VACCINATION COVERAGE SURVEY BANGALORE (RURAL) DISTRICT

JANUARY 1991

DEPT. OF PREVENTIVE & SOCIAL MEDICINE BANGALORE MEDICAL COLLEGE BANGALORE

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The Department of Preventive and Social Medicine has once again brought out this commendable report on Coverage Evaluation Survey in Bangalore (Rural) District. This has been a part of the ICMR - Government of India initiated study of the Disease Surveillance Programme of the Vaccine Preventable Diseases.

The team spirit exhibited by the staff and postgraduate students under the leadership of Dr(Mrs) M.K. Vasundhra, Professor & Head of the Department of Preventive and Social Medicine deserves special commendation. This becomes all the more relevant in view of the acute shortage of staff in the department and various programmes entrusted to her in addition to the academic activities.

I congratulate all the team members for the excellent work turned out and amoure such tempo shall be maintained for future assignments also.

Principal.

Bongolore Medicol College.

PRINCIPAL REF. NO. Dr. (Mrs.) M. K. Vasundhra M.D., M.I.P.H.A., F.I.A.P.S.M. Professor & Head of Department of Preventive & Social Medicine J.C.D.S. Consultant

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Date 23/02/1991

The Department of Preventive and Social Medicine of Bangalore Medical College has been selected by I.C.M.R. for Disease Surveillance Programme concerning Vaccine Preventable Diseases. The Coverage Evaluation Survey was one of such activities undertaken in Bangalore (Rural) District by the staff and postgraduate students of my department from 22.1.1991 to 25.1.1991.

It gives me an immense pleasure to present this report of the work carried out by this team, which I am sure will contribute to further development and implementation of Universal Immunisation Programme.

I wish to thank Dr. Gangadhar, District Health & Family Welfare Officer, Bangalore (Rural) District and his staff for all the co.operation extended during the survey. I am grateful to Dr. S.A. Vastrad, Lecturer in P & S Medicine for his untiring efforts in organising this survey. Dr. Satish, P.G. student has helped in compilation and analysis of data.

I thank I.C.M.R. for providing funds and an opportunity to carry out this survey which has been a great learning experience.

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METHODOLOGY & PERSONNEL INVOLVED:

1)

The Bangalore District Census Report of 1981 was procured from the District Health Office, Bangalore (Rural) District along with a list of modified area limits of the Rural District. 30 clusters were selected from this utilizing the WHO approved cluster sampling Technique. The list of selected clusters along with the area map is appended (APPENDIX) - I.

The Survey was conducted as part of ongoing UIP Disease surveillance programme of I.C.M.R. New Delhi, and was financed by I.C.M.R.

The survey was preceded by a breifing session on 18.1.1991. The cluster were divided into 4 groups based on geographical convenience and a team leader assigned to each Group. Logistics, such as transport, and details of accomodation for evernight stay were finalised.

The survey conducted over a period of 4 days (22nd January to 25th January) except for one cluster which was isolated and had to be covered separately on 28.1.1991.

Primary health centres of concerned cluster was visited to study the cold chain equipment.

DEFINITIONS: 1. Fully Immunised: - A child, which has received 1 dose of BCG from 0-12 months, 3 doses each of DPT & OPV from 6 weeks to 12 months and 1 dose of Measles from 9-12 Mths.

2. <u>Pertially Immunised</u>: - A child which has received one or more antigen but has not received all doses.

3. <u>Not Immunised</u>: - A child which does not receive even a single dose of any antigen.

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PERSONNEL INVOLVED:

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1.	Dr.	M.K.	Va	undl	ira					
		Prof.	8	HOD	of	P	8c	SMedicine,	Chief	Co.ordinator

2. Dr. S.A. Vastrad Lecturer, Dept. of P & S Medicine, Resource Person

POST GRADUATES:

1)

- 3. Dr. Yarnal S.S.
- 4. Dr. (Mrs.) Radha R.
- 5. Dr. Gangadhere Swamy
- 6. Dr. Satish H.V.
- 7. Dr. Somashekar
- 8. Dr. Hooli B.
- 9. Dr. Nagaraj
- 10. Dr. Mallikarjuna Swamy
- 11. Dr. (Mrs.) Anasuya
- 12. Dr. Abdul Rahim
- 13. Dr. Samagond
- 14. Dr. Manjunath
- 15. Dr. Vijay Kumar
- 16. Dr. Ganesh Babu (House Surgeon)

DISTRICT PROFILE - BANGALORE (RURAL) DISTRICT

INFORMATION SOURCE - CENSUS REPORT OF BANGALORE DISTRICT 1981

1.	Population (Bangalore - Rural)	- 14	72486 *
2.	Rural population	- 13	00427 *
3.	Urban opulation	- 1	.72059 *
4.	Sex ratio (Bangalore District)	-	926
5.	Total Area of District	-	8005 Sq.Kms.
6.	Density of population	4	618/sq.km.
7.	Literacy rate (Urban)	-	62.21%
	Rural	-	31.50%
8.	Crude birth rate	-	27.9 *
9.	Crude death rate		8.7 *
10.	Infant mortality rate	-	80 *
11.	Temperature - Maximum		37 Deg.C.
	Minimum		11 Deg.C.
12.	Humidity		63.83%
13.	Rainfall		794 mm.
14.	Major agricultural produce - Rad	gi,Jowar, Paddy	,Millets,Pulses.
15.		ectronics, Elec cillaries,Machi	trical,Aeronautics, ne Tools.

* Information provided by Office of D.H.O. Bangalore (Rural)District.

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HEALTH INSTITUTIONS

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S1. No.	Particulars	Sanctioned	Working	Vacant
1.	No. of PHCs	36	36	0
2.	No.of PHUs & Ayurvedic			
	Dispensaries	40+5	40+5	0
3.	No.of UFWC's	4	4	0
4.	No.of Sub Centres	341	338	4
5.	No.of ICDS Blocks	2	2	0
6.	No.of PPCs	2	2	0
7.	No.of G.Ps in the Dist.	0	0	0 (N.A.)

STAFFING PATTERN

Sl. No.	Category Sa	nctioned	Working	Trained in UIP
1.	Medical Officers	98	93	92
2.	Lady Medical Officers	21	17	17
	Para Medical			*
в.	Senior Health Asst. (M)	40	31	29
2.	Senior Health Asst.(F)	58	57	52
3.	Jr.Health Asst. (M)	232	167	152
4.	Jr.Health Asst.(F)	452	448	428
5.	Anganawadi worker	400	400	350
6.	No.of ICDS Blocks	2	2	0

UIP LOGISTICS Cold chain equipment position as on 1.4.90, Bangalore Rural District. S1. · Items Received Used/installed No. - - - -Cold boxes 55 Modules 1. 9 9 Cold boxes 110 Modules 2. 3 3 3. Vaccine carriers 287 167 Day carriers 4. 287 167 5. Dial thermometers 59 25 6. Pressure Cookers 241 204 7. Stoves (Kerosene) 301 239 8. Syringes - 2 ml 900 310 Syringes - 0.1 ml 9. 3870 1135 Syringes - 5 ml 10. 1530 1518 11. Needles - 20 G 310 boxes 310 Needles - 23 G 12. 5480 boxes 2500 13. Needles - 26 G 3050 975 14. Drum sterilizer 48 I 15. ILR 300 liters 2 I Supplied during 16. Chest freezer 300 lits. March 90 I 17. Voltage stabilizer 11 18. Ice packs 2466 I 19. Glass syringes 11450 (do not fit into the holes of the pressure cooker supplied by

Unicef).

1000 00 1000 00

O.P.V. POTENCY TEST

		1989-90	1990-91
1.	No.of samples sent for testing	35	45
2.	No.of results received	29	27
3.	No.found satisfactory	22	20

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Diseases	198	8-89	. 1989	9-90	1990-91
	Cases	Deaths	Cases	Deaths	Cases Deaths
1. Diphtheria	.	- 1 1 1 1 1 1 1 1.		-	
2. Pertussis	-		4		3 -
3. Tetanus Neonatorum	-		· · · ·	- 7.55	1 -
4. Tetanus (others)	-	-		-	
5. Polio myelitis(ac.)		-	3	-	3 -
6. Tuberculosis					
(Childhood)		-	1	-	1 -
7. Measles	306	9	191	'1	157 6
8. Typhoid fever	52	-	-	-	

DISEASE SURVEILLANCE (0-5 YEAR OLD CHILDREN)

DETAILS OF ADVERSE VACCINATION REACTIONS AND DEATHS

None reported.

GENERAL INFORMATION

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1.	Total No. of houses visited in 30 clusters - 2058
2.	Minimum No. of houses visited - Mothers 28, Children 20
3.	Maximum No. of houses visited - Mothers 111, Children 97
4.	Average No. of houses visited per cluster - Mothers 55.53, Children 58.27
5.	Minimum time spent (in minutes) - 120
6.	Maximum time spent (in minutes) - 335
7.	Average time spent (in minutes) per cluster - 211.33 Min.
8.	No. of house holds visited to get 210 children - 1748
9.	Total population enumerated to get 210 children - 10,340
10.	No. of house holds visited to get 210 Mothers of infants - 1666
11.	Total population enumerated to get 210 Mothers of infants - 9592
12.	Average size of family - 5.78
13.	Total No. of live births - 211
14.	Crude birth rate - 21.99 (1990)
15.	Total No. of 0-5 year old children - 10,364
16.	Total live birth in last one year - 2146

COVERAGE FIGURES (12-23 MONTHS CHILDREN)

Total No. of 12-23 months children - 210, Male 102, Female 108 IMMUNISATION CARD AVAILABLE - 81 (38.57%) NOT AVAILABLE - 129 (61.43%)

Antigen	No.	(%)
B.C.G. Scar present (out of 184)	184 166	(87.62%) (90.22%)
D.P.T 1	163	(77.62%)
D.P.T 2	157	(74.76%)
D.P.T 3	147	(70.00%)
DROP OUT RATE (1-3)	. 16	(9.82%)
0.P.V 1	163	(77.62%)
Ø.P.V 2	158	(75.24%)
Ø.P.V 3	148	(70.48%)
DROP OUT RATE (1-3)	15	(9.20%)
MEASLES	116	(55.24%)
Fully Immunised	110	(52.38%)
Partially Immunised	91	(43.33%)
Not Immuni ged	9	(4.29%)

Fully immunised children form 52.38%, when immunisation as per the recommended schedule is the criteria. However, when 6 children who were given measles within 15 months are also considered, the coverages is 55.24%. One child was not given Measles Vaccine, since it had an attack of Measles and is considered gs partially immunised in this table.

Antigen	Hospital	H.C.	Outreach	Private
B. C. G.	44 (23.91%)	125 (67.93%)	15 (8.16%)	0
DPT 1 DPT 2 DPT 3	33 (20.25%) 24 (15.29%) 23 (15.65%)	110 (67.48%) 108 (68.79%) 102 (69.39%)	14 (8.59%) 16 (10.19%) 15 (10.20%)	6 (3.68%) 9 (5.73%) 7 (4.76%)
OPV 1 OPV 2 OPV 3	29 (17.79%) 27 (17.09%) 26 (17.57%)	112 (68.71落) 110 (69.62為) 100 (67.57系)	14 (8.59%) 13 (8.23%) 13 (8.78%)	8 (4.91%) 8 (5.06%) 9 (6.08%)
Measles	20 (17.24%)	83 (71.55%)	10 (8.62%)	3 (2.59%)

SOURCE OF IMMUNISATION

Hospital and Health Centre were together the leading source of B.C.G. (91-84%), DPT & OPV (85.04% to 87.73%) and Measles (88.79%). Only one in every tenth antigen was received through outreach activity.

REASONS FOR IMMUNISATION FAILURE

		P. B	.I CG	. (91) / DP T/OP V			. (91) Eles	N,	.1. (9)
I.	LACK OF INFORMATION								
1. 2.	Unaware of need Unaware of need to			8.79%)	1	0	(10.99%) 0	5	(55.55%) 0
3.	Unaware of need to return for 2/3 dose Flace/time of immunisation unknown	10		0			0		0
4.	Fear of side reactions	1	(1.10%)		1	(1.10%)		0
5. 6.	Wrong ideas about contra - indication Others			0			0 0		0
II.	LACK OF MOTIVATION								
1.	Postponed till another time	8	(8.79%)		5	(5.49%)		0
2. 3. 4.	No faith in immunisation Rumours Others			0			0 0 0	3	(33.33%) 0 0
	OBSTACLES			U			0		U
1. 2. 3.	Place too far Time inconvenient Vaccinator not	7	(7.69%) 0		3	0 (3.30%)		0 0
4.	present Vaccine not	1	(1.10%)		3	(3.30%)		0
5. 6. 7.	Family problems Child ill, not	1 8	(1. 10%) 8.79%) 0		8	0 (8.79%) 0		0 0 0
8.	brought for immuni- sation Child ill, brought,			0		3	(3.30%)		0
9. 10.	not immunised Long waiting time Child afraid of	1 1	{	1.10%) 1.10%)		3	(3.30%) 0		0 0
11.	injection Opposition at home	1	(1.10%)			0		0
12.	Wrong timing - Late			0	(5	(6.59%)	1	(11.11%) 0
13.	Early Attack of measles	77		0 0		1 1	(1.10%) (1.10%)		0

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Children who were partially immuniced due to not receiving one of the 3 antigens (BCG/OPV/DFT) numbered 47 (51.65%) and the most common reason was 'Unaware of need to return for 2/3 dose'.

Partially immunised children who had not received measles numbered 44 (48.35%) and the most common reason was 'Unware of need for immunisation'.

Problems that could be solved by outreach activities -'Mother too busy', 'Time/place inconvenient' and 'Long waiting time' accounted for 27 (29.67%) pf partially immunised children.

DROP OUT RATES

	<u>D.P.T.</u>	O.P.V.
I & II dose	6 (3.68%)	5 (3.07%)
II & III dose	10 (6.37%)	10 (6.33%)
I & III dose	16 (9.82%)	15 (9.20%)

Drop out rates for both OPV & DPT are higher between II & III dose than between I & II dose.

INITIATION OF ANTIGENS:

	0-172 M.	142-3M	4 M.	5 M.	6 M.	7 M.	8 M.	9 M.	10 M.	11 M.	12 M.
B.C.G. 184	114 (61.96%)	36 (19.57%)	19(10.33%)	4 (2.17%)	3(1.63%).	1 (0.54%)	1 (0.54%)	4 (2.17%)	0	0	2(1.09%)
D.F.T. 1 163	0	120 (73.62%)	30 (18.40%)	10 (6.13%)	1 (0.61%)	0	2(1.23%)	0	0	0	0
0.P.V. 1 163-	0	120 (73.62%)	30(18.40%)	10(6.13%)	1(0.61%)	0	2(1.23%)	0	0	0	o
Measles 116	0	0	0	0	0	0	1 (0086%)	0			9)8(6.90%) 6 (5.17%)

The number of children receiving immunisation with B.C.G., D.F.T. 1, O.F.V. 1, & Measles at the earliest recommended age was respectively 61.96%, 73.62%, 73.62% & 74.14%.

COMPLETION OF IMMUNISATION (Fully Immunised)

	10 - 12 Months	12	+ Months
Male	57 (95.00%)	3	(5.00%) (5.36%)
Female	53 (94.64%)	3	(5.36%)
Total	110 (94.83%)	6	(5.17%)

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57 of the fully immunised were males (55.88%) of all males, and 53 of the fully immunised were females (49.07%) of all females. Completion of the 12 months by 6 children was considered as partially immunised.

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COMMUNITY HEALTH CELL 326, V Main, I Block Koramengela Bangalore-560034 India

COMPARISON WITH PREVIOUS SURVEY DATA

(Figures in percentage)

	C.E.S. Dec. 1989	C.E.S. Jan. 1991
B. C. G	71.90	87.62
D.P.T 3	76.19	70.00
Drop out rate	10.11	9.82
0.P.V. 3	75.71	70.48
Drop out rate	10.17	9.20
Measles	37.62	55.24
Fully Immuniced	34.29	52.38
Partially Immunised	52.38	43.33
Not Immuni eed	13.33	4.29

The most significant changes in coverage figures as compared to 1989 Survey are in BCG & Measles Antigens which are reflected in the fully immunised and partially immunised category.

COMPARISON OF MOTHER COVERAGE (Figures in percentage)

	C.E.S. Dec. 1989	C.E.S. Jan.	1991
TT - 2/B	70.95	77.73	3
Fully Immunised	70.95	77.73	5
Partially Immunised	5.24	6.16	5
Not Immuni ed	23.81	16.11	ref es

There are no significiant changes in Coverage figures for TT and the maximum change has occurred in the not immunised category (7.70% decrement).

COMP ARI SON	WITH REPORTED COVERAGE	(Jan.	89 - Dec. 89)
	% Achievement		Survey Results
BCG	88.18%		87.62%
DP T 3	70.92%		70.00%
OPV 3	70.30%		70.48%
Measles	56.01%		55.24%

There are no significant difference in reported coverage & Survey Results.

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K. A. P. OF RELIABLE RESPONDENTS

		(12-23 mon-	the childr	en)
		FI (110)	PI (91)	NI (9)
I.	USE OF INJECTION/DROPS			
1. 2. 3. 4. 5. 6. II.	Maintaing health Prevent sickness Prevent disability Prevent death Others Don't know DISEASES PREVENTED BY THESES	11 (10.00%) 65 (59.09%) 8 (7.27%) 2 (1.82%) 5 (4.55%) 19 (17.27%) INJECTIONS) 3(3.30) 0 3(3.30) 28(30.77)	$\begin{array}{c} \% \\ \% \\ \% \\ 1(11.11\%) \\ 0 \\ \% \\ 2(22.22\%) \end{array}$
1. 2. 3. 4. 5. 6. 7. 8.	Polio Tuberculosis Diphtheria Pertussis Tetanus Measles Others Don't know	65 (59.09% 21 (19.09% 20 (18.18% 24 (21.82% 37 (33.64% 43 (39.09% 12 (10.91%) 42 (38.18%	$\begin{array}{c} 24 \left(26.37 \\ 11 \left(12.09 \\ 2 \left(2.20 \\ 2 \left(2.20 \right) \\ 14 \left(15.38 \\ 9 \left(9.89 \\ 24 \left(26.37 \right) \right) \end{array} \right) \end{array}$	巻) 0 巻) 0 巻) 0 巻) 2(22・22巻) 巻) 0 巻) 0
III.	SOURCE OF IMMUNIZATION SERVI	CES		
1. 2. 3. 4▼.	Government Hospital Outreach Private DAY OF AVAILABILITY OF 1 MMUN	16 (14 • 55%) 3 (2 • 73%)	5 5.49	\$) 2(22.22%)
1. 2. 3.	Any day Fixed day Don't know	2(1.82%) 107(97.27%) 1(0.91%)	16(17.58) 59(64.84)	%) 5(55.55%)
۷.	CORRECT AGE FOR GIVING INJEC			
1. 2. 3. 4.	OPV DPT BCG Measles	73 (66 . 36%) 77 (70 . 00%) 78 (70 . 91%)		(11.11) (11.11) (11.11)
VI.	CORRECT NUMBER OF DUSES OF I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1. 2. 3. 4. VII.	OPV DPT BCG Measles DECISION MAKER IN THE FAMILY	92(83.64%) 88(80.00%) 80(72.73%)	50 (54.95) 53 (58.24) 59 (64.84) 38 (41.76)	(11.11%) (33.33%)
1. 2. 3. 4. 5.	Mother Father Mother-in-law Father-in-law Others	64 (58. 18%) 21 (19.09%) 8 (7. 27%) 5 (4.55%) 12 (8. 39%)	40 (43.96) 5 5.499 1 1.109	怒) 3(33.33%) 怒) 0 怒) 0

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VIII.	SOURCE OF INFORMATION			
1.	Health Worker	84 (76.36%)	52(57.14%)	$\begin{array}{c} 4(44.44\%) \\ 0 \\ 1(11.11\%) \\ 0 \\ 0 \\ 0 \\ 1(11.11\%) \end{array}$
2.	Anganawadi Worker	6 (5.45%)	10(10.99%)	
3.	Medical Practitioner	12 (10.91%)	5(5.49%)	
4.	Newspaper/Poster	6 (5.45%)	0	
5.	Relatives/Neighbours	9 (8.18%)	10(10.99%)	
6.	Others	6 (5.45%)	3(3.30%)	
7.	No information	0	11(12.09%)	

FI (110)

PI (91)

NI (9)

Reliable Respondents of the 12 - 23 month old children mostly felt that the Antigens prevented sickness, 1,4(54.29%), while 51(24.29%) did not know their utility.

Awareness of the Vaccine preventable diseases varied between 43.81% for Polio & 10.48% for Diphtheria. 91(43.33%) did not know any of the diseases prevented.

Commonest mentioned sources of Immunisation was Government Hospital or Health Centre, 173(82.38%), and services were mostly thought to be on a fixed day, 171(81.43%). 5 Respondents in the Not Immunised Category did not know the source of immunisation.

The knowledge of correct Age & No. of Doses was highest with regard to OPV (60.00%) and (69.52%) respectively. It was lowest for Measles (52.38% & 56.19% respectively).

The Decision to immunise the child was taken mostly by the mother herself (51.43%) and the commonest source of information was the Health Worker (66.66%).

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MOTHER COVERAGE

Total No. of Pregnant Women	- 211		
Card available	- 83 (39	• 34%)	
Not available	- 128(60	.66%)	
	Card	History	Total
TT - 1	70	98	168(79.62%)
TT - 2	69	86	155(73.46%)
Booster	7	2	.9(4.27%)
Fully Immunised	164 (7	7.33%)	
Partially Immuniced	13 (6.16%)	
Not Immuni sed	34 (1	6.11%)	

Out of 83 pregnant mothers who had a card 6(7.23%) remained unimmunised and 1(1.20%) partially immunised. Among those who did not have a card, 28(21.88%) were unimmunised and 12(9.38%) were partially immunised.

SOURCE OF IMMUNISATION

	TT - 1 (168)	TT - 2/B(164)
HOSPITAL	58(34.53%)	56 (34.15%)
HEALTH CENTRE	90 (53.57%)	84 (51.21%)
OUT REACH	6(3.57%)	10 (6.10%)
PRIVATE	14 (8. 33%)	14(8.54%)

Hospital & Health Centre together accounted for 66.35% of ST 2/B dose.

ANTENATAL CONTACTS

No. of contacts		Number (percentage)
3 or more than 3		96 (45.50%)
1 - 3		89 (42.18%)
0		26 (12.32%)
	SERVICES DURING	A. N. C.
No. of Times	Urine Examination	B.P. Check Up Hb%
Nil. 1 2 3	$\begin{array}{c} 102 & (48.34\%) \\ 39 & (18.48\%) \\ 31 & (14.69\%) \\ 34 & (16.11\%) \\ 5 & (2.37\%) \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

Pregnant women who had at least 3 or more antenatal contacts numbered 96(45.50%) while the minimum criteria of at least 3 investigations each, was true of only 39(18.48%), 57(27.01%) and 28(13.27%) for Urine Examination, B.P. Checkup & Hb% estimation respectively.

IRON & FOLIC ACID TABLETS CONSUMED

	Num	Number(%)		
100 or more	60	(28.44%)		
1 - 100	104	(49.29%)		
No tablets	47	(22.27%)		

Totally 164 (77.73%) pregnant women consumed Iron and Folic Acid tablets and 60(36.59%) of these took 100 or more tablets.

PLACE OF DELIVERY

	Nur	Number (%)		
Hospital/Health Centre	62	(29.38%)		
Home	143	(67.77%)		
Private Nursing Home	6	(2.85%)		
Others		0		

DELIVERY ATTENDED BY

	Number (%)
Doctors	28 (13.28%)
Health Staff	59 (27.96%)
Treined dei	21 (9.95%)
Untrained dai	41 (19.43%)
Others	62 (29.38%)

Delivery was conducted at equipped centres for 68(32.23%) of the deliveries with doctors attending 28(41.18%) of these.

Qualified personnel conducted the delivery of 108(51.18%) infants. The 'Others' category refers to a relative staying at home or some one passeing by or even no attendants.

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			INITIATION	OF TT IMMUNI	SATION				
MONTHS OF PREGI	NANCY	- 3	4	5	6	7	.8	9	Total
TT - 1		18(10.71	1) 26 (15.48	63(37. 50	5) 37(22.03	(11.90) 20 (11.90)	\$) 4(2.38%)	0	168
	t I		COMPLETION C	F IMMUNISATI	ON				
MONTHS OF PREGNANCY	- 3	4	5	6	7	8	9	Tota	1
TT - 2	0	10 (6.45%)	19(12.265)	31 (20.00%)	65 (30.181%)	21 (13.55%)	9(5.81%)	15	5
Booster	Ð	0	3(33.33%)	2(22.22%)	3(33.33%)	1(11.11%)	0		9

107 of mothers (50.71%) had been initiated by 5th month, which is usually the period of initiation, but only 60(56.07%) of these were immunised by 6th month indicating a greater than 1 month dosage interval.

K.A.P. OF RELIABLE RESPONDENTS (0-12 months Infants)

		FI (155)	PI (22) NI (34)
I.	USE OF INJECTION/DROPS		
1. 2. 3. 4. 5. 6.	Maintains Health Prevents Sickness Prevents disability Prevents death Others Don't know	22(14.19%) 72(46.45%) 9(5.81%) 11(7.10%) 13(8.39%) 28(18.06%)	$\begin{array}{cccc} 8(36.36\%) & 4(11.76\%) \\ 10(45.45\%) & 19(41.18\%) \\ 0 & 1(2.94\%) \\ 1(4.55\%) & 2(5.88\%) \\ 0 & 6(17.65\%) \\ 4(18.18\%) & 9(26.47\%) \end{array}$
II.	DISEASES PREVENTED BY INJEC		
1. 2. 3. 4. 5. 6. 7. 8.	Polio Tuberculosis Diphtheria Pertussia Tetenus Measles Others Don't know	56 (36.13%) 34 (21.94%) 10 (6.45%) 7 (4.52%) 39 (25.16%) 27 (17.42%) 9 (5.81%) 6 2 (40.00%)	$\begin{array}{ccccccc} 16 & (72.73\%) & 7(20.59\%) \\ 10 & (45.45\%) & 3(8.82\%) \\ 3 & (13.64\%) & 1(2.94\%) \\ 3 & (13.64\%) & 0 \\ 9 & (40.91\%) & 3(3.82\%) \\ 5 & (22.73\%) & 5(14.71\%) \\ 1 & (4.55\%) & 2(5.88\%) \\ 17 & (77.27\%) & 11(32.35\%) \\ \end{array}$
III.	SOURCE OF IMMUNISATION SERV	ICES	
1. 2. 3. 4▼.	Government Hospital Outreach Private	128(82.58%) 27(17.42%) 0	17(1 7.27%) 24(70.59%) 4(18.18%) 4(11.76%) 1(4.55%) 2(5.88%)
	DAY OF AVAILABILITY OF IMMUN		
1. 2. 3.	Any day Fixed day Don't know	6 (3.87%) 149 (96.13%) 0	2(9.09%) 4(11.76%) 19(86.36%) 19(55.88%) 1(4.55%) 11(32.35%)
v.	CORRECT AGE FOR GIVING INJEC	TI ON/DROP S	
1. 2. 3. 4.	OPV DPT BCG Measles	96 (61.94%) 93 (60+00%) 99 (63.87%) 77 (49.68%)	14 (63.64%) 10 (29.41%) 13 (59.09%) 8 (23.53%) 15 (68.18%) 7 (20.59%) 10 (45.45%) 9 (26.47%)
VI.	CORRECT NO. OF DUSES OF INJI	CTION/DROPS	
1. 2. 3. 4. VII.	OPV DPT BCG Measles DECISION MAKER IN THE FAMILY	101(65.16%) 97(62.58%) 102(65.81%) 88(56.77%)	$\begin{array}{l} 17(77.27\%) & 1\$(32.35\%) \\ 14(63.64\%) & 10(29.41\%) \\ 17(77.27\%) & 12(35.29\%) \\ 13(59.09\%) & 7(20.59\%) \end{array}$
1. 2. 3. 4. 5.	Mother Father Mother-in-law Father-in-law Others	86 (55.48%) 44 (28.39%) 8 (5.16%) 11 (7.10%) 6 (3.87%)	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$

FI (155) PI (22) NI (34)

VIII.	SOURCE OF INFORMATION			
1. 2. 3. 4. 5. 6. 7. IX.	Health Worker Anganawadi Worker Medical Practitioner Newspaper / Poster Relatives / Neighbours Others Don't know INTENTION TOWARDS IMMUN	$129(83.23\%) \\7(4.52\%) \\11(7.10\%) \\6(3.87\%) \\9(5.81\%) \\14(9.03\%) \\2(1.29\%) \\$	17(77.27%) 3(13.64%) 5(22.73%) 0 5(22.73%) 2(9.09%) 0	22(64.71%) $1(2.94%)$ $1(2.94%)$ $1(2.94%)$ $4(11.76%)$ $4(11.76%)$ $1(2.94%)$ $1(2.94%)$
14.	INTENTION TOWARDS IMMO			
1.	Тев	97(62.58%)	17(77.27%)	22(64.71%)
2.	Already started	131 (84.52%)	16 (72.73%)	13 (38.24%)
3.	Completed	24 (15.48%)	4(18.18%)	5(14.71%)
4.	No	0	1(4.55%)	1(2.94%)
5.	Others	0	1(4.55%)	2(5.88%)

Reliable Respondents of 0 - 12 Months old Infants mostly felt that the Antigens prevented Sickness (45.50%) and (19.43%) did not know the use of Antigens.

Polio was the disease thought to be prevented by most people (37.44%) while only (4.74%) knew about pertussia.

Commonest mentioned source of immunisation was Government Hospital or Health Centre (80.09%) and services were mostly thought to be on a fixed day (88.63%). 4 Respondents did not know the source of immunisation.

Knowledge of correct Age & correct No. of Doses was roughly equal for all antigens except Measles which was lower.

Decision to immunise was mostly made by the Mother (55.92%) and the commonest source of information was the Health worker (79.62%).

Only 2 Respondents refused to get the infant immunised.

: 19 :

COVERAGE FIGURES (1/2 to 11 month infants)

	den erste erste bereiten an erste ander an erste den erste			in a start of the second s
	Total No. of infants - 195	lale	- 95	Female - 100
	Card available 137(70.2	26%)		
	Not available 58 (29.	74%	5)	
	Antigen	vo.	(%)	
	B. C. G.	181	(92.82%)	
	Scar present out of (137)	156	(86.19%)	
	OPV 1	162	(83.08%).	
	OPV 2	138	(77.44%)	
	OPV 3	97	(49.74%)	
	DPT 1	164	(84.10%)	
			(71.79%)	
-	- DP T 3 -		(50.77%)	
	Measles	22	(11.28%)	
	Fully immuniced	22	(11.28%)	
	Partially Immunised uptodate	101	(51.79%)	
	Less than due	60	(30.77%)	
	Not Immunised	12	(6.15%)	

Since no conclusions can be drawn from the figures as the immunisation in this group is ongoing, the only indicator is the number of fully immunised Plus the number who are immunised up to date-together forming 123(63.08%) of infants. The not immunised category indicates the non-receipt of BCG due to delivery being at home.

SOURCE OF IMMUNISATION

	HOSPITAL	HEALTH CENTRE	OUTREACH	PRIVATE
BCG (181) 43(23.76%)	108(59.67%)	28(15.47%)	2(1.10%)
DF'T 1 (1	64) 23(14.02%)			
	23 (14.02%)	92(56.10%)	42(25.61%)	7(4.27%)
DPT 2(14	(16.43%)	80 (57.14%)	29(20.71%)	8(5.71%)
DPT 3(99) 17(17.17%)	56 (56 . 57%)	19(19.19%)	7(7.07%)
OPV 1(16	2) 27 (16 . 6 7%)	94 (58.02%)	34 (20.99%)	7(4.32%)
OPV 2(13	8) 26 (18.84%)	77(55.80%)	27(19.57%)	8(5.80%)
OPV 3(97) 24(24.74%)	52(53.61%)	14 (14.43%)	7(7.22%)
Measles				
(22)	6 (27.27%)	12(54.54%)	4 (18.18%)	0

Hospital & Health Centre were together the leading source of immunisation for all antigens with outreach contributing 14.43% to 25.61%

	REASONS FOR IMMU	INI SATION FAILURE	
		(1/2 to	11 months)
	PI (60) (BCG/OPV/DF1	PI (60) (Measles)	NI (12)
I.	Lack of information		
1.	Unawere of need 7(11.67%)	1(1.67%)	4 (33. 33%)
2.	Unaware of need to return for 2/3 dose 4(6.67%)	о	о
3.	Place/time not known 0	0	1(8.33%)
4.	Fear of side reaction 0	0	0
5.	Wrong ideas about Contra indication 1(1.67%)	0	0
6.	Others 0	0	0

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		PI (60) (BCG/OPV/DPT)	PI (60) (Measles)	NI (12)
II.	Lack of motivation	1 ·		
1.	Postpone till an- other time	7(11.67%)	1(1.67%)	1 (8.33%)
2.	No faith in immunication	0	0	1(8.33%)
3.	Rumours	0	0	0
III.	Obstacles			
1.	Place too far -	11(18.33%)	0	0
2.	Time inconvenient	1(1.675)	0	0
3.	Vaccinator absent	0	0	1(8133%)
4.	Vaccine not avai-		en 2007 (State)	((())))))
	lable	2(3.33%)	1(1.67%)	0
5.	Mother too busy	14 (23.33%)	3(5.00%)	0
6.	Family problems	1(1.67%)	0	1(8.33%)
7.	Child ill, not brought	5 (8. 33%)	0	1(8.33%)
8.	Child ill, brought,			
	not given	0	0	0
9.	Long waiting time	0	0	0
10.	Opposition of elder	°€1(1.67%)	0	1(8.33%)
11.	Child too young to be taken out	1(1.67%)	0	0
12.	Attitude of health staff	1(11.67%)	0	0
13.	Wrong time	1(1.67%)	o	0

An infant which had not been immunised with antigens at the earliest recommended age or was not immunised, was classified as 'Failure of Immunisation'. The commonest overall reason was 'Mother too busy'.

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: 22 :

LAMENESS SURVEY

No. of 0 - 5 Year old	children - 10,364
No. of Lamenchildren	- 24
Cause of Lameness	No. (%) 14 (58.33%)
Poliomyelitis	14 (58.33%)
Trauma	0
Congenital	9(37.50%)
Others (TBM)	1(4.17%)

Lameness due to Folio - 14 Rate/1000 children - 1.35

AGE & SEX DISTRIBUTION OF POLIO LAME CHILDREN

	Mele	Female	Totel
0 - 6 weeks	0	0	0
7 - 14 weeks	0	0	0
15 weeks - 6 months	1	1	2(14.29%)
7 - 12 months	2	1	3(21.43%)
2 Years	Ο	7	7(50.00%)
3 years	0	0	0
4 Years	1	0	1(7.14%)
5 Years	0	1	1(7.14%)
Total :	4 (28.57%)	10 (71.43%)	14

IMMUNISATION STATUS OF POLIO LAME CHILDREN AT TIME OF ATTACK

	Male	Female	Total
NIL	0	5	5(35.71%)
1st dose only	2	1	3(21.43%)
2nd doge	0	3	3(21.43%)
3rd do se	2	1	3(21.43%)
Booster	0	0	0
PROVOCATIVE POLIOM	YELTTE		

History	of	provocation	Number	• (%)
Yes			1	(7.14%)
No	199		13	(92.86%)

: 24 :

Cause Polic Othere Total 0-6 weeks 0 0 4 4 e(33.335) 7 weeks 12 Hth. 4 4 1 0 9(37.505) 2 Years 0 6 1 0 7(29.175) 3 Years 0 0 0 0 0 4 Years 0 0 0 0 0 5 Years 0 0 0 0 0 7 Mark 0 0 0 0 0 4 Years 0 0 0 0 0 7990 4 (28.575) 1989 1 (7.14%) 1983 4 (28.575) 1987 2146 1984 4 (28.575) 1987 2146 1985 4 (28.575) 1987 2146 1986 4 (28.575) 1987 1 17.14% 1987 4 (28.575) 1.59/1000 Live Rirthe </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
7 weeks 12 Hth. 4 4 1 0 9(37.505) 2 Years 0 6 1 0 7(25.175) 3 Years 0 0 0 0 0 4 Years 0 0 0 0 0 5 Years 0 0 0 0 0 6 Years 0 0 0 0 0 7 Years 0 0 0 0 0 6 Years 0 0 0 0 0 7 Years 1 (7.14\$ 1 </td <td>Cause</td> <td></td> <td></td> <td>Ma</td> <td></td> <td></td> <td>Total</td>	Cause			Ma			Total
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2 Years 0 6 1 0 7(29.175) 3 Years 0 0 0 0 0 4 Years 0 0 0 0 0 5 Years 0 0 0 0 0 5 Years 0 0 0 0 0 CALENDER YEAR OF SURVEY Number (\$) 0 0 CALENDER YEAR OF SURVEY Number (\$) 0 0 1989 1 (7.14\$) 1 1 1988 4 (28.57\$) 1 1 1987 4 (28.57\$) 1 1 1987 4 (28.57\$) 1 1 1 1 1 No. of Hounstal deaths - Nele - 6 - 12 1 <td>7 weeks 12 Mth</td> <td>• 4</td> <td>4</td> <td>1.5 1 10.9</td> <td>1.</td> <td>0</td> <td></td>	7 weeks 12 Mth	• 4	4	1.5 1 10.9	1.	0	
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5 Years 0 0 0 0 0 0 CALENDER YEAR OF SURVEY Number (%) 1990 4 (28.57%) 1989 1 (7.14%) 1988 4 (28.57%) 1987 4 (28.57%) 1987 4 (28.57%) 1987 4 (28.57%) 1987 4 (28.57%) 1987	3 Years	0	0	()	0	
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AGE OF ONSET OF LAMENESS

: 25 :

V

COLD CHAIN SURVEY

During the coverage Evaluation ^Survey, 13 P.H.C.'s of concerned clusters were visited for the purpose of Cold ^Chain Survey based on their proximity to the selected clusters. The Cold Chain Survey was carried out as per the proforma provided by Directorate of Health and Family Welfare Services, Bangalore. The findings during the survey are summarised here.

- 1. Medical Officers in 12 of 13 PHC's had undergone U.I.P. training
- 2. The persons in charge of Cold Chain equipment were M.O.H. -1 PH C, Pharmacists, - 5 PHC's, Health Inspector Senior - 2 PHC's L.H.V.'s - 3 PHC's, A.N.M. - 2 PHC's. All of them had undergone U.I.P. training.
- Refirgerators had been supplied to 6 PHC's out of which 5 were being used. Location of the refrigerator was M.O.H. Room -3 PHC's, injection room - 1 PHC, Store Room -1 PHC and Pharmacists Room - 1 PHC.
- 4. All the 6 refrigerators were placed at a distance of 10 Cms from the wall, all were level, the plugs were permanently taped to the wall with switch taped in ON position and voltage stabiliser was being used in all of them.
- Vaccines were neatly stacked in 2 of the refrigerators,
 1 refrigerator was not in use and 3 did not have vaccines as these were being stored in I.L.R.
- 8. In the 2 fefrigerators being used regularly the vaccines were stored in the correct places.
- Ice packs were kept neatly in freezing chamber in all 5 refrigerators and temperature charts were regularly maintained.
- Periodicity of defoosting was weekly in 3 PHC's, every
 2 weeks in 1 PHC, occasionally in 1 PHC. None of the Refrigerators had ffood/drinks stored in them.
- 9. All the 12 PHC's had cold boxes which were in working condition
- 10. Vaccine carriers in PHC's ranged from 2-10 (Av. 4.77) all of which were in working condition.
- 11. Ice packs in the PHC's ranged from 20-54 (Av-36.62) only 1

out of 476 Ice packs was not in working condition.

- 12. Day carriers ranged from 1-10 (Av. 3.62). All of which were in working condition.
- 13. I.L.R.8s were supplied to 10 of the 13 PHC's.

1)

EVALUATION OF I.L.R.

I.L.R.'s had been supplied in 10 of the 13 PHC's and one of these was not being used due to severe voltage fluctuation. The evaluation was done as per the proforma provided.

- Persons-in-charge of the ILR were ANM's 4 PHC's LHV'S -3 PHC's, HA (F) - 2 PHC's, Pharmacists - 1 PHC. All of them had undergone UIP training.
- The ILR was supervised by pharmacists in 7 PHC's and Medical Officers in 2 PHC's. All of them had undergone UIP training as well as training in ILR maintenance.
- All 10 persons stated that voltage stabiliser is a must for ILR.
- 4. Regarding water level in vertical tubes, 6 said it must be filled upto 3/4 of the tube, 2- upto 2 cms below the brim and 2 said it must be filled upto the brim.
- 5. The need for regular defrosting was indicated by 8 of them, When the ILR was emptied the vaccines were stocked in Cold Boxes - 3 PHC's, Vaccine Carriers - 3 PHC's, Refrigerators - 1 PHC's, Ice pack - 1 PHC, 2 of the persons were ignorant of the place to store vaccines.
- Ice packs were prepared in Deep Freezer in 9 PHC's and Refrigerator in 1 PHC's.
- 7. The duration of power supply needed to maintain desired temperature for 24 hours was stated to be 8 hours 2 person, 12 hours 4 persons, 24 hours 2 persons and not known in 2 persons.
- 8. All 10 stated that normal ILR temperature should be in the range 2-8°C, with 9 saying that dial thermometer should be

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OBSERVATIONS

the middle of the ILR.

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- The temperature was maintained within normal range in all
 9 ILR's which were being used. One of them was found to be badly maintained.
- Stabiliser (voltage) was working in all 10 PHC's, but the plug was not permanently plastered in 2 PHC's.
- The level of the ILR, its distance from the wall and presence of caps for all vertical tubes were all as specified.

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4. In 1 PHC's the vertical tube was not filled properly with water.

SUMMARY

CHILD COVERAGE SURVEY (12.23 months children)

- 1. Fully immunised children formed 52.38% of the 210 children covered and 4.29% were not immunised.
- 2. Hospital and Health Centre were the major sources for all antigen
- 3. Among the reasons for immunisation failure ignorance of the need for immunisation, Mother being too busy & ignorance of the need to return for further doses were prominent.
- 4. Initiation of immunisation was as per the recommended schedule in 61.9% to 74.14% of children. Completion within the recommended period was achieved in 95.97% of children.
- 5. Overall drop out rate was 9.82 % and 9.20% respectively for DPT AND OPV.
- There is a significant improvement in coverage figures especially measles as compared to December 1989 survey, with a corresponding increase in the fully immunised category.
- 7. Comparision with reported Coverage during the same period shows agreement for all antigens.
- 8. Knowledge of Diseases prevented by immunisation was low, while the place (Mostly health centte) and time of immunisation (mostly fixed day) was known to a majority of respondents. The decision to immunise was mostly made by the mother.

MOTHER COVERAGE:

- 1. A low card availability (39.34%),77.73% fully immunised, 16% not immunisee with a 10% partially immunised are the prominent features.
 - 2. Hospitals and Health centres were the leading sources of immunisation with private sources accounting for more immunisation than outreach activities.
- Less than half (45.5%) of pregnant women received the minimum of 3 ante-natal contacts while only about 20% of them had the basic examinations (Hb% estimation, Urine examination and B.P. check-up) 3 times.
- 4. Only 28.44% consumed the requisite iminmum of hundred Iron and Folic acid Tablets. 22.27% had not even received any tablets.
- 5. The usual place of delivery was at Home (67.77%) and it was usually attended by untrained Dai, (others' or Trained Dai.
- 6. By the 7th month 164(77.73%) of the 211 pregnant women were given TT-1 and by 8th month 146(69.19%) had been given 2nd/Booster dose.

INFANT COVERAGE:

- 1. 195 infants of the 211 pregnant women within the age group of $1\frac{1}{2}$ 11 months were covered.
- 2. Card availability was 70.26%.
- 3. Taking the earliest recommended time of initiation as the oriteria 101 (62.73%) of the partially immunised infants were upte-date and 22 (11.28%) were fully immunised.
- 4. The source of immunisation was mostly either the Hospital or Health Centre for all the Antigens.
- 5. Immunisation failure was concluded when the child had been immunised 'less than due' or Not immunised. The commonest reasons being place of immunisation too far, mother too busy, br ignorance of the need to return for 2nd or 3rd doses of DPT & OPV.
- 6. Respondents of about 20% of infants were ignorant of the use of injection/drops, while knowledge of diseases prevented was incomplete. Government Hospital was the commonest source cited and a fixed day of availability was widely known, knoledge of the correct age and correct number of doses of antigens was present in about 50% of the respondents. Aided by information mostly from the Health worker (79.62%), the mother was the usual decider with regard to immunisation.

LAMENESS SURVEY:

- The No.of 0-5 year old children umeroted was 10,364 with 24 of them being lame.
- Lameness due to polio was found in 14 (58.33%) & polio lameness rate was 1.35/1000 0-5 years old children.
- 3. Polio lame children were mostly females in age group 12-24 hours months (7-50%) with the usual Age of Onset being 7 weeks to 12 months (8-57.14%) with the usual Age on Onset being 7 weeks sto x 12 months (8-57.14%).
- 4. Only 21.43% of Polio lame children/were fully immunised at the time of attack. Histoy of provocation was found in only one child. NEONATAL TETANUS SURVEY:
- 1. Total number of live births in last 1 year was found to be 2146.
- Neonatal death occured in 12 nenonates, out of which 2 were due to Nenonatal Tetanus (N.N.T. Rate-0-93/1000 live births)
- 3. Both N.N.T. deaths occured during home delivery by Family members, with one mother being fully immnised and other partially immunised Both nenonates did not receive any treatment.

RECOMMENDATIONS

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1. It is essential to organise refresher course for health workers to ensure essential, health care examinations at least for 3 antenatal contacts. This would stress the need of safe motherhood for child survival.

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- 2. Increased involvement of media and other allied departments is essential to improve immunisation programme through community participation.
- 3. Health education ativities needs to be strengthened to ensure parent's right to information.
 - Health Service Research is indicated to clicit the reasons for non-utilisation of the available service.

4.



India

No.	IASTICAD	Population	Teluk
1.	Channapatna Town	50,725	Channep at na
2.	Horakoppa	1,685	•
3.	Nelamakanahal li	1,625	
4.	Bevooru	2,355	
5.	Kodipura	207	
6.	Bidalapura	877	Dev an a halli
7.	G.C. Halli	1,720	
8.	Vishwanathapura	1,571	
9.	Doddaballapur Town	47,168	Doddaballapur
10.	Karepura	467	•
11.	Ujjani	1,115	• 4
12.	Beedikere	1,015	
13.	Korati	1,155	Hoskota
14.	Valagerepura	346	
15.	Jadigenahalli	34.4	
16.	Cheelur	2,119	Kanakapura
17.	Doddaguli	1,175	
18.	Hukunda	2,307	•
19.	Kottagalu	834	
20.	Mahimanahalli	1,136	
21.	Vaderahalli	780	
22.	Gundigere	621	Megedi
23.	Magadi Town	17,623	
24.	Surappanahalli	513	
25.	Udavigere	1,143	State States
26.	Obalapura	1,195	Nelamangala
27.	T. Begur	1,637	
28.	Bommachanahalli	1,481	Remanagere
29.	Lakshmipura	1,651	•
30.	Vajarahalli	870	•

LIST OF CLUSTERS, BANGALORE (RURAL) DISTRICT

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