

Department of Health & Family Welfare.

Annual Report. 1999-2000.



GOVERNMENT OF KARNATAKA

ANNUAL REPORT  
1999-2000

DEPARTMENT OF HEALTH AND FAMILY WELFARE



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Department of Health and Family Welfare Services

The Department of Health and Family Welfare Services implements various National and State Health Programmes of Public Health importance and also provides comprehensive Health Care Services to the people of the State through various types of Health and Medical Institutions.

The Health Care Services are provided by implementation of:

1. Rural Health component of the Minimum Needs Programme
2. Medical Development Programme and Hospital Pharmacy programme.
3. National 'AIDS' Control Programme.
4. Mother & Child Health (MCH), Family Welfare and Immunisation Programme.
5. National Leprosy Eradication Programme.
6. National Tuberculosis Control Programme.
7. National Programme for Control of Blindness.
8. National Malaria Eradication & National Filaria Control Programme.
9. National Guinea Worm Eradication Programme.
10. Prevention and Control of Communicable Diseases like Diarrhoeal diseases, Kyasanur Forest Disease, Japanese Encephalities etc.,
11. Health Education and Training Programme.
12. Nutrition Programme - Nutrition Education & Demonstration.
13. National Iodine Deficiency Disorder Programme.
14. Laboratory Services and Vaccine Production Units.
15. Education and Environmental Sanitation & Curative Services.

There are major External Aided Projects, implemented in the State. These include :

1. Karnataka Health System Development Project with the World Bank Assistance.
2. KFW With German Assistance.
3. India Population Project-IX(K)
4. IPP-VIII Project
5. OPEC Improvements of District Hospitals in Raichur with the assistance of OPEC).
6. DANIDA Assisted Programme for control of Blindness.

#### ADMINISTRATION AND DIRECTION

In Government Order No.DPAR/233/SAS/99 dtd 7-5-1999, a new post of Commissioner for Health & Family Welfare Services has been created. The Commissioner co-ordinates and monitors the working of the various programme and project wings of the department. The Department of Health & FW Services is responsible to provide Health Care Services to the Community by way of implementing various National and State Health Programmes in the State. The implementation of the Karnataka Health System Development Project is looked after by the Project Administrator, a post specially created for this purpose.



Burns & Casualty wards are established at 30 Hospitals, Hassan, Mogana Hospital, Shimoga, SNR Hospital, Kolar and District Hospital, Bijapur, Sexually Transmitted Disease clinics are functioning in District Hospitals & also in the General Hospital, at Udipi, KGF and Kollegal.

Physiotherapy units are functioning at the District Hospitals, Shimoga, Hassan, Tumkur, Chitradurga, Kolar, Mandya and Bijapur. All the teaching hospitals have got physiotherapy units. Physiotherapy unit is also functioning in KC General Hospital, Bangalore & in General Hospital, Jayanagar.

The Emergency and Casualty Department work round the clock.

The existing Blood Banks are being strengthened in all the District Hospitals and in all Major Hospitals of the State. AIDS screening facility is being developed in District and Major Hospitals in a phased manner.

Radiology services are available in all the District Hospitals and in many taluk level hospitals.

Dental Clinics are established in all the District Hospitals, Major Hospitals and in Taluk Level Hospitals.

Epidemic Diseases Hospitals are functioning at Bangalore, Mysore and K G F. They are special type of institutions. These hospitals are meant for treating epidemic diseases like Cholera, Gastroenteritis, Diphtheria, Tetanus, Whooping Cough, Rabies, Measles, Chicken Pox and other infectious diseases.

#### RURAL HEALTH SERVICES

In line with the Government of India guidelines in the implementation of minimum needs programme (Rural Health) the State has revised its Health Policy and decided to establish a 3 Tier Health Infrastructure, viz., Sub-Centres, Primary health Centres and Community Health Centre.

The existing Primary Health Units are being upgraded into Primary Health Centres in a phased manner and establishment of New PHUs has been discontinued wef 1.4.1987.

#### COMMUNITY HEALTH CENTRE

It is the intention of Government of India and the State Government to establish a Community Health Centre for one lakh population/one Community Health Centre out of every 4 Primary Health Centres. The policy of the Government is to upgrade all the taluk level institutions to 30 bedded hospitals and at Sub-Divisional Hospitals into 50 bedded hospitals. These institutions will serve as Rural Referral Hospitals for the population living in rural areas, for specialised services.



In these 30 bedded hospitals, there will be a minimum of four specialities viz.,

1. General Medicine
2. General Surgery
3. Obstetric & Gynaecology
4. Dental Surgery.

In the 50 bedded hospitals, in addition to these specialities, there is one Paediatrician.

#### PRIMARY HEALTH CENTRE

The Primary Health Centres provide the basic Health Services which include Curative, Preventive and Promotive Health Care Services. The National and State Health Programmes are also being implemented through the Primary Health Centres.

As per the guidelines given by the Government of India, there will be one Primary health Centre for every 30000 population in plain areas and one Primary Health Centre for every 20000 population in Hilly and Tribal areas. Every Primary Health Centre is supplied with drugs worth Rs.50000/- annually. At present there are 1676 Primary Health Centres, sanctioned in the state, as on 31.12.1999.

#### PRIMARY HEALTH UNIT

In Karnataka, there are institutions known as Primary Health Units, which also provide curative, preventive and promotive Health Care Services and 583 PHUs are functioning. They will be upgraded as PHCs in a phased manner.

#### HEALTH SUB-CENTRES

It is the intention of Government of India and the State Government to have one health Sub-Centre for every 5000 population in plain areas and one Sub-Centre for every 3000 population in the Hilly and Tribal areas. Each sub-centre is manned by one Jr. Health Assistant(F) and one Jr. Asst.(Male), and drugs worth Rs.5000/-, per annum, are being supplied for treatment of minor ailments.

RURAL HEALTH CARE SERVICE ARE PROVIDED THROUGH VARIOUS TYPES OF INSTITUTIONS WHICH ARE DETAILED BELOW

CENTRES	1998-99	1999-2000 (upto Dec 99)
Community Health Centre	249	249
Primary Health Centre	1676	1676
Primary Health Units	583	583
Sub-centres	8143	8143
Bed	16212	16212

Under Basic Minimum Services, action has been initiated to improve the infrastructure development (both staff and building component) as per Govt. of India norms for ensuring effective functioning of Sub-centres, PHCs and Community Health Centres. Under this programme, Urban Primary Health Centres are being sanctioned to the people of urban area to give primary health care facilities. During 1997-98, nine urban Primary Health Centres were sanctioned with 54 beds.



11. The average number of children of acceptors of Family Welfare methods in 1997-98 was as follows:

a) Vasectomy	2.3
b) Female Sterilisation	2.6
c) IUD	1.8

12. The average age of acceptors of various Family Welfare methods in 1997-98 was as follows:

a) Vasectomy	30.6
b) Female Sterilisation	26.6
c) IUD	24.6

### STRATEGIES ADOPTED IN IMPLEMENTING FAMILY WELFARE PROGRAMME

a) IEC ACTIVITIES: Imaginatively produced Informative, Educative and Communicative material and propagation through multi-media have generated enormous awareness and demand for Family Planning and immunisation services among general public and in particular among eligible couples and mothers.

The Information, Education and Communication wing consists of information and publication sections. The IEC activities are carried out in the state through District Level, Deputy District Health Education Officer at sub-divisional level and Block Health Educators at Primary Health centre level. They are responsible to carry out the educational and motivational activities on Family Welfare, Mother and Child Health and other Health programme through out the year in a phased manner, as per the plan of action.

The progress of IEC activities under Family Welfare Programme is given in Annexure II.

b) INSTALLATIONS: A vast and closely knit network of 8143 sub-centres, 1676 PHCs, 583 PHUs and 177 hospitals, 103 post partum centres, 86 urban FW centres have been established to provide services.

c) MANPOWER DEVELOPMENT: The Officers, Surgeons, Workers and Supervisors are periodically trained in various training centres and their skills and competence are upgraded.

d) SPACING METHODS: Appreciating the potential of spacing methods in the regulations of family, campaigns are being organised twice in a year in the months of October and March.

e) COMMUNITY NEEDS ASSESSMENT APPROACH: The success of the programme and the attainment of goals can materialise only if it becomes a people's programme. In due recognition of this, a paradigm shift has been ushered in according to which the needs and sentiments of the community are assessed and incorporated in the action plans formulated for implementing the programme. In this process, quality of service also gets sufficient priority and ensures desired impact.

As a part of involving the community, the SHC and odd Mahila Arogya Sanghas in rural areas and a host of Non-Governmental organisations are assisting in educational as well as implementation activities.

OTHER SCHEMES: Implementation of special programmes like Post Partum Scheme, Sterilisation-bed Scheme, and Medical Termination of Pregnancy Act are contributing to fertility control and population stabilisation. During 1998-99, 18,022 unwanted pregnancies are medically terminated.

#### REPRODUCTIVE AND CHILD HEALTH SERVICES PROGRAMME:

The Family Planning Programme has crossed several milestones absorbing new schemes and interventions like E.P.I., U.I.P., C.S.S.M., ORT. It is with the "REPRODUCTIVE AND CHILD HEALTH SERVICES" Programme that it is entering a new era with a new look and thrust. In deference to the decisions of the International Conference on Population and Development, 1994, held at Cairo, the emphasis is now on providing quality conscious Reproductive and Child health Services rather than on Family Planning. The RCH Programme encompasses Fertility Regulation, Child Survival and Safe Motherhood management of Reproductive Tract Infection and Sexually Transmitted Infections.

This Programme is externally assisted and has been shaped as a centrally sponsored scheme. Apart from services, its significant components are civil works, hiring the services of consultants, operationalising FRU, appointing contractual staff for promoting institutions deliveries, provision of equipment and evaluation of the services and facilities.

#### PULSE POLIO IMMUNISATION PROGRAMME:

With the main objective of eradication of Poliomyelitis by 2000 A.D., the Pulse Polio Programme is being implemented in the state since five years continuously. Every year, two rounds of Polio drops were administered to the children below the age of five years for the past four years. But during fifth year, in the final phase of Intensified Pulse Polio Immunisation Programme, 64.67 lakh children were administered on 13-10-1999, 66.5 lakh on 21-11-1999, 66.8 lakh on 19-12-1999 and 69.09 lakhs of children were administered on 23-01-2000 under the age of five years.



ANNEXURE-2

TARGET ACHIEVEMENT AND OF ACHIEVEMENT UNDER FAMILY WELFARE AND IMMUNISATION PROGRAMME

Sl. No	Programme/ Method	1997-98			1998-99			1999-2000 up to end of Dec 2000			Anticipated Achievement from Jan to March 2000
		T	A	%	T	A	%	T	A	%	%
<u>I. FAMILY WELFARE</u>											
1	Sterilisation	4.67	3.96	84.8	4.35	3.72	85.5	4.57	3.09	67.7	32.27
2.	I.U.D.	3.64	3.72	102.2	4.00	3.41	85.3	4.00	2.74	68.4	31.64
3.	CC Users	3.20	3.23	100.9	3.55	2.77	78.0	2.78	2.63	94.6	5.33
4.	O.P.Users	1.87	1.56	83.4	1.72	1.50	87.2	1.54	1.45	93.7	6.26

II IMMUNISATION

1.	DPT	10.99	11.16	101.5	11.36	10.89	95.9	11.73	8.00	68.2	31.75
2.	Polio	10.99	11.17	101.6	11.36	10.90	96.0	11.73	8.01	68.3	31.68
3.	BCG	10.99	11.94	108.6	11.36	10.94	96.3	11.73	8.72	74.4	25.62
4.	Measles	10.99	10.33	94.0	11.36	10.14	89.3	11.73	7.46	63.6	36.36
5.	TT (FW)	12.08	12.50	103.4	12.41	11.74	94.6	12.93	8.94	69.1	30.83

## ANNEXURE - I

Sl. No.	Activities	Annual Target	Achievement Upto Nov.99	Anticipated Achievement from Dec.1999 to March 2000
1	2	3	4	5
<b>I. Activities In Mahila Swasthya Sanchas</b>				
1.	Mahila Vichara Vinimaya	1647	981	666
2.	Healthy Baby Shows	1647	1092	555
3.	Aite Sose Samavesha	1647	818	829
4.	World Population Day/No Scalpel Vasectomy Training	1647	617	1030
5.	Women's Day Celebration	1549	492	1057
<b>II Local Specific IEC Activities</b>				
1.	Hiring of Video cassettes & Film Shows	600	-	600
2.	Production of Cassette	1	-	1
3.	Copies of VHS	400	-	400
4.	Hoardings	10	-	10
<b>III. Publication Materials</b>				
1.	Buntlings on FW & MCH	570	-	570
2.	Foldings	1,00,000	-	1,00,000
3.	Programme Information Kit	4,000	-	4,000
4.	Multi Colour Charts	1,400	-	1,400
<b>IV. Workshops</b>				
1.	State Level MSS & Presidents workshop	1	-	1
2.	District Level MSS & Presidents workshop	4	-	4
3.	Workshop for IMPPC Members	1	1	-
4.	Workshop for ZSS, NGOs	1	-	1
5.	Divisional Level IEC workshop	4	-	4
6.	State Level World Population Day	1	1	-
<b>V. Normal MEM activities</b>				
1.	Exhibition (Mini & Major)	-	960	3000
2.	Press Advertisement	-	730	200
3.	Press release	-	965	300
4.	Film shows	-	1367	600
5.	Film strip shows	-	6550	4000
6.	T.V/VCP shows	-	2912	300
7.	Multi Media Campaign	-	42	30
8.	Folk Media programme	-	344	200

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Statements showing Budget Allocation and Expenditure 1999-2000 Expenditure upto December 1999 and anticipated expenditure for the period from 1/2000 to 3/2000 under the Head of Account 2211-Family Welfare

Sl No.	Schemes	Budget	Expenditure upto 12/1999 (MMR)	Anticipated Expenditure for 1/2000 - 3/2000
1	Centrally Sponsored Schemes			
1	Direction & Administration	811.87	542.25	260.62
2	Rural FW Services	4762.74	3544.56	1218.18
3	Urban FW Services	534.18	375.77	158.41
4	Maternity & Child Health	4354.29	1187.95	3166.34
5	Transport	321.05	88.06	232.99
6	Compensation	1206.62	360.44	846.18
7	Other Services and Supplies	1345.42	1161.54	183.88
8	Mass Education	117.02	11.10	105.92
9	Training	412.70	207.43	205.27
	TOTAL	13865.89	7479.10	6377.79

II STATE PLAN				
1	Training in FW & MCH	-	-	-
2	Safe Motherhood and child survival	4.00	3.22	0.78
3	Disposable Delivery Kits	-	-	-
4	Maintenance of Equipments	5.00	0.57	4.43
5	MCH Care at PHC level	-	-	-
6	IEC Activities under FW & MCH	-	-	-
7	S.H. TO	122.65	117.0	5.65
8	Special incentive scheme for girl child - Vasectomy	-	-	-
9	Transportation of Vaccine from Regional District Stores	6.00	1.01	4.99
10	Supply of Drugs under FW programme	66.68	24.23	42.45
11	Lottery Scheme	-	-	-
12	Insurance Scheme	0.35	-	-
13	Akshara Arogya	-	-	-
14	Maintenance of Building in 7 Non-IPP Districts	-	-	-
15	IPP - III	22.00	13.41	8.59
16	PPF - NORAD	-	-	-
	TOTAL	226.68	159.44	66.89
III STATE NON-PLAN				
1	IPP-I	837.05	250.54	586.51
2	IPP-II	58.38	41.91	16.47
	TOTAL	895.43	292.45	602.98



## NATIONAL LEPROSY ERADICATION PROGRAMME

### I INTRODUCTION

Leprosy is a public health problem and also social problem in the State. National Leprosy Eradication Programme (NLEP) was conceived of as a control programme and launched in 1954-55. Its main thrust was early detection, sustained and regular treatment of all patients with 'Dapsone.' This had some limitations like treatment was long leading to irregular treatment and this was leading to development of drug resistance.

To overcome these limitations, Multi Drug Treatment (MDT) was introduced which was brought into all endemic districts which had a prevalence rate of 5 or more per 1000 population. This became the National Policy after 1986 and in Karnataka all districts are covered under MDT in phased manner.

### 2 Main Objectives

1. Rendering all infections case, non-infections in a short period by early detection and treatment.
2. Preventing deformities by early detection and prompt treatment.
3. To disseminate correct information about the disease and removing mis-conception by means of Health Education for the community, family and individual.
4. To provide rehabilitation services to the cured persons.
5. Arresting the diseases in all leprosy cases by 2000 A.D.

### 3 MULTI DRUG TREATMENT

As per the main objectives of the MDT, projects were taken in all the 20 Districts in a phased manner from 1986 to 1994.

The prevalence rate has been drastically reduced to early detection, regular treatment, monitoring of self drug administration and follow-up of defaulters. 50% of villages in the State are free from leprosy cases. 32-39% cases are voluntary reporters. This shows awareness treated in the community is very high.

### 4 Surveillance

Apart from active surveillance and voluntary reporting SSA Units and EPST units have been carrying out Epidemiological Surveillance and Sample Survey during 1998-99 in 10 Districts. 285 villages are covered in 90 schools survey has been covered and 47 new cases were detected.

## 5 Evaluation

For evaluation of the programme, monthly and quarterly review is being conducted to know the programme activities.

### 5(1) Supervision

Additional Director, State Leprosy Officer, District Leprosy Officers, Medical Officers, Non-Medical supervisors are taking frequent field visits.

5(2) Consultants appointed by Government of India are also evaluating the programme and guiding in implementation of the programme. Prompt feedback is given to the Director and District Leprosy Officers.

## 6. Patches

Among newly detected cases, single patch cases are more. This shows early detection. Nearly 50% cases are single patch cases.

## 7. Plan of Action for 1999-2000

- a) Consolidation of MDT services.
- b) Intensification of Health Education Activities.
- c) Training for all the Health Personnel and Public in the NLEP
- d) Replacement of wornout vehicles under NLEP
- e) Establishment of Regional Leprosy Training and Research Institute (RLTRI) from Govt. of India.

## MODIFIED LEPROSY ELIMINATION CAMPAIGN PROGRAMME

Modified Leprosy Elimination Campaign has been carried out in the State from 20-4-98 to 25-4-98 as per the Govt. of India guidelines. About 29,450 searchers were engaged in the programme and enumerated 4,63,80,776 people, examined 3,66,45,454 suspected 73,515 and confirmed 9,881 leprosy cases and treated during the above period.

## KARNATAKA

Karnataka is considered as a low endemic state upto end of 31-3-1999. There are 12,639 cases so far, 3,73,257 cases have been cured with MDT from 1986.

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Infrastructure facilities available for eradication of leprosy in Karnataka is as follows

Joint Director (Leprosy), 'BEST', SSA Units - A, DLOS -25, NLCUs-31, NLCUs-14, ULCs-50, SET Centres-577, THWs-22, LTCs-2, LRPUs-2. In addition to this infrastructure, there are 25 Voluntary Organisations are working for eradication of leprosy.

There are 1,110 beds available out of which, 410 beds are maintained by Voluntary Organisations for which grant-in-aid is provided by the Govt. of India at the rate of Rs.185/- per bed for adults and Rs.90/- per bed for children.

Budget Allocation and Expenditure for the year 1996-97, 1997-98, 1998-99 and 1999-2000 (Upto end of November 99)

Year	100% CSS (Plan)		State (Plan)	
	Budget Provision (In Lakhs)	Expenditure (In Lakhs)	Budget Provision (In Lakhs)	Expenditure (In Lakhs)
1998-99	117.00	109.86	90.00	37.92
1999-2000	64.50	33.92	70.66	77.40
(Up to end of Nov.99)				

Anticipated Expenditure for remaining 3 months

100% CSS (Plan)	State (Plan)
30 Lakhs	80 Lakhs

PHYSICAL TARGET AND ACHIEVEMENTS

Year	New Cases Detected			Cases Cured		
	Target	Achievement	%	Target	Achievement	%
1998-99	13,000	26,173	201.33	20,000	24,394	121.97
1999-2000	10,000	14,254	142.54	14,000	12,941	92.44
(Upto end of Nov.99)						

Anticipated Achievement for the remaining 4 months

New Cases to be Detected	Cases to be Cured
2,400	3,300

## NATIONAL TUBERCULOSIS CONTROL PROGRAMME

National Tuberculosis Control programme is a centrally sponsored scheme which is integrated with General Health Services at the peripheral level. This programme is being run by State and central assistance of 50 :50 share.

The State Tuberculosis centre located in Bangalore is responsible for Planning, Implementation, Supervision, Monitoring and Evaluation of Tuberculosis programme in the State. The State Tuberculosis centre has got the following 7 wings.

1. Epidemiology and surveillance
2. Bacteriology
3. Research wing
4. Administrative wing
5. Monitoring of National TB programme in the State
6. Training to Medical and Para Medical personnel &
7. Clinical section to cater to the needs of TB patients who are referred to state centre.

All the Districts in Karnataka State are provided with District Tuberculosis Centres for implementing National Tuberculosis Control programme.

Revised National Tuberculosis Control programme under Phase III with World Bank assistance has been implemented in Bangalore Urban District since November - 98. IInd year revised National Tuberculosis Control programme districts in Bellary, Chitradurga, Davanagere, Raichur Koppal, Bijapur and Bagalkot in these districts RNTCP preparatory activities and training programmes have been completed to implement the RNTCP programme.

### OBJECTIVE OF THE PROGRAMME :

1. To provide facilities for diagnosis of TB patients through integrated general health services.
2. Detection of new TB cases (sputum positives, X-ray suspects and extra pulmonary cases.)
3. To provide optimum treatment nearer to the residence of the patients.
4. To prevent infection, immunization is done by doing BCG vaccination.
5. Health Education to encourage patients and their relatives, village leaders through Health workers to take full course of treatment.

### INFRASTRUCTURE UNDER NATIONAL TB CONTROL PROGRAMME :

1. One state TB centre at Bangalore
2. 27 district TB centres ( one in each district)
3. 5 Additional District TB centres at Sirsi (Karwar Dist.), Sira (Tumkur Dist.), Hospet (Bellary Dist.), and Yadgir (Gulbarga Dist.) and Chikkaballapur (Kolar Dist.).
4. 9 Government TB & Chest Disease Hospitals
5. 2636 TB beds in Government Hospitals



5. 172 X-ray centres
7. 805 Microscopic centres
8. 840 Referral centres
9. One after care and Rehabilitation Training centre at Bangalore
10. Short course chemotherapy is provided in all the Districts of the State.

TRAINING REGARDING NATIONAL TUBERCULOSIS CONTROL PROGRAMME IS BEING PROVIDED FOR MEDICAL AND PARA-MEDICAL PERSONNEL AT STATE TB CENTRE DURING 1999-2000

1. 4 and 7th semister Medical students - 66
2. 8th semister Medical students - 133
3. House surgeons - 157
4. BCG training staff Nurse - 3
5. Staff Nurse - 22

PHYSICAL ACTIVITIES :  
TARGET AND ACHIEVEMENT DURING THE YEAR 1999-2000

New TB cases detected			Sputum Examination		
Target	Achievement	%	Target	Achievement	%
70385	48086	68	260722	189736	73
(1-1-2000 to 31-3-2000)	22299	-	-	70986	-
Anticipated Achievement					

FINANCIAL ACTIVITIES :

Budget Allocation and Expenditure incurred during 1999-2000 (Rs.in lakhs)			
Central Budget	Expenditure (up to 31-12-99)	State Budget	Expenditure (up to 31-12-99)
350.00	Not received	350.00	15.30

## NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS IN KARNATAKA STATE

### I. Introduction :

The National Programme for control of Blindness formulated in 1976 as a centrally sponsored scheme.

### II. Objectives :

The programme aims at reduction in the incidence of the blindness from 1.4% to 0.3% by 2000 A.D. The main cause of blindness is cataract which covers 82%. The population of Karnataka is 5.5 crores. The incidence rate in Karnataka is 1.29%. The estimated prevalence incidence is above 4.5 lakhs. To tackle the aspect following infrastructure was developed.

2. One State ophthalmic cell has been created to plan monitor and to evaluate the programme.

Minto ophthalmic Hospital Bangalore has been upgraded to Regional Institute of opthamogy to provide advance eye health care.

### UPGRADATION OF MEDICAL COLLEGES :

Five medical colleges have been upgraded to provide higher clinical ophthalmic service they are :

- a) JJM Medical College, Davanagere
- b) J.N. Medical College, Belgaum
- c) KMC, Hubli
- d) Medical College, Mysore e) Medical College, Bellary

4. All district hospitals of Karnataka have been developed to provide surgical / clinical ophthalmic services.

5. 29 Mobile ophthalmic units are established at Davanagere Chikkamagalur, Bijapur, Raichur, Karwar, Tumkur, Hassan, Bidar, Shimoga, Dharwad, Mandya, Mangalore, Kolar, Mysore, Bellary, Gulbarga, Kodagu, Belgaum, Chitradurga, Minto Hospital & Gen. Hospital, Jayanagara, Bangalore, Bagalkot Chamarajnagar, Koppal and Gokak Tiptur, Yadgir, Gadag and Hospet, Udupi and Haveri.

6. 416 PHCs were developed with creation of one ophthalmic asst. Post.

7. Three eye banks are functioning at Minto Hospital, Bangalore K.R. Hospital Mysore and District Hospital Belgaum to provide grafting services.

8. Danida is supporting NPCB programme by providing following facilities :

- a. Equipment & vehicles to mobilie ophthalmic units
- b. Equipments to primary Health centres
- c. Continuous education training programme for Medical officers of PHCs and PMOAS.
- d. Recurring expenditure of state ophthalmic cell
- e. Supporting and monitoring of District blindness control societies.



3. In all districts District Blindness control societies have been established. The Deputy Commissioner will be the Chairman. The DPH will be appointed by DANIDA who will be the Member Secretary. The following are the functions of DBCS.

- Periodically assess the magnitude of the problems of blindness in the District & to monitor and to report.
- To activate voluntary organisation in arranging camps provide free spectacles to the poor patients who have undergone cataract surgery.
- Grants to voluntary organization for free eye camps.

DANIDA is giving financial assistance directly to these societies through Government of India.

Proposal for the Year 1999-2000 : Government of India has not given any targets for new schemes under NPCB programme

Fresh proposals for the 2000-2001 :

- Development of ophthalmology department at District Hospital Koppal & Haveri.
- Upgradation of 10 PHCs
- Development of ophthalmology units 2 General Hospitals.

#### IV PHYSICAL TARGET & ACHIEVEMENTS UNDER NPCB.

Year	Target	Achievement	%
1997-98	168000	160323	95.40
1998-99	184800	167626	90.71
1999-2000 (up to Dec.99)	188500	109392	58.03

#### V. ALLOCATION OF FUNDS & EXPENDITURE OF STATE PLAN SCHEME

Year	Allocation	Expenditure
1997-98	39.63	35.93
1998-99	147.00	110.40
1999-2000 (up to Dec.99)	160.56	66.77

#### IOL TRAINING

Under National Programme for control of Blindness, IOL insertion training is given in Minto Hospital, Bangalore. Duration of the training is 2 months. Two Eye surgeons are deputing for each batch. At present 27 Eye surgeons are undergone IOL training up to Jan.99.

#### PARAMEDICAL OPHTHALMIC TRAINING.

Under National Programme for Control of Blindness. Paramedical ophthalmic assistants training has been started in four Government Medical Colleges. They are Minto Eye Hospital, Bangalore. K.R. Hospital, Mysore/KIMS, Hubli, VIMS, Bellary. In each training school 15 students are under training. This training will be completed in the month of August 99.

#### UPGRADATION OF GENERAL HOSPITAL

Five Gen. Hospitals in the State have been upgraded to provide clinical and surgical ophthalmic services to rural communities by the following staff.

Ophthalmic Surgeon

Paramedical Ophthalmic Assistants.

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VI. ALLOCATION OF FUNDS & EXPENDITURE TOWARDS CENTRAL SHARE(NPCS)

Year	State Allocation	Allocation of Govt. of India	Actual Released	Expenditure	Remarks
1997-98	110.00	27.00	20.66	11.96	
1998-99	42.57	61.20	52.50	23.08	
1999-2000 (Upto Dec.99)	60.00	48.00	39.00	22.56	

NATIONAL ANTI MALARIA PROGRAMME:

Malaria control programme is implemented in the State as per the technical guidelines of Government of India.

The main objective of the programme is to prevent deaths due to Malaria and to bringdown the incidence of Malaria to such an extent that it is no longer a Public Health problem.

Activities implemented under the programme are as follows:

1. SURVEILLANCE: Regular fortnightly surveillance(active surveillance) is done by the Health Assistants visiting house to house to screen the fever cases and administer presumptive treatment after collection of blood smears. Passive Surveillance is done of the PHCs, PHUs, Hospitals, Dispensaries etc., where fever cases visiting the Medical Institutions are screened for Malaria and treated with anti malaria.

2. LABORATORY SERVICES: Laboratory services have been provided of PHC level, District level and state level and state level for examination of blood smears.

3. RADICAL TREATMENT: Malaria cases detected are radically treated with antimalaria FTDs and DDCs have been established.

4. INSECTICIDAL SPRAY: Regular rounds of insecticidal spray operations with D.T.Malathion and Synthetic pyrethroids is taken up in rural areas reporting API 2 and above are taken up.

5. ENTOMOLOGICAL STUDIES: Four Entomological teams are provided one in each division which is functioning for regular entomological studies to study the prevalence of vector species bionomics and resistance status to the insecticides.

6. BIO-ENVIRONMENTAL METHODS: Special emphasis has been given and implementation of bio-environmental methods of malaria control which consists of stocking of larvivorous fish in mosquito breeding sources such as wells, pools etc., along with engineer methods, seeking inter-sectoral co-ordination of different sectors/departments.



## PHYSICAL ACHIEVEMENTS:

Incidence of Malaria are as follows:

Year	B/S examined	MPP cases	PI cases	ASER	SPR	SFR	API	RT
1999	7598155	118753	26776	17.3	1.60	0.4	2.7	97.4
1999 (Upto Nov.99 provisio nal)	6776756	86666	17252	-	1.28	0.26	-	98.0

## IEC ACTIVITIES:

The Information Education and Communication activities have been taken up in order to (1) create awareness among the community about Malaria (2) encourage community participation in prevention and control of malaria and (3) propagate with the theme of Malaria Control-every one's concern end, conducting anti-malaria month every June.

Printing and distribution of IC materials like posters, folders, booklets, in order to achieve the objectives of Health Education.

## PROJECT AREAS:

Project malaria control activities are implemented in the Upper Krishna Project, by establishing four anti malaria units at Almatti(Bijapur district), Kemohavi, Bheemerayangudi and Narayanapur(Gulbarga district).

The districts that have shown high incidence of Malaria during 1999-2000 are Bangalore(Urban), Belgaum, Bijapur, Gulbarga, Koppal, Kolar, Mandya, and Raichur. The urban areas of Mangalore and Bellary are also posing the problem of Malaria in the State.

## FINANCIAL ACHIEVEMENTS:

Year	PLAN				NON-PLAN	
	Budget allotted		Expenditure		Budget allotted	Expenditure
	State	Centre	State	Centre		
1993-99	950.00	700.54	979.20	131.93	1225.84	932.94
1999- 2000(upto Dec.1999)	900.00	900.00	551.92	116.75	1432.13	669.56

## URBAN MALARIA SCHEME

Urban Malaria Scheme is implemented in 8 Cities/Towns namely, Bangalore, Tumkur, Chickmagalur, Hassan, Bellary, Hospet, Belgaum and Raichur by the concerned local bodies. Main activities under the programme are weekly anti-larval measures to check the breeding of mosquitoes alongwith pyrethrum space spray in and around the house where malaria cases are detected.

### PHYSICAL ACHIEVEMENTS:

Year	E/s.Examined	Malaria cases	Pf cases	Radical treatment
1998	141008	8739	750	8355
1999(provisional)	114237	4991	244	4991

### FINANCIAL ACHIEVEMENTS:

Year	Plan		Expenditure	
	Budget allotted		State	Centre
	State	Centre		
1998-99	55.00	107.64	4.72	50.73
1999-2000(provisional)	55.00	55.00	20.96	

## NATIONAL FILARIA CONTROL PROGRAMME:

Filaria Control activities are continued in the Districts of Gulbarga, Bidar, Bagalkot, Dekshina Kannad and Uttar Kannada, Koppal and Udupi.

Under National Filaria Control Programme there are 8 Filaria Control Units and 25 Filaria Clinics has been established in the endemic towns.

Main activities under the programme are Anti-mosquito measures carried out through filaria control units, filaria clinics undertake parasitological surveys to detect and treat microfilar and disease manifestation cases with DEC tablets. One Filaria Survey unit is functioning in Raichur to conduct Filaria Survey in the District.



# PHYSICAL ACHIEVEMENTS:

Year	No. of persons examined	No. of +ve person for microfilaria	No. of persons with disease manifestation	No. of persons treated	Micro Filaria rate %
1998	132981	1235	5711	6946	0.93
1999 (Provisional)	126632	1178	8591	9671	0.92

# FINANCE PROGRESS:

The expenditure on materials and equipments is shared on 50:50 basis between State and Centre, entire operational cost is met by the State.

Year	(Rs. in lakhs)			
	Allocation		Expenditure	
	State	Centre	State	Centre
1998-99	6.22	Included in NMEP Urban	0.93	17.79
1999-2000 (Urban Dec. 99)	6.90	6.90	"	0.67

" The allocation is for component. Reallocation to non-salary component has been proposed with the Government. G.O. has supplied Rs. 87,200/- worth of parasitological reagents during 1999-2000.

# JAPANESE ENCEPHALITIS (JE) CONTROL PROGRAMME:

The Japanese Encephalitis is a state-sector scheme under Plan for the Supply of Drugs, Insecticides and Health Education materials. The epidemic season for the virus disease is normally post-monsoon. The disease usually occurs in the districts of Bellary, Mandya, Kolar, Raichur and to some extent in Bangalore (Urban) and Mysore districts. It is a mosquito borne viral disease, spread by Culex vishnui. Affects mainly children and mortality is found to be high among the JE affected cases.

# PHYSICAL PROGRESS:

Year	Suspected		Confirmed	
	Attacks	Deaths	Attacks	Deaths
1998	209	36	67	12
1999 Provisional	515	94	152	5

## FINANCIAL PROGRESS:

Year	Allocation(Rs.in Lakhs)	Expenditure(Rs.in Lakhs)
1998-99	13.78	3.620
1999-2000	5.00	4.960

## DENGUE FEVER

Dengue fever is a mosquito borne viral disease. The epidemic occurs during the pre and post monsoon periods. The vector mosquito usually breeds in domestic and peridomestic water collections such as Cement tanks, drums, old tyres, tins, coconut-shells, air coolers, and so on. The diagnosis is by serological methods and the treatment is symptomatic. Source reduction methods, larvicides, adulticides and fogging operations are some of the control activities adopted.

The disease is prone in Bangalore(Urban),Bangalore(Rural),Mandya, Kolar,Dakshina Kannada,Bellary and Mysore districts.

The incidence of Dengue fever in Karnataka is as follows:

Year	Attacks	Deaths
1998	115	3
1999(Provisional)	39	0

There is no separate budget provision for Dengue fever control activities in the State. However, the budget allocated under JE is being partly utilised for dengue fever control activities also.



# DIARRHOEAL DISEASES AND COMMUNICABLE DISEASES CONTROL PROGRAMME

## INTRODUCTION:

The Diarrhoeal Diseases and Communicable Diseases Control Programme deals with Communicable Diseases like Guinea Worm, Gastroenteritis and Cholera, Kyasanur Forest Disease, Viral Hepatitis, Typhoid, etc., and Management of Handigodu Syndrome Disease.

## GUINEA WORM ERADICATION PROGRAMME (CENTRALLY SPONSORED SCHEME)

Guinea Worm eradication programme was started in Karnataka during 1981-82 on a 50:50 sharing basis between State and Centre. Out of 20 Districts, 8 Districts were found to be endemic. They are Bellary, Raichur, Gulbarga, Bidar, Dharwad, Karwar, Belgaum and Bijapur. From 1987 to 1990 Bellary, Belgaum, Bidar, Dharwad and Karwar Districts are declared as free from Guinea worm disease. At present Gulbarga, Raichur and Bijapur districts are endemic districts.

## OBJECTIVES:

1. Prompt implementation of the programme to eradicate the disease at village level to achieve zero incidence.
2. To identify unsafe drinking water sources in the affected villages.
3. To treat the unsafe drinking water sources with temephos.
4. Bandaging wounds of all Guinea worm patients if traced.
5. Intensifying the search and supervision every month in the infected areas.
6. Intensifying health Education activities.

## PHYSICAL PROGRESS:

No incidence of Guinea worm cases are reported during 1989.

Year	Budget Allocation	Expenditure
1988-2000	Rs. 6.00	Rs. 1.41 (upto end of December, 1989)

## G/ GASTROENTERITIS AND CHOLERA

Karnataka is endemic for Cholera/Gastroenteritis almost every year during pre and post monsoon. In order to contain the disease, Government of Karnataka has sanctioned 5 Districts Cholera Combat Teams and these are located in endemic districts of Karnataka, i.e., Gulberga, Bellary, Bijapur, Chitradurga and Mysore. The main activity of these Cholera Combat Teams is to make epidemiological investigations and also to take containment measures, whenever epidemic occur.

By sinking of bore wells in rural areas and supply of safe drinking water in towns by local municipalities, the incidence of water borne diseases are reduced.

All preventive measures, viz., Chlorination of drinking water, treatment of Gastroenteritis/ cholera patients, distribution of ORS packets, disinfection of houses were taken up. Health Education to the Public through All India Radio, Doordarshan, pamphlets, posters were given during epidemic.

### PHYSICAL PROGRESS.

Incidence of Gastroenteritis / Cholera during the period from 1.1.1999 to 31.12.1999..

Gastroenteritis		Cholera	
Attacks	Deaths	Attacks	Deaths
17,743	126	134	3

### VIRAL HEPATITIS

The disease is caused by consumption of contaminated water and food. The incidence of Viral Hepatitis during the year 1999 is as follows:

Attacks	Deaths
3,929	2

### TYPHOID

The incidence of Typhoid during 1999 was reported in epidemic form from seven districts, viz., Hassan, Chikmagalur, Raichur, Uttara Kannada, Bijapur, Belgaum, Shimoga and Dharwad.

Attacks	Deaths
23,946	2

The affected villages and towns were taken up for control of fly nuisance and all drinking water sources have been chlorinated with bleaching powder.



For the control of Diarrhoeal diseases the State Government have allocated (under State Sector Plan Schemes) a sum of Rs.15.00 lakhs for the purchase of medicine, disinfectant and to supply the same to the affected district through the Government Medical Stores, Bangalore.

(Rs. in lakhs)		
Year	Budget Allocated	Expenditure
1999-2000	Rs.15.00	Rs.5.00

#### KYASNUR FOREST DISEASE.

This disease is prevalent in the districts of Shimoga, Uttara Kannada, Dakshina Kannada and Chickmagalur.

The disease is prevalent in the Taluka of Thirthahally, Hosanagar and Soraba in Shimoga District, Honnavara, Bhatkal, Kumta, Supa and Yellapura Taluks in Uttara Kannada District, Koppa Taluk in Chickmagalur District and Bellthangady in Dakshina Kannada District.

In addition, the surveillance activities are carried out by the staff of both field stations and field staff of district Health and F.W. Officer, I for diagnosis, treatment and prevention.

#### PHYSICAL PROGRESS.

The incidence of Kysanur Forest Disease during 1999 are as follows:

No. of suspected Cases		Number confirmed	
Attacks	Deaths	Attacks	Deaths
65	-	10	-

#### FINANCIAL PROGRESS

(Rs. in lakhs)		
Year	Budget	Expenditure
1999-2000	5.00	1.50

#### HANDIGODU SYNDROME

This is a peculiar disease of genetic origin found in few villages of Shimoga and Chickmagalur districts and found mostly in harijan families. This disease will cause the disability mainly because of its affliction of joints and bones.

The rehabilitation and symptomatic treatment are given to these patients.

#### PHYSICAL PROGRESS.

This incidence of Hanidgodu Syndrome is as follows:

District	No. of villages	No. of cases
Shimoga	49	438
Chickmagalur	30	330
Total	79	778

## SCHOOL HEALTH PROGRAMME

### INTRODUCTION:

The School Health Services is the Personal Health & FW Department Service and is being implemented for the last 15 years, from narrower concept of medical examination of the children to the present day concepts of comprehensive care of Health and well being of children throughout the academic year.

### OBJECTIVES:

The School Health Programme has been implemented in all the Primary and Higher Primary Schools in both rural and urban areas of the State. All the District Health & FW officers are implementing the Programme effectively as per the instructions of this Directorate of Health & FW Services. The following are the various activities.

1. Medical Examination of the Students.
2. Immunization of Children with DT & TT
3. Providing treatment for minor ailment
4. Students requiring specialist care are referred to nearest Hospital regularly.

Health Education to Teachers as well as Students regarding personal hygiene environment, sanitation, drinking water, use of latrines are being taught regularly.

### School Health Services :

1. **MEDICAL EXAMINATION :** As per the reports received from 27 Districts of Karnataka, the total students of 1<sup>st</sup>, 4<sup>th</sup> and 7<sup>th</sup> Standards are 26,43,016. All these students were expected to be examined medically from the concerned Medical Officers of the PHC.

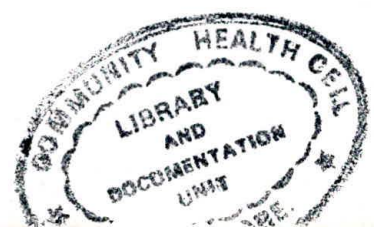
Out of 26,43,016 Students 7,65,757 Students are examined from June 1999 to November 1999 covering 28.97%.

2. **MEDICAL DEFECTIVES:** 1,34,411 Students are suffering from medical defects out of 7,65,757 students examined i.e. 17.55% of the students are found to be medically defective among the 28.97% of the students examined. The range of the different disease like Dental, Eye, Skin Nutritional diseases varies from 1.44% to 5.87%. The Dental problems like Dental caries records maximum and is 5.87%. The Ear problems like Conjunctivitis and Vitamin A deficiencies records the least and is 1.44%.
3. **IMMUNISATION:** 5,19,902 1<sup>st</sup> Standard Students are given D&T out of 9,27,143 Students and this works out to be 56.08% 4,53,361 VII standard students are immunized with TT out of 7,21,693 students and this is 62.82%.
4. **MEDICAL KITS:** 3,333 medicine kits are going to be supplied by this Directorate of Health & FW Services to the 3,333 Schools at the rate of 1 medical kit per one School. Rs.300/- worth drugs to the District Health & FW officers and DDF of respective Districts during 1999-2000.

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Rs.10,00,000/- in more provision for the purpose and the said budget is going to be released to Government Medical Stores as soon as the identified drugs are supplied to all the 27 Districts as per the decision taken in the MMR meeting on account of the huge stock of medicines in Government Medical Stores.

The Joint Director (GMS) is addressed to supply the medicine kits to all District Health & FW officers vide this Directorate of Health & FW Services letter No. HET/11/99-2000 dt. 29-10-99 and reminder letter dt.27-11-1999, 10-12-1999 of even no. to supply the medical kits to all District Health & FW officers in the State.

All the District Health & FW officers are addressed to collect the medicine kits from the Joint Director (GMS) vide this Directorate of Health & FW Services letter No. HET/11/99-2000 dt. 10-11-1999 and they are also requested to collect the medicine kits from Joint Director (GMS) during the meeting held on 27-11-1999 at State Institute of Family Welfare Bangalore with a copy all the Deputy Directors of Public Instructions in the State for information.

Chief Accounts Officer-cum-Financial Advisor is also requested to release the budget of Rs.10,00,000/- to the Joint Director (GMS) vide this Directorate of Health & FW Services letter No.HET/11/99-2000 dt. 10-09-1999.

5. **TEACHERS TRAINING :** During the year 1998-99 only 6, 423 teachers are trained under School Health Programme , Out of 14,121 Teachers in Karnataka. This works out to be 45.2% ranging from 0.001% to 29.9% . The Teachers Training is not started in full swing and this is delayed on account of non release of funds by their respective ZP . But the action plan is made by the District Health & FW officers and going to be completed by the end of March 2000 . Any how the Teachers training is taken up in Davangere , Chamarajanagar, Belgaum ,Raichur , chickmagalur, Mangalore and Bellary districts. 4,195 Teachers are trained altogether out of 14,469 Teachers to be trained depending upon the budget provided by the concerned ZP of the districts. This works out to be 28.99% . Rs.4,55,200/- is spent out of 26.65,000/- i.e., 17.08% amount is spent against the budget provided.
6. **ANNUAL PLAN OF ACTION:** The Annual Macro Plan of Action for School Health Programme for the year 1999-2000 is already sent to all the District Health & FW officers, DDPIs and Chief Executive officers of ZP vide this Directorate of Health & FW Services letter No. HET/SHP/DNO/01/99-2000 Dt. 01-05-1999. The District Health & FW officers in co-ordination with the DDPIs have to implement the School Health Programme very effectively as per action plan.
7. **ROLE OF CHIEF EXECUTIVE OFFICERS:** The Health & FW Department and Education Department are involved in the implementation of this School Health Programme . These two Departments have to work very much co-ordinatedly in achieving the goal of this School Health Programme .It is seen that there is no co-ordination between District Health & FW officers and DDPIs in the respective districts. As a result the programme is badly implemented and the performance is very poor, in the sense that the percentage of the medical examination of the Student is only 25.3% during 1998-1999 and 9.48% upto the end of August 1999 and percentage of Teachers training is 3.4% during 1998-99 and no Teachers training during 1999-2000 up to the end of August 1999.

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All District Health & FW officers and DDPIs are under the control of Chief Executive officers ZP. Hence, his role is very important to co-ordinate these two Departments in monitoring the School Health Programme in achieving the 100% medical examination of targeted School Children and Teachers training through District Health & FW officers and DDPIs for the year 1999-2000.

This is the Programme being implemented by two Departments i.e., Department of Public Instruction and Department of Health & FW Services, Bangalore

### Progress Report 1999-2000 Up to the end of December 1999

SL No.	Details	Annual Target	Cumulative Achievement	Percentage
1	Medical Examination of Students	26,43,016	10,63,521	40.24
2	Medical defectives found among the Students examined	10,63,521	1,96,303	18.45
3	Immunization; D & T to the 1 <sup>st</sup> Standard Students	9,27,143	6,19,734	66.84
4	Immunization TT to the 7 <sup>th</sup> Standard Students	7,21,683	5,44,746	75.48
5	Teachers Training	14,459	5,245	36.25

The Statement showing the budget allocation and expenditure from the period from the period 1977 to 2000 under the School Health Programme and FW Department Programme.

Sl. No.	Name of the Programme	1997-98 Amount in Lakhs		1998-99 Amount in Lakhs		1999-2000 Amount in Lakhs	
		Allotment	Expenditure	Allotment	Expenditure	Allotment	Expenditure
1	School Health Programme Under Head of A/c-2210-03-800-0-03	55.00	55.00	10.50	10.50	10.00	10.00
2	Incentive to SC / ST, ANM Trainees Under Head of A/c-2210-03-800-0-03	0.40	0.06	30.40	28.32	57.00	8.52



## NUTRITION PROGRAMME

The major goal to be achieved under Nutrition is reduction of severe and moderate malnutrition by half by 2000 A.D. of Children of below 5 years of age with the specific goals of

1. Control of Vitamin 'A' deficiency and its consequences including Blindness
2. Reduction in the incidence of low birth weight Babies
3. Universal consumption of Iodized Salt
4. Reduction of Iron deficiency Anemia

### THE EXISTING PROGRAMME UNDER NUTRITION INCLUDE :

1. Prophylaxis Programme against Vitamin 'A' deficiency.
2. Integrated Child Development Services Scheme (Nodal Department is Women and Child Development Department)
3. National Iodine Deficiency Disorder Control Programme
4. Nutrition Education Activities including Training
5. Continuous Monitoring of Diet and Nutrition Surveys by NNMB Unit.

### I. PROPHYLAXIS PROGRAMME AGAINST VITAMIN 'A' DEFICIENCY :

In order to prevent severe form of Vitamin 'A' deficiency a Mega dose of Vitamin 'A' concentrate is administered to the Children of 9 months to 3 years. One ML of Vitamin 'A' concentrate containing One Lakh I.U of Vitamin 'A' is administered to the children of 9 months along with measles immunization. 2 ML of Vitamin 'A' concentrate containing 2 Lakh I.U is administered to the children of 1-3 years orally at Six monthly intervals. The Vitamin 'A' is supplied by the Government of India free of cost.

### THE PROGRESS DURING THE YEAR 1999-2000 (UP TO DECEMBER 1999) IS AS FOLLOWS:

Sl. No	Programme	Target	Achievement	Percentage
1	Measles linked Vitamin 'A' Programme	10,17,000	5,23,791	49
2	Prophylaxis Programme for 1 to 3 years Children	24,37,000	13,74,723	56

### II INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME:

This Programme is being implemented with the co-ordinated efforts of Department of Health & F.W. Services and Department of Women and child Development. A package of services like Immunization, supplementary Nutrition, Health & FW Department check-up, Referral services, Non formal preschool education, Nutrition and Health education are provided. The beneficiaries of this Programme are 0 to 6 years children and pregnant and lactating mothers. At present 184 projects are functioning besides Health and Nutrition sectors are monitored regularly. The services are rendered through Anganwadi centres.

THE PROGRESS FOR 1999-2000 IS AS FOLLOWS ( UP TO DECEMBER 1999)

a) SECTORAL LEVEL TRAINING CONDUCTED BY MEDICAL OFFICERS:

QUARTER	TARGET	ACHIEVEMENT	PERCENTAGE
I	5541	2835	51.00
II	5541	2822	53.00
III	5541	2493	46.00

b) ANGANAWADI CENTRES VISITED BY THE MEDICAL OFFICERS FOR HEALTH CHECK UPS

QUARTER	TARGET	ACHIEVEMENT	PERCENTAGE
I	39855	24895	62.00
II	39855	24472	61.00
III	39855	26392	66.00

c) IMMUNIZATION PROGRAMME

VACCINE	TARGET	ACHIEVEMENT	PERCENTAGE
BCG	10,10,602	4,10,274	40.60
DPT	10,10,602	3,43,945	36.50
POLIO	10,10,602	3,72,470	36.80
MEASLES	10,10,602	3,43,945	36.50
TT (M)	11,12,175	4,17,554	37.50



## III NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAMME

National Iodine Deficiency Disorder Control Programme was initiated in the Directorate of Health & FW Services during 1988-89 as 100 % Centrally Sponsored Scheme in order to control Goiter and other iodine deficiency disorder in the state.

### GOITER CASES REPORTED

Since April 1999, 502 cases of Goiter have been reported from 27 Districts of the state (up to the end of December 1999).

### QUALITY CONTROL

In order to maintain the quality of Iodized salt at different levels, samples of Salt and PFA and also non PFA are being collected from whole sale and Retailers and analysed at Public Health Institute Bangalore.

#### SAMPLES ANALYSED UNDER PFA:

TOTAL SAMPLES ANALYSED	SATISFACTORY	NOT SATISFACTORY
20	20	-

#### SAMPLES ANALYSED UNDER NON PFA:

TOTAL SAMPLES ANALYSED	SATISFACTORY	NOT SATISFACTORY
528	346 (55%)	232 (45%)

Iodine content of the salt is also being monitored at the Consumer level through testing of salt with the help of field testing kits by the Health functionaries.

#### SALT SAMPLES TESTED WITH THE HELP OF FIELD TESTING KITS BY THE HEALTH FUNCTIONARIES:

TOTAL SAMPLES TESTED	Above 15 PPM	Below 15 PPM	0 PPM
5,44,888	2,03,957 (33.6%)	1,94,422 (35.7%)	1,20,267 (25.7%)

### HEALTH EDUCATION ACTIVITIES :

In order to create awareness the public about the importance in the use of Iodized Salt in their daily diet for prevention of IDD, intensive Health education activities are being taken up.

During Global IDD Day celebration different Health education activities like arranging talk on IDD to the School children, group discussions and demonstration of Salt testing to the Women group and School Children by the Health functionaries with the help of Field Testing Kits and Jatha by the School Children were undertaken in all the Districts.

Lecture on IDD to the Women of Byappanahally slum was also organised at the State Head Quarter during the Global IDD Day.

### IV. NUTRITION EDUCATION ACTIVITIES INCLUDING TRAINING

Nutrition Division is participating in all the Training Programme connected with the Nutrition conducted at State Institute Health & FW , Health & FW Training Centre and NIPCCD etc.,

Nutrition Division is also participating TV and Radio Programmes from time to time. A report on "Diet scales in Hospitals " has been submitted.

### V. CONTINUOUS MONITORING OF DIET AND NUTRITION SURVEYS BY NNMB UNIT :

NNMB Unit a branch of ICMR attached to Bureau of Nutrition is conducting Diet and Nutrition surveys on the protocol of National Institute of Nutrition Hyderabad. during this year the Unit has confined to conducting Repeat surveys and Tribal surveys in chickmagalur and Dakshina Kannada Districts.



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HOSPITAL PHARMACY PROGRAMME

INTRODUCTION

Hospital Pharmacy is a programme being implemented by the Government of Karnataka under State Sector.

OBJECTIVES

To provide total pharmaceutical services including manufacturing and testing of intravenous Fluid.

Physical progress of the Hospital Pharmacy units for the year 1999-2000 (upto November 99) ..

NAME OF THE HOSPITAL	NO OF BOTTLES MANUFACTURE
1.Victoria Hospital, Bangalore	1,72,556
2.Bowring & Lady Curzon Hospital Bangalore	60,911
3.K.R.Hospital,Mysore	99,293
4.Wenlock Hospital, Mangalore	51,266
5.CG Hospoital, Davangere	92,705
6.KMC Hospital,Hubli	N.P
7.District Hospital, Belgaum	67,390
8.District Hospital, Gulbarga	76,569
9.Medical college Hospital,Bellary	62,783
10.McGann Hospital, Shimoga	76,069
11.District Hospital, Mandya	60,629
12.District Hospital, Chitradurga	59,478
13.District Hospital, Bidar	40,142
14.District Hospital, Bijapur	34,868
Total	8,84,799

ANNUAL PHYSICAL PROGRESS

YEAR	NO.OF BOTTLES
1997-98	1293090
1998-99	1094629
1999-2000	884799 (up to Nov.1999 (provisional))

FINANCIAL PROGRESS (Rs. IN LAKHS)

Year	Plan		Non Plan	
	Allotment	Expd.,	Allotment	Expd.,
1997-98	11.28	3.13	63.04	54.07
1998-99	14.82	3.60	63.60	55.62
1999-2000	18.41	-	80.52	36.74 (provision)

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PROPOSED ACTIVITIES FOR 2000-2001

The Government in the G.O.No.HFW 125 MM 99, dated:5-1-2000 have closed down all the existing I.Fluid manufacturing units with effect from 31-12-99. The recommendations of the NHRC on Drugs Management are to be implemented.

**HEALTH EQUIPMENT REPAIRS AND MAINTENANCE UNIT**

**OBJECTIVES :** Procurement, Repairs and Maintenance of Equipments  
The major Regulatory functions are:

1. To keep the records of equipment
2. Monitoring of the equipments
3. Maintenance and repairs of equipment
4. Supply, installation and commissioning of equipments

**ACHIEVEMENTS DURING 1999-2000 (UPTO JANUARY 2000)**

Sl. No.      Head of Account      Amt. Sactioned  
Rs.in lakhs      Amt. released

1.	2210-01-110-2-19 Equipments to Dist. Major Hospitals	10.00	2.00 lakhs
2.	2210-01-300-0-02 Repairs to Hospital Equipments	10.00	2.17 lakhs

1.	Number of X Rays inspected	13 Nos
a)	No. of X Ray working	12 Nos
b)	No. of X Ray not working	1 No. (Major problem)
2.	No. of X Ray shifted installed	1 No.
3.	No. of old Odelca camera shifted & installed	1 No.
4.	No. of New X Ray shifted & installed	1 No.
5.	No. of New Odelca camera shifted & installed	1 No.
6.	Other equipments inspected	150 Nos.

**STATE HEALTH TRANSPORT ORGANISATION**

The main object of this organisation is to provide dependable Transport system for the successful implementation of the various Health and Family Welfare Programme by providing prompt services maintainance and repairs of the vehicle of this Directorate as well as Directorate of Medical Education. The central workshop attached to this Directorate will undertake repair works of various types of Vehicle and also painting works to Jeep etc., being done at Central Workshop.

Apart from this Central Workshop, there are 25 Districts having mobile workshop in the State (except Bangalore Urban and Rural).



The 13 V.V. Units undertake major and minor repairs to the vehicle of the Health Department coming under district jurisdiction of Zilla Panchayats.

The total vehicles in the Department is 1542 among them 1324 vehicles are under control of Zilla Panchayat and 218 vehicles are under control of Directorate of Health and F.W. Services. Out of 1542 vehicles, 1087 vehicles are on road and remaining 455 vehicles are off road, which are under various stage of repairs for the year 1999-2000. Twelve vehicles have been proposed for condemnation and at Central workshop 106 vehicles have been repaired.

### LABORATORY SERVICES

#### VACCINE INSTITUTE, BELGAUM

The Vaccine Institute, Belgaum, is manufacturing Anti-Rabies Vaccine (BPL inactivated) and supply the vaccine to all Government Health and Medical Institutions and to the Health & Medical Institutions run by local bodies and also the registered medical practitioners. In addition to the UIP Vaccines supplied by Government of India are also stored and supplied to Belgaum and Gulbarga Divisions.

Institute also impart training to Medical students of different medical colleges, Health Inspectors trainees, ANMs and Staff Nurses of District Hospitals and demonstrations have also been arranged in connection with the preparation of Anti Rabies Vaccine Testing and mode of administration of Anti Rabies Vaccine.

This institute also undertakes quality control test of KFD Vaccine manufactured at KFD Vaccine Unit of Virus Diagnostic Laboratory, Shimoga. During the year 1999-2000 (upto end of December 1999) 20,06,460 ml of Anti-Rabies vaccine has been manufactured as against the annual target of 25,00,000 ml.

### III FINANCIAL

3.1 Revenue Income during the year total and source-wise comparison of three years

Sl No.	Source of Income	1997-98	1998-99	1999-2000 upto 12/99
1	A R V Scales	5,28,309-00	5,71,246-00	7,05,350-00
2	Scales of Laboratory Animals Mice & Skin of sheeps etc.,	53,460-00	1,58,224-00	10,360-00

3.2 Annual Budget and Expenditure of the Department during 1999-2000, Total Plan/Non-Plan and according to Major programme schemes comparison with corresponding figures.

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NON-PLAN HEAD OF ACCOUNT 2210-105-00-01

1.	Budget	84,03,000/-	1,06,14,000/-	1,03,70,000/-
2.	Expenditure	93,85,113/-	1,04,70,751/-	75,10,097/-

3.3 PLAN HEAD OF ACCOUNT 2211-00-106-6-00

1.	Budget	75,000/-	1,50,000/-	2,05,000/-
2.	Expenditure	67,389/-	82,449/-	1,14,431/-

3.4 PLAN HEAD OF ACCOUNT 2211-105-1-01

1.	Budget	-	1,00,000/-	-
2.	Expenditure	-	1,00,000/-	-

### PUBLIC HEALTH INSTITUTE, BANGALORE

Public Health Institute is the State Level Health Laboratory in the Department of Health & FW Services. This institute is headed by the Joint Director(Laboratories).

#### Activities

#### 1. Diagnostic Bacteriological Section

Bacteriological examination of Food Samples and isolation of vibro cholera in stool samples are being undertaken in this section.

#### 2. Water Bacteriological Section

Bacteriological examination of water for drinking purposes are being undertaken to confirm whether the water is fit for human consumption.

#### 3. Chemical Examiner's Section

Analysis of lokayukta cases under Prevention of Corruption Act; analysis of Spiritus Medical preparations and Excise samples under Excise Act are being undertaken. Also examination of Blood and Urine samples for alcohol content is being undertaken.

#### 4. Food Analysis Section

Analysis of food samples received under Prevention of Food Adulteration Act 1954 and samples received from other sources are being undertaken.

#### 5. Water Analysis Section

In this section, water for potable purpose and for industrial purposes are being analysed. Samples received under Water(Pollution Control Act) and Air(Pollution Control Act) are also being analysed. Apart from this, chemical substances like Alum and Bleaching powder which are used in water treatment are being analysed.



6. Divisional Food Laboratory

Food and Liquor samples of Bangalore Division are being analysed at this laboratory.

7. Pesticide Laboratory

Spray scraping and pesticides used under National Malaria Eradication Programme are being analysed in this laboratory.

8. Food Inspectors Training Programme

Departmental Graduate Health Assistants are being given Food Inspector's Training under Prevention of Food Adulteration Act. During the current year, this training has been started from 13.12.1999 for a batch of 23 Departmental Health Workers.

9. Senior Laboratory Technicians Training Programme

Under this programme, departmental Junior and Senior Laboratory Technicians are being given training.

10. Food Squad

Educating the consumers and merchants regarding of Food adulteration by participating in exhibition and through audio-visual aids throughout the state.

Laboratory & Details of Samples	No. of Samples analysed		
	1997-98	1998-99	1999-2000 upto 12/99
1. Diagnostic Bacteriology Laboratory			
a) Stool Samples	3509	2378	1597
b) Food Samples	143	32	46
2. Water Bacteriology Laboratory			
Drinking Water	3225	2143	262
3. Chemical Examiners Laboratory			
a) Spiritus Medicinal Preparation	154	60	32
b) Liquors	93	74	13
c) Blood & Urine	91	55	23
d) Lokayukta cases	105	106	79
4. Food Laboratory			
a) Under prevention of Food Adulteration Act	660	1812	420
b) Other Food Samples	606	1423	479
5. Water Analysis Laboratory			
a) Potable Water	457	444	263
b) Effluent under Water Act	2	28	2
6. Divisional Food Laboratory	228	273	131
7. Pesticide Laboratory	30	159	94

# FINANCIAL POSITION

Revenue/Income during the year 1997-2000 -comparison with corresponding figures of last two years

Year	Revenue recieved in Rs.	Anticipated Revenue for III Quarter in Rs.
1997-98	1,32,556	
1998-99	1,15,105	
1999-2000 (upto 12/99)	76,200	25,400

## ANNUAL BUDGET AND EXPENDITURE FOR 1999-2000 WITH CORRESPONDING FIGURES OF LAST TWO YEARS

Year	Budget Rs.	Expenditure Rs.	%	Anticipated Expenditure for Final Quarter, Rs.
1997-98	95,59,700	62,12,695	64.5	
1998-99	92,12,500	61,82,464	67.6	
1999-2000 (upto 12/99)	1,19,87,000	68,76,312	57.3	22,93,000

### CENTRALLY SPONSORED SCHEMES (100%)

Name of the scheme	Budget provision for 98-99	Equipments procured during 1999-2000 utilising the grants of 1998-99
1. Supply of Laboratory Equipments under P F A Act	9.00	1. Digital Abbo Refractometer 2. Spectrometer 3. Single Electronic Semi Micro Analytical Balance Total cost Rs.8.50lakhs

### GOVERNMENT MEDICAL STORES, BANGALORE

During the year, district-wise Drugs sub-centres to be started for supply the same at the earliest.

### BUDGET AND EXPENDITURE FROM 1997-98 TO 1999-2000 IS AS FOLLOWS

Period	Budget Estimate	Expenditure	Annual Supply of Medicines Expenditure Amt.
1997-98	14,38,04,446	1,68,84,905	10,17,40,298
1998-99	26,59,05,715	11,10,01,933	19,62,01,617
1999-2000	22,53,68,789	14,94,27,792	-



Activities During 1999-2000 [upto November 1999]

During the year three major studies were completed and two more are in progress. The details of the studies are as follows:

A. Studies Completed

1. Evaluation of ANM Training for Tribal Girls under the Innovative Scheme of IPP-IX.
2. Multi-Indicator Cluster Survey.
3. Awareness of AIDS in Dharwad and Dakshina Kannada Districts.

B. Studies in Progress

1. A study on Benefit Accrued from IPP-I and IPP-III in Karnataka.
2. Concurrent Evaluation of Family Health Awareness Campaign 1st December to 15th December 1999 in Belgaum and Mysore Districts.

KARNATAKA HEALTH SYSTEMS DEVELOPMENT PROJECT AND OTHER PROJECTS

The following Externally Aided Projects are under implementation under the jurisdiction of the Karnataka Health Systems Development Project Office:

1. The World Bank assisted Karnataka Health Systems Development Project.
2. German assisted Karnataka Secondary Level Hospital Development Project (KFW).
3. Organisation of Petroleum Exporting Countries (OPEC) assisted Hospital Project, Raichur.

I. Karnataka Health Systems Development Project:-

The World Bank assisted Karnataka Health Systems Development Project costing Rs.546 crores was launched during June 1996. The Project envisages renovation and expansion of 201 hospitals in the three Revenue Divisions of Bangalore, Mysore and Belgaum in the State. The period of implementation of the project spreads over 6 years and expires by the end of March 2002. An expenditure of Rs.172.54 crores has been incurred from the inception of the project to end of 1999-99 and a grant of Rs.132.00 crores has been provided during 1999-2000. The progress achieved during the year 1999-2000 under various components of the project is as detailed below:-

1). Civil Works:- Against a total of 201 hospitals covered under the project, 46 Architects have been empanelled for 200 hospitals works. Preliminary drawings have been approved by the World Bank Architects in respect of 192 works and 174 works have been entrusted to contractors for execution after calling for tenders on National Competitive Bidding (NCB) basis and their evaluation. 6 works have been taken up on "Local Shopping" norm. 60 works have been completed by the end of Dec-1999. It is targetted to commence works in respect of all 200 hospitals and complete works in respect of 90 hospitals by the end of March 2000.

Other Building Works:-

a. District Laboratories:- It is proposed to construct 26 District Laboratories buildings under the project (21 under KHSDF and 5 under KfW project). So far 8 works have been completed and 9 works are in progress. Estimates are under preparation in respect of the remaining 9 works. The State Surveillance Unit building is completed and the unit is functioning.

b. District Workshops:- It is proposed to construct District Workshops in 26 Districts of the State. 19 works are in progress and the estimate in respect of the remaining 7 works are under preparation.

c. Blood Banks:- 33 Blood Banks are proposed to be established in the hospitals. Out of these 19 Blood Bank buildings which are taken up and completed by the Public Works Department have been renovated. Construction of the remaining 14 Blood Banks buildings are included in the expansion of the respective hospital and are in various stages of progress.



DRUGS CONTROL DEPARTMENT  
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The Drugs Control Department in Karnataka is functioning as an independent Department since 1962 under the Health & Family Welfare Department, Government of Karnataka with the Drugs Controller as the Head of Department. There are three wings in the Department:-

ADMINISTRATION AND ENFORCEMENT,  
DRUGS TESTING LABORATORY,  
PHARMACY EDUCATION.

I. ADMINISTRATION AND ENFORCEMENT WING:-  
-----

The main function of the Department is to protect the health of the consumers by enforcing the provisions of Drugs and Cosmetics Act, 1940 and Rules thereunder and other allied Acts and exercising strict control and vigilance so that the drugs which are manufactured and sold in this State are of standard quality, safe and effective and are available at controlled prices.

The department enforces the following Central Legislations through its administrative machinery:-

1. Drugs and Cosmetics Act, 1940 and Rules thereunder.
2. Drugs (Prices Control) Order, 1995.
3. Drugs and Magic Remedies (Objectionable) Advertisements Act, 1954 and Rules thereunder.
4. The Pharmacy Act, 1948 and Education Regulations thereunder.
5. The Poisons Act, 1919 and Karnataka Poisons Rules, 1966.
6. Narcotics and Psychotropic substances Act, 1985 in relation to Drugs covered by the Drugs and Cosmetics Act & Rules thereunder.

A. Administrative and Enforcement Wing:  
-----

Presently there are 657 Licensees comprising of 267 manufacturing units, 299 Loan Licensees and 70 Cosmetics manufacturing Licensees, six Cosmetics loan licensees and 15 repacking units (large and small scale) engaged in the manufacture of both bulk drugs and formulations. There are 94 Blood Banks operating in the State and 8 approved Testing Laboratories are functioning. There are 13,209 dealers, namely, Chemists and Druggists, Wholesale dealers and Restricted licensees who sell House-hold Remedies.

ENFORCEMENT OF THE DRUGS AND COSMETICS ACT, 1940 AND RULES  
THEREUNDER.

The following are the details pertaining to the prosecutions instituted under this Act and Rules Drugs (Prices Control) order during the year 1999-2000 (April 1999 to December 1999).

Sl. No.	Particulars	Legislation	
		D&C Act	D.P.C.O.
1.	Prosecutions pending at the begining of the year (i.e., as on 1.4.1999)	185	48
2.	Prosecutions launched (as on 31.12.1999)	013	01
3.	Total (as on 31.12.1999)	198	49
4.	Prosecutions decided (as on 31.12.1999)	003	-
	(a) Cases ended in acquittal/discharge as on 31.12.1999	-	-
	(b) Cases ended in conviction (as on 31.12.1999)	003	-
5.	Prosecutions pending as on (31.12.1999)	195	49

II. DRUGS TESTING LABORATORY:-

The Drugs Testing Laboratory was started during the 3rd Five Year Plan period. At present the laboratory is equipped to analyse all types of drugs and cosmetics except Vaccines, Sera, Blood, & Blood Products. Analytical facilities are extended to the samples drawn by the drugs Inspectors of Delhi.

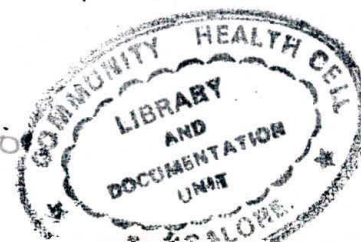
ACHIEVEMENTS (FROM 1.4.1999 TO 31.12.1999)

Number of drugs samples analysed	1534
Number of samples found to be standard quality	1295
Number of sample found to be not of standard quality	138
Number of samples partly analysed	95
No. Opinion	5

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### III. PHARMACY EDUCATION:-

Pharmacy Education consists of two wings viz:-

- i. Government college of Pharmacy at Bangalore
- ii. Board of Examining Authority at Bangalore

The Government college of pharmacy was started in the year 1964 under the Administrative Control of this Department. The pharmacy Education imparted here is at Diploma, Degree and Post Graduate levels. The Government of India is giving 100% assistance for the development of Post-graduate course in pharmacy.

The following disciplines are established under the Post graduate Courses:-

Pharmaceutical Technology,  
Pharmacology,  
Pharmacognosy,  
Pharmaceutical Chemistry.

#### STATISTICS (FROM 1.4.99 TO END OF 31.12.99)

NO. OF STUDENTS	UNIVERSITY	APPEARED	PASSED
B. PHARM	RAJIV GANDHI HEALTH UNIVERSITY	I Yr II Yr.	-- --
B. PHARM	RAJIV GANDHI HEALTH UNIVERSITY	III Yr	20
	BANGALORE UNIVERSITY FINAL YR	43	18
B. PHARM	RAJIV GANDHI HEALTH UNIVERSITY	PART-I	03
	BANGALORE UNIVERSITY	PART-II	20

The Board of Examining Authority under the Chairmanship of the Principal, Government College of Pharmacy, Bangalore is functioning which is entrusted with the responsibility of enforcing Education Regulations stipulated by the Pharmacy Council of India at Diploma level for the students admitted in the Government and Private Pharmacy Colleges in the State. There are 84 Diploma Colleges imparting pharmacy education.

ACHIEVEMENTS (FROM 1.4.99 TO END OF 30.11.99)

NO. OF STUDENTS APPEARED FOR	ER-81	ER-91
a) Preliminary D.Pharma	736	4732
b) No. of students passed	301	2330
c) No. of students appeared for Final D.Pharma	1028	723
d) No. of students passed in Final D.Pharma	367	397



DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE AND HOMEOPATHY

The Department of Indian Systems of Medicine and Homeopathy is rendering a medical relief to the public in Ayurveda, Unani, Yoga, Naturopathy and Homeopathy systems of medicine and regulates Medical Education, Drugs Manufacture and practice of medicine in these systems.

The Director of Indian Systems of Medicine and Homeopathy is being assisted by the following officers at the Directorate at the District level.

1. Deputy Director(Ayurveda)
2. Deputy Director(Unani)
3. Deputy Director(Homeopathy)
4. Physician Gr-I(Naturopathy)
5. Administrative Officer
6. Accounts Officer
7. Deputy Director, Divisional Officers of Bangalore, Mysore, Gulbarga and Belgaum

The department is earmarked a budgetary provision for the year 1998-99 and 1999-2000 as follows

	1998-99					1999-2000	
	State Sector			District Sector		State Sector	District Sector
	B.E.	R.E.	EXP.	B.E.	EXP.	B.E.	B.E.
Plan	200.00	190.00	128.69	247.41	150.36	270.00	238.07
Non-plan	1166.12	1169.25	1182.69	1131.93	1121.93	1513.43	1318.99
CSS	6.00	6.00	4.23	--	--	8.00	---
TOTAL	1472.12	1365.25	1185.61	1369.34	1272.29	1791.43	1557.06

The expenditure under plan of the District sector is available through MMR figures. Since the non-plan expenditure is maintained by the Z.Ps and the budget is directly released by the Government, the expenditure is maintained under non-plan of Z.Ps is not available. Hence, the entire amount earmarked under non-plan to Z.Ps is considered as expenditure.

Achievements for the year 1999-2000 (Up to 31-12-1999)

1. One post of Joint Director, ISM&H has been sanctioned to Directorate of Indian Systems of Medicine and Homeopathy.
2. A ten bedded Homeopathic Hospital has been sanctioned to Kolar.
3. Essential posts (3 posts) have been created to Divisional offices of Bangalore and Belgaum
4. Four teaching posts have been sanctioned to Government Nature Cure College, Mysore.

The following proposal is under the consideration of Government

1. Establishment of ISM&H Dispensaries in the rural areas.

MEDICAL RELIEF

There are 93 Hospitals and 582 Dispensaries functioning in the state as on 31-12-1999. The system-wise breakup is given hereunder.

Name of the system	Hospitals		No. of Dispensaries
	No. of Hospitals	No. of Beds	
Ayurveda	68	1077	507
Unani	11	202	45
Homeopathy	07	100	25
Nature Cure	03	26	05
Yoga	03	15	--
Siddha	01	10	--
TOTAL	93	1430	582

AYURVEDA

17 Ayurvedic Hospitals are at District level of which the following 3 are teaching hospitals.

Bed Strength (Ayurveda)	
1. Sri Jayachamarajendra Institute of Indian Medicine, Bangalore	225
2. Government Ayurvedic Medical College and Hospital, Mysore	140
3. Government Tharanatha Ayurvedic Hospital, Bellary.	85



The remaining 14 hospitals at District level as well as the Hospitals functioning in the rural areas with the bed strength of 5 to 10 beds is noted below

Sl. No.	Name of the place	Bed Strength	Bed Strength		
			10 Beds	6 Beds	5 Beds
1	2	3	4	5	6
DISTRICT LEVEL HOSPITALS			TALUK LEVEL HOSPITALS		
1.	BIJAPUR	50	13	24	
2.	SHIMOGA	40			
3.	HUBLI	25			
4.	KARWAR	10			
5.	MANDYA	25	RURAL AREAS HOSPITALS		
6.	HASSAN	25	01	12	1
7.	MADIKERE	10			
8.	TUMKUR	15			
9.	BIDAR	15			
10.	RAICHUR	15			
11.	KOPPALA	06			
12.	CHAMARAJANAGAR	10			
13.	GADAG	10			
14.	BAGALKOT	10			

There are 50 Ayurvedic dispensaries functioning in the state.

#### UNANI

There are 11 Unani hospitals and 45 dispensaries in the state. The Unani wing of 100 beds attached to Sri. Jayachamarajendra Institute of Indian Medicine, Bangalore is serving as a teaching hospital for Government Unani Medical College, Bangalore. 20 Beds are earmarked in Government Ayurvedic Medical College and Hospital, Mysore. 10 bedded Unani wings are functioning at Bidar, Tumkur, Shimoga, Bijapur, Raichur and Ramanagara. A 10 bedded Govt. Unani Hospital has been sanctioned to Bellary during the year 1998-99. 3 six bedded Unani Hospitals are functioning at Marvi, Thimmapur, Rangampet.

A Clinical Research Unit in Unani system of medicine has been functioning at Sri. Jayachamarajendra Institute of Indian Medicine, Bangalore, by the Government of India.

#### HOMEOPATHY

One Government Homeopathic Hospital is functioning at Bangalore, with 40 beds as a teaching Hospital to Government Homeopathic Medical College, Bangalore. A ten bedded Homeopathic Hospital is functioning at Sannwarpet. Further, 10 bedded Homeopathic wings are functioning one each at Mysore, Hassan and Shimoga. During 1998-99, one ten bedded Homeopathy wing has been sanctioned to Government Ayurvedic Hospital, Bijapur. There are 25 Homeopathic dispensaries functioning in the rural areas of the state.

#### NATURECURE

Two ten bedded Nature Cure Hospitals are functioning at Bangalore and Bellary. One six bedded hospital is functioning at Mysore. There are 5 Nature Cure dispensaries functioning in the state.

#### YOGA

Yoga wings of 5 beds each have been established to provide treatment in Yoga therapy at Sri. Jayachamarajendra Institute of Indian Medicine, Bangalore. Government Ayurvedic Medical college and Hospital, Mysore and Tharanatha Ayurvedic Hospital, Bellary. Further Yoga camps are being conducted.

#### RESEARCH

Research on Madhumeha (Diabetics) has been undertaken by the research wing at Sri. Jayachamarajendra Institute of Indian Medicine, Bangalore.

#### MEDICAL EDUCATION

##### AYURVEDA (B.A., M.S. COURSE)

There are 3 Government Ayurvedic Medical Colleges and 39 Private Ayurvedic Medical Colleges functioning in the state of which 5 Ayurvedic Medical colleges are under Grant-in-aid. The names and intake of students are given below.

Sl.No.	Name of college	Intake
1	Government Ayurvedic Medical College, Bangalore	60
2	Government Ayurvedic Medical College, Mysore	50
3	Government Tharanatha Ayurvedic Medical College, Bellary	50

The intake capacity of Private colleges is fixed from 25 to 75 on the availability of the facilities and infrastructure of the concerned colleges.



Apart from this Post-Graduate Degree courses in Ayurveda are being conducted in the following specialities at Bangalore, Mysore and Bellary Ayurvedic Medical colleges.

Sl.No.	College	Subject	Intake
1.	Government Ayurvedic Medical college, Bangalore	Dravyaguna Shalakhyatantra Shalyatantra	07 07 07
2.	Government Ayurvedic Medical College, Mysore	Kayachikitsa	10
3.	Government Tharanatha Ayurvedic Medical College, Bellary (100%CSS)	Rasashastra BhyshajyaKalpana	07

#### UNANI (B.U.M.S. COURSE)

One Government Unani Medical College, is functioning at Bangalore with an intake capacity of 50 students per year per course. Further Government have sanctioned 2 private un-aided Unani Medical colleges, one each to Tumkur and Gulbarga with an intake strength of 25 students.

#### HOMEOPATHY (B.H.M.S. COURSE)

There are 15 Homeopathic Medical colleges in the state of which one is run by the Government at Bangalore with an intake of 100 students. In the remaining 14 Homeopathic Un-aided medical colleges, the intake strength is fixed from 25 to 100 students on the availability of the facilities and infrastructure of the concerned colleges.

#### NATURECURE

One Government Nature cure and Yoga Degree college has been sanctioned during 1998-99 to Mysore. The intake capacity of the college is 25 students. It will function from 2000-2001 Academic year. Further, Sri.Dharmasthala Manjunatheshwara college of Nature cure and Yoga is functioning at Ujire, with an intake capacity of 40 students.

# DRUGS CONTROL

The Department regulates manufacture and sale of Medicines of Indian Systems of Medicine and Homeopathy under the provision of Drugs and Cosmetics Act 1940 and the rules thereunder.

The number of Licence issued to manufacture of Ayurveda, Unani and Homeopathy Medicines as on 31-12-1999 are as follows

Systems	No. of Manufacturing Licence Holders	Loan Licence	No. of Sales Licence Holders	
			Wholesale	Retail
Ayurveda	235	24	-	-
Unani	13	-	-	-
Homeopathy	10	-	62	109

## GOVERNMENT CENTRAL PHARMACY-BANGALORE

Ayurveda and Unani Medicines are being manufactured at the Government Central Pharmacy, Bangalore. Out of the budget provision made for the purchase of medicine for Hospitals and Dispensaries, 60% of the Medicines are being supplied by the Government Central Pharmacy, Bangalore. A Drug Testing Laboratory is also attached to this Institution, to ensure the quality of Raw Drugs and Medicines. The budget provision for drugs during 1999-2000 is Rs.79.00 lakhs.

## HERB GARDEN

Herb Gardens are being maintained at Bangalore, Mysore and Bellary, which are attached to the college. The Medicinal plants required for demonstration to the students and green herbs required for the hospitals are being grown in these Herb Gardens. Further, Dhanwanthri Vana has been established in 30 acres of land at Nagarabhavi near Bangalore University campus for development of Herbarium and about 500 Herbs have been grown.



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LIST OF VARIOUS GOVERNMENT MEDICAL/DENTAL COLLEGES  
FUNCTIONING IN KARNATAKA

Sl No.	Name of the college	Under- Graduate seats	P.G seats	
			Degree	Diploma
1	Bangalore Medical College, Bangalore	150	45	69
2	Mysore Medical college	100	57	48
3	Karnataka Institute of Medical Sciences, Hubli	50	42	38
4	Vijaynagar Institute of Medical Sciences, Bellary	100	33	27
5	Government Dental College, Bangalore	60	20	-
6	College of Nursing, Bangalore	50	-	-

PRIVATE MEDICAL COLLEGES IN KARNATAKA

Sl No.	Name of the college	Under- Graduate seats	P.G seats	
			Degree	Diploma
1	Kempegowda Institute of Medical Sciences, Bangalore	120	14	14
2	Dr. B R Ambedkar Medical College, Bangalore	100	15	3
3	M.S.Ramaiah Medical College, Bangalore	150	38	-
4	St. John's Medical college, Bangalore	60	-	-
5	Sri. Devaraj Urs Medical college, Kolar	150	13	14
6	Siddhartha Medical college, Tumkur	150	-	-
7	J.S.S. Medical college, Mysore	150	31	32
8	Adichunchanagiri Institute of Medical Sciences, Bellur	150	31	18

9	J.J.M. Medical college, Davangere	150	73	74
10	Kasturba Medical college, Mangalore.	250	84	78
11	Kasturba Medical college, Manipal	250	-	-
12	J.N Medical college, Belgaum	150	68	72
13	B.M. Patil Medical college, Bijapur	150	24	16
14	Al-Ameen Medical college, Bijapur	100	02	02
15	M.R. Medical college, Gulbarga	100	40	39
16	Yenopoya Medical college, Mangalore	100	-	-
17	Father Muller's Medical college, Mangalore	100	-	-
18	Nitte Educational Trust Medical college, Mangalore	100	-	-
	<b>TOTAL</b>	<b>2330</b>	<b>439</b>	<b>344</b>

#### PARA MEDICAL BOARD

The Para Medical Board has constituted during 1997-98 to sanction para-medical courses to institutions and to fix in admission and fix the admission and syllabus, course content and duration and to conduct examination and to issue certificate to the successful candidates. The Para Medical Board has members including the Director of Medical Education as Chairman and the Deputy Director Medical Education as Member Secretary.

There are 71 institutions running para medical courses, which includes 4 Government Medical colleges and one Government Dental college of the State.



LIST OF INSTITUTIONS SANCTIONED TO THE  
PARA MEDICAL COURSES

Sl. No.	Name of the course	No. of institutions sanctioned
1	Diploma in Dental Mechanic	6
2	Diploma in Dental Hygienist	6
3	Diploma in Physiotherapy	27
4	Diploma in Ophthalmic Technician	9
5	Diploma in Dialysis Technician	1
6	Diploma in O.T. Technician	5
7	Diploma in Medical Record Technician	6
8	Diploma in Medical Lab Technician	40
9	Diploma in X-Ray Technician	30
10	Diploma in Health Sanitary Inspectors	12
11	Diploma in E.E.G. Technician	4
12	Diploma in Ultra Sound	1
13	Diploma in inhalation technician course	1
14	Diploma in Anaesthetic technician	1

BUDGET ALLOCATION OF THE DEPARTMENT OF MEDICAL  
EDUCATION 1998-99

	Original outlay	Revised outlay	Expenditure
Plan	2597.74	3882.74	3825.35
Non-Plan	15880.83	16792.48	14487.84

### Programme and Achievement of the Department during 98-99

The Medical Council of India(M.C.I) and the Dental Council of India stipulate guidelines for improve the standard in Medical Education. M.C.I also stipulate the requirements of equipments and other infrastructure to run the Medical college.

In case these norms are not met, there will be drastic cut in the intake of students to under-graduate course and will lead to non-recognition of the new P.G. courses. In order to overcome this problem, government issued orders by constituting a committee under the chairmanship of Dr.S.Chandrashekar Shetty, present V.C. of Rajiv Gandhi University of health Sciences to assess the requirement of equipments in the Government Medical college attached to teaching hospitals. The committee visited all the medical colleges and teaching hospitals including autonomous institutions and submit the report about the requirements of equipments in all the 4 medical colleges. The purchase of equipments to medical colleges and hospitals during 98-99 they made on the recommendation of the committee.

### Equipments and Vehicles purchased during the year 1998-99

Major portion of the funds earmarked under the plan scheme pertaining to purchase of equipments

Cost of equipment purchase Rs.828.69 lakhs

Cost of Vehicles purchased Rs. 22.84 lakhs

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