Monitoring Report: Karnataka

Apr – Jun 2013

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1. Executive Summary

The visit to Raichur, a high Priority district of Karnataka was carried out between 22.04.2013 to 24.04.2013. A total of 6 facilities including the Medical College were visited. The following key observations were made:

- There is **no** District Hospital in Raichur. The Medical College is currently functional in the premises of the DH. This will be shifted to new premises where a **500 bedded Medical College** has been constructed. The existing hospital building is around 70 years old and badly damaged. The PWD has certified that it is not fit for functioning in its current condition and the building will be dismantled. Currently there is no provision for the construction of a DH, and the district does not have any concrete plans for the time-being.

- There is **one** SNCU, and **one** fully functional blood bank and a functional NRC at the Medical College. At the time of visit, there were **24** babies admitted to the SNCU. In the month of March 2013, there had been a total of **190** admissions – 129 inborn and 61 outborn. A total of 27 deaths (14 – males and 13 females) were recorded for March 2013, giving a mortality rate of **14%**. The SNCU is woefully inadequate to deal with the number of patients. There were at least two babies in each of the machines. Of the **15** radiant warmers present, **2** were non functional at the time of visit and had been so for the last 6 months. Maintenance of equipments was cited to be a problem and despite repeated letters from the concerned authorities there was no response from the suppliers. Procurement of digital weighing machine had also been requested by SNCU, but no action had been taken till date.

- The NRC is equipped with **20** beds and has treated a total of **151** children from August 2012 – April 2013. Well-maintained records were available. An average of Rs.2500/ is being incurred for treatment per child for 14 days of admission. This is inclusive of the mother's wage loss i.e. Rs.750 and food provision. There were 8 admissions at the time of visit.

- The state-of-the-art Rajiv Gandhi Super Speciality Hospital which was under a **PPP** between the Govt. of Karnataka and the Apollo group has been non-functional for the last one year. The infrastructure and equipment have been lying idle.
- Referral transport is being provided through the **Arogya Kavatcha '108'** and the **'JSV' (Janani Suraksha Vahini)**.There are **16** "108" ambulances and **5** JSVs in the district. In addition to this

there are **13** ambulances which have been procured from the Backward Region Grant Fund (BRDF). This makes 1 ambulance per nearly 60,000 population.

- The district has a Common Bio-Medical waste treatment facility which collects bio-medical waste from the health care establishments around the district. It is the first **bio-medical waste disposal plant** set up in any district in Karnataka. It has been set up with assistance from the IMA (Indian Medical Association) and is supervised by an electrical engineer.

- All the **46 PHCs** are functioning as Level 2; 24 x 7 delivery points contributing to **32%** of the entire delivery load in the district. In total, they cater to the maximum load of the institutional deliveries within the district. Beneficiaries from neighbouring parts of Andhra Pradesh also access these institutions, as was observed at Chandrabanda PHC. Nearly **71%** of the PHCs conduct more than 10 deliveries per month.

- Various state specific and NRHM schemes for the promotion of maternal and child health are present in the district. These include ***JSY, JSSK and Prasuthi Araike, Thayi Bhagya scheme, Thayi Bhagya Plus*** as well as providing ***Madilu kits*** to the mother. Despite being a backward district, the success of the schemes is reflected in the **94.2 %** institutional deliveries and **5.2%** home deliveries as against the reported deliveries.

- The **JSSK** scheme is fully functional at the facilities. Referral transport for the beneficiaries has not yet been well established. Majority of the pregnant beneficiaries incurred out of pocket expenditure on transportation from home to facility.

- There is a shortage of specialist manpower at the FRUs as well as MOs at the PHCs. There is a **26%** shortfall of MOs – **50%** at the FRUs, **33%** at the CHC and **10%** at the PHCs. Similarly, there is a **56 %** shortfall of specialists - with 80% shortfall in paediatricians, **73%** shortfall of obstetricians and gynaecologist and **40%** of the anesthetists respectively.

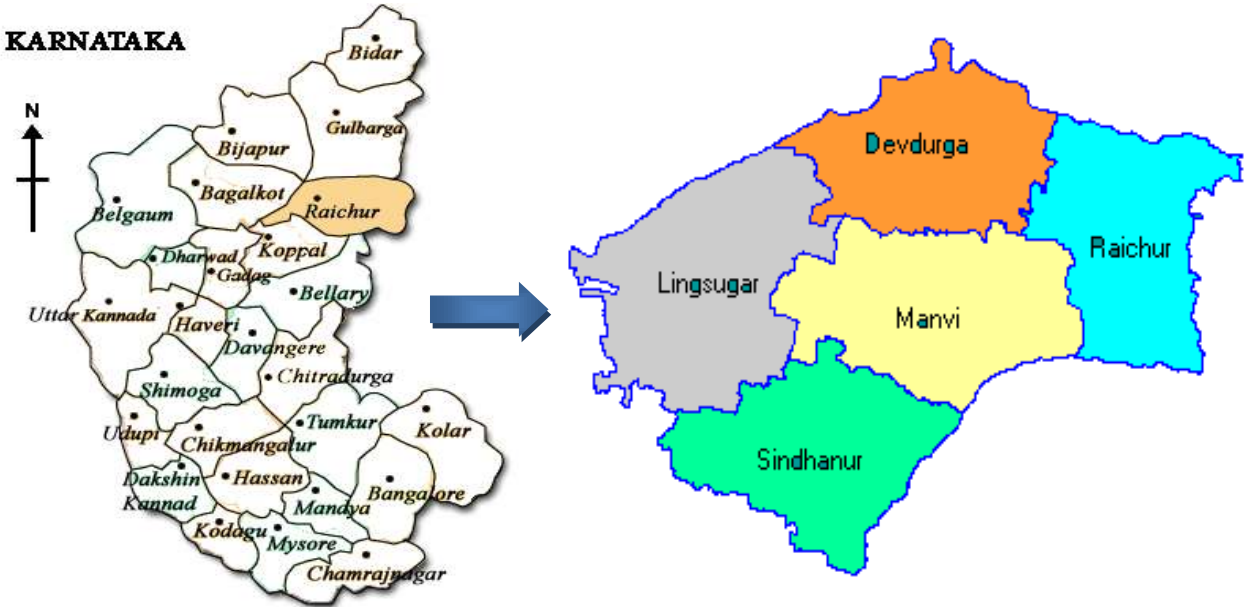
2. Introduction

A 3-day monitoring visit was carried out in the month of April to the District of Raichur in the southern state of Karnataka from 22.04.2013 to 24.04.2013. The report is based on the findings from the visits to the following health facilities:

Date	Facilities Visited
22.04.2013	1. Urban Maternity Centre 2. Yapaldinni PHC 3. Chandrabanda PHC
23.04.2013	4. Arekere CHC 5. Singanodi SC
24.04.2013	6. Raichur Institute of Medical Sciences 7. CTF – Bio medical Waste treatment facility

3. District profile

Karnataka's Raichur district is located in the North-Eastern Region of the state, also known as Hyderabad-Karnataka region and bordered by Gulbarga, Bagalkot, Koppal and Bellary districts of Karnataka on the west, north and south respectively, and Kurnool and Mehaboobnagar districts of Andhra Pradesh in the north and east respectively. The district is administratively divided into 5 blocks – Raichur, Devdurga, Manvi, Sindhanur and Lingsugar.



Raichur District Profile

Area (Square Kilometres)	8,440
Population – Male	966,493
Population – Female	958,280
Population Density	228
Sex Ratio (females per 1000 males)	992
Literacy Rate (per cent)	60.46

Source: Census 2011

4. Health Infrastructure:

The following facilities are present in the district:

Type of facility	Numbers
District Hospital (DH)	**0**
Raichur Medical College (RIMS)	**1**
Taluk Level hospital - TLH (FRU)	**4**
Community Health Centre (CHC)	**6**
PHC	**46**
TLHU (urban Unit)	**5**
SC	**213**
TLHO (Others)	**5**
TLHP (Private Unit)	**5**
TOTAL	**285**

The following gap analysis emerges, based on the current population norms and availability of health infrastructure in the district. There is no district hospital in Raichur, but a Medical College (RIMS) is

operational in the premises of the District Hospital which is a 500 bedded facility. The Medical College will shift out to its own premises and existing building will be dismantled.

Facility Gap Analysis

Facility	Required*	Available	Gaps
DH	1	0	1
Medical College	-	1	-
CHC	19	10	9
PHC	38	46	-
SC	385	213	172

**As per population norms*

The following table highlights the levels of MCH care in the district, as confirmed upon visit:

Facility type	No.	Level of Facility (L1/2/3)		
		L1	L2	L3
MC	1			1
CHC	6		6	
PHC	46		46	
SC	213	40		
TLH	4		3	1
TLHO	5			
TLHU	5		1	

Source HMIS: As on March 2013

There is one SNCU and a functional blood bank at the Raichur Medical College. There is a CTF for bio-medical waste management, this being the only district in Karnataka with a treatment facility for bio-medical waste. All the PHCs visited had provisions for bio-medical waste management, including liquid waste management.

Rajiv Gandhi Super Speciality Hospital, Raichur

The Rajiv Gandhi Super speciality Hospital, Raichur was administrated through a public private partnership (PPP) model between the State Government of Karnataka and Apollo Hospitals Enterprise Ltd. for 10 years, the contract ending in May 2012. The 440 bed hospital offered super speciality services and served approximately 28,800 patients a year.

Box 20.3
Public–Private Partnerships (PPP) in Health Sector

Tertiary Care: Rajiv Gandhi Super-speciality Hospital, Raichur, Karnataka
Contracting Arrangements: Government of Karnataka and Apollo Hospitals
Type of Partnership: Joint Venture (Management Contract)
Services: Provides super-speciality clinical care services and management of Hospital. Free Out-patient services for BPL patients.

Source: Twelfth Five Year Plan (2012-17), Social Sector, Volume III

The hospital was built with funding assistance of about Rs.35 Crore from the OPEC on land donated by the Government of Karnataka. It was inaugurated on 18th October 2000. The State government signed a MoU with Apollo in October 2001 allowing Apollo to manage the hospital for 10 years starting from 13th of April 2002. The PPP model detailed the following:

- The hospital was run by a 11-member committee (governing council), six of whom were from the state government. The state health minister was the chairman of the governing council.
- The State government funded about Rs.6-7 Crores a year to run the hospital
- Apollo appointed all the staff required and performed day to day operations of the hospital
- The hospital accepted minimal user fee from patients. The revenue thus generated was shared by the government (70 per cent) and Apollo hospitals (remaining 30 per cent). However 40 per cent of the beds were allocated for free treatment for those possessing BPL cards.
- Following super speciality services were offered - cardiology/cardiothoracic surgery, neurology/neurosurgery, urology/nephrology and gastroenterology, ophthalmology, ENT, dental, orthopaedics & trauma, skin and venereal diseases.

Clause 5 of the MoU specified terms of payments. Losses were anticipated during the first three years, which would be reimbursed by the Owner to the Contractor within three months of the receipt of audited accounts. From the fourth year onwards, the hospital was expected to generate a surplus; 30% of net profits (after audited accounts) would be paid to the Contractor. In years when no net profits occur, the Governing council would pay the contractor a service charge of no more than three per cent of gross billing (again based on audited accounts). *(Refer Annexure 1 – MoU between the State Govt. and the Apollo Group).*

At the time of this visit, the hospital was no longer functional (since the last one year) and the reason cited by the District officials was non-renewal of the contract between the State Government and the Apollo hospitals. As cited, 'high user fees were being levied for the patients by the management',

while the management claimed that the 'financial management was poor and due to large BPL patients as well as unnecessary claims they could not recover their amount'. The staff had not been paid their salary for 6 months prior to the hospital shutting down. Currently the hospital has been handed over to the Medical College (RIMS) but there has been no decision whether the PPP model would be revived or the hospital would be run by the government.

5. Human Resources

In the district, there are only 3 gyneacologists (of which 1 is from NRHM) at – Mudagal CHC, FRU Manvi and FRU Sindhanoor Hospital, 3 anesthetists – at Lingsagur, Manvi and Sindhanoor FRUs and 2 paediatricians – at Langsagur and Manvi FRUs. The medical college has 4 gyneacologists and 6 anesthetists. There is a 56% shortage of specialist manpower in the district and this is reflected in the following table.

There is also a 26% shortage of the MOS across the district. At present, 49 MOs are available against the sanctioned post of 66. There are 4 MOs the 10 CHCs in the district, 1 MO each at 43 PHCs are available where all PHCs are 24x7 functioning facilities. For e.g. there was only 1 MO (Ayush) at the CHC Arekere and no MO at the Urban Maternity Centre which was visited during the tour.

Category of Staff	Regular		Contractual			Total in position A+B+C	Vacancy
	Sanctioned posts	In position (A)	Sanctioned posts	In position (through state/ other sources) (B)	In position from NRHM (C)		
ANM	233	152	76	0	73	225	27%
MPW/ Male HW	206	92	0	0	0	92	55%
Staff Nurse total	125	211	188	0	171	382	-22%
LHV & SRHA-M (39-39/31-15)	78	46	0	0	0	46	41%
Other supervisory cadre	0	0	0	0	0	0	0
LTs	65	57	5	0	4	61	13%
Pharmacists	69	48	0	0	0	48	30%
AYUSH Pharmacists	0	0	0	0	0	0	0
MOs total	64	49	2	0	0	49	26%
AYUSH MOs	0	0	29	0	29	29	0%
DENTAL MOs	11	6	0	0	0	6	45%
Specialists total	53	23	2	0	1	24	**56%**

5 MOs are trained in LSAS, 3 have CEmOC training and there are 55 nurses trained in SBA in the district.

6. Maternal health

6.1 ANC

While there is 152% ANC registration recorded as against the expected registrations, the percentage of women who received 3 ANC as against the ANC registrations is 69%. Duplication or double reporting is a reason for the high percentage of registrations. Also, 31% who did not complete 3 ANC can also be attributed to suboptimal service delievery inadequate communication and a lack of follow up of the registered women. Nearly 5% of hypertensive cases were detected at institution. Line listing of severely anemic women is being done and there is anemia tracking of all the pregnant women. There were 26% of women having Hb level less than 11 mg/dl while 3% had severe anemia, with Hb less than 7 mg/dl.

6.2 Institutional deliveries

The following table highlights the annual deliveries conducted at the various facilities

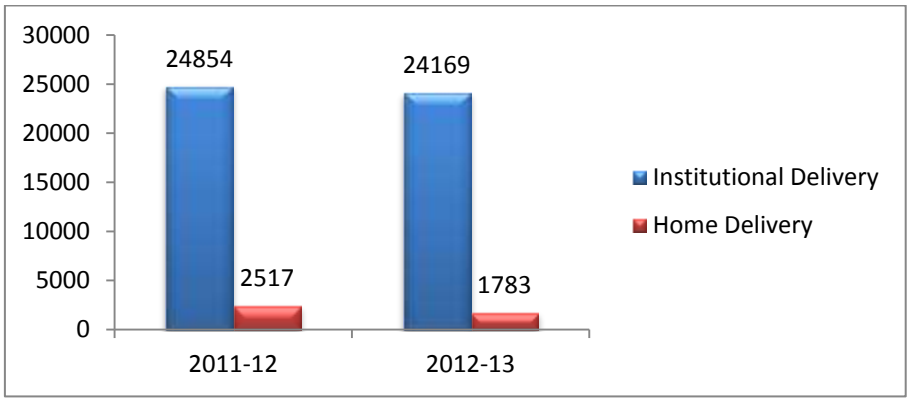
S.No.	Facility type	Delivery Load	
		2011-12	2012-13
1	DH	3,527	4,044
2	CHC	3,324	4,108
3	PHC	9,945	9,175
4	SC	2,860	1,003
5	TLH	4,469	4,730
6	TLHO	-	445
7	TLHU	729	664
8	TLHP (Pvt.)	3,278	4,565
9	*Total deliveries conducted at all facilities (govt. + pvt.)*	***28,132***	***28,734***
10	*Total deliveries conducted at govt. facilities*	***24,854***	***24,169***
11	*Total home deliveries*	***2,517***	***1,783***

Source: HMIS obtained from District

In the year 2012-13, 14% of the delivery load of the district was catered to by the DH and CHCs respectively. The maximum load, 32% of the deliveries, was conducted at the PHCs. All the PHCs in Raichur are functional 24 x 7 delivery points. This is followed by the FRUs and the private hospitals which contribute to 16% of the load respectively. 2-3% of the deliveries were conducted at the Urban Unit (primarily the Raichur Urban Maternity Centre) as well as the sub-centres. On the other hand, the trend in 2011-12 and 2012-13 indicates that the delivery load has increased at the higher

levels (FRUs and DH) in government facilities as well as at the private facilities, but decreased at the periphery (in the PHCs and SCs).

The chart below highlights that while there has been a reduction in the trend of home deliveries by almost 29% in 2012-13, there has also been a decline, although minimal (2.8%) in the number of institutional deliveries recorded in the district.



Total Number of Institutional and Home Deliveries

The data for the various indicators obtained from the web portal correspond with the data in the district, except for the number of institutional deliveries conducted at govt. facilities, as shown in the table below. Periodic visits and cross-checking of the data uploaded onto the web portal is also required.

Indicator	2012-13 As per Web Portal	2012-13 Confirmed on visit
Total deliveries conducted at govt. facilities	24,635	**24,169**
Total deliveries conducted at pvt. facilities	4,565	4,565
Total home deliveries	1,783	1,783

Schemes for promotion of maternal and child health:

The state of Karnataka has various schemes for promoting maternal and child health. These include:

NRHM Schemes: JSSK and JSY

State-specific Schemes: Prasoothi Araike, Tai Bhagiya, Tai Bhagiya Plus, Madilu Kit

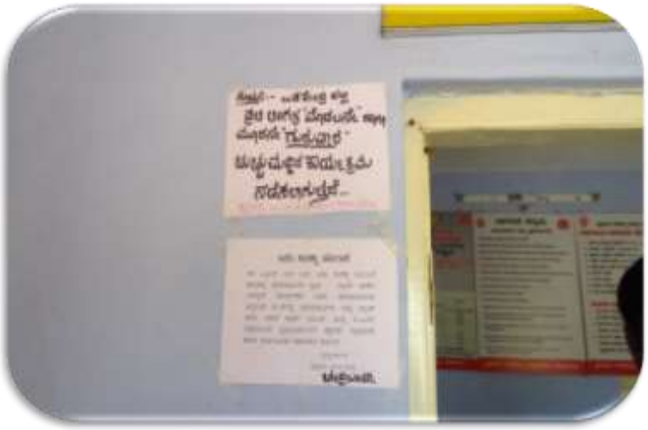
6.3 JSSK

Awareness and display of entitlements

The awareness of the JSSK scheme among the beneficiaries was poor. Of the 22 women interviewed, half i.e. 11 women stated not being aware of their entitlements under the JSSK scheme. All the 11 women who were unaware of the scheme had incurred out of pocket expenditures.

- Majority of those aware of the JSSK scheme reported ASHAs as the primary source of information. Two beneficiaries reported that they were informed of the scheme by the Staff Nurse and the Aanganwadi worker respectively.
- The order for display of JSSK entitlements has been issued to all the facilities, but a few facilities are yet to prominently display the entitlements. At a majority of the facilities, except Arekere CHC, the printout of the entitlements was displayed. At Arekere CHC, the board displaying the JSSK entitlements was available in the waiting area as well as at the entrance to the labour room.
- There are very good and prominent displays of entitlements under JSY, state specific schemes for promoting maternal health and the schemes under NRHM in all the facilities.

Display Board of JSSK entitlements at Arekere CHC



Printout Display of JSSK entitlement at Singanodi SC

Out of pocket expenditure

Of the women interviewed, 13 women reported having incurred out of pocket expenditures.

- **User Charges**

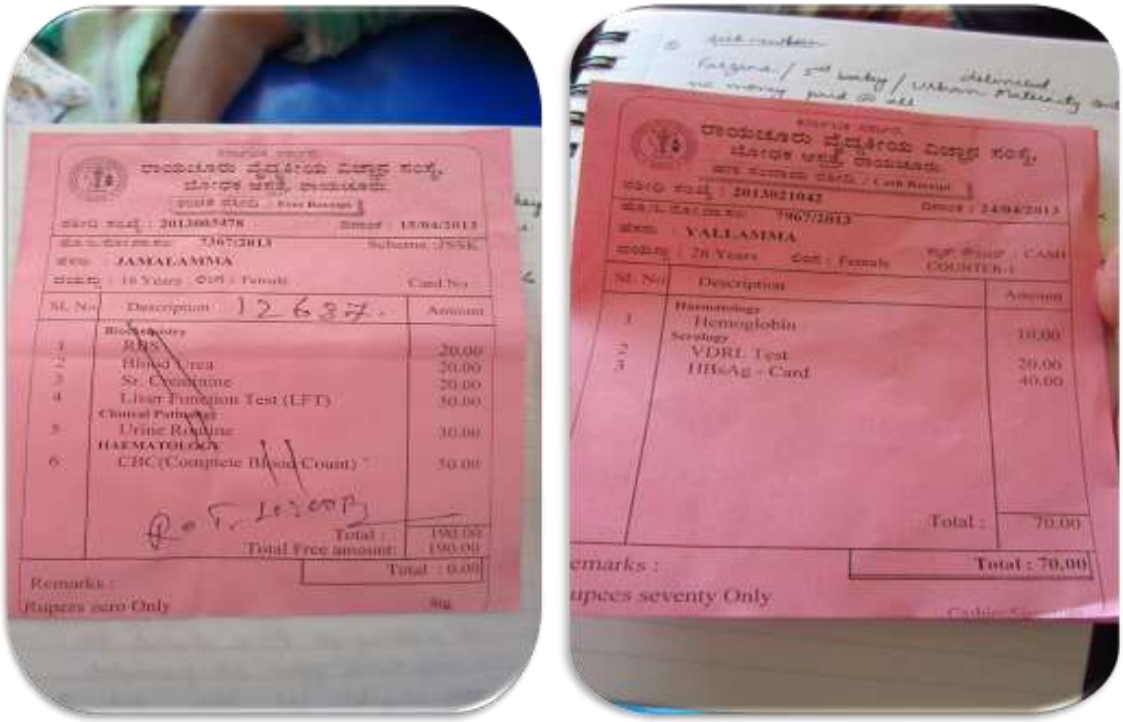
Pregnant women and sick children were exempt from user charges at all the facilities. No beneficiary reported paying any OPD/IPD charges.

- **Drugs and consumables**

  Drugs and consumables are provided free of cost under the JSSK scheme. All the women interviewed, except one, received drugs free of cost. An amount of Rs.500 was incurred by the patient on drugs.

- **Diagnostics**

  Provision for laboratory tests for the pregnant women were available at all the facilities. Two women, from those interviewed, had paid Rs.70 and Rs.500 respectively for the investigations. None of the other women had incurred any expenditure on investigations.



Receipt of investigations carried out under JSSK scheme at Raichur Institute of Medical Sciences

- **Diet**

Diet is provided at all the facilities visited. The PHCs and CHC visited had arrangements for diet facilities with the local restaurants who supplied food for the patients at a fixed cost.

- **Referral transport**

- The Janani Suraksha Vahini (JSV) and the 108 ambulances are available in the district, used for the transportation from home to facility and back as well as within facilities.

- Despite this, 12 of the 22 women reported expenditure incurred on transportation from home to facility. 8 women reported not being aware of referral transport system available under the JSSK scheme for transportation to the hospital. 2 women used the private transport for transportation as ambulance was not available at the time they required it while 2 more women were aware of the facility but did not want to wait for the ambulance to arrive.

Grievance Redressal Mechanism

- There is no specific grievance redressal mechanism for JSSK beneficiaries, but all the facilities visited had a complaint box for the patients.

Records and Registers

Well-maintained records of all the JSSK beneficiaries were available. The records indicated the name of the beneficiaries and the head-wise expenditure incurred for each patient.

6.4 JSY

JSY benefits are availed by the pregnant women as per GOI norms. The urban beneficiaries receive Rs.600 while the rural beneficiaries get Rs.700 for their delivery. The JSY payments are made through cheques to the beneficiaries. A few backlog was present in some of the institutions visited. JSY registers and expenditure was well-maintained, with photographs of each beneficiary against the amount received.

JSY Register

6.5 Prasuthi Araike (Post natal Care)

This state-specific scheme was initially introduced in the six 'C' category districts of Gulbarga, Bidar, Raichur, Koppal, Bijapur and Bagalkote for pregnant women belonging to BPL families or to SC/ST families. The scheme was later been extended to all the districts of the state. The pregnant woman receives financial assistance of Rs.1000 in the first instalment during the last trimester and Rs. 300 (rural)/Rs.400 (urban) after delivery at a public institution. The benefit is restricted to two live deliveries.

6.6 Thayi Bhagya (Thai – mother, Bhagya – future)

The Tai Bhagya Scheme was introduced in 2009 in the seven 'C' category districts[1] of Gulbarga, Bidar, Raichur, Koppal, Yadgiri, Bijapur and Bagalkote and the tribal district of Chamrajnagar. The scheme enables pregnant women belonging to BPL families to avail delivery services free of cost at empanelled private hospitals and at all public hospitals in these districts. The private hospitals empanelled under the scheme are paid Rs.3000 for each delivery and Rs.1500 is paid to the public hospitals. Like the other schemes, this too is limited to first two live deliveries.

6.7 Thayi Bhagya Plus

This scheme was launched across the state in 2010-11 to provide extra assistance to rural women undergoing delivery in private hospitals. Under this scheme, women from BPL families in rural areas are provided a special assistance of Rs.1000 on submission of their delivery record from a private hospital, along with their Tai Card (antenatal registration card) or BPL card.

6.8 Madilu Kit

Madilu is a state sponsored scheme launched in 2007 across the state. Under this scheme, a kit containing 19 essential items for the mother and the child are provided. The kit is provided

[1] 'C' Categories of backward district as identified by the State based on the socio-ecnomic indicators

to a woman belonging to a BPL family, who has had a delivery in a government hospital. The benefit is limited to two live deliveries. For women delivering at private hospitals who belong to the BPL/SC/ST category, Rs.1000 is given in place of the Madilu Kit.

6.9 Maternal death Review

There were a total of 23 maternal deaths in the district in 2012-13. All these maternal deaths had been reviewed; 'Other causes' contributed 57% to the maternal deaths while hypertension contributed to 26% of the causes.

7 Child health

7.1 SNCU

There is one SNCU in the Medical College at the district. It is a 20 bedded unit. It is functional since September, 2012. There were 24 babies admitted on the day of the visit. In the month of March 2013, a total of 190 babies were admitted, of which 129 were in-born and 61 were out-born babies. The total number of deaths recorded since its functioning was 133 (27 infant deaths in March 2013). An amount of Rs.25 lakhs – Rs.15 lakhs for Infrastructure and Rs.10 lakhs for equipments - has been sanctioned for the SNCU this year. There are 15 radiant warmers at the SNCU, of which 2 were non functional since the last 6 months. There are 16 Staff Nurses for the SNCU and 1 pediatrician, short of two MOs.

SNCU Data for the month of March 2013

In Born Admission					
	Less than 2.5 kgs		More than 2.5 kgs		
	LSCS	VD	LSCS	VD	Total
Male	12	18	10	35	75
Female	5	15	15	19	54
					129

Out Born Admission

	Less than 2.5 kgs		More than 2.5 kgs		
	LSCS	VD	LSCS	VD	Total
Male	1	19	0	14	34
Female	0	16	3	8	27
					61

Deaths					
	Inborn		Outborn		
	LSCS	VD	LSCS	VD	Total
Male	3	6	1	4	14
Female	2	5	0	6	13
					27

No. of deaths before 48 hrs = **21**

No. of deaths after 48 hrs = **6**

7.2 NRCs

NRC

The Medical College had a 20-bedded NRC which was located in the AYUSH complex. The average expenditure per patient is Rs.2500 (includes compensation for the mothers wage loss). The average duration of stay was 14 days. There were 8 admissions in the NRC at the time of the visit. The cases are referred to the NRC by the AWW,/ASHA, the OPD cases as well as SAM camps which are conducted in the district. There had been a total of 151 admissions from August 2012 till March 2013. The diagnosis ranges from Grade III cerebral palsy, grade III PEM, Metabolic syndrome, SAM with acute diarrhea, hydrocephalus etc. Improvements were noted in their weights at discharge for e.g. a 5 year old child referred from the AWW for SAM with -4 SD was admitted to the NRC on 28.02.2013, for a duration of 18 days and was discharged on 18.03.2013 with recorded weight of 9.2 kg.

7.3 Immunization

The full immunization coverage as against the reported live births is 124% in the district. The inflated figures are due to duplication or double reporting of the immunization figures. The immunization drop-outs from BCG to DPT3 is 9% and 14% from BCG to measles. The cold chain maintenance was practiced at all the facilities visited and all the facilities had functional ILR and Deep Freezer.

8. Family planning

There is a total unmet need of 16.1% in the district, more for spacing (9.9) than limiting (6.2). Of the total sterilizations recorded in 2012-13, female sterilization contributes to 99% of the cases and only 1% male sterilization(NSV). Fixed day family planning services are provided as well as camps are organized.

9. ARSH

Adolescent clinics are functional at all the facilities visited. They are called 'Sneha' Clinics and are operational once a week on Thursdays, between 3-5 pm. Upon interaction with the MO, the acceptance for the adolescent friendly services in the community is good and there is no hesitation by the adolescent group in seeking care from the facility.

10. Community processes

There are a total of 1,214 ASHAs in the District as against the requirement of 1,350. There is 1 district ASHA mentor and 5 taluka ASHA mentors for the 5 blocks in the district.

All the ASHAs have been trained in Module 1-5. Interaction with the ASHAs at Singanodi SC indicated that they are active mobilisers. All the ASHAs interviewed had received drug kits. The new ASHAs (who had joined 4 months ago) had not yet received any induction training. One ASHA had cleared her Std.10 while the other two had cleared their Std. 11 and 12 respectively. They accompanied women for institutional delivery as well as motivated beneficiaries for family planning.

11. Findings from Regional Evaluation Team

- The Regional Evaluation team had conducted visits to the districts of Mandya and Chamrajnagar in the month of November 2012.
- In Mandya District, a shortage of medical personnel was reported. 30 PHCs out of the total 114 PHCs were functioning a 24 x 7 facilities. RD Kit for Malaria and hemoglobin meter were not available at the SCs visited. The JSY scheme was functional and the MO paid the amount through cheques. There were 33 backlogs of JSY from the 6 SCs visited. JSY beneficiaries were also interacted with and all of them had received payments. 78% received payments on time and they were all followed up by the ASHA/ANM after delivery. The RKS is constituted at all the facilities. The RKS funds were utilized for cleaning of the premises, night honorarium to the ayah, window repair, buying medicines, color coded bins, sanitary items. The ASHAs were appointed – 1216 as against a requirement of 1321 and had received training in all the modules. 63 ASHA drop outs were reported. Interactions with the ASHAs were held and all were trained as well as provided with drug kits. ASHAs are also a part of VHSNCs.
- Similarly in Chamrajanagar Disctrict, 6 of 71 sanctioned posts of MOs, 9 of 19 sanctioned posts were lying vacant. There was only one AYUSH MO at the PHC level and 77 Staff nurses for the 24 x 7 facilities. 31 out of the total 60 PHCs were providing 24 x 7 delivery services. Radiant warmer and phototherapy units were not available at the PHCs visited. JSY backlog was observed. 15 cases were pending at the SCs visited. RKS had been constituted and funds were being utilized as per guidelines.

12. Key Action Points

- Raichur being a backward and high focus district, has a large proportion of people who are in the BPL category. For their medical needs they have to travel long distances to either Hyderabad (200 kms away) or Bangalore (400 kms away). With the medical college shifting to its own building, the premises and infrastructure of the current DH premises would lie vacant. A DH should be made functional as soon as possible to cater to the needs of the patients.
- The Rajiv Gandhi super speciality hospital, with infrastructure and state-of-art equipments has been lying non functional for the last one year and no decisions have yet been taken as to its

operationlization. The decision on this needs to be expedited in order to improve the existing health services being rendered to the people.

- The shortage of manpower, especially specialists at FRUs and MO at the SNCU, is a challenge. For e.g. the super speciality hospital was initially run by the government but retention of staff was an issue due to the lack of facilities and amenities.
- The key reasons behind the shift in institutional deliveries from periphery to the higher centres (CHC and DH/SDH) need to be analysed, so that even distribution can be maintained and overburdening the secondary and tertiary care facilities could be prevented.
- JSSK entitlements should be displayed prominently across all the facilities in order to improve the awareness and utilization of services being offered under the scheme. Majority of the women interacted with had incurred expenditures on transportation.

Annexure 1 - HMIS ANALYSIS FROM NATIONAL WEB PORTAL, NHSRC

Karnataka - District - Raichur				
State Statistics - Karnataka			**District Statistics - Raichur**	
Population - Census - 2011	**Person**	6,11,30,704	**Indicators**	**DLHSIII**
	Male	3,10,57,742	**ANC**	
	Female	3,00,72,962	ANC Check-up in first trimester	44.2
Sex Ratio (No. of Females per1000 males)	**Census - 2011**	968	3 or more ANC Check-up	55.7
Sex Ratio 0 - 6 years	**Census - 2011**	943	Atleast 1 TT received	60.8
MMR (per 100,000 live births)	**SRS - 2011**	178	100 IFA Tablets	54.3
CBR (per 1000 population)		19	**Deliveries**	
CDR (per 1000 population)		7	Institutional Delivery	41.4
IMR		38	Home Delivery	57.3
Neo- natal Mortality Rate			Home Delivery by SBA	10.1
Under Five Mortality Rate			**New born & post natal care**	
District Statistics - Raichur			Still Birth	2.6
Population - Census - 2011	**Person**	19,24,773	Live Birth	94.2
	Male	9,66,493	Breastfed within 1 hour of birth	36.6
	Female	9,58,280	PNC within 48 hrs of delivery	44.9
Population in the age group 0-6 - Census - 2011	**Person**	2,72,703	**Immunisation**	
	Male	1,39,917	BCG	89.9
	Female	1,32,786	DPT3	53.4
Sex Ratio (No. of Females per1000 males)		992	Measeles	70
Sex Ratio 0 - 6 years		949	Full immunisation	45.2
Literacy Rate - Census - 2011	**Person**	60.46	**Unmet need for Family Planning**	
	Male	71.35	Spacing	9.9
	Female	49.56	Limiting	6.2
% Decadal Growth Rate		15.27	Total	16.1
Population Density per Sq.K.m		228		
Infrastructure - District Statistics - Raichur				
SC			**RHS - March - 2011**	223
PHCs				53
CHCs				5

Raichur- karnatka- Key Performance Indicators -Apr'12 to Mar'13			
ANM Related			
% ANC Registration in First Trimester against Reported ANC registration	53%	% PNC visits within 48 hours and 14 days against total deliveries	64%
% Three ANC check ups against estimated pregancies.	104%	% DPT3 immunisation against Estimated Live Births	122%
% Hypertension in pregnancy-detected against ANC Reported	4.9%	% Measles Immunization against Estimated Live Births	116%
% Severe anaemia (Hb<7) treated gainst Reported ANC registration	2.7%	% Full immunisation against Estimated Live Births	109%
ASHA Related			
% Newborns weighed at birth against Estimated live Births	82%	JSY Paid to ASHA as % of reported Institutional deliveries	10%
% of Newborns having weighed less than 2.5 kg against newborns weighed	12%	% ASHAs present during immunisation Sessions	69%
% Newborns visited within 24 hrs of Home deliveries	57%		
Facility Related			
OPD per 1000 population	608	% C- Section against Institutional Deliveries	11.1%
IPD per 1000 population	71	Abortion Rate against Reported pregnancies	2.0%
Major surgeries per lakh population.	268	Total sterilisation done per 1000 eligible couples.	30
Institutional deliveries against estimated deliveries.	78%	Total IUD inserted per 1000 eligible couples	11.23
Institutional deliveries against Reported deliveries.	94%		

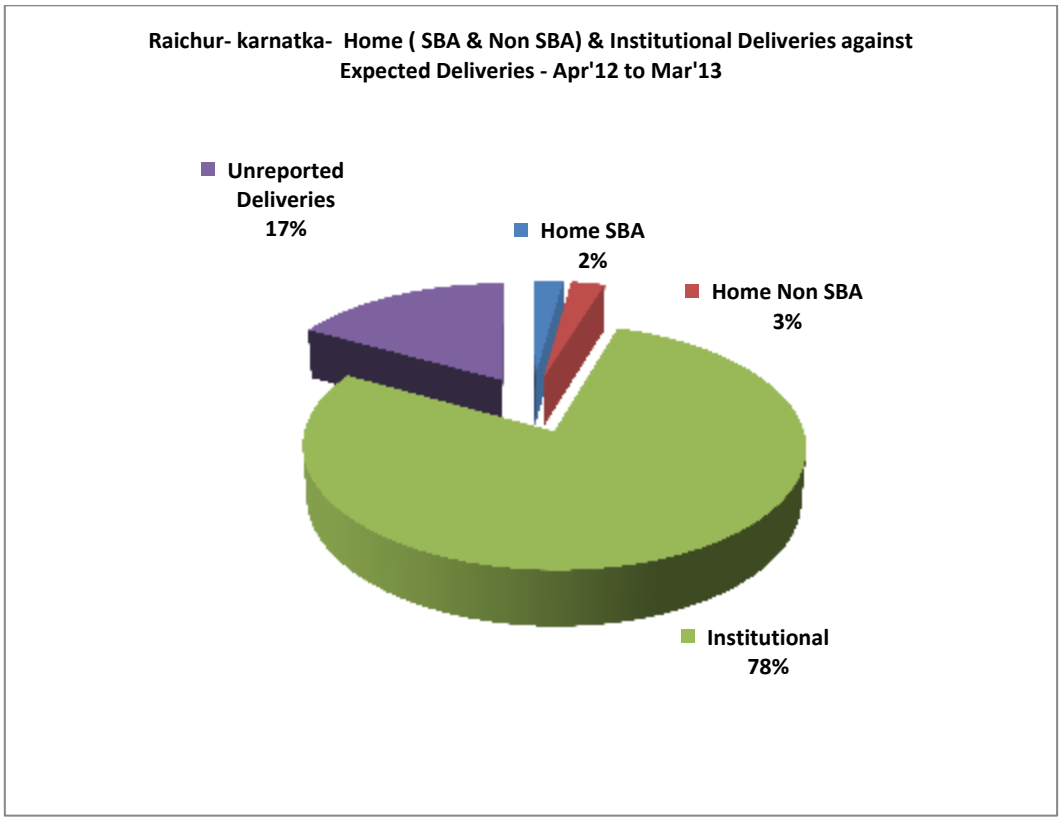
Raichur- karnatka- Summary -Apr'12 to Mar'13			
ANC			
ANC Registration against Expected Pregnancies	*152%*	TT2/ Booster given to Pregnant women against ANC Registration	75%
3 ANC Check ups against ANC Registrations	69%	100 IFA Tablets given to Pregnant women against ANC Registration	81%
Deliveries			
Reported Deliveries against Expected Deliveries	83.1%	Home Deliveries(SBA& Non SBA) against Estimated Deliveries	4.8%

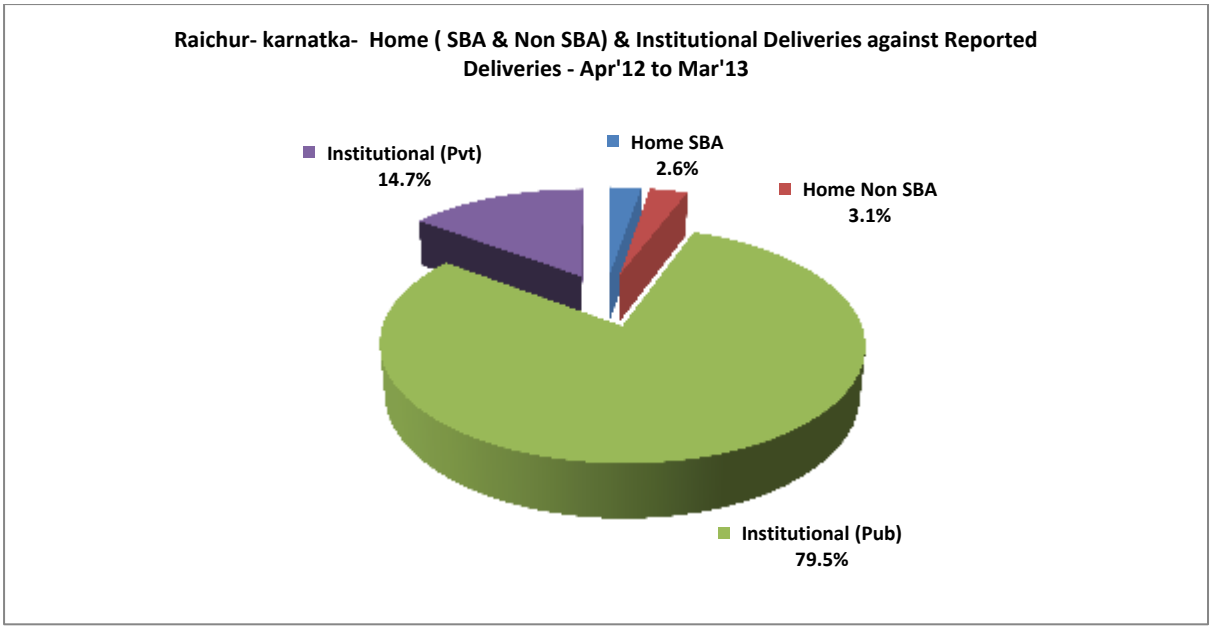
Raichur- karnatka- Summary -Apr'12 to Mar'13			
Institutional Deliveries against Estimated Deliveries	78.4%	**Home Deliveries(SBA& Non SBA) against Reported Deliveries**	5.8%
Institutional Deliveries against Reported Deliveries	94.2%	**C Section Deliveries against Institutional Deliveries(Pvt & Pub)**	11.1%
Births & Neonates Care			
Live Births Reported against Estimated Live Births	87.9%	Newborns weighed against Reported Live Births	**94%**
Still Births against reported 1000 live Births	26.2	Newborns weighed less than 2.5 kgs against newborns weighed	**12%**
Sex Ratio at Birth	924	Newborns breastfed within one hr of Birth against Reported live Births	**91%**
Child Immunisation(0 to 11 mnths)			
Measles given against Expected Live Births	***116%***	**Measles given against Reported Live Births**	***132%***
Fully Immunised Children against Expected Live Births	***109%***	**Fully Immunised Children against Reported Live Births**	***124%***
Required numbers of VHNDs per thousand population in 12 mnths	23,097	**Immunisation Sessions held as percentage of required VHNDs**	74%
Family Planning & Abortions			
Family Planning Methods Users (Sterilisations(Male &Female)+IUD+ Condom pieces/72 + OCP Cycles/13)	16,187	Total Sterilisations (Male & Female)	**9,805**
MTP up to 12 weeks	163	**Abortion (spontaneous/induced)**	**815**
MTP more than 12 weeks	89	Abortion Rate against Expected pregnancies	**3.0%**

	Demographic Denominators - Raichur- karnatka					
	IMR of the state - Raichur-karnatka	**CBR - Raichur-karnatka**	**Total Population**	**Expected Pregnancies Apr'12 to Mar'13**	**Expected Deliveries Apr'12 to Mar'13**	**Eligible Couple (17% of total population)**
Source	**dlhs 3**	**dlhs 3**	**Census 2011**	**Derived**	**Derived**	**Derived**
	38	**19.0**	**19,24,773**	**40,228**	**37,266**	**3,27,211**

Raichur- karnatka- Deliveries - Apr'12 to Mar'13				
Total Population	**19,24,773**	**Expected Deliveries - Apr'12 to Mar'13**		**37,266**
Home SBA	**Home Non SBA**	**Institutional (Pub & Pvt)**	**Total Deliveries Reported**	**Unreported Deliveries**
813	970	29,200	30,983	6,283

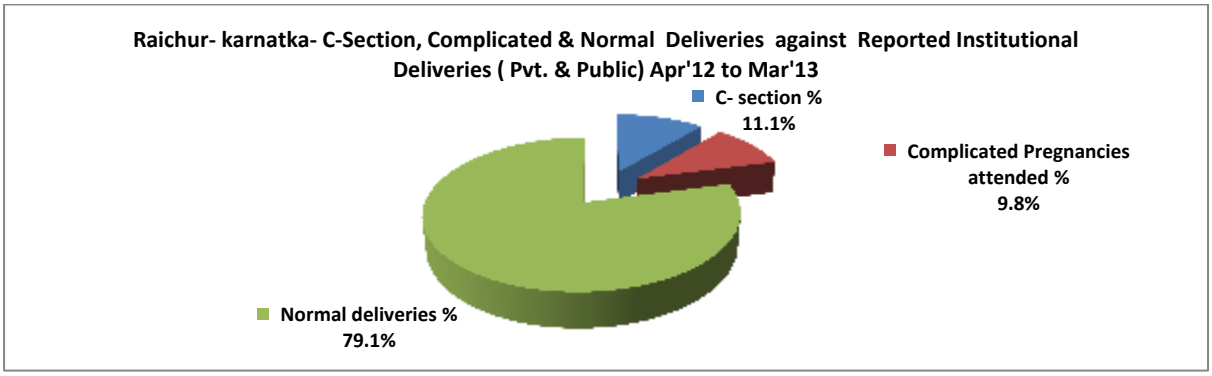
Home SBA %	Home Non SBA%	Institutional %	Total Deliveries Reported %	Unreported Deliveries %
2%	3%	78%	83%	17%



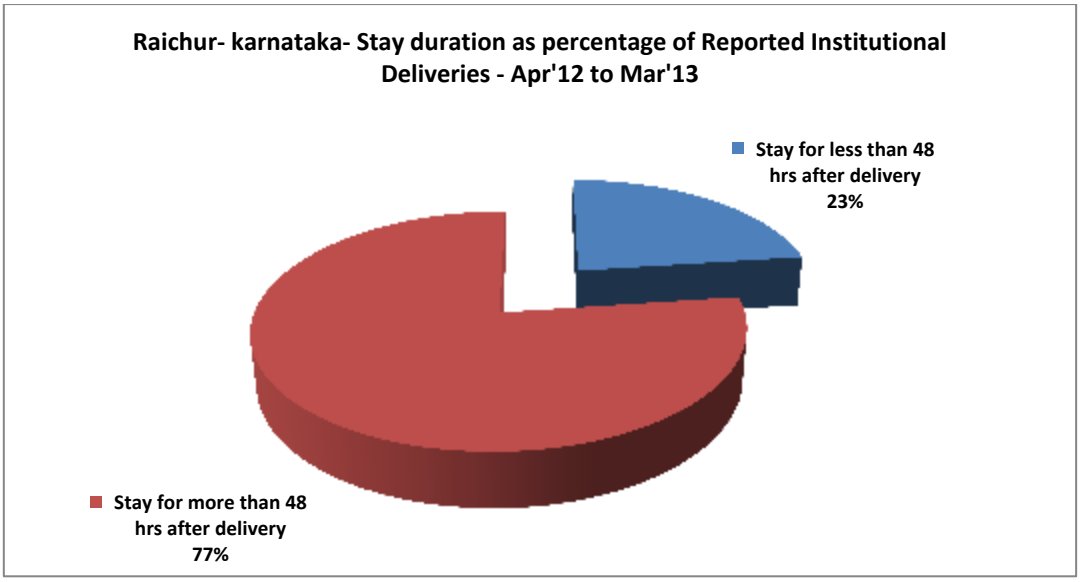


Raichur- karnataka- C sections & Complicated Deliveries Apr'12 to Mar'13			
	Institutional Deliveries (Public)	Institutional Deliveries (Pvt)	Total Institutional deliveries
Total Deliveries	24,635	4,565	29,200
C Section	1,285	1,942	3,227
C Section%	5.2%	42.5%	11.1%
Complicated Pregnancies attended	2,544	326	2,870
Complicated Pregnancies attended %	10.3%	7.1%	9.8%

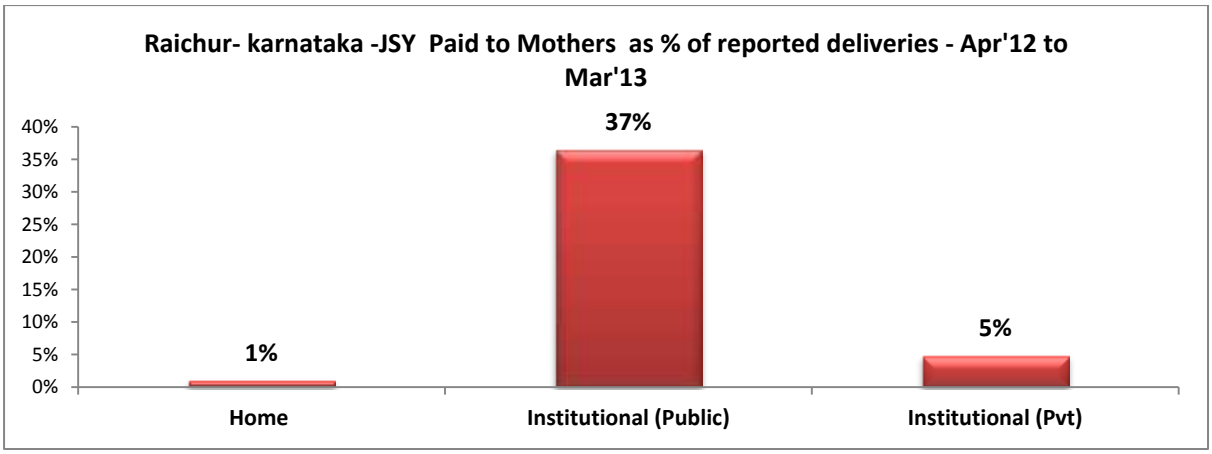
Raichur- karnataka- Facility wise %ge of C sections & Complicated Deliveries Apr'12 to Mar'13						
	PHC	CHC	SDH/DH	Other State owned institution	Private Facilities	Total
Complicated deliveries managed (Reported)	156	23	2,365	-	326	2,870
Complicated deliveries managed as %ge of total reported	5.4%	0.8%	82.4%	0.0%	11.4%	
C Section (reported)	-	-	1,285	-	1,942	3,227
C Section as percentage of total reported	0.0%	0.0%	39.8%	0.0%	60.2%	

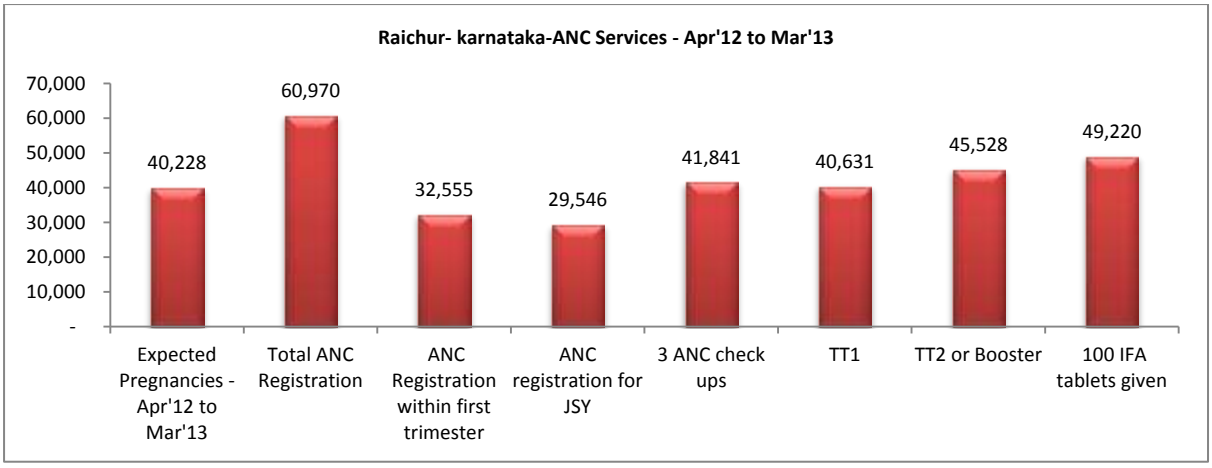


Raichur- karnataka- Complicated Pregnancies & Deliveries Treated - Apr'12 to Mar'13					
Reported Deliveries	30,983				
Complicated Pregnancies attended	Complicated Pregnancies Rate	C - Section Deliveries	PNC Maternal Complications	Abortions	Still Births
2,870	7.1%	3,227	217	815	843
Complicated Deliveries Treated with				No Of Eclampsia cases Treated	No Of severe anemia cases treated
IV Antibiotics	IV antihypertensive/Magsulph injection	IV Oxytocis	Blood Transfusion		
5,431	523	9,156	578	396	1,630

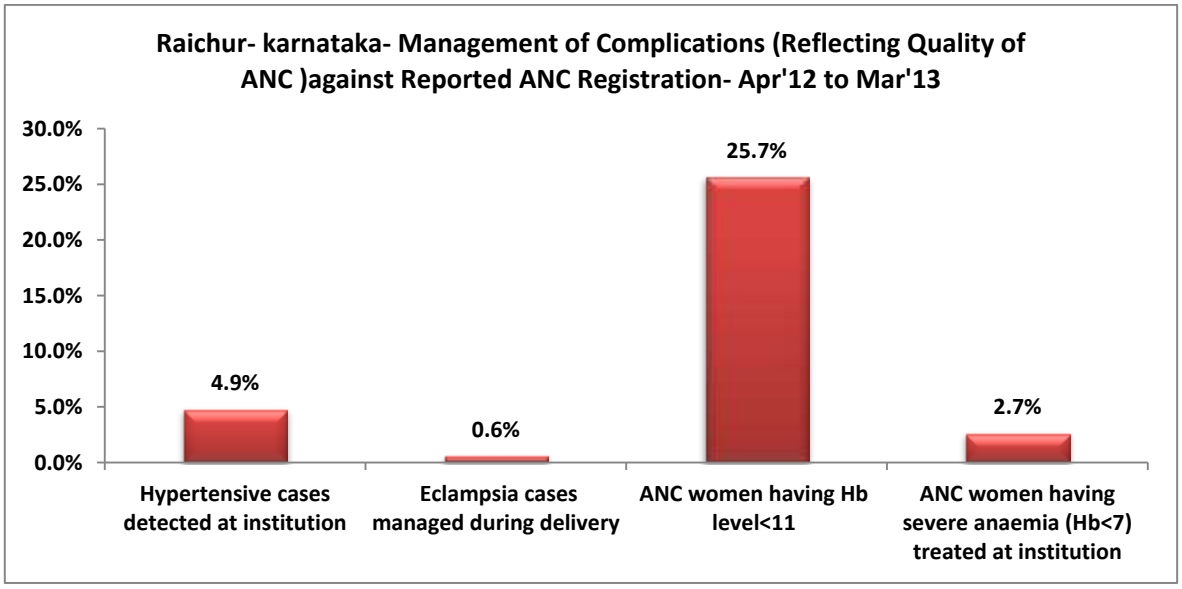


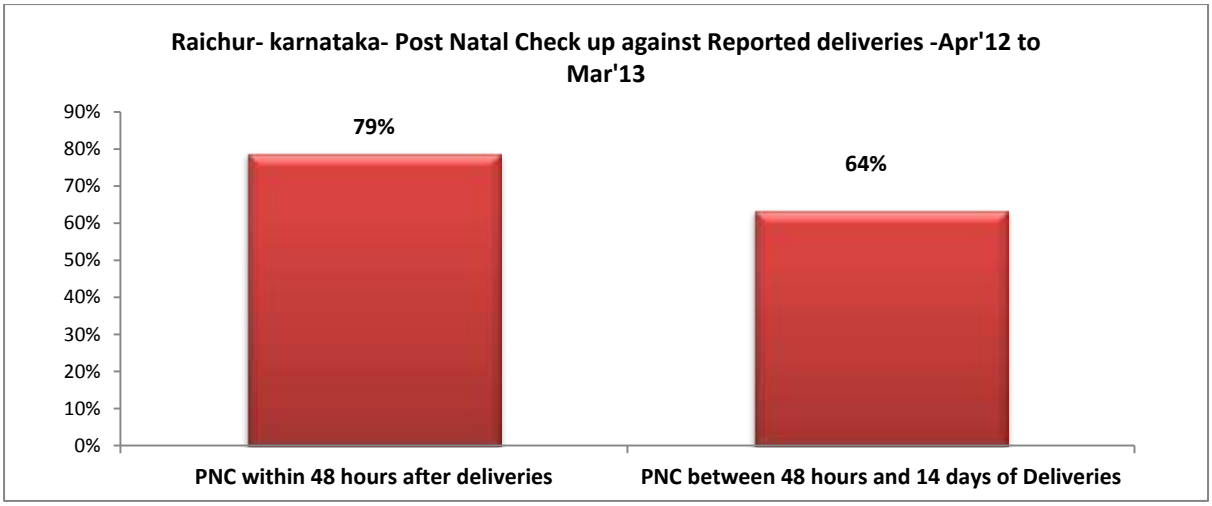
Raichur- karnataka - JSY Paid to Mothers as % of reported deliveries - Apr'12 to Mar'13			
	Deliveries	JSY Paid to mothers	%age JSY paid against reported deliveries
Home	1,783	20	1.12%
Institutional (Public)	24,635	9,003	36.55%
Institutional (Accredited - Pvt)	4,565	226	4.95%

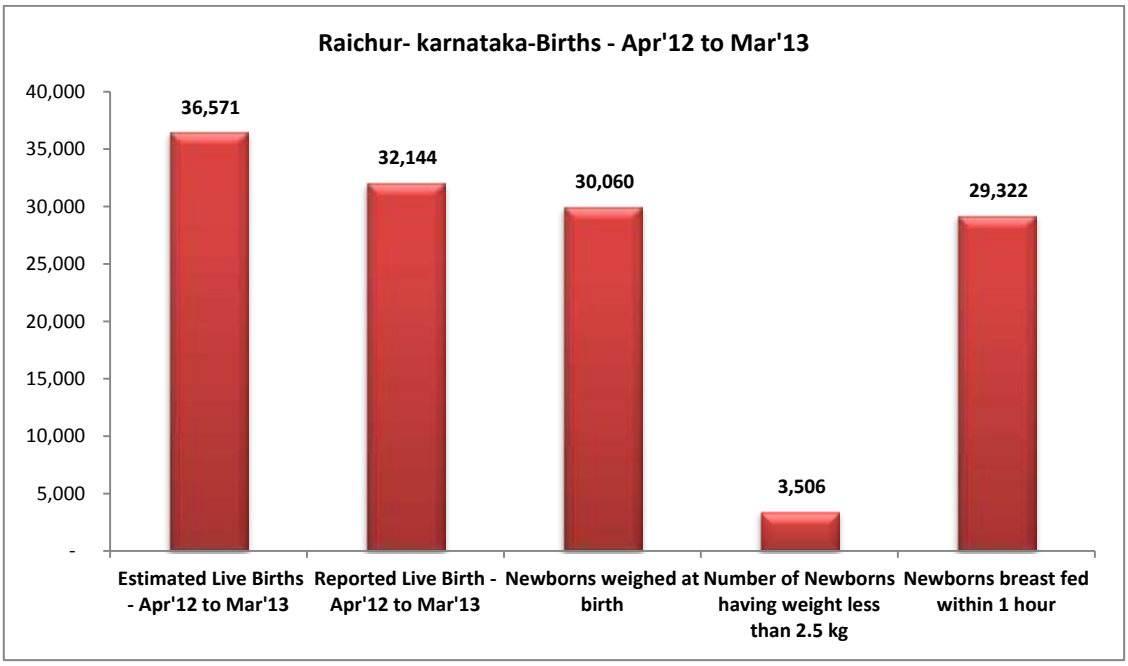




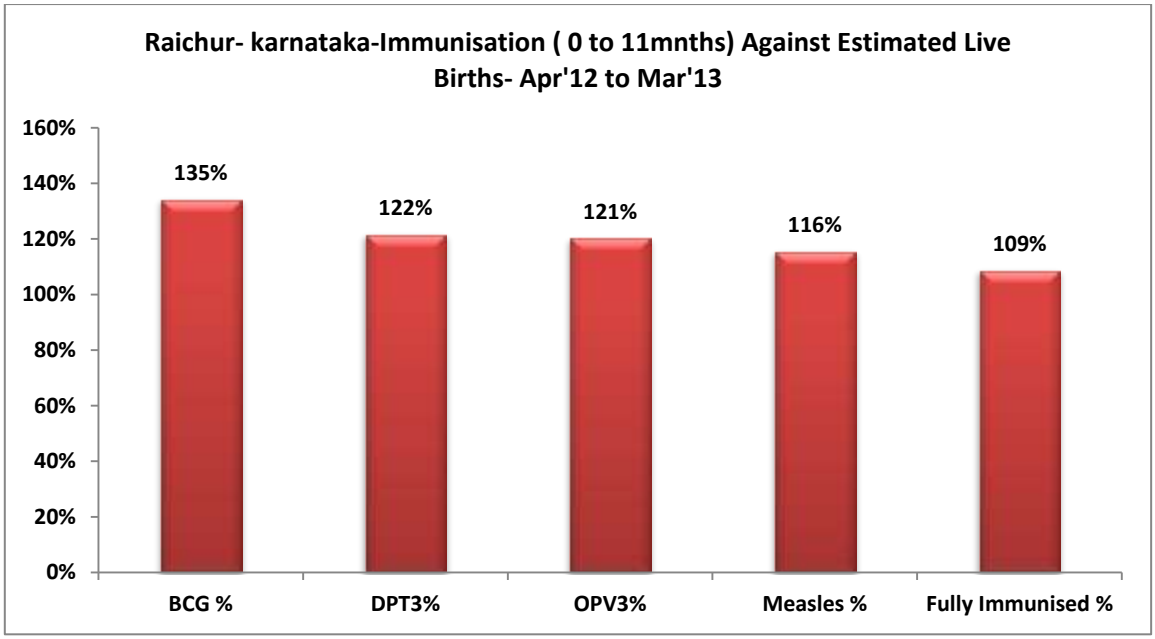
Raichur- karnataka- Management of Complications (Reflecting Quality of ANC)against Reported ANC Registration- Apr'12 to Mar'13		
	Reported	**%age against reported ANC Registration**
Hypertensive cases detected at institution	2960	4.9%
Eclampsia cases managed during delivery	396	0.6%
ANC women having Hb level<11	15676	25.7%
ANC women having severe anaemia (Hb<7) treated at institution	1630	2.7%

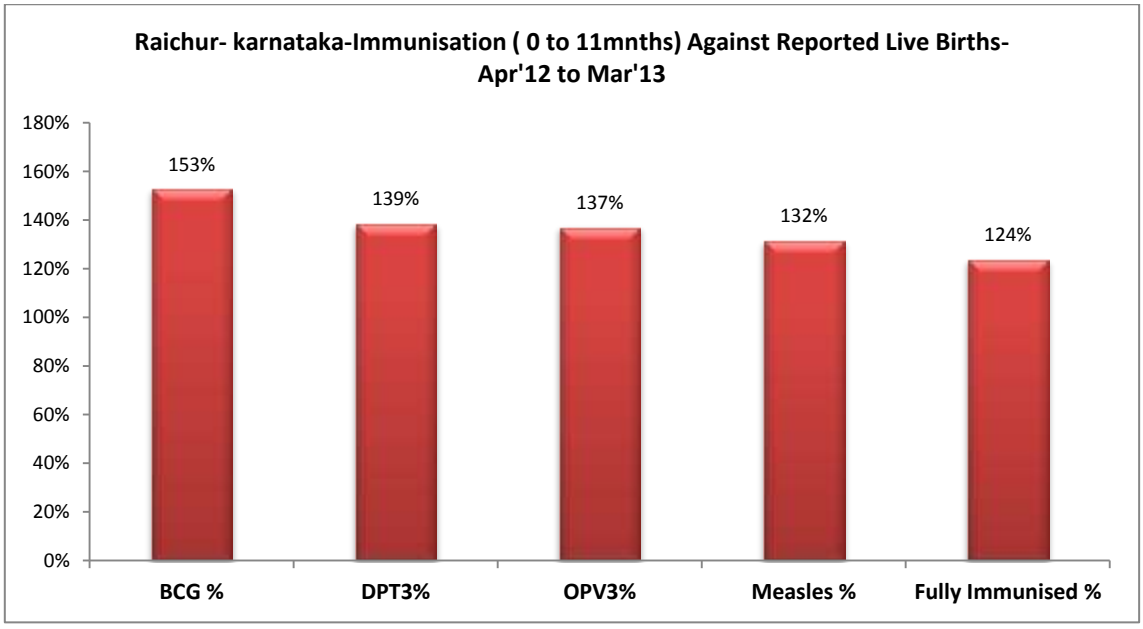


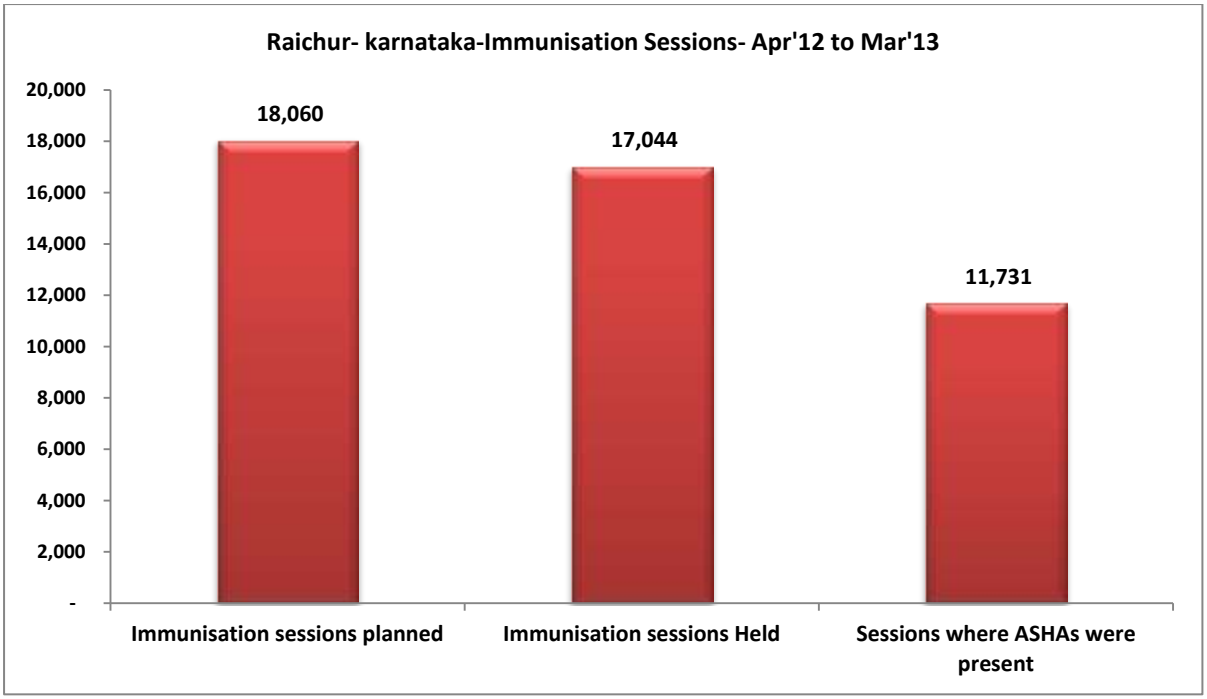




Raichur- karnataka - Births - Apr'12 to Mar'13					
Live Birth - Males	Live Birth - females	Live Birth - Total	Still Births	Sex Ratio at birth	Still Birth per 1000 live births (reported)
16,704	15,440	32,144	843	924	26.2


Raichur- karnataka-Immunisation (0 to 11mnths) Against Estimated Live Births- Apr'12 to Mar'13
160%
140%
120%
100%
80%
60%
40%
20%
0%
135%
122%
121%
116%
109%
BCG %
DPT3%
OPV3%
Measles %
Fully Immunised %

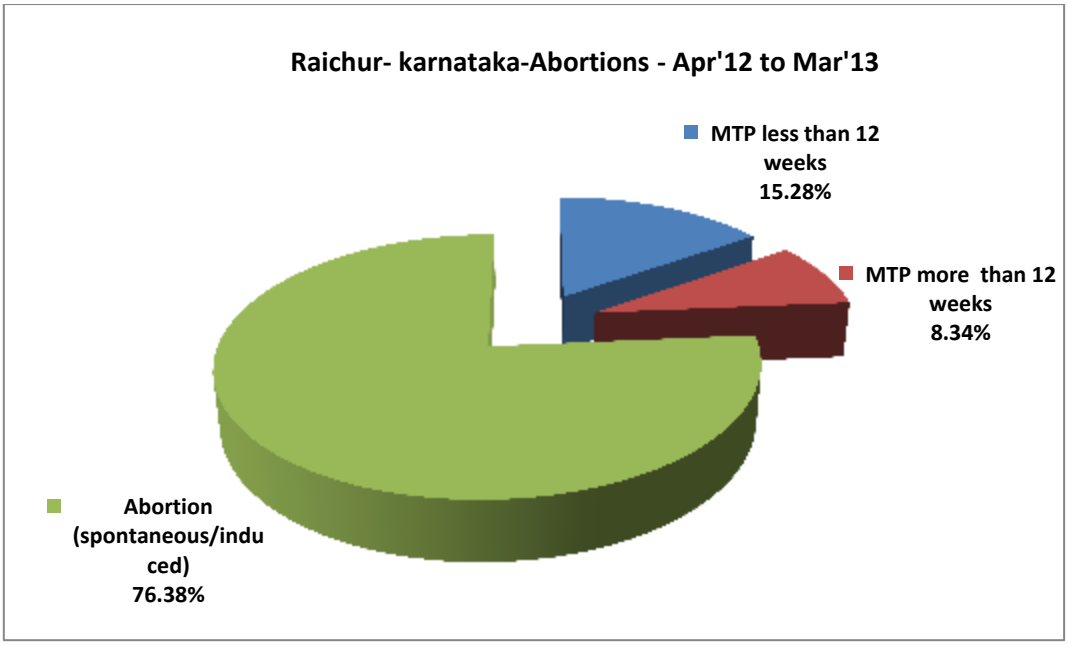

Raichur- karnataka-Immunisation (0 to 11mnths) Against Reported Live Births- Apr'12 to Mar'13
180%
160%
140%
120%
100%
80%
60%
40%
20%
0%
153%
139%
137%
132%
124%
BCG %
DPT3%
OPV3%
Measles %
Fully Immunised %



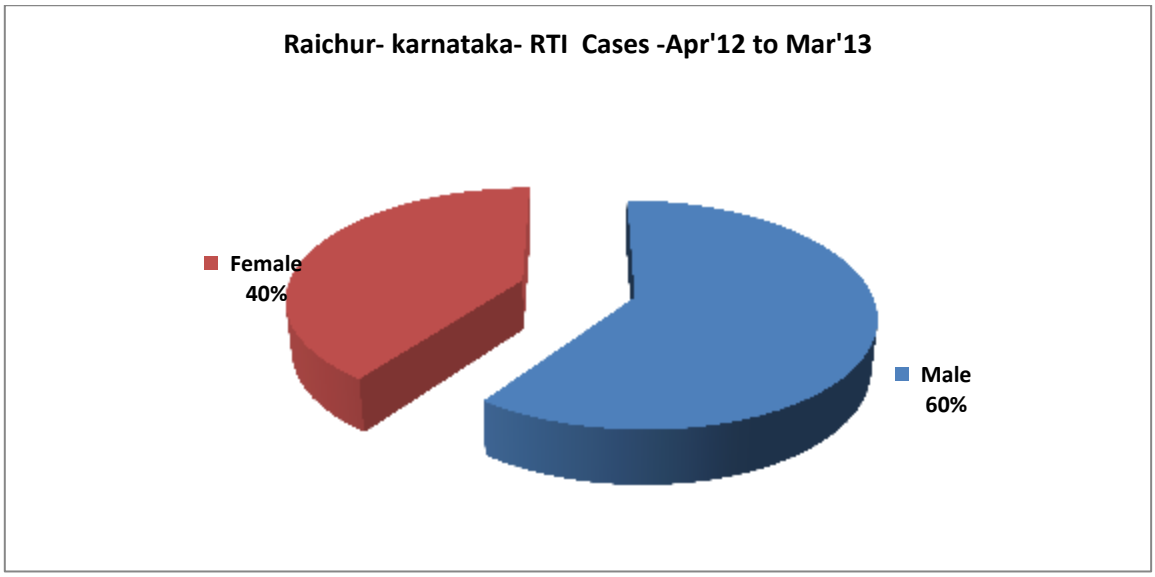
Raichur- karnataka- Adverse Event Following Immunisation(AEFI) - Apr'12 to Mar'13	
Abscess	34
Death	-
Others	25

Raichur- karnataka- Immunisation - Dropouts - Apr'12 to Mar'13		
Dropout from BCG to DPT3	Dropout from BCG to Measles	Dropout from DPT3 to Measles
9%	14%	5%

Raichur- karnataka - Abortions - Apr'12 to Mar'13				
MTP Less than 12 weeks	MTP More than 12 weeks	Abortions (spontaneous/Induced)	Abortions in Pvt Facilities	Abortion Rate against expected pregnancies
163	89	815	155	3.0%

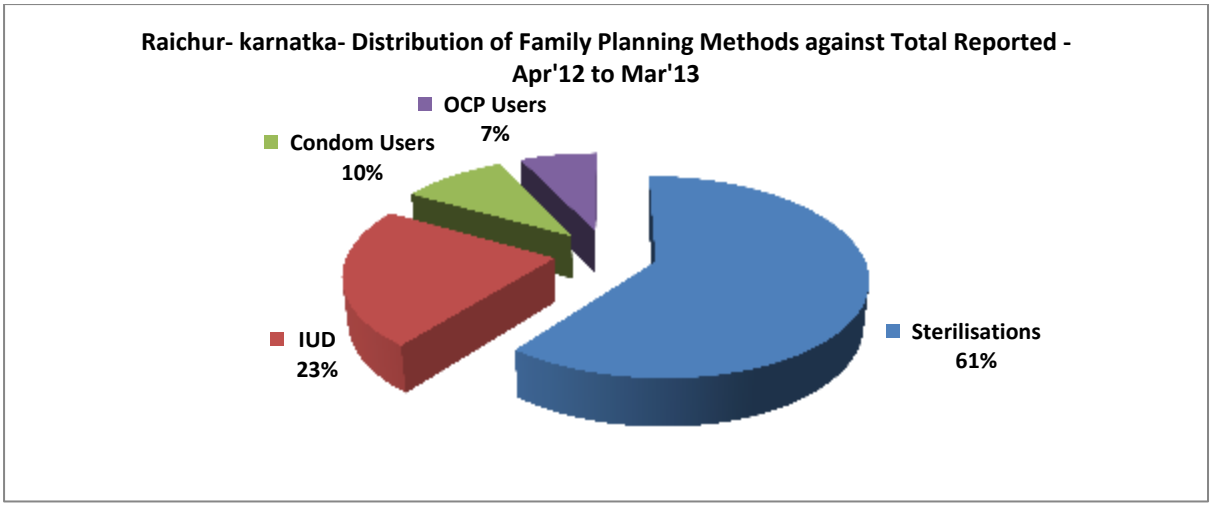


Raichur- karnataka - RTI Cases - Apr'12 to Mar'13					
Total OPD	Total RTI/STI cases - Male	Total RTI/STI cases - Female	Total RTI/STI cases	RTI/STI cases as %ge of Total OPD	Number of wet mount tests conducted
11,70,783	804	537	1,341	0.115%	51



Raichur- karnataka-Sterilisations - Apr'12 to Mar'13		
	Reported	%age of Reported Sterilisation
Total Sterilisation	9,805	
NSV	106	1%
Laparoscopic	8,270	84%
MiniLap	835	9%
Post Partum	594	6%
Male Sterilisation	106	1%
Female Sterilisation	9,699	99%

Raichur- karnataka-FP Methods - Apr'12 to Mar'13		
	Reported	%age of All Reported FP Methods
Total Reported FP Method (All types) Users	16,187	-
Sterilisations	9,805	61%
IUD	3,676	23%
Condom Users	1,557	10%
OCP Users	1,149	7%
Limiting Methods	9,805	61%
Spacing Methods	6,382	39%



Raichur- karnataka- Facility wise % of Sterilisations & IUDs - Apr'12 to Mar'13						
	Subcenter	PHC	CHC	SDH/DH	Other State owned institution	Private Facilities
NSV as % of total reported		98.1%	0.0%	1.9%	0.0%	0.0%
Laparoscopic as % of total reported		41.7%	19.3%	37.2%	0.0%	1.8%
MiniLap as % of total reported		12.2%	10.5%	46.5%	0.0%	30.8%
Post Partum as % of total reported		9.8%	3.2%	77.4%	0.0%	9.6%
IUD inserted as % of total reported	49.5%	19.7%	9.4%	15.0%	0.0%	6.4%

Raichur- karnataka- Unmet need (DLHSIII) met by reported FP Methods - Apr'12 to Mar'13				
Estimated total Eligible Couples (17% of population)	3,27,211.41	Eligible Couples for unmet need- Calculated Using DLHSIII Unmet need - Raichur- karnatka	Total reported FP Users - HMIS - Apr'12 to Mar'13	Unmet need met by Reported Family Planning Methods - Apr'12 to Mar'13
Unmet Needs *Total*	16.1	52,681	16,187	31%
Limiting	6.2	20,287	9,805	19%
Spacing	9.9	32,394	6,382	12%

Raichur- karnataka- Service Delivery - Apr'12 to Mar'13						
Total OPD	**Total IPD**	**Operation major (General and spinal anaesthesia)**	**Operation minor (No or local anaesthesia)**	**AYUSH**	**Dental Procedures**	**Adolescent counselling services**
11,70,783	1,36,610	5,152	3,028	92,547	4,470	2,496
OPD Visit Per Capita Population	**IPD as percentage of OPD**	**Operation major (General and spinal anaesthesia) as %ge of IPD**	**Operation minor (No or local anaesthesia)as %ge of OPD**	**AYUSH as %ge of OPD**	**Dental Procedures as %ge of OPD**	**Adolescent counselling services as %ge of OPD**
0.6	11.7%	3.8%	0.3%	7.9%	0.38%	0.2%

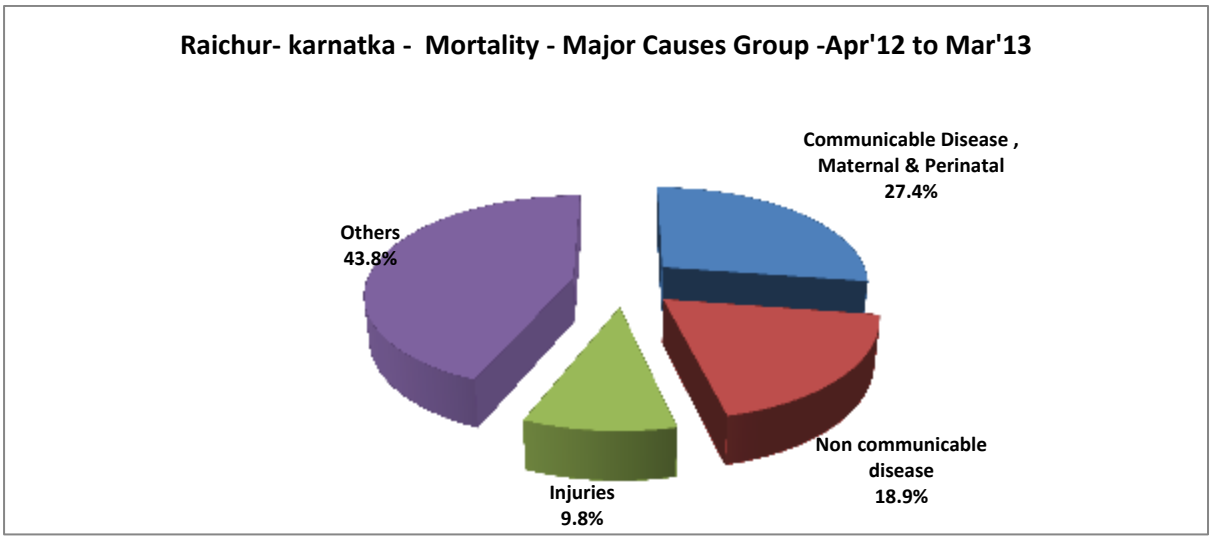
Raichur- karnataka- Childhood Disease - Vaccine Preventable -Apr'12 to Mar'13					
Diphtheria	**Pertussis**	**Tetanus Neonatorum**	**Tetanus others**	**Polio**	**Measles**
0	0	0	0	0	408

Raichur- karnatka-Childhood Disease - Others - Apr'12 to Mar'13		
Diarrhoea and dehydration	**Malaria**	**Number admitted with Respiratory Infections**
4,275	162	1,100

Raichur- karnataka- Lab Services - Apr'12 to Mar'13							
Total Population	**Total HB tested**		**Total HIV tested**		**Total VDRL Tested**	**Total Widal Test Conducted**	**Blood Smear Examined**
19,24,773	74,251		47,889		13,771	12,838	1,99,104
Total OPD	**HB test conducted as %age of OPD**	**HB<7gm as %age of HB tested**	**HIV test conducted as %age of OPD**	**HIV positive as %age of HIV tested**	**VDRL test conducted as %age of OPD**	**Widal test conducted as %age of OPD**	**Blood Smear Examined as % of Population**
11,70,783	6.3%	7.0%	4.1%	3.0%	1.2%	1.10%	10.34%

Raichur- Karnataka - Mortality Data - Apr'12 to Mar'13

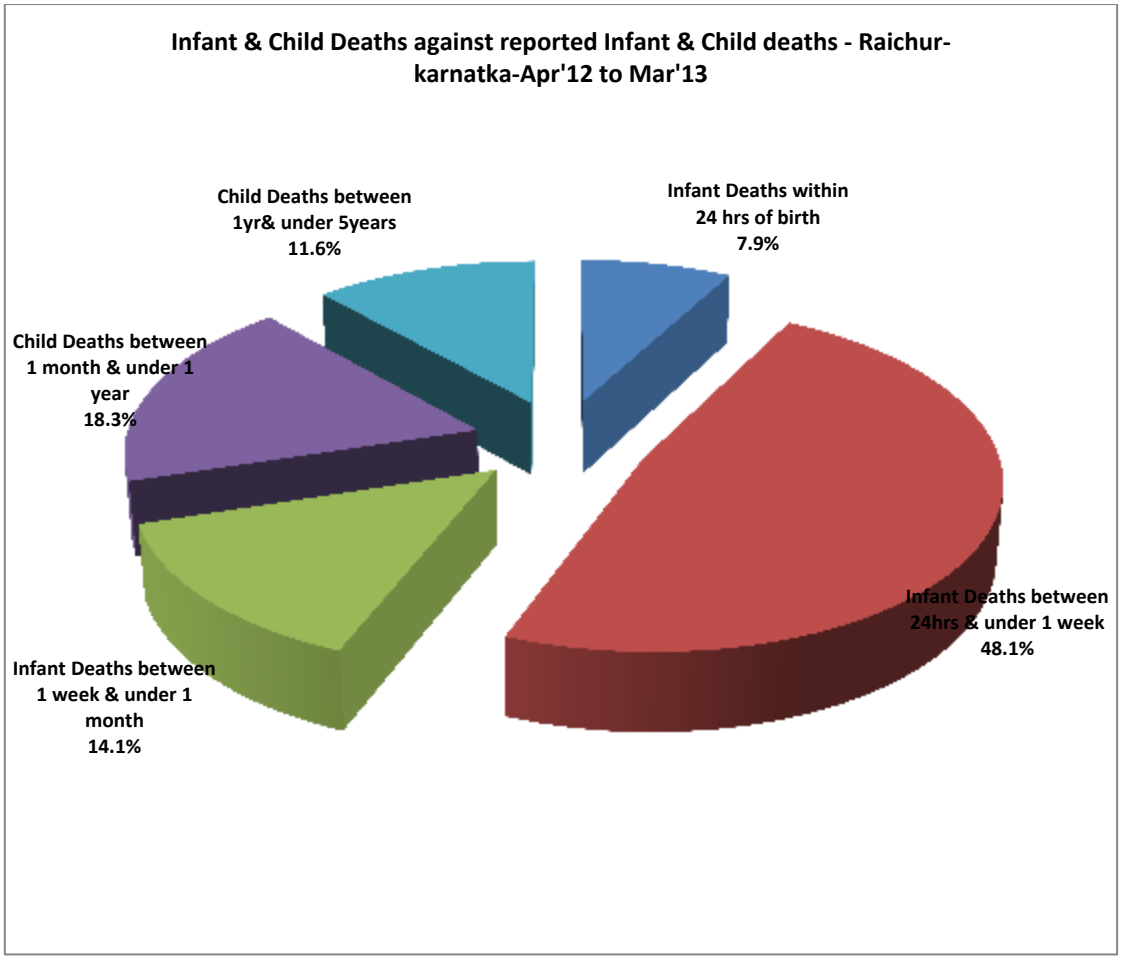
Raichur- karnatka - Mortality - Major Causes Group - Apr'12 to Mar'13		
Death Groups	**Cause-wise deaths included in the group**	**Reported deaths**
Communicable Disease , Maternal & Perinatal	Maternal & Perinatal, Diarrhoea, Tuberculosis, Respiratory (excluding TB), Malaria, Other Fever related, HIV/AIDS	1,316
Non communicable disease	Heart Disease/ Hypertension, Neurological including Stroke	910
Injuries	Trauma, Accidents, Burns, Suicide, Animal Bites	473
Others	Other known acute diseases, Other known chronic diseases, Other diseases (Causes not known)	2,105



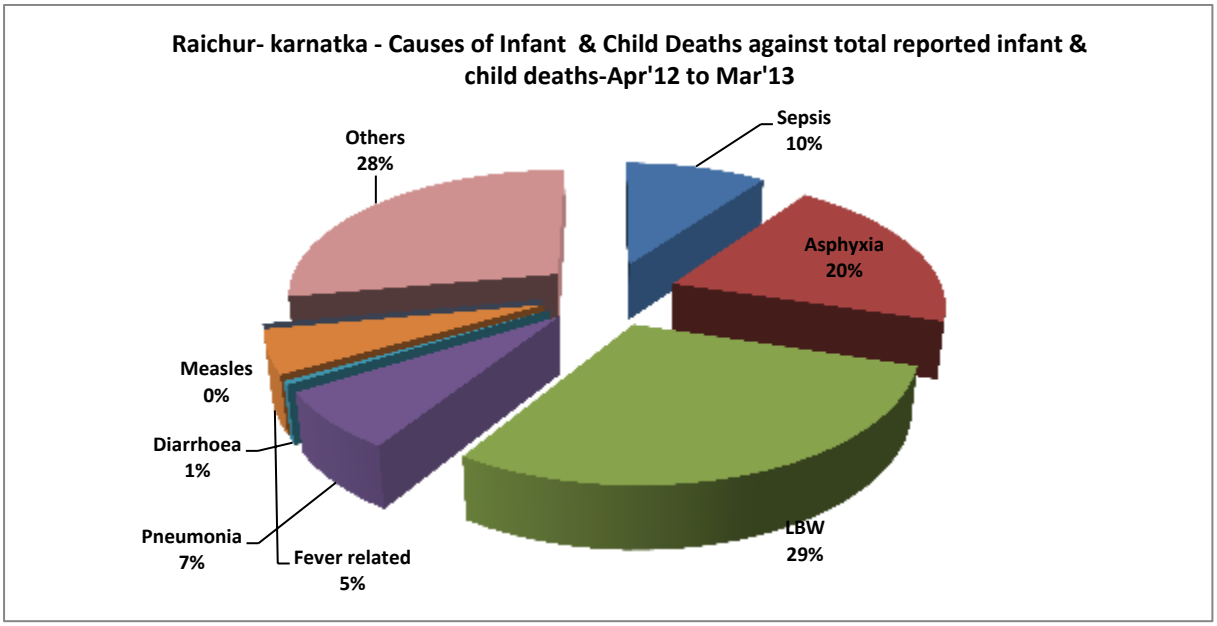
Raichur- karnatka- Still Births, Neonatal , Infant ,Under 5 and Maternal Deaths - Apr'12 to Mar'13			
Live Births - Reported	**Live Births -Estimated**	**Still Births**	**Early Neonatal deaths**
32,144	36,571	843	135
Late Neonatal Deaths	Infant Death	Under 5 Child Deaths	Maternal Deaths
34	213	241	23

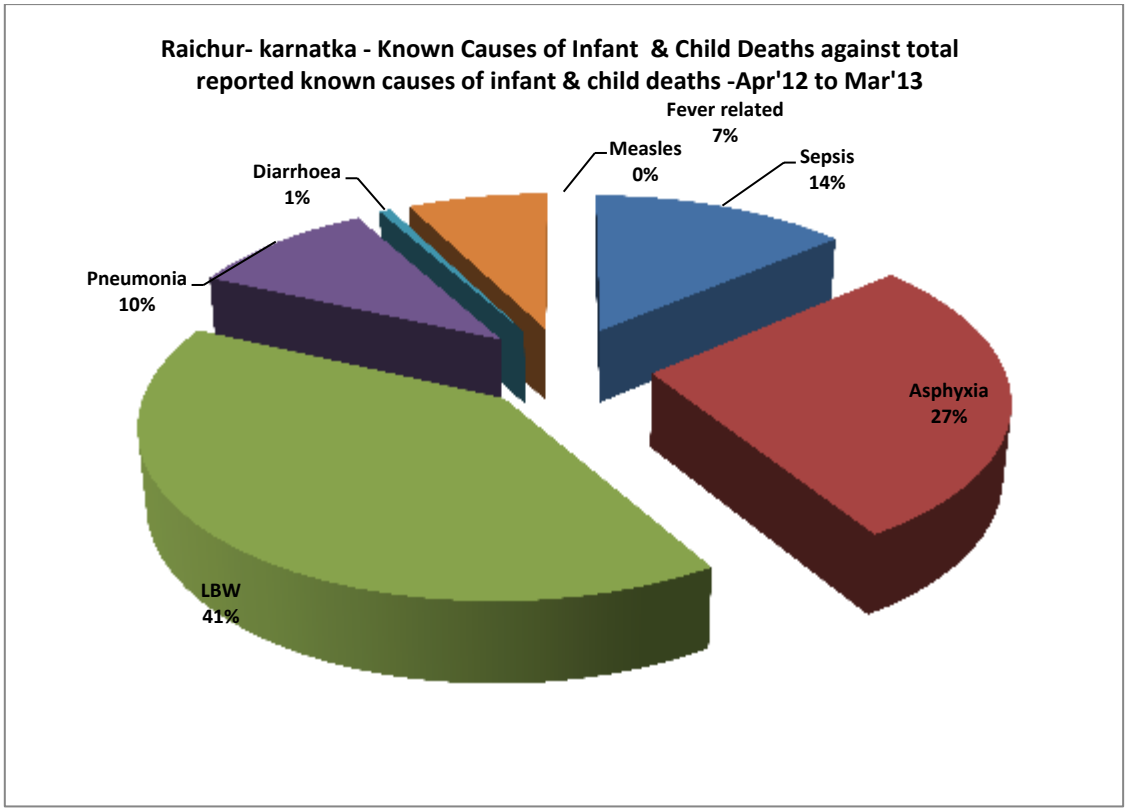
Raichur- karnatka- Still Birth Rate, Perinatal,Neonatal & Infant Mortality Rates - Apr'12 to Mar'13		
	Against Reported Live Births (1000)	Against Estimated Live Births (1000)
Reported Still Birth	26.23	23.05
Reported Perinatal Mortality	30.43	27
Reported Neonatal Mortality	5.26	4.62
Reported Infant Mortality	6.63	5.82
Reported Under 5 Child Deaths	7.5	6.59
Reported Maternal Deaths	71.55	62.89

Raichur- karnatka - Infant & Child Deaths - Apr'12 to Mar'13							
	Infant Deaths within 24 hrs of birth	**Infant Deaths between 24hrs & under 1 week**	**Infant Deaths between 1 week & under 1 month**	**Child Deaths between 1 month & under 1 year**	**Total Infant Deaths**	**Child Deaths between 1yr & under 5years**	**Total Deaths**
Total Reported	19	116	34	44	**213**	**28**	241
% against total deaths	7.9%	48.1%	14.1%	18.3%	88.4%	11.6%	

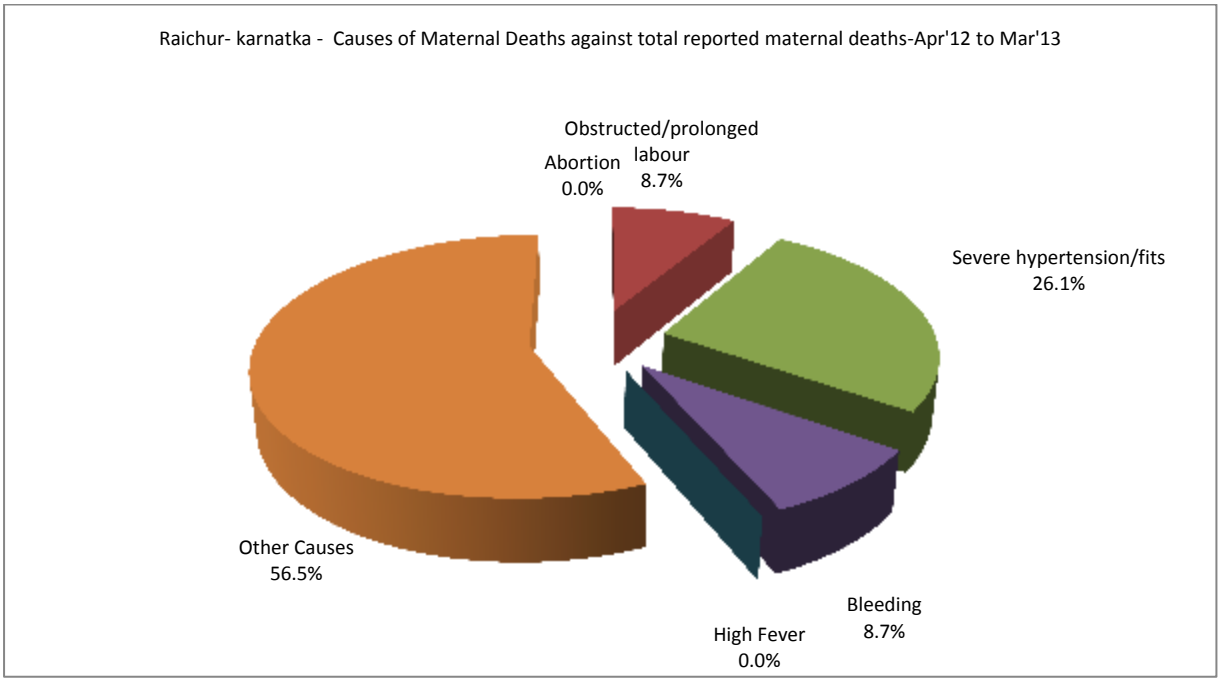


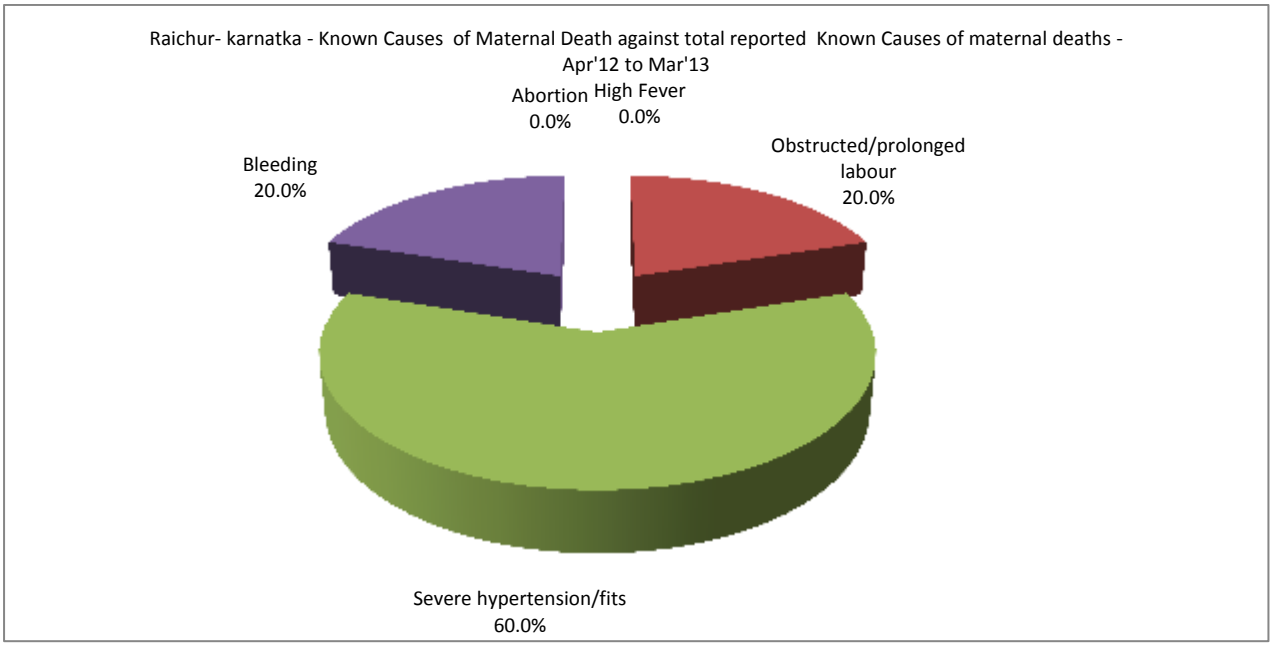
Raichur- karnatka- Causes of Infant & Child Deaths - Apr'12 to Mar'13 - Total Deaths - 222								
Sepsis			Asphyxia			LBW		
Up to 1 Weeks of Birth	Between 1 week & 4 weeks of birth	Total	Up to 1 Weeks of Birth	Between 1 week & 4 weeks of birth	Total	Up to 1 Weeks of Birth	Between 1 week & 4 weeks of birth	Total
16	6	**22**	40	4	**44**	47	18	**65**
Pneumonia			Diarrhoea			Fever related		
Between 1 month and 11 months	Between 1 year & 5 years	Total	Between 1 month and 11 months	Between 1 year & 5 years	Total	Between 1 month and 11 months	Between 1 year & 5 years	Total
11	5	**16**	1	0	**1**	10	2	**12**
Measels			Others (For age upto 4 weks of Birth)			Others(For age from 1 month to 5 yrs)		
Between 1 month and 11 months	Between 1 year & 5 years	Total	Up to 1 Weeks of Birth	Between 1 week & 4 weeks of birth	Total	Between 1 month and 11 months	Between 1 year & 5 years	Total
-	-	**-**	13	6	**19**	22	21	**43**


Raichur- karnatka - Causes of Infant & Child Deaths against total reported infant & child deaths-Apr'12 to Mar'13
Others 28%
Sepsis 10%
Asphyxia 20%
Measles 0%
Diarrhoea 1%
Pneumonia 7%
Fever related 5%
LBW 29%

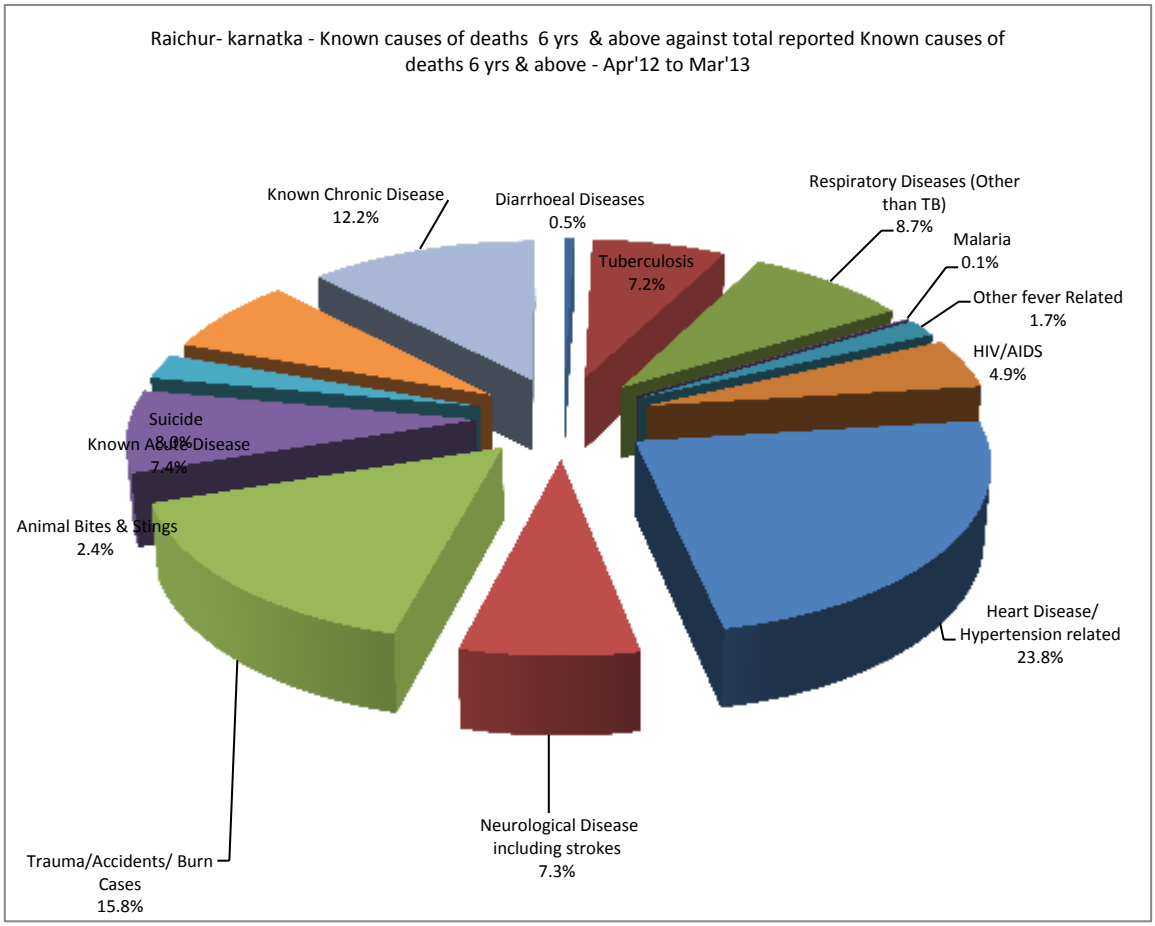

Raichur- karnatka - Known Causes of Infant & Child Deaths against total reported known causes of infant & child deaths -Apr'12 to Mar'13
Fever related 7%
Measles 0%
Sepsis 14%
Diarrhoea 1%
Pneumonia 10%
Asphyxia 27%
LBW 41%

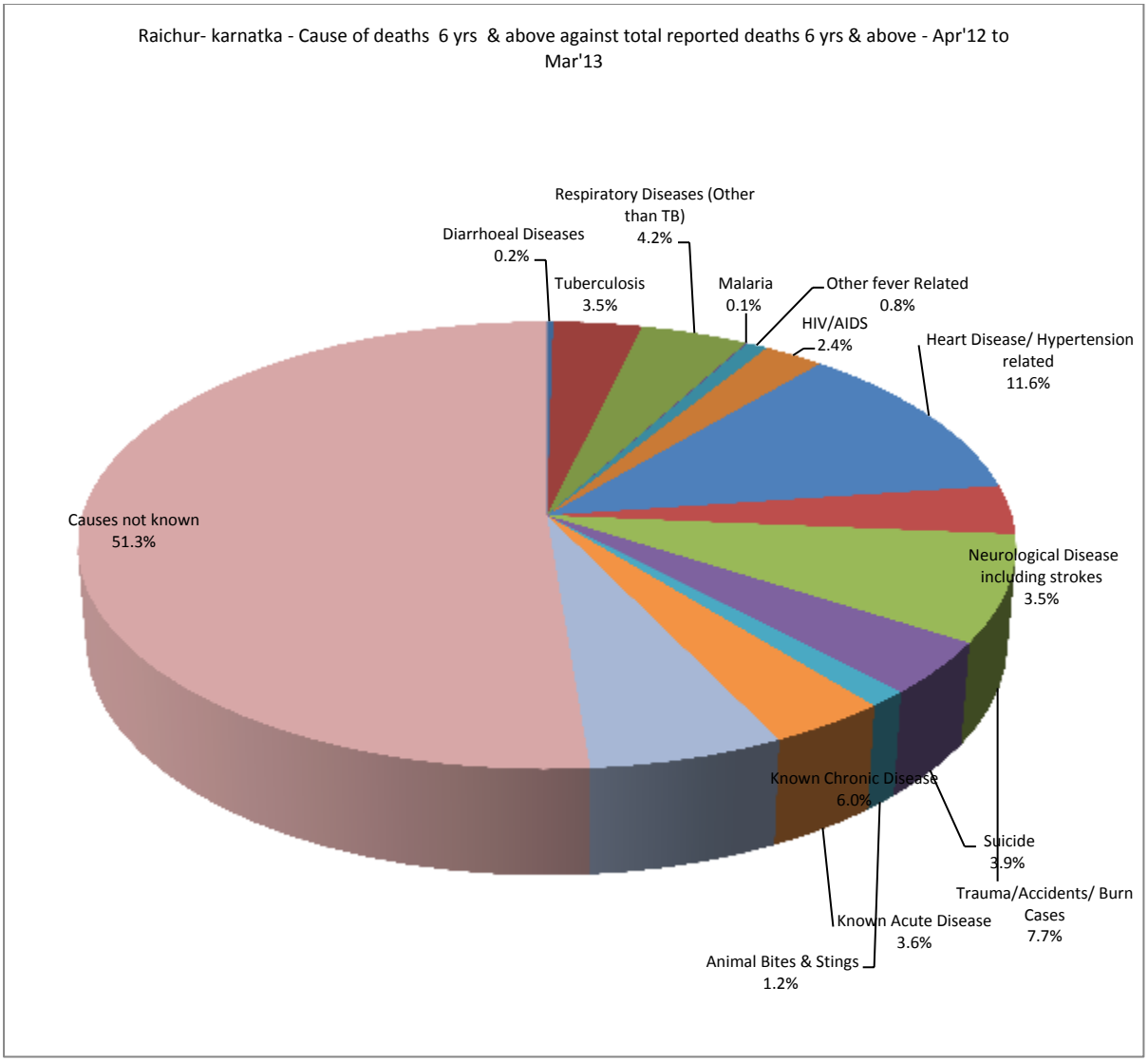
Raichur- karnatka Maternal Deaths & Causes-Apr'12 to Mar'13			
Causes	**Reported**	**% against total reported**	**% against total reported known causes**
Abortion	-	0.0%	0.0%
Obstructed/prolonged labour	2	8.7%	20.0%
Severe hypertension/fits	6	26.1%	60.0%
Bleeding	2	8.7%	20.0%
High Fever	-	0.0%	0.0%
Other Causes	13	56.5%	
Total	**23**		





Raichur- karnatka - Causes of deaths above 6 yrs of age-Apr'12 to Mar'13				
	6-14 yrs	**15-55 yrs.**	**Above 55yrs**	**Total**
Diarrhoeal Diseases	-	3	6	9
Tuberculosis	4	86	39	129
Respiratory Diseases (Other than TB)	-	51	105	156
Malaria	-	2	-	2
Other fever Related	2	12	17	31
HIV/AIDS	-	82	6	88
Heart Disease/ Hypertension related	1	223	204	428
Neurological Disease including strokes	4	60	67	131
Trauma/Accidents/ Burn Cases	18	213	54	285
Suicide	2	126	16	144
Animal Bites & Stings	21	17	6	44
Known Acute Disease	1	65	68	134
Known Chronic Disease	7	83	130	220
Causes not known	34	526	1,336	1,896
Total Deaths	**94**	**1,549**	**2,054**	**3,697**


Raichur- karnatka - Known causes of deaths 6 yrs & above against total reported Known causes of deaths 6 yrs & above - Apr'12 to Mar'13
Known Chronic Disease 12.2%
Diarrhoeal Diseases 0.5%
Respiratory Diseases (Other than TB) 8.7%
Tuberculosis 7.2%
Malaria 0.1%
Other fever Related 1.7%
HIV/AIDS 4.9%
Suicide 8.0%
Known Acute Disease 7.4%
Animal Bites & Stings 2.4%
Heart Disease/ Hypertension related 23.8%
Neurological Disease including strokes 7.3%
Trauma/Accidents/ Burn Cases 15.8%


Raichur- karnatka - Cause of deaths 6 yrs & above against total reported deaths 6 yrs & above - Apr'12 to Mar'13
Respiratory Diseases (Other than TB) 4.2%
Diarrhoeal Diseases 0.2%
Tuberculosis 3.5%
Malaria 0.1%
Other fever Related 0.8%
HIV/AIDS 2.4%
Heart Disease/ Hypertension related 11.6%
Causes not known 51.3%
Neurological Disease including strokes 3.5%
Known Chronic Disease 6.0%
Suicide 3.9%
Trauma/Accidents/ Burn Cases 7.7%
Known Acute Disease 3.6%
Animal Bites & Stings 1.2%

ANNEXURE 2 – FACILITY WISE FINDINGS

Urban Maternity Centre, Am Talab

- **Infrastructure & Equipments:** This is a 24 x 7 facility located in Raichur City. It is well-maintained and has waiting area for the patients as well as provision for amenities such as drinking water (procured from "ARS" i.e Arogya Raksha Samiti funds). There are very good displays of IEC material all around the facility. The labour room is very clean and has two labour tables and two functional radiant warmers. There is an ANC, PNC ward and a functional laboratory. There are two functional ambulances – 108 and a JSV (*Janani Suraksha Vahini*). MO and a grade IV staff quarter is available. The toilets are very clean with provision for hot water for the delivery patients.
- **Manpower and Training:** There is no Medical Officer (MO) at the facility. The post has been vacant for the last one year. There are 3 Staff Nurses (GNM), a Lab Technician (LT) and a pharmacist. There are also 2 drivers and 3 grade IV staff. The staff nurses were SBA trained.
- **Service Delivery:** The facility is a delivery point. On the day of the visit, there had been 6 deliveries since the morning. An average of 60 deliveries is reported every month and it is the only urban unit in the district, which has been conducting deliveries since October 2010. Lab facilities include urine testing, blood grouping, VDRL testing, Hb testing, HIV profiling. Tubectomy and laproscopy are performed in the OT (via camps once a month). An ARSH clinic 'Sneha' is also operational once a week.

Yapaldinni PHC

- **Infrastructure & Equipments:** This is a 24 x 7 facility located in Yapaldinni, a naxal affected area. It has 3 Sub-Centres and caters to a population of 25,435. There is no compound wall around the facility at present (it has been sanctioned by the Gram Panchayat and 50% of the work has been completed). There is a very good waiting area with adequate seating facilities as well as IEC display for the patients. Amenities such as filtered drinking water, television etc. have been provided for. There is a labour room with one labour table, Oxygen cylinder, baby weighing machine, a digital clock and one functional radiant warmer. Drugs were available at the facility. The facility is well-maintained and clean. There is one ambulance which is used for inter-facility referral. Power back-up is available through a generator and an invertor. There are no staff quarters in the premises.

- **Manpower and Training:** There is 1 MO, 3 GNMs, 1 LT, 1 Junior Health Assistant (female), 2 Junior Health Assistant (male) at the facility. There is no pharmacist and driver. The Grade IV staff has retired. The driver post has currently been outsourced. All the GNMs are SBA trained and the MO has received training in NSSK.
- **Service Delivery:** The facility is a delivery point and records an average of 25-30 deliveries per month. As there is no pharmacist, the MO carries out the additional charge. The ARSH clinic 'Sneha' is functional once a week, between 3-5 pm. All the basic lab tests are carried out.

Chandrabanda PHC

- **Infrastructure & Equipments:** This is a 24 x 7 facility located in Chandrabanda, also naxal affected area. It is run under PPP mode with the Karuna Trust. It has 4 Sub-Centres and caters to a population of 27,575. There is a labour room with one labour table, Oxygen cylinder, baby weighing machine, a digital clock and one functional radiant warmer. Drugs were available at the facility. There is one ambulance which is used for inter-facility referral. Power back-up is available through an invertor. Staff quarters are available for all the staff. There is no ambulance in the facility. The IEC material for various health programmes have been displayed prominently around the facility.
- **Manpower and Training:** There is 1 MO, 3 GNMs, 1 pharmacist, 1 LT, 1 senior health inspector and 1 administrator. There are 4 Junior Health Assistant (female) and 4 Junior Health Assistant (male) at the facility. There is no driver. The Grade IV post has been converted to an LT post as there is no sanctioned post for a LT. All the GNMs are SBA trained and the MO has received training in NSSK.
- **Service Delivery:** The facility is a delivery point and records an average of 25 deliveries per month. The ARSH clinic 'Sneha' is functional once a week. All the basic lab tests are carried out.

Arekere CHC

- **Infrastructure & Equipments:** This is a 30-bedded CHC and caters to a population of 36,000. There are 4 SCs. There is adequate waiting space for the patients. Staff quarters are available for 1 MO and and a grade IV 9currently occupied by the driver). There is one 108 ambulance as well stationed here as well as a CHC ambulance. Power back-up through an invertor and a generator is available.

- **Manpower and Training:** There is 1 Lady MO (Ayush), 6 GNMs, I JHA (male) and 3 JHA (female), 1 X-ray technician, 2 pharmacists, 1 LT, I ICTC LT and an ICTC Counselor. All the nurses are SBA and NSSK trained. The MO has not received any training.
- **Service Delivery:** Telemedicine facility is available at the facility. The average monthly delivery load is 60 per month. All the basic lab services are provided.

Singanodi SC

- This is under the Chandrabanda PHC. It caters to a population of 4000.
- There is one ANM and a male health worker at the SC.
- Apart from the regular field work, ANC, PNC family planning, immunization services, the male and female health worker also undertake regular school health visits (twice in a month) and check issues of sanitation, collect water sample for testing, follow up with any detected fever cases and hygiene.
- Emergency delivery has been conducted by the ANM. There were 2 deliveries in October and November 2012.

Raichur Institute of Medical Sciences

- **Infrastructure & Equipments:** The medical college is functional in the building of the District Hospital and is set to shift into its own premises. It has 332 beds and will be shifting to a new 500 bedded hospital. There is one SNCU and one NRC. There are 15 radiant warmers, of which 2 were not functional at the time of the visit. The blood bank is fully functional.
- **Manpower:** OBG, orthopedics, ophthalmology, paediatrics, ENT, anesthesia, radiology, phsychiatry and skin specialists are available at the institute. There are 9 professors, 22 associate professors, 7 assistant professors, 22 tutors, 35 senior residents and 24 junior residents.
- **Service Delivery:** The average monthly delivery is 320 -350, with 60-70 C-sections. The SNCU was functional and 24 babies had been admitted at the time of the visit. SAM cases are referred from the camps, OPD cases. There were 8 admissions at the NRC at the time of visit. It is functional and the average expense incurred per child is Rs.2500.

ANNEXURE 3 – MoU for PPP between State of Karnataka and Apollo Hospitals

This Service Contract Agreement made this the first day of October two thousand and one, between the Governor of Karnataka acting through the Commissioner for Health & Family Welfare Services having the office in the Postal jurisdiction of Bangalore 560 001 (hereinafter referred to as the Owner) which expression, unless expressly excluded by the context shall be deemed to include his successors and assign) of the one part

AND

Apollo Hospitals Enterprise Limited (a company registered under the Companies Act, 1956), having its registered Office at Ali Towers, III Floor, No. 22, Greams Road, Chennai 600 026 "AHEL" (hereinafter referred to as Contractor which expression unless expressly excluded by the context shall be deemed to include its successors and permitted assigns) of the other part.

WHEREAS the Owner has constructed buildings, infrastructure and other support facilities for the 350 bedded Rajiv Gandhi Memorial Super-specialty Hospital at Raichur (hereinafter referred to as Hospital) for use of general public in Karnataka.

WHEREAS the Contractor has necessary expertise and is willing to establish, i.e. equip, man, finance, maintain and run the Hospital constructed by the Owner, and the Contractor has submitted a detailed proposal towards this end.

AND WHEREAS it is considered necessary and desirable that the terms and conditions governing the contractual relationship between the parties in respect of the proposed taking over, maintaining and running of the Hospital should be clearly set out, understood and mutually agreed to between the parties.

Now, therefore it is, agreed by and between the parties and declared as follows:

Definitions:

i. Government - means the Government of Karnataka
ii. Governing Council - means the authority created under Clause 4.1 of this agreement
iii. General Ward - means the designated bed strength which shall always be made available by the Contractor for treating of patients at a concessional tariff.

CLAUSE – 1
OWNER'S SCOPE OF WORK

1.1 The Owner shall hand over the Hospital, Buildings, land, Staff Quarters, roads, power, water and other infrastructure build by the Owner for the said Hospital to the Contractor for smooth running of the Hospital. Description of the assets / facilities to be handed over to the Contractor by the Owner is given in Annexure 1.

1.2 The Owner hereby acknowledges that the Contractor shall be the sole entity with which the Owner shall enter into Agreement for the administration and operations of the Hospital or any part thereof, and/or for any of the activities contemplated and / or described in this Agreement.

1.3 The Owner hereby agrees not to enter into any Agreement with, or appoint, any other person or entity, to perform any activity directly or indirectly connected with the activities and/or obligations of the Contractor under this Agreement, without the prior written consent of the Contractor and shall not carry or permit any person to carry on other activities within the premises of the Hospital.

1.4 The ownership of the movable and immovable properties handed over by the Owner to the Contractor shall remain vested with the Owner, The same shall be held in trust by the Contractor on behalf of the Owner. On expiry / termination of the contract period, all movable and immovable properties handed over to the Contractor by the Owner as well as the movable and immovable property which may have been created or added to the Hospital during the currency of the contract, shall be returned to the Owner in good

condition without any demur. Keeping the Hospital building in willful custody / possession of the Contractor shall not create and accrue any legal right of ownership or tenancy whatsoever in favor of the Contractor. The Owner will continue to hold at all times unequivocal legal rights on land, building etc. handed over to the Contractor for running of the Hospital.

1.5 The Deputy Commissioner (Raichur) as a representative of the Owner shall monitor the adherence of the Contractor to the provisions of Clauses 2.5 and 2.10 of this agreement.

1.6 Before the end of the contract period, the Owner and Contractor shall discuss and finalize modalities of extension of contract further subject to satisfactory performance by the Contractor.

CLAUSE – 2
THE CONTRACTOR'S SCOPE OF WORK

2.1 The Contractor's scope of work involves installation, commissioning, operation and maintenance of all facilities and support services in the Hospital.

2.2 The Contractor's responsibility includes smooth running and day-to-day management of the Hospital.

2.3 The Contractor shall employ fully qualified, experienced and competent medical faculties including specialists for running the Hospital, All personnel engaged by the Contractor for operation of the Hospital under this agreement shall be employees of either the Contractor or his sub-contractor and the Owner will not in any way be responsible for their terms and conditions of service provided if for any reason this contract is terminated before the expiry of the validity period under Clause 7, or if the contract is not extended at the expiry of the validity period , the Government would consider offering a suitable package to all staff working on the payroll of the hospital at the time of termination of the contract.

2.4 The Contractor will operate the medical facilities as listed in Annexure –

2.5 A total of 140 beds shall be ear-marked in the Hospital as general ward beds by the Contractor and will be available for patients at a concessional tariff which shall not be more than the cost of consumables, materials and drugs, used for that patient, excluding other charges like hospital charges, consultancy charges, OPD charges, overhead charges or any other charge similar in nature. The Contractor will have the right to use the remaining beds either as special, deluxe, or any other similar category of wards provided

a) No general ward patient shall be turned back solely on the ground of non-availability of beds in the general ward.

b) Any policy regarding utilization of general ward beds lying vacant may be formulated by Government on the recommendation of the Governing Council. The Contractor shall ensure, however, that the quality of medical care given to the patients in the general ward is identical to that provided in the special wards.

2.6 The Contractor will be responsible for all medical, legal issues and all statutory requirements. The Contractor shall comply with all Labour Laws in force including Payment of Wages Act, Minimum Wages Act, Consumer Protection Act and any other Central / State Laws and Local Rules and Regulations applicable from time to time.

2.7 The Contractor shall indemnify and keep the Owner indemnified against any liability for any loss or damage or claim made by any third party for acts of commission or omission, misconduct or negligence made, occurred or incurred while discharging the obligations for or on behalf of the Contractor by its medical staff, employees, subcontractors or agents.

2.8 The Contractor shall pay the telephone, water, electricity, power, sewage, sanitation and other charges, if any, to the concerned authorities regularly and shall be liable to pay penal recovery charges in case of default in payment within the prescribed periods.

2.9 The Contractor shall be responsible for necessary periodic maintenance, repair and white-washing / painting and upkeep of the Hospital Buildings, premises and other infrastructures belonging to the Owner and handed over to the Contractor for the purpose of running the Hospital.

2.9 The Contractor shall maintain a separate account of the funds generated in the Hospital out of receipts from patients on account of registration fee, various tests and medical charges etc. The account would be subject to audit by a Chartered Accountant to be engaged by the Contractor with the approval of the Governing Council.

2.10 The Contractor shall also maintain a separate account of all material used for each patient below poverty line in the general ward as well as in the OPD including diagnostic services, and make it available every month to the Deputy Commissioner, Raichur, who is the authorized representative of the Owner and payment of subsidy (if any) towards treatment of patients below poverty line will be computed on the basis of the accounts so prepared by the Contractor and subsequently admitted by the Owner. For the purpose of this clause, identification of patients below poverty line will be as defined by Government from time to time.

2.11 The Contractor will carry out such genuine activities which are necessary for the primary purpose of medical management of the sick persons i.e. reception, documentation, clinical examination, investigations, diagnosis and treatment of both outdoor and indoor patients and all related activities thereto like pharmacy, dietary and laundry services, cleaning and sterilization, stores, transportation and other maintenance operations required to achieve the primary objective of providing tertiary medical facilities to the general public.

2.12 In case the necessity is felt for certain support services by the Governing Council, the Contractor will either cater for, or, enter into a direct contract with third-party sub-contractor providing support services, without involving the Owner, in any manner and the Owner shall have no liability or obligation on this account. The accountability and responsibility for outsourcing the support services shall remain with the Contractor only.

2.13 In future, if any additional medical specialty is required, then the cost thereof will borne by the Contractor.

2.14 The Contractor shall permit the Owner or his authorized representative to carry out such periodic inspection of Hospital facilities as may be considered necessary without any let or hindrance. The Contractor shall make available the hospital facility to meet any emergent situation arising out of natural calamities and epidemics.

CLAUSE – 3
MILESTONES

3.1 The following time frame is agreed far initiating the functioning of the Hospital.

3.2	Design development and placement of medical and hospital protocols	: 60 days from the date of Contract
3.3	Starting of OPD, IPD, labs, CSSD pharmacy, dietary facility	: 90 days from the date of Contract
3.4	Selection, Training and positioning of Medical / Para-medical staff	: 90 days from the date of Contract
3.5	Complete establishment of two super	: 180 days from the date of Contract

specialty services

3.6 Starting two more specialty services : 360 days from the date of Contract

3.7 Starting the remaining specialty services : 540 days from the date of Contract

3.8 The progress for completion of various milestones will be constantly monitored by the Governing Council. In case, the work is delayed due to following events beyond the reasonable control of the Contractor

Natural calamities
Abnormally bad weather
Serious loss or damage by fire
Civil commotion, workman strike / lock-out

Then under this Force Majeure clause, the time for performance / completion of various stages of the contractual obligations shall be extended by a period(s) to be decided by the Governing Council.

3.9 In case the parties after such consultations are unable to resolve the problem satisfactorily within the extended period granted by the Governing Council after occurrence of the event, then the Owner shall have full right after expiry of such period, by issue of a written notice to the Contractor, to terminate this contract and the Contractor shall vacate the premises completely without any demur.

CLAUSE – 4
MANAGEMENT STRUCTURE

4.1 There shall be a Governing Council to review the working and performance of the Hospital periodically during the validity period of the contract. The periodicity of meetings can be fixed by the Governing Council on need basis but at least once in six (6) months.

4.2 The Governing Council will be constituted under the Chairmanship of the Owner or his representative as per Annexure –

4.3 The Governing Council's recommendations shall be implemented by both the parties.

4.4 The Governing Council shall be vested with authority to take all decisions relating to the administration and management of the hospital.

45 The Contractor hall nominate and appoint a Medical Superintendent to oversee and direct day-to-day work connected with execution of this Contract / Agreement.

4.6 All money received from the patients on account of registration fee, tests and medical charges etc. or from the Government by way of subsidy or from any other source in any form, may be utilized by such person or persons for day to day functioning, operation, maintenance, or development of the hospital, subject to such restrictions and conditions as the Governing Council may direct from time to time.

4.7 The day-to-day smooth functioning, operation and management of the Hospital shall rest with the Contractor subject to the supervision of the Governing Council.

4.8 Disputes, if any, arising during the currency of the contract shall be referred to the Governing Council for resolution/settlement. Unresolved disputes may be referred to Arbitration and the sole Arbitrator may be. appointed from out of a panel mutually agreed to beforehand whose award/decision shall be final and binding on both parties. The Arbitration and Conciliation Act, 1966 shall not be applicable to the arbitration under this clause. The venue of arbitration shall be at Bangalore.

CLAUSE – 5
PAYMENT TERMS

5.1 The Contractor will be granted a lump sum of 30% of the net profit after the annual accounts are audited by a designated Chartered Accountant who is engaged with the approval of the Governing Council.

5.2 Apportionment of Surpluses: The balance of the net profit after payment as per Clause 5.1 shall be transferred to a Surplus Pool Account to be created by the Governing Council. The reserves in the Surplus Pool Account, after meeting the debt payment liabilities Government in respect of the hospital, may to be used for further developmental activities of the hospital provided, not less than 50% of the annual accruals to the Surplus Pool Account shall be channelised towards the said debt servicing.

5.3 In the years that no net profits are earned, the Governing Council may allow payment of annual service charge to the Contractor paying not more than 3% on the gross billing of the hospital on the basis of audited accounts as per Clause 2.9 of the Agreement. This liability shall be met out of the reserves in the Surplus Pool Account after discharging all liabilities mentioned in Clause 5.2

5.4 In the years that it is not feasible to operate Clause 5.3 for want of adequate reserves in the Surplus Pool Account, the Owner may consider making such payments on the recommendations of the Governing Council.

5.5 Treatment of losses in the first three years: It is anticipated that the operation of the hospital will generate surpluses from the 4th year onwards. In any of the first three years of this contract, if there are financial losses incurred due to the operations of the Hospital, the owner shall bear the liability of such losses and meet the same within three months of the receipt of the audited annual accounts.

CLAUSE – 6
LIQUIDATED DAMAGES

6.1 In compliance with the contract, liquidated damages at the rate of Rs 5000 (Rupees five thousand only) per week or part thereof at each stage may be imposed / waived on the Contractor by the Governing Council for demonstrable delay or default in setting up of each stage of the fully functional 350 bedded Hospital as indicated in Clause 3.

6.2 Liquidated damages will also be imposed at the rate of Rs 5000 per week or part thereof on the Contractor by the Governing Council, if the Contractor fails to run the services set up by him in pursuance of Clause 3.

6.3 Liquidated damages will not be imposed where the delay / default in setting up the Hospital is attributed to reasons beyond the control of the Contractor.

6.4 Constructive assessment of reasons contributing to the delay in setting up the Hospital by the Contractor will be the deciding factor to waive / impose liquidated damages by the Governing Council.

6.5 Notwithstanding the above, the Owner shall always have the right to terminate this agreement as laid down in under-mentioned Clause 7 of this agreement.

CLAUSE – 7
VALIDITY

7.1 This Contract / Agreement shall be valid for a period of 10 (ten) years from the effective date of commencement (EDC) of the Agreement. Based on the performance of the Contractor, the Governing Council may recommend to the Government extension of the contract for a further period as may be agreed mutually.

7.2 On completion of the contract period the Contractor shall vacate the buildings and Hospital premises peacefully without any demur and free from all encumbrances with immediate effect.

CLAUSE – 8

TERMINATION OF CONTRACT

8.1 The Owner may at any time cancel the Agreement with immediate effect without any compensation whatsoever by giving written notice, if:

a) Insolvency proceedings are initiated against the Contractor, or
b) The Contractor is adjudged insolvent by a competent court, or
c) On receiving court order for administration of the Hospital, or
d) On attachment of the movable / immovable properly belonging to the Contractor by a court order, or
e) On change in the management structure of the Contractor, including change of nomenclature of the Contractor, or
f) On infringement of the contractual terms and conditions, special conditions are entered into by the Contractor at the time of signing the contract, or
g) On resorting to fraudulent practices by the Contractor in connection with the Agreement, specially fraud, deceit, bribery, corruption concerning the nature, quality of medical specialty services provided and the methods and processes employed or by giving or ordering gifts or remuneration for the purpose of acting on his behalf, irrespective whether such bribes or remunerations are made on the initiation of the Contractor or otherwise.

8.2 Such cancellation shall be without prejudice to any legal action that the Owner may take against the Contractor for such fraudulent practice, bribery or corruption.

8.3 Notwithstanding anything contained herein, the Owner has the right at any time to terminate this agreement either wholly or in part, by giving three months notice in writing to the Contractor by Registered Post. The Government shall have no further liability to make any payment on terms of this agreement and all obligations under this Agreement shall cease after the expiry of the said period of notice.

CLAUSE – 9
SUBCONTRACTING OR TRANSFER

9.1 The Contractor shall not assign this contract for equipping, financing and managing of the Hospital to any third party. Any such transfer or assignment shall be void ab-initio and not binding on the Owner.

9.2 The Contractor shall not assign any right, title or interest in the land, building and other infrastructures belonging to the Owner to any third party. Nor shall it render the Owner in any way responsible to such sub-contractors, assignees, transfers or lessees.

9.3 The Owner shall in no way be responsible for any financial dues and liabilities and commitments made by the Contractor to any third person during tenure of the Contract

CLAUSE – 10
SCOPE OF THE CONTRACT

10.1 Introduction of any new service or activity not explicitly agreed to in this contract shall require a supplementary agreement between the parties.

CLAUSE – 11
FINANCIAL LIABILITY

11.1 The Contractor shall be solely responsible for finances to equip, maintain and run this Hospital. The Owner will have no financial liability whatsoever, apart from providing buildings and infrastructure.

11.2 The Owner shall undertake the liability towards meeting the cost of consumables, materials and drugs used for the treatment of the patients in the general wards excluding other charges like hospital charges, consultancy charges, OPD charges, overhead charges or any other charge similar in nature, subject to verification of the billing accounts as provided for under Clause 2.10. This liability shall be discharged at such periodicity as shall be mutually agreed between the Owner and the Contractor. The Owner may provide

for the estimated financial liability towards the material costs of patients to be treated in one quarter of 3 months as an advance to be kept at the disposal of the Governing Council to facilitate smooth availability of medical care to patients who are within the zone of consideration for subsidized treatment in which the subsidy is agreed to be borne by the Owner.

CLAUSE – 12
NOTICES

12.1 Save as otherwise provided in this contract, all actions to be taken and all notices to be given or taken hereunder by the Owner shall be taken or given by the Owner and on behalf of the Contractor by its authorized representative.

CLAUSE – 13
STAMP DUTY

13.1 Stamp duty payable, if any, on this contract shall be borne by the Contractor.

CLAUSE – 14
LAWS GOVERNING THE CONTRACT

14.1 This Contract shall be governed by the laws of India for the time being in force.

CLAUSE – 15
EFFECTIVE DATE FOR COMMENCEMENT OF CONTRACT

15.1 Both Owner and Contractor hereby agree that the effective date of commencement of this Agreement shall be 1st July 2001.

In witness where, the parties hereto have caused their representative duly authorized for that purpose, to sign and execute this contract and the seal of the Contractor affixed hereto, on the day, month and year herein above written.

Signed by	Signed by
Commissioner for Health & Family Welfare Services	Director – Projects
FOR and on behalf of the Government of Karnataka	FOR and on behalf of Chairman Apollo Hospitals Enterprise Limited
In presence of	In presence of
1……	1……