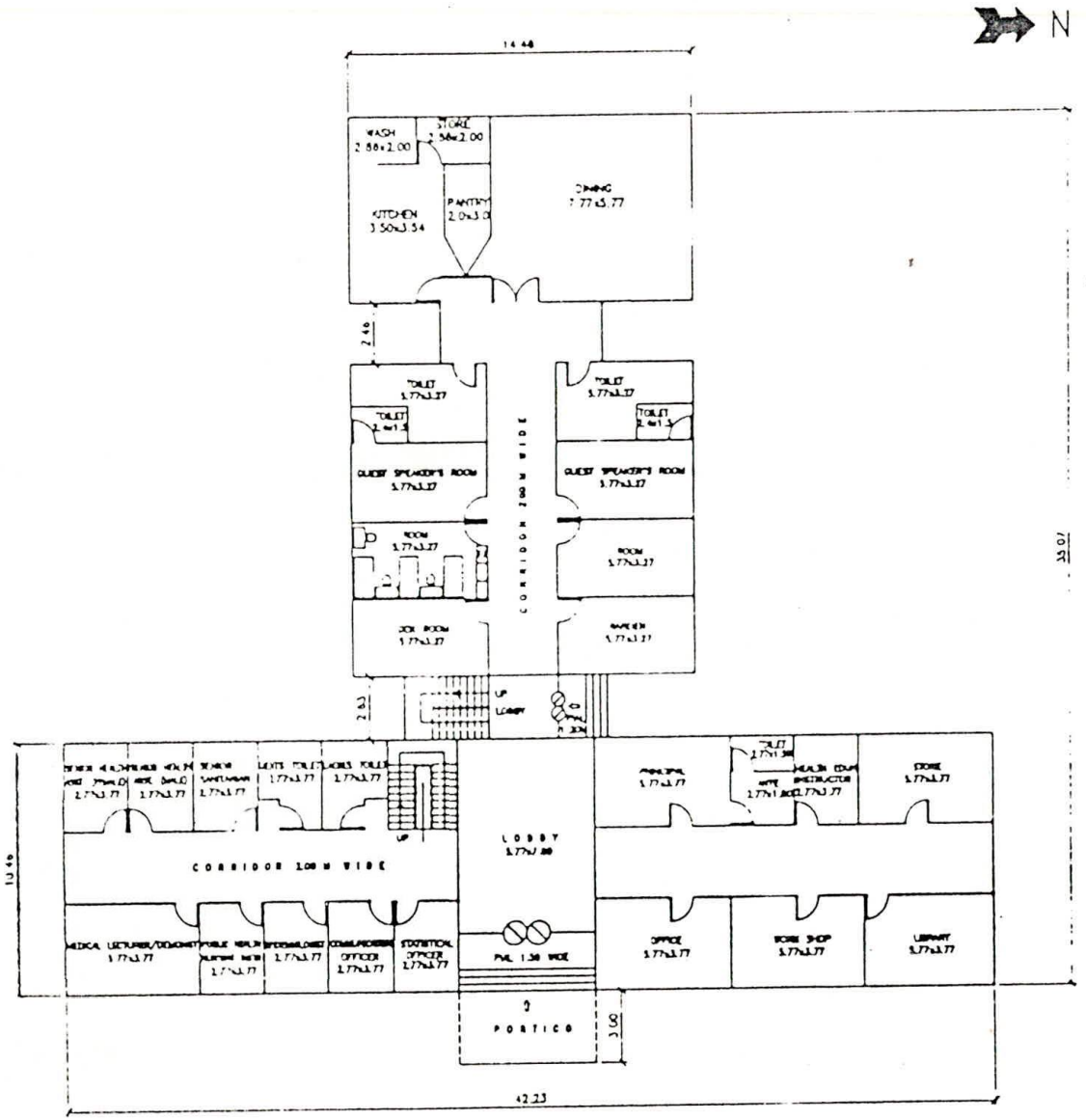
PP01007

Annexure 12

Furniture and Equipment for each District Training Centre

1. Furniture:

Item	Rs.
A. Class Room	
1. Table and Chair for Faculty	2,800
2. TraineesWork bench and 2 chairs: 15 @ Rs. 3,200 each	48,000
3. White Board 6' x 4'	3,200
Total	54,000
B. Office Rooms	
1. Sr. Staff: Table and 3 Chairs: 4 Sets @ Rs. 5,400	21,600
2. Jr. Staff: Table and 2 Chairs: 2 sets @ Rs. 4,200	8,400
3. Cupboards: 2 Nos. @ Rs. 3,000 each	6,000
4. Slotted angle rack: one	1,000
Total	36,000
C. Hostel Rooms	
1. Cots with Mattress: 30 @ Rs. 2,500 each	75,000
2. Work bench and Chair: 30 @ Rs. 1,200 each	36,000
Total	1,11,000
D. Dining Hall	
1. Tables : 9 @ Rs. 2,400 each	21,600
2. Chairs: 36 @ Rs. 750 each	27,000
Total	48,600
Equipment	
A. Class Room	
1. Overhead Projector with Screen and accessories	8,640
2. 35 mm Slide Projector with accessories	16,200
Total	24,840
B. Kitchen	
1. Cooking Range	2,500
2. Kitchen utensils	3,000
3. Dining plate, 3, Katoris one cup , glass Stainless Steel: 36 sets @ Rs. 200	7,200
Total	12,700



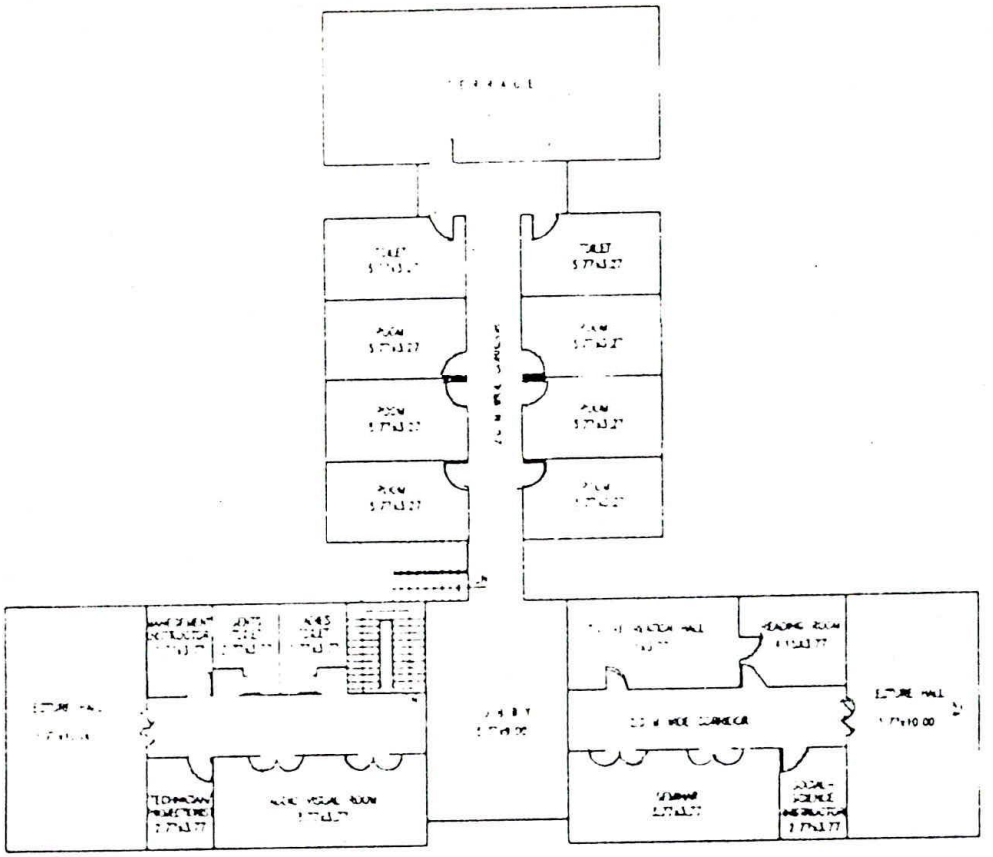
GROUND FLOOR PLAN

PLINTH AREA STATEMENT -

GROUND FLOOR	763.00 SQ.M
FIRST FLOOR	673.00 SQ.M
TOTAL	1436.00 SQ.M

PROJECT:	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE:	PROPOSED DESIGN FOR HFWTC AT MYSORE (30 INMATES)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd/-	25/4/94	
DEPUTY CHIEF ARCHITECT	Sd/-	25/4/94	SCALE 1:200
ASSISTANT ARCHITECT	Sd/-	-	DRG. No. IPP-IX/5-R/1
DEPUTY ARCHITECT	Sd/-	28/4/94	

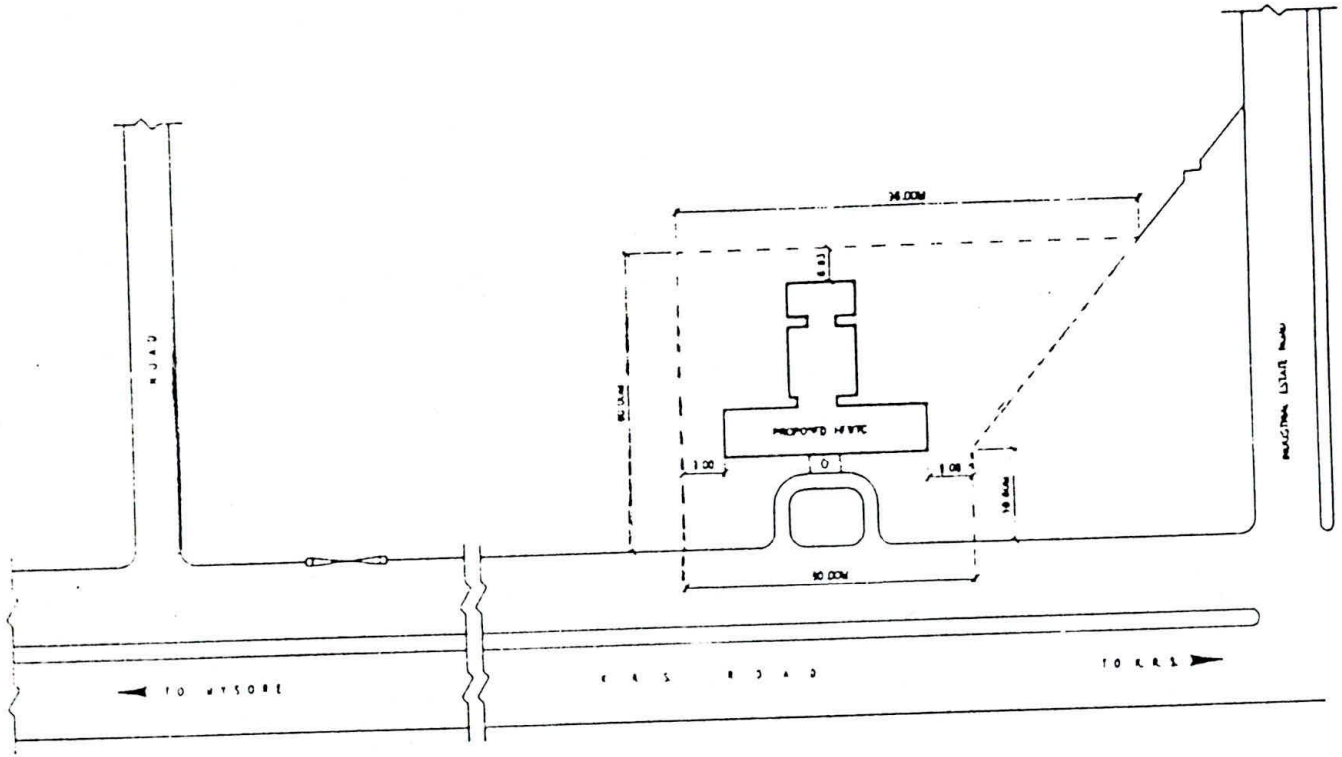
IPP01014



FIRST FLOOR PLAN

PROJECT:	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE:	PROPOSED DESIGN FOR HFWTC AT MYSORE. (30 INMATES)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	sd/-	25.04.1984	
DEPUTY CHIEF ARCHITECT	sd/-	25.04.1984	SCALE 1:50
ASSISTANT ARCHITECT	sd/-	-	DRG. No IPP-IX/5-R/2
DEPUTY ARCHITECT	sd/-	28.04.1984	

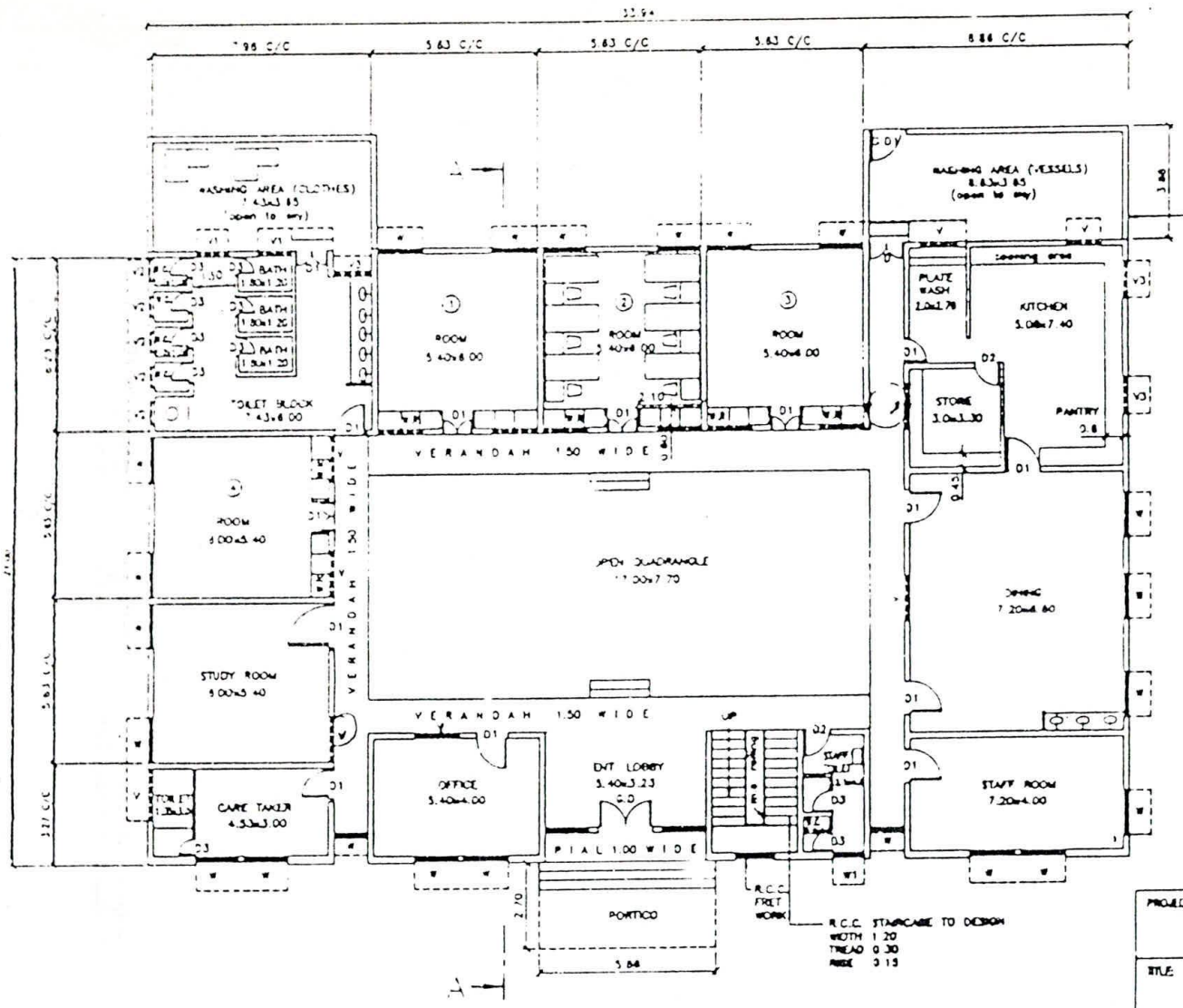
PP01015



LAY OUT PLAN

PROJECT.	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE.	PROPOSED H.F.W.T.C AT MYSORE.		
	SIGNATURE	DATE	
CHIEF ARCHITECT	sd/-	25.04.1984	
DEPUTY CHIEF ARCHITECT	sd/-	25.04.1984	SCALE 1 : 1000
ASSISTANT ARCHITECT	sd/-	-	DRG No IPP-IX/5-R/L
DEPUTY ARCHITECT	sd/-	28.04.1984	

PPS1018



GROUND FLOOR PLAN
SCALE 1:150

SCHEDULE OF OPENINGS:-

GRILL DOOR	G.D	1.80x2.10	WARD ROBE W.R. 2.10x1.97
	G.D1	1.20x2.10	
DOORS	D1	1.04x2.10	
	D2	0.90x2.10	
	D3	0.75x2.10	
WINDOWS	W	1.50x1.20	
	W1	1.04x1.20	
VENTILATORS	V	1.50x0.45	(above door)
	V1	1.20x0.45	(above window)
	V2	0.75x0.45	
	V3	1.50x0.45	
	V4	1.04x0.45	

PLINTH AREA IN SQ.M.

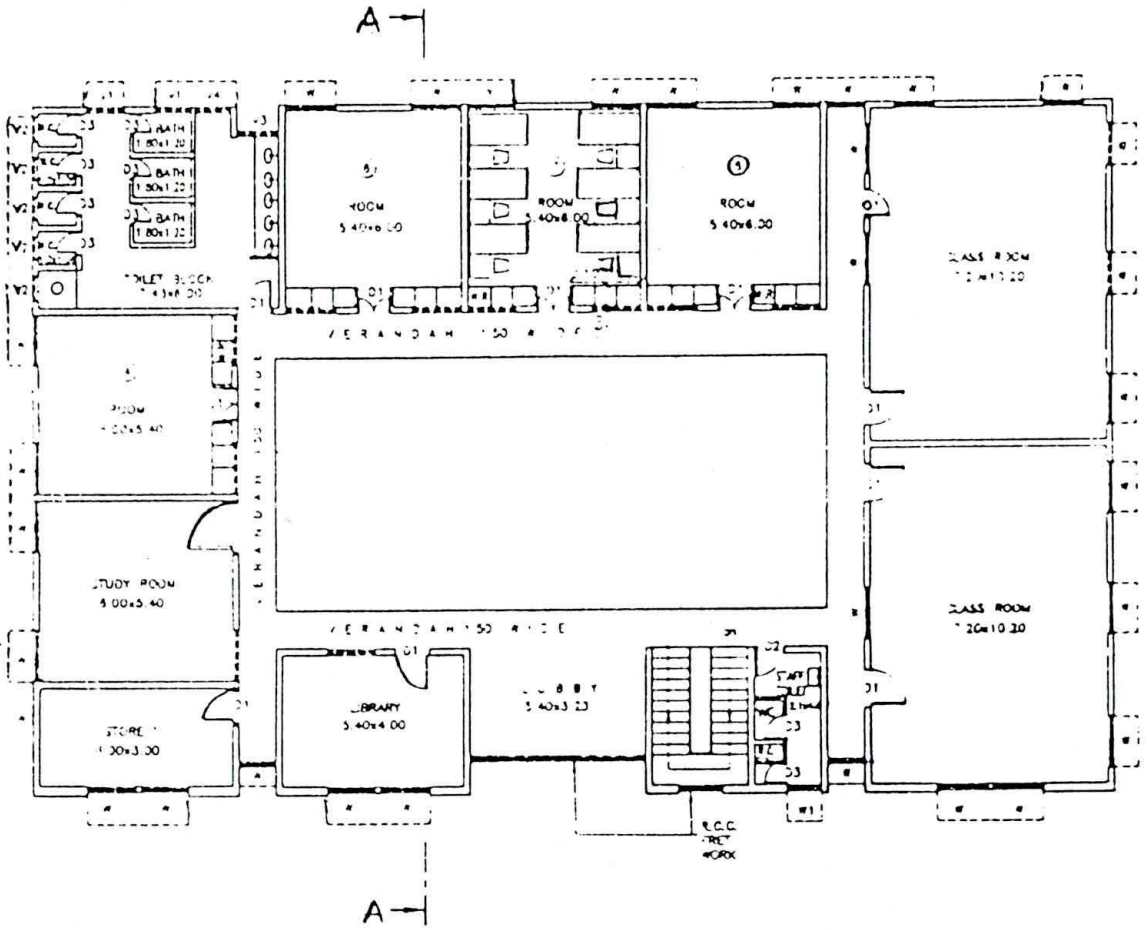
GROUND FLOOR	580.00
FIRST FLOOR	580.00
TOTAL	1160.00

PROJECT: INDIA POPULATION PROJECT IX
KARNATAKA INDIA

TITLE: A.N.M. TRAINING CENTER
(48 TRAINEES)
(6 NOS. IN EACH ROOM)

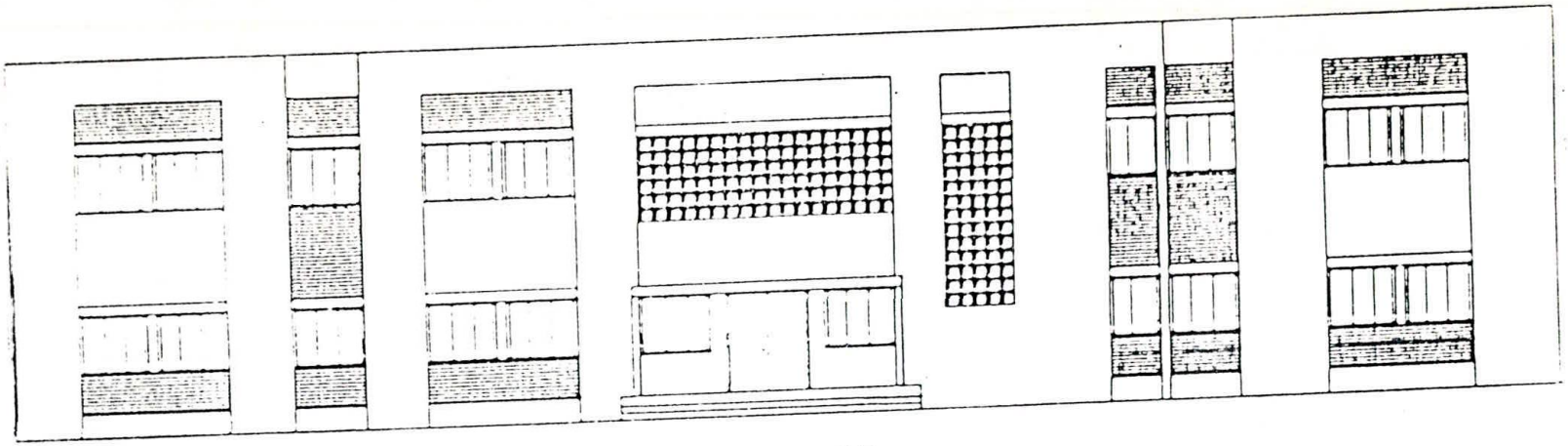
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd/-	22/11/83	
DEPUTY CHIEF ARCHITECT	Sd/-	27/11/83	SCALE 1:150
ASSISTANT ARCHITECT			DRG. No. IPP-IX/4/F/1
DEPUTY ARCHITECT			

PWD1008

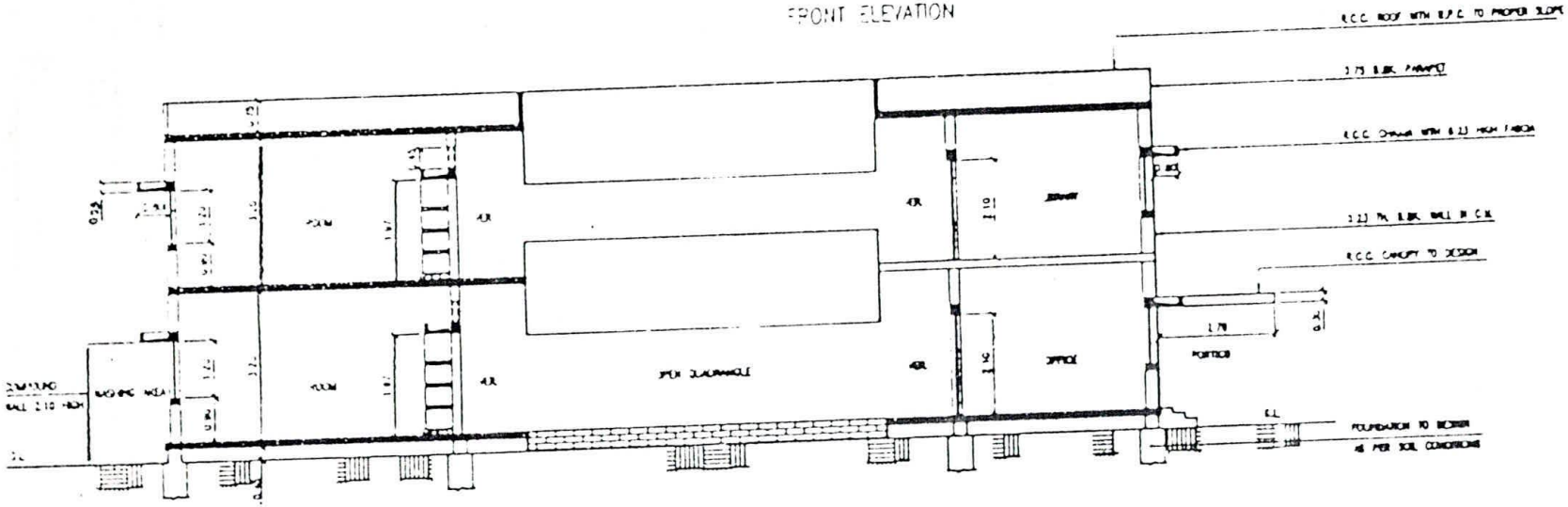


FIRST FLOOR PLAN
SCALE 1:150

PROJECT:	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE:	A.N.M. TRAINING CENTER (48 TRAINEES)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd/-	21/8/93	
DEPUTY CHIEF ARCHITECT	Sd/-	22/8/93	SCALE : 1 : 150
ASSISTANT ARCHITECT			DRG. No. IPP-IX/4/F/2
DEPUTY ARCHITECT			



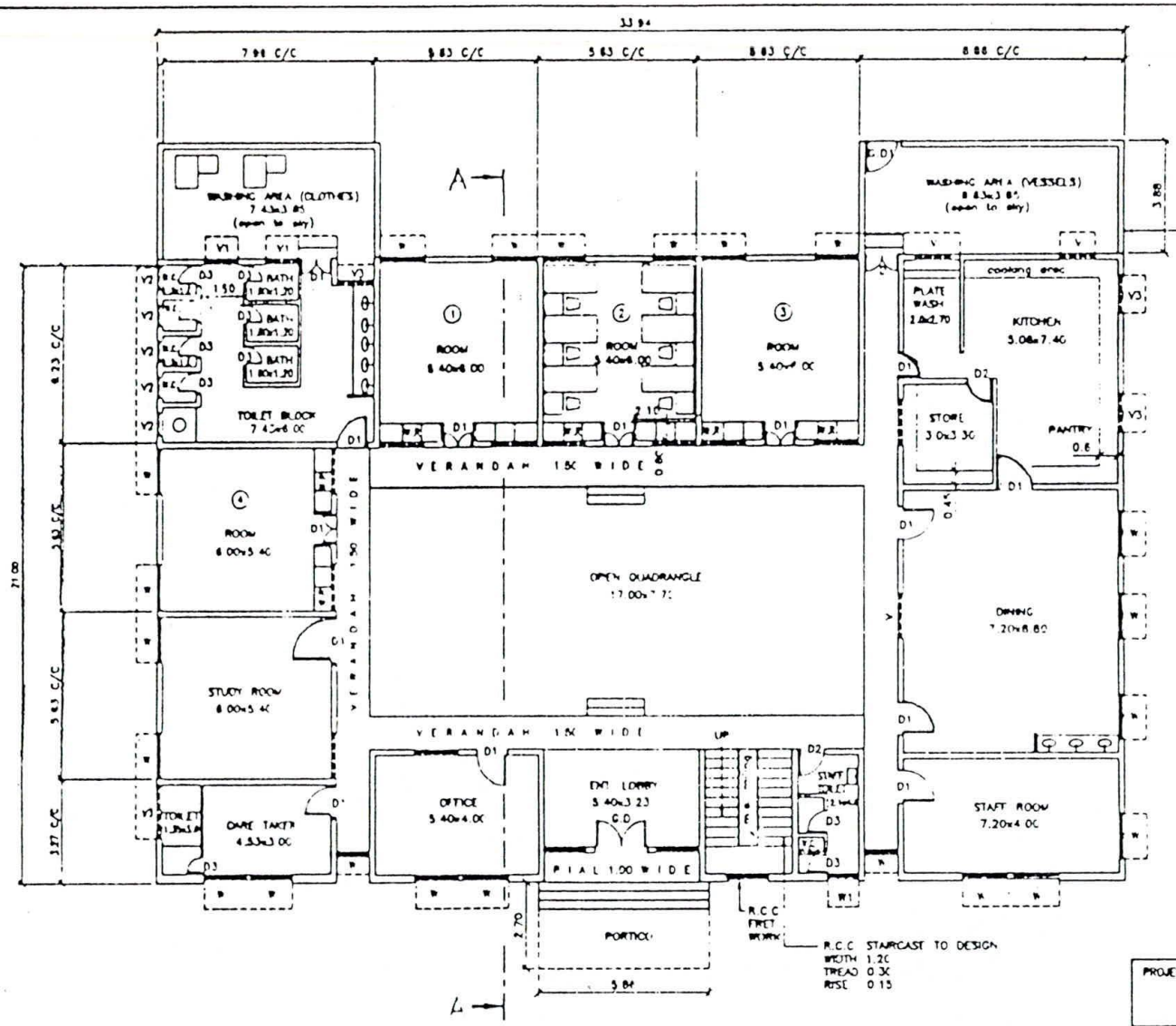
FRONT ELEVATION



SECTION AA

PROJECT	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE	A.N.M. TRAINING CENTER (40 TRAINEES)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd/-	21-4-83	
DEPUTY CHIEF ARCHITECT	Sd/-	27-11-83	SCALE 1 : 100
ASSISTANT ARCHITECT			DRG. No. IPP-IX/4/F/3
DEPUTY ARCHITECT			

PP01010



GROUND FLOOR PLAN
SCALE 1:15C

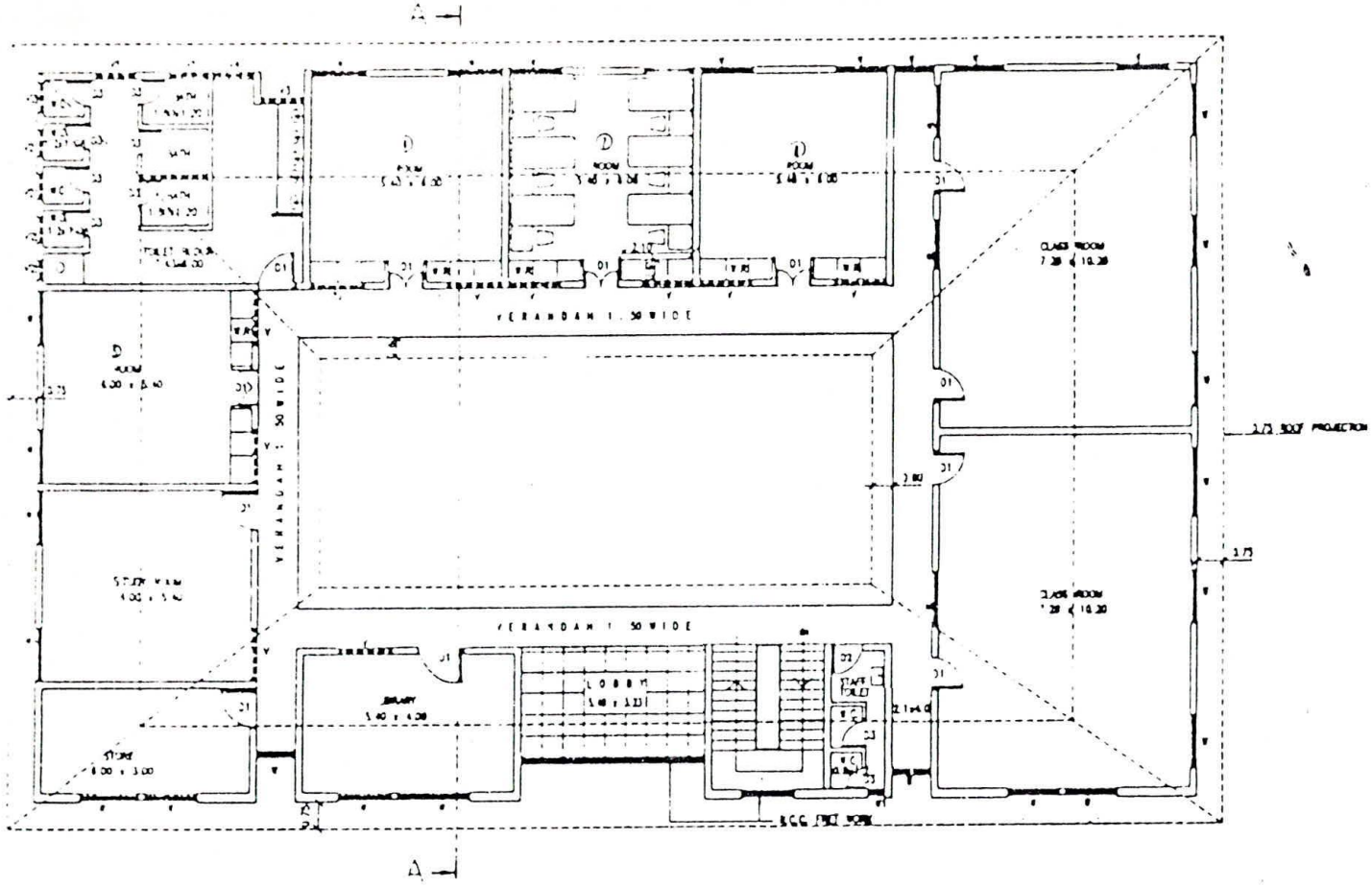
SHEDULE OF OPENINGS -

GRILL DOOR	G.D.	1.80x2.10	V 1.06x0.45
	G.D1	1.20x2.10	WARD ROBE W.R 2.10x1.97
DOORS	D1	1.06x2.10	
	D2	0.80x2.10	
	D3	0.75x2.10	
WINDOWS	W	1.50x1.20	
	W1	1.06x1.20	
VENTILATORS	V	1.50x0.45	(above brte
	V1	1.20x0.45	(above brte
	V2	0.75x0.45	
	V3	1.50x0.45	

PLINTH AREA IN SQ.M

GROUND FLOOR	590.0
FIRST FLOOR	590.0
TOTAL	1180.00

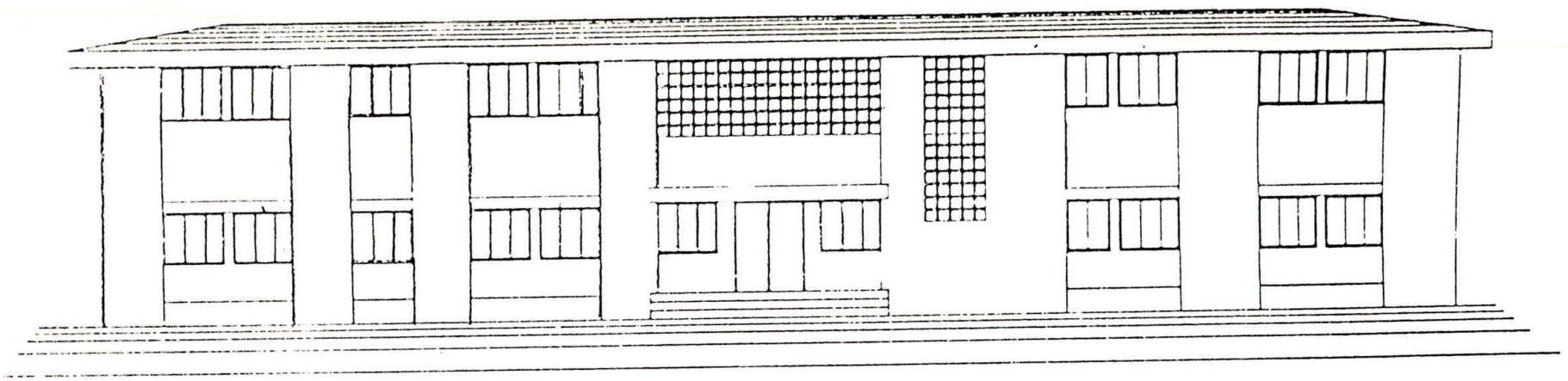
PROJECT.	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE.	A.N.M. TRAINING CENTER (48 TRAINEES) (6 Nos. IN EACH ROOM)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd/-	22/11/93	
DEPUTY CHIEF ARCHITECT	Sd/-	27/11/93	SCALE 1:1C
ASSISTANT ARCHITECT			DRG No. IPP-IX/4/S/1
DEPUTY ARCHITECT			



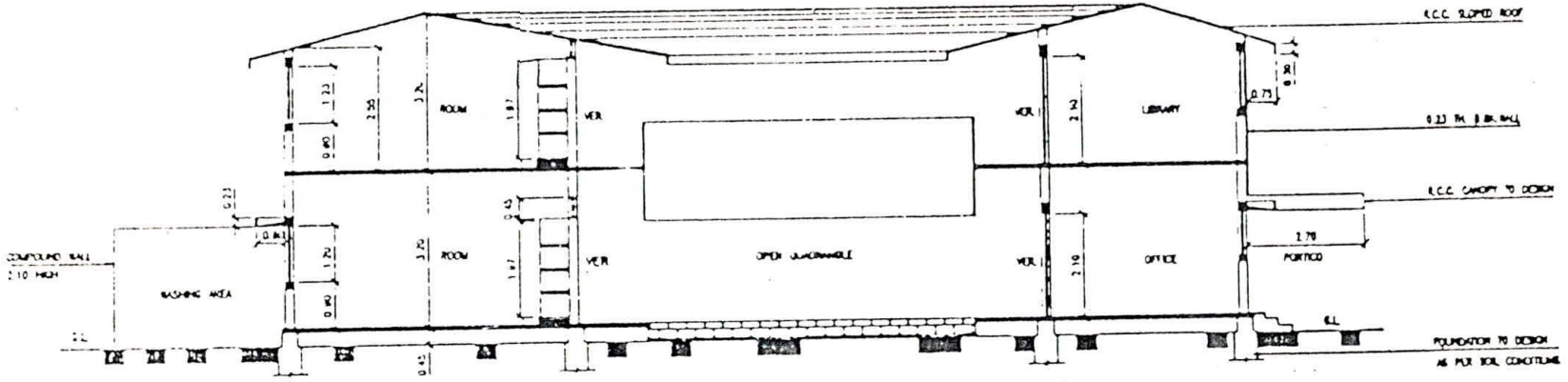
FIRST FLOOR PLAN

PROJECT:	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE	A.N.M. TRAINING CENTER. (48 Trainees)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	sd/-	28/11/83	
DEPUTY CHIEF ARCHITECT	sd/-	27/11/83	SCALE 1 : 175
ASSISTANT ARCHITECT			DRG. No. IPP-IX/4/S/2
DEPUTY ARCHITECT			

PP01012



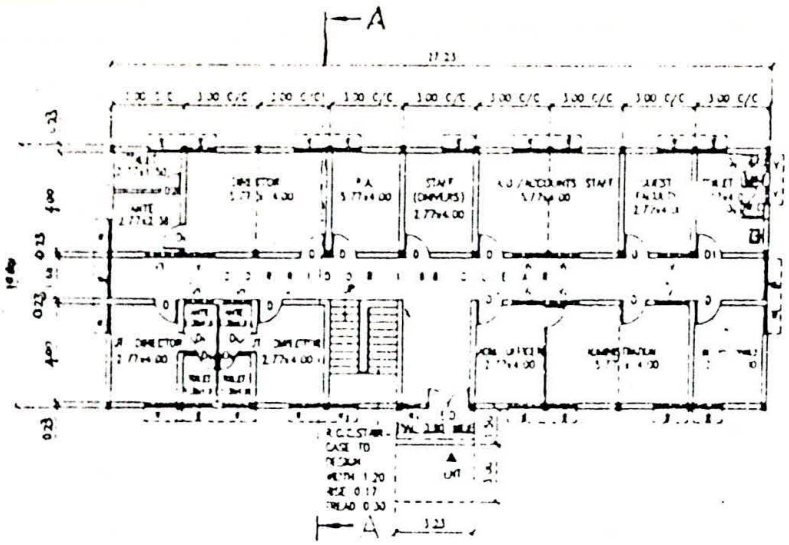
FRONT ELEVATION



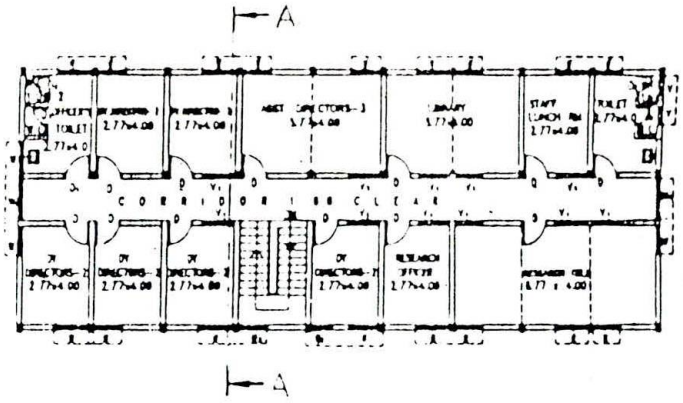
SECTION AA

PROJECT:	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE:	A.N.M. TRAINING CENTER. (48 Trainees)		
	SIGNATURE	DATE	
CHIEF ARCHITECT	Sd/-	28/11/83	
DEPUTY CHIEF ARCHITECT	Sd/-	27/11/83	SCALE : 1:100
ASSISTANT ARCHITECT			DRG. No. IPP-IX/4/S/3
DEPUTY ARCHITECT			

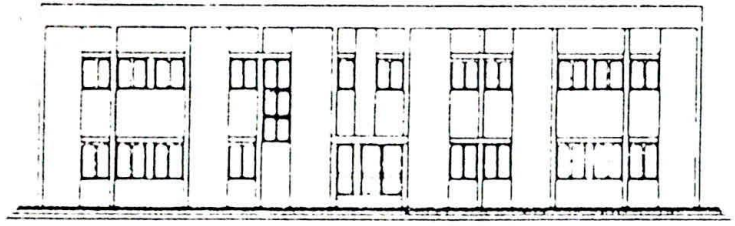
IPP01013



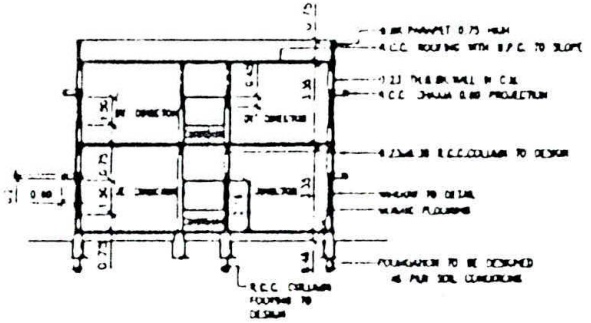
GROUND FLOOR PLAN



FIRST FLOOR PLAN



FRONT ELEVATION



SECTION AA

PLINTH AREA IN SQ.M.

GROUND FLOOR		288.00
FIRST	FLOOR	288.00
	TOTAL	576.00

SCHEDULE OF OPENINGS :-

ENTRANCE DOOR	ED	1.80x2.10
DOORS	D	1.00x2.10
	D1	0.90x2.10
	D2	0.75x2.10
WINDOWS	W	1.20x1.50
	W1	0.75x1.87
	W2	0.75x1.50
	W4	1.68x1.50
STAIRCASE WINDOW	W3	1.70x3.50 (ABOVE LANDING)
VENTILATORS	V	0.75x0.60
	V1	1.20x0.45 (AIR GAP VENTILATOR)

PROJECT	INDIA POPULATION PROJECT IX KARNATAKA INDIA		
TITLE	OFFICE FOR I.H.F.W.C. BANGALORE.		
	SIGNATURE	DATE	
CHIEF ARCHITECT	sd/-	31.01.1994	
DEPUTY CHIEF ARCHITECT			SCALE 1:200
ASSISTANT ARCHITECT			DRG. No. IPP-IX/6
DEPUTY ARCHITECT			

PP01018

Annexure 16

Furniture and Equipment for HFWTCs

(a) Furniture Required for HFWTC Mysore

Item	Qty	Rate	Amount Rs.
I. Principal's Room			
1. Steel Officers Table 1.83m l x 0.91m w x 0.76m h	2	3,699	7,398
2. Executive Revolving Chair with full high back with head rest	2	3,696	7,392
3. "S" Type continuous arm chair with full cushion	10+3	750	9,750
4. Steel Telephone Stand	1	945	945
II Office Room			
1. Superintendent Table	3	3,080	9,240
2. Typist Table (Teak wood)	1	2,704	2,704
3. Typist chair	1	905	905
III Faculty Room			
1. Officers T.W.Table 1.22m l x 0.61 m w x 0.76 m h	6	2,860	17,160
2. Executive Revolving Chair with cane seat & back	6	1,680	10,080
IV Hostel Room			
1. Steel Cot 1.90m l x 0.78m w x 0.60m h 14Gg	30	1,650	49,500
2. Mosquito Curtain Pole 1.90 l x 0.79 b x 1.22m h	30	236	7,080
3. Beds 1.98m l x 0.91m w	30	750	22,500
4. Mosquito Curtain	30	450	13,500
V General			
1. Steel Trays Size P 40 x 0.27 0.10 M at top and 0.38m x 0.25m at bottom using 24G	20	99	1,980
2. Steel Dust Bin size 27.94 cms sqare at top and 20.32cms square at bottom with a height of 30.48 cms	12	110	1,320
3. News Paper Stand	1	2,340	2,340
4. Steel Almirah Size 1.83m 0.915m x D.O 48m glass doors fitted with four shelves making 5 compartments	5	4290	23,450
5. Steel AlmirahSize 1.83m 0.915m x D.O 48m fitted with four shelves making	20	3712	74,240
6. Folding Chair Steel	25	157	3,925
7. "S" Type Continuous arm chair	25	600	15,000
VI Lecture Hall			
1. Black Board Size 152.4 x 91.44 x 76 cm	1	1,144	1,144
2. Teak Wood Office Table Size 152.4 x 91.44 x 76 cm	1	1,092	3,016
3. Teak Wood Office Chairs with arm	1	1,092	1,092
4. Teak Wood Chair with writing pad on right hand side	30	1,066	31,980
		Total	3,15,641
		KST @ 4%	12,626
		Total with Tax	3,28,267

(b) Furniture Required for HFWTC Ramanagaram

Item	Qty	Rate	Amount Rs.
1. Steel Officers Table 1.83m l x 0.91m w x 0.76m h	2	3,699	7,398
2. Executive Revolving Chair with full high back with head rest	2	3,696	7,392
3. Steel Almirah Size 1.83m 0.915m x D.O 48m fitted with four shelves making	6	3712	22,272
4. Steel Cot 1.90m l x 0.78m w x 0.60m h 14Gg	20	1,650	33,000
5. Mosquito Curtain Pole 1.90 l x 0.79 b x 1.22m h	20	236	4,720
6. "S" Type continuous arm chair	30	600	18,000
7. "S" Type continuous arm chair with full cushion	15	750	11,250
8. Steel Almirah Size 1.83m 0.915m x D.O 48 glass doors fitted with four shelves making 5 compartments	3	4,290	12,870
9. Steel Table with Laminated Top	10	1,925	19,250
10. "S" Type Chair without arms	12	476	5,712
		Total	1,50,165
		KST @ 4%	6,006
		Total with Tax	1,56,171

(c) Equipment Requirement for HFWTC Mysore and Ramanagaram

Each of the HFWTCs at Ramanagaram and Mysore will be provided with the following equipment.

1. T.V. and VCR	Rs. 32,000
2. Overhead Projector with Screen and accessories	Rs. 8,640
3. 35 mm Slide Projector with accessories	Rs. 16,200
4. PC for presentations	Rs. 18,000
Total	74,840

Annexure 17

Furniture and Equipment for SIHFW

Furniture Required for SIHFW

Item	Qty	Rate	Amount Rs.
Sr. Staff (per member)			
1. Steel Officers Table 1.83m l x 0.91m w x 0.76m h	1	3,699	3,699
2. Executive Revolving Chair with full high back with head rest	1	3,696	3,696
3. "S" Type continuous arm chair with full cushion	6	750	4,500
4. Steel Telephone Stand	1	945	945
5 Steel Almirah Size 1.83m 0.915m x D.O 48m glass doors fitted with four shelves making 5 compartments	1	4,290	4,290
6 Steel Almirah Size 1.83m 0.915m x D.O 48m fitted with four shelves making	2	3,712	7,424
		Total	24,554
		Total with Tax	25,536
Jr. Staff (per member)			
1. Superintendent Table	1	3,080	3,080
2. Executive Revolving Chair with cane seat & back	1	1,680	1,680
3. "S" Type continuous arm chair with full cushion	2	750	1,500
4 Steel Almirah Size 1.83m 0.915m x D.O 48m glass doors fitted with four shelves making 5 compartments	1	4,290	4,290
5 Steel Almirah Size 1.83m 0.915m x D.O 48m fitted with four shelves making	1	3,712	3,712
		Total	14,262
		Total with Tax	14,832

Equipment

SIHFW will be provided with video projector costing Rs. 200,000.